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Childhood Obesity in Georgia

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I have appreciated the opportunity to serve on Georgia Governor Nathan Deal's Advisory Council on Childhood Obesity, which governs the Georgia Shape initiative.[1] The initiative began with the passage of the Student Health and Physical Education (SHAPE) Act[2] in 2009 mandating physical fitness testing for all students enrolled in physical education and then expanded to a multi-stakeholder collaborative effort in 2012. The multi-stakeholder Shape initiative uses the data collected under the original SHAPE Act and brings together partners from education, early care and education, business, recreation, agriculture, nutrition, communities, academia, and public health to identify and implement approaches to address childhood obesity statewide in school, health care, and community settings.[1] Since 2012, nutrition and physical activity interventions, programs, and environmental changes that otherwise might not have been possible have reached children across the state, and Georgia has seen improvements in fitness and obesity rates among some groups of children.[3]

In 2001, while I was serving as surgeon general of the United States, I released the *Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*, the first report of its kind.[4] That report made clear that childhood overweight and obesity was a serious problem. In fact, because rates of overweight had almost doubled (from 7% to 13%) among children and almost tripled (from 5% to 14%) among adolescents in the United States between 1980 and 2000, we classified it as an epidemic. The report noted that children who were overweight and obese by age 12 were likely to be obese as adults and that the associated increased risks of cardiovascular disease, diabetes, cancer, and other chronic illnesses were real. With that in mind, the report called upon the American people, government, and every sector of the nation to become involved with efforts to start to reverse this dangerous trend.[4]

The surgeon general's report was an important first step in coping with the childhood overweight and obesity epidemic, but taking on this issue in Georgia has been especially meaningful to me. After I left the surgeon general's office in 2002 and returned to Georgia, I was pleased to be given the opportunity to serve on the Georgia Shape Advisory Council and to act on the recommendations made in that report in my home state. These recommendations included (1) communicating with and educating the American people about health issues related to overweight and obesity; (2) taking action to ensure access to opportunities for daily physical activity and healthy food choices at schools and workplaces; and (3) increasing research, evaluation, and best practices for interventions to prevent and decrease overweight and obesity.[4]

At the beginning of our efforts in 2009, Georgia ranked among the top 5 US states in prevalence of childhood obesity.[5] By 2013, Georgia had dropped to number 17, and I believe we continue to make progress. But make no mistake about it—childhood obesity is still a serious problem in Georgia and in the southeastern United States more generally.[6] In fact, Georgia is part of an area in the Southeast that is often referred to as the "stroke belt" because of the magnitude of the risk of obesity-related health complications such as hypertension, stroke, and other cardiovascular diseases.[7]

I had the opportunity to serve on the World Health Organization Commission on Social Determinants of Health from 2005 to 2008, and through that lens, I learned that the impact of the social determinants of health on childhood overweight and obesity and the associated long-term chronic disease outcomes cannot be overstated.[8] Social determinants of health are the conditions under which people are born, grow, learn, work, age, and play. The direct relationship between race and socioeconomic status and the risk for obesity in Georgia is evident. In Georgia, for example, African American and Latino high school students have a higher burden of obesity than their white counterparts (14.5% and 16.7%, respectively, compared with 10.9%).[9] Among adults, obesity is highly correlated with income and education. In 2014, more than 40% of adults making <$15 000 per year in

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Georgia were obese, whereas 24% of those making ≥$75 000 per year were obese. Fewer than 26% of Georgia adults with a college education were obese, whereas nearly 38% of those with less than a high school diploma were obese.[10] The Georgia Shape Advisory Council has attempted to target the modifiable risk factors in Georgia's diverse populations to prevent childhood obesity through both population-wide interventions (eg, Power Up for 30[11]) and programs targeting high-risk populations (eg, Eat, Move, Talk![12]). The council believes that community-based research and research within our educational institutions are critically important to continue to make progress in addressing the social determinants and ending the epidemic of childhood obesity.

This supplemental issue of *Public Health Reports* shows what is possible in one state, with committed leadership, communities, and research. I am proud to have had a role in it and am proud of the progress we have made. Georgia Shape has fostered many new partnerships among communities, researchers, and public health. These include research studies to better understand the causes and risk factors for overweight and obesity in children, as well as the types of interventions that are most effective at beginning to reverse these patterns. Research and educational institutions play an important role in building long-term community capacity to address disparities in childhood obesity, and the articles in this supplement exemplify much of the work that has taken place in Georgia. I look forward to sharing the experiences of Georgia Shape and to joining with our colleagues throughout the country in a commitment to continuing the progress we have made toward ending this epidemic of childhood overweight and obesity in America.

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References

1. Georgia Department of Public Health. Georgia Shape. 2017. https://dph.georgia.gov/georgia-shape. Accessed May 11, 2017.
2. Official Code of Georgia Annotated, §20-2-777 (2009).
3. Kibbe DL, Vall EA, Green C, Fitzgerald BF, Minyard KJ, Cornett K. Addressing childhood obesity in Georgia: past, present, and future. *J GA Public Health Assoc*. 2016;5(3):197-203.
4. US Department of Health and Human Services. *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. Rockville, MD: US Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
5. Data Resource Center for Child and Adolescent Health. National Survey of Children's Health: how many children age 10-17 years are currently overweight or obese, based on body mass index (BMI) for age? 2011. http://childhealthdata.org/browse/survey/allstates?q=2612. Accessed May 11, 2017.
6. Trust for America's Health. The state of obesity: study of high school students. 2015. http://stateofobesity.org/high-school-obesity. Accessed May 11, 2017.
7. National Heart, Lung, and Blood Institute. NHLBI Stroke Belt Initiative. https://www.nhlbi.nih.gov/health-pro/resources/heart/stroke-belt-initiative-html. Accessed May 11, 2017.
8. World Health Organization. The Commission on Social Determinants of Health—what, why and how. 2005-2008. http://www.who.int/social_determinants/thecommission/finalreport/about_csdh/en. Accessed May 11, 2017.
9. Georgia Department of Public Health. Online Analytical Statistical Information System: Youth Risk Behavior Survey. 2003-2017. https://oasis.state.ga.us/oasis/yrbs. Accessed May 11, 2017.
10. Georgia Department of Public Health. Georgia Behavioral Risk Factor Surveillance System (BRFSS): chronic conditions—obesity and overweight. 2014. https://dph.georgia.gov/sites/dph.georgia.gov/files/Obesity.pdf. Accessed May 11, 2017.
11. HealthMPowers. Power Up for 30. http://healthmpowers.org/programs/power-up-for-30. Accessed May 11, 2017.
12. Georgia Department of Public Health. Eat, Move, Talk! 2017. https://dph.georgia.gov/eat-move-talk. Accessed August 2, 2017.