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REPORT SHOWS PEOPLE GROWING TALLER AND WIDER

Adult men and women are roughly an inch taller than they were in 1960, but are nearly 25 pounds heavier on average as well, according to a new report from the Centers for Disease Control and Prevention (CDC). In addition, average BMI (body mass index, a weight-for-height formula used to measure obesity) has increased among adults from approximately 25 in 1960 to 28 in 2002.

The report, "Mean Body Weight, Height, and Body Mass Index 1960-2002: United States," prepared by CDC's National Center for Health Statistics, shows that the average height of a man aged 20-74 years increased from just over 5 feet 8 inches in 1960 to 5 feet 9 ½ inches in 2002, while the average height of a woman the same age increased from slightly over 5 feet 3 inches in 1960 to 5 feet 4 inches in 2002.

Meanwhile, the average weight for men aged 20-74 rose dramatically from 166.3 pounds in 1960 to 191 pounds in 2002, while the average weight for women the same age increased from 140.2 pounds in 1960 to 164.3 pounds in 2002.

Though the average weight for men aged 20-39 increased by nearly 20 pounds over the last four decades, the increase was greater among older men:

- Men between the ages of 40 and 49 were nearly 27 pounds heavier on average in 2002 compared with 1960.
- Men between the ages of 50 and 59 were nearly 28 pounds heavier on average in 2002 compared with 1960.
- Men between the ages of 60 and 74 were almost 33 pounds heavier on average in 2002 compared with 1960.

For women, the near opposite trend occurred:

- Women aged 20-29 were nearly 29 pounds heavier on average in 2002 compared with 1960.
- Women aged 40-49 were about 25 ½ pounds heavier on average in 2002 compared with 1960.
- Women aged 60-74 were about 17 ½ pounds heavier on average in 2002 compared with 1960.

Meanwhile, the report documented that average weights for children are increasing as well:

- The average weight for a 10-year-old boy in 1963 was 74.2 pounds; by 2002, the average weight was nearly 85 pounds.
- The average weight for a 10-year-old girl in 1963 was 77.4 pounds; by 2002 the average weight was nearly 88 pounds.
- A 15-year-old boy weighed 135.5 pounds on average in 1966; by 2002 the average weight of a boy that age increased to 150.3

pounds.

- A 15-year-old girl weighed 124.2 pounds on average in 1966; by 2002 the average weight for a girl that age was 134.4 pounds.

According to the report, average heights for children also increased over the past four decades. For example:

- The average height of a 10-year-old boy in 1963 was 55.2 inches, by 2002 the average height of a 10-year-old boy had increased to 55.7 inches.
- The average height of a 10-year-old girl in 1963 was about 55.5 inches; by 2002 the average height of a 10-year-old girl had increased to 56.4 inches.
- In 1966, the average height of a 15-year-old boy was 67.5 inches or almost 5 feet 7½ inches; by 2002 the average height of a 15-year-old boy was 68.4 or almost 5 feet 8½ inches tall.
- In 1966, the average height of a 15-year-old girl was 63.9 inches; by 2002 the average height of a 15-year-old girl had not changed significantly (63.8 inches).

Average BMI for children and teens has also increased:

- In 1963, the average BMI for a 7-year-old boy was 15.9; in 2002 it was 17.0. For girls the same age, the average BMI increased from 15.8 to 16.6 over the same period.
- In 1966, the average BMI for a 16-year-old boy was 21.3; in 2002, it was 24.1. For girls the same age, the average BMI increased from 21.9 to 24.0 over the same period.

The BMI is a single number that evaluates an individual's weight status in relation to height. BMI is generally used as the first indicator in assessing body fat and has been the most common method of tracking weight problems and obesity among adults.

The data in the report was based on actual body measurements taken as part of the National

Health and Nutrition Examination Survey, which CDC's National Center for Health Statistics (NCHS) has conducted periodically since 1960.

The NCHS report "Mean Body Weight, Height, and Body Mass Index (BMI) 1960-2002: United States" is available on-line at www.cdc.gov/nchs/Default.htm.

STUDY INDICATES PEOPLE ON FOOD STAMPS CAN'T AFFORD HEART-HEALTHY MEALS

Most food stamp beneficiaries can't afford heart-healthy food options, according to a study of low-income, African-American-residents in a Boston neighborhood that was presented at the American Heart Association's Scientific Sessions 2004. In Roxbury, a family of four would need to spend \$227 a month in excess of food stamp benefits to make heart-healthy foods part of their daily diet, researchers said. A senior living alone would need at least \$100 extra.

"Low-income people, in this particular community, who receive food stamp benefits have very limited access to a culturally appropriate diet filled with heart-healthy foods," said Rachel S. Fulp, M.P.H., Director of the Center for Cardiovascular Disease in Women at Brigham and Women's Hospital in Boston. "Food cost can be a significant barrier to developing and maintaining healthy lifestyle behaviors." Roxbury is one of the poorest neighborhoods in Boston with 27 percent of its residents living below the federal poverty level. According to self reports, they have some of the worst lifestyle habits in Boston.

The cost of heart healthy foods coupled with the steep rise of coronary risk factors in this African-American community caught the attention of Fulp and her colleagues. They hypothesized that maximum food stamp program benefits in Massachusetts would be insufficient to purchase heart-healthy, culturally appropriate meals for families and seniors living alone in

Roxbury.

The researchers conducted two sets of extensive focus group testing with six African-American women who had children under age 18 and six African-American women age 65 and older living alone. Women were targeted for this study because they generally make key dietary choices and influence lifestyle decisions for their families. All participants were Roxbury residents.

A series of model seven-day menus was developed, tested and revised based on focus group discussions about household food preferences, preparation, cost and access issues. The menus were translated into shopping lists, and food prices were collected at two large local grocery stores where focus group members shopped. Average daily and monthly food costs were then calculated.

“Many sets of cost-effective menus have been developed in the past for members of low-income communities,” said Fulp, “but none were developed with as much input from the community related to taste and cultural appropriateness as were ours.”

Fulp emphasized that their menus incorporated a lot of regular items, such as regular margarine, regular maple syrup, and two percent milk, along with healthier items.

“We found out what participants would eat on a regular basis and adjusted the recipes to make the dishes healthier without sacrificing taste. We wanted to develop menus that real women would use, so we thought that it was imperative not to eliminate all of the foods that the focus group members enjoyed,” she said. She described the menus as modest, yet meeting nutritional needs.

The average monthly food cost was \$242 for a senior living alone and \$692 for a family of four. Maximum food stamp benefits in Massachusetts are \$139 for individuals and \$465 for a family of four.

“At current funding levels, low-income people will have a very hard time accessing the kind of foods they need for a heart-healthy diet. It is very important that we use these findings to develop interventions to educate and engage community members, advocates, legislators, health-care providers, health educators and other constituents. All interventions that stem from this study will be developed in line with political and funding realities,” said Fulp.

Researchers plan to work with the food stamp program in Massachusetts, along with various government programs, educational institutions, and statewide businesses and organizations such as grocery stores, community-based organizations, community coalitions, advocacy groups and schools. By joining with these local groups, they hope to develop interventions, educational programs and incentives that address the major factors affecting dietary choice – knowledge, skills, accessibility, availability and affordability.

“In addition,” said Fulp, “Communities need to work collaboratively with local businesses to address the issue of quality heart-healthy foods that are accessible and available. It is also critical that food pricing and government subsidies are addressed as a matter of public health policy.”

Fulp notes that a limitation of the study is that the data are confined to one ethnic group within one community. For this reason, they plan to conduct a similar study in another local community, Jamaica Plain, Massachusetts with Latina women.

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NEW REPORT DOCUMENTS COSTS TO SCHOOLS IN ACHIEVEMENT AND DOLLARS

A new report documents how the excessive rise in poor nutrition, inactivity and weight problems is adversely affecting academic achievement and possibly costing schools millions of dollars each year. The report calls on schools to work with partners to take immediate action to address the issue, and points to current best practices in schools, school districts, and states.

The report, *The Learning Connection: The Value of Improving Nutrition and Physical Activity in Our Schools*, released by the national non-profit Action for Healthy Kids, summarizes a growing body of evidence demonstrating that poor nutrition, inactivity and weight problems can have a negative effect on student achievement. Additionally, the report indicates that schools may be losing significant funding each year due to the problems associated with poor nutrition and physical inactivity – the root causes of obesity among American youth.

This report commemorates the second anniversary of the historic Healthy Schools Summit held in Washington, DC, which launched Action for Healthy Kids (AFHK). AFHK is a public-private partnership of more than 40 national organizations and government agencies representing education, health, fitness and nutrition. AFHK addresses the epidemic of overweight, undernourished and sedentary youth by focusing on changes at school.

“*The Learning Connection* examines the impact of the root causes of overweight children and reveals a strong link between children’s health and academic success,” said Dr. David Satcher, former U.S. Surgeon General and founding chair of Action for Healthy Kids. “This report provides insight on possible costs to schools as the result of poor nutrition, inactivity and weight problems, and makes the case for additional research to find more definitive data.”

THE COSTS IN ACHIEVEMENT

While *The Learning Connection* cautions that more research is needed to understand the link between poor nutrition, physical inactivity and academic achievement, it makes a case that these factors have an adverse affect on academic performance. For example:

- Schools with high percentages of students who did not routinely engage in physical activity or eat well had smaller gains in test scores than did other schools.
- Well-nourished students who skip breakfast perform worse on tests and have poor concentration.
- Children not getting adequate nutrients have lower test scores, increased absenteeism, difficulty concentrating and lower energy levels.
- Physical activity programs are linked to stronger academic achievement, increased concentration, and improved math, reading, and writing test scores.
- Students participating in daily physical education exhibit better attendance, a more positive attitude toward school, and superior academic performance.

“Schools have the unique opportunity – even the responsibility – to teach and model healthful eating and physical activity, both in theory and in practice. Improving children’s health likely improves school performance, and it may even help a school’s bottom line. Therefore, schools have a vested interest in improving the nutrition and increasing the physical activity of their students,” said Dr. Satcher.

THE COSTS IN DOLLARS

The Learning Connection cites how schools may be losing critical state dollars when students are absent due to health problems caused by poor nutrition and physical inactivity. For example:

- In states that use attendance to help determine state funding, a single-day absence

of just one student can cost a school district anywhere from \$9 to \$20.

- If such health problems kept children out of school just one day per month, this could cost a large school district like New York about \$28 million each year, while Chicago would forfeit about \$9 million each year in state funds.
- This type of absentee rate is highly probable and could cost an average size school district from \$95,000 to \$160,000 annually in important state aid.

Additionally, poor nutrition, inactivity and weight problems result in hidden costs, including:

- Extra staff time and attention devoted to students with low academic performance or behavior problems caused by poor nutrition and physical inactivity.
- Costs associated with time and staff needed to administer medications needed by students with associated physical and emotional problems.
- Rising healthcare costs, absenteeism, and lower productivity due to the effects of poor nutrition, inactivity and weight problems among school employees.

“Schools cannot afford to act as if student health is somebody else’s problem,” said Gene R. Carter, Executive Director for the Association for Supervision and Curriculum Development. “Families, schools, and communities must work together to find creative solutions to students’ academic and health disparities,” he added.

SOLUTIONS ARE FOUND IN COLLABORATIONS

Action for Healthy Kids recommends that schools consider implementing “best practices” for nutrition and physical activity throughout the school campus. To help improve students’ health and readiness to learn, schools need to include daily physical activity, provide health and physical education, increase the availability of health-promoting foods and beverages, and offer more after-school programs

that provide nutritious snacks, physical activity and nutrition education.

“Schools are under enormous pressure to meet achievement outcomes and to do so within stringent budgets; everyone is being asked to do more with less. This report points out that it is in schools’ best interest to improve the nutrition and physical activity environments that are in their control,” said Alicia Moag-Stahlberg, MS, RD, Executive Director, Action for Healthy Kids. “The good news is that schools do not have to do this alone. There are community partners willing to collaborate to help find and implement solutions.”

To learn more about Action for Healthy Kids, your state’s team and the AFHK collaborating organizations, visit the AFHK website at www.ActionForHealthyKids.org.

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America’s Second Harvest has holiday greeting cards available that help fight hunger. The back of each card tells the story of an individual who has been helped by the support of donors and offers information about America’s Second Harvest.

The inside of each card contains the special holiday greeting with space for the donor to fill in his or her name. Four different styles are available in packs of five cards.

For information on purchasing these cards visit www.secondharvest.com/.

SEASON'S GREETINGS

to you and your family

from all of us at the

Texas Association of

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RECOMMENDATIONS FOR CURBING OBESITY

The Trust for America's Health (TFAH) released a report *F as in Fat: How Obesity Policies are Failing in America*, which found that national and state policies are falling far short of obesity control and reduction goals.

Since states and the federal government have a crucial role to play in fighting the obesity epidemic, TFAH conducted a study of government action. They concluded that America does not have the aggressive, coordinated national and state strategies needed to address the crisis, and that threatens to make the epidemic worse. Nearly 119 million American adults, 65 percent of the population, are currently overweight or obese. The direct and indirect costs of obesity in America are more than \$117 billion per year.

"The added weight of the obesity epidemic to our already ailing health system is causing it to burst at the seams. Americans' growing waistlines are leading to escalating disease rates and costs," said Shelley A. Hearne, Executive Director of TFAH. "While personal behavior is at the center of maintaining healthy levels of diet and exercise, there is so much more the government can and should be doing to address the obesity crisis."

Key Findings

1. The federal government faces organizational issues, including a lack of designated leadership, a bureaucratic tangle of involved agencies, and a need to learn to balance the often competing interests of industry and public health.
2. Obesity and obesity-related disease rates are escalating throughout the nation.
 - Adult obesity exceeds 20 percent in 41 states and the District of Columbia. Alabama ranked as the heaviest state with 28.4 percent obesity and Colorado ranked as the least heavy at 16 percent. All states are on

track to fail the national goal of reducing the proportion of adults who are obese to 15 percent or lower by the year 2010.

- In 40 states and D.C., six percent or more of adults have diabetes, far exceeding the national goal of 2.5 percent by the year 2010, with Mississippi having the highest rate at 11 percent and Colorado the lowest at 4.7 percent.
 - The median overweight and obesity levels for high school students is 11.1 percent, the national goal is five percent or lower.
 - One in every seven children is either overweight or obese. The median overweight and obesity levels for low-income children aged two to five is 14.3 percent.
 - Sixteen percent of active duty adults in the U.S. armed forces are obese, and the military health system spent \$15 million for bariatric surgeries in FY 2002.
3. Most school food and physical activity programs and policies need more aggressive support and attention.
 - Only four states – California, Hawaii, Texas, and West Virginia – have set nutritional standards for foods sold in schools that are not part of the federally sponsored school lunch program; called "competitive foods," these include items sold in vending machines, ala carte in cafeterias, snack shops and bake sales.
 - Thirty-three states and D.C. do not limit the availability of competitive foods beyond federal requirements.
 - While only two states – Oklahoma and South Dakota – do not require some form of physical education in elementary and secondary schools, the requirements in all states are often not enforced and many of the programs are inadequate.
 4. State policies and actions aimed at obesity are fragmented and inadequate.

- Although the effectiveness of “snack” and soda taxes is unknown and may even result in negative consequences, 17 states and D.C. have enacted forms of these taxes to try discouraging consumption of food low in nutrients.
- Eleven states have passed legislation to limit obesity-related lawsuits.
- Only a few states and communities have tried to improve access to low-cost, nutritious food in low-income areas, even though low-income groups have the highest levels of overweight and obesity.
- Only a few states have initiatives to help foster increased physical activity, such as increasing sidewalks and park development.

Recommendations

1. The CDC should be designated as the “command and control center” to manage the obesity epidemic. The CDC should:
 - Form and chair an interagency Task Force, including external experts.
 - Centralize obesity-related public education campaigns.
 - Establish the nutritional guidelines.
2. Research and implementation for cures, community programs, and treatment must be “fast-tracked.” All research must be expedited to fill the large gaps in the available scientific information on obesity so that health officials are better able to understand and contain the epidemic. For instance, the CDC should:
 - Form a “Rapid Response” Obesity Investigative Service (OIS). The OIS would be deployed quickly into communities to help design and construct studies to gain information about how to create the most effective control and prevention programs possible.
 - Conduct a Youth Fitness Study, including evaluating school physical education pro-

grams and the impact of fitness on classroom performance and performing a new National Youth and Fitness Survey (the last one was done 20 years ago).

- Investigate root causes and origins for unhealthy eating, physical inactivity, and obesity.
 - Study the impact of marketing and advertising on children’s diet and health.
3. “Checks and balances” must be instituted for state and federal programs.
 - The effectiveness of obesity research and programs must be regularly evaluated.
 - The CDC and other federal agencies must have the authority to withhold funds from states that do not comply with information reporting requirements.
 4. Upfront funds to combat obesity must be increased to save lives and taxpayer dollars.
 - Funding should be increased for CDC Division of Nutrition and Physical Activity (DNPA) grants from \$44.7 million to a minimum of \$70 million. In FY 2004, there were funds for only 28 states to participate in the program.
 - Funding for CDC’s Division of Adolescent and School Health (DASH), Coordinated School Health Program should also be increased from the \$15.7 million received in FY 2004 to a minimum of \$36 million.
 - New tax policies should also be explored that create incentives, such as for employer-provided wellness programs and for real estate developers to convert brownfields into activity-oriented facilities, or include green space and accessible sidewalks in their plans for residential development.

*For additional information, visit
www.healthyamericans.org.*



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