Obesity in Chicago Public Schools and Healthy CPS

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Report Highlights

• Descriptive statistics on childhood obesity are now available for CPS, CDPH, and community groups to devise specialized interventions

• Overall obesity prevalence in the three grade levels assessed was 25%

• Obesity estimate for kindergarten-aged students is lower than what was reported in two previous studies

• Healthy Places and Healthy CPS, initiatives of Healthy Chicago, focus on changes in policies and environments
CLOCC’s Ecological Model: Factors Influencing Childhood Obesity

Source: Consortium to Lower Obesity in Chicago Children (CLOCC). [www.clocc.net](http://www.clocc.net)
Body Mass Index (BMI)

• Obesity refers to excess body fat
• BMI = Weight (kg)/height(m)²
• Recommended for adults, adolescents, and children
• Does not distinguish between fat and muscle
Defining Obesity in Children Using 2000 CDC BMI Growth Charts

Body mass index-for-age percentiles: Boys, 2 to 20 years

A 10-year-old boy with a BMI of 23 would be in the obese category (95th percentile or greater).

A 10-year-old boy with a BMI of 21 would be in the overweight category (85th to less than 95th percentile).

A 10-year-old boy with a BMI of 18 would be in the healthy weight category (5th percentile to less than 85th percentile).

A 10-year-old boy with a BMI of 13 would be in the underweight category (less than 5th percentile).

Source: CDC http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html
Prevalence of obesity in 2-19 year olds, United States, 2009-2010

Prevalence of obesity among children and adolescents aged 2-19 years by poverty income ratio and race-ethnicity, United States, 2005-2008

![Bar chart showing prevalence of obesity among children and adolescents by poverty income ratio and race-ethnicity.](http://www.cdc.gov/nchs/data/databriefs/db51.pdf)

†Significant trend.

NOTES: PIR is poverty income ratio. Persons of other race and ethnicity included in total.

Prevalence of obesity among children aged 2-12 years in six Chicago communities compared with US, 2002

Data Source

• Illinois Child Health Examination form must be completed by students entering kindergarten, sixth, and ninth grades
• Paper forms entered by school staff into IMPACT-SIM, the district’s web-based student information system
Overall Assessment

• Records of 88,527 CPS students in the three grades assessed
  – 44% Hispanic
  – 42% non-Hispanic black
  – 9% non-Hispanic white
  – 3% non-Hispanic Asian

• 59,794 (67.5%) had recent, valid, and complete data sufficient for BMI percentile calculation

• Obesity prevalence was 25%
Adjusted estimates of obesity prevalence among CPS students in kindergarten by race-ethnicity, 2010-2011

<table>
<thead>
<tr>
<th>Race-Ethnicity</th>
<th>Estimate</th>
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<tbody>
<tr>
<td>All</td>
<td>20.0</td>
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<tr>
<td>Hispanic</td>
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<tr>
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<td>Non-Hispanic White</td>
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Orange bars denote 95% confidence limits (i.e., the margin of error associated with each estimate).
### Adjusted estimates of obesity prevalence among CPS students in kindergarten, sixth and ninth grades, 2010-2011

<table>
<thead>
<tr>
<th>Females and males</th>
<th>Kindergarten</th>
<th>Sixth grade</th>
<th>Ninth grade</th>
</tr>
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<tbody>
<tr>
<td><strong>All</strong></td>
<td>20</td>
<td>29.2</td>
<td>25.4</td>
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<tr>
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Estimates of obesity prevalence among Chicago Public School students in grades kindergarten, 6, and 9 by community area of residence

**Five lowest estimates (%)**
- Lincoln Park (7) 12.7
- Mount Greenwood (74) 12.9
- Loop (32) 13.5
- Armour Square (34) 14.1
- Lake View (6) 14.2

**Five highest estimates (%)**
- South Lawndale (30) 32.9
- Hermosa (20) 31.3
- East Side (52) 30.9
- Lower West Side (31) 30.5
- West Lawn (65) 30.2

Adjusted for non-response and standardized to District-wide grade-level enrollment proportions.
Community Transformation Grant: Small Communities

- Design and implement community-level programs that prevent chronic diseases
- Expanded to support small communities
- A total of $70 million nationwide
- Directly impact about 9.2 million Americans
Healthy CPS Strategic Directions

- Healthy and Safe Environments
- Tobacco-Free Living
- Active Living, Healthy Eating
- Emotional Well-Being and Mental Health

Healthy Students, Better Learners
<table>
<thead>
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<th><strong>Active Living, Healthy Eating: Tactics</strong></th>
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<tr>
<td><strong>Strengthen Nutrition Education programming</strong></td>
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<tr>
<td><strong>Increase water consumption at school</strong></td>
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<tr>
<td><strong>Policy implementation</strong></td>
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<tr>
<td><strong>Develop grant communication strategy</strong></td>
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<td><strong>Support healthy mobile food vendors</strong></td>
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HCPS Leadership Team/December
2012
Strengthen Nutrition Education

Objective (CPS)

• Overall: Increase the number of teachers who deliver health education in alignment with the National Health Education Standards from 800 to 5,800.

• Strategies:
  – Conduct Health Education Curriculum Analysis Tool in sample of 25 Chicago Public Schools, including a supportive school system
  – Convene Health Education Committee to develop guidelines for health education implementation
Increase water consumption

Objective (CPS)

• Overall: Increase the number of elementary students with access to drinking water throughout the school day from 0 to 4,000.

• Strategies:
  – Purchase and disseminate water bottles to 10 pilot elementary schools
  – Provide technical assistance to 10 pilot schools to design a plan to increase water consumption
  – Develop model standards of practice to increase student water consumption and distribute standards district-wide
Objective 1 (CPS)

• Overall: Increase the number of students in schools that meet the revised criteria of the Chicago Public Schools local wellness policy from 30,000 to 70,000.

• Strategies:
  – Provide technical assistance on action steps and promising strategies and practices to assist schools in meeting the requirements of the new Local School Wellness Policy
  – Implement a system to monitor compliance with and impact of the revised School Wellness Policy
Policy implementation

Objective 2 (CPS)

• Overall: Increase the number of students with access to healthy snacks and beverages that align with the nutrition standards outlined in Chicago Public Schools’ Healthy Snacks and Beverages policy from 0 to 40,000.

• Strategies:
  – Provide technical assistance on action steps and promising strategies and practices to assist schools in meeting the requirements of the new Healthy Snacks and Beverages Policy
  – Assess school compliance with Healthy Snacks and Beverages Policy
Support healthy mobile food vendors

Objective (CLOCC)

• Overall: Increase the number of students with access to healthy mobile food vendors on school grounds from 0 to 10,000.

• Strategies:
  – Survey vendors to identify challenges and opportunities for providing healthy food options on school grounds
  – Provide technical assistance to vendors at 25 schools on providing healthy food and beverages options on school grounds
  – Create Healthy Mobile Vending guidance for schools
Objective 1 (CPS)

• Overall: Increase the number of elementary students engaged in moderate-to-vigorous physical activity for 50% of Physical Education class from 0 to 266,000.

• Strategies:
  – Convene external Physical Education stakeholders to develop strategic plan for strengthening Physical Education
  – Develop standardized scope and sequence for Physical Education in collaboration with Physical Education Leadership team based on national standards
Objective 2 (CPS)

• Overall: Increase the number of students in five high schools with access to 4 years of required Physical Education courses from 0 to 2,500 students.

• Strategies:
  – Develop operating procedures for schools to require four years of physical education.
  – Pilot programming at five high schools
  – Draft district-wide guidance on requiring four years of physical education for all high school students
Strengthen Physical Activity Programming

Objective (CPD)

- Overall: Increase the number of children receiving 30 minutes of physical activity per day in Chicago Park District early childhood programs from 0 to 2,800.

- Strategies:
  - Provide technical assistance to Chicago Park District to adopt a voluntary policy requiring a minimum of 30 minutes of physical activity in early childhood programs
  - Apply voluntary policy to all new Chicago Park District early childhood programs
Develop parent engagement strategy

Objective (HSC)

• Overall: Increase the number of parents actively engaged in School Wellness Teams from 0 to 290.

• Strategies:
  – Develop guidance for Chicago schools on parental engagement in schools wellness teams
  – Conduct four trainings for stakeholders on guidance for parent engagement in school wellness teams
STUDENT WELLNESS

- Policy
- Partners
- Recess
- Wellness Teams
- School Wellness Environment
- PE
- Healthy School Certified
- Food Access
HEALTHIERUS SCHOOL CHALLENGE

Healthy Snacks and Beverages Policy

Rewards & Punishments

Standards for Nutrition in School Meals

Comprehensive Wellness Policy

Healthy Fundraising

Physical Activity

Nutrition Education
HealthierUS School Challenge Certification as of December 2012 with prevalence of overweight or obesity among CPS Students in grades kindergarten, 6, and 9 by community area of residence, 2010-2011

70 schools certified
75 pending certification
Healthy Schools Certification:

This school is Healthy Schools Certified. Schools must meet the criteria of the USDA's HealthierUS School Challenge, a key pillar of Michelle Obama's Let's Move initiative, to become Healthy Schools Certified. Learn more at www.goforthegoldcps.org.

Healthy Schools Certification:

This school has not yet become Healthy Schools Certified. Schools must meet the criteria of the USDA's HealthierUS School Challenge, a key pillar of Michelle Obama's Let's Move initiative, to become Healthy Schools Certified. Learn more at www.goforthegoldcps.org.

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POLICY GOALS

• Codify current health and wellness initiatives and policies
• Standardize best practices across the district
• Align policies with HealthierUS School Challenge standards
• Preempt new USDA regulations for snacks and beverages outside of school meals
• Set achievable expectations for schools to encourage compliance
• Establish CPS as a national leader in student health by meeting and exceeding school wellness policy best practices