

# Obesity in Florida



**Report of the Governor's Task Force on the Obesity Epidemic**

February 2004



# The Governor's Charge to the Task Force

**In Fall 2003, Governor Jeb Bush formed the Governor's Task Force on the Obesity Epidemic to make recommendations regarding the problem of overweight and obesity in Florida.** The creation of the task force was announced at a press conference on October 15. Dr. John Agwunobi, Secretary of the Florida Department of Health, represented the Governor. Also present were Jim Horne, Secretary of the Department of Education; Charles Bronson, Commissioner of the Department of Agriculture and Consumer Services; Mary Pat Moore representing Rhonda Medows, Secretary of the Agency for Health Care Administration; and Jennie Hefelfinger, Chief of the Bureau of Chronic Disease Prevention at the Department of Health.

The Governor appointed 16 members to the task force and instructed the Florida Department of Health (DOH) to staff the task force's public hearings and meetings. The task force held four public hearings—two in Tallahassee, one in Orlando, and one in Miami. These meetings occurred on October 29 (Tallahassee), November 12 (Orlando), December 2 (Miami), and December 15, 2003, (Tallahassee). The task force met by conference call on two occasions: December 29, 2003, and January 9, 2004. Through these venues, task force members heard testimony from experts in the fields of public health, physical activity, nutrition, education, epidemiology, and medicine. Statewide stakeholders were invited to participate, and comments from the public were encouraged and considered at the information-gathering meetings. The public responded overwhelmingly, contributing to over 450 recommendations, which were submitted through mail, email, invited presenters, and public comment.

At the final face-to-face meeting in Tallahassee on December 15, 2003, the task force members considered all the information and recommendations gathered at the three prior public forums and those recommendations submitted through mail and emails to the Department of Health or the Governor's Office. The subsequent conference calls were used to access additional information, refine recommendations and approve the final recommendations.

Through their representation as invited guests of the task force, legislative members were provided information necessary to create policy level interventions that support the task force recommendations for enabling Florida to prevent obesity by fostering behaviors that promote lifelong physical activity and healthful nutrition.

## **Governor's Executive Order #03-196 Requirements**

The Governor's Executive Order delineated the responsibilities of the task force:

- 1. Recommend ways to promote the recognition of overweight and obesity as a major public health problem in Florida that also has serious implications for Florida's economic prosperity;**
- 2. Review data and other research to determine the number of Florida's children who are overweight or at risk of becoming overweight;**
- 3. Identify the contributing factors to the increasing burden of overweight and obesity in Florida;**
- 4. Recommend ways to help Floridians balance healthy eating with regular physical activity to achieve and maintain a healthy or healthier body weight;**
- 5. Identify and research evidence-based strategies to promote lifelong physical activity and lifelong healthful nutrition, and to assist those who are already overweight or obese to maintain healthy lifestyles;**
- 6. Identify effective and culturally appropriate interventions to prevent and treat overweight and obesity;**
- 7. Provide policy recommendations to improve nutrition and physical activity for our youth, especially in areas where they congregate such as schools, after-school programs, and community and youth centers; and**
- 8. Provide recommendations for parents, caregivers, health care providers, youth leaders and other youth-based programs to encourage and support healthy eating and increased physical activity to promote family strengthening and family stability.**

# Message from Dr. Zachariah, Chair

My Fellow Floridians and Public Health Advocates:

**O**besity is a serious public health threat that manifests itself in diseases and chronic disabling conditions such as diabetes, coronary heart disease and high blood pressure. This is not a newly identified phenomenon; the American Heart Association had identified obesity as a cardiac risk factor—modifiable through diet and exercise—as early as 1952. However, the situation half a century later is far worse.

In 2001, the Surgeon General announced that obesity and overweight cost U.S. taxpayers \$117 billion per year in direct health care costs and indirect costs such as lost wages. In both men and women, the prevalence of obesity has nearly doubled over the last decade. Although men and women have similar rates of obesity, men have a much higher percentage of overweight. The problem of overweight and obesity is found in all age brackets and ethnic groups.

In 2003, Governor Bush asked me to chair the Governor's Task Force on the Obesity Epidemic. The task force members were charged with learning about the causes of the obesity epidemic in Florida and making recommendations to prevent overweight and obesity. The answer, we discovered, is complex yet based on two simple factors: improved nutrition and increased physical activity. Twenty-two recommendations were derived and will be provided to the Governor, the Speaker of the House of Representatives, and the President of the Senate. While evidence-based, these recommendations provide flexibility for local governments and communities to implement in ways that meet their unique needs and economic parameters.

I urge all Floridians to review the recommendations of the Governor's Task Force, discuss them with your family and community partners, and decide what you—as an individual, a family member, and a community—can do to implement these changes for a healthier future.

– Zachariah P. Zachariah, M.D.

Chair, Governor's Task Force on the Obesity Epidemic

This report could not have been possible without the talents and contributions of many people. The numerous contributions by members of the public were critical to the development of the recommendations. The professional integrity, knowledge, and passion of these hard-working individuals and caring community members resulted in the successful performance and conclusion of the task force's mission. Sincere thanks and highest praise go to the following individuals and agencies:

**Miami Jackson Senior High School**

Tom Fisher  
Assistant Principal  
Junior ROTC and JROTC  
Color Guard

**Florida State University**

**Orange County Health Department**

**Miami-Dade County Health Department**

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# Executive Summary

**Obesity is second only to tobacco use as a threat to public health. Its implications include serious health consequences such as diabetes, coronary heart disease, high blood pressure, high cholesterol, osteoarthritis, sleep disturbances and breathing problems, and certain cancers.** A recent study published in The New England Journal of Medicine indicates that one out of four children who are overweight have early signs of type 2 diabetes. Additionally a recent study by the RAND Corporation, a research and development institution, concludes that obesity is linked to higher rates of chronic health conditions than smoking, drinking or poverty.

The burden on our nation's health care system includes a substantial financial impact as well. In 2001, obesity and overweight cost U.S. taxpayers \$117 billion in direct health care costs and indirect costs such as lost wages. A recent study by researchers at RTI International and the Centers for Disease Control and Prevention (CDC) estimated that direct costs alone reached \$75 billion in 2003. According to the study in Obesity Research, obesity-related medical expenditures for adults in Florida total over \$3.9 billion, with over half of the costs financed by Medicare and Medicaid.

In both men and women, the prevalence of obesity has nearly doubled over the last decade. The problem of overweight and obesity is found in all age brackets and ethnic groups. It is found in men, women, and most alarmingly, in children.

Florida's obesity epidemic is part of a national problem that has been steadily increasing over the past fifty years. Figure 1 on page 10 illustrates the progression of the obesity epidemic from 1985 through 2001 in the U.S.

According to the Centers for Disease Control and Prevention (CDC), overweight is defined as having a BMI between 25.0 and 29.9. Obesity is defined as having a BMI of 30.0 or greater. In 2000, more than six and a half million Florida adults were overweight or obese (BMI  $\geq 25$  kg/m<sup>2</sup>) based on self-reported height and weight. Of those, almost two and a half million adults were obese (BMI  $\geq 30$  kg/m<sup>2</sup>). Overweight and obesity are increasing in men, women and children of all races.

Since 1986, when height and weight in Florida's adult population was first monitored, overweight has increased 63%, from 35.3% of the adult population in 1986 to 57.4% of the population in 2002. Most of the increase has occurred in the population who is obese. The prevalence of obesity among Florida adults has nearly doubled, increasing 98% from 9.8% in 1986 to 19.4% in 2002.

Among both men and women, the prevalence of obesity has increased dramatically from 1990 to 2002. Among men, the prevalence has increased 61%; among women, the prevalence has increased 27%. Although men and women have similar rates of obesity, men have a much higher percentage of overweight.

Non-Hispanic blacks have the highest obesity rates followed by Hispanics and non-Hispanic whites. The various race/ethnicities have all experienced tremendous increases in obesity from 1990 to 2002 to varying degrees. Hispanics have experienced the largest percentage increase at 73%. Non-Hispanic whites follow at 54% with non-Hispanic blacks experiencing a 28% increase during this time period.

BMI is also recommended to identify children who are overweight or at risk of becoming overweight. These terms are defined based on a comparison of BMI to all other youth of the same age and sex. A child or adolescent is considered at risk for overweight if his or her BMI is higher than the 85th percentile, and lower than the 95th percentile, of his or her peers. A child or adolescent is considered overweight if his or her BMI is greater than or equal to the BMI of the 95th percentile of his or her peers.

In 2003, 14.0% of Florida high school students were at risk of overweight and 12.4% were overweight. Overall, 13.4% of girls and 14.6% of boys were at risk of overweight and 8.1% of girls and 16.5% of boys were overweight.

In the simplest analysis, obesity has reached such epidemic proportions because our energy input (what we consume as food energy) exceeds our energy output (physical activity). The remedy is straight-forward: improve nutrition and increase physical activity; promote public awareness of the epidemic and prevention strategies; and promote environmental and social policy changes that support individuals and families by working through schools, communities, medical professionals, public health, business, and other entities.

However, the actual solution is much more complex. Although national public health leaders such as the CDC and the American Heart Association have published materials on overweight and obesity, and the State of Florida has programs and materials addressing the issue, Governor Jeb Bush identified the need for a strong, Florida-based approach with commitment from top levels of state government and involvement of individuals, families, and communities across the state.

The task force's recommendations can be divided into two major health issues (improved nutrition and increased physical activity) and six general focus areas: (family setting, community setting, healthcare, public health, schools, and worksites). Since recommendations crossed health issues and focus areas, they are presented in the following nine categories:

**The Role of the Family in Promoting Lifelong Healthy Nutrition and Physical Activity**

**The Role of the Community in Promoting Lifelong Healthy Nutrition**

**The Role of the Community in Promoting Lifelong Physical Activity**

**The Role of Healthcare Providers in Promoting Lifelong Healthy Nutrition and Physical Activity**

**The Role of Public Health in Promoting Lifelong Healthy Nutrition and Physical Activity**

**The Role of Schools in Promoting Lifelong Healthy Nutrition**

**The Role of Schools in Promoting Lifelong Physical Activity**

**The Role of the Worksite in Promoting Lifelong Physical Activity and Healthful Nutrition**

**Recommendation Requiring Further Study**

All Floridians should review this report and the recommendations of the Governor's Task Force. Families and community partners have the opportunity to decide what they can do at a local and personal level—as individuals, family members, and communities—to implement these changes for a healthier future. Government representatives at all levels have the responsibility to their constituents to help them achieve these changes.

# Background

**The Task Force** The Governor appointed the following individuals to the task force:

- Dr. Zachariah P. Zachariah, task force chair, cardiologist from Ft. Lauderdale.
- Ms. Monica K. Almas of Plantation, Regional Emerging Markets Director with Aetna.
- Mr. James T. Bell, of Pasco County, founder of International Fitness Professionals Association.
- Ms. Ann Bowden of Tallahassee, community volunteer, child advocate and mother.
- Mr. Frank Brogan, President of Florida Atlantic University in Boca Raton.
- Ms. Elizabeth Callahan, Administrator of the Hernando County Health Department.
- Mr. Chris Dudley, of Leon County, consultant with Southern Strategies Group.
- Lt. Michael J. Ferrantelli, of Pasco County, member of the Pasco County Sheriff's Office.
- Dr. Jim Gills, physician and tri-athlete from Tarpon Springs and member of the Florida Sports Foundation.
- Dr. Deise Granado-Villar, Director of Preventive Medicine and Community Pediatrics at Miami Children's Hospital.
- Rev. Frances Menchion, Youth Minister at St. James AME Church in Cottondale.
- Mr. Thomas B. Pfankuch, of Leon County, Vice President of Editorial Services, Rowland Publishing.
- Ms. Jasmin D. Shirley, of Ft. Lauderdale, Vice President of Health Systems Development and Ambulatory Services at North Broward Hospital District.
- Ms. Sofia Solernou, of Bay County, community advocate.
- Ms. Carol Thompson, Healthcare Vice President at Baptist Health Systems in Jacksonville.
- Dr. Suzel M. Vazquez, of Miami-Dade County, Medical Director of the Circle of Life Bariatric and Wellness Center.

The task force also included the following invited guests:

- Senator Durell Peadar, Jr., M.D. (R-Pensacola)
- Senator Gwen Margolis (D-Miami Beach)
- Representative Holly Benson (R-Pensacola)
- Representative Frank Farkas (R-St. Petersburg)
- Representative Eleanor Sobel (D-Hollywood)
- Dr. John O. Agwunobi, Secretary, Department of Health (designee Dr. Bonita Sorensen)
- Dr. Rhonda Medows, Secretary, Agency for Health Care Administration (designee Belinda McClellan)

**The chair's charge to the task force** The Chair instructed task force members to review information, listen to experts in the field and review public testimony to develop a set of recommendations on the overweight and obesity problem in Florida. These recommendations will be shared with the Governor, the Speaker of the House and the President of the Senate. Specifically, Dr. Zachariah charged the task force to:

1. Identify the contributing factors to the increasing burden of overweight and obesity in Florida;
2. Recommend ways to help Floridians in balancing healthy eating with regular physical activity to achieve and maintain a healthy or healthier body weight;
3. Identify and research evidenced-based strategies to promote lifelong physical activity and lifelong healthy nutrition and to assist those who are already overweight or obese to maintain healthy lifestyles;
4. Identify effective and culturally appropriate interventions to prevent and treat overweight and obesity;
5. Provide policy recommendations to improve healthful nutrition and physical activity for our youth, especially in areas where they congregate such as schools, after-school programs, and community and youth centers;



**6. Provide recommendations for parents, caregivers, health care providers, youth leaders and other youth-based programs to encourage and support healthy eating and increased physical activity to promote family strengthening and family stability.**

The task force set out guiding principles that reflect philosophical views and ideals to guide and direct the discussions and decision-making process of the task force. The task force also followed criteria specified by the Governor's Executive Order #03-196<sup>1</sup> and science-driven public health guidelines provided by staff. These are detailed below.

**Guiding principles**

- **Require effective and comprehensive interventions, utilizing individual and environmental strategies, are delivered to several societal levels simultaneously.**
- **Treat people at every weight as valuable, important human beings, specifically being sensitive to the needs of those who are already overweight or obese.**
- **Create competent health promotion and disease prevention programs working in communities to reduce the burden of overweight and obesity.**
- **Utilize a comprehensive approach similar to the tobacco prevention program that incorporates multi-faceted programs in multiple arenas, and work to sustain community efforts.**
- **Partner, network, collaborate, and coordinate state and local programs with numerous agencies to ensure a comprehensive approach, maximize resources and promote similar messages.**
- **Collaborate with the private sector.**
- **Motivate behavior change in children and youth by providing support to schools, communities, healthcare providers, and especially parents.**
- **Utilize data to ensure program success and to monitor trends in obesity-related outcomes.**
- **Advocate for prevention at all levels and in all arenas.**
- **Make it easier for people to make the healthy choice the easy choice.**
- **Target obesity prevention efforts to all age groups in Florida.**
- **Implement programs that are culturally sensitive and culturally specific to address the needs of diverse populations in Florida.**

**Staff guidelines for reviewing and determining recommendations** Staff provided the following guidelines based on public health policy and practice.

- 1. Recommendations should be evidence-based, adhere to the established goals of the task force and be able to impact the obesity epidemic.**
- 2. Recommendations should consider the economic and practical impact of its feasibility to be implemented successfully.**
- 3. Recommendations should be comprehensive, population-based and focus on multifaceted intervention strategies across the lifespan.**
- 4. Recommendations should reduce the long-term health care costs to Florida.**

1. The original Executive Order #03-196 was amended and released as #03-204.

# Definitions of Overweight and Obesity

**Body mass index, or BMI, is used to classify weight.** The BMI quantifies excess weight adjusted for height and is strongly correlated with body fat. BMI is calculated by dividing weight in pounds by height in inches squared then multiplying the quotient by 703. BMI can also be calculated using kilograms and meters (or centimeters) by dividing the weight in kilograms by the height in meters squared.

Overweight and obesity are quantified as units of body mass index or BMI. It is a direct calculation based on height and weight, and it is not gender-specific.

For adults, **OVERWEIGHT** is defined as a BMI of 25 to 29.9. → **OBESITY** is defined as a BMI of 30 or higher.

For a person who is 5'6" tall, a weight of at least 155 pounds would indicate overweight while a weight of at least 186 pounds would indicate obesity. For someone who is 6' tall, a weight of at least 184 pounds would indicate overweight while a weight of at least 221 pounds would indicate obesity.

BMI is a quick and easy way to assess a person's weight status—but it does have limitations. One problem with using BMI as a measurement tool is that very muscular people may fall into the "overweight" category when they are actually healthy and fit. Another problem with using BMI is that people who have lost muscle mass, such as the elderly, may be in the "healthy weight" category—according to their BMI—when they actually have reduced nutritional reserves. BMI, therefore, is useful as a general guideline to monitor trends in the population, but by itself is not diagnostic of an individual patient's health status.

Further evaluation of a patient that includes waist circumference and evaluation of risk factors should be performed. A high waist circumference is associated with an increased risk for type 2 diabetes, dyslipidemia, hypertension, and cardio-

vascular disease in patients with a BMI in a range between 25 and 34.9 kg/m<sup>2</sup>.

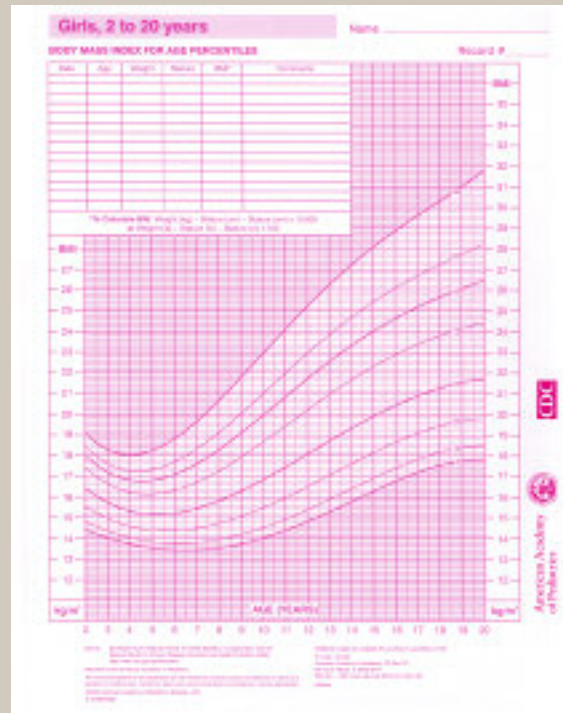
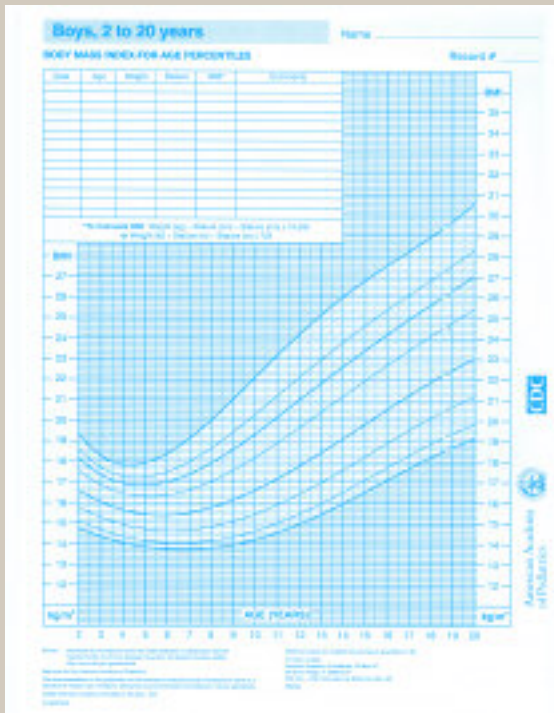
BMI is also recommended to identify children who are overweight or at risk of becoming overweight. These terms are defined using sex- and age-specific "cutpoints" and are derived from the 1963 National Health Examination Survey. A child whose BMI is above the sex and age-specific 85th percentile cutpoint is considered at risk for overweight. A child whose BMI is above the 95th percentile is considered overweight.

Body Mass Index (BMI) Table

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
HEIGHT	WEIGHT IN POUNDS																
4'10" (58")	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4'11" (59")	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5 (60")	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
5'1" (61")	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5'2" (62")	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5'3" (63")	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5'4" (64")	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5'5" (65")	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5'6" (66")	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
5'7" (67")	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5'8" (68")	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5'9" (69")	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5'10" (70")	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5'11" (71")	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6' (72")	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
6'1" (73")	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6'2" (74")	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
6'3" (75")	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279

Source: Evidence Report of Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, 1998. NIH/National Heart, Lung, and Blood Institute (NHLBI), Centers for Disease Control and Prevention. United States Department of Health and Human Services.

$$\text{BMI} = [\text{weight in pounds} \div \text{height in inches} \div \text{height in inches}] \times 703$$



**BMI CUT-POINTS FOR DETERMINING CHILDREN'S WEIGHT STATUS**

Age	At-risk		Overweight	
	Boys	Girls	Boys	Girls
6	16.64	16.17	18.02	17.49
10	19.60	20.19	22.60	23.20
14	22.77	23.88	26.93	27.97
17	25.28	25.56	29.32	30.22

“In the United States, obesity has risen at an epidemic rate during the past 20 years.” –Centers for Disease Control and Prevention

“The United States faces an epidemic of unparalleled proportion, an epidemic that is substantiated by the hard facts. . .Obesity is a major contributor to heart disease, diabetes, arthritis, and some types of cancer.” –Julie Gerberding, MD, MPH, Director, CDC

“Obesity is the fastest growing cause of illness and death in the United States and it deserves more attention than any other epidemic.” –U.S. Surgeon General Dr. Richard Carmona

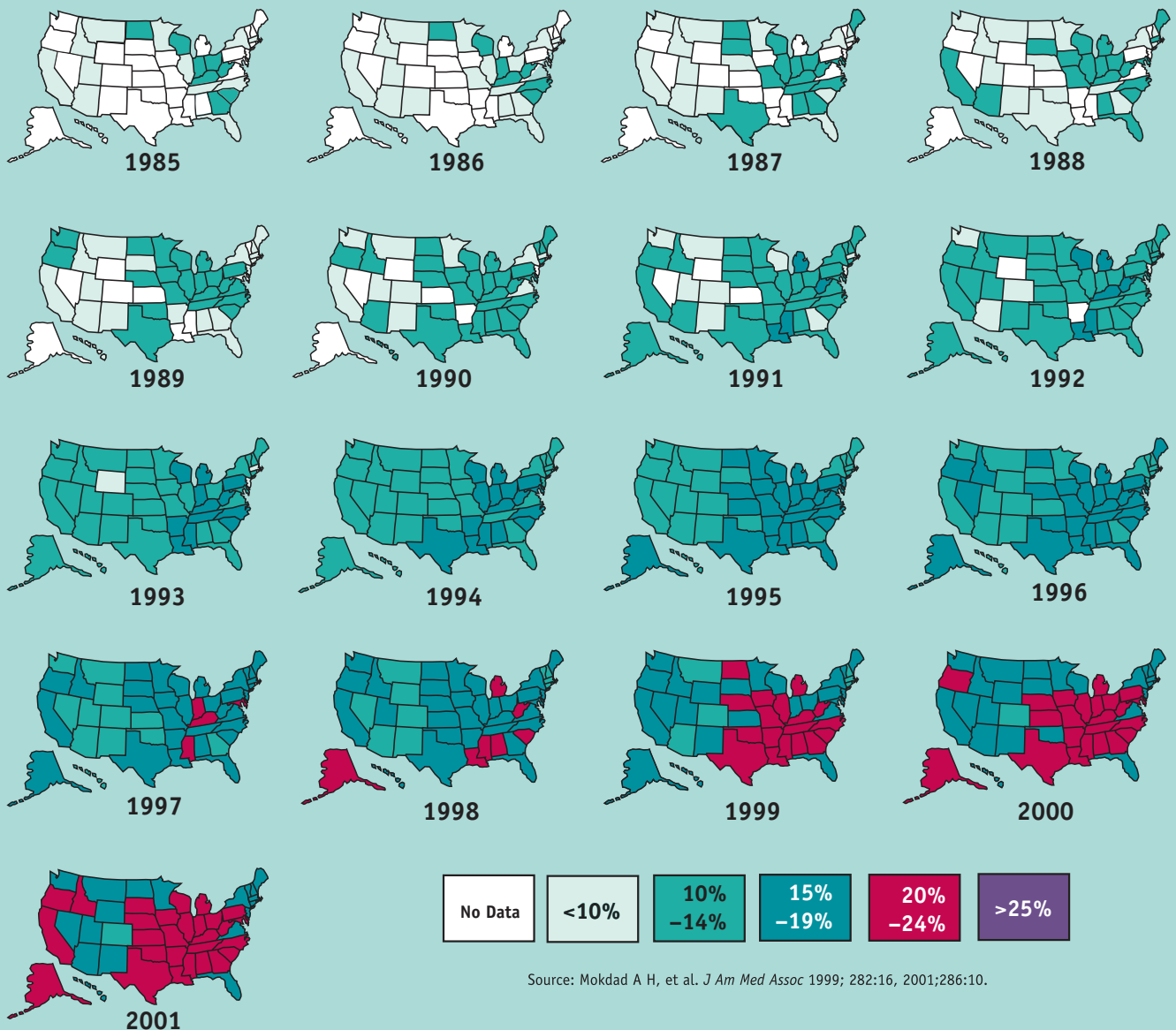
“The word ‘epidemic’ doesn’t even do this justice. It is one of the most profound medical crises we’ve had in generations.” –Eric Topol, Chief of Cardiology, Cleveland Clinic

**Epidemic of Obesity** An epidemic is “any disease, infectious or chronic, occurring at a greater frequency than usually expected.” Historically, “epidemic” has been applied to describe the occurrence of infectious diseases; however, the definition has evolved to include chronic diseases or conditions (such as obesity).

Why do we use the term epidemic? In the United States from 1970-1980, less than 2 in 10 Americans were obese. In 2000, approximately 3 in 10 Americans were obese. The prevalence of obesity among Americans has doubled during this time period.

- In 2003, 26% of Florida high school students were significantly above their ideal weight.
- In 2002, nearly one-third of students in kindergarten, third, sixth, and ninth grades from full service schools were significantly above their ideal weights.

FIGURE 1: OBESITY\* TRENDS AMONG U.S. ADULTS, BRFSS, 1985–2001 (\*BMI ≥30, or ~ 30 lbs overweight for 5'4" person)



Source: Mokdad A H, et al. *J Am Med Assoc* 1999; 282:16, 2001;286:10.

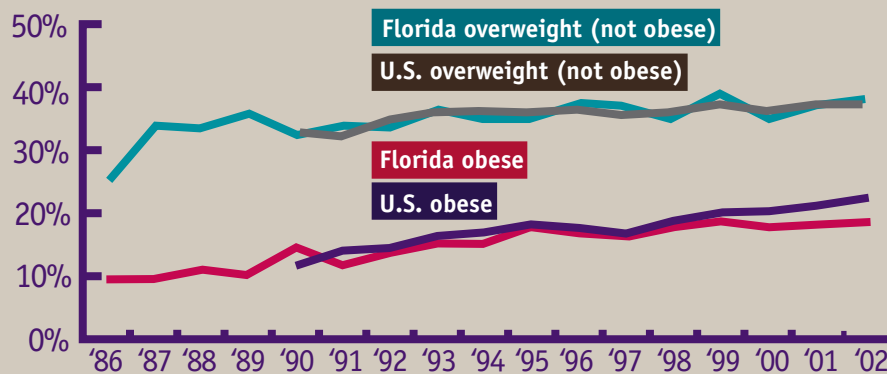
**Overweight and obesity in the U.S.** Florida’s obesity epidemic is part of a national problem that has been steadily increasing. To understand the problem and begin to identify solutions, a look at the national perspective is required.

Former U.S. Surgeon General David Satcher, M.D., recognized that overweight and obesity have reached epidemic proportions in America.<sup>2</sup> There are more people who are overweight or obese than people who smoke, live in poverty, or drink heavily. The Surgeon General’s report presented that nationally 300,000 deaths per year are attributed to obesity. A 1999 study of clinically-measured height and weight indicated that 13% of children age 6–11 and 14% of adolescents age 12–19 are overweight. The national annual cost of obesity was estimated at \$117 billion in 2001.

Figure 1 illustrates the progression of the obesity epidemic from 1985 through 2001 in the U.S.

Figure 2 shows the actual trend in overweight and obesity in both Florida and the U.S. from 1986 to 2002. In the U.S., since 1990, the prevalence of overweight, not obese, has increased modestly while the prevalence of obesity has nearly doubled from 11.6% in 1990 to 22.1% in 2002.

**FIGURE 2: PERCENT OF ADULTS WHO ARE OVERWEIGHT AND OBESE IN FLORIDA AND THE U.S., BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), 1986-2002**



**Overweight and obesity in Florida** Florida has not been spared from this epidemic. In 2000, more than six and a half million Florida adults were overweight or obese (BMI  $\geq 25$  kg/m<sup>2</sup>) based on self-reported height and weight. Of those, almost two and a half million adults were obese (BMI  $\geq 30$  kg/m<sup>2</sup>). Overweight and obesity are increasing in men, women and children of all races. According to a study in Obesity Research, obesity-related medical expenditures for adults in Florida total over \$3.9 billion, with over half of the costs financed by Medicare and Medicaid.<sup>3</sup>

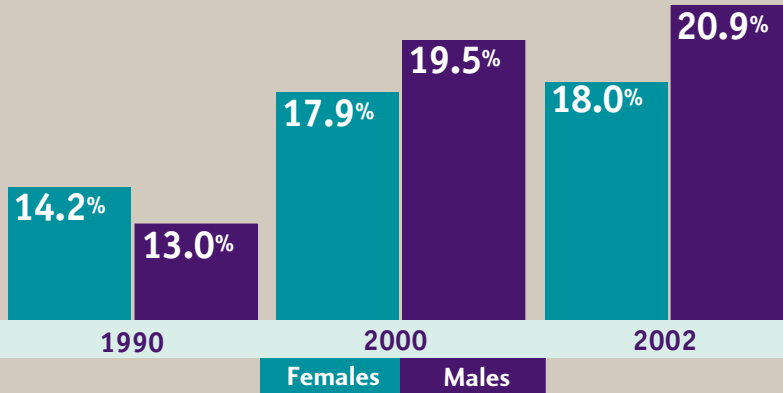
Most of the data on adults in Florida comes from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is an on-going, state-based, random digit dialed telephone survey of the civilian, non-institutionalized population aged 18 and over.

Since 1986, when height and weight in Florida’s adult population were first monitored, overweight has increased 63%, from 35.3% of the adult population in 1986 to 57.4% of the population in 2002.<sup>4</sup> Most of the increase has occurred in the population who is obese. The prevalence of obesity among Florida adults has nearly doubled, increasing 98% from 9.8% in 1986 to 19.4% in 2002 (see Figure 2).

2. U.S. Department of Health and Human Services, The Surgeon General’s call to action to prevent and decrease overweight and obesity. [Rockville, MD]: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; [2001]. Available from: US GPO, Washington.  
 3. North American Association for the Study of Obesity. State-Level Estimates of Annual Medical Expenditures Attributable to Obesity, by Eric A. Finkelstein and Ian C. Fiebelkorn, RTI International, and Guijing Wang. CDC; Obesity Research, January 2004.  
 4. Florida Behavioral Risk Factor Surveillance System, 2002.

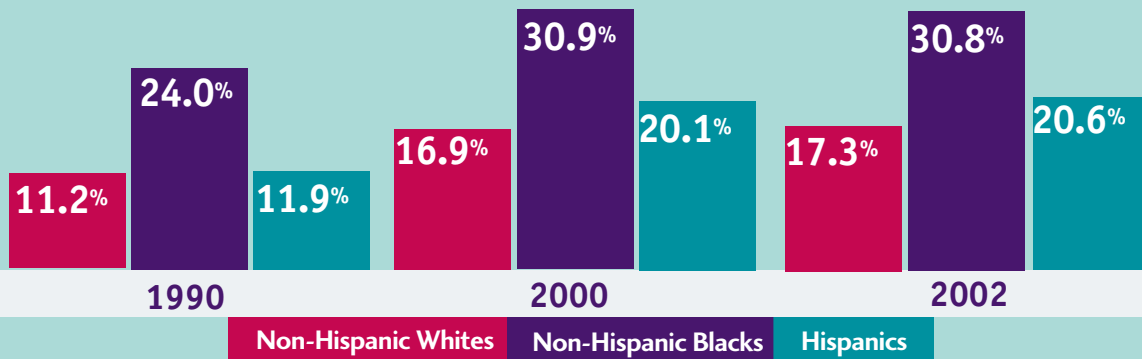
Among both men and women, the prevalence of obesity has increased dramatically from 1990 to 2002 (see Figure 3). Among men, the prevalence has increased 61%; among women, the prevalence has increased 27%. Although men and women have similar rates of obesity, men have a much higher percentage of overweight.<sup>5</sup>

FIGURE 3: PERCENT OF FLORIDA ADULTS WHO ARE OBESE, BY GENDER, BRFSS, 1990, 2000, AND 2002



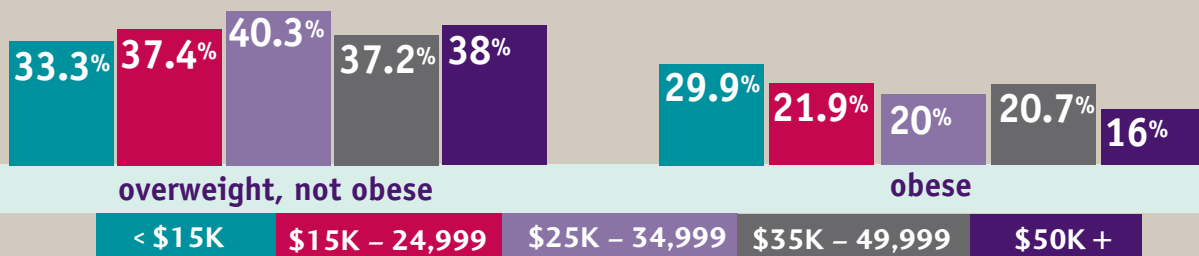
Non-Hispanic blacks have the highest obesity rates followed by Hispanics and non-Hispanic whites (see Figure 4). The various race/ethnicities have all experienced tremendous increases in obesity from 1990 to 2002 to varying degrees. Hispanics have experienced the largest percentage increase at 73%. Non-Hispanic whites follow at 54% with non-Hispanic blacks experiencing a 28% increase during this time period.

FIGURE 4: PERCENT OF FLORIDA ADULTS WHO ARE OBESE, BY RACE/ETHNICITY, BRFSS, 1990, 2000 AND 2002



In terms of income, the percent of overweight, not obese, adults did not vary significantly by income range (see Figure 5). The percent of obese adults is highest among those earning <\$15,000.

FIGURE 5: PERCENT OF FLORIDA ADULTS WHO ARE OVERWEIGHT (NOT OBESE) AND WHO ARE OBESE, BY INCOME RANGE, BRFSS, 2002



6. Overweight and Obesity in Florida: Powerpoint presentation by Lisa Fisher, MSPH and Tammie Johnson, MPH, Florida Department of Health.

In the simplest analysis, obesity has reached such epidemic proportions because our energy input (what we consume as food energy) exceeds our energy output (physical activity). Larger portions, diets higher in fat, frequency of meals away from home, consuming higher calorie and high fat drinks, and sedentary lifestyles contribute to the epidemic. In 2002, only 25.7% of adults consumed five or more servings of fruits and vegetables a day – one indicator of healthy nutrition. The Florida BRFSS data show that approximately 26.4% of Florida adults are physically inactive. According to the data, women and Hispanics are the most likely to be physically inactive. Additional data show that even among those who are physically active, the level of intensity of physical activity has decreased since 1992.

Data on children are important for a number of reasons. Physical activity and nutrition habits are established early in life. Also, adverse health conditions that typically occur in adults, such as hypertension and type 2 diabetes, are becoming more prevalent in the adolescent population. These adverse health conditions in childhood lead to chronic diseases and related complications in adulthood. According to the National Library of Medicine, “Overweight children are far more likely to become overweight adults than are children who maintain normal weight through adolescence.”

State data on physical activity, nutrition, and sedentary lifestyles among public middle school students were obtained using the Youth Physical Activity and Nutrition Survey (YPANS). The Florida Youth Risk Behavior Survey (YRBS) is used to collect similar data among public high school students. These are self-reported survey instruments.

Similar to adult data, the youth data indicate that energy intake is exceeding energy output. Among Florida high school students in 2003, more than 50% did not participate in any physical education at school. Additionally, 42.7% of high school students watch TV for three or more hours on an average school day; 23.1% play video games or use the computer for fun for three to six hours on an average school day; and only 20.7% ate five or more servings of fruits or vegetables each day during the past seven days.

Among public middle school students in 2003, 39.9% did not go to physical education classes at all during an average school week. On an average school day, 45.3% watched television for three or more hours, 18.2% used the computer for fun for three or more hours, and 14.8% reported playing video games for three or more hours. Overall, 78% reported total “screen” time of three or more hours on an average school day. Finally, only 11.3% reported eating five or more servings of fruits and vegetables per day.



# Task Force Meeting Agendas and Meeting Summaries

Meeting One • Wednesday, October 29, 2003 • Knott Building • Tallahassee, FL

8:00–8:30 a.m.	SIGN-IN
8:30–8:40 a.m.	SPECIAL COMMENTS Invited Guests
8:40–8:50 a.m.	GOVERNMENT IN THE SUNSHINE William Large, General Counsel, Florida Department of Health
8:50–9:00 a.m.	WELCOME AND INTRODUCTIONS Zachariah P. Zachariah, M.D., Task Force Chair
9:00–10:00 a.m.	THE BURDEN OF OVERWEIGHT AND OBESITY: A NATIONAL EPIDEMIC Robin Hamre, M.P.H., R.D., Centers for Disease Control and Prevention (CDC)
10:00–10:15 a.m.	Stretch/Break
10:15–11:00 a.m.	THE BURDEN OF OVERWEIGHT AND OBESITY: A STATE EPIDEMIC Tammie Johnson, M.P.H., Florida Department of Health
11:00–12:00 p.m.	CHRONIC CONDITIONS AND OTHER ILLNESSES RELATED TO OBESITY Bonita Sorensen, M.D., M.B.A., Deputy State Health Officer, Florida Department of Health
12:00–1:00 p.m.	Lunch/Health Walk
1:00–1:20 p.m.	A MEDICAID PERSPECTIVE ON OBESITY Maresa Corder, R.N., M.P.A., Agency for Healthcare Administration
1:20–1:40 p.m.	YOUTH PHYSICAL ACTIVITY AND NUTRITION SURVEY (YPANS) Tammie Johnson, M.P.H., Florida Department of Health
1:40–2:25 p.m.	HEALTH EFFECTS OF URBAN SPRAWL Barbara McCann, McCann Consulting
2:25–2:55 p.m.	HEALTH, FITNESS AND LONGEVITY Charles Lasley, M.D., Surgeon
2:55–3:05 p.m.	Stretch/Break
3:05–3:25 p.m.	STATEWIDE EFFORTS ON OBESITY PREVENTION Departments of Health, Agriculture and Education
3:25–4:25 p.m.	PUBLIC COMMENT
4:25–4:30 p.m.	CLOSING REMARKS Zachariah P. Zachariah, M.D., Task Force Chair

“So what’s really the best approach when it comes to children and weight? Is it best to change individual behavior and motivate people, or is it better to change the environment and increase the healthy options and make it easier to select those options? We think the answer is both.” –Robin Hamre, M.P.H., R.D., Team Leader, Nutrition, Physical Activity and Obesity Prevention, Centers for Disease Control and Prevention

**Meeting one of the Governor’s Obesity Task Force provided an overview of the impact overweight and obesity has on Florida adults and youth and the nation.** Nationally, physical inactivity and poor nutrition are the cause of over 300,000 deaths per year and are risk factors for a number of chronic conditions. Researchers, epidemiologists, and representatives from local, state and national organizations provided presentations and information on the impact of overweight and obesity in the nation and Florida. They summarized the effects of physical inactivity, diet and sedentary behaviors on Florida’s youth; the costs of healthcare to Floridians for treatment and hospitalizations related to chronic conditions that result from overweight and obesity; the health effects of urban sprawl; and how health and fitness related to longevity.

Robin Hamre, representative from the Centers for Disease Control and Prevention (CDC), provided a national perspective on overweight and obesity, including medical consequences and financial costs, and included a framework for



action. She indicated the solution lies in a balance between individual (i.e. education, motivation) and environmental (i.e. social, economic) approaches. Florida is one of twenty states currently receiving funding from CDC to implement an Obesity Prevention Program.

Tammie Johnson provided state specific data for overweight and obesity among adults and youth while Dr. Bonnie Sorensen, Deputy State Health Officer, provided details on chronic conditions related to poor nutrition and physical inactivity. "Our prosperity depends on our health status here in Florida, and between health care costs, the aging and booming generations, as well as obesity, we could be in severe trouble in Florida, as well as nationally," Dr. Sorensen stated.

**"I think the more we have advocates, at the community level, the more changes we'll see, very positive changes." –Tracy Fox, M.P.H., R.D., President of Food Nutrition and Policy Consultants**

A representative from the Agency for Healthcare Administration (AHCA) followed Dr. Sorensen by confirming increased statewide healthcare expenditures for hospitalizations and treatments, including disability costs, related to chronic conditions. Ms. Johnson provided results from the Youth Physical Activity and Nutrition Survey (YPANS), a survey monitoring physical activity opportunities, nutrition choices, and sedentary behaviors among middle school youth.

Barbara McCann, consultant with the national Department of Transportation, Smart Growth, and public health organizations, provided expert opinion on the affects of the built environment on public health. She stated, "Forty-four percent of Americans surveyed said that they don't have anywhere they can walk to from their home, so that makes it tough to do a little more routine activity."

**"Imagine America where fitness is a way of life, as natural as eating and sleeping. That fitness is promoted not only by health care administrators but also for business, schools, families, and community groups." –Dr. Dot Richardson, Medical Director of United States Center for Sports and Health**

Finally, Dr. Charles Lasley provided a presentation on health and fitness and it's affect on longevity. The Departments of Health and Agriculture also took an opportunity to describe successful programs currently being implemented in Florida. These included Obesity Prevention Program activities; screenings for body mass index (BMI) on children through the School Health Program; and the Fresh 2 U campaign being offered through Department of Agriculture.

The final hour of the meeting was dedicated to public comment.

**"We can retrofit suburban neighborhoods so that they are more walkable by putting in cut-throughs and creating town centers, places where people can shop and meet." –Barbara McCann, McCann Consulting**

## Meeting Two • Wednesday, November 12, 2003 • Orlando Marriott Downtown • Orlando, FL

8:30–8:40 a.m.	<b>WELCOME AND INTRODUCTIONS</b> Zachariah P. Zachariah, M.D., Task Force Chair
8:40–8:50 a.m.	<b>SPECIAL COMMENTS</b> Invited Guests
8:50–9:15 a.m.	<b>NUTRITION AND OBESITY: SCIENCE AND SOLUTIONS</b> Catherine Christie, Ph.D., R.D., L.D.N., FADA, University of North Florida
9:15–9:40 a.m.	<b>NUTRITION RESEARCH: WHY AREN'T WE EATING RIGHT?</b> David Katz, M.D., M.P.H., Yale University
9:40–10:00 a.m.	<b>FLORIDA FIVE-COUNTY PHYSICAL ACTIVITY AND HEALTHFUL NUTRITION PROJECT</b> Virginia Noland, Ph.D., University of Florida
10:00–10:15 a.m.	Stretch/Break
10:15–10:35 a.m.	<b>SCHOOL MEALS: "FAT OR FICTION"</b> Diane Santoro, Program Administrator, Florida Department of Education
10:35–10:45 a.m.	<b>FLORIDA SCHOOL FOOD SERVICE: RECOMMENDATIONS FOR HEALTHY EATING</b> Sam Jackson, Florida School Food Service Association
10:45–10:55 a.m.	<b>SALAD BAR PROJECT</b> Shelley Terry, M.S. Ed., School Food Service Consultant, Produce for Better Health
10:55–11:05 a.m.	<b>MOOVE TO LOWFAT MILK CAMPAIGN</b> Sue Wilson, R.D., WIC, Florida Department of Health
11:05–11:15 a.m.	<b>CHILD NUTRITION PROGRAMS: COMBATING THE OBESITY EPIDEMIC</b> Phil Reeves, M.P.H., Child Nutrition Programs, Florida Department of Health
11:15–11:45 am	<b>VENDING ISSUES</b> Mary McKenna, Ph.D., DASH, Centers for Disease Control and Prevention (CDC)
11:45–12:00 pm	<b>HEALTHY VENDING IN INDIAN RIVER COUNTY SCHOOLS</b> Frank Mullins, Indian River School District
12:00–1:00 pm.	Lunch/Health Walk
1:00–1:25 pm.	<b>FRUIT AND VEGETABLE CONSUMPTION AND WEIGHT MANAGEMENT: THE 5-A-DAY PROGRAM</b> Beth Tohill, M.S.P.H., Ph.D., Centers for Disease Control and Prevention (CDC)
1:25–1:45 p.m.	<b>RACIAL AND ETHNIC DIVERSITY IN NUTRITION</b> Roniece Weaver, R.D., HEBNI Nutrition Consultants, Inc.
1:45–2:00 p.m.	<b>HEALTHY ME IN 2003</b> Maclyn C. Walker, M.S.W., Munroe Regional Medical Center
2:00–2:15 p.m.	<b>PROMOTING POSITIVE SOLUTIONS TO SOLVE THE OBESITY CRISIS</b> Allison Kretser, R.D., American Council on Fitness and Nutrition
2:15–2:25 p.m.	<b>GET HEALTHY, FLORIDA!</b> Dr. Scott Brady, Get Healthy Task Force
2:25–2:55 p.m.	<b>NUTRITION, POLICY AND ADVOCACY</b> Tracy Fox, R.D., Produce for Better Health
2:55–3:10 p.m.	Stretch/Break
3:10–4:10 p.m.	<b>PUBLIC COMMENT</b>
4:10–4:30 p.m.	<b>CLOSING REMARKS</b> Zachariah P. Zachariah, M.D., Task Force Chair

**On Wednesday, November 12, 2003 the Governor's Task Force on the Obesity Epidemic held its second meeting in Orlando, Florida. This meeting provided nutrition experts an opportunity to address the Task Force on the epidemic of overweight and obesity among Florida's youth and adult populations.** Evidence-based research, current data and testimony on healthy nutrition were presented. The presentations included topics on nutrition and obesity; science and solutions; school meals; school food services; child nutrition programs; vending machine issues; Moove to Lowfat Milk Campaign; nutrition policy and advocacy; racial and ethnic diversity in nutrition; promoting positive solutions to solve the obesity crisis; the 5-A-Day Program; and weight management.

**"Have the Department of Transportation begin a policy of routinely accommodating bicyclist and pedestrians."** –Mark Fenton, University of North Carolina Pedestrian and Bicycle Information Center

Catherine Christie, Ph.D., and Dr. David Katz, recommended schools limit the availability of vending machines

and a la carte selections particularly to high-risk children in schools. Dr. Katz stated, “I think we should take advantage of access to kids in school. I think clinicians should reinforce this message every chance they get. Public Health Programs, community based programs; we should do it in the supermarkets”.

“And researchers concluded that increased programming correlates positively with increased servings of fruits and vegetables. In other words, the more activities that are done in the classroom, in nutrition education, in program promotion, the higher the incidence of increased consumption in the schools.” –Shelly Terry, M.S. Ed., School Food Service Consultant, Produce

for Better Health



Dr. Mary McKenna asked the Task Force to build in opportunities for measurement when making their recommendations to the Governor. She also suggested schools negotiate vending contracts that promote healthy eating. Dr. McKenna, Centers for Disease Control and Prevention (CDC) and Tracy Fox, representing Produce for Better Health, suggested supporting advocacy efforts that promote environmental and policy changes. Maclyn C. Walker, Munroe Regional Medical Center, and Ronice Weaver, HEBNI Nutrition, recommended that diverse community partnerships be developed to broaden the scope from obesity to lifestyle behavior changes.

“Let’s utilize those county health departments because they have many community collaborations going on to address the issue of obesity. What we need is guidance and support and of course expansion of these many resources across the state.” –Lillian Rivera, Miami-Dade County Health Department Administrator

Virginia Noland, Beth Tohill, Diane Santoro, Shelly Terry and Sue Wilson cited the successful impact campaigns such as Move to Lowfat Milk, Eat Your Colors and 5-A-Day Nutrition Programs conducted in schools and communities. Phil Reeves discussed policies that the Bureau of Child Nutrition Programs has implemented among day care centers and after school programs such as restrictions on sweets; ready to eat cereals; and requirements for vitamin A and C. They also strongly encourage childcare providers to limit the amount of juice offered. Sam Jackson, representing Florida School Food Service Association, and Frank Mullins recommended developing higher standards for child nutrition and school community nutrition programs. Mr. Jackson also suggested each district have a Board approved nutrition policy setting the guidelines for the entire district.

“We have the FCAT, and we give schools a score. I’m an A school. But is it really fair to say that a school is an A school when the students aren’t healthy? When you have large percentages of them with BMIs that are off the charts.” –Virginia Noland, Ph.D., University of Florida



“We think we ought to have a Governor’s Fitness Award that schools could be measured at the end of the year, pre and post assessment for that school as well as for individuals on how they do in fitness and in health.” –Barbara Palmer, Florida Alliance of Health Physical Education, Recreation, and Dance (FAHPERD)

## Meeting Three • December 2, 2003 • Miami Jackson Senior High School • Miami, FL

8:30–8:40 a.m.	<b>WELCOME AND INTRODUCTIONS</b> Zachariah P. Zachariah, M.D., Task Force Chair
8:40–9:00 a.m.	<b>EXERCISE RESEARCH</b> Michael Overton, Ph.D., Florida State University
9:00–9:30 a.m.	<b>SCHOOL HEALTH INDEX FOR PHYSICAL ACTIVITY, HEALTHY EATING, AND A TOBACCO-FREE LIFESTYLE</b> Howell Wechsler, EdD, M.P.H., Centers for Disease Control and Prevention, Division of Adolescent School Health
9:30–9:50 a.m.	<b>FITNESS REPORT CARD</b> Stu Ryan, Ph.D., University of West Florida
9:50–10:00 a.m.	<b>GENERATION EXCELLENCE</b> Nancy Frees, Collier County Health Department
10:00–10:10 a.m.	Stretch Break
10:10–10:25 a.m.	<b>PHYSICAL EDUCATION IN SCHOOLS</b> Barbara Palmer, Florida Alliance of Health, Physical Education, Recreation and Dance
10:25–10:35 a.m.	<b>RECESS IN SCHOOLS</b> Lori Laughrey, Hillsborough County
10:35–10:45 a.m.	<b>COORDINATED SCHOOL HEALTH PILOT STUDY</b> Cheryll Hall, Landmark Middle School, Jacksonville
10:45–10:55 a.m.	<b>GET FIT FLORIDA!</b> Kristen Berset, Miss Florida
10:55–11:05 a.m.	<b>TELEVISION-VIEWING TIME AMONG CHILDREN</b> Fleur Sack, M.D., President, Florida Academy of Family Physicians
11:05–11:15 a.m.	<b>ATHLETICS IN SCHOOLS</b> Wink L. Barnette, Executive Director, Florida Athletic Coaches Association
11:15–11:25 a.m.	<b>FIT KIDS AND FIT FLORIDA</b> Larry Pendleton, President Florida Sports Foundation
11:25–12:10 p.m.	<b>ENGINEERING PHYSICAL ACTIVITY INTO AMERICAN'S LIVES</b> Mark Fenton, M.S., University of North Carolina Pedestrian and Bicycle Information Center and PBS Host of "America's Walking" Television Show
12:10–1:00 p.m.	Lunch/Health Walk
1:00–1:25 p.m.	<b>THE ROLE OF SCHOOLS IN PHYSICAL ACTIVITY AND NUTRITION</b> Eric Bost, Under Secretary, U.S.D.A.
1:25–1:50 p.m.	<b>COMMUNITY GUIDE</b> Greg Heath, Ph.D., Centers for Disease Control and Prevention, Division of Physical Activity and Nutrition
1:50v2:10 p.m.	<b>WORKSITE AND COMMUNITY WELLNESS</b> Jill Varnes, Ph.D., University of Florida
2:10–2:25 p.m.	<b>GAINESVILLE—WELL-CITY USA</b> Joe Cirulli and Debbie Lee, Gainesville Wellness Task Force
2:25–2:35 p.m.	Stretch/Break
2:35–2:50 p.m.	<b>FAITH-BASED INITIATIVE</b> Robin Dewey, Baker County Health Department
2:50–3:20 p.m.	<b>GET UP. GET OUT.</b> Dot Richardson, M.D., Gold Medal Olympian and Co-chair of President's Council on Physical Fitness and Sports
3:20–4:20 p.m.	<b>PUBLIC COMMENT</b>
4:20–4:30 p.m.	<b>CLOSING REMARKS</b> Zachariah P. Zachariah, M.D., Task Force Chair

“So what is the price we pay for physical inactivity and our nutrition choices? First, there are health consequences. Overweight and obesity and the associated physical inactivity and poor nutrition are the second leading cause of premature, preventable death after tobacco.” –**Tammie Johnson, M.P.H., Florida Department of Health**

**Meeting three of the Governor's Obesity Task Force embraced issues surrounding the lack of physical activity in Florida, and methods to overcome this disparity.** A number of exceptional speakers presented information pertaining to the problems and possible solutions. Presentations addressed physical education in schools; recess in schools; need for more research in the area of physical activity; utilizing the school health index; implementing fitness report cards in schools; partnering with coordinated school health programs; decreasing television viewing

and computer screen time; continuing utilization of athletics in schools as a motivational factor; implementing community initiatives such as Walk-able Communities and Rails and Trails; initiating worksite wellness programs; and utilizing faith based programs to encourage increased physical activity among individuals and communities.

“It is important to have school health committees and to create awareness among staff about how to link people together to communicate with students’ families and to enlist community support for change. It is important to help schools that are making a change connect with other schools to get out their message so they can all get excited and say, hey, you know, we’re in this together.” –Mary McKenna, Ph.D., CDC Division of Adolescent and School Health



Barbara Palmer and Ellen Smith recommended daily physical education be required in all grades pre-kindergarten through twelfth, and stated that all physical education teachers be certified. Lori Laughrey said that recess helps control obesity and overweight in children by encouraging healthy and active lifestyles in youth, and improves children’s academic achievement, social skills, and a sense of well-being. A number of presenters cited the importance of assessing physical education programs by way of Fitness Report Cards and the School Health Index for Physical Activity, Healthy Eating and a Tobacco-Free Lifestyle and utilizing coordinated school health programs as partners for assisting in improving health among children in the public school system. Ms. Palmer stated, “there ought to be a Governor’s Fitness Award that schools could be measured at the end of the year including pre and post assessment for that school as well as for individuals on how they do in fitness and in health”.

Dr. Fleur Sack, representing the Florida Academy of Family Physicians, admonished the importance of limiting television-viewing time among children. She stated that in addition to obesity, TV viewing is associated with poor academic performance, sexual promiscuity, and drug/alcohol abuse. Florida Athletic Coaches Association’s Jim Kroll stressed the importance of student involvement in school-based athletics as a motivational tool to keep students interested in attending school and becoming more physically fit.

“Add physical education to the whole school reform efforts, the whole accountability business and put school physical education on those school report cards and that’s being done in South Carolina.” –Howell Wechsler, Ed.D., CDC Division of Adolescent and School Health



In addition, Mark Fenton and Dr. Greg Heath stated the importance of community-wide campaigns to improve facilities and programs that create opportunities for increased physical activity among individuals. Dr. Jill Varnes, Joe Cirulli, and Debra Lee recommended creating quality worksite wellness programs in an attempt to provide more opportunities for the general public to become more involved in physical activity.

Finally, Robin Dewey introduced a successful faith based initiative that was implemented in Baker County. The initiative increased awareness of personal health by screening citizens for diabetes and healthy weight, and established a fitness trail in an attempt to increase physical activity among citizens in their community.

Evidenced-based research and best practice models led to the development of the Governor’s recommendations encompassing promotion of physical activity among Florida’s adults and youth.

## Meeting Four • December 15, 2003 • Knott Building • Tallahassee, FL

8:30–8:40 a.m.	<b>WELCOME AND INTRODUCTIONS: APPROVE MEETING SUMMARIES</b> Zachariah P. Zachariah, M.D., Task Force Chair
8:40–8:50 a.m.	<b>TASK FORCE CHARGE</b> Dr. Zachariah
8:50–9:00 a.m.	<b>MEETING PROCESS, CRITERIA AND EXECUTIVE ORDER REQUIREMENTS REVIEW</b> Jennie A. Hefelfinger, M.S., Task Force Executive Director
9:00–10:15 a.m.	<b>REVIEW, DISCUSS AND DETERMINE PHYSICAL RECOMMENDATIONS</b> Task Force Members
10:15–10:30 a.m.	Stretch Break
10:30–12:00 p.m.	<b>REVIEW, DISCUSS AND DETERMINE NUTRITION RECOMMENDATIONS</b> Task Force Members
12:00–1:00 p.m.	Lunch/Health Walk
1:00–3:00 p.m.	<b>REVIEW, DISCUSS AND DETERMINE OTHER RECOMMENDATIONS</b> Task Force Members
3:00–3:15 p.m.	Stretch Break
3:15–4:15 p.m.	<b>REVIEW AND FINALIZE DRAFT RECOMMENDATIONS</b> Task Force Members
4:15–4:25 p.m.	<b>FUTURE ACTIONS</b> Dr. Zachariah
4:25–4:30 p.m.	<b>CLOSING REMARKS</b> Zachariah P. Zachariah, M.D., Task Force Chair

“I’m here to recommend that the Governor take action against obesity by legislatively mandating recess. Many assume that recess is still a part of school. However, recess has been reduced or eliminated in many schools despite the fact that it facilitates learning, increases physical activity, and encourages the establishment of an active lifestyle.” –Lori Laughrey, Hillsborough County



“We should find another way to subsidize sports and athletic programs. Why? Children growing up in the United States today would be more harmed by the way they eat and their lack of physical activity than exposure to tobacco, drugs, and alcohol combined.” –David Katz, M.D., M.P.H., Yale University

**Meeting four of the Governor’s Obesity Task Force was held to develop and approve recommendations to present to the Governor, Speaker of the House and President of the Senate in February 2004.** Prior to the meeting, Dr. Zachariah, Task Force Chair, and Jennie Hefelfinger, Executive Director, researched transcripts from prior meetings and developed a list of over 450 recommendations that came from presentations, public comments, e-mail messages, facsimiles, and mail.

The recommendations were divided into four categories: Physical Activity, Nutrition, General and Other. Each category consisted of subcategories including school, worksite, and community that identified where the recommended action should be centered.

Task force members then voted to either approve, amend, or reject recommendations provided. Upon completion of the voting process, it was suggested that, due to duplication, some of the recommendations be consolidated.

The chair suggested, and task force members agreed that a maximum of 20–30 recommendations should be presented to the Governor. It was also agreed that the recommendations provide minimum state guidelines which community partners could implement at the local level. In addition, monitoring and reporting on implementation of the recommendations was also proposed.

## Meeting Five • December 29, 2003 • Conference Call

1:00–1:10 p.m.	WELCOME AND ROLL CALL, APPROVE MEETING SUMMARIES	Zachariah P. Zachariah, M.D., Task Force Chair
1:10–1:20 p.m.	NEW BUSINESS: REVIEW AND VOTE ON ADDENDUM TO DRAFT RECOMMENDATIONS	Dr. Zachariah
1:30–2:40 p.m.	OLD BUSINESS: REVIEW AND VOTE ON COMPILATION OF DRAFT RECOMMENDATIONS	Dr. Zachariah
2:40–2:50 p.m.	FINAL DISCUSSION	Task Force Members
2:50–3:00 p.m.	FINAL COMMENTS/CLOSING	Dr. Zachariah, Task Force Chair

“You should have a multimedia component combined with multi-channel or multi-site programming such as the combination of community events, screenings and educational activities.” –Greg Heath, Leading Health Scientist, CDC Program and Intervention Team, Physical Activity and Health Branch

“What can employers do? Employers can focus on prevention activities and redirect the resources for health enhancement and services that optimize employee health.” –Jill Varnes, Ph.D., University of Florida

**Meeting five of the Governor’s Obesity Task Force was held via conference call.** Four items, which were addendum to meeting three, were omitted from the original recommendations, and task force members were asked to approve, amend or reject the items.

Of the original 450 plus recommendations, the task force members approved over 150 for further consideration. Recommendations were compiled into eight(8) categories including: 1) The Role of the Family in Promoting Lifelong Healthy Nutrition and Physical Activity; 2) The Role of the Community in Promoting Lifelong Healthy Nutrition; 3) The Role of the Community in Promoting Lifelong Physical Activity; 4) The Role of the Healthcare Providers in Promoting Lifelong Healthy Nutrition and Physical Activity; 5) The Role of Public Health in Promoting Lifelong Healthy Nutrition and Physical Activity; 6) The Role of Schools in Promoting Lifelong Healthy Nutrition; 7) The Role of Schools in Promoting Lifelong Physical Activity; and 8) The Role of Worksites in Promoting Lifelong Healthy Nutrition and Physical Activity.

Based on similarities in subjects and implementation sites, these were collapsed into twenty-one recommendations for the task force’s consideration. The task force approved all draft recommendations with minor edits.

Subsequent discussion was held regarding funding to implement the recommendations. It was suggested that necessary sources of funding, beginning with the next budget cycle, be examined and included with the final recommendations.

## Meeting Six • January 9, 2004 • Conference Call

- 1:00–1:15 p.m.** WELCOME AND ROLL CALL, APPROVE MEETING SUMMARIES Zachariah P. Zachariah, M.D., Task Force Chair
- 1:15–1:45 p.m.** PRESENTATIONS ON MEDICAL NUTRITION THERAPY ISSUES Dr. Suzel Vasquez, Task Force Member; Maresa Corder, Agency for Health Care Administration
- 1:45–2:00 p.m.** OLD BUSINESS: REVIEW AND VOTE ON DRAFT RECOMMENDATIONS FROM ADDENDUM Dr. Zachariah
- 2:00–2:15 p.m.** FINAL DISCUSSION Task Force Members
- 2:15–2:30 p.m.** FINAL COMMENTS/CLOSING Dr. Zachariah, Task Force Chair



“If children know early on what’s healthy and they establish those habits, they are going to carry them through. So the earlier we start the better, no doubt about it.” –Dr. Catherine Christie, Ph.D., R.D., University of North Florida

**Meeting six of the Governor’s Obesity Task Force was held via conference call.** Dr. Suzel Vazquez, task force member, and Maresa Corder, representative from the Agency for Healthcare Administration, presented evidence-based research that supports consideration of the expansion of healthcare coverage for medical nutrition therapy. The presentation addressed obesity as a disease, the direct health costs, and research and socioeconomic disparities. Dr. Vazquez indicated studies show that high fat mass (especially among men) is responsible for a 40% increase in total mortality. Dr. Vazquez also reported declines in chronic conditions and complications from these conditions as a result of weight loss and changes in dietary behaviors. She stated, “Another very significant study, called the Diabetic Intervention Program, showed that weight loss and physical activity prevents type 2 diabetes. In this study, patients were divided into three groups: placebo, medication and another group of lifestyle intervention. The third group of lifestyle intervention, which included nutritional therapy and exercise, reduced their risk of developing diabetes by 58% compared to placebo and medication at 39%.”

In addition, the National Institutes of Health (NIH) guidelines recommend physicians identify and treat obesity; however, medical nutrition therapy is not a reimbursable service under most insurance coverage or Medicaid. The task force developed a final recommendation requiring further study on the issues of medical nutrition therapy.

The task force amended four other recommendations during the conference call. Prior to adjourning, the Governor’s Task Force on the Obesity Epidemic approved twenty-two recommendations that will be presented to the Governor, Speaker of the House, and President of the Senate on February 13, 2004.



# Task Force Recommendations

To develop recommendations on preventing overweight and obesity and their resulting health impacts, the task force considered testimony from state and national experts and input from concerned individuals; state and local data from government and voluntary agencies in Florida; and national data from the Centers for Disease Control and Prevention, the National Institutes of Health and other organizations. The task force reviewed over 450 recommendations of which 150 were consolidated by similar content and honed for clarity. Taking this process further resulted in 22 recommendations that were approved by majority vote by the task force. These recommendations can be divided into two major health issues (improved nutrition and increased physical activity) and six general focus areas: (family setting, community setting, healthcare, public health, schools, and worksites). Since recommendations crossed health issues and focus areas, they are listed here in the following nine categories:

- **The Role of the Family in Promoting Lifelong Healthy Nutrition and Physical Activity**
- **The Role of the Community in Promoting Lifelong Healthy Nutrition**
- **The Role of the Community in Promoting Lifelong Physical Activity**
- **The Role of Healthcare Providers in Promoting Lifelong Healthy Nutrition and Physical Activity**
- **The Role of Public Health in Promoting Lifelong Healthy Nutrition and Physical Activity**
- **The Role of Schools in Promoting Lifelong Healthy Nutrition**
- **The Role of Schools in Promoting Lifelong Physical Activity**
- **The Role of the Worksite in Promoting Lifelong Physical Activity and Healthful Nutrition**
- **Recommendation Requiring Further Study**

## **The Role of the Family in Promoting Lifelong Healthy Nutrition and Physical Activity**

1. The task force recommends that families and other caregivers coordinate with schools, community organizations and policy makers to support and sustain healthy lifestyles among youth. Parents and caregivers should promote family meals with no television or other distractions and should encourage reading instead of television viewing or computer use following the American Academy of Pediatrics' policy of allowing no more than two hours of screen time per day. Parents and caregivers should seek out and provide options other than television viewing or computer use for children after school and provide healthy snack options and parents should be empowered to provide positive role models and opportunities for healthy lifestyles to children.

## **The Role of the Community in Promoting Lifelong Healthy Nutrition**

2. The task force strongly recommends that communities promote lifelong healthy nutrition through opportunities available within each locale and to create, support and maintain new partnerships to assist in this effort. Businesses, governments, associations and organizations all can collaborate and form partnerships to ensure healthy nutrition is more abundant for all residents and should look to available resources to provide

exhibits and demonstrations on healthy eating and cooking. Chain restaurants should post nutrition information that is readily accessible by the consumer and are encouraged to partner with local grocers and vendors to promote healthier ingredient usage and should promote the national 5 A Day campaign to increase fruit and vegetable consumption.

3. The task force strongly recommends that other community organizations including faith-based organizations, civic and service clubs, voluntary health agencies, boards and commissions, and other local projects review programs and determine options for promoting healthful nutrition opportunities into current and future planning.

### **The Role of the Community in Promoting Lifelong Physical Activity**

4. The task force strongly recommends that communities promote access to lifelong physical activity opportunities by working with local governments, planners, land and real estate developers, organizations and associations, clubs, and other policy making agencies within a community. Communities must review local environments and assess where improvements for physical activity opportunities may be implemented and should invest in bicycle and pedestrian infrastructure and review transit-oriented development to promote “walkable” and “bikeable” communities and should review long-term planning efforts to ensure that numerous physical activity options are available to residents for safe areas to exercise and play. Communities should consider interventions that promote creating, strengthening and maintaining social networks, use of “buddy” systems, personal contracting, and walking groups. Communities should consider investing resources in efforts to assist family and community members to work with and mentor to youth to promote leadership and positive role models.
5. The task force strongly recommends that state and local agencies responsible for community planning ensure that policies are routinely considered for accommodating pedestrians and bicyclists and others who share the roadways and pathways in each community and ensure that communities have bicycle and pedestrian development plans as part of their planning process for new construction. These agencies must also advocate for improved planning for new construction and determine the possibility of retrofitting current communities to designate safe areas for adults and children to exercise and play. This includes improvements for sidewalks, street lighting, traffic calming, and other environmentally safe constructs that encourage physical activity.
6. The task force strongly recommends that other community organizations, including faith-based organizations, civic and service clubs, voluntary health, boards and commissions, and other local projects review programs and determine options for including increased physical activity opportunities into current and future initiatives.

### **The Role of Healthcare Providers in Promoting Lifelong Healthy Nutrition and Physical Activity**

7. The task force strongly recommends that healthcare providers be empowered to support healthy eating and increased physical activity among their patients and are encouraged to implement national practice standards to assess their patients weight and physical activity status on a routine basis. Patients who are overweight or obese should be recommended for adaptive behavior change methods that include goal setting

and self-monitoring, building social support, behavioral reinforcement, structured problem solving, and relapse prevention. The use of licensed nutritionists and dietitians is encouraged to provide sound nutrition counseling.

8. The task force strongly recommends promoting health insurance efforts that support science-based eating and physical activity programs and working with the health insurance industry to offer incentives to people who practice healthier lifestyles.
9. The task force strongly recommends promoting weight loss and weight management in programs focused on diabetes, congestive heart failure and hypertension or high blood pressure and supports and endorses using medical practice guidelines for the promotion of healthier lifestyles and disease management.

### **The Role of Public Health in Promoting Lifelong Healthy Nutrition and Physical Activity**

10. The task force strongly recommends that the Department of Health continue to promote lifelong physical activity through current programming and seek to enhance this effort by increasing opportunities, programming, leadership, and funding through local county health departments. The Department should work with the Governor's Office to establish promotional opportunities that reinforce national and state health observances and will work to appoint a Governor's Task Force on Fitness and Health. The Department should also design and implement evidenced-based healthy behavior campaigns and programs that are culturally sensitive and consider all populations in Florida and should ensure an evaluation component to assess success. The Department should continue to assess the current burden of overweight and obesity on the state and promote this information and data to policy makers, should seek out and apply for funding opportunities, work toward strengthening state and local public health programs on nutrition and physical activity, and should request state funding for promotion of the 5 A Day program. The Department should develop tools to assist in promoting healthy lifestyles and should develop a state-level clearinghouse for easier resource access.

### **The Role of Schools in Promoting Lifelong Healthy Nutrition**

11. The task force strongly recommends that every school district be required by state government to maintain an independent nutrition advisory panel. These panels will be charged with meeting at least annually to review and determine strong school district policies surrounding all nutritional offerings at schools and will report annually on compliance to the Department of Education and the local school boards. These panels will ensure that school food service policies are revised when research provides new evidence of practice standards' improvements. School nutrition offerings include daily school breakfasts and lunches, vending selections, a la carte selections, fundraising selections, and other food options that are available on school grounds. This includes incentives (coupons provided to students for positive performance) that are provided by local businesses to promote product familiarity and loyalty. These panels will make recommendations regarding school nutrition assessments using the Centers for Disease Control and Prevention's School Health Index and will determine further recommendations for improving healthful nutrition. These panels will make recommendations on actions to reduce the use of food as a reward and or punishment and provide non-food options to teachers to continue to reinforce positive student performance. These panels will make recommendations on improving the time allocated for school lunches for students and will work to ensure an enjoyable eating experience and will review and approve all non-federally approved food service contracts to assure compliance with nutritional

standards. A majority of these panels will be comprised of parents of school children, additional representatives will include a healthcare professional with expertise and knowledge about the prevention of overweight and obesity, a registered dietitian, student representatives, teachers, and school food service personnel.

- 12.** The task force strongly recommends that school districts elect to include formal curriculum on nutrition and dietary instruction in kindergarten through twelfth grades. Teachers will be given education and training on how to model healthy eating behaviors and they will be empowered to facilitate educational opportunities to support and sustain lifelong healthy eating. Nutrition education will be incorporated into various curricula including, but not limited to, math, science, home economics, and language arts and will be linked to the Sunshine State Standards where possible. Nutrition activities will be integrated into other educational opportunities both inside and outside of the classroom. Teachers, administrators, school food service personnel, other school personnel, and parents and students will all collaborate on creating a healthy nutrition environment.
- 13.** The task force strongly recommends that school districts elect to enforce and monitor compliance with the current United States Department of Agriculture and Centers for Disease Control and Prevention dietary guidelines as they relate to school food service offerings. Where possible, federal standards should also be incorporated by schools to manage those items not currently covered under these federal standards such as a la carte offerings, vending selections, before and after school food service, fundraising opportunities, and other school nutrition offerings.
- 14.** The task force strongly recommends that school districts elect to seek partnerships with local businesses, industries, corporations, philanthropies, and other organizations, including state and federal grant opportunities that may assist in providing funding and or resources to schools that have economic needs typically filled by vending sales.
- 15.** The task force strongly recommends that school districts elect to utilize multimedia methods and awareness events to support healthful nutrition throughout the school year targeting not only students and staff but also parents and caregivers utilizing various technologies. Events can include health observances such as 5 A Day Week or designated weeks to promote different types of nutrition activities, celebrations and assemblies including a healthy nutrition message, implementation of nutrition fairs similar to science and history fairs, and support of speaker's bureaus to expand knowledge, skills and abilities of parents and staff should be provided.

### The Role of Schools in Promoting Lifelong Physical Activity

- 16.** The task force strongly recommends that every school district be required by state government to maintain an independent physical activity and physical fitness advisory panel. These panels will be charged with meeting at least annually to review and determine strong school district policies surrounding all physical activity/fitness offerings at schools and will report annually on compliance of these offerings in schools to the Department of Education and the local school boards. School physical activity/fitness offerings include those activities that occur both during and after school that are part of the school environment. These panels will make recommendations upon assessing the school environment using the Centers for Disease Control and Prevention's School Health Index and will determine further recommendations for student fitness testing every year beginning

in the first grade. These panels will make recommendations on actions to reduce the use of physical activity as a reward and or punishment in the classroom and provide options to teachers to continue to reinforce positive student performance. These panels will make recommendations on the installation of fitness facilities for all new school construction and will make recommendations for safety issues. These panels should set minimum personal fitness requirements for all healthy (no medical problems or disabilities) school age children in kindergarten through twelfth grades. These panels will gather data from state, national and international sources on physical fitness standards and norms. A majority of these panels will be comprised of parents of school children, additional representatives will include a healthcare professional with expertise and knowledge about the prevention of overweight and obesity, a certified physical activity expert, student representatives, teachers, and school physical activity/fitness personnel.

- 17.**The task force strongly recommends that school districts elect to include formal curriculum on physical activity and physical education instruction in kindergarten through twelfth grades. Teachers will be given education and training on how to model physical activity behaviors; trained on the importance of building positive physical habits during school and away from school; and empowered to facilitate educational opportunities with other school program offerings to support and sustain lifelong physical activity. Physical activity and physical fitness education will be incorporated into various curricula including, but not limited to, math, science, home economics, and language arts and will be linked to the Sunshine State Standards where possible. Physical activities will be integrated into other education opportunities both inside and outside of the classroom. Teachers, administrators and other school personnel will all collaborate on creating a positive physical activity environment.
- 18.**The task force strongly recommends that school districts elect to enforce and monitor compliance with the current Centers for Disease Control and Prevention physical activity guidelines as they relate to school offerings. Where possible, standards should also be incorporated by schools to manage those activities not currently covered under these federal guidelines such as before and after school activities, school field trips and programs and other school fitness offerings. School districts should aim for providing numerous and creative physical activity selections such as dance, aerobics and weight training and should be encouraged to seek input from students on the types of offerings that appeal to them. Schools should reinstate regular recess periods (age appropriate) to encourage daily physical activity. Schools should investigate the possibility of using different methodologies and technologies to encourage students to increase their physical activity such as pedometers or interactive physically oriented computer programs and other devices. Schools should address adaptive physical activity issues related to students with disabilities and/or special needs and provide opportunities for individual fitness activities along with organized group sports. Schools should work with local transit and community planning organizations to ensure safe routes to schools so that students and staff can walk or ride bikes to school. School clubs similar to school service clubs should be considered to support physical activity and fitness for those students who do not compete in organized school sporting activities. Schools should review local policies for utilizing school grounds and determine liability issues to support offering school physical fitness facility access to students and staff before and after school hours for activities other than organized sports.
- 19.**The task force strongly recommends that school districts elect to seek partnerships with local businesses, industries, corporations, philanthropies, state and federal grant opportunities, and other organizations that may assist in providing funding and or resources to schools that have economic needs typically filled by vending sales.
- 20.**The task force strongly recommends that school districts elect to utilize multimedia methods and awareness

events to support and promote physical activity/fitness opportunities throughout the school year targeting not only students and staff but parents and caregivers as well. Events can include awareness days such as “Fitness Friday’s” or designated weeks, celebrations and assemblies, implementing exercise fairs similar to science and history fairs, promoting health education programs throughout the school year, and providing incentives to students and staff.

### The Role of the Worksite in Promoting Lifelong Physical Activity and Healthful Nutrition

- 21.** The task force strongly recommends that all worksites consider opportunities to improve the overall health of employees to improve job performance, reduce turnover and sick leave and to improve productivity. Employers should encourage and support employees to become more physically active and offer opportunities throughout the workday (via breaks or flexible working hours) for physical activity. Employers should review the work environment to ensure safe facilities for physical activity and should consider providing structured onsite facilities or incentives for promoting physical activities where funding allows or work with local fitness agencies and facilities to promote incentives for membership. Employers should practice physical activity and healthful nutrition and provide leadership as role models for their employees. Employers should review benefit options, especially insurance offerings, and determine where cost savings may be realized by having a healthier workforce and work with benefit companies to determine any cost savings to the employee. Employers should provide workplace policies that promote healthy vending and cafeteria selections and ensure that other healthful nutrition options are available at office meetings and celebrations.

### Recommendation Requiring Further Study

- 22.** The task force strongly recommends that the Department of Insurance collaborate with the Agency for Health Care Administration and any other necessary organization to further study the issue of medical nutrition therapy and provide its findings to the Department of Health. This issue will require the assistance of various partners and agencies to fully determine the best course of future action. Once this issue is fully investigated a recommendation may be made to the Governor, the Speaker of the House and the President of the Senate for policy consideration.

# Conclusion

**The evidence is clear; the epidemic of overweight and obesity is a significant concern that will require the assistance and support of everyone in Florida to combat.**

The health consequences of overweight and obesity have created a tremendous personal burden on our citizens, including our children, and have also created an economic burden on our state and counties. Due to overweight and obesity, children are being diagnosed with diseases and conditions typically only seen in adults including type 2 diabetes, previously referred to as adult onset diabetes. As people develop chronic diseases at earlier ages we will see the state and individual counties facing economic crises due to increasing demands on our overburdened healthcare system.

Our society can no longer afford either the personal costs or the economic costs created by this epidemic. We must look to broad solutions to correct this complex problem. This report outlines solutions to this problem.

On an individual basis, fighting this epidemic will require people to become more physically active and to make healthier, more nutritious food choices.

Communities are encouraged to take action by working to provide more opportunities for people to play and exercise that are low cost or free of charge. Physicians and other healthcare providers can advise their patients on healthful eating and ways to increase their level of physical activity. Early interventions that will help patients maintain a healthy weight instead of waiting until someone is obese are needed. Public health can and should work to help create awareness and provide information and education about healthy lifestyles. Schools can and should provide healthful options for students and staff throughout the day to support healthy eating and exercise habits. Worksites can and should provide information and incentives for employees to become healthier. And finally, parents can and should take a more active role in providing healthful food options at home

and become involved in their children's schools to assist in creating a supportive environment while their children are away from home. Parents must find options for their children's time spent in front of TV or video/computer monitors and promote increased physical activity. There are numerous possibilities for involvement in combating this epidemic.

There is no one group or entity responsible for this epidemic. We as a society have created this epidemic and we must all work together to overcome it. We must work within our communities to help create healthier environments and provide nutritious offerings so people can make the healthy choice the easy choice. Florida can lead the nation in overcoming this epidemic by working proactively and by working together and becoming involved in our communities. The obesity epidemic is everyone's problem and needs the help of all of us at the local and state levels. We must do this for our children and ourselves!

The Governor's Task Force on the Obesity Epidemic has been privileged to review the data and the facts surrounding the overweight and obesity problem in Florida. The task force is grateful to the many citizens and invited guests who provided tremendous input and support in the development of these recommendations. The task force looks forward to future policy initiatives at the state and local level that will ultimately impact positive behavior change and improve lifestyles of our citizens.

. . .fighting this epidemic will require people to become more physically active and to make healthier, more nutritious food choices.

We must work within our communities to help create healthier environments and provide nutritious offerings so people can make the healthy choice the easy choice.

# Appendix A: Press Release

**For Immediate Release • Contact: Lindsay Hodges • October 15, 2003 • 850-245-4111**

## **GOVERNOR BUSH CREATES THE GOVERNOR'S TASK FORCE ON THE OBESITY EPIDEMIC**

**Tallahassee** Today, Governor Jeb Bush announced the creation of the Governor's Task Force on the Obesity Epidemic to address the rising rates of overweight and obesity among adults and youth. This Task Force, chaired by Dr. Zachariah P. Zachariah, will meet over the next three months to evaluate data and testimony to determine the extent of the problem in Florida and make recommendations on how to address obesity in our state. The Task Force will then present those recommendations to Governor Bush, Speaker Byrd and Senate President King.

"We are seeing a concerning rise in obesity among citizens in this state and nation," said Governor Jeb Bush. "Being overweight presents some serious health concerns and by addressing this issue now, Florida will lead the way in changing lifestyles and saving lives."

The 2001 Youth Risk Behavior Survey (YRBS) shows that 14 percent of high school students are at risk for overweight and an additional 10 percent are overweight. According to the 2002 Florida Youth Tobacco Survey (FYTS), 16 percent of middle school students are at risk for overweight and 11.5 percent of middle school students are overweight.

The 2002 Behavioral Risk Factor Surveillance System (BRFSS) shows that 57.4 percent of adults were overweight or obese, a 63 percent increase since 1986. In 2002, over 26 percent of Florida adults were physically inactive and less than 26 percent of Florida adults ate the daily recommended five servings of fruits and vegetables.

"Diseases related to overweight and obesity cost everyone in Florida tens of billions of dollars annually," said Florida Department of Health Secretary John O. Agwunobi, M.D., M.B.A. "Addressing this issue now, means a healthier you and a healthier Florida."

Physical inactivity and poor nutrition together are the second leading actual cause of death, trailing only tobacco.

Less than 50 percent of Florida high school students attended physical education classes on one or more days during an average week. Overall, 65 percent of high school students watched two or more hours of television on an average school day, which displaces physical activity and increases caloric intake during viewing.

Overweight and obesity are causing tremendous increases in national and state health care costs including State Medicaid spending and according to the Agency for Health Care Administration, cardiovascular disease, cancer and diabetes alone (diseases linked to overweight and obesity) cost Floridians \$38.6 billion in 2001.

For more information on the Governor's Task Force, see the attached Executive Order.

For more information on overweight and obesity, visit [www.doh.state.fl.us](http://www.doh.state.fl.us) or [www.cdc.gov](http://www.cdc.gov).

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# Appendix B: GOVERNOR'S ORDERS

## STATE OF FLORIDA

### OFFICE OF THE GOVERNOR EXECUTIVE ORDER NO. 03-204

**WHEREAS**, the important charge of the Governor's Task Force on the Obesity Epidemic set forth in Executive Order 03-196 can best be accomplished by broadening the membership of the Task Force.

**NOW THEREFORE, I, JEB BUSH**, Governor of the State of Florida, by the powers vested in me by the Constitution and laws of the State of Florida, do hereby promulgate the following amendment to Executive Order 03-196, by adding the following member to the Task Force, effective immediately:

- C. The Task Force shall be composed of the following members:
- (15) Dr. Suzel M. Vazquez of Miami-Dade County, Physician, Internist
  - (16) Elizabeth A. Callaghan of Hernando County, Administrator, Hernando County Health Department

Section 1. Except as amended herein, Executive Order 03-196 is ratified and reaffirmed.

**IN TESTIMONY WHEREOF**, I have hereunto set my hand and have caused the Great Seal of the State of Florida to be affixed this 28<sup>th</sup> day of October, 2003.



ATTEST:

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SECRETARY OF STATE

Memorandum

DATE: October 15, 2003

TO: Capital Press Corps

FROM: Jill Bratina, Governor's Communications Director

RE: Executive Order Number 03-196

Please find attached an Executive Order creating the Governor's Task Force on the Obesity Epidemic.

STATE OF FLORIDA

OFFICE OF THE GOVERNOR

EXECUTIVE ORDER NO. 03-196

WHEREAS, Florida is experiencing an obesity epidemic among adults and youth;  
and

WHEREAS, data from the 2001 Youth Risk Behavior Survey show that 14.2% of high school students are at risk for becoming overweight and an additional 10.4% are overweight, and according to the 2002 Florida Youth Tobacco Survey, 16.1% of middle school students are at risk for becoming overweight and 11.5% of middle school students are overweight; and

WHEREAS, data from the 2002 Behavioral Risk Factor Surveillance System show that 57.4% of adults were overweight or obese, a 63% increase since 1986;  
and

WHEREAS, physical inactivity and poor nutrition comprise the second leading actual cause of death; and

WHEREAS, in 2002, 26.4% of Florida adults were physically inactive and only 25.7% of Florida adults ate the daily recommended five servings of fruits and vegetables; and

WHEREAS, among Florida high school students, only 20.3% ate five or more servings of fruits and vegetables each day during the previous seven days;  
and

WHEREAS, fewer than 50% of Florida high school students attended physical education classes on one or more days during an average week; and

WHEREAS, overall, 65% of high school students watched two or more hours of television on an average school day, displacing physical activity and increasing caloric intake during viewing; and

WHEREAS, overweight and obesity lead to increased risk for heart disease, stroke, diabetes, some cancers, osteoarthritis, and other health conditions and chronic diseases; and

WHEREAS, in Florida, as well as the United States, minority populations are disproportionately affected by overweight and obesity and the resulting complications; and

WHEREAS, healthy eating and physical activity have been proven to reduce one's risk for developing preventable chronic conditions and improving overall physical and mental health; and

WHEREAS, overweight and obesity are causing tremendous increases in national and state health care costs, including State Medicaid spending, and according to the Agency for Health Care Administration, cardiovascular disease, cancer and diabetes alone (diseases linked to overweight and obesity) exceeded \$38.6 billion in 2001; and

WHEREAS, promoting healthy lifestyles will support family stability since children are severely impacted by disease and death of family members; and

WHEREAS, it is of vital importance and in the best interest of the people of the State of Florida that the current needs of our youth are addressed in a comprehensive and meaningful manner to plan now for Florida's healthy economic future.

NOW THEREFORE, I, JEB BUSH, Governor of the State of Florida, by the powers vested in me by the Constitution and laws of the State of Florida, do hereby promulgate the following Executive Order, effective immediately:

Section 1.

A. There is hereby created the Governor's Task Force on the Obesity Epidemic (the "Task Force").

B. I hereby appoint Dr. Zachariah P. Zachariah as Chair of the Task Force. The Task Force will be comprised of business leaders, education and health care professionals, sports and fitness representatives, media representatives, community leaders and consumers.

C. The Task Force shall be composed of the following members:

- (1) Dr. Zachariah P. Zachariah of Broward

available resources of the Florida Department of Health. Invited guests and speakers shall also be entitled to per diem and travel expenses while participating in meetings of the Task Force to the extent allowed by Section 112.061, Florida Statutes.

E. The Task Force shall meet at the call of the chairperson. The Task Force shall act by a vote of the majority of its members present, either in person or via communication technology. No member may grant a proxy for his or her vote to any other member or member designee, except with the prior approval of the chairperson. I will fill by appointment any vacancy that occurs on the Task Force.

## Section 2.

A. The Task Force shall be advisory in nature and is created to:

1. Recommend ways to promote the recognition of overweight and obesity as a major public health problem in Florida that also has serious implications for Florida's economic prosperity;
2. Review data and other research to determine the number of Florida's children who are overweight or at risk of becoming overweight;
3. Identify the contributing factors to the increasing burden of overweight and obesity in Florida;
4. Recommend ways to help Floridians balance healthy eating with regular physical activity to achieve and maintain a healthy or healthier body weight;
5. Identify and research evidenced-based strategies to promote lifelong physical activity and lifelong healthful nutrition, and to assist those who are already overweight or obese to maintain healthy lifestyles;
6. Identify effective and culturally appropriate interventions to prevent and treat overweight and obesity;
7. Provide policy recommendations to improve healthful nutrition and physical activity for our youth, especially in areas where they congregate such as schools, after-school programs, and community and youth centers; and

8. Provide recommendations for parents, caregivers, health care providers, youth leaders and other youth-based programs to encourage and support healthy eating and increased physical activity to promote family strengthening and family stability.

Section 3.

To aid its study of the issues and the development of its recommendations, the Task Force may take public testimony from experts and stakeholders. In addition, the Task Force is encouraged to take whatever other steps it deems necessary to gain a full understanding of the educational, community, health and other issues involved with working toward a resolution to this epidemic.

Section 4.

The Task Force shall submit a report setting forth recommendations, including any recommendations for legislative action, to the Governor, the President of the Florida Senate and the Speaker of the Florida House of Representatives by February 13, 2004.

Section 5.

All agencies within the authority of the Executive Office of the Governor are directed, and all other agencies are requested, to render full assistance and cooperation to the Task Force and the Department of Health in the execution of this order.

Section 6.

The Task Force shall continue in existence only until its objectives are achieved, but in any event no later than May 30, 2004, unless extended by further Executive Order.

IN TESTIMONY WHEREOF, I have hereunto set my hand and have caused the Great Seal of the State of Florida to be affixed this 15th day of October, 2003.

8. Provide recommendations for parents, caregivers, health care providers, youth leaders and other youth-based programs to encourage and support healthy eating and increased physical activity to promote family strengthening and family stability.

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To aid its study of the issues and the development of its recommendations, the Task Force may take public testimony from experts and stakeholders. In addition, the Task Force is encouraged to take whatever other steps it deems necessary to gain a full understanding of the educational, community, health and other issues involved with working toward a resolution to this epidemic.

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GOVERNOR

ATTEST:

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SECRETARY OF STATE

b Bush