

Targeted Coordinated School Health FACT SHEET

The Childhood Obesity Epidemic

Obesity rates among children, adolescents and adults have increased dramatically over the past four decades. Today, nearly **1 in 3** young people in the United States—more than 23 million—are overweight or obese and at greater risk for heart disease, type 2 diabetes and other serious health problems.



Evidence of an Epidemic

- Nationwide, **the obesity rate for children ages 6 to 11 has quadrupled** over the past four decades.¹
- Obesity costs the United States an estimated **\$147 billion each year** in medical expenses.²
- Eight of the ten states with the **highest childhood obesity rates are in the South**,³ and children who live in poor, rural areas are at an even higher risk for being overweight or obese.

What is Targeted Coordinated School Health (TCSH)?

Targeted Coordinated School Health (TCSH) is a foundational part of the effort to **turn the tide of childhood obesity**. Based on the Centers for Disease Control and Prevention's Coordinated School Health Program, TCSH offers a decentralized design that **empowers local leaders to build ownership and create interventions that meet the needs of their communities**. The TCSH approach aims to make children healthier by improving nutrition and increasing physical activity in the school environment. TCSH does this by placing a locally-recruited, fulltime coordinator in each school district who is a catalyst for change. Having one person whose sole focus is fighting childhood obesity makes the crucial difference in this model. Coordinators draw connections between stakeholders, including parents, teachers, businesses and faith groups, to make effective changes in the fight against childhood obesity.

In Tennessee, where each school district has its own coordinator, the coordinated school health approach has proven a success. Tennessee's childhood **obesity rate dropped 2 percent** during the 2008-2009 school year alone. The number of Tennessee schools that do not sell soda and sugary drinks jumped from 24 percent to almost 75 percent, placing Tennessee second in the nation in this regard. Additionally, in a single year, coordinators **raised \$30M from foundations and corporations** for things like school-wide healthy breakfasts and walking paths. Learning from Tennessee's example, other states can replicate this easy-to-implement model.

CAMPAIGN FOR HEALTHY KIDS

www.campaignforhealthykids.org

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Endnotes:

1. Ogden C, Carol M and Flegal K. "High Body Mass Index for Age Among US Children and Adolescents, 2003-2006. *Journal of the American Medical Association*, 299(20): 2401-2405, May 2008.
2. "Annual Medical Spending Attributable To Obesity: Payer- And Service-Specific Estimates." Eric A. Finkelstein, Justin G. Trogdon, Joel W. Cohen, and William Dietz. *Health Affairs* , Web Exclusive, July 27, 2009
3. Levi, Vinter, Richardson, Laurent, Segal (July 2009). *F as in Fat: How Obesity Policies are Failing America*.