



The banner features the Department of Health and Human Services and CDC logos on the left. The text 'Prevention Status Reports' is prominently displayed in white on a blue background. Below this, a row of five small images shows diverse people: a family, a man lifting a child, a woman with a child, a group of runners, and a young couple. The large letters 'PSR' are on the right. At the bottom, it reads 'Office for State, Tribal, Local and Territorial Support'.

## Prevention Status Report for Georgia

# Nutrition, Physical Activity, and Obesity

Accessed on June 9, 2016

## About the Prevention Status Reports

The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to address the following important public health problems and concerns:



## PSR Framework






Each report follows a simple framework:

- Describe the public health *problem* using public health data
- Identify potential *solutions* to the problem drawn from research and expert recommendations
- Report the *status* of those solutions for each state and the District of Columbia

## Criteria for Selection of Policies and Practices

The policies and practices reported in the PSRs were selected because they—

- Can be monitored using state-level data that are readily available for most states and the District of Columbia
- Meet one or more of the following criteria:

-  Supported by systematic review(s) of scientific evidence of effectiveness (e.g., *The Guide to Community Preventive Services*)
-  Explicitly cited in a national strategy or national action plan (e.g., *Healthy People 2020*)
-  Recommended by a recognized expert body, panel, organization, study, or report with an evidence-based focus (e.g., Institute of Medicine)

## Ratings

The PSRs use a simple, three-level rating scale—green, yellow, or red—to show the extent to which the state has implemented the policy or practice in accordance with supporting evidence and/or expert recommendations. The ratings reflect the *status of policies and practices* and do not reflect the *status of efforts* of state health departments, other state agencies, or any other organization to establish or strengthen those policies or practices.

## Suggested Citations

### For a state report:

Centers for Disease Control and Prevention. *Prevention Status Reports: [State name]*. Atlanta, GA: US Department of Health and Human Services; 2016. Accessed [month date, year].

### For the National Summary:

Centers for Disease Control and Prevention. *Prevention Status Reports: National Summary*. Atlanta, GA: US Department of Health and Human Services; 2016. Accessed [month date, year].

**Public Health Problem**



Poor diet and physical inactivity contribute to many serious and costly health conditions, including obesity, heart disease, type II diabetes, some cancers, unhealthy cholesterol levels, and high blood pressure (1,2).

Obesity is associated with increased blood pressure; unhealthy cholesterol levels; chronic diseases such as heart disease, diabetes, some cancers, and osteoarthritis; complications of pregnancy; and premature death (3).

Children who are not breastfed are at greater risk for various health problems, including childhood infections and obesity (4).

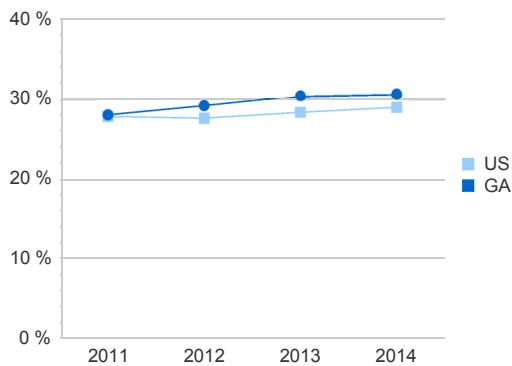


During 2011–2014, approximately 17% of children and adolescents and 36% of adults were obese, according to data from the National Health and Nutrition Examination Survey (5).



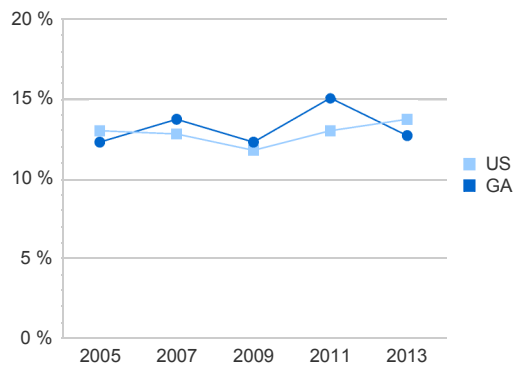
US direct medical costs associated with adult obesity were estimated to be as high as \$147 billion in 2008 (6).

**Percentage of adults who were obese**



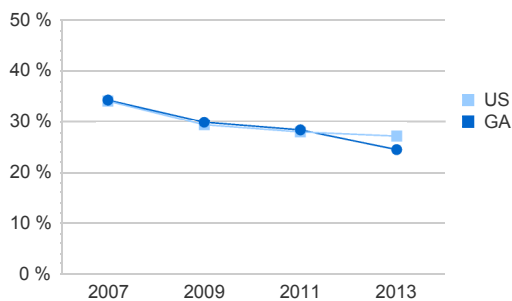
Source: Behavioral Risk Factor Surveillance System (7)

**Percentage of high school students who were obese**



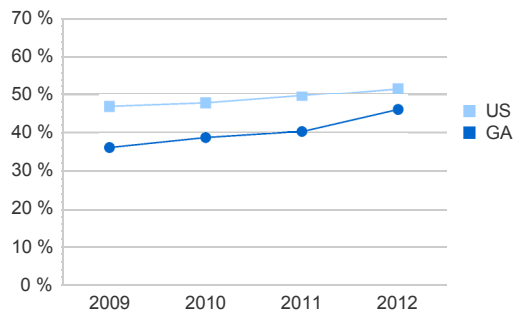
Source: Youth Risk Behavior Surveillance System (8)

**Percentage of high school students who drank a can, bottle, or glass of soda or pop at least one time per day during the 7 days before the survey (excludes diet soda or diet pop)**



Source: Youth Risk Behavior Surveillance System (8)

**Percentage of infants who were breastfed at 6 months**



Source: National Immunization Survey (9)

## Solutions and Ratings

This report focuses on four policies and practices recommended by the Institute of Medicine, Community Preventive Services Task Force, US Surgeon General, CDC, and other expert bodies. The recommendations are based on expert judgment and/or evidence from scientific studies that the policies and practices can improve diet, increase breastfeeding, increase physical activity, or reduce obesity (10–15). These policies and practices are

- Limiting the availability of less nutritious foods and beverages in schools
- Implementing nutrition standards for foods and beverages sold on government property
- Including obesity prevention standards in state regulations of licensed childcare facilities
- Promoting evidence-based practices that support breastfeeding in hospitals and birth centers

Additional strategies to prevent obesity and promote healthy eating, physical activity, and breastfeeding are supported by scientific evidence or expert judgment (11–18). Examples include requiring daily physical education in schools (14), designing communities to support physical activity (16), and improving the availability and promotion of healthier foods in the retail environment (11).

## Status of Policy and Practice Solutions

### Secondary schools not selling less nutritious foods and beverages

*Percentage of secondary schools (middle schools and high schools) in the state that did not allow students to purchase less nutritious foods and beverages from vending machines, school stores, canteens, and snack bars.*

**In 2014, 39.7% of secondary schools in Georgia did not sell the following items in vending machines or at school stores, canteens, or snack bars: candy, baked goods that are not low in fat, salty snacks that are not low in fat, soda pop, or fruit drinks that are not 100% juice (19).**

Rating	Percentage of secondary schools
Green	≥66.6%
Yellow	50.0%–66.5%
<b>Red</b>	<b>&lt;50.0%</b>

In addition to providing school meals, many schools offer foods and beverages in venues such as school stores, canteens, snack bars, and vending machines. The USDA's regulation commonly known as Smart Snacks in School requires that all foods and beverages sold at school during the school day meet federally defined nutrition standards (20). These standards were implemented in school year 2014–2015 for schools participating in the federal school meal programs and apply to foods and beverages sold a la carte, in the school store, and in vending machines.

### How This Rating Was Determined

The rating reflects the extent to which the state's secondary schools limited the sale of less nutritious foods and beverages. For a school to be identified as not selling less nutritious foods and beverages, the school principal had to respond "no" to each of the following five items on the CDC School Health Profiles principal questionnaire when asked whether students can purchase that item: 1) chocolate candy; 2) other kinds of candy; 3) salty snacks that are not low in fat, such as regular potato chips; 4) cookies, crackers, cakes, pastries, or other baked goods that are not low in fat; and 5) soda pop or fruit drinks that are not 100% juice (19). Data were collected prior to implementation of the Smart Snacks in School regulation and do not reflect impact of the regulation on school nutrition standards.

**Nutrition standards policy for foods and beverages sold on state executive branch property**

*A state nutrition standards policy for sale of foods and beverages that meets the following criteria: 1) provides or references quantifiable nutrition standards (e.g., sets a maximum for the amount of sodium a food item can include) addressing four or more of the following nine foods or nutrients: fruits, vegetables, whole grains, water, added sugars, sodium, trans fat, saturated fat, and calories/portion sizes; 2) applies to all property and facilities owned, leased, or operated by the state executive branch; and 3) applies to two or more food service venues (e.g., vending machines, cafeterias, snack bars).*

**As of February 2015, Georgia did not have a nutrition standards policy for sale of foods and beverages (21).**

The Institute of Medicine recommends that government agencies implement “strong nutrition standards for all foods and beverages sold or provided through the government” and ensure “that healthy options are available in all places frequented by the public” to reduce the availability of less healthy foods and beverages and increase the availability of more healthy options (11).

Rating	State’s nutrition standards policy for sale of foods and beverages
Green	Provided or referenced quantifiable nutrition standards AND applied to two or more food service venues on state executive branch property
Yellow	Provided or referenced quantifiable nutrition standards AND applied to a single food service venue on state executive branch property
Red	<b>Did not provide or reference quantifiable nutrition standards, did not apply to state executive branch property, OR no policy existed</b>

**How This Rating Was Determined**

The rating reflects whether the state had a nutrition standards policy for sale of foods and beverages and the extent to which the policy meets the following three criteria: 1) provides or references quantifiable nutrition standards (1,22), 2) applies to all state executive branch property, and 3) applies to two or more food service venues.

A policy was defined as a regulation, statute, or executive order. Policies were identified by searching WestlawNext® (an online legal research system) for statutes and regulations and LexisNexis® (an online database) for executive orders. Ratings indicate the presence of a policy, not whether it was implemented. For the purposes of this report, correctional facilities, schools, nursing homes, and personal care homes were excluded from the analyses.

### Inclusion of obesity prevention standards in state licensing regulations of childcare facilities

*Inclusion of some or all of the 47 components of national standards considered to have a high impact for obesity prevention into state licensing regulations of childcare facilities.*

**In 2014, Georgia's state licensing regulations for childcare facilities included 3 of the 47 components of national standards for obesity prevention (23).**

Rating	Number of components included in state licensing regulations
Green	≥38
Yellow	24-37
<b>Red</b>	<b>&lt;24</b>

Building on a comprehensive set of national standards defined in 2011 (15), the National Resource Center for Health and Safety in Child Care and Early Education has identified 47 licensing standards components considered to have a high impact for obesity prevention (24). These components include nutrition, physical activity, screen time, and infant feeding in licensed childcare settings (24). In addition, the Institute of Medicine has recommended that childcare regulations include requirements related to physical activity, sedentary activity, and child feeding (12).

#### How This Rating Was Determined

The rating reflects the extent to which state licensing regulations for childcare facilities included the 47 recommended components of national standards considered to have a high impact for obesity prevention. Data were compiled from a report of the National Resource Center for Health and Safety in Child Care and Early Education (23). A state was considered to have included a component if its regulations for childcare centers, large family childcare homes, and small family childcare homes fully met the requirements of the component.

### State average birth facility score for breastfeeding support

*The average score for breastfeeding support in the state's participating birth facilities.*

**In 2013, Georgia had an average birth facility score of 69 out of a possible 100 (25).**

Rating	State average birth facility score
Green	≥80
Yellow	70–79
<b>Red</b>	<b>&lt;70</b>

The US Surgeon General recommends that maternity care practices throughout the United States fully support breastfeeding (13). A review of evidence by the Cochrane Collaboration found that institutional changes in maternity care practices effectively increased breastfeeding initiation and duration rates (26).

#### How This Rating Was Determined

The rating reflects the extent to which birth facilities (e.g., hospitals and birth centers) within the state implemented multiple evidence-based strategies that support breastfeeding. State average birth facility scores were obtained from CDC's National Survey of Maternity Practices in Infant Nutrition and Care (mPINC) (25). Each birth facility that responded to a self-administered survey was scored on multiple evidence-based practices that support breastfeeding across seven categories: 1) labor and delivery, 2) breastfeeding assistance, 3) mother-newborn contact, 4) newborn feeding practices, 5) breastfeeding support after discharge, 6) nurse/birth attendant breastfeeding training and education, and 7) structural and organizational factors related to breastfeeding. The total score can range from 0 to 100, with a higher score representing more support. The national average score across all states was 75.



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