



Kansas Health Policy Authority
Coordinating health & health care for a thriving Kansas

Health Reform to Address Childhood and Adolescent Obesity in Kansas

Legislative Educational Planning Committee
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Objectives

- KHPA and Health Reform
- Obesity in Children and Adolescents
- Current Partnerships on Obesity
- Health Reform Policy Options that Address Obesity in Children and Adolescents

Kansas Health Reform Overview

- 2005 and 2006: Creation of KHPA
 - Appointment of Board
 - Creation of vision principles and framework
- 2007: Creation of Health for All Kansans Steering Committee
 - Passage of SB 11:
 - Creates premium assistance program
 - Outlines development of health reform options
- 2008: Debate Health Reform Options
 - Legislative debate

KHPA Reform Priorities

- **Prevention and primary care**
 - Focus on obesity, tobacco control, chronic disease management and incentives for primary care
- **Promoting personal responsibility**
 - For responsible health behaviors
 - Informed purchase of health care services
 - Contributing to the cost of health insurance, based on sliding scale
- **Providing and protecting affordable health insurance**
 - Focus on small business, the uninsured and the underinsured

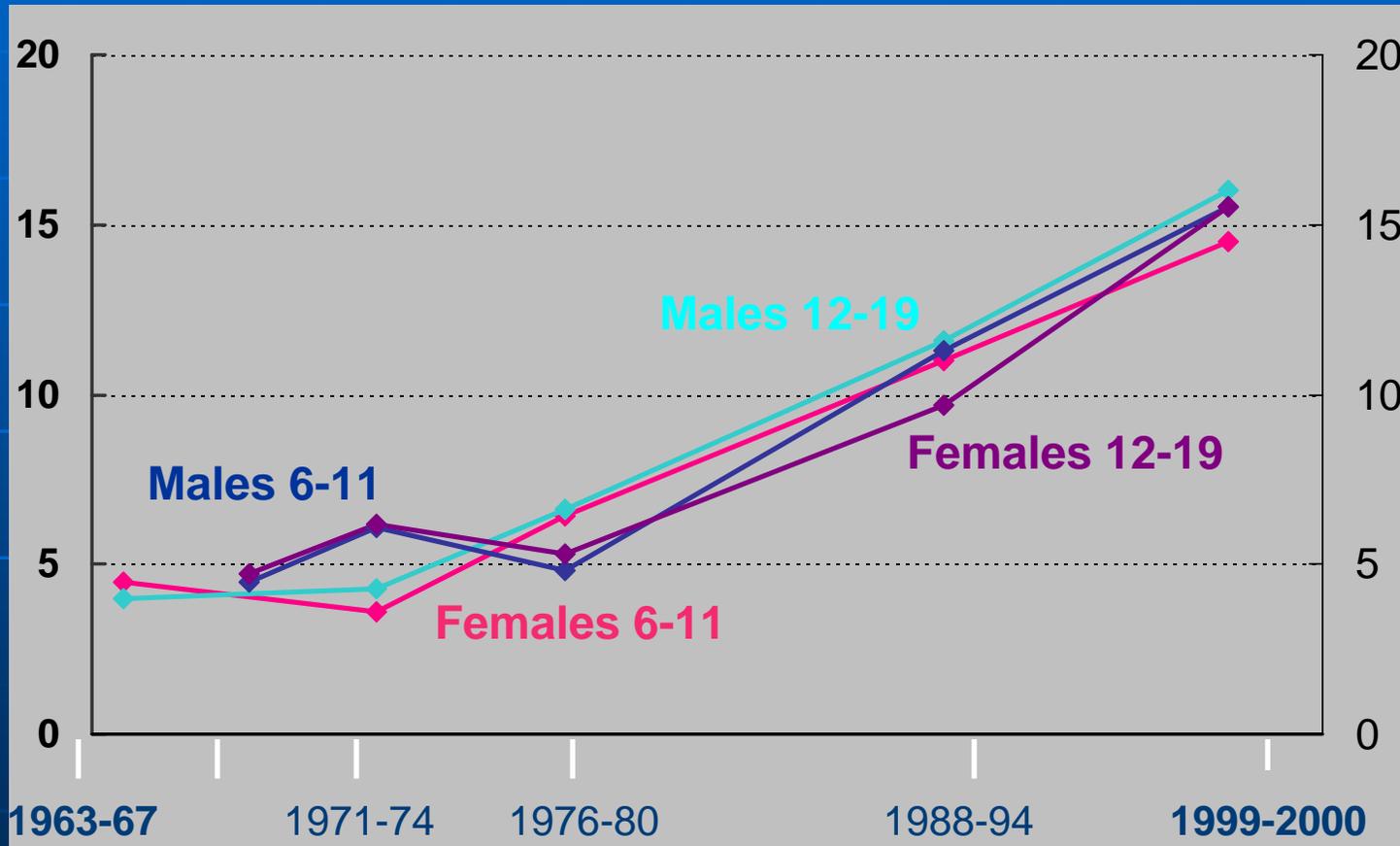
Obesity in Children and Adolescents

Demographics

U.S. Trends for Overweight Children and Adolescents

Percent

Percent



Note: Overweight is defined as BMI \geq gender- and weight-specific 95th percentile from the 2000 CDC Growth Charts for the United States. Source: National Health Examination Surveys II (ages 6-11) and III (ages 12-17), National Health and Nutrition Examination Surveys I, II, III and 1999-2000, NCHS, CDC.

Overweight Students in Kansas

- Percent of **overweight students** for 2004-2005 school year:
 - Elementary School: 17%
 - Middle School: 15%
 - High School: 12%
- Percent **at-risk for becoming overweight**:
 - Elementary School: 15%
 - Middle School: 17%
 - High School: 13%

Source: 2004-2005 Kansas Child Health Assessment and Monitoring Project (K-CHAMP). Kansas Dept of Health and Environment; Office of Health Promotion. Accessed on October 9, 2007 at <http://www.kdheks.gov/bhp/kchamp/data.html>.

Impact of Overweight on the Health of our Children

- Since 1980, the percentage of overweight young persons has **more than tripled**.
- Obesity has become the **second greatest threat to children's long-term health**.
- Childhood overweight is **associated with multiple health-related consequences** such as psychosocial problems, cardiovascular disease, asthma, hepatic steatosis, sleep apnea, and type 2 diabetes.
- By 2020, 1/4th of every health care dollar will go towards **paying for obesity related treatments**.

Source: Centers for Disease Control and Prevention, Division of Nutrition; Physical Activity and Obesity; National Center for Chronic Disease Prevention and Health Promotion.

Kansas Partnerships for Childhood and Adolescent Obesity

Obesity in Schools: KHPA Partners

- Kansas Department on Health and Environment (KDHE):
 - Recommending policy options for prevention and personal responsibility – one focus is on schools and obesity
- Kansas Department of Education
- Kansas Coordinated School Health Program
 - Developed Kansas Wellness Policy Builder Guidelines
- Governor's Council on Fitness
 - Supports Wellness Policy Guidelines

Health Reform Policy Options

Obesity prevention – start
when they're young!

Health Reform to Improve Healthy Behaviors in Kansas Schools

1. Implement competitive food restriction in schools
2. Strengthen physical education and activity requirements & expand the Coordinated School Health programs
3. Conduct surveillance of body weight among Kansas children

1. Competitive Food Restrictions

- **Kansas School Wellness Policy Model Guidelines for Nutrition**
 - Recommendations to improve nutritional quality of all foods and beverages available to students at school
 - Address competitive pricing and promotion of healthy foods and portion size limitations
 - Restrict access to foods of minimal nutritional value
- **Proven Impacts of Model Guidelines**
 - Reduce amount of soda consumed per week
 - Increase purchases of fruits, vegetables, and low-fat foods
 - Reduce overall energy intake

Kansas Schools & Nutrition

■ Foods Available in Schools¹

- Almost 45% of K-12 schools offer a la carte lunch items.
- Just under 60% of K-12 schools and 90% of high schools have vending machines.

■ Nutrition of Students²

- Percent of students who eat the recommended 5 fruits & vegetables each day –
 - Elementary School: 19%
 - Middle School: 22%
 - High School: 18%

Sources: ¹Kimminau, K.S. One Piece of the Childhood Obesity Puzzle: Kansas Public Schools. Kansas Health Institute Issue Brief. 2006. 20: 1-4. ²2004-2005 Kansas Child Health Assessment and Monitoring Project (K-CHAMP). Kansas Dept of Health and Environment; Office of Health Promotion. Accessed at <http://www.kdheks.gov/bhp/kchamp/data.html>.

2. Strengthen Physical Education & Activity Requirements

- Expand KS Coordinated School Health Programs
- KS Wellness Policy Builder – Minimum PE and physical activity requirements
 - Require 100-150 minutes of PE per week at elementary and middle schools
 - Maintain the current one-unit requirement for high school
 - Mandate discipline-specific licensure of PE teachers
 - Require 20 minutes of recess for elementary students every day
- Supported by the Governor's Council on Fitness

Physical Education & Activity in Kansas Schools

- Students NOT meeting recommended levels of physical activity
 - Elementary School: 39%
 - Middle & High School: 43%
- Students NOT enrolled in daily PE classes
 - Elementary School: 77%
 - Middle & High School: 54%
- Students NOT exercising or playing sports for 20 minutes during PE class
 - Elementary: 27%
 - Middle & High School: 11%

Source: 2004-2005 Kansas Child Health Assessment and Monitoring Project (K-CHAMP). Kansas Dept of Health and Environment; Office of Health Promotion. Accessed on October 9, 2007 at <http://www.kdheks.gov/bhp/kchamp/data.html>.

3. Conduct Body Weight Surveillance

- Governor's Council on Fitness Recommendations
 - State-based surveillance system to monitor trends on overweight, obesity, and fitness status for all public school age children in KS
 - Collect body mass index (BMI) data and cardio-respiratory fitness data for all public school students in grades pre-K through 12

Why Measure BMI?

- Childhood obesity currently measured through self-reporting surveys in Kansas
- Lack data on at-risk populations - programs **unable to appropriately target most vulnerable populations** in cost-effective manner
- BMI data essential for **assessing effectiveness of public health interventions**
- More than 80% of public school & school district staffs **support collection of BMI**

Future of Health Reform in Kansas

KHPA Health Reform Timeline

- **Summer and Fall 2007**
 - Advisory Councils met to offer recommendations
 - Listening Tour
 - KHPA Board & HFAK Steering Committee to develop reform options
- **October 15th & 16th**
 - KHPA Board will vote on prevention policy options pertaining to obesity in schools
 - KHPA Board will vote on all health reform policy options to include in the final health reform document
- **November 1, 2007**
 - Reform options presented to Governor and legislature
- **January 2008**
 - Consideration of health reform options



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