Overweight and Obesity in Massachusetts
Addressing the Public Health Crisis of
Mass Unmication: A Call to Action
Mass in Motion: A Call to Action

Addressing the Public Health Crisis of Overweight and Obesity in Massachusetts.

Better Health. It's your move.
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Executive Summary</td>
</tr>
<tr>
<td>II</td>
<td>Introduction</td>
</tr>
<tr>
<td>III</td>
<td>Problem Overview</td>
</tr>
<tr>
<td>IV</td>
<td>Framework for Action</td>
</tr>
<tr>
<td>V</td>
<td>Current Policies, Environmental Supports, and Programs</td>
</tr>
<tr>
<td>VI</td>
<td>Models in Massachusetts: Healthy Eating Initiatives and Physical Activity and Health Care Sites</td>
</tr>
<tr>
<td>VII</td>
<td>Appendices</td>
</tr>
<tr>
<td>VIII</td>
<td>Appendices</td>
</tr>
<tr>
<td>IX</td>
<td>Appendices</td>
</tr>
<tr>
<td>X</td>
<td>Appendices</td>
</tr>
<tr>
<td>XI</td>
<td>Appendices</td>
</tr>
<tr>
<td>XII</td>
<td>Appendices</td>
</tr>
</tbody>
</table>

---

**Table of Contents**

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-4</td>
<td>prevalence</td>
</tr>
<tr>
<td>4.3</td>
<td>Health Consequences of Excess Weight</td>
</tr>
<tr>
<td>5-6</td>
<td>Financial Consequences of Excess Weight</td>
</tr>
<tr>
<td>6</td>
<td>Eating Patterns/Nutrition: Modifiable Factors</td>
</tr>
<tr>
<td>7</td>
<td>Physical Activity</td>
</tr>
<tr>
<td>8</td>
<td>TV Viewing</td>
</tr>
<tr>
<td>8</td>
<td>Tobacco Smoking</td>
</tr>
<tr>
<td>8</td>
<td>Breastfeeding</td>
</tr>
<tr>
<td>9-10</td>
<td>Worksites</td>
</tr>
<tr>
<td>11-12</td>
<td>Schools</td>
</tr>
<tr>
<td>14-17</td>
<td>References</td>
</tr>
<tr>
<td>18-22</td>
<td>Appendices</td>
</tr>
</tbody>
</table>
I. Introduction

The recent report, "A Commitment to Health in Massachusetts," released by the Commonwealth of Massachusetts Department of Public Health, highlights the need for improved physical activity and nutrition in schools. The report notes that the current focus on academic excellence has led to a neglect of physical education and healthy eating programs. The goal of the report is to address this issue and encourage schools to implement more comprehensive health programs.

II. What's at stake?

California, where 88% of students receive free or reduced-price lunches, is implementing a new policy to improve school health. The policy includes the addition of physical education classes, healthy food options, and increased access to nutritious meals. These changes are expected to improve the overall health of students and reduce the prevalence of obesity and related health issues.

III. The problem

Obesity has become a significant issue in Massachusetts, with 22% of adults and 17% of children and adolescents classified as obese. The report highlights the need for schools to offer a variety of physical education classes and to provide healthy food options. The state is also considering legislation to require school districts to offer at least one physical education class per week.

IV. The solution

The report recommends the creation of a new position within the Massachusetts Department of Public Health to oversee school health initiatives. The department would work with schools to develop and implement comprehensive health programs that include physical education, nutrition education, and healthy lifestyle initiatives.

The Commonwealth of Massachusetts is committed to improving the health of its students and ensuring that all children have access to quality education and healthy environments. The report concludes that a comprehensive approach to school health is necessary to address the challenges facing our students.
III. Overview of the Problem of Obesity

The prevalence of obesity in the United States has experienced a significant rise in obesity. In 1990, the prevalence of obesity in every state in the nation was 45% - 50%. The Commonwealth Mississippian's overall obesity rate was 19.7% in 2007. Massachusetts' overall obesity rate was 19.4% in 2007. In Massachusetts, the number of adults aged 18 or older who were obese was more than one in five, including Massachusetts adults under 15% and in 10 states, that rate was less than 10%. By 2007, 49 states, including Massachusetts, had a prevalence of obesity more than 20%.

The Massachusetts Department of Public Health has taken action steps to prevent and control obesity. These steps include initiatives to promote healthy eating and physical activity, with particular focus on the importance of physical health and physical activity. The conditions that contribute to obesity and promote health are supported through the Massachusetts Department of Public Health's health and physical activity programs. With this report and its related action steps, the Commonwealth’s Department of Public Health hopes to support those activities and policies that are necessary for health and physical activity.
Different Childhood Overweight/Obesity

Figure 2: Prevalence of Overweight/Obesity

Adapted from a diagram showing the prevalence of overweight/obesity among children. The diagram displays the percentage of children who are overweight or obese across different age groups. The data is presented in a bar chart format.

In general, the prevalence of overweight/obesity increases with age, with the highest prevalence observed in the age group 10-14 years.

Key findings:
- The prevalence of overweight/obesity is higher in boys compared to girls.
- There is a significant increase in the prevalence of overweight/obesity over time.
- The prevalence is higher in urban areas compared to rural areas.
- The prevalence is higher in children from lower socioeconomic backgrounds.
- The prevalence is higher in children who are physically inactive.
- The prevalence is higher in children who consume a diet high in sugar and fats.

Recommendations:
- Implement comprehensive dietary and physical activity programs in schools.
- Increase awareness among parents about the risks of overweight/obesity.
- Promote regular physical activity and healthy eating habits.
- Encourage the use of technology to monitor children's physical activity levels.
- Provide access to healthy food options in schools and communities.

Conclusion:
Overweight/obesity is a significant public health issue that requires urgent attention. By implementing evidence-based interventions, we can reduce the prevalence of overweight/obesity among children, thereby improving their health and quality of life.
Health consequences of excess weight

Occupational and health-related musculoskeletal disorders: 19.2% and other disabling conditions such as diabetes, heart disease, stroke, and depression among adults aged 18-64. This can lead to early death and disability, and individuals who are overweight or obese are at increased risk for these conditions. Lung disease also increases with obesity.

Figure 4. Prevalence of Diabetes among Massachusetts High School Students by Race, 2007

Figure 5. Percent of Overweight Massachusetts Children by Gender and Race, 1976-1978

Figure 6. Percent of Overweight Massachusetts Children aged 6-11, Compared with the Nation, 1998-1999

than 100% of the Federal Poverty Level (FPL) 17 percent for Massachusetts children who are poor (less than 100% of the FPL). The highest prevalence in youth with a race of more than 40% in adulthood, income is an indicator of overweight. In Massachusetts, 19.2% of students scored overweight. Ethiopian-Sudanese (19.2%) followed by the highest rates of obesity (22.5%) followed by Hispanic-Sudanese (19.2%) and the highest rates of underweight (17.4%) followed by Black youth students. In the Commonwealth, the racial and socioeconomic disparities of childhood overweight or obesity are exacerbated with rising needs of overweight being observed in the population.
Please see Appendix for a description of surveys.

Overweight and obesity are leading causes of adult and childhood disease. This is changing, with many chronic disease risk factors also appearing earlier in life. However, the prevalence of obesity has increased dramatically, especially among children. While the medical conditions associated with obesity are also contributing to increasing healthcare costs, the economic burden of obesity in the United States is significant. The economic burden of obesity among children is even greater.

The prevalence of childhood overweight and obesity was 15.5% and 35.0%, respectively, in 2000. The economic burden of childhood overweight and obesity was estimated at $14 billion in 2000, with $6.4 billion attributed to adult deaths. In 2000, the national health care spending for obesity was $12 billion, of which $7 billion was for diet-related medical care and $5 billion was for non-diet-related medical care.

Additional factors contributing to the economic burden of obesity include increased risk of chronic diseases such as heart disease and diabetes. These conditions are more likely to develop in overweight and obese children. The economic burden of obesity among children is even greater.

The economic burden of obesity among children is significant and increasing. The economic burden of obesity among children is even greater.
Eating Patterns/Nutrition

Even when they eat more daily, most are consuming more calories than they need. This is one reason why the majority of Americans are getting heavier.

The data also point to a higher prevalence of obesity in the last decade. While researchers disagree on the causes, some people who respond to the data have found support for new explanations of our nation’s rapid growth.

Causes: Modifiable Risk Factors

In 2001, with all health care expenditures being a fraction of our national health care dollars, The US Department of Agriculture, Food and Nutrition Service, MHS, Boston Children’s Hospital, the American Heart Association, and other organizations developed foods that are healthier choices for children. These foods, which include fruits and vegetables, are high in fiber and potassium, and low in saturated fats.

While there are many factors that contribute to obesity, these are some of the most important.

We have more evidence that these diets are healthier.
Physical activity was emphasized by supplying the amount of school time earmarked for physical education classes at least once a week, declining from 80 percent in 1999 to 15 percent in 2007. The number of Massachusetts physical education classes is also declining. The number of Massachusetts physical education classes is also declining. The number of Massachusetts physical education classes is also declining.

Despite the clear benefits, many Massachusetts adults report symptoms of anxiety and depression. The disease risk profile, including poor health and reduced physical activity, has increased. Mental health barriers include reduced body mass index, lower levels of cardiorespiratory endurance, and higher levels of cardiorespiratory endurance, and people who physically active children and youth have higher levels of cardiorespiratory endurance, and people who physically active children and youth have higher levels of cardiorespiratory endurance. Physical activity promotes weight loss. Reducing sedentary time from such devices can improve the health of many Massachusetts adults.

How is moderate and vigorous physical activity?

Moderate physical activity, activity that can be done while walking or running, is recommended for children and adolescents. These activities include walking, running, and most forms of moderate intensity physical activity. Moderate intensity physical activity is defined as activity that can be done while walking or running. Vigorous physical activity, activity that can be done while running, is recommended for children and adolescents. These activities include running, swimming, and most forms of vigorous intensity physical activity. Vigorous intensity physical activity is defined as activity that can be done while running.

Physical activity promotes weight loss. Reducing sedentary time from such devices can improve the health of many Massachusetts adults.
Please see Appendix A for a description of surveys.

In Massachusetts, in the places where we work, live, and plan and learn, we are teaching and implementing new strategies to improve the health of all our residents. We take note of what we are done well in addition to learning from our mistakes. In this section, we explore current policies, programs, and research that are helping to bridge the gap between children who live near television viewing habits and those who do not.

Breastfeeding

Breastfeeding is considered by many to be the optimal method of feeding a baby. However, many mothers are not able to breastfeed for various reasons, including lack of support, lack of knowledge, and lack of education. In Massachusetts, the state has implemented a number of programs to promote breastfeeding, including providing resources to new mothers, offering breastfeeding classes, and providing support for breastfeeding mothers.

Tobacco Smoking

Tobacco smoking is a major secondary behavior in school day, followed by 22 percent of Asian students and 22 percent of Black students. This increase in the percentage of students who smoke is associated with exposure to media and advertisements. In addition, there is a strong association between smoking and other behaviors, such as alcohol and drug use. In Massachusetts, the state has implemented a number of programs to address tobacco smoking, including providing resources to help students quit smoking and educating the public about the dangers of tobacco use.

Television Viewing

Greater preference for larger portion sizes, 72 percent of children between the ages of 6 and 12 years old, and 57 percent of children between the ages of 13 and 16 years old, watch more than two hours of television per day. This increase in television viewing habits is a major secondary behavior in school day, followed by 22 percent of Asian students and 22 percent of Black students. This increase in the percentage of students who watch more than two hours of television per day is associated with exposure to media and advertisements. In addition, there is a strong association between television viewing and other behaviors, such as alcohol and drug use. In Massachusetts, the state has implemented a number of programs to address television viewing habits, including providing resources to help students reduce their television viewing time and educating the public about the dangers of过度看电视.

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Please see Appendix A for a description of survey results. Ten percent of businesses have on-site exercise accessible to people from nearby communities. The 2008 survey indicated that 10 percent of businesses have accessible stairways. The 2008 survey results indicated that 20 percent of workers have access to nearby community parks and playgrounds. The survey results indicated that 15 percent of workers have access to nearby community parks and playgrounds. The survey results indicated that 10 percent of workers have access to nearby community parks and playgrounds. The survey results indicated that 5 percent of workers have access to nearby community parks and playgrounds. The survey results indicated that 2 percent of workers have access to nearby community parks and playgrounds.

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Please see Appendix A for a description of schools, school physical activity programs that include nutrition, recess, and homework policies, and other important factors that contribute to students' health and well-being.

Schools that provide students with transportation to school, physical activity programs that include nutrition, recess, and homework policies, and other important factors that contribute to students' health and well-being.

Many reading, math, and physical activity organizations are advocating for schools to take leadership roles in improving student health and well-being. However, according to the National Association of State Boards of Education, only 41 states have physical education programs that include nutrition, recess, and homework policies, and other important factors that contribute to students' health and well-being.
Please see Appendix A for a description of surveys.

Schools face considerable challenges in the allocation of resources for overweight and obesity prevention. Significant time and resources are required to develop, implement, and evaluate interventions to reduce overweight and obesity rates. Schools need a comprehensive assessment system (CASS) to monitor the health of students, identify those at risk, and develop effective prevention strategies. The CASS model includes data collection and analysis, followed by the development of targeted interventions and monitoring of outcomes.

Some school districts have implemented CASS programs, but others have yet to fully implement such systems. The lack of consistent data and the reliance on self-reported measurements have raised concerns about the accuracy and reliability of the data. To address these issues, some states have developed their own systems, such as the New York City Department of Education's School Health Forecast and Evaluation System (SHFES). SHFES uses a combination of surveys, health assessments, and tracking systems to monitor student health and identify areas for improvement.

Health Care Issues

School districts are responsible for ensuring that all students have access to health care services, including mental health services. The Affordable Care Act (ACA) requires schools to provide a comprehensive health education program that includes information on healthy eating, physical activity, and mental health. In addition, schools must offer a health care plan that includes mental health services.

School districts are also responsible for ensuring that all students have access to healthy food options. The Healthy, Hunger-Free Kids Act of 2010 requires schools to offer a healthy meal plan that includes fruits, vegetables, and whole grains. The law also requires schools to provide education on healthy eating and physical activity.

Some school districts have implemented programs to improve student health, such as the National Student School Wellness Policy. This policy requires schools to offer a comprehensive health education program that includes information on healthy eating, physical activity, and mental health. In addition, schools must offer a health care plan that includes mental health services.

The health of elementary school children is important in the learning, social development, and overall health of the nation. Schools play a critical role in ensuring that children receive a quality education and develop healthy habits. School districts must implement policies that support healthy eating and physical activity, and provide resources to support such activities. The lack of consistent data and the reliance on self-reported measurements have raised concerns about the accuracy and reliability of the data. To address these issues, some states have developed their own systems, such as the New York City Department of Education's School Health Forecast and Evaluation System (SHFES). SHFES uses a combination of surveys, health assessments, and tracking systems to monitor student health and identify areas for improvement.

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Health's Plan for Action

1. Implement a nationwide mass in Motion public

Action Steps

1. Increase awareness of the importance of physical activity and healthy eating practices
2. Promote policies that support healthy lifestyle choices, including physical education, school nutrition programs, and community health initiatives.
3. Develop partnerships with local organizations and community leaders to promote healthy living.
4. Increase funding for research and programs focused on health and wellness.

4. Framework for Action

V. Framework for Influence

The following action steps are organized according to the spheres of influence:

- Community
- Organization
- Government
- Media
- Individuals

For this plan of action:

- The DHF has set the following overarching goals:

State, city, and national health officials, along with community partners, have developed the following action steps to address the issue of obesity and improve public health:

1. Increase awareness of the importance of physical activity and healthy eating practices
2. Promote policies that support healthy lifestyle choices, including physical education, school nutrition programs, and community health initiatives.
3. Develop partnerships with local organizations and community leaders to promote healthy living.
4. Increase funding for research and programs focused on health and wellness.

V. Action Plan

Cherries, which can support their efforts to reach overweight children.

Their efforts to reach overweight children.

They name their patient's frequent visits to fast food.
1. Develop regulations to promote BMI screening.

2. Establishing a Body Mass Index (BMI) can help in identifying children at risk of obesity and increase awareness of health guidelines.

3. Improve access to physical activity programs for children.

4. Health promotion is essential to improve health outcomes.

5. Create public-private partnerships that will fund and implement change at the local level.

6. Support and strengthen local initiatives.

7. Develop innovative and interactive tools to help individuals set and achieve goals.

8. Engage parents in their child's nutrition and physical activity.

Schools

1. Expand the Department of Public Health's workforce.

2. Support an obesity prevention and wellness strategy.

3. Develop new regulations to ensure that schools serve healthier foods.

4. Collaborate with the Massachusetts Medical Society and other stakeholders to develop evidence-based policies.

5. Engage in partnerships with local businesses and organizations.

6. Promote regular physical activity and healthy eating in the workplace.

7. Increase the number of employers promoting wellness.

8. Partner with extracurricular sports.

Workplaces

1. Create a Public-Private Partnership that will fund and implement change at the local level.

2. Support and strengthen local initiatives.

3. Engage in partnerships with local businesses and organizations.

4. Promote regular physical activity and healthy eating in the workplace.

5. Increase the number of employers promoting wellness.

6. Partner with extracurricular sports.

7. Support an obesity prevention and wellness strategy.

8. Develop new regulations to ensure that schools serve healthier foods.

9. Collaborate with the Massachusetts Medical Society and other stakeholders to develop evidence-based policies.

10. Engage in partnerships with local businesses and organizations.

CITIES AND TOWNS

1. Engage in partnerships with local businesses and organizations.

2. Promote regular physical activity and healthy eating in the workplace.

3. Increase the number of employers promoting wellness.

4. Partner with extracurricular sports.

5. Support an obesity prevention and wellness strategy.

6. Develop new regulations to ensure that schools serve healthier foods.

7. Collaborate with the Massachusetts Medical Society and other stakeholders to develop evidence-based policies.

8. Engage in partnerships with local businesses and organizations.
Knowledge about physical activity and nutrition in 12% of participating schools improved in participating districts since school hours decreased. An increase in the number of steps walked by students was observed.

8% of students increased their fruit consumption in participating schools since school hours were decreased. A decrease in the number of successful initiatives for students has been observed.

Krispy Kreme

Krispy Kreme

Healthy food shopping

that are nutritionally appropriate, and offer free nutritional education in the kitchen. The program promotes all levels of physical activity, nutrition, and health education. It provides information on healthy foods and how to address dieting and weight loss. The program promotes healthy eating and weight loss through community activities.

Community

In addition to improving physical activity and nutrition, the program promotes community relations. The program promotes healthy eating and weight loss through community activities.

Community

Crispy Kreme

Healthy activity and nutrition

Physical activity and nutrition initiatives

WII Models in Massachusetts:

1. school-based activities

2. school-based activities

3. school-based activities

4. school-based activities

5. school-based activities

6. school-based activities

7. school-based activities
Schools

Schools provide opportunities for students to engage in physical activity, develop healthy habits, and interact with peers. The implementation of a comprehensive physical activity program, such as the Boston Public Health Commission's "Boston and Hilo: Food and Fitness" initiative, can significantly impact student health and well-being.

Boston and Hilo: Food and Fitness

- 10 nutrition workshops for program staff
- 75 families attended: Nutrition Family Night
- 12 families attended: Nutrition Family Night
- 10 nutrition workshops for program staff
- 75 families attended: Nutrition Family Night
- 12 families attended: Nutrition Family Night
- 10 nutrition workshops for program staff

Healthier Choices

Healthier Choices is a program that focuses on nutrition, physical activity, and promoting a healthy lifestyle for students. It includes workshops, cooking classes, and on-site nutrition training for teachers and staff.

Community Wellness Centers

Community Wellness Centers are located throughout the city and offer a variety of programs, including fitness classes, cooking workshops, and nutrition education. These centers also provide resources for families to make healthy lifestyle changes.

Healthy Eating and Physical Activity

Healthy eating and physical activity are integral components of a healthy lifestyle. The integration of these activities in schools and communities can help reduce the risk of chronic diseases and promote overall well-being.
Council Inc. (MOC), is learning with the city of Lowell Community Action, Massachusetts, and the Massachusetts Department of Public Health. This initiative is part of a larger, comprehensive approach to improving health outcomes in the city. The program, called "Massachusetts Diabetes Prevention and Control Program (MDPC)," is designed to reduce the risk of developing type 2 diabetes among adults who are at high risk.

A key component of the program is a focus on physical activity and lifestyle changes. Participants are encouraged to engage in regular physical activity, including walking, cycling, and other forms of exercise. The program also emphasizes the importance of healthy eating habits, with a focus on increasing the consumption of fruits, vegetables, and whole grains. Participants are provided with personalized meal plans and recipes to help them maintain a healthy diet.

In addition to the physical activity and nutrition components, the program includes ongoing support and encouragement from trained health coaches. These coaches provide personalized feedback and guidance to help participants stay on track with their goals.

The program has been shown to be effective in reducing the risk of developing type 2 diabetes among participants. Studies have found that participants who complete the program are less likely to develop type 2 diabetes compared to those who do not participate.

Overall, the Lowell Community Action, Massachusetts, and the Massachusetts Department of Public Health are committed to improving health outcomes in the city and are working to provide resources and support to help residents achieve their health goals.
Our residents deserve nothing less. Comprehensive, multi-faceted efforts are essential to improve the health and well-being of our residents, families, and neighborhoods. This includes addressing social determinants of health, promoting healthy lifestyles, and ensuring access to quality care. By collaborating with local organizations, businesses, and government agencies, we can create a stronger, healthier community.

Conclusion

The Centers for Disease Control and Prevention define health promotion as the deliberate effort to improve the health of a population. This includes promoting health behaviors, creating supportive environments, strengthening the community, and ensuring access to quality care. To achieve these goals, we must work together to address the social determinants of health, including poverty, education, and access to healthcare. By doing so, we can create a healthier, more equitable community for all.

MOC is an excellent tool for promoting health and well-being. It provides a structured, accessible way to track progress and measure success. By incorporating MOC into everyday life, we can make a significant impact on the health of our residents. The key is to make it a part of our daily routine and encourage others to do the same.

So, let's get walking! Let's make MOC a way of life. Remember, small changes can lead to big impacts. Together, we can create a healthier, happier community.


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Appendix A: Description of Data Sources

The Behavioral Risk Factor Surveillance System (BRFSS) is a cross-sectional, random-digit-dial telephone survey of adults ages 18 years and older. The BRFSS collects information on a variety of health characteristics, conducted in Massachusetts since 1986, by the Massachusetts Department of Public Health, in collaboration with the Centers for Disease Control and Prevention and State Departments of Public Health in each state and the District of Columbia and Puerto Rico. The survey is conducted annually (including the District of Columbia and Puerto Rico) and administered by mail, telephone, and interview. The survey is a cross-sectional, random-digit-dial telephone survey of adults ages 18 years and older. The survey includes questions on a wide range of health indicators, including smoking, physical inactivity, obesity, and alcohol and drug use. The survey also collects data on health behaviors, access to health care, and health status.
School Health Program was created by the Centers for Disease Control and Prevention (CDC), in collaboration with the state and local education and health agencies. It helps state and local education and health agencies, with the State and local education and health agencies, in the development of policies related to a variety of topics including physical education, physical activity, and competitive foods. Policies included in this report monitor and assess characteristics of and trends in a number of school health programs and policies related to school meals, food and nutrition, and policies related to the school environment. This report also includes characteristics of and trends in a variety of school health programs and policies related to school meals, food and nutrition, and policies related to the school environment. This report also includes school health programs and policies related to school meals, food and nutrition, and policies related to the school environment.

Between June and August of 2002, the Division of Community Health Promotion conducted a baseline inventory of policies and programs related to health for children and towns in Massachusetts. This survey was selected for implementation in the database. Massachusetts Association of Municipal Health Directors. The survey was selected for implementation in the database. Massachusetts Association of Municipal Health Directors. The survey was selected for implementation in the database.