

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairperson Susan Wagle at 1:30 p.m. on January 28, 2004 in Room 231-N of the Capitol.

All members were present.

Committee staff present:

Ms. Emalene Correll, Legislative Research
Mr. Norm Furse, Revisor of Statutes
Ms. Diana Lee, Revisor of Statutes
Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee:

Ms. Billie Hall, President & CEO, Sunflower Foundation
Ms. Paula Marnet, MS, RD, Director, Office of Health Promotion

Others attending:

Please See Attached List.

Introduction of Bills

Upon calling the meeting to order, Chairperson Wagle asked for bill introduction. She recognized Senator Jordan who had two pieces of legislation, the first being a request from the District Attorney to introduce legislation concerning the Unborn Victims Violence Act. Senator Jordan made a motion to introduce this bill request, Senator Steineger seconded and the motion carried. The second request was the re-establishment of electronic communicable disease reporting. Senator Jordan again made a motion to introduce this bill request, Senator Journey seconded and the motion carried.

She then recognized Senator Barnett who requested to re-introduce the revised birth defect registry. Senator Barnett then made the motion to introduce this legislation, Senator Haley seconded and the motion carried.

Overview of "Funded Projects Relating to Obesity"

The Chair then introduced Ms. Billie Hall, President and CEO of Sunflower Foundation who started her presentation by offering some background on the foundation. She stated it is the health care for Kansans created in 2000, proceeds coming from a settlement between the Kansas Attorney General, the Kansas Insurance Department and Blue Cross and Blue Shield of Kansas to resolve Blue Cross' charitable obligations to the state. Highlights of her remaining testimony are as follows:

- 1) What they are doing (ex. Have included obesity among funding priorities and have issued grants of \$1.8 million for 23 projects addressing obesity);
- 2) What they have learned (ex. There are many organizations throughout the state that are testing strategies to address this growing problem but there is no coordination for developing a comprehensive approach.
- 3) Overview of activities (ex. Statewide planning initiatives and funding of obesity grants such as a school-based project to collect data on K-12 children and youth and a statewide telephone survey).

A copy of her testimony is (Attachment 1) attached hereto and incorporated into the Minutes by reference.

CONTINUATION SHEET

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE at 1:30 p.m. on January 28, 2004 in Room 231-N of the Capitol.

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Ms. Hall then introduced Ms. Melissa Ness, an independent contractor for Connections Unlimited, who reiterated Ms. Hall's information of the statewide planning initiatives, what they have put in place, and the process itself. No written testimony was offered.

The Chair then introduced Ms. Paula Marmet, MS, RD, Director, Office of Health Promotion. A copy of her testimony is (Attachment 2) attached hereto and incorporated into the Minutes as referenced. Highlights included:

- 1) History (ex. KDHE has been monitoring overweight and obesity in Kansas since 1992 and 2001 data indicates more than 1 in 5 Kansas adults are now obese, representing a 70% increase since 1992.)
- 2) Data (Obesity related expenditures represent approximately 5.5% of the state's annual health care bill.)
- 3) Health Kansans 2000 (ex. Presented a list of programs and updates of their involvement such as:
 - A) Participation in the National Governors Association Policy Academy on Chronic Disease Prevention and Management and are receiving one year of technical assistance in developing a plan for chronic disease prevention and management;
 - B) Development of the Kansas LEAN (Leadership to Encourage Activity and Nutrition) Coalition initially focusing on decreasing the percent of calories from fat; and,
 - C) Family planning program - (The WIC program and contracts with 57 providers across the state to provide women's health care).
- 4) Recommendations (ex. Developing safe walking and cycling trails to give more people access to places for physical activity and Walk to School & Walking Bus schedules by identifying safe routes to schools).
- 5) Lastly, she provided the Kansas versions of physical activity, nutrition, and community-based strategies to address obesity.)

The Chair then asked for questions or comments from the Committee. Senators Haley, Salmans, and Barnett and Ms. Correll ranging from was there a correlation between average age, population, and income, regarding the data by county does it include other factors, what is the white area on the map, the definition of disease, what is the motivation behind calling it a chronic disease, as alcoholism is now listed as a disease are we going to go through the same phase with obesity, categorizing obesity, BMI, as a legislature should we be piecemealing this or wait for something more comprehensive from the Sunflower Foundation, to a comment from Senator Haley, who attended the National Governors Association Policy Academy, stating he was excited and supportive of the project and hopes all can work towards goals that can be reached within certain test communities.

The Chair then thanked the presenters for the opportunity to learn more about these issues and elevating the Committee's awareness.

Adjournment

As there was no further business, the meeting was adjourned. The time was 2:30 p.m.

The next meeting is scheduled for Thursday, January 29, 2004.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: Wednesday, January 28, 2004

NAME	REPRESENTING
Paula Marmet	KDHE
Mary Hillebrandt	Conlee Consulting
Susan Bumsted	Ks State Nurses Assoc.
Teresa Schwab	Oral Health Kansas
Diandra Campbell	Intern
Verlie Jansen mo.	Kc Acad Family Physicians
Anapla Kempf	Ku student (gradschool)
Anna Holcombe	Now
Cassie Timonen	PoKanDz
Angela Harness	Ben. Brungardt
Dick Morrissey	KDHE
Larry Tobias	Sunflower Foundation
Billie Hall	Sunflower Foundation
Melissa Ness	Connections Unlimited, Inc.
Mary Carol Lonato	PSU
Janie Ann Lower	KAMP
Chip Wheeler	Ass'n of Osteopathic Med.
Kimbra Caywood	Kearney & Assoc.
Julie Hean	Hean Law Firm



Sunflower Foundation
HEALTH CARE FOR KANSANS

Remarks by
Billie G. Hall
President & CEO, Sunflower Foundation

Presented to the
PUBLIC HEALTH AND WELFARE COMMITTEE
Kansas Senate

January 28, 2004

*Senate Public Health & Welfare Committee
Attachment 1-1
Date: January 28, 2004*

INTRODUCTION

BACKGROUND

- The Sunflower Foundation: *Health Care for Kansans* was created in 2000 with \$75 million in proceeds from a settlement between the Kansas Attorney General, the Kansas Insurance Department and Blue Cross and Blue Shield of Kansas to resolve Blue Cross' charitable obligations to the state.
- Grantmaking is the predominant strategy used by the foundation to achieve its mission: *to serve as a catalyst for improving the health of Kansans.*
- Recognizing that focused funding strategies yield more impact, the Sunflower Foundation has developed its grantmaking program around priority areas that represent major existing and emerging health care challenges in Kansas.

WHAT WE'RE DOING

- The decision to include obesity among funding priorities was influenced by the compelling information in the U.S. Surgeon General's "Call to Action to Prevent and Decrease Overweight and Obesity," released in December of 2001. Significant national and state data since has confirmed the impact of this growing epidemic.
- To date the foundation has issued grants in the amount of approximately \$1.8 million for 23 projects addressing obesity (as a point of comparison, the foundation has awarded a total of approximately \$4.7 million in its first 20 months of funding).

WHAT WE'VE LEARNED

- As a result of our work, we have learned that there are many organizations throughout the state that are interested in obesity and that are testing various strategies to address this growing problem.
- However, we also learned that there is no coordination for developing a comprehensive approach to the problem in Kansas. Projects are often implemented in isolation; few opportunities exist for sharing "best practices" and reducing redundant efforts; and gaps exist in important baseline data on obesity in Kansas.

OVERVIEW OF ACTIVITIES

PLANNING INITIATIVE

- In response to what we've learned, the Sunflower Foundation is convening and supporting the development of a state plan for obesity prevention. To guide our efforts, we have turned to the Centers for Disease Control and Prevention (CDC) for a model for state planning. As you will remember from the presentation Dr. William Dietz made before you last week, the CDC is supporting state-based planning in selected locations across the nation.

- This planning initiative will be accomplished in partnership with key stakeholders across the state and will rely on the participation of individuals representing these diverse agencies and organizations. The initiative will focus on nutrition, physical activity and other relevant strategies, including identifying and improving data on the problem. It is estimated that this planning process will be completed in 12 to 18 months (i.e. by the end of 2004).
- Melissa Ness, of Connections Unlimited, has been contracted to act as facilitator and project manager. Melissa will share more details about our planning initiative with you following my comments.

OBESITY GRANTS

- In addition to the planning process, the foundation is funding selected projects that test strategies to reduce obesity in Kansas, including:
 - **Public Initiatives/Policy Research** – The foundation has funded a research project by the Kansas Health Institute to identify obesity-related public initiatives undertaken in states and communities and, to the extent possible, to assess their implementation costs and program effectiveness. The review will include all 50 states, with a focus on the 16 states that passed obesity-related legislation between 1999 and 2002 and the 12 states in which the Centers for Disease Control and Prevention (CDC) has established cooperative agreements in 2000 and 2001 to develop targeted nutrition and physical activity interventions in an effort to prevent chronic disease. Preliminary findings from this research are anticipated by late February (2004).
 - **Assessment of Activities in Kansas** – A consulting research analyst has been engaged by the foundation to develop an inventory of major initiatives/programs that address the issue of obesity and overweight in Kansas. This review is focusing on statewide and regional approaches, such as those based in universities, extension and regional or broad community-based coalitions. While this research will not include evaluation of the identified programs, the foundation recognizes that there is value in helping to understand “who’s doing what” to address this growing public health issue. This information will also help inform the statewide planning initiative the foundation is supporting. Preliminary findings from this research will be available shortly; this research is a work in progress, however, and will be updated and expanded as knowledge of efforts to address obesity in Kansas continues to emerge.
 - **Building Data** – The foundation is supporting two research projects to help provide additional data on the prevalence of obesity in Kansas:
 - A school-based project with the Kansas Department of Health and Environment (KDHE) to collect data on K-12 children and youth. In addition to measured height and weight, data will be collected on demographics and socioeconomic indicators, academic performance, disciplinary history, school attendance, medication used during school hours and medical conditions. A short survey will also be administered to assess levels of physical activity and nutrition indicators and the association with overweight, obesity and other factors. This three-year project will target 100 randomly selected schools across the state.

- A project by the Kansas Health Institute, in collaboration with KDHE, to design, conduct and analyze data from a statewide telephone survey to gather statistically valid, state-specific estimates of obesity prevalence and related health behaviors and chronic disease burden. The survey sample will be stratified to over-sample African-American and Hispanic households to allow sufficient statistical power to produce estimates for these high-risk subgroups. This work will be completed in early 2006.

- **Comprehensive School Health** – When talking about effective strategies last week, Dr. Dietz mentioned that schools are an important intervention site and spoke about the Coordinated School Health Program model.
 - The foundation has recently funded a project in partnership with the Kansas State Department of Education and the Kansas Department of Health & Environment and based on a component of the CDC's Coordinated School Health Program model. Our funding will help train schools in the use of the School Health Index, a self-assessment and planning guide, with an emphasis on physical activity and nutrition. The assessment tool is designed to help schools identify strengths and weaknesses in school health policies and programs, to develop action plans for improving student health and to engage teachers, parents, students and the community in improvement efforts.

- **Testing Community, School and Provider-based Strategies** – To date, the Sunflower Foundation has awarded grants for two (2) community-based projects, twelve (12) school-based and youth-focused projects, three (3) health and medical projects and (in addition to the research projects mentioned above) two (2) research, data and information projects. Eight (8) of these projects are completed and are currently being evaluated. Eleven (11) of the projects are currently underway; most will be completed by mid 2004. These projects use(d) a variety of strategies targeted at diverse populations. It is the foundation's hope that, among these funded projects, several will test sustainable strategies that achieve measurable and positive outcomes and that will become potential models for replication in other settings within the state. Here are just two examples:
 - Girl Scouts of Kaw Valley Council (Topeka) – funding to develop an obesity awareness curriculum and mentoring program between high school aged and younger girls
 - Leavenworth USD 453/Anthony School – funding to address nutrition and physical activity in a targeted high (76%) at risk status elementary school, using a variety of strategies, including restructuring the school day to increase the amount of supervised physical activity the students receive, providing a nutrition-improved lunch to students which they eat in the classroom with their teachers and providing (with parental consent) a daily vitamin supplement to students.

- In March, the foundation plans to issue another Request for Proposals for projects that address obesity prevention and reduction through environmental, behavioral and systems approaches to promoting physical activity and improving healthy eating among Kansans. This funding will focus specifically on interventions in schools, worksites and communities.

CONCLUSION

- The Sunflower Foundation has limited resources, but we are committed to directing those resources in ways that will help make a difference. In the area of obesity, however, we all recognize that we don't yet really know what strategies will be most effective. But we do know that reducing the prevalence of obesity in Kansas will take many partners, many strategies and many years.
- In the meantime, we will be eager to share what we are learning from our current projects with a broad private and public audience, including the Kansas Legislature. And we are optimistic that the statewide planning initiative we are supporting will provide long-term insights and blueprints for inventions throughout the state.



RODERICK L. BREMBY, SECRETARY **K A N S A S** KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND

Testimony on
Kansas Department of Health and Environment's Program Response to Obesity Prevention
to
Senate Public Health and Welfare Committee
By
Paula F. Marmet, MS, RD, Director,
Office of Health Promotion
January 28, 2004

Chairman Wagle and members of the Public Health and Welfare Committee, my name is Paula Marmet and I am the director of the Office of Health Promotion in the Division of Health at the Kansas Department of Health and Environment. Thank you for the opportunity to appear before you today regarding issues related to the Department's program response to the growing burden of obesity.

Status of Obesity in Kansas

The Kansas Department of Health Environment has been monitoring overweight and obesity in the Kansas population since 1992 through a health risk behavior survey conducted by telephone. Rates of obesity have remained consistently high in Kansas compared to the rest of the US; 2001 data indicate that more than 1 in 5 Kansas adults are now obese, representing a 70% increase since 1992. Almost 3 in 5 Kansas adults are at least overweight. Although the prevalence of overweight and obesity is high across all population subgroups in Kansas, the burden disproportionately affects persons of racial and ethnic minority groups as well as the economically disadvantaged. While an estimated 57% of non-Hispanic white adults are overweight, an estimated 65% of both non-Hispanic African Americans and Hispanics are overweight. Although increased consumption of fruits and vegetables helps reduce risk for heart disease and certain cancers, fewer than 1 in 4 adults in Kansas report eating fruits and vegetables at least five times per day.

In addition to prevalence rates of obesity and overweight among Kansas adults, we have conducted a baseline survey of overweight among Kansas middle and high school students in 2002, which indicates that one-fourth are overweight. A recently awarded grant from the Sunflower Foundation will enable us to extend data collection and measurement of overweight to include elementary students in a project that will include K-12th grade.

*Senate Public Health & Welfare Committee
Attachment 2
Date: January 28, 2004*

Costs of obesity

A study released last week by the Centers for Disease Control and Prevention estimates that obesity-attributable medical expenditures in Kansas total \$657 million, of which \$138 million of this total is being financed by Medicare and \$143 million financed by Medicaid. These obesity-related expenditures represent approximately 5.5% of the state's annual health care bill and all indications are that this figure will continue to rise.

Planning and Programs

KDHE does not have funding dedicated for obesity prevention programs at this time. However, the Office of Health Promotion is focused on addressing the leading chronic diseases and their risk factors. As such, the Office is involved in state initiatives and networks that offer access to a variety of resources that will be instrumental in building an effective state obesity prevention program.

Healthy Kansans

The Department led a Healthy Kansans 2000 planning process in the early 90s to identify the priority health issues, for which we, as a state, should focus our efforts. Cardiovascular Disease and Cancer were two of the health issues selected for action. Through this process, physical activity and nutrition were recognized as cross-cutting issues that impacted health status in terms of the leading chronic diseases in Kansas. As you heard Dr. Dietz discuss in his presentation to this committee last week, these two risk factors are the key areas of focus in achieving healthy weight. He summarized the factors contributing to the increasing trend we are seeing related to obesity as:

- Altered dietary intake
- Decreased physical activity
- Increased inactivity

National Governors Association Policy Academy on Chronic Disease Prevention and Management

Kansas was one of 11 states selected to participate in a 3-day policy academy in August, 2003, and to receive one year of technical assistance in developing an integrated plan for chronic disease prevention and management. Governor Sebelius appointed Secretary Bremby to lead a team of 17 Kansans, comprised of legislative leaders, along with the Director of Health, chronic disease program director, Medicaid director, community representatives, and voluntary health organizations. In its priority recommendations to the Governor, the Team included a strong statement to focus attention on physical activity and nutrition as deterrents to the impending obesity crisis we are facing in our state.

Partnership for Prevention

The priorities identified by the NGA Academy Team led to another technical assistance award to Kansas. The KDHE only recently learned that we are one of 5 applicants selected to receive technical assistance from the Partnership for Prevention, a non-profit organization dedicated to advancing prevention policies across the United States. In keeping with the Academy Team's identified priority recommendations for chronic disease and the Governor's priority for addressing the growing crisis in health care costs, the Kansas proposal focuses on developing broad partnerships within Kansas necessary to effectively incorporate businesses, the health care system and public health into a comprehensive approach to chronic disease prevention and management.

Kansas LEAN

One of our earliest initiatives to improve physical activity and nutrition practices of Kansans was the development of the Kansas LEAN (Leadership to Encourage Activity and Nutrition) Coalition. Initially focused on decreasing the percent of calories from fat, a grant from the Kansas Health Foundation supported staffing within the Department to facilitate discussion and development of action plans to promote the adoption of a healthy diet. More than 250 partner organizations became actively involved in Kansas LEAN program initiatives, serving on 1 of 6 task forces that developed and implemented projects aimed at improving nutrient intake among Kansas youth, pre-school children, adolescents, adults and/or seniors. By the time that the grant funding had expired, many of the resulting projects had found an institutional home with one of the Partner organizations who participated in their development. Some of these include:

Child Care Nutrition and Physical Activity Curriculum

Several agencies worked together as part of a Kansas LEAN Pre-school Task Force to develop a nutrition curriculum for family day care providers. The Cooperative Extension Service has since taken responsibility for updating and disseminating the curriculum which has become the standard physical activity and nutrition curriculum used today in training child care providers.

Kansas LEAN School Health Project

The Youth Task Force developed a school health model that was piloted in Salina and Dighton School Districts to determine the degree to which the community and school environment could influence nutrition practices and physical activity of elementary students. Supplemental grant funding enabled the Department to replicate the model in 10 additional schools over the past 6 years. Lessons learned from this initiative have been recorded in a guide for communities that serves as a technical assistance guide to communities seeking to improve nutrition and physical activity.

5 A Day Promotion

Crawford county health agency, local cooperative extension and Head Start collaborated to develop a community gardening project for Head Start students and their families in an effort to increase physical activity and to increase consumption of fruits and vegetables among this high risk group. The lessons learned from this initiative have been incorporated into the Cooperative Extension's ongoing community gardening initiatives.

Kansas LEAN-21

While grant funding to support specific Kansas LEAN projects funded by the grant have long since expired, the network of professional partners has flourished and continues to provide a forum for fostering new collaborations. The network members meet annually and have selected 6 priority objectives from Healthy People 2010 upon which to focus their collective efforts. These include objectives that focus on:

- increasing consumption of fruits and vegetables,
- increasing physical activity, and
- decreasing prevalence of overweight among Kansas adults and children.

Kansas Council on Fitness

Initially developed as a project of the Governor's Council on Fitness in the early 90's, this Council continues to promote and oversee the annual Kansas Kids Fitness and Safety Day events. More than ½ of the state's third grade students participate in the event each year.

Women, Infants and Children

The WIC program is basically a supplemental food program aimed at improving health status in pregnancy and early childhood. Because 52% of pregnant women in Kansas go through the WIC program, it is also a program that offers an opportunity for education. To that end, the WIC staff have adapted activities similar to those used in the Kansas LEAN preschool day care provider curriculum to offer classes for parents of children enrolled in the WIC program. A recent grant from the Sunflower Foundation enabled the program to more widely disseminate the low cost physical activity ideas to parents of WIC children across the state.

Family Planning Program

This program contracts with 57 providers across the state to provide women's health care. Health education and counseling are part of the service, which, therefore offers an opportunity to identify women at risk of obesity-related complications and refer them to an appropriate intervention.

Coordinated School Health Program

The KDHE and Kansas State Department of Education are in their first year of implementation of a Coordinated School Health Program. The purpose of the program is to build state education and health agency partnership and capacity to implement and coordinate school health programs across agencies in a systematic effort to assist schools in reducing priority health risks among youth, especially those risks that contribute to chronic diseases. The Kansas initiative is focused on utilizing the School Health Index to assess the status of health policy in schools and assist communities in identifying strategies to address physical activity, nutrition, tobacco use and obesity.

Recommendations for Obesity Prevention in Kansas

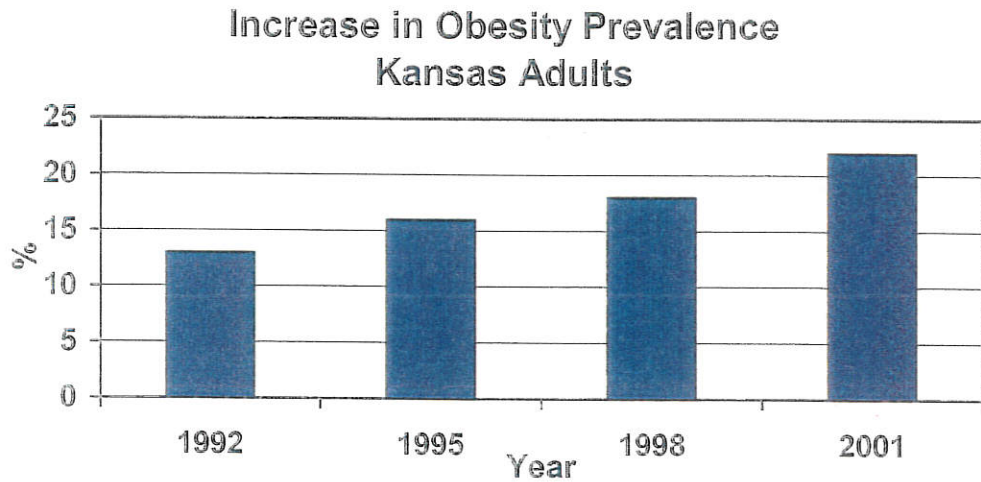
The body of literature that is developing on obesity prevention suggests a number of promising approaches for increasing physical activity and promoting healthy eating. Dr. Dietz highlighted the recommended strategies for behavior change, effective interventions to promote physical activity and promising strategies for slowing the epidemic of obesity, many of which have been recognized and acted upon by the Kansas LEAN partnership. Some of these include:

- Developing safe walking and cycling trails to give more people access to places for physical activity
- Reduce the time spent watching television, especially among children
- Requirements for daily physical education classes in schools
- Physical activity strategies such as motivational signs and reminders placed near elevators encouraging use of stairs
- Promotion of breastfeeding.
- Increasing the low-fat/high-fruit and vegetable menu selections in restaurants, schools and employee cafeterias
- Walk to School and Walking Bus schedules (identify safe routes to schools)
- Fund raising activities that avoid sale of foods with low nutritional value
- School health programs that provide environments and instruction that promote healthy eating, daily physical activity and the avoidance of tobacco, alcohol and illicit drugs.
- Pedometer/walking programs conducted in schools, worksites and community settings

Thank you for your attention to this significant health issue. I will be happy to provide additional information or answer any questions you may have.

Obesity in Kansas

The prevalence of obesity among adults in Kansas has increased by almost 70 percent since 1992. More than one in five adult Kansans are now obese, and almost three in five are at least overweight.



Obesity is a complex chronic disease that develops from both genetic and environmental factors. Contrary to pervasive beliefs, obesity is much more than a problem of willful over-eating and inadequate exercise.

Why Should We Be Concerned?

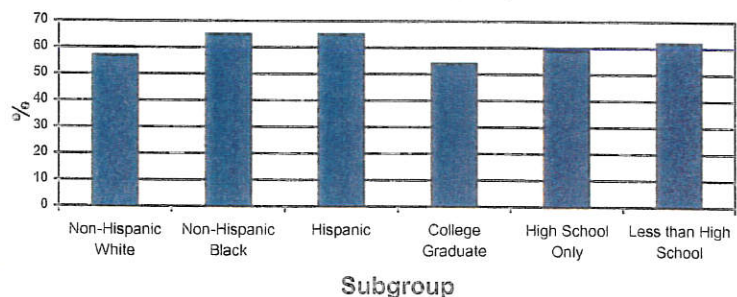
According to the National Heart, Lung, and Blood Institute, an estimated 97 million Americans are overweight or obese, a condition that increases the risks of hypertension, high cholesterol, type 2 diabetes, coronary heart disease, stroke, gallbladder disease,

osteoarthritis, sleep apnea and respiratory problems, and cancers of the endometrium, breast, prostate gland, and colon.

Disparities in the Burden of Obesity

Although the prevalence of overweight and obesity is high across all population subgroups in Kansas, the burden disproportionately affects persons of racial and ethnic minority groups as well as the economically disadvantaged. While an estimated 57 percent of non-Hispanic white adults are at least overweight, an estimated 65 percent of both non-Hispanic African Americans and Hispanics are at least overweight.

**Prevalence of Overweight or Obesity
by Population Subgroup**

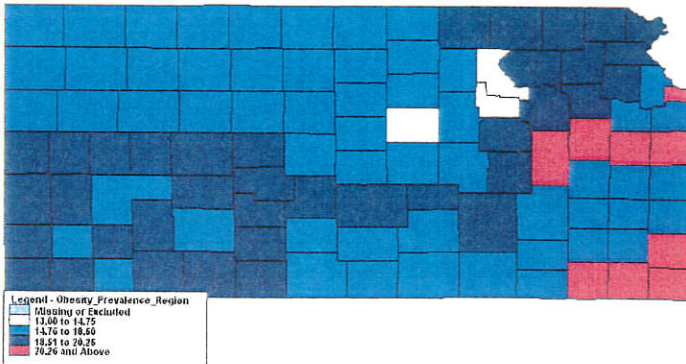


Physical Activity and Obesity

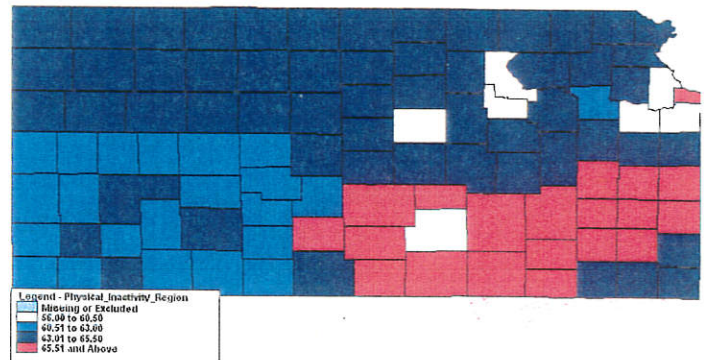
Despite the substantial benefits of physical activity in the prevention of overweight and obesity, less than half of adults in Kansas obtain the recommended level of physical activity of 30 minutes of moderate activity at least five days per week or 20 minutes of vigorous activity at least three days per week. More than one-fourth of Kansas adults engage in no leisure-time physical activity of any kind.

Healthy People 2010 recommends daily physical education for all students in schools. However, nationally, only 8 percent of elementary schools, 6 percent of middle schools, and 6 percent of high schools meet this goal. In Kansas, some physical education is required at the elementary and high school levels, but no physical education is required at the middle school level.

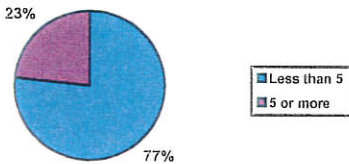
Prevalence of Obesity Among Adults, 1996-2000



Prevalence of Physical Inactivity Among Adults, 1996-2000



Daily Consumption of Fruits and Vegetables
Kansas Adults, 2000



Fewer than 1 in 4 Kansas adults consume fruits and/or vegetables at least five times per day.

Nutrition and Obesity

The national 5-A-Day education program was initiated in 1991 in the United States. This widely recognized program encourages people to eat at least 5 servings of fruits and vegetables a day. Diets rich in fruits and vegetables have been associated with a reduction in cardiovascular disease and some cancers. Fruits and vegetables also contribute dietary fi-

ber, which has beneficial effects on the gastrointestinal tract.

In 2000, it is estimated that fewer than one in four adults in Kansas attained the goal of eating fruits and vegetables at least five times per day.

Community-based Strategies to Address Obesity

- Ensure daily physical education for all school grades
- Ensure healthful food options on school campuses
- Make community facilities more available for physical activity
- Create more physical activity opportunities at work sites
- Reduce time spent watching television
- and other sedentary behaviors
- Educate expectant parents about the benefits of breastfeeding
- Change perceptions of obesity to focus on health—not on appearance
- Educate health care providers—and health profession students—on the prevention and treatments of obesity

"People tend to think of overweight and obesity as strictly a personal matter, but there is much that communities can and should do to address these problems."
-Surgeon General David Satcher (Former)

This fact sheet was prepared by:
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