

The Kentucky Cancer Consortium is a statewide partnership committed to putting Kentucky's Cancer Action Plan to work. Funded and guided by the Centers for Disease Control and Prevention, the Consortium provides a framework in which organizations and individuals can unite as one powerful force to fight the significant cancer burden in our state.

www.kycancerc.org

Chair

Daniel Kenady, MD

Phone: (859) 323-6346

dekena0@email.uky.edu

Program Director:

Jennifer Redmond, MPH

Phone: (859) 219-0772, ext. 252

jredmond@kycancerc.org

Program Coordinator

Katie Bathje, MA, LPCC

Phone (859) 219-0772, ext. 275

kbathje@kycancerc.org

Evaluation Coordinator

Jessica Jones, MSW

Phone (850) 219-0772 ext. 246

jjones@kycancerc.org

Program Consultant

Chris Stockmyer, MPH, RD

Phone (770) 488-5027

z116@cdc.gov

Communications Coordinator

Suzanne Froelich, BS

Phone (859) 219-0772, ext. 239

suzanne@kcp.uky.edu



Topic: Nutrition, Physical Activity and Obesity

DIRECTOR'S NOTE

Kentucky Cancer Consortium Partners,

We have been discussing the “growing” problem of obesity for several years and it will take all of us working together to meet our 2013 goals and objectives for nutrition, physical activity and obesity. Thanks to First Lady Michelle Obama’s recent announcement regarding her desire to change the obesity epidemic, there is even more support for improving the percentage of Americans who maintain a healthy weight.

The evidence is clear that in order to make an impact in reducing obesity rates, we must implement policies and environmental changes. I encourage you all to take a look at this issue of *KCC Connect* and find ways that you can get involved in moving Kentuckians toward a healthier weight and lifestyle. Whether it be menu labeling, physical activity in schools, creating trails from former rail lines, or advocating for workplace policies on food and physical activity, we can all be part of changes that will help increase the percentage of healthy-weight adult Kentuckians from 33.2% to 35% by 2013!

—Jennifer Redmond, Program Director

KENTUCKY CANCER ACTION PLAN REVISIONS

Goal 2: Reduce incidence from cancers related to nutrition, physical activity and obesity.

Category: Nutrition

- o **OBJECTIVE 2.1:** By 2013, increase the percentage of Kentucky adults who eat five or more servings of fruits and vegetables daily from 18.4% (2007 BRFSS) to 25%.
- o **OBJECTIVE 2.2:** By 2013, increase the percentage of Kentucky youth (grades 9-12) who eat five or more servings of fruits and vegetables daily from 13.2% (2007 YRBS) to 20%.

Category: Alcohol

- o **OBJECTIVE 2.3:** By 2013, reduce percentage of Kentucky adults who are

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binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion) from 11.3% (2008 BRFSS) to 10.3%.

- o **OBJECTIVE 2.4:** By 2013, reduce percentage of Kentucky youth (grades 9-12) who currently use alcohol (had at least one drink of alcohol at least one day during the 30 days before the survey) from 40.6% (2007 YRBSS) to 39%.

Category: Physical Activity

- o **OBJECTIVE 2.5:** By 2013, increase the percentage of Kentucky adults who participated in any physical activity in the past month from 69.5% (2008 BRFSS) to 72%.
- o **OBJECTIVE 2.6:** By 2013, require daily physical activity for all Kentucky public school students from K-8 and increase physical education requirements in high school.

Cancer Observances

MARCH

National Colorectal Cancer Awareness Month
Resources:

- o Kentucky [Cancer Program East's Cancer Observance Resources Page](#).
- o [Colon Cancer Prevention Project](#)
- o [Kentucky Colon Cancer Screening Program](#)
- o Kentucky's colon cancer screening public awareness [campaign materials](#).

APRIL

National Cancer Control Month



Category: Obesity

- o **OBJECTIVE 2.7:** By 2013, increase the percentage of Kentucky adults who are a healthy weight (BMI less than 24.9) from 33.2% (2008 BRFSS) to 35%.
- o **OBJECTIVE 2.8:** By 2013, decrease the percentage of Kentucky youth (grades 9-12) who are obese (students who were ≥ 95 percentile for body mass index [BMI] by age and sex based on reference data) from 15.6% (2007 YRBS) to 13.5%.

Find out [recommended strategies](#) for implementation of these Cancer Action Plan objectives.

KCC PARTNER NEWS

Partnership for a Fit Kentucky

The 2010 Kentucky General Assembly Session has begun. Several policies recommended in *Shaping Kentucky's Future: Policies to Reduce Obesity* have been introduced. Below you can read the summary of bills. [Read the full bills](#).

Snapshots: Ky. Legislature 2010

To read more about the following and other policies to reduce obesity in Kentucky:

- o Download [Shaping Kentucky's Future: Policies to Reduce Obesity](#).
- o To follow bill progress, [click here](#).
- o Utilize the [Kentucky Youth Advocates Online Advocacy Toolkit](#), which guides partners step by step in taking action on these and other bills.

Healthy Kids Act (House Bill 52)

What would it do?

1. Integrate 30 minutes of daily physical activity or 150 minutes of weekly physical activity as part

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of the school day for all public elementary and middle schools.

2. Develop a reporting mechanism for schools containing grades K-5 to report physical activity, aggregate body mass index (BMI), and wellness program data.
3. Permit schools the flexibility to design their own individual program and how to implement, as long as the activities are completed in 10-minute segments.
4. Support and encourage local school decision-making by consulting with the districts' physical education teachers in order to design the most effective physical activity program.
5. Direct the Department of Education to develop guidance for schools that includes model programming, alternative plans, and optional activities for the integration of physical activity during the school day.

Where does it stand?

Floor amendment filed Feb. 26.

Worksite Wellness Tax Credit (House Bill 74)

What would it do?

HB 74 would establish a wellness project credit, requiring the Cabinet for Health and Family Services to develop an employer wellness project model and require a certification process for all employer-provided programs.

Where does it stand?

HB 74 has been referred to the Appropriations and Revenue Committee.

Penalty For Not Permitting Breastfeeding (House Bill 218)

This bill would establish a fine of \$500 for the first offense and \$1,000 for each subsequent penalty

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DID U KNOW?

Kentucky Adults

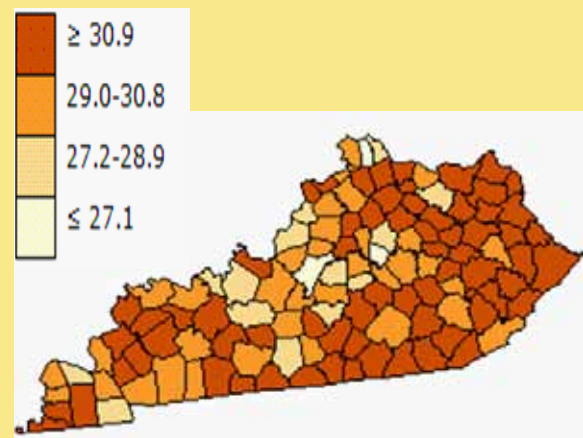
- o Since 1991 adult obesity has nearly doubled in Kentucky.
- o Kentucky has the 7th highest rate of adult obesity in the nation.
- o Almost 80% of Kentucky men and 59% of Kentucky women are overweight or obese (BMI ≥ 25 kg/m²).

Kentucky Children

- o Kentucky has the 3rd highest rate of children who are overweight or at risk of overweight in the nation.
- o One in every three Kentucky kids are seriously overweight or at risk of becoming overweight.
- o One in three babies born in Kentucky in 2000 will develop diabetes during their lifetime.

Reference: Shaping Kentucky's Future: Policies to Reduce Obesity; Partnership for a Fit Kentucky 2009. Source: CDC YRBS & PNSS 2007; National Governor's Association Investing in KY's Health. National Governor's Association Report on Healthy Living.

2007 Age-Adjusted Estimates of the Percentage of Obese Adults (BMI over 30) in Kentucky



Centers for Disease Control and Prevention: National Diabetes Surveillance System.

Available online at: <http://www.cdc.gov/diabetes/statistics/index.htm>. Retrieved 2/25/2010.

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for any person who violates KRS 211.755, which establishes that breast-feeding is permitted by a mother in any location, public or private, where the mother is otherwise authorized to be.

Where does it stand?

Upon its third reading in the House, the bill passed

An idea for your coalitions

Do you want to do something to improve nutrition in Kentucky? One barrier to good nutrition is that many people don't cook often, if at all, so they rely on the profit-driven food industry to feed them.

Try this simple, yet profound idea from celebrated chef Jamie Oliver: Teach four people



to cook one healthy recipe, and get them to promise to teach four more people to cook that same healthy dish. If the cycle repeats itself only seven times, we've packed Yankee Stadium one-and-a-half-

times. Repeat it 13 times and we've got more than the entire population of the United States cooking.

An omelet is a good recipe to start with—nutritious, cheap, delicious, and easy. Oliver has a great [You Tube video](#) on omelettes that's clear and practical.

ABC will premiere a reality series on March 26 at 9 p.m., featuring Oliver teaching the people of Huntington, WV, to cook healthy food.

*—A word from Anita Courtney, MS, RD,
public health consultant with We Can! KY:*

99-0. On Jan. 28 it was received in the Senate. It was sent to the Judiciary on Feb 2.

Menu Labeling (HB 246)

What would it do?

It would require fast food and chain restaurants that have 20 or more stores in the country to list calorie information on menus, inside menu boards and at drive through windows. More detailed nutrition information would be made available at cash registers for customers who request it.

Why is menu labeling important?

About 50% of America's food expenditures go for foods consumed outside the home. Americans spent \$16.8 billion dollars on fast food in 2008. People eat more calories when they eat out. Fast food intake is associated with increased body weight. Two out of three Kentucky adults and one in 3 children are overweight or obese.

Where does it stand?

Posted in Committee on Feb.1.

Training opportunity for local health coalitions

Beginning this month, the Foundation for a Healthy Kentucky will sponsor a series of capacity-building programs for community health coalitions working to improve their health and/or access to needed, quality health services.

These sessions, offered in partnership with the Friedell Committee for Health System Transformation, will bring like-minded groups and respected consultants together.

The first workshop presents strategies for identifying your community's health needs and resources. Future topics for the quarterly series will include building a strong coalition, planning for lasting change, and assessing the impact of your work.

Application deadline is Friday, March 5, 2010. [Click here](#) for more information about the training series

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or to apply.

Toolkit helping 15 high schools address their health policies

More than 15 Kentucky high schools were selected to receive grant funding from **Kentucky Action for Healthy Kids (AFHK)** to implement the AFHK toolkit during the 2009-10 school year. The toolkit is titled *Students Taking Charge! How Healthy is Your School and What Can You Do About It?* Selected student organizations at each high school are working through the toolkit to assess the school’s nutritional and physical activity environments and policies, developing and implementing an action plan, and learning more about how students can be advocates for positive change.

Kentucky participating in Safe Routes to School project

Kentucky Youth Advocates announced in January that the Safe Routes to School (SRTS) National Partnership selected Kentucky to participate in the 2010 and 2011 phase of the **State Network Project**. Nineteen states and the District of Columbia were

chosen to participate in the project, which is being funded by the Robert Wood Johnson Foundation, Kaiser Permanente, and the Centers for Disease Control and Prevention.

The Kentucky Network will work to increase physical activity among all students, ensure that federal SRTS funds are spent on quality projects, work to leverage additional state resources for SRTS initiatives, and advocate for the removal of barriers to walking and bicycling to schools.

The 2010-2011 phase of the State Network Project also includes a focus on serving lower-income populations and reducing crime.

Report is first to rank overall health of 3,000 U.S. counties

The first-ever **County Health Rankings** report released recently by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation provides a county-by-county snapshot of the overall health of communities.

The report ranks the overall health of more than 3,000 counties by using a standard formula to

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DID U KNOW?

The Yale University Rudd Center for Food Policy and Obesity has developed the **Revenue Calculator for Soft Drink Taxes** to help policy advocates estimate the potential revenue from such a tax for their state or city. The calculator produces expected revenue by allowing the user to list the tax per ounce and the type of beverages to be taxed. For example, if Kentucky were to tax sugared beverages one cent per ounce, the tax revenues would be:

<u>Drink Type</u>	<u>Gallons</u>	<u>Tax Revenues</u>
Regular soft drinks	83,646,868	\$197,067,991
Fruit beverages	45,796,149	\$58,619,071
Sports drinks	14,597,383	\$18,684,650
Ready-to-drink tea, non-diet	5,881,961	\$7,528,910
Flavored water	6,056,002	\$7,751,683
Energy drinks	3,994,924	\$5,113,503
Ready-to-drink coffee	600,889	\$769,138
Total sugar-sweetened beverages	160,574,176	\$205,534,946

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measure how healthy people are and how long they live. Counties receive two overall rankings, one for health outcomes (how healthy a county is overall) and one for health factors (things that influence the health of county residents).

The report includes a snapshot of each county in Kentucky with a color-coded map comparing each county's overall health ranking. Researchers used five measures to assess health outcomes: the rate of people dying before age 75; the percent of people who report being in fair or poor health; the numbers of days people report being in poor physical and poor mental health; and the rate of low-birthweight infants. [Learn more.](#)

Source: Feb. 17 press release from the Kentucky Health and Family Services Cabinet

Guidelines show benefits of exercise for young and old

The [Physical Activity Guidelines for Americans At-A-Glance: A Fact Sheet for Professionals](#) is designed for busy professionals as a quick desk-side reference to the *2008 Physical Activity Guidelines for Americans* published by the U.S. Department of Health and Human Services.

A Review of the Scientific Evidence Regarding the Health Benefits of Physical Activity in Adults and Older Adults strongly links exercise with prevention of weight gain, weight loss when combined with diet, improved cardio-respiratory and muscular fitness, prevention of falls, reduced depression, and better cognitive function (in older adults). It also shows that physical activity results in a lower risk of early death, heart disease, stroke, type 2 diabetes, high blood pressure, adverse blood lipid profile, metabolic syndrome, and colon and breast cancers.

A Review of the Scientific Evidence Regarding the Health Benefits of Physical Activity in Children and Adolescents shows strong evidence for improved cardio-respiratory endurance and muscular fitness, favorable body composition, improved bone health, and improved cardio-vascular and metabolic health biomarkers

Source: Nicole Peritore, Coordinator, Get Moving Kentucky, University of Kentucky College of Agriculture.

NATIONAL NEWS OF NOTE

Obama Administration details healthy food financing initiative

Obama administration officials have laid out the details of a \$400 million Healthy Food Financing Initiative that dovetails with First Lady Michelle Obama's **Let's Move!** campaign to battle childhood obesity. The initiative will provide financing and technical assistance to companies that bring healthy foods to urban and rural communities, according to the Associated Press.

The initiative is a partnership among the U.S. Treasury, Agriculture (USDA), and Health and Human Services (HHS) departments. Its efforts will include developing and equipping grocery stores and other small businesses that sell healthy food in low-income, underserved communities that currently lack these choices.



These communities, often referred to as "food deserts," are usually populated by fast food restaurants and convenience stores that offer little or no fresh produce. The goal is to reach all these communities, creating new jobs in the process, within seven years.

To help community leaders identify the food deserts in their area, USDA recently launched a [Food Environmental Atlas](#) that allows for the identification of "food deserts."

The HHS will dedicate up to \$20 million in Community Economic Development (CED) program funds to the initiative. HHS will award competitive grants to community development corporations to support projects that finance grocery stores, farmers markets, and other sources of fresh nutritious food.

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Sources: *HealthDay*, U.S. Department of Health and Human Services

New recommendation: screen children, teens for obesity

Based on new evidence that children and adolescents can be effectively treated for obesity, the U.S. Preventive Services Task Force now recommends that clinicians screen children ages 6 to 18 years for obesity and refer them to programs to improve their weight status.

Comprehensive programs included three components: (1) counseling for weight loss or healthy diet; (2) counseling for physical activity or a physical activity program; and (3) behavioral management techniques such as goal setting and self monitoring.

Moderate-to high-intensity programs involve more than 25 hours of contact with the child and/or the family over a six-month period. Families who seek treatment for obesity should look for comprehensive programs that address weight control through healthy food choices, physical activity and behavioral skill-building.

The recommendation was released online on Jan. 18 and published in the February issue of *Pediatrics*. It is also available on the [AHRQ Web site](#).

Report shows how governments can address childhood obesity

Recognizing that local government officials are eager to address the childhood obesity epidemic, The Institute of Medicine (IOM) produced *Local Government Action to Prevent Childhood Obesity*, a report that serves as a practical guide for local government officials who want to take action to address healthy eating and active living. This report, which builds on two previous IOM reports on childhood obesity prevention, recommends 58 action steps organized under 15 broad strategies. The IOM committee also highlighted 12 strategies with the greatest potential to make a difference. [Read the brief, or the full report.](#)

Online calculator evaluates nutritional quality of snacks

Researchers at the Center for Healthy Weight and Nutrition at Nationwide Children's Hospital in Columbus, Ohio, have developed an online calculator that rates snacks based on their nutritional quality, United Press International reports. Using data submitted by snack food manufacturers, the [Snackwise online tool](#) calculates the nutrition density of foods and assigns them a rating, with nutrient-rich foods receiving a greater value.

According to the calculator, the three healthiest vending machine items for children are: Strawberry NutriPals Fruit Bars, Peanut Butter CLIF Kid Organic Z Bars, and Apple Cinnamon Quaker Oatmeal To Go for Kids.

"All too often, we see parents and kids make the common mistake of considering only calories, fat and sometimes sugar when making a decision about a snack food," said Center Director Robert Murray, M.D.

Source: *The Robert Wood Johnson Foundation*

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