State Obesity Task Force – Board Call Minutes

Mission Statement: "Working toward prevention and reduction of obesity for a healthier Alabama"

Date: Thursday, April 22, 2010
Time: 9:30 -10:30 a.m. Central Time
Length: 1 hour
Call in: **1-866-465-2284**
PIN Number: **6178**
Leader Name: Mim Gaines

Time	Item	Prepared by:	Outcome(s)	REPORT PACKET and ADDITIONAL FILES
	Timekeeper/ Note taker: MIM Gaines			
	Call To Order	Bonnie Spear		
	Roll call/quorum: **(Quorum: 5 people)** Bonnie Spear- bspear@peds.uab.edu Dennis Pillion- dpillion@uab.edu Heather Smith- chattfit@yahoo.com Heather Whitley- whitlhp@auburn.edu Janis M Smiley- janice.smiley@adph.state.al.us Kathe Briggs- kathe.briggs@eamc.org Linda Knol- lknol@ches.ua.edu Teresa Smiley - teresa.smiley@agi.alabama.gov Michael Jackson- mjackson@dife.us (Richard Sinsky- Richard.Sinsky@jcdh.org) Verna Gates- verna@freshairfamily.org	Attending: Bonnie Spear Dennis Pillion Heather Whitley Janis M Smiley Kathe Briggs Linda Knol Michael Jackson Mim Gaines		
	1.0 Review Agenda	Bonnie		

	2.0 New Business- a. OTF role in the Alabama Obesity Institute	Bonnie	a. AL Obesity Institute comprised of all AL research type universities. A FEW of those present were from South AL, UA, AU, UAB, Huntsville, others included BCBS, ADPH. Bonnie was there as a UAB and represented OTF during the discussion. The institute foundation enables public health issues viewed in with different partners. The format allows for a faster turnaround group that can communicate for funding and programs that can fit into the structure. (Michael gave the example of rapid policy change communications.) This is not part of the health department, not UAB, or South AL, etc. It is a standalone entity. Some money from the Gov office to develop Obesity Institute. David Allison, PhD, clinical physiologist by degree but known for obesity research is the acting chair. Mobile Provost very articulate and on the steering committee. UAB providing some staffing OTF invited to planning meeting. Bonnie and Dennis will go to discuss plans with Dr. Allison. Clear that we (OTF) have no money. The Texas Health Institute would be interested in helping the AL group get established, if funding allowed. Seems to have more of a research initiative and not program based. Head of Nutrition Sciences at UAB was interested in how to reach rural health, i.e. community and rural health. They do not want to duplicate OTF efforts, and see us as a partner. Currently the OTF is a volunteer coalition that is seen as a networking system. Potential Bonnie presented this information to the Board as	a. Bonnie will mail the grant application and minutes of the meeting to the Board.

			awareness. When she gets the grant from David she will send it to all Board members and meeting information with those who were there. Linda commented that this may help AL get data.	
	b. Potential grant with AU	Heather	b. NISA grant with Barbara Struempler to support a million dollar group to focus on 8 year olds. Needs grant information by end of May. Grant due in June. Basic idea is 4 county area (one being Macon) going into schools and working with learning styles for nutrition and physical activity messages. Free F/V provided to school to see if the students eat better and diaries will track PA. Sleep study to see if obesity and sleep apnea is problem for children. AU got an MRI and body scanner to body scans. There is also a community engagement too. The Board discussed areas of interventions. Perhaps including Houston County and or Lee Counties for F/V and garden aspect s. Heather will send Barbara information about Michael's and Kathy's garden. Perhaps Michael and Kathy could provide leadership consulting and keep OTF informed. Heather will get back in touch with Barbara.	
	c. May agenda topics Aug agenda	Mim	c. The May meeting agenda has a presentation from a BITE grant. Mim will also contact ADECA to see if information on the Statewide Comprehensive Outdoor Recreation Plan can be presented. Heather will give an update on the Student Work groups can include face book group page development, advocacy networking	c. "http://www.adeca.state.al.us/C14/Outdoor%20Recreation%20Planning/default.aspx"

	D. Clearing house information on dates for meetings	Michael	David Allison and/or Dr. Wyatt will be invited for August d. A discussion was centered on what events are scheduled. An example is the June 3-5 weekend when three good obesity presentations are being offered. Not a simple solution, but important to try to think of solution. To ask Vera about web page. Dennis mentioned Facebook as a potential. Linda said we could have an Obesity Task Force face book page. Could have a student project for this.	
	3.0 Old Business a. Setting Priorities based from full meeting – b. Survey Monkey c. Student participation	a. Bonnie b. Mim c. Heather	a. Setting priorities will be determined on the survey responses. b. Survey to go out this week. Board members had the chance to look at it first. c. Heather and Verna worked on letter which will be presented at May meeting. Student groups to be developed around the state, based on universities. Then school opportunities could be utilized- i.e. war on hunger at AU. There would also be the potential of having one project that several students from different schools could also address; this could help the students see that the campus' have similar projects while promoting networking across the street. Discussed the need to have mentors for the groups.	

	d. Policy and procedure manual steps	d. Michael/Bonnie	No report.	
	5.0 Announcements/Information Oral Reports			
	Richard Sinsky 's work obligations	Bonnie	One of the JCHD analysts will be out for an extended time period. Richard will be taking over some of her responsibilities in addition to his regular duties. He may not be able to make our next couple of meetings. Linda mentioned the OTF still did not have a good data source. In a grant written a couple of years ago, the need for data was defined. Mim will send this part of the grant to Board members. Linda can review the information and update as needed. Bonnie and Dennis can share this information at the Obesity Institute discussions.	Handout #1
	PARKING LOT (Items for further follow-up):			
	Adjourn		**Next meeting: Full meeting on May 13, Clanton, AL**	

Handout #1 :

NOTE- THE BMI OF STUDENTS IN SCHOOLS MAY BE ADDRESSED THROUGH THE QUALITY PE PROGRAM TASK FORCE. This is a new task force, of which Bonnie and Michael are members.

Cut from the grant:

Burden of Obesity

The burden of obesity in Alabama can be best described by using existing state-level surveillance systems. These systems include the Pediatric Nutrition Surveillance System (PEDNSS), Youth Risk Behavior Survey (YRBS), and the Behavioral Risk Factor Surveillance

System (BRFSS). At present, we have statewide obesity data on young children (2-5 years), who participated in WIC and Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT), teens (9^{th}-12^{th} grade), and adults (over 20 years). Although these data sets provide statewide estimates of overweight and obesity and participation rates for contributory behaviors (fruit and vegetable intake, participation in physical activity/inactivity), they do not provide information on the determinants of these behaviors such as attitudes, beliefs, social norms or readiness to change behaviors. Alabama also lacks a systematic reporting and data capture system for obesity in children attending elementary or middle school. There are numerous research studies across the state that assessed obesity in various school systems or specific counties. To date, the only state-wide obesity data in school-aged children were collected from the 3^{rd} grade dental screening project (n= 7190) implemented by the Data Subcommittee of the Alabama OTF in partnership with the ADPH State Dental Program 2006-2007. The Hispanic population is growing in number in the state of Alabama. At present, the only means of depicting the health of this population is through vital statistics. Information on the health needs of this particular population is needed.

The next section of this application proposal will discuss current rates of obesity, current reports of eating patterns and physical activity/inactivity of Alabamians, and current knowledge about attitudes and beliefs that Alabamians have toward their weight, diet, and physical activity patterns. We organized this section of the application by life stage. Lastly, we will describe the need for a cohesive data collection and reporting system for the state.

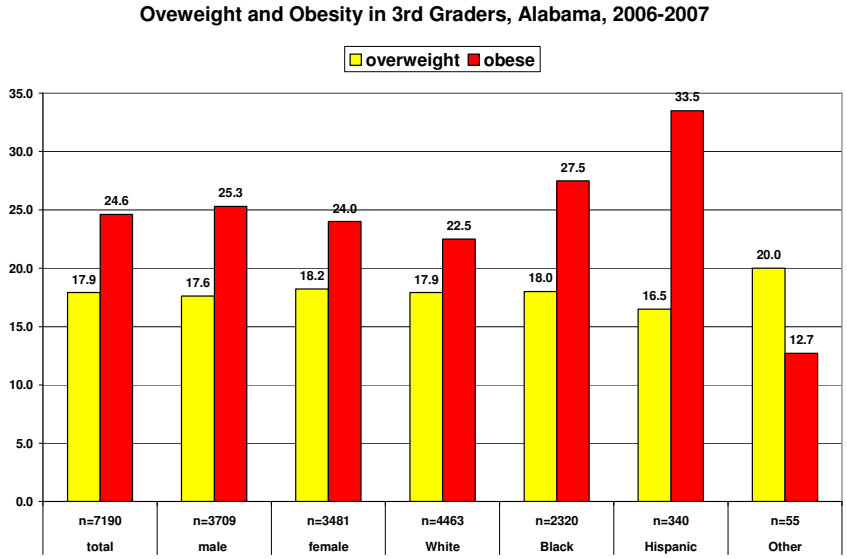
Infants. Breastfeeding rates are lower in Alabama than the rest of the nation. The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of an infant's life and breastfeeding with complimentary foods until 12 months of age. The percentages of Alabama infants who ever breastfed, breastfeeding at six months and at 12 months were 52.2 percent, 25.4 percent, and 11.5 percent, respectively, while national rates were 73.8 percent, 41.5 percent, and 20.9 percent, respectively (National Immunization Survey, 2004). Rates of exclusive breastfeeding at 3 and 6 months in Alabama (19.3 percent and 4.9 percent, respectively) are much lower than national rates (30.5 percent and 14.2 percent, respectively). In Alabama the characteristics of the mother who is least likely to initiate breastfeeding are: young (teenager) (35.6 percent), African American (37 percent), less than a high school education (38.4 percent), unmarried (35.2 percent), receives Medicaid (43.1 percent) (Alabama PRAMS, 2005), and participates in WIC (33.9 percent) (PEDNSS, 2006).

Toddlers/Preschoolers. Alabama's youngest and most vulnerable population, children 2-5 years old participating in food assistance programs such as WIC, have lower overweight and obesity rates (15.0 percent and 13.7 percent, respectively) than the nation (16.4 percent and 14.8 percent) (PEDNSS). In Alabama 60 percent of children in this age group participate in WIC. Therefore, this dataset captures a large proportion of this population.

School-aged children. Several small studies that assessed rates of obesity in school-aged children living in various counties or attending specific school districts in Alabama have been completed in the past few years.

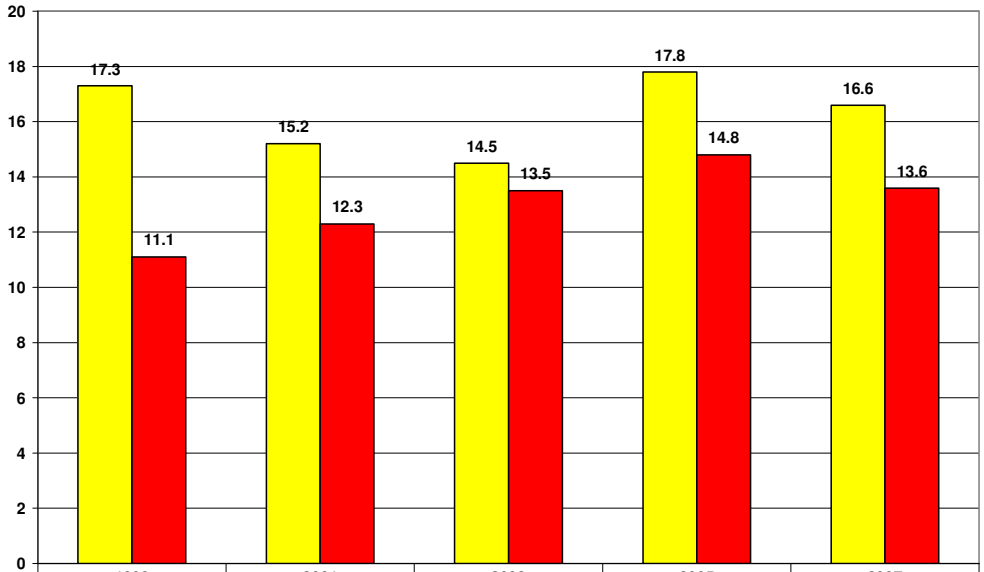
- In 2006, Troy University received a grant through Health Resources and Services Administration Rural Outreach to assess weight status of 394 third, fourth, and fifth grade students in Pike, Barbour, and Bullock counties. They found that the percentage of children in this population that were classified as overweight (between the 85^{th} and 94^{th} BMI percentile) and obese (95^{th} BMI percentile or greater) were 21.1 percent and 23.1 percent, respectively.
- In 2002, a study completed by NPA staff of 1,182 students in the second through fifth grades in six public schools located in Monroe County, found that approximately 17 percent were overweight and 27 percent were obese. Obesity rates were higher for black students (29.8 percent) than for white students (23.6 percent).

- In collaboration with SDOE, NPA screened 822 students from nine to twelve years old in six schools in 2002. We found that 16 percent of the students were overweight and 27 percent were classified as obese.
- Through the School Health Initiative founded by the Bibb County Child Caring Initiative, residents of the county have tracked the heights and weights of children attending public schools for the past 10 years. They have reported rates of overweight consistently above the national average and an increase in these rates over time. In the 2005-2006, 23 percent of the children attending K-5th grade were classified as obese.
- In 2003, students at UA completed height and weight screenings for 90 fifth grade students and their parents in Pickens County. Results of this study found 18 percent of the children were overweight and 35 percent were obese. Parental perceptions of their child's weight status were assessed. Approximately 81 percent of the parents of obese children perceived their child as obese while only 22 percent of the parents of overweight children perceived their child as overweight.
- To date, the largest study of obesity in Alabama school children was undertaken by the ADPH Dental Program in collaboration with the Data Sub-committee of the OTF and NPA. In 2006-2007, 7190 third grade children from all nine dental districts in Alabama participated in a height and weight screening. This study found 17.9 percent and 24.6 percent of third graders were overweight and obese, respectively. When analyzed by gender and race/ethnicity, Hispanic males, Hispanic females, and black females had the highest rates of overweight and obesity (see chart below). We did not assess parental income of the students but we did capture the participation rates for free and reduced price meals for the overall school. In schools where the percentage of students receiving free or reduced price meals was greater or equal to 50 percent, the percentages of students who were classified as overweight or obese were 17.9 percent and 26.0 percent respectively. The rates of overweight (17.9 percent) and obesity (23.1 percent) were slightly lower in schools where the percentage of students receiving free or reduced meals was less than 50 percent.



Teens. From 1999 to 2005, the rates of overweight and obesity in Alabama teens increased (see chart below). Alabama rates of overweight and obesity measured from the YRBS have always been greater than the rates reported for the national sample. Although 2007 is not weighted presently, from 2005 to 2007, both the rates of overweight and obesity decreased from 17.6 percent and 14.8 percent, respectively, to 16.6 percent and 13.6 percent. In 2004 the state of Alabama convened a physical activity and nutrition sub-committee to advise the SDOE. This advisory committee made several recommendations that were started in schools at the beginning of the 2005-2006 academic year. These recommendations included changes in school food service, vending machine policies, and physical education classes.

Overweight and Obesity, Alabama High Schools, 1999-2007, Youth Risk Behavior Survey



	1999	2001	2003	2005	2007
At risk	17.3	15.2	14.5	17.8	16.6
Overweight	11.1	12.3	13.5	14.8	13.6

The YRBS also describes dietary patterns of teens. Results for 2005 YRBS show that only 14.7 percent of students ate at least five servings of fruits and vegetables a day, compared to the national rate of 20.1 percent. Since 1999 the percentage of students consuming at least five servings of fruits and vegetables daily has stayed the same in Alabama but decreased slightly for the nation. The percentage of Alabama teens consuming three glasses of milk is 8.8 percent compared to the percentage of teens across the nation (16.2 percent). Since 1999 the percentage of students consuming at least three glasses of milk daily has decreased from 12.9 percent (1999) to 8.8 percent (2005). This trend is similar to the national trend.

The Healthy People 2010 objective for physical activity is to increase the proportion of adolescents in the 9 – 12th grades to 85 percent who engage in vigorous physical activity that promotes cardio-respiratory fitness three or more days per week for 20 or more minutes per occasion. The Alabama 2005 YRBS found that only 58.2 percent were exercising at this level and 39 percent did not participate

in any vigorous physical activity during the week prior to the survey. Physical inactivity is often measured by television viewing. The YRBS indicates that 38 percent of Alabama students surveyed watched television for three hours or more per school day. The percentage for African American students was higher (46.9 percent) than for Caucasian students (33.8 percent). Approximately 43 percent of our adolescents watch more than two hours of television per day. The percentage of students who participate in PE daily in Alabama has decreased from 45.8 percent in 1991 to 33.3 percent in 2003. The percentage of Alabama students who attended daily PE increased to 45.1 percent in 2005. The trend pattern for the state mimics that of the nation with similar rates except that the rebound seen in 2005 was substantially higher in Alabama than the nation.

Adults. Using data from the 2006 Behavioral Risk Factor Surveillance System (BRFSS), Alabama has the third highest rates of obesity in the nation. While the rates of adult overweight declined from 2001 to 2006 from 37.2 percent to 34.5 percent; the rate of obesity increased from 24.5 to 30.5 percent. These trends suggest a shift in average adult BMI upward which is consistent with national data. In 1995 the rates of overweight and obesity in Alabama were 35.4 percent and 18.7 percent, respectively. From 1995 to 2006, the rate of obesity has increased by 63 percent. In 2006 the groups with the highest rates of obesity in Alabama were male (31.3 percent), 55-64 years old (40.8 percent), African American (39.3 percent), in the lowest income category, and with less than a high school education. When the overweight and obese categories are combined, the groups with the highest rates of overweight/obesity in Alabama are males (71.9 percent), 35-44 year olds (71.8 percent), African American (72.9 percent), and those with less than a college education. Comparing overweight/obesity rates from 1995 to 2006, the age groups with the greatest change in rates are 25-34 year olds and 35-44 year olds (41 percent and 23 percent increase, respectively). When comparing these rates across incomes, we see the greatest increases in overweight/obesity rates in adults with incomes of $25,000-$34,999 and $35,000-$44,999 (27 percent and 29.7 percent increase, respectively). Lastly, between 1995 and 2006, the rates of overweight/obesity increased in adults with some college education and adults with a college education by 36.8 percent and 34.9 percent respectively. We are not implying that overweight/obesity is not a problem for those with less education or the poor. Instead we are saying that overweight/obesity in this state is a problem for all adults. We really cannot pinpoint a specific target group.

A geographic study of obesity in Alabama was completed utilizing BRFSS from 1995 to 2000 combined with US Census 2000 data. The geographic distribution of obesity illustrates the highest burden is in 16 counties, 15 of which are in Alabama's economically depressed Black Belt Region. This study was updated using the 2006 BRFSS data. Rates that were the highest in Alabama between 1995-2000 (26.6 to 31.8 percent) are now the lowest (27.0 percent to 31 percent), reflecting the rapid increase in all counties. The counties with consistently high rates continue to be known as the Black Belt of the state, which was once known for its dark soil and agriculture. Now it is known as one of the poorest areas in the nation.

Some subgroups are at higher risk for obesity and its associated health problems. Mortality rates of chronic diseases in which obesity is a risk factor are high in Alabama and disproportionately high in similar subgroups. For example, in 2006 heart disease and diabetes mortality rates were substantially higher for blacks (213.8 per 100,000 and 41.0 per 1000,000, respectively) compared to whites (293.2 per 100,000 and 27.1 per 100,000, respectively). In 2006 the stroke mortality rate for blacks and whites were similar. Survey results from the Alabama 2005 BRFSS indicate that more adults (31.2 percent) report having been told that they have high blood pressure compared to 25.5 percent nationwide. Overall, the proportion of Alabama residents reported that a doctor had ever told them they had diabetes (9.8 percent) was higher than the nation (7.3 percent).

As the rates of overweight/obesity increased across the state, the indicators used to track trends in diet and exercise did not change. From 2001 to 2005, data from the BRFSS show no change in the percentage of Alabama adult residents who engage in 30 or more minutes

of moderate physical activity for five or more times per week or 20 or more minutes of vigorous physical activity three or more times per week. In 2005 adults least likely to engage in physical activity at the above stated levels were females (39.9 percent), older than 45 years (35.3-41.4 percent), African American (36.8 percent), in lowest income group (30.0 percent), and with less than a high school degree (35.0 percent). From 1996 to 2005, the percentage of adults living in Alabama who consumed five or more servings of fruits and vegetables has also remained unchanged (1996-21.4 percent and 2005-20.1 percent). The groups least likely to consume five or more servings of fruits and vegetables are under the age of 55 (15.3-20.5 percent), in the middle income bracket or $25,000-34,999 (17.7 percent), and with less than a high school education (17.7 percent).

Attitudes, Beliefs, Norms, and Behavioral Intent

In October 2001, NPA contracted with the University of Alabama in Birmingham (UAB) to conduct a baseline telephone survey of 400 adults on obesity issues in Alabama. Attitudes, beliefs and health practices regarding weight were identified. The BMI's of respondents were calculated from self reported heights and weights. Selected findings included:

(1) Approximately ten percent of those who were calculated as overweight responded they were not overweight.

(2) The most common reason for wanting to lose weight was to be able to see a child(ren) grow up.

(3) The most frequent reasons for not eating a healthy diet were: "it is too hard to count calories," "diets don't work," “I am tired of hearing about dieting”, and "eating healthy is too expensive."

In 2006 the University of Alabama Capstone Poll asked 400 Alabama residents whether they thought their weight and health status were changeable. Approximately 60 percent of respondents thought their weight and health were changeable. No differences in responses were noted between African Americans and whites.

School Policy Data

Data from the 2006 School Health Education Profile (SHEP) provides insight into current types and levels of effort being directed to improve school physical activity and nutrition influences. The following indicators reported by principals for all schools with grades 6-12 are of concern related to nutrition: (1) 19 percent of schools require students to eat lunch in less than twenty minutes; (2) 62 percent of schools/districts have no policy stating that fruits or vegetables will be offered at school settings (e.g., concession stands, student parties, after school programs, staff meetings) (Note: In 2005 95 percent of schools did not have a stated policy); and (3) 87 percent of schools allow students to purchase snack foods or beverages from vending machines, a school store, canteen, or snack bar. Most schools have made considerable improvements in vending options based on recommendations from the 2005 Nutrition and Physical Activity Statewide Sub-Committee of the Statewide Committee on the Status of Youth Health. Although the committee recommended the use of the School Health Index, to date, only 17 percent of schools have used it to assess the strengths and weaknesses of their school health promotion policies and programs. Coordination between nutrition education in the classroom and cafeteria is improving with the initiation of the School Wellness policies mandated in 2006. However, only 76 percent of health education teachers covered all 14 nutrition topics and 75 percent of health education teachers stated that they would like to receive more staff development on nutrition and diet.

SHEP data illustrate limitations in physical activity. Principals reported PE exemptions for participation in other school activities, other classes, and school sports. The state level data from the School Health Programs and Policies and Programs Study (SHPPS) shows that 10percent of Alabama schools, faculty and/or staff can require that a student miss PE as punishment for bad behavior in another class. In 38 percent of schools, faculty/staff can use physical activity to punish students for bad behavior in PE. SHPPS 2006 data also show that

Alabama does not require written tests or skill performance tests of students in physical education class. Twenty percent of schools do not have students using activity or athletic facilities for community-sponsored programs outside of regular school hours. There is a clear need for more schools to implement assessments of nutrition and physical activity in their environments using the School Health Index and then implement positive policies and practices which will foster life-long eating habits and physical activity patterns in youth.

Gaps

From the data presented, we have several high priority problems related to obesity in Alabama. Comparing obesity rates across states, our adult rates are third highest in the nation. Although our most at risk population continues to be the poor and those with less than a high school education, we have seen a dramatic increase in obesity rates among the younger (25-44 year olds), middle class, more highly educated populations. Thus, interventions based in the worksite might reach the greatest number of overweight/obese adults. The work plan will address worksite wellness and a social marketing program that addresses obesity for these populations.

Our breastfeeding rates are lower than that of the nation in general. The population with the lowest rates of breastfeeding also has the highest rates of obesity. Research suggests that overweight women are less likely to breastfeed and have more difficulties with breastfeeding than normal weight women Thus, we need to integrate breastfeeding promotion and education within worksite wellness programs addressing obesity.

From the data collected through academic research projects and the statewide 3rd grade Dental Screening Project, we believe that rates of overweight/obesity steadily climb from 3rd through 5th grade. Thus, interventions specifically targeting these grades are needed. Although school systems have created wellness policies through their Child Nutrition Programs, they need assistance in the implementation and evaluation of these policies. The quality and quantity of physical education in our schools is inadequate. Programs to improve physical fitness while attending school and programs that promote physical activities that can be maintained throughout a lifetime are needed. Although great strides have been made to change school food environments, some schools have yet to implement these policies. These schools may need assistance in implementation. All schools will need help in evaluating these policy changes. These gaps will be addressed in our work plan.

Alabama has some systems in place to monitor selected indicators from projects related to the state plan. However, several gaps in the capture and reporting of obesity data exist.

1. Obesity rates in school-aged children are not monitored. The system to capture this data is fragmented and based on academic research projects in select counties or school systems. From the Bibb County Child Caring Initiative and the Dental Screening Project, we know that it is possible to organize and conduct height and weight screenings for school-age children through local support. The data sub-committee from the Alabama Obesity Task Force has developed training materials on how to conduct height and weight screenings. This training manual is available on the NPA website and includes how to set up a data entry system. Although individuals in a specific county hold screenings, very few of these individuals know how to convert their data to age/gender specific BMI percentiles. So, assistance is needed. The ability of the state to capture data collected by independent entities is also a problem. A statewide initiative is needed so that school systems that elect to complete screenings would have technical assistance to support data interpretation and reporting to stakeholders. Without rates of obesity in school-aged children, the Alabama Obesity Task Force will not be able to evaluate the school policy changes already recommended and implemented.

2. Alabama has begun evaluation of school wellness policies. A statewide survey was conducted (results pending) that assesses the degree of implementation of school wellness policies. An ongoing yearly survey is needed to identify schools that need assistance in implementing their plans.
3. Although self-report of physical activity can be used as an indicator of physical activity among teens and adults, the use of this indicator in younger children may not be appropriate. Therefore, a standardized assessment of physical fitness should be used in younger children and possibly even teens. The FitnessGram provides an assessment of physical fitness that includes height and weight screenings. The use of the FitnessGram in all schools is approved by the state board of education but unfunded. Physical education teachers will need training in order to implement the program and some schools will need financial assistance to ensure successful implementation.
4. We do not know how Alabamians interpret obesity-related messages. Currently, a campaign entitled "One Choice at a Time, One Step at a Time, One Life at a Time" was developed and pilot tested at Troy University. This social marketing campaign aims to encourage Alabamians to make better choices regarding physical activity and diet throughout the day. These ads have yet to air. Evaluation of this project and an understanding of how Alabamians interpret the ads are needed. For example, we need to understand the percentage of Alabamians ready to make changes versus those in contemplation. If we have more Alabamians in the pre-contemplation stage from the Stages of Change Model, then we may need to change the campaign.
5. Scale Back Alabama has been a successful worksite wellness program addressing adult obesity. Over the past two years, approximately 40,000 adult Alabamians, working in 86 hospitals, 22 health departments and 150 other businesses, have participated in Scale Back and lost at least 3-4 pounds per person over the eight week program. An evaluation of Scale Back-Year 1 was completed. However, a six month follow-up evaluation was not completed. In Year 2 we had 4000 responses on the pre-intervention survey and hope to complete a post-intervention and 6 month follow-up evaluation. If the program is to continue and improve, we will need to continually update the evaluation of the program to ensure that it remains a successful worksite wellness program. Data from the evaluation will be used to market the program and increase the number of worksites.
6. This review of the current datasets shows a lack of Hispanic participation in the BRFSS and YRBS. This population is growing in Alabama. Therefore, we need to understand the health needs of the population. From the small amount of data captured through the dental height and weight screenings, we can see that Hispanic 3rd graders are the heaviest in their age group. Office of Minority Health, Alabama Department of Public Health, attends and participates in the Obesity Task Force and Wellness Coalition. We will use this resource and other resources from the OTF to help in the development of data sources on the health of this population.
7. Lastly, we need a systematic means of identifying data for inclusion into an obesity reporting system. Currently, there has been no money to create a Burden of Obesity Report for Alabama. In lieu of a report, we have opted to present data at professional conferences or in one page reports. It is time to fully evaluate all of the data sources to determine potential indicators for the state obesity plan and to provide task force membership with current data.