

History, Related State Action and Media Coverage

One of Eight Brief Reports

YEAR 5 EVALUATION OF ARKANSAS ACT 1220 OF 2003 TO COMBAT CHILDHOOD OBESITY

INTRODUCTION

Obesity is recognized as one of the most pressing health problems facing families and communities in Arkansas and in the nation overall. With the passage of Act 1220 of 2003 and the subsequent work by schools and communities, Arkansas became a national leader in addressing childhood obesity through a comprehensive, school-based intervention. The Act mandated a limited number of immediate, statewide policy changes and also established mechanisms to help create future changes at both the state and local levels. This brief report summarizes the history of the law, as well as related state action and media coverage in 2008.

With funding from the Robert Wood Johnson Foundation, the Fay W. Boozman College of Public Health, University of Arkansas for Medical Sciences has been evaluating the implementation and impact of Act 1220 since the 2003-04 school year. More details from the Year 5 evaluation and complete evaluation reports for Years 1-4 are available at www.uams.edu/coph/reports/#Obesity.

HISTORY

In 2003, the Arkansas General Assembly passed Act 1220 to combat childhood obesity through school-based initiatives. Components of the law, which have been described in greater detail in previous editions of the annual evaluation, include:

- creating a state Child Health Advisory Committee (CHAC) to develop physical activity and nutrition standards for public schools;
- annual body mass index (BMI) assessments for every public school student, with results provided to parents in a confidential report;
- creating a Nutrition and Physical Activity Advisory Committee in every school district to implement the new standards and develop applicable local policies;
- public reporting by school districts of the expenditures and revenue from district vending contracts; and
- prohibiting student access to food and beverage vending machines in all Arkansas elementary schools.



During the Arkansas General Assembly's regular biennial session in 2007, a number of changes to Act 1220 were proposed. As a result, legislation was passed that changed the BMI screening program; reduced both physical activity and physical education requirements; and increased the representation of school personnel on the Child Health Advisory Committee. A full explanation of the origins of the law and its implementation throughout its first four years can be found in previous evaluation reports, available at www.uams.edu/coph/reports/#Obesity.

RELATED STATE ACTION

In 2008, a number of groups that are working to help schools become healthier places for Arkansas students and staff took action to address childhood obesity.

New members joined the CHAC, including a classroom teacher and representatives from the Arkansas School Board Association, the Arkansas Association of School Business Officials, the Arkansas Association for Supervision and Curriculum Development and the Office of Minority Health and Health Disparities of the Arkansas Department of Health. The CHAC developed a position statement, future goals and a work plan to guide the committee in the coming years.

The CHAC also made recommendations to the Arkansas Departments of Education and Health concerning the implementation of the Coordinated School Health Program in Arkansas. The CHAC's recommendations, which were presented to the General Assembly in 2009, primarily re-emphasize its earlier recommendations on nutrition, physical activity and physical education, which have not yet been implemented.

The Arkansas Department of Education made a number of important regulation changes in response to legislation enacted in the 2007 session. The Arkansas Department of Education worked with schools to:

- modify the schedule of BMI assessments, so that measurements occur annually but individual students are measured in kindergarten and only in even-numbered grades thereafter;
- develop processes to enable parents to opt their children out of BMI assessments by submitting a written statement annually;
- develop protocols for BMI assessment that would be required of all schools;
- develop a process whereby community health nurses employed by the Arkansas Department of Health assist schools in completing BMI measurements; and

- modify instructional schedules to conform with physical activity and physical education requirements passed as part of Act 317, which include 60 minutes of physical education training/instruction and 90 minutes of physical activity each calendar week for grades K-6; 60 minutes of physical education each calendar week for grades 5-8 with no additional physical activity requirement; and ½ unit of physical education for grades 9-12.

Arkansas Advocates for Children and Families (AACF) commissioned a study of innovative programs created by schools and communities that reach beyond the state mandates. AACF's report, *"Fit not Fat: Helping Arkansas Children Eat Healthy and Move More,"* summarizes information gathered through surveys, interviews and focus groups, and offers recommendations for policy-makers and foundations, including:

- revisit the role and priorities of the Child Health Advisory Committee;
- strengthen relationships among wellness committees, wellness priorities and Coordinated School Health Programs;
- expand Coordinated School Health Programs to offer additional support to schools;
- invest in quality physical education; and
- use opportunities outside the school day to promote wellness.

In 2007, the General Assembly initiated an *Interim Study of the Feasibility of Requiring Annual Health Screenings of Public School Students (2007-164)* to explore school systems that would coordinate required health screenings and reports to parents. The study group surveyed schools and held statewide videoconferences to gather information on the feasibility of conducting one-day health screenings, during which students would receive the BMI, scoliosis, vision and hearing screenings currently required by law. Eight schools volunteered to pilot test the one-day screening during the 2008-09 school year and report their experiences to the study group and the legislature.

In May 2008, the Arkansas Center for Health Improvement convened its *Arkansas Obesity Summit* to identify areas of nutrition and physical activity policy that need to be addressed. Five workgroups made the following recommendations:

- School Group
 - open school facilities after hours for community use and relieve schools of liability for injuries sustained on school property; and
 - establish a funded Coordinated School Health Program in every Arkansas school district.

- Health Group
 - advance workforce initiatives aimed at increasing the number of registered dietitians in Arkansas and provide mechanisms for competitive reimbursement for nutrition counseling; and
 - increase opportunities for self-management strategies to prevent and control obesity, targeting chronically ill and low health-literacy populations.
- Government Group
 - enact legislation to increase physical activity requirements in the school setting, encouraging variety and individualized activities;
 - consider redesigning or extending the school day or eliminating other academic requirements; and
 - mandate calorie and fat labeling for chain restaurants.
- Industry and Media Group
 - encourage new residential developments to include bike paths and sidewalks on every street and open green space or parks for common use; and
 - promote menu nutrition labeling by restaurants.
- Worksite Group
 - require (via legislation) that any company contracting with the state of Arkansas must, as a condition of participation, agree that all worksite vending machines contain at least 50 percent healthy foods and that at least 50 percent of the food served to its employees and customers be classified as healthy; and
 - establish a centralized resource and clearinghouse for employers, to assist them with implementation of worksite related health and wellness policies.

Following the summit, participants formed the Arkansas Obesity Coalition (ARCOP) and immediately established a mission to “increase the percentage of Arkansans of all ages who have access to healthy and affordable food and who engage in regular physical activity.” Working teams focused on the built environment, early childhood and schools, worksite, healthcare and access to healthy foods will develop goals and strategies, many of which are consistent with the goals that emerged from the summit. A social marketing team and a resource list are both in development.

MEDIA COVERAGE

From December 2007 to August 2008, 184 print news articles and editorials mentioned Act 1220, childhood obesity or related topics. These articles appeared in newspapers in 53 of the 75 counties in Arkansas. Newspapers in northwest Arkansas published the greatest number of related articles, followed by central Arkansas, southwest Arkansas and southeast Arkansas.

Most of the print media coverage was informative—93 percent was neutral in tone, while 5 percent of the coverage was positive and the remaining 2 percent was negative.

The issues most frequently discussed in print media coverage related to Act 1220 were obesity (70 percent), BMI assessments (61 percent), and childhood obesity (50 percent). While the percentage of stories discussing BMI assessments dropped from 69 percent in 2007, the percentage on either obesity or childhood obesity rose substantially. Additionally, discussion of vending machines saw the most dramatic rise in media coverage, from 6 percent in 2007 to 35 percent in 2008. Within the topic of vending machines, the coverage often concerned schools’ vending contracts, changing vending machine contents and access to vending machines on school campuses. Only a small proportion of the coverage mentioned Act 1220 itself.