The Problem

- Being physically inactive and overweight are major contributors to death and disability in the US. At least five of the top ten causes of death are related to what people eat.
- According to the Georgia Department of Human Resources, three-quarters of Georgia’s adults are inactive.
- Inactivity causes at least 32% of all heart disease, 18% of all cases of high blood pressure, 32% of all strokes and 18% of all cases of diabetes and 32% of falls due to osteoporosis.
- According to the 2003 Georgia County Guide, heart disease is the number one cause of death in Georgia.
- Lifestyle choices including diet and exercise over a lifetime influence cancer rates as well.
- In this country 64% of adults are overweight and 31% are obese. The Behavior Risk Factor Surveillance Survey found that nearly 22% of adults in Georgia were obese.
- A recent study of the incidence of obesity in this country found that Georgia had the greatest increase in the number of individuals considered overweight when compared to other states. The incidence for overweight doubled in less than 10 years, while the incidence of obesity quadrupled.
- Research done by the University of Georgia found that 20% of Georgia’s children were overweight compared to 15% of children in the U.S.
- Direct and indirect costs due to overweight and obesity to the US economy was estimated to be $117 billion in the year 2000.

Research-based Solutions

- Work place activity programs can reduce health care costs by 20-25% and cut sick leave by 6-32% along with increasing productivity.
- Individuals with the most information about nutrition choose better diets.
- Body weight has less impact on morbidity and mortality if the person is physically fit.
- Reduction in risk for chronic diseases is difficult without regular physical activity.
- People with pre-diabetes can reduce their risk by nearly 60% by losing 5-7% of their body weight and being moderately active for at least 30 minutes 5 or more days a week.
- The Centers for Disease Control estimates that if Americans were moderately active on a regular basis over the next 15 years, direct medical costs could be reduced by as much as $76.6 million.

Extension’s Role

- Conduct nutrition and exercise programs to reduce the incidence of chronic disease in those at risk and control chronic disease in those that have been diagnosed.
- Lead Walk-a-Weigh Programs to increase physical activity and promote dietary change to control weight in adults.
- Use the Win Kids and/or The Power of Choice curricula to promote behavior change in children that will prevent overweight and obesity in children age 10-13.

Extension’s Contribution to Solving the Problem

- 107,651 contact hours of nutrition education were provided to 66,745 individuals in 2004. Nearly 77% of them were low-income Georgians. Nutrition related extension events and site visits reached 16,620 individuals in 2004.
- Weight control and nutrition extension programs reached 3,143 Georgians and provided 5,262 contact hours of education.
- The Walk-A-Weigh nutrition and exercise extension program provided 1,523 contact hours of education and
reached 727 Georgians.

- Provided healthy lifestyle education by media to thousands of Georgians: 104 food, nutrition and exercise-related articles in newsletters reached 18,330 people; 126 exhibits reached nearly 45,450 individuals; 247 radio spots were broadcast to a listening audience of over 6 million; 289 newspaper columns went to a circulation of over 4 million readers and television programs were targeted to over 1 million people.

**Impact on Georgians**

- Ninety-six percent of the Georgians who participated in nutrition education programs said the workshops helped them to make healthy food choices. At the end of the training, most of the participants said that they planned to practice healthy nutrition habits. For example, 75% planned to eat a healthy breakfast daily; 64% planned to eat the recommended servings from the five food groups daily; 92% planned to eat at least five fruits and vegetables each day; and 90% planned to consume whole grain breads and cereals.

- Nearly 86% of the participants who completed the weight control programs said the program helped them to learn healthy ways to loose body weight. Most of them planned to change some aspects of their life style. For example, 85% planned to reduce fat intake by frying less; 75% planned to do some type of moderately intense physical activity such as a brisk walking; and 88% planned to eat low-fat snacks and desserts.

- The comparison of pre and post evaluation data shows that most of the participants who completed the Walk-A-Weigh nutrition and exercise program significantly improved their dietary and exercise habits. For example, 63% made a conscious effort to limit fat to 30% of total calories; 52% of the participants started the habit of doing exercise at least three times a week for 30 minutes at a time; 56% modified recipes to lower fat by using low-fat ingredients; 53% started eating dried beans or peas at least once a week; 49% started eating at least 2 servings of low-fat or non-fat dairy products each day; and 56% started to read nutrition labels to help make healthy food choices.

- Comparison of pre and post evaluations shows that 74% of the participants who completed the Walk-a-Weigh program improved their overall dietary and exercise habits and adopted a healthy life style. The life style changes helped participants to reach weight loss goals and to reduce risk factors. This is confirmed by the clinical and medical data of Walk-A-Weigh participants. Seventy-seven percent of the participants were able to reduce their excess body weight by an average of 4 pounds during six weeks; 48% were able to reduce high blood pressure; and 81% were able to decrease their total cholesterol level.

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