

# The NEW NORMAL?

What Girls Say  
About Healthy Living



Executive Summary



**Chair, National Board of Directors**

Patricia Diaz Dennis

**Chief Executive Officer**

Kathy Cloninger

**Senior Vice President, Public Policy, Advocacy, and the Research Institute**

Laurie Westley

**Director, Girl Scout Research Institute**

Michael Conn, Ph.D.

**Commissioned by**

Girl Scouts of the USA

420 Fifth Avenue

New York, NY 10018-2798

**Authors, Girl Scout Research Institute:**

Judy Schoenberg, Ed.M., Senior Researcher

Kimberlee Salmond, M.P.P., Research and Evaluation Analyst

Paula Fleshman, M.S., Research and Evaluation Analyst

**Conducted in conjunction with The Michael Cohen Group:**

Michael Cohen, Ph.D., Managing Partner

Nellie Gregorian, M.P.A., Senior Research Director

Jocelyn Kiley, Ph.D. (abd), Research Associate

**Study Advisory Body**

Dr. Andrea Bastiani Archibald, Consulting Developmental Psychologist, the Center for Children and Families, Teachers College, Columbia University

Dr. Jeanne Brooks-Gunn, Virginia and Leonard Marx Professor of Child Development and Education; Director, the Center for Children and Families, Teachers College, Columbia University

Dr. Lilian Cheung, Lecturer and Director of Health Promotion and Communication, Department of Nutrition; Harvard School of Public Health, Harvard University

Dr. Susan Finn, Chair, American Council for Fitness and Nutrition (ACFN); Former President, the American Dietetic Association

Dr. Barbara Guthrie, Director for Undergraduate Nursing Programs and Associate Professor of Nursing and Women's Studies Program. Division of Health Promotion and Risk Reduction Programs, University of Michigan School of Nursing and Women's Studies Department

Dr. Jonelle Rowe, Senior Advisor on Adolescent Health, Office on Women's Health, Office of the Secretary, U.S. Department of Health and Human Services

Acknowledgment is made to the following individuals at GSUSA for their contributions to this research study: Laurie Newton, Research and Evaluation Coordinator; Maureen Fox, Research and Evaluation Specialist; Harriet Mosatche, Vice President, Program Collaborations and Initiatives; Eileen Doyle, Vice President, Program Development; Verna Simpkins, Director of Program Initiatives; Jill Ward, Director of Public Policy; and Susan Goldberg, Director of Advocacy.

We would also like to thank the participation of staff and Girl Scout members from the Girl Scout councils (Girl Scout Council of the Congaree Area; Girl Scouts of Mid-Continent Council; Girl Scouts of Milwaukee Area; Girl Scouts of San Jacinto Council; Girl Scouts of Utah; Girl Scouts of Westchester\*Putnam) that participated in the Healthy Living Think Tank held in June 2005 for their insights, which have helped shaped the direction of work in this area.

Acknowledgment is also made to the following individuals at GSUSA for their contributions to the Spanish translation of this research study: Ana Castañeda, Translator/Spanish Editor; Natasha Bannan, Acting Manager, Hispanic Initiative; Ursula Castrillon, Manager, Multicultural Marketing; and María Caban, Manager, Elliott Wildlife Values Project. Acknowledgment is also made to Hada Reed, Director, Volunteer Services and Multicultural Collaborations, Girl Scouts of Westchester-Putnam, Inc.

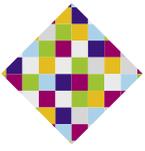
The Girl Scout Research Institute expresses special appreciation to the girls, mothers, and boys who participated in this study.

Inquiries related to the executive summary of *The New Normal? What Girls Say About Healthy Living* should be directed to the Girl Scout Research Institute, Girl Scouts of the USA, 420 Fifth Avenue, New York, NY 10018-2798.

This book may not be reproduced in whole or in part in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system now known or hereafter invented, without the prior written permission of Girl Scouts of the United States of America, 420 Fifth Avenue, New York, NY 10018-2798.

© 2006 by Girl Scouts of the United States of America

All rights reserved



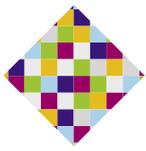
# Contents

|   |           |
|---|-----------|
| <b>1. Background and Research Goals</b>                 | <b>5</b>  |
| Research Methodology                                    |           |
| What We Know: The Context                               |           |
| What Girls Say: Overview of Findings                    |           |
| <b>2. Aspiring to be “Normal Healthy”</b>               | <b>10</b> |
| When “Healthy Enough” Is Good Enough                    |           |
| What Healthy Living Means to Girls                      |           |
| Striving for Normal: Misperceptions of Weight           |           |
| <b>3. Emotional Health Is Central</b>                   | <b>14</b> |
| Emotional Health Every Day                              |           |
| Body Image  |           |
| Connecting the Emotional and the Physical               |           |
| The Emotional and Social Significance of Health         |           |
| <b>4. Tension Between Health Awareness and Behavior</b> | <b>20</b> |
| What Is “Normal” for Girls Today?                       |           |
| Morning Routine   |           |
| A “Normal” School Day                                   |           |
| After School  |           |
| The Dinner Hour   |           |
| <b>5. The Influential Role of Mothers</b>               | <b>26</b> |
| Like Mother, Like Daughter                              |           |
| Mothers’ Concerns About Daughters                       |           |
| <b>6. Conclusions and Recommendations</b>               | <b>28</b> |
| What Girls Say: Going Beyond “Normal”                   |           |
| Recommendations for Moving Forward                      |           |
| <b>7. References, Resources and End Notes</b>           | <b>31</b> |
| <b>About the Girl Scout Research Institute</b>          | <b>37</b> |

As the lives of girls continue to change, so does **Girl Scouts of the USA**—always adapting to ensure that girls in the twenty-first century are provided with a program that is engaging, interesting, and relevant to their needs. Central to this effort is the organization’s continued commitment to being a leading voice and expert on girl growth and development, bringing the diverse perspectives and voices of girls to the public dialogue on healthy living, and to other important issues impacting their lives.

For 93 years, Girl Scouts of the USA has been actively engaged in activities that promote healthy living for girls. It is our hope that the concerns, viewpoints, and voices of girls contained in this report will serve to inform the health policies and programs that affect their lives.





# 1. Background and Research Goals

Since its formation in 2000, the Girl Scout Research Institute (GSRI) has emerged as an essential national resource on the attitudes and behaviors of girls, both for Girl Scouts of the USA and for educators, policymakers, and others committed to the healthy development of girls throughout our society.

As part of this mission, GSRI published a secondary research study in 2004, *Weighing In: Helping Girls Be Healthy Today, Healthy Tomorrow*, on the effect of weight and obesity on girls' physical health and emotional well-being. Integrating findings from a range of key sources (e.g., the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, the National Center for Health Statistics), obesity was identified as a major health problem among U.S. children, which if not substantively addressed, could seriously impact their health and self-image as they mature.

Though *Weighing In* identified a wealth of medical and statistical information on the impact of weight and obesity, relatively little information was available regarding girls' attitudes about health, body image, diet, weight, and exercise and the role of these issues in their lives.

In response to this general lack of information, GSRI recognized the need to conduct primary research in a number of important areas, including:

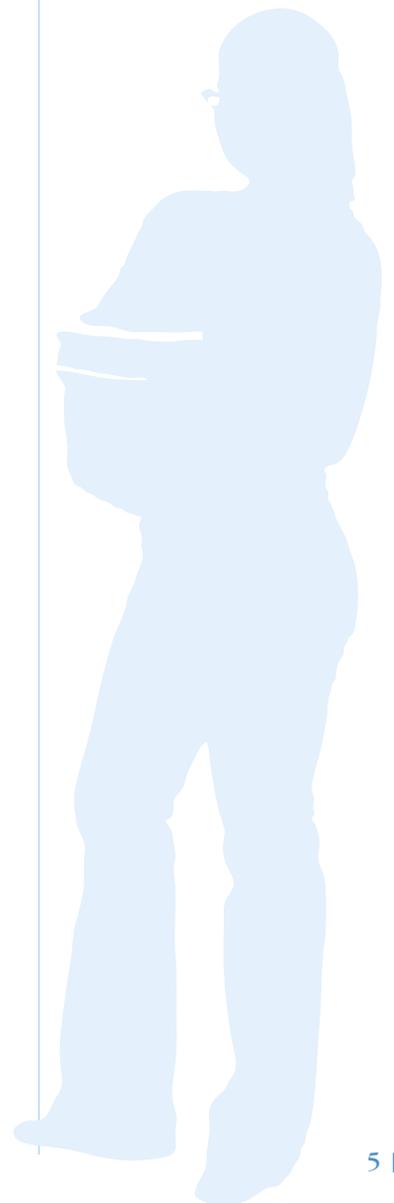
- ◆ The general attitudes and perceptions of girls about a variety of health-related issues (e.g., nutrition, exercise, weight);
- ◆ The influence of adult role models (parents, teachers, other caregivers) in determining girls' health-related attitudes and behaviors;
- ◆ The impact of demographics and culture on attitudes toward health, body image, and health-related behaviors; and
- ◆ The current level of awareness among girls concerning health-related information.

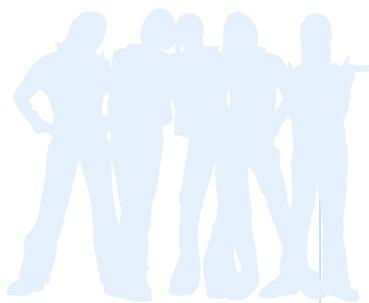
Girl Scouts of the USA (GSUSA), in collaboration with The Michael Cohen Group, a New York-based research firm, commissioned this first-of-its-kind research study of 2,060 girls, 461 boys, and 599 mothers to address these and other dimensions of girls' health-related attitudes and behaviors.

A distinguished group of government, university, and industry-based advisors also assisted in guiding the direction of the work.

## ◆ **Research Methodology**

The study utilized qualitative and quantitative research methodologies and was designed to examine both attitudinal and behavioral issues that inform girls' health and emotional well-being (e.g., body image, diet, exercise, sources of health-related information). Every phase of research included girls from diverse racial/ethnic, geographic, and socioeconomic backgrounds.





### **Qualitative Phase**

Sixteen focus group interviews were conducted with girls in four markets: Birmingham, Alabama; Denver, Colorado; Hackensack, New Jersey; and Minneapolis, Minnesota, in December 2004.

The groups were segmented by four age cohorts: 8- to 10-year-olds; 11- to 12-year-olds; 13- to 15-year-olds; and 16- to 17-year-olds. According to reported Center for Disease Control's BMI-for-age formula, groups were also segmented by weight; two groups with normal weight girls and two with overweight girls for each age cohort in each market.

### **Quantitative Phase**

Following the qualitative phase, an online survey was conducted with 2,060 girls and 461 boys after their mothers had answered a series of screening questions. A smaller sample (N=599) of mothers was surveyed at greater length about their daughters, families, personal health, and nutrition.

The sample was stratified by age and race to closely resemble the U.S. population as a whole on these indicators. The survey was fielded from April 20 to May 3, 2005.

A separate survey among an additional sample of 400 African-American, Latina, and Asian girls was also conducted in shopping malls across the country to provide supplemental insights into correlations between race and health issues. This portion of the survey was fielded from April 29 to May 11, 2005.

All of the data presented in the charts throughout the report come from on-line surveys fielded April 20, 2005 - May 3, 2005, with 2,060 girls, 461 boys, and 599 mothers responding.

### **◆ What We Know: The Context**

According to the American Academy of Pediatrics, obesity is now the *most chronic health problem* among U.S. children. As demonstrated in *Weighing In*, the lack of healthy food in schools, larger portions, and a more sedentary culture, as well as gender and cultural issues that impact girls' diets, exercise habits, and overall lifestyles, have each contributed to the obesity problem.

Research published in *The New England Journal of Medicine* concludes that if the current epidemic of child and adolescent obesity continues unabated, life expectancy could be shortened by two to five years in the coming decade.<sup>1</sup>

The following data were used to shape the context for interviewing the



girls in this research study. It was also used to help understand their attitudes and behaviors regarding healthy living and how their realities have determined what is “normal” for them.

### **The rates of overweight for children and adolescents have doubled and tripled in the last two decades.**

- ◆ According to the CDC, in the 1960s and 70s, rates for childhood obesity were fairly stable, at around 5% for children and adolescents.<sup>ii</sup>
- ◆ Since 1980, obesity rates have tripled among ages 6-11 and doubled for ages 12-19.<sup>iii</sup>
- ◆ Approximately 9 million children over age 6 are obese.<sup>iv</sup>

### **Over the past 25 years, the percentage of overweight girls has more than doubled. Low income and minority girls have the highest rates of childhood obesity.**

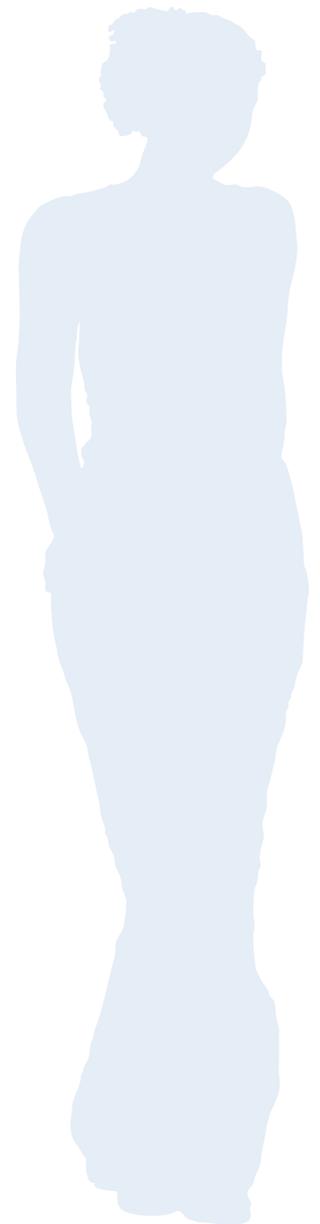
- ◆ Currently, 16% of girls ages 6-19 are overweight, up from 6% in 1974.<sup>v</sup>
- ◆ Compared to the general population, Hispanic, African-American, and Native-American children are disproportionately affected by obesity, with the highest prevalence found among African-American and Hispanic girls.<sup>vi</sup>
- ◆ Low income children are at higher risk for obesity.<sup>vii</sup>
- ◆ In general, having obese parents more than doubles a child’s risk of being obese.<sup>viii</sup>

### **Being overweight puts girls at risk both physically and emotionally, and can negatively impact their ability to succeed as adults.**

- ◆ Overweight children are more likely to become overweight adults and suffer from health problems later in life.<sup>ix</sup>
- ◆ Obesity increases the chance of developing disorders, such as Type II diabetes, hypertension, cancer, cholesterol abnormalities, orthopedic problems, and asthma, as well as symptoms of depression and other psychological problems.<sup>x</sup>
- ◆ Adolescent girls who are overweight report stigmatization, such as weight-related teasing, jokes, and derogatory name-calling, as well as unintentionally hurtful comments by peers, family members, employers, and strangers.<sup>xi</sup>

### **Lack of physical activity, trends in food consumption, and changes in eating habits have all contributed to the obesity problem.**

- ◆ Less than one in three adolescents get regular physical exercise. Overall, girls get less exercise than boys.<sup>xii</sup>
- ◆ Participation in physical activity declines as children get older. From 1991-2003, the number of U.S. high school students attending daily physical education classes dropped from 42% to 28%.<sup>xiii</sup>
- ◆ An increase in sedentary activities, including watching television, using the Internet, and talking on the telephone, have contributed to a decline in physical activity. Children who watch more than four





hours of television a day or have a television in their bedroom are more likely to be overweight or at risk for being overweight.<sup>xiv</sup>

- ◆ Over the past two decades, food portions have increased, and with Americans spending almost half of their food dollars on restaurant and takeout food, there is less control over ingredients and portions.<sup>xv</sup>

### ◆ **What Girls Say: Overview of Findings**

Girls today seek the status quo—looking to find that safe middle ground where they feel and will be perceived as “normal.”

This “normal lifestyle” is largely dependent on whether their behaviors and attitudes align with their peers. It is also dependent on the adults who influence them, the media, and girls’ own sense of self and body image. These messages are often conflicting and contradictory; on one hand girls are told to be happy the way they are, and on the other hand, they are given the message that being overweight is unhealthy and unattractive. Portions of the research conducted with boys highlight critical differences in how boys and girls view health, and emphasize the unique needs and perspective of girls.

The major findings of this study reveal that girls today use a new set of norms to define health. This “new normal” departs from what adults may believe in four distinct ways.

#### **Major Finding #1: Aspiring to be “Normal Healthy”**

**For most girls, being healthy has more to do with appearing “normal” and feeling accepted than maintaining good diet and exercise habits.**

- ◆ In general, physical appearance is of greater concern to girls than what they eat or how much they exercise. Girls aspire to be “healthy enough” or “normal healthy.” **Sixty-five percent of girls said their lifestyle was “healthy enough for my age.”**
- ◆ While most girls have an accurate perception of their own weight, as many as **one-third of girls ages 8-17 have a distorted perception of their weight**—either perceiving themselves as too heavy when they are actually normal weight or believing their weight to be normal when they are too heavy.
- ◆ Girls tend to think about health as the absence of negative behaviors rather than what behaviors can improve their health and well-being.

#### **Major Finding #2: Emotional Health Is Central**

**Emotional health, self-esteem, and body image play a critical role in girls’ attitudes about diet and exercise.**

- ◆ Most girls view emotional health and physical health as equally important.
- ◆ **One in four girls (26%) has some dissatisfaction with her weight**



**compared with 19% of boys.** Girls generally are more concerned than boys about everything, from getting along with friends and doing well in school, to how they look, and whether they are too heavy or too thin.

- ◆ The more physically active girls are, the greater their self-esteem and the more satisfied they are with their weight, regardless of how much they weigh. On the other hand, inactive girls are more likely to be dissatisfied with their appearance and perceive themselves as overweight.

### Major Finding #3: Tension Between Health Awareness and Behaviors

Although girls demonstrate basic knowledge about healthy foods and eating behaviors, they often do not put this knowledge into practice, and it is “normal” for many girls to make poor choices with respect to diet and exercise.

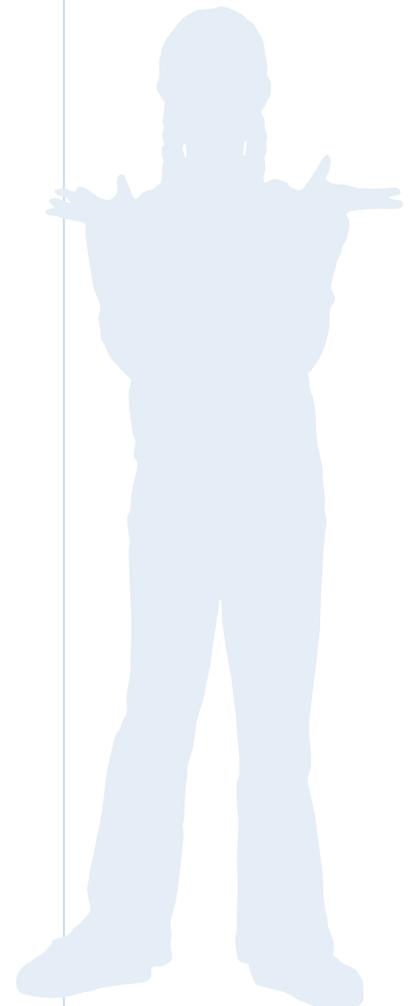
- ◆ Meal skipping, particularly breakfast and lunch, is not uncommon among girls and occurs more frequently as they grow older. **More than 60% of teenage girls skip breakfast at least once a week and nearly 20% skip it every day.**
- ◆ Teenage girls spend increasingly more time on sedentary activities, such as talking on the phone, using the computer, and watching television.
- ◆ Availability of junk food, lack of tastiness in healthy food choices, and lack of energy and motivation to exercise are top contributors to unhealthy lifestyles for girls.

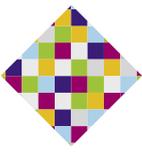
### Major Finding #4: The Influential Role of Mothers

Mothers were the most frequently cited source of information on healthy living and they clearly function as role models for their daughters.

- ◆ A mother’s weight, body image, attitude, and health habits are strong indicators of whether her daughter is overweight, satisfied with her body, and physically active. Girls look to their mothers for advice on healthy living.
- ◆ Mothers are most frequently cited as a source of positive comments. **Eighty-nine percent of girls report that their mothers make positive comments about how they look.**
- ◆ A daughter’s dissatisfaction with her weight is greater if her mother is also dissatisfied with her own weight, in spite of how much a daughter *actually* weighs.

The voices of girls in this study are leading the charge for change. By using the information they have provided, Girl Scouting, and other youth development organizations, will be better equipped to address the problems and opportunities inherent in the “new normal.”





## 2. Aspiring to be “Normal Healthy”

Except for those who have had direct personal experience with illness, girls in the target age group (8-17), generally take good health and physical vitality for granted. They live their lives substantially in the present and it is often difficult for them to see a connection between today’s behavior and future consequences.

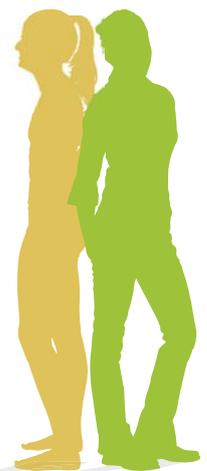
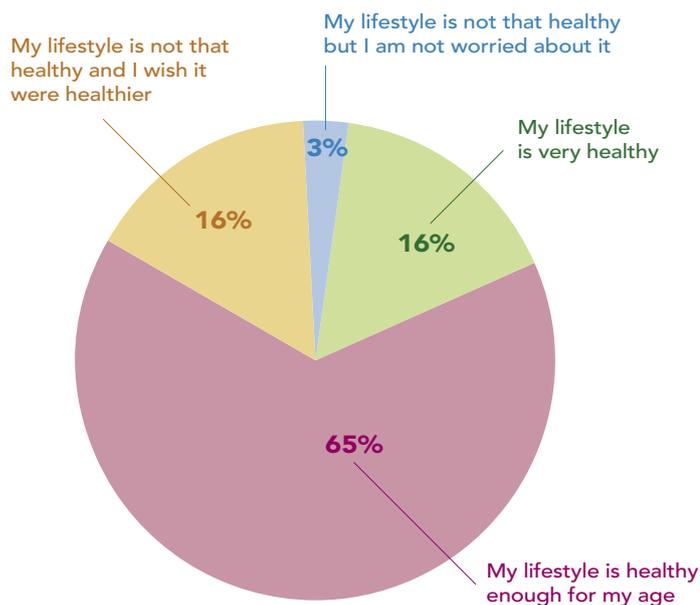
### ◆ *When “Healthy Enough” Is Good Enough*

Young people do want to be healthy, but they do not aspire to health for its own sake. Fitting in with their peers and being part of the mainstream are their aspirational yardsticks. **In both the qualitative and quantitative research, respondents often described their health aspirations as being “healthy enough” or “normal healthy.”**

Sixty-five percent said their lifestyle was “healthy enough for my age” and 16% said their lifestyle was “very healthy.”

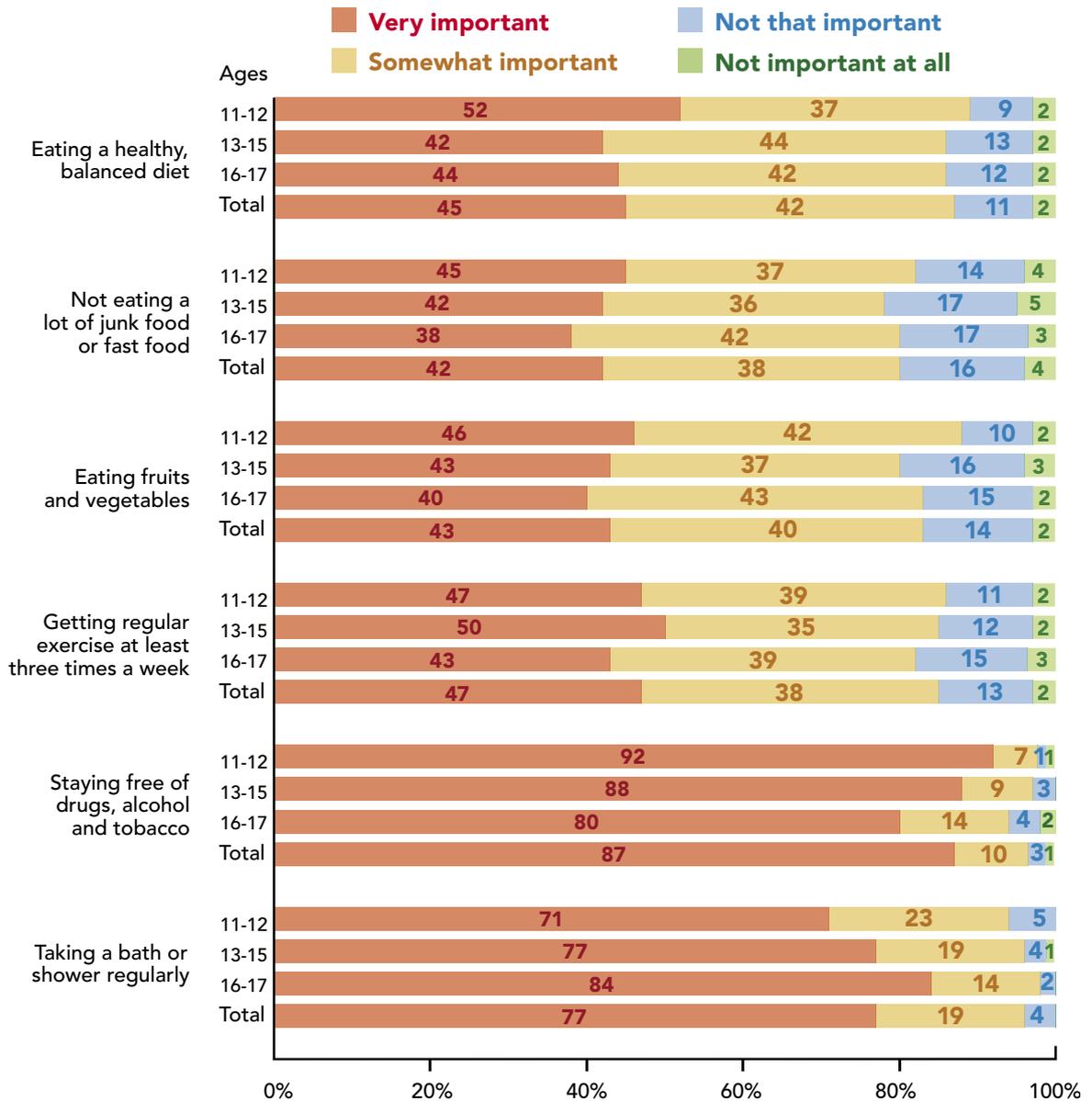
The notion of being “very healthy” was often associated with extreme behaviors (e.g., no junk food, no meat, no snacking, frequent and intense exercise) that girls thought was unattainable and would put them out of step with their peers. For many girls, a disciplined commitment to healthy eating is considered “extremist” and weird.

### Most Girls Say They Are ‘Healthy Enough’





## Important Aspects of a Healthy Lifestyle



### ◆ *Striving for Normal: Misperceptions of Weight*

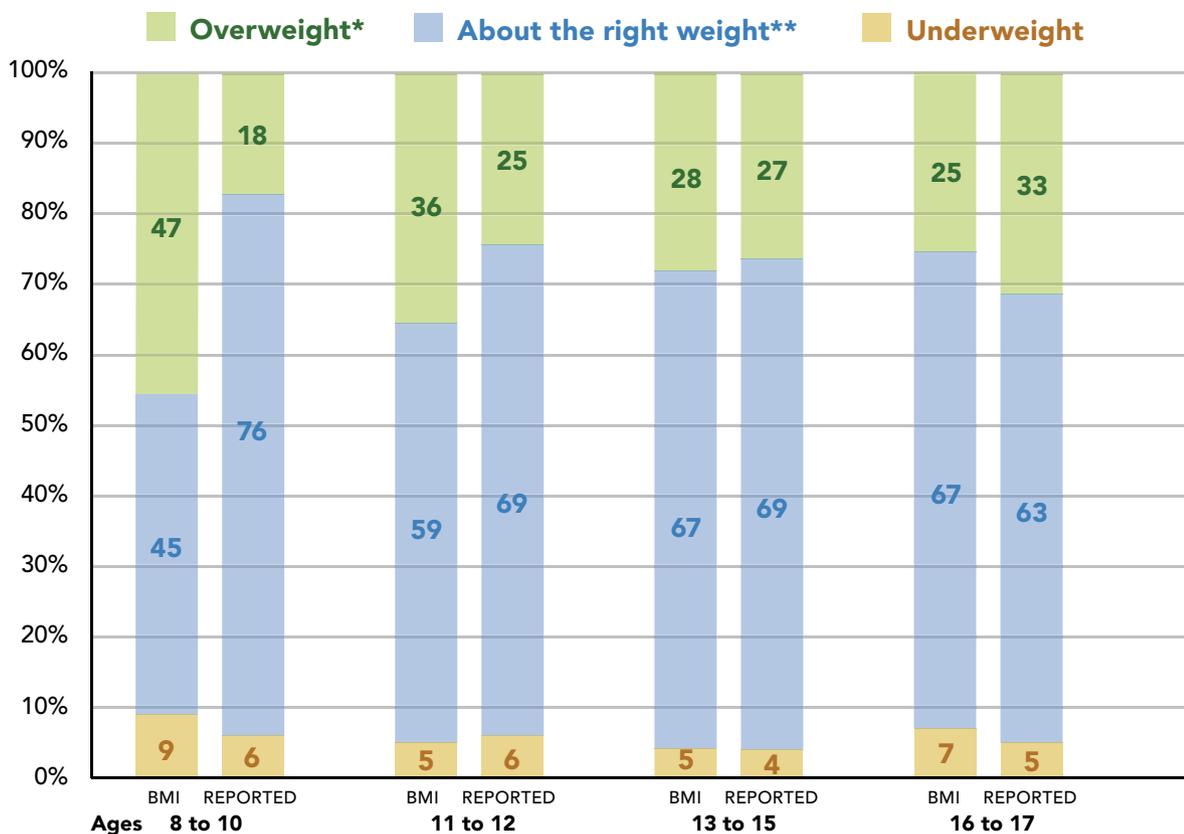
For the majority of girls in this study, looking and feeling normal is more important than attempting to conform to some ideal body type. *“I want to be someone who is just in the middle,” explained an overweight pre-teen girl. “They look happy and normal, and I want that experience.”* Girls resisted the idea of a single body type, with some participants suggesting a desire for “normality” and a broader *definition of beauty* that ranges from the slim-figured to heavier and fuller-figured.



Girls want to look normal but sometimes have a hard time gauging what that looks like. Although about two-thirds (65%) correctly identify themselves as being either normal weight or overweight, **one-third of all girls have a distorted idea about their weight**—either perceiving themselves as too heavy when they are, in fact, of normal weight, or feeling their weight is “about right” when they actually are too heavy. Specifically, 45% of overweight and 61% of at-risk girls see themselves as normal weight, while 14% of normal weight girls believe they are overweight.

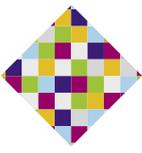
An erroneous perception of overweight seems most prevalent among 16- to 17-year-olds, with 15% of normal weight girls believing they are overweight. Additionally, more than 30% of normal weight girls (ages 16-17) are trying to lose weight through exercise, dieting, skipping meals, and eating healthier. The perception of being overweight nearly doubles from the youngest girls (ages 8-10) to the oldest (ages 16-17). (See chart below.)

### Self-Report vs. Objective BMI



\* For actual BMI, percentage of both overweight and at-risk for overweight girls

\*\* For actual BMI, percentage of normal weight girls



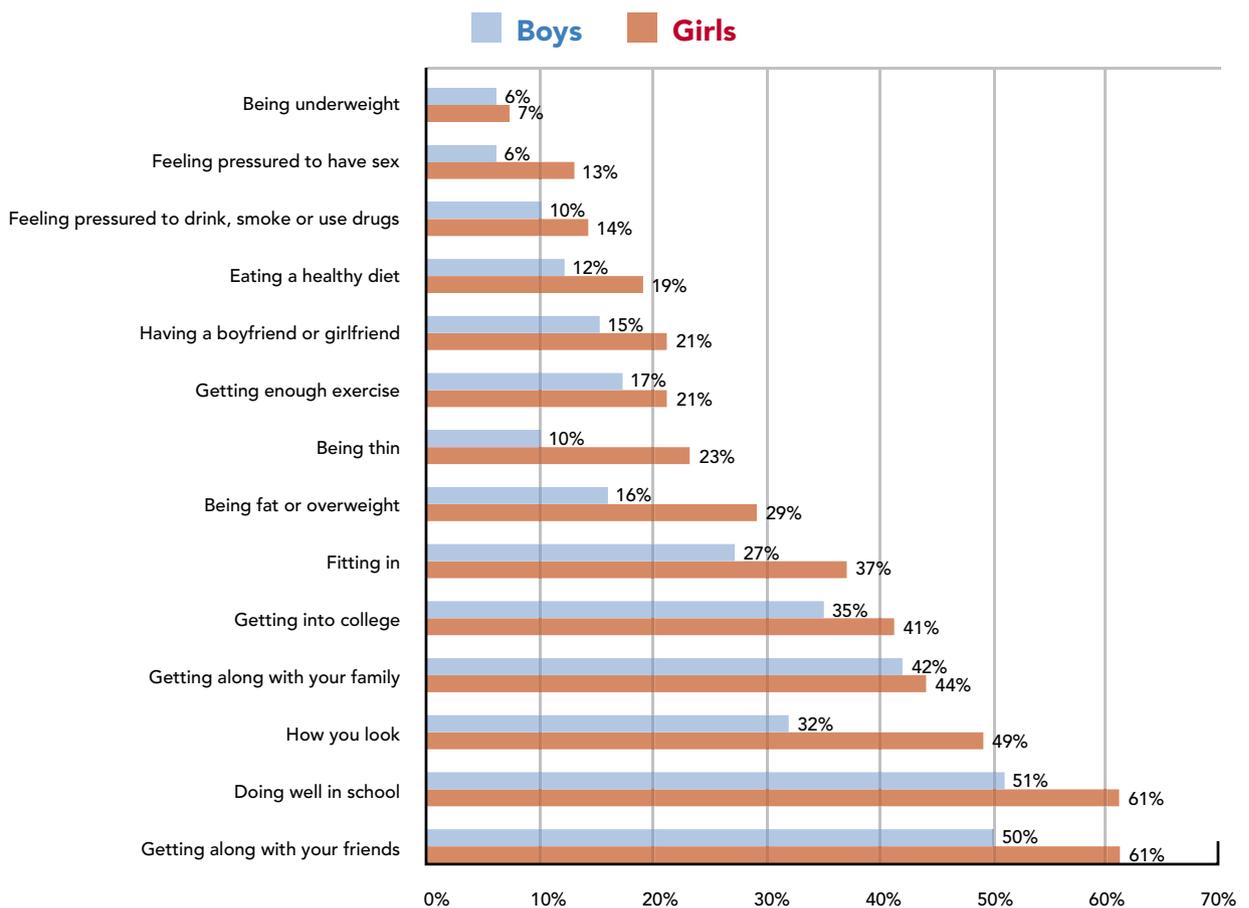
### 3. Emotional Health Is Central

Girls believe that being healthy has many components and dimensions. They embrace a holistic view of health that reflects a clear connection between physical and emotional health. In the online survey, virtually all girls agreed with the statement, “emotional health is as important as physical health” and nearly 60% agreed “a lot.”

The vast majority (88%) of 11- to 17-year-old girls also agreed with the statement, “feeling good about yourself is more important than how you look.” However, only 41% of those ages 11-17 agreed with the statement, “being overweight is not a problem if you feel good about yourself.” This indicates that while girls place a premium on self-esteem, excessive weight is still perceived as socially undesirable.

Comments such as the following were typical of what was heard in the focus groups: “The majority of the time, health has to do with just being really comfortable and really confident” or “Health isn’t always about weight, health is about your friendships with other people and how social you are.”

Percent Concerned ‘a lot’ by Gender





### ◆ Emotional Health Every Day

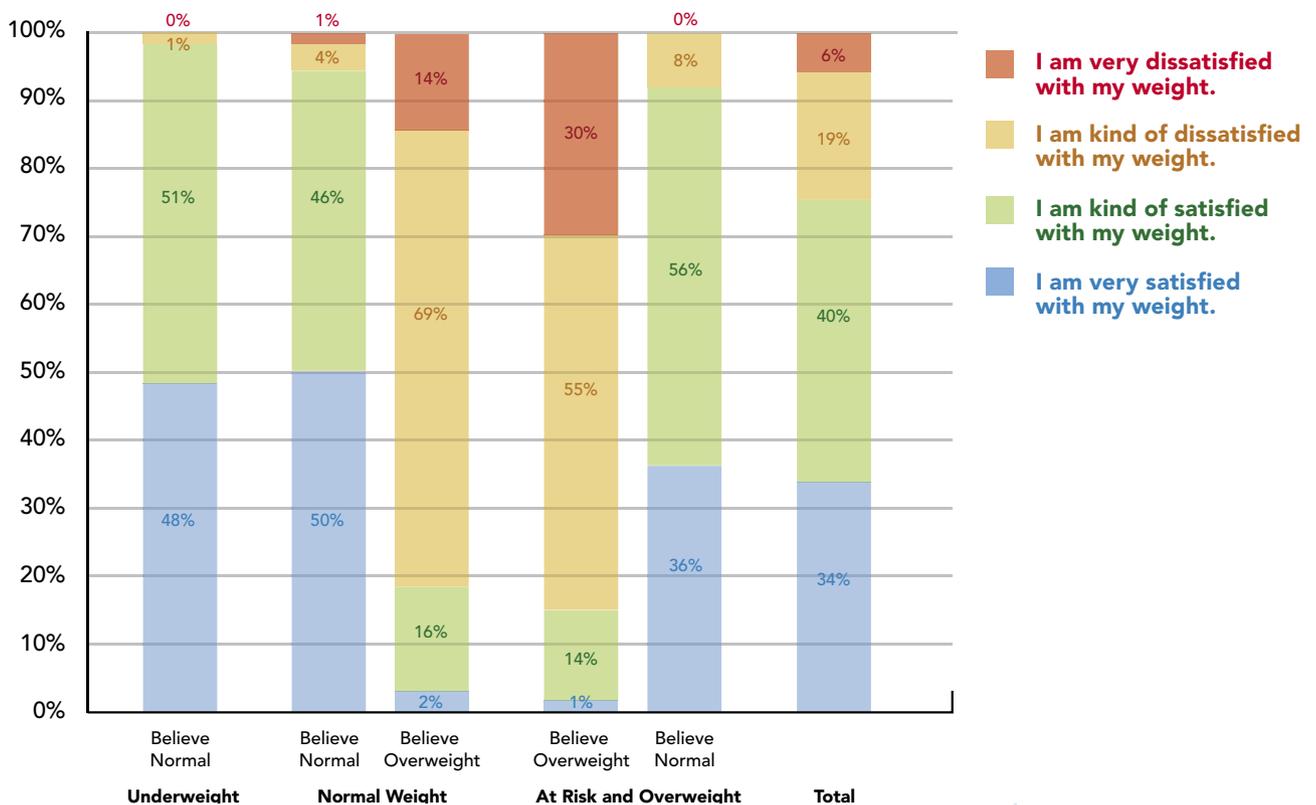
While girls and boys are anxious about many different issues, including family, social, and academic concerns, **girls generally are more concerned than boys about every issue discussed.** For instance, 61% of girls versus 50% of boys worry “a lot” about getting along with friends, 61% of girls versus 51% of boys worry “a lot” about doing well in school, and 49% of girls worry “a lot” about how they look, compared with 32% of boys.

### ◆ Body Image

Girls are less satisfied than boys with their bodies (26% of girls has some dissatisfaction with their weight compared to 19% of boys). **Only 34% of girls report being very satisfied with their weight.**

However, satisfaction with weight and body image has more to do with *perception* than reality. Regardless of their actual weight, girls who *think* they are overweight are more dissatisfied with their weight than girls who *think* they are normal weight. This is important because how girls view themselves affects their self-esteem, their willingness to participate in sports, and their overall feelings of confidence, among other things.

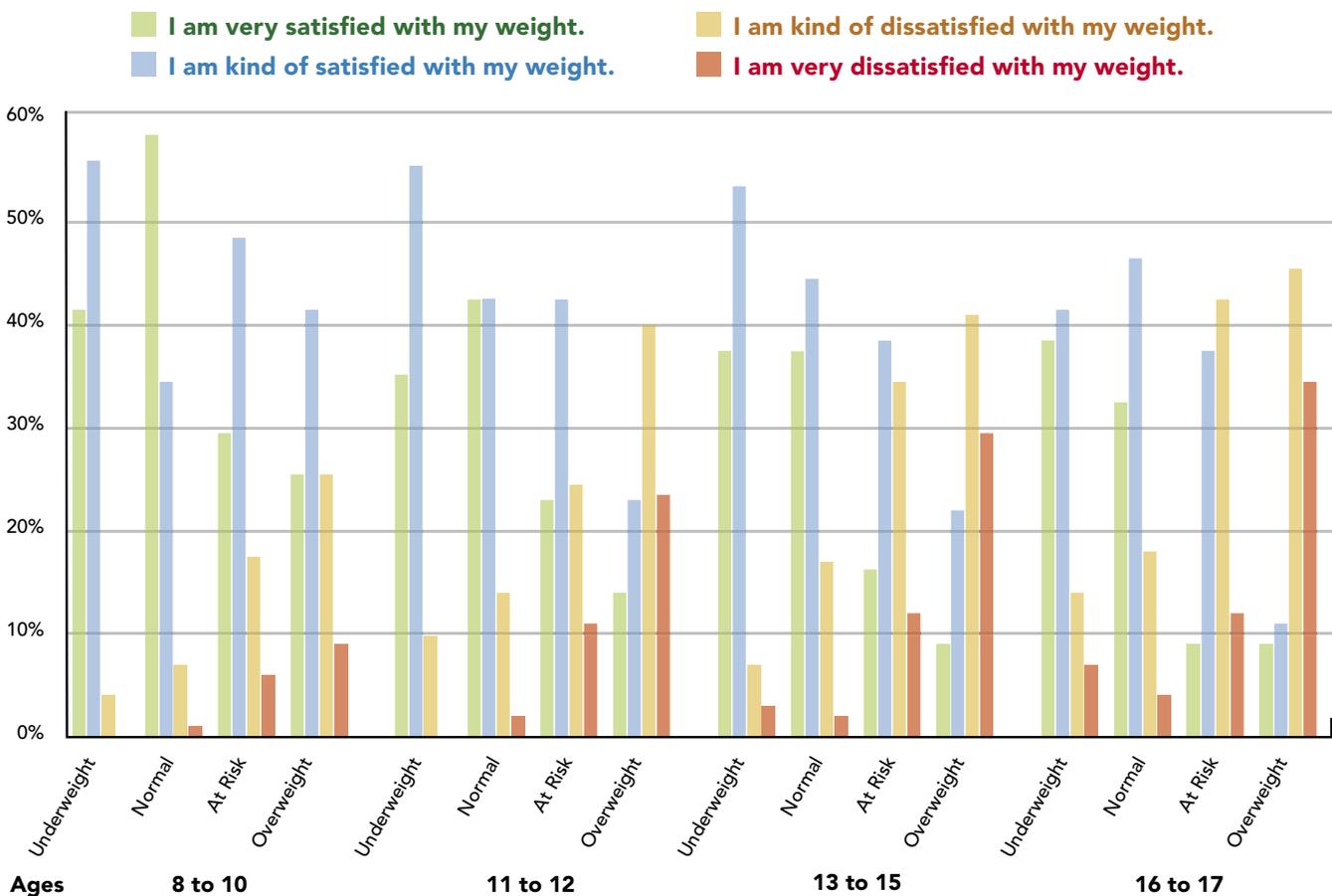
**Satisfaction with Weight by both Belief about Weight and Actual Weight**



Girls' feelings about their bodies and weight are not just a result of internal factors. The following external influences (negative and positive) also play a role:

- ◆ **Family** – “My uncle calls me pleasantly plump. He makes me feel good when other kids tease me about my weight.”
- ◆ **Peers** – Older girls become increasingly self-conscious about and critical of their weight and appearance in the eyes of their friends and classmates.
- ◆ **Boys in general** – “I can’t help thinking, am I hot enough to get his attention?”
- ◆ **Boyfriends** – “My boyfriend likes the way I look and I don’t really worry about what other people think.”
- ◆ **Celebrities** – Girls were highly aware of, but also critical of, pressures from the mainstream media to have the ideal body type.

## How would you describe your feelings about your weight?





- ◆ **Positive media and messages de-emphasizing the importance of weight and physical appearance** – *“It’s going to sound cheesy, but I believe it doesn’t matter how much you weigh if you feel good about yourself.”*
- ◆ **Conflicting messages of health and appearance** – *“Not everybody wants to learn the good ways. Some people just want to be left alone, fat or not.”*
- ◆ **Self-esteem** – *“I’m pretty happy with myself, I mean there are some things I don’t like, but I don’t care what other people think.”*
- ◆ **Fashion** – For some overweight participants, knowing how to dress and appearing “stylish” was more important than actually being in good shape.

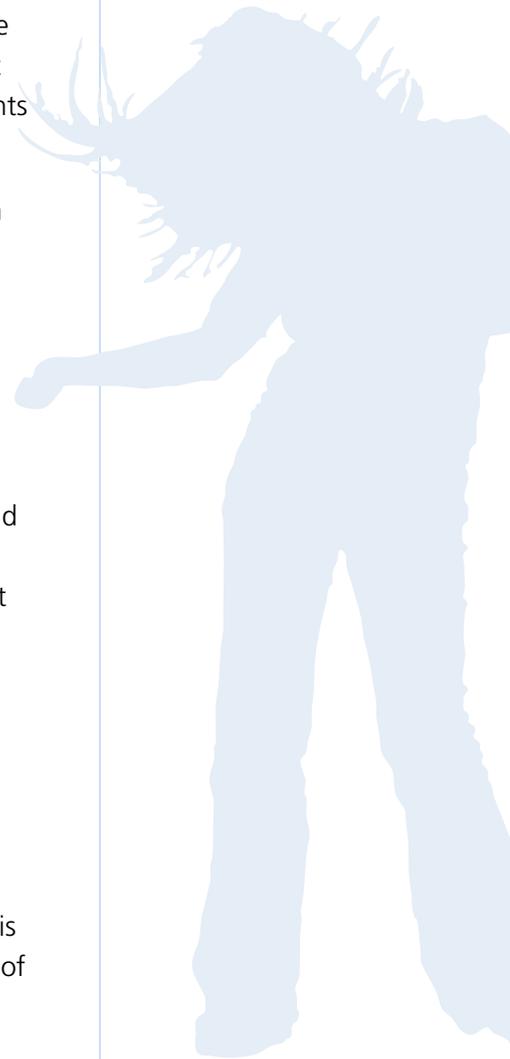
Overweight girls hear more negative comments than other girls, which increase as they get older. These comments can foster messages of shame and defectiveness and are likely to affect the perceptions girls have about their bodies. However, it is important to remember that negative comments can affect normal weight girls as well.

Age and race also play a role in attitudes about body image (See chart on page 18.) Feedback from family and comments from peer groups have either more or less influence depending on a girl’s developmental stage.

Among racial groups, a girl’s body image and degree of satisfaction with her weight provide interesting contrasts. Research shows that African-American and Hispanic girls are more likely to be overweight than Asian and White girls.<sup>1</sup> However, African-American girls are more satisfied with their bodies than girls of other racial backgrounds and are consistently and significantly more satisfied with their bodies than White girls. In addition, as African-American girls get older, satisfaction with their bodies does not decrease like it does for girls from other racial groups.

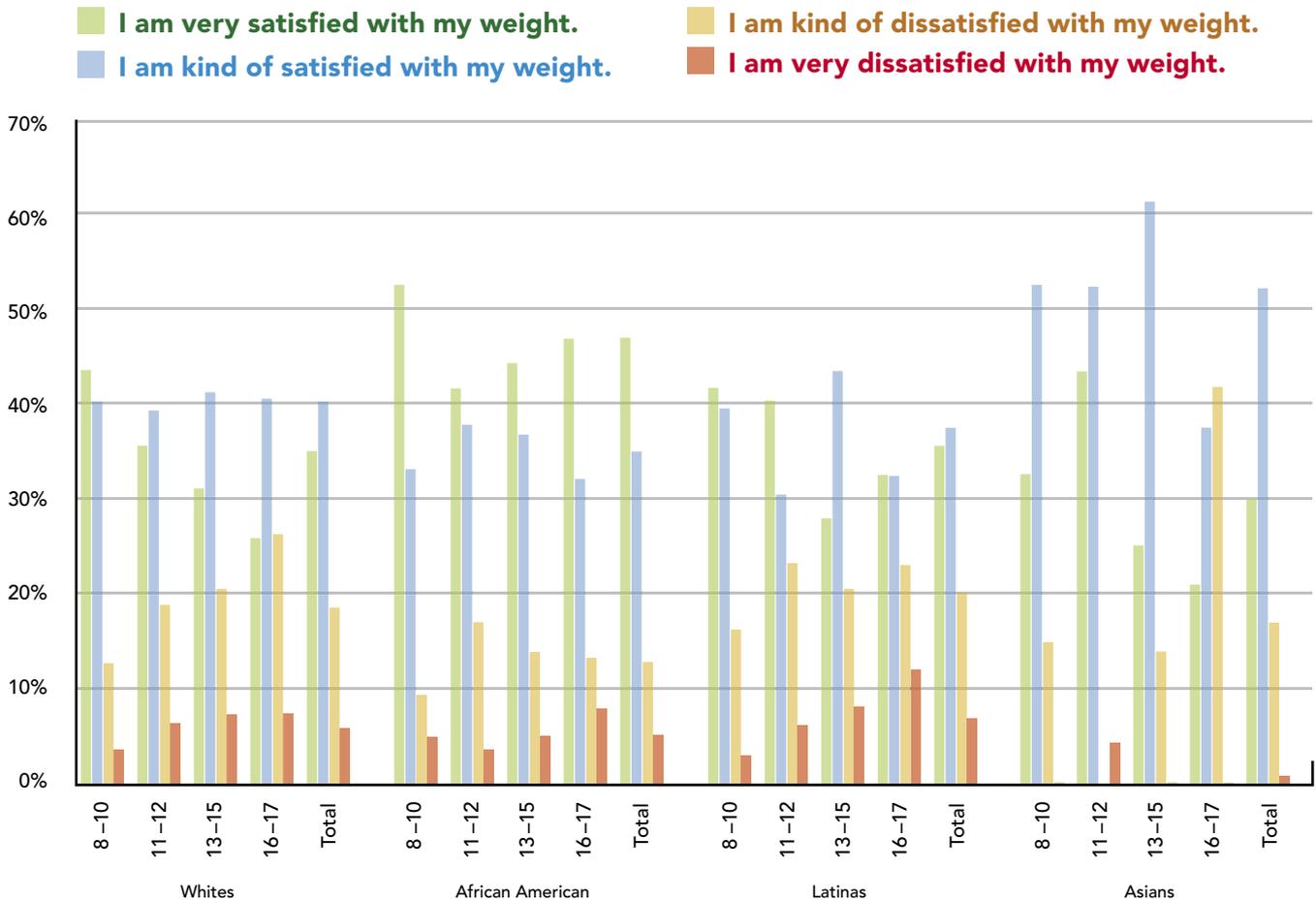
Overall, Latinas are also more likely to be satisfied with their weight than White girls—except for Latinas at higher income levels, when their body satisfaction mirrors that of higher income White girls. This suggests that satisfaction with weight is highly socialized and influenced by community and culture.

One reason for these differences, brought up in focus group discussions, is that African-American and Hispanic girls tend to look to a broader range of female role model types, including women who are more full-bodied.



<sup>1</sup>Please see “Body Mass Index (BMI) by Age and Race” bar chart on page 22.

## Feelings about Weight by Race



### ◆ *Connecting the Emotional and the Physical*

One clear way girls can boost their emotional health is by engaging in physical activity. While participating in exercise and sports provide physical benefits, **the study also reveals the emotional benefits derived from having an “active identity.”**

As one teenage girl explains, “[on being active] you feel better, you feel healthy. You feel like you can smile more. It makes you happy. Personally, if I had a bad day, I like to go run.”

- ◆ Girls who are more physically active are more satisfied with how they look and how much they weigh, *regardless of their actual weight.*
- ◆ Girls who are physically active aspire to healthier lifestyles and are less likely to be overweight.



◆ **Eighty-three percent of very active girls say that physical activity makes them feel good about themselves.**

- ◆ The more active a girl is the more likely she will derive a sense of satisfaction from and feel good about herself when she exercises.

**Despite clear benefits, 40% of girls ages 11-17 say they do not play sports because they do not feel skilled or competent and 23% do not think their bodies look good.** This creates an unfortunate cycle. If a girl does not feel good about herself or perceives herself as physically incompetent, she will not exercise. And without physical activity, she will not get the emotional and physical benefits from exercise. Only 32% of boys say they do not feel skilled or competent at sports and 16% say their bodies do not look good. Girls who are overweight are also less likely to participate in sports, but it is the *perception* of being overweight, not just weight alone, that inhibits participation.

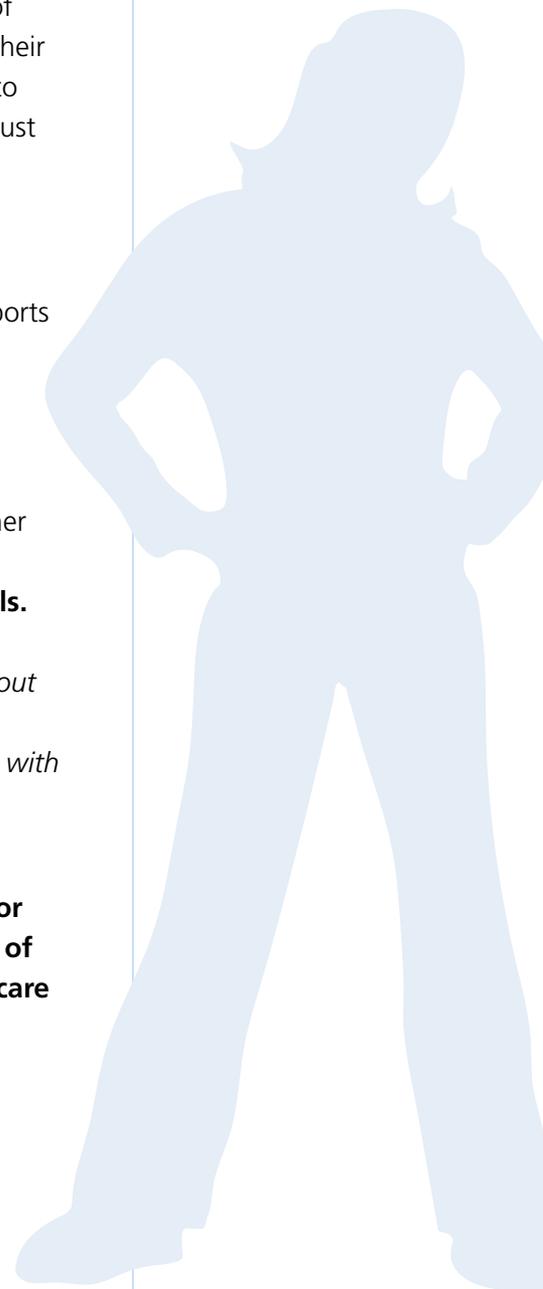
Since physical activity is so important in helping girls feel good about themselves and their bodies, no matter what they actually weigh, it is imperative that as many girls as possible have access to exercise and sports in ways that motivate and make sense for them.

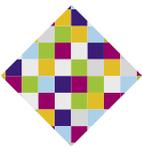
◆ ***The Emotional and Social Significance of Health***

Any reframing or redefining of health needs to focus on the positive emotional outcomes that are likely to result from healthy behavior (other than maintaining normal weight or eating nourishing foods). **A strict focus on physical health does not resonate emotionally with girls.**

Throughout the focus groups, being healthy was repeatedly described not only as eating right and looking good, but also as *feeling good about oneself and having a good relationship with one's peers*. "Health isn't always about weight," said one teen, "health is about your friendships with other people and how social you are."

**Developing good health habits also needs to be given social significance—connected to other things that girls care about—for it to become a compelling goal. Acknowledging the importance of emotional health, of feeling good about oneself, and of taking care of oneself is a way to connect with girls.**





## 4. Tension Between Health Awareness and Behavior

Although girls demonstrate basic knowledge about healthy foods and eating behaviors, they are often not putting this knowledge into practice and it is normal for many girls to make poor choices with respect to diet and exercise. When asked what it means to be healthy, eating a balanced diet was a frequent response girls gave (53% of 8- to 10-year-olds and 43% of those ages 11-17). However, the vast majority reported that they do not consistently eat in a way that they consider healthy and most are unsure of how to improve their meals. For example, in the diagram below girls in the focus groups were able to identify healthy foods, but in practice their meals were often far from what they knew to be healthy.

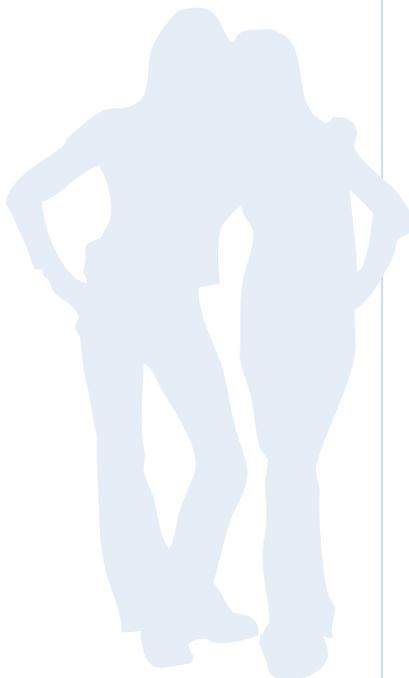
### Tension Between Awareness and Behavior

| HEALTHY MENU  | KIMBERLY'S MENU<br>( 9-year-old )   |
|---------------|---|
| Vegetables    | <b>Breakfast</b><br>Chex and milk   |
| Fruits        | <b>Snack</b><br>Animal crackers   |
| Juice         | <b>Lunch</b><br>Fast-food fried chicken sandwich, French fries, ketchup, and chocolate milk |
| Salads        | <b>Snack</b><br>Ham sandwich  |
| Milk          | <b>Dinner</b><br>Drive-through (5 times/week)<br>Fast-food chicken nuggets and fries        |
| Yogurt        | <b>Alternate Dinner at Home</b><br>(2 times/week): chicken nuggets, chicken soup            |
| Organic foods |   |
| Cheese        |   |
| Pasta         |   |
| Meat          |   |
| Granola       |   |

Another important factor that impacts eating behavior is stress. Over one-quarter (29%) of 11-to 17-year-olds report eating more when they are “stressed out” (17% report eating less). Overweight girls (55%) and at-risk girls (33%) are much more likely to report eating more in times of stress than normal weight girls (23%).

Factors contributing to the gap between girls’ health-related knowledge and eating behaviors include: **developmental issues** that make the future consequences of current behavior especially difficult for younger children to grasp; **environmental factors**, such as lack or availability of healthy eating options and positive role models; **competing concerns** that take precedence over health, such as fitting in and school performance; and **peer pressures**, such as not wanting to look “extreme” healthy or weird.

Girls also define healthy eating as *avoiding* unhealthy foods, rather than *including* healthy foods in their diets and do not regard skipping meals or eating unbalanced meals (e.g., a piece of fruit or snack in lieu of a full meal)





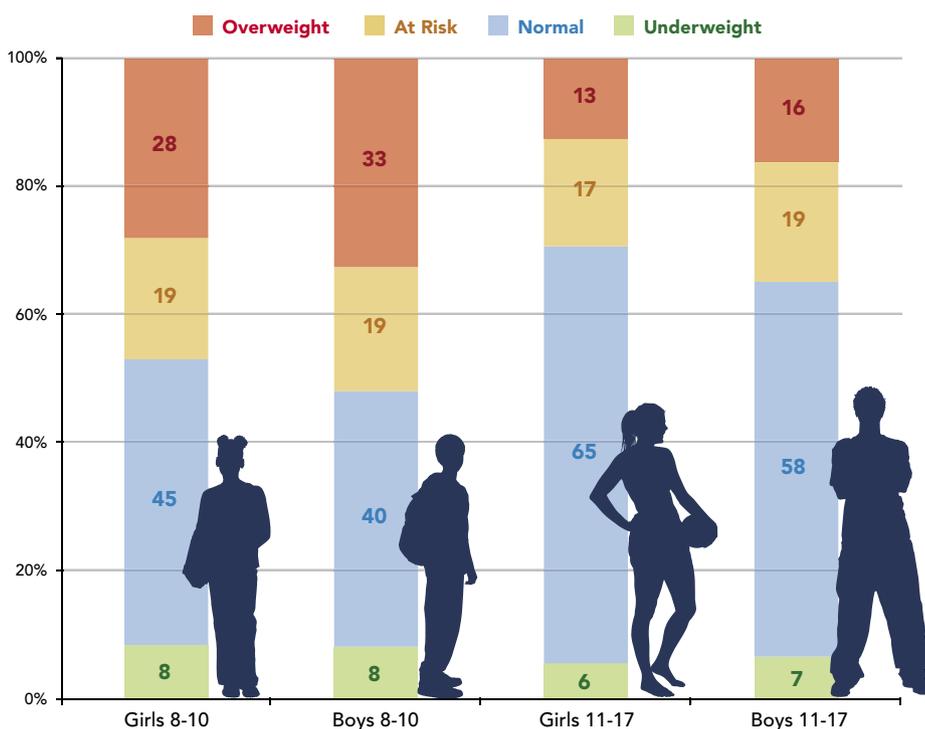
as unhealthy behavior. As long as they avoid eating too much junk food or fast food, girls feel that they are behaving within acceptable peer group norms. *“I think I eat pretty healthy. I don’t eat snacks that much, and I try not to eat fried things as much as I can”* was a typical comment.

This suggests the importance of defining nutritious eating habits, not as an unattainable extreme, **but as something that is a healthy balance and that seems reasonable, socially acceptable, applicable, and attainable.**

### ◆ *What Is “Normal” for Girls Today?*

According to estimated BMI calculations<sup>2</sup>, 36% of girls in this study are either overweight or at risk for overweight. Thirteen percent of those ages 11-17 meet the CDC criteria for being overweight and an additional 17% are considered at risk of overweight.

**Body Mass Index (BMI) by Gender and Age**



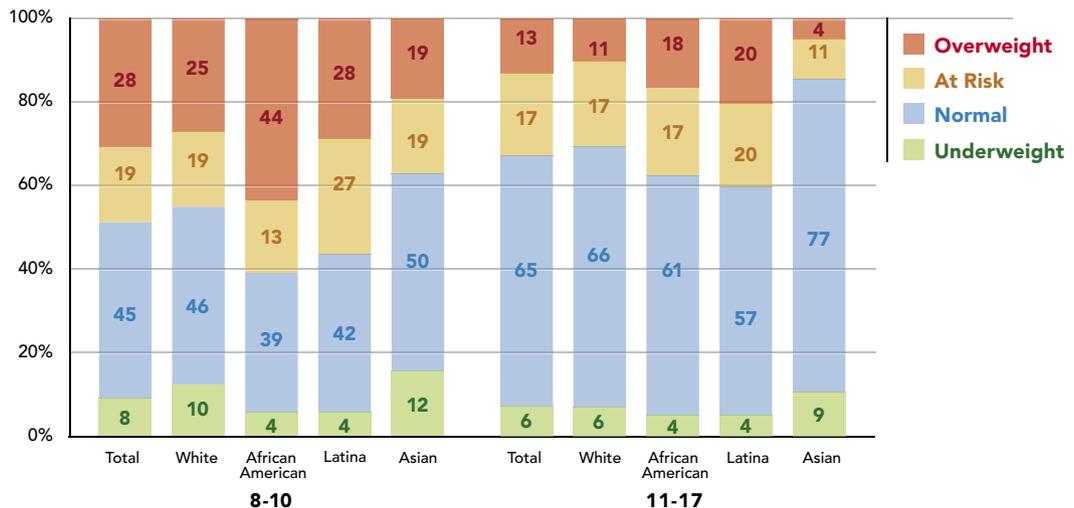
**The strongest correlation for overweight exists between weight and income. For girls of all ages, the incidence of overweight is highest at the lowest income levels and plunges dramatically at the highest income level.**

<sup>2</sup>The survey instrument included both objective and subjective measurements of each respondent’s weight. The ‘objective’ measure is based on each mother’s report of her child’s weight and height, while the ‘subjective’ measure came from girls’ self-reports (Note: given that this data comes from the mother’s report, it is also subjective, but the assumption is made that it can be considered more reliable than girls’ self-reports). The objective data provided by mothers was used to perform body mass index (BMI) calculations according to the formula used by the Centers for Disease Control for children and teens (also known as the BMI-for-age). Children’s degree of body fat changes over the years as they grow. Also, girls and boys differ in their body fat as they mature. This is why BMI-for-age is both gender-specific and age-specific.

The difference is so extreme that 8- to 10-year-old girls from the lowest income families (less than \$35,000 annual income) are *three times* more likely to be overweight than 8- to 10-year-olds from families with annual incomes over \$100,000 (high income).

Race and ethnic background are also associated with weight. Though African-American and Hispanic girls are significantly more likely to be overweight than White girls, as previously discussed, they also exhibit the highest levels of body satisfaction.

### Body Mass Index (BMI) by Age and Race



### ◆ Morning Routine

The tension between awareness and behavior is most evident in girls' everyday realities and experiences. For instance, meal skipping begins during elementary school. **More than 60% of teenage girls skip breakfast at least once a week and nearly 20% skip it every day.**<sup>3</sup>

When girls do eat breakfast, 36% of 8- to 10-year-olds, 55% of 11- to 12-year-olds, 75% of 13- to 15-year-olds, and 79% of 16- to 17-year-olds decide what they will eat. Additionally, 21% of 8- to 10-year-olds, 42% of 11- to 12-year-olds, 63% of 13- to 15-year-olds, and 65% of 16- to 17-year-olds actually prepare their own breakfast.

With girls as young as ages 8-10 making at least some of their dietary decisions, the importance of instilling good eating habits at a young age is vital.

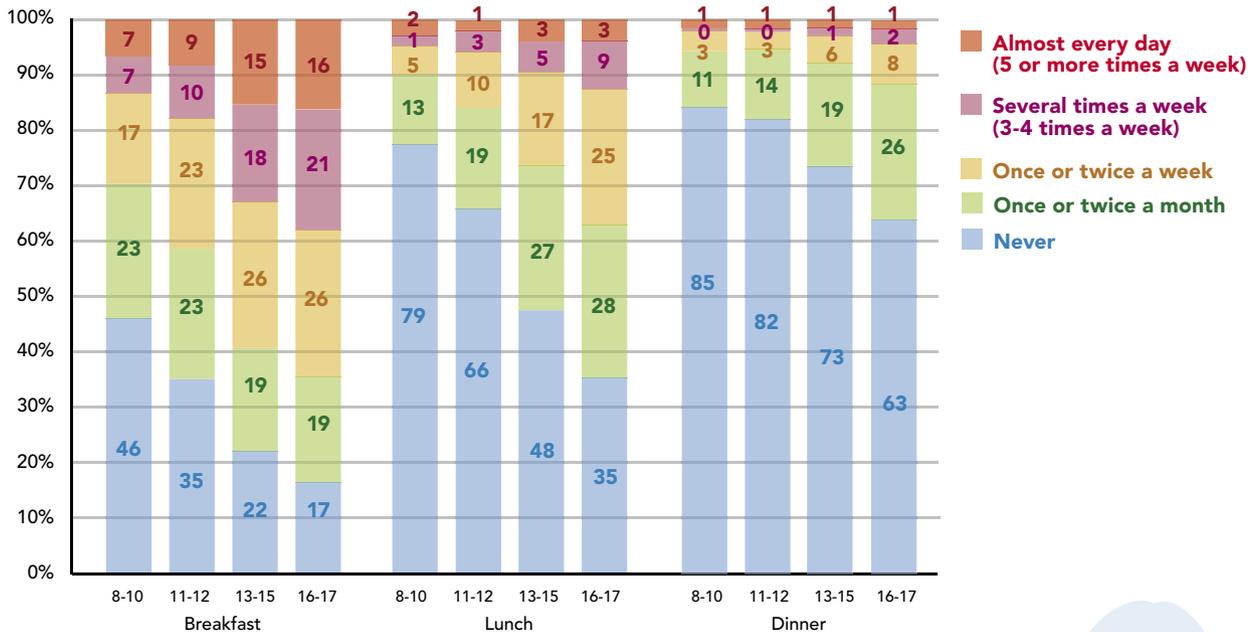
### ◆ A "Normal" School Day

Though girls are less likely to skip lunch than breakfast, 25% of those ages 13-15 and 33% of those ages 16-17 skip lunch at least once or twice a week.

<sup>3</sup>Weight loss is not a primary reason girls gave for skipping meals; rather, girls list "I am not hungry" and "There are no options that look good" as most important. While these could be euphemisms for wanting to lose weight, a minority explicitly answered that "I don't want to gain weight" or "I feel pressure not to eat." Furthermore, among girls ages 16-17, relatively few reported that they have used other unhealthy tactics to lose weight, such as vomiting (3%), smoking (6%), and taking diet pills (5%).



## How Often Do Girls Skip Meals?



When they do eat lunch, most girls (56%) usually buy lunch at school, which means they must choose from what girls describe as unhealthy and unappealing cafeteria offerings. *“At lunchtime,”* said one teen, *“sometimes we have pizza or hamburgers and French fries. Sometimes we have mashed potatoes or something and I drink slushies.”*

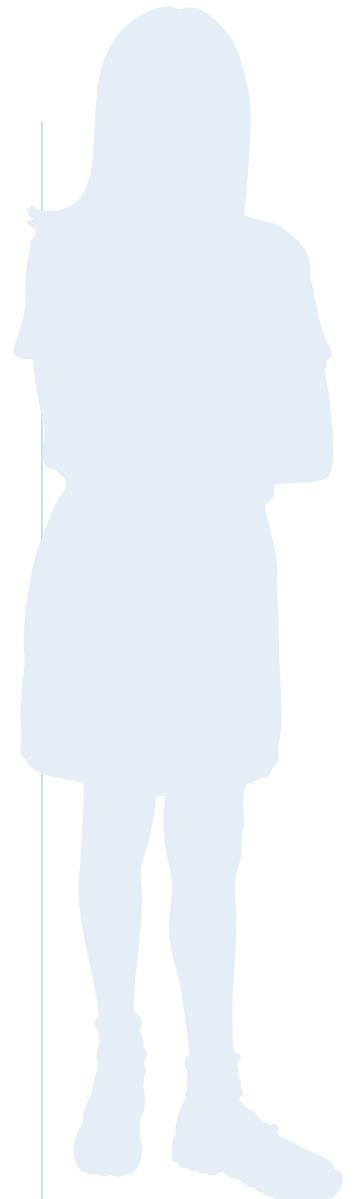
Girls also complain about the quality of the food preparation. One teen remarked, *“I don’t trust the lunch ladies because one time they cooked French fries and there was a fly cooked in with it. So I just have fruit, candy, and a sports drink.”*

Partly as a strategy to avoid cafeteria food, girls increasingly use vending machines for snacks and meals. Seventy-three percent make purchases from the vending machines; usually chips, candy, and/or soda. *“Sometimes, instead of getting lunch,”* said one girl, *“I’ll get chips and cookies. I go to the vending machine.”*

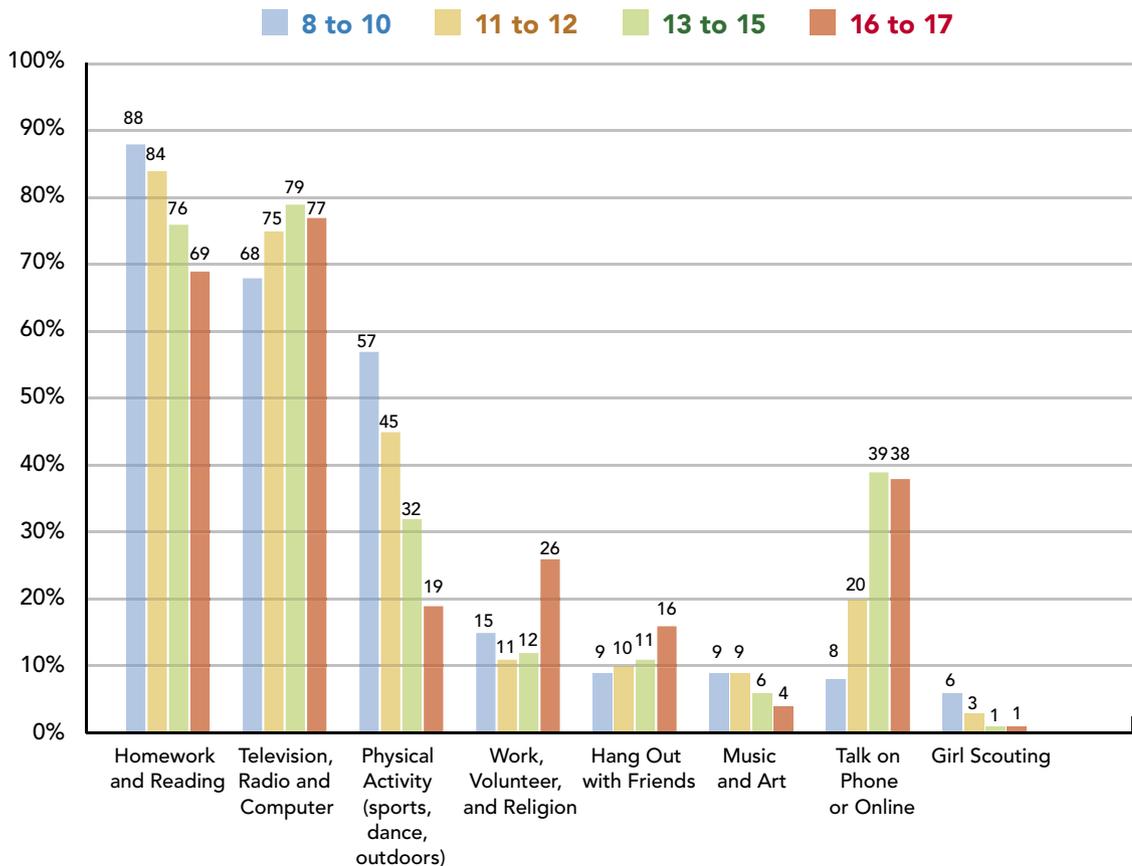
In addition to unhealthy food, girls of all ages also report a high level of sedentary activity at school. Only 30% of the girls in this study attend daily physical education classes. As one teen said, *“In my school, physical education isn’t really a class; it’s a choice.”*

### ◆ After School

Girls also tend to choose highly sedentary after-school activities, especially as they get older. Although over half (57%) of those ages 8-10 say that they engage in some form of physical activity on any given school day, the percentage drops precipitously for each older age group. Only 19% of those ages 16-17 engage in some form of daily physical activity.



## Girls' Activities, Weekday (total % greater than 100)



The decrease in physical activity from elementary to middle to high school may increase as academic work becomes more demanding, girls begin to work (for pay), other extracurricular activities and interests compete for attention, and physical activity/sports become more performance-oriented and exclusive. When girls do participate in sports and other physical activities, they are most likely to walk (30%), bike (25%), dance (25%), swim (24%), run (21%), or play basketball (20%).

The most common after-school activities for girls are homework/reading and time spent with television, radio, or computer. Approximately 70% of girls watch more than one hour of television a day and **15% report watching more than three hours a day.**

Talking on the phone or spending time online, especially for teenagers, is another “normal” activity. Almost 4 in 10 teenage girls say they do this on a typical school day. *“I go home and turn on the TV and usually I’ll watch a show for a little while,”* said one teen, *“then I’ll call some of my friends and we will talk about all the stuff that goes around.”*

### ◆ **The Dinner Hour**

The traditional image of the family evening meal no longer applies to most U.S. households, but neither does the notion of the fractured family eating on the go and rarely sitting down together.



The good news is that almost all girls (95%) say they eat dinner with at least one member of their family on any given school day. However, more than 30% of teenage girls say that they sit down for dinner with their entire family no more than two days a week.

In addition, a troubling percentage of girls eat dinner in front of television. While the majority say they eat in front of television rarely or only on occasion, **40% of those ages 13 and older say they eat in front of television three or more times a week.** *“At dinnertime,”* said one girl, *“we all get our own food and then go sit in front of different TVs so we can all watch the program we want.”*

Overweight girls are slightly more likely to regularly eat in front of television than other girls. Thirty-one percent of overweight girls ages 13-17 eat in front of television five or more times a week, compared to 23% of at-risk girls, 20% of normal weight girls, and 19% of underweight girls.

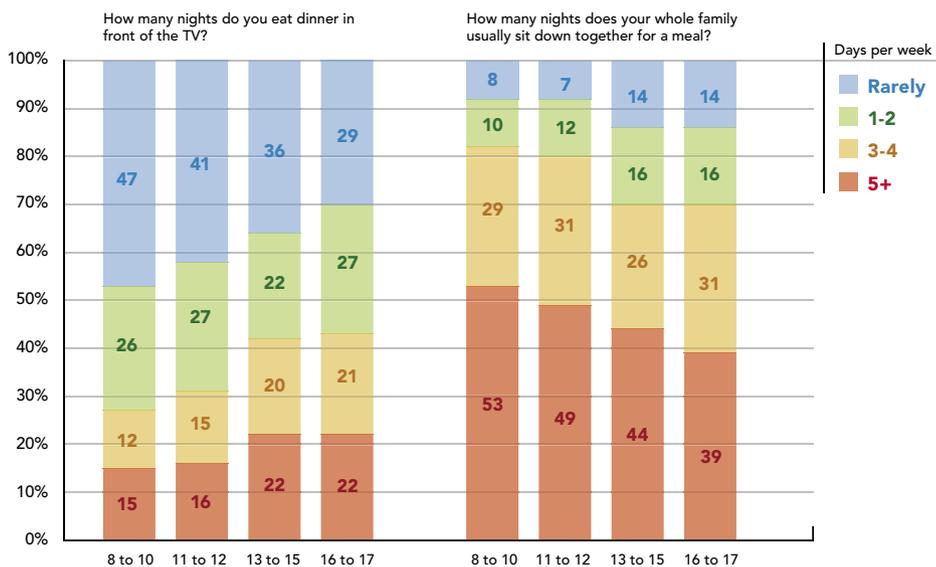
As in earlier generations, mothers are still usually in charge of dinner. Even among the oldest girls, fewer than 10% decide on what to eat for dinner, and even fewer prepare dinner themselves.

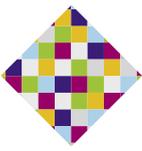
The focus groups also revealed that dinner time is important to girls. They want to eat as a family—to have time to decompress after a long day and to share what is going on in their lives.

Many also expressed an interest in learning how to cook so that they could help prepare meals for their families. Helping girls actualize this interest provides an excellent opportunity to reach them about healthy eating in a way that is important to them.



### Where Girls Eat





## 5. The Influential Role of Mothers

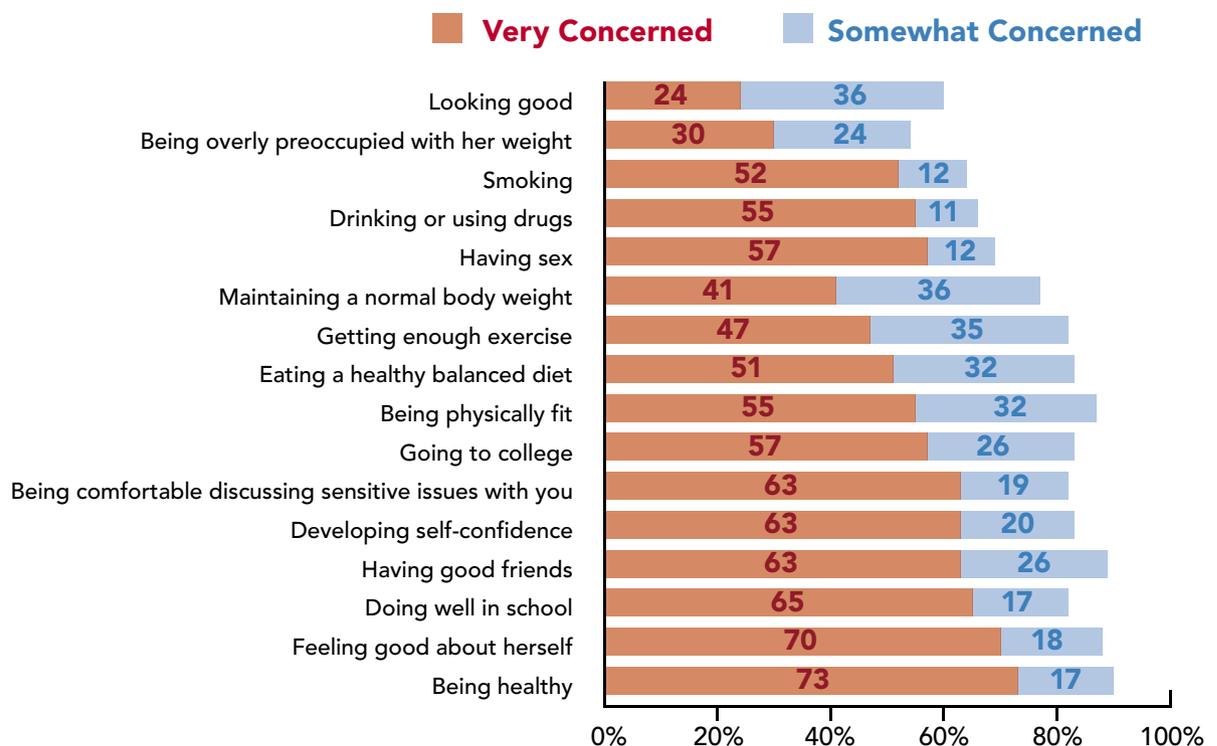
Mothers are most frequently cited by daughters as role models and sources of information on healthy living. Eighty-nine percent of girls also report that their mothers make positive comments about how they look.

### ◆ *Like Mother, Like Daughter*

A mother's weight, body image, attitude, and health habits are strong indicators of whether her daughter:

- ◆ **is overweight.** Regardless of socioeconomic status, overweight mothers are more likely to have overweight daughters and sons.
- ◆ **is satisfied with her body.** A daughter's dissatisfaction with her weight is greater if her mother is also dissatisfied with her own weight, in spite of how much a daughter actually weighs.
- ◆ **is physically active.** Controlling for factors including income, race, and weight of both mother and daughter, active daughters are more likely to have active mothers.
- ◆ **looks to her mother for advice on healthy living.** Daughters of overweight mothers were considerably less likely to mention their mothers as positive role models for healthy living.

### Percent of Mothers Concerned with their Daughter...





## ◆ **Mothers' Concerns About Daughters**

Mothers have fairly high levels of concern about their daughters, with self-esteem and health ranking highest, followed closely by performance in school and preparation for college.

Mothers of overweight daughters are more concerned about their daughters' weight than mothers of normal weight daughters. They are also more concerned that their daughters may develop an eating disorder.

Interestingly, mothers who are overweight are even more concerned about their overweight and at-risk daughters' weight than normal weight mothers of overweight girls. **Overweight mothers of overweight girls are also less likely than normal weight mothers of overweight girls to:**

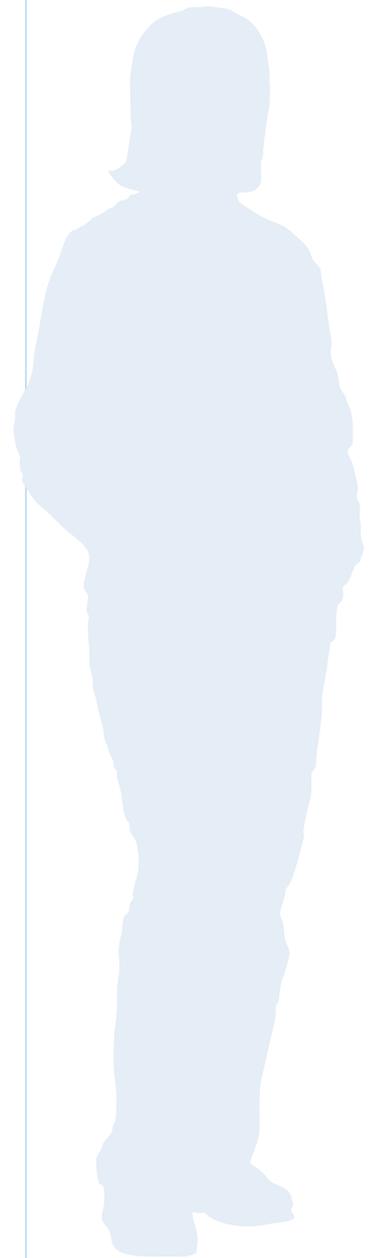
- ◆ think their daughter's eating habits are 'normal.'
- ◆ think fast foods or junk foods are okay, even occasionally.
- ◆ worry about other things than what their daughters eat.

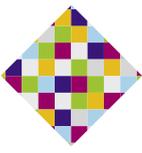
And are *more* likely to:

- ◆ set limits on their daughters' eating.
- ◆ talk to their daughters about healthy living and generally be interested in healthy living.
- ◆ make positive comments to their daughters.

Forty-one percent of moms of overweight girls and 76% of moms of at-risk girls report that their overweight and at-risk daughters are "just about the right weight." These mothers are also somewhat more likely to cite the media and popular culture as a negative source of information for girls.

Given the pervasiveness of poor diet, overweight, and sedentary lifestyle among adults, it is clear that efforts to improve the health of girls must also target adults. These adults include not only parents, but those who take an active role in girls' lives: guardians, grandparents, godparents, older relatives, friends of the family, and school and health professionals.





## 6. Conclusions and Recommendations

**For most girls, good health has more to do with presenting a “normal” appearance and being accepted by their peers than maintaining a nutritious diet and being physically fit. And though girls demonstrate basic knowledge about healthy foods and behaviors, they do not necessarily put this knowledge into practice.**

It is also clear that diet and exercise patterns are linked to emotional health, self-esteem, and body image, which all play a critical role in how girls define health.

Being overweight, or just believing they are overweight, puts girls at risk physically and emotionally and can negatively impact their ability to become healthy women.

Girls believe that healthy living is about achieving and maintaining physical, mental, and emotional well-being. Knowing this is important not only for health program design, policy development, and messaging, but also for how adults and girls interact and how girls interact with each other.

### ◆ ***What Girls Say: Going Beyond “Normal”***

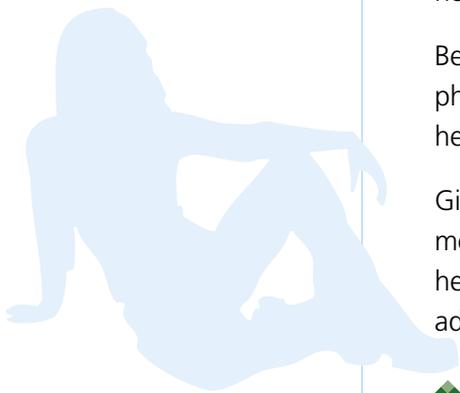
An emphasis on looking and behaving like the rest of their peer group, while developmentally appropriate, often does not encourage behaviors that promote good health.

Girls rightly see smoking, drug use, and drinking alcohol as unhealthy, but unless they are too thin, too heavy, or eat junk foods only, almost any diet or physical activity level is likely to be considered “healthy enough.” They generally take good health for granted and consider it less important than appearing “normal.”

Even so, what girls consider “normal” or “healthy enough” is as diverse as the girls in the study. “Normal” has different meanings depending on a girl’s age, race, household income, peer group, adult role models, and self-perception.

For example, one in three girls had a distorted perception about her weight. African-American and Hispanic girls who exhibit higher rates of overweight tend to be more satisfied with their weight than White and Asian girls. Older girls also tend to be less satisfied with their weight than younger girls.

The issue of healthy living is difficult terrain for girls to navigate, and they need help in making the connections that will form their attitudes and lead to healthy lifestyle choices.





## ◆ **Recommendations for Moving Forward**

To encourage all girls to adopt healthier habits:

### **1. Give “health” social relevance.**

To become a priority, healthy habits need to be framed as *a means to achieve ends that are socially significant to girls of different ages, ethnicities, and backgrounds*. Efforts that incorporate peer-to-peer support and role-modeling, where girls work together to achieve healthier lifestyles, can assign social value to healthy behaviors and positively leverage the importance girls place on peer relationships.

### **2. Embrace a holistic definition of health.**

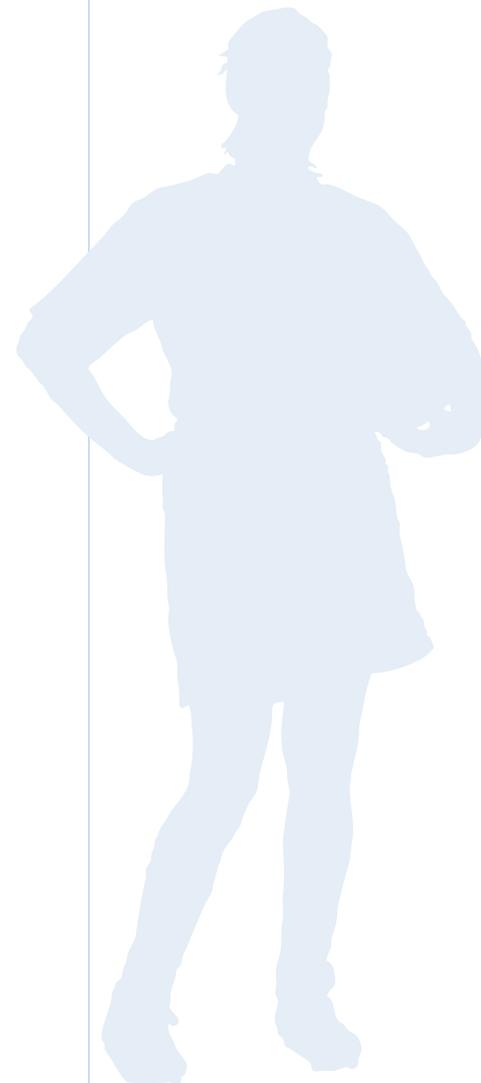
Girls believe being healthy has many components. Therefore, efforts to improve their health that focus solely on eating habits and physical activity will not resonate with them. Because emotional health, self-esteem, and body image play a critical role in girls’ attitudes about diet and exercise, health messages need to acknowledge what is important to them: their friendships, fitting in with peers, feeling good about themselves, and feeling safe (emotionally and physically). Approaches that acknowledge and emphasize these concerns are a way to connect with girls.

### **3. Emphasize physical activity.**

Research shows that being active is one of the strongest predictors of both physical and emotional health. However, as girls get older, not only do demands on their time increase (e.g., homework, after-school job), but activities become more sedentary (e.g., hanging out with friends, talking on the telephone, watching television, and spending time online). Girls need more opportunities to participate in informal, less competitive physical activities in safe environments where they do not feel self-conscious about their looks or ability, where they can choose the activities they want, and be active in ways that make them comfortable.

### **4. Demonstrate positive outcomes that result from healthy behaviors.**

Since girls frequently view good health simply as the absence of unhealthy behaviors (e.g., smoking cigarettes, drinking alcohol, using drugs) or serious illness, skipping meals, eating junk food, and eating dinner alone are considered relatively harmless and well within “normal” behaviors. For these reasons, “just say no” efforts that merely discourage bad or extreme behaviors without providing positive alternatives, are incomplete. Without a valued benefit or evidence of potential harm, there is little motivation for girls to make better health



choices. Therefore, the positive outcomes that can result—higher self-esteem, reduced stress, and increased energy for school and extra-curricular activities—must be made clear. Helping girls draw connections between their choices and the impact of those choices on their short- and long-term health in ways that are meaningful to them can help instill healthier habits.

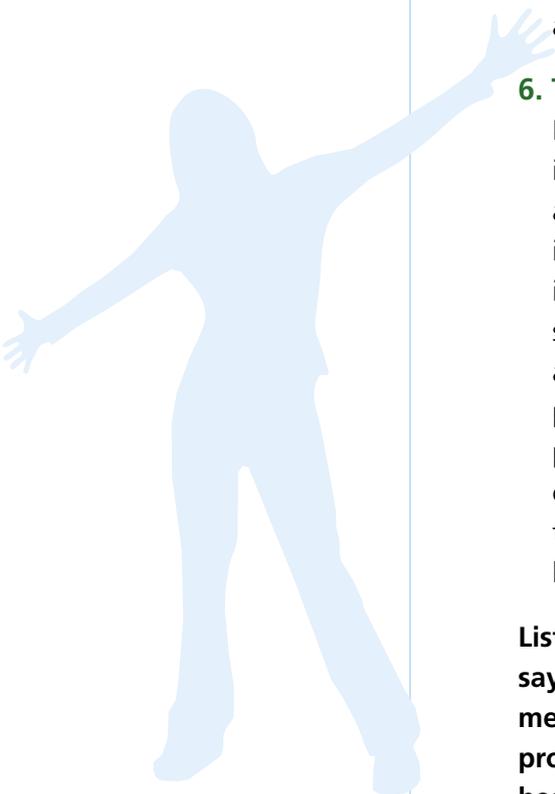
### **5. Make good health an attainable goal.**

Girls receive a myriad of conflicting messages from home, school, peers, popular culture, and media. They hear that being overweight is unhealthy (and unattractive), and that they should lose weight and be thinner. At the same time, culture conveys contradictory messages that encourage self-acceptance and suggests that a preoccupation with appearance is superficial. It is unclear to them what is right and what is achievable. It is also important to define good, nutritious eating habits, not as an unattainable extreme, but as a healthy balance and something that seems realistic. Efforts to encourage a healthy lifestyle must be reasonable and acknowledge girls as they are—valuing their socio-economic and cultural backgrounds and their different self-perceptions and abilities. Healthy living must be viewed as both a desirable and achievable goal.

### **6. Target adult role models – especially mothers.**

Parents—especially mothers, in the case of girls—are important influences and role models. Parents who do not model healthy dietary and physical activity habits are an obstacle to fostering healthy habits in their children. In particular, mothers are major sources of nutrition information and emotional reinforcement for their daughters. The strong correlation between a daughter's satisfaction with her weight and her mother's satisfaction with her own weight indicates the powerful influence mothers have over their daughters' emotional and physical health. Efforts to inspire and motivate girls to make healthier choices must focus on helping parents support their daughters and teach them that their choices model behaviors for how to live a healthy life.

**Listening to the voices of girls and hearing what they have to say about healthy living can inform the programs, policies, and messages that touch their lives. Only by engaging girls in the process do we ensure that today's girls will grow into tomorrow's healthy women.**





## 7. References, Resources and End Notes

American Academy of Pediatrics, Committee on Nutrition. "Prevention of Pediatric Overweight and Obesity," *Pediatrics*, vol. 112, no. 2 (August 2003).

American Obesity Association, *Obesity in Youth*, AOA Fact Sheets (2002).

Berkowitz, R. "Growth of Children at High Risk of Obesity During the First Six Years of Life: Implications for Prevention." *American Journal of Clinical Nutrition*. vol. 81 (January 2005).

Centers for Disease Control and Prevention, National Center for Health Statistics. "Prevalence of Overweight Among Children and Adolescents: United States, 1999–2002." (October 2004).

Centers for Disease Control and Prevention. "Youth Risk Behavior Surveillance – United States, 2003." *Surveillance Summaries*. vol. 3, no. SS02 (May 21, 2004).

*Dietary Guidelines for Americans 2005*. Department of Health and Human Services and Department of Agriculture (2005).

Dietz, W. "Health Consequences of Obesity in Youth: Childhood Predictors of Adult Disease," *Pediatrics*, vol. 10 (1998).

Koplan, Jeffrey P., Liverman, Catharyn T. and Vivica A. Kraak, Editors. Committee on Prevention of Obesity in Children and Youth. *Preventing Childhood Obesity: Health in the Balance*. (Washington, DC: Institute of Medicine of the National Academies, National Academies Press, September 2004).

*The New Normal? What Girls Say About Healthy Living*. Full Report. Girl Scout Research Institute. Girl Scouts of the USA (January 2006).

*Obesity Research Online*. North American Association for the Study of Obesity (NAASO). <http://www.obesityresearch.org>.

Ogden, C., et al. "Prevalence and Trends in Overweight Among U.S. Children and Adolescents, 1999–2000." *Journal of the American Medical Association*, vol. 288, no. 14 (October 9, 2002).

Olshansky, S.J., et al. "A Potential Decline in Life Expectancy in the United States in the 21st Century." *New England Journal of Medicine*, Special Report, 352;11, (March 17, 2005).

St.-Onge, et al. "Changes in Childhood Food Consumption Patterns: Cause for Concern in Light of Increasing Body Weights." *American Journal of Clinical Nutrition*, vol. 78 (2003), pp. 1068–73.

*Weighing In: Helping Girls Be Healthy Today, Healthy Tomorrow* (New York: Girl Scouts of the USA, 2004).



## **RESOURCES**

### **BODY IMAGE**

#### **About-Face Theatre Company**

Promotes positive self-esteem in girls and women of all sizes, races, and backgrounds.  
[www.about-face.org](http://www.about-face.org)

#### **AdiosBarbie.com**

Works to inspire girls and women to love their body through thick and thin, no matter what their size or background.  
[www.adiosbarbie.com](http://www.adiosbarbie.com)

#### **BodyPositive**

Looks at ways to boost body image at any weight.  
[www.bodypositive.com](http://www.bodypositive.com)

#### **National Association for Self-Esteem (NASE)**

Works to fully integrate self-esteem into American society so that every individual experiences personal worth and happiness.  
[www.self-esteem-nase.org](http://www.self-esteem-nase.org)

#### **¡Soy Unica! ¡Soy Latina!**

Encourages cultural pride and positive self-esteem, mental health, decision making, and assertiveness skills in girls.  
[www.soyunica.gov](http://www.soyunica.gov)

### **EATING DISORDERS**

#### **The Alliance for Eating Disorders Awareness**

Establishes nationwide programs that help youth learn about eating disorders and positive effects of a healthy body image.  
[www.eatingdisorderinfo.org](http://www.eatingdisorderinfo.org)

#### **Eating Disorders Coalition (EDC)**

Advances the federal recognition of eating disorders as a public health priority.  
[www.eatingdisorderscoalition.org](http://www.eatingdisorderscoalition.org)

#### **National Association of Anorexia Nervosa and Associated Diseases (ANAD)**

Provides hotline counseling, a national network of free support groups, referrals, and education and prevention programs.  
[www.anad.org](http://www.anad.org)

#### **National Eating Disorders Association (NEDA)**

Answers questions about eating disorders, offers support for food issues, provides treatment and counseling referrals.  
[www.edap.org](http://www.edap.org)

**The Office on Women's Health**

Contains resources focused on girls' health and body image.

[www.womenshealth.org](http://www.womenshealth.org)

**We Insist on Natural Shapes (WINS)**

Educates adults and children about the dangers of excessive dieting and eating disorders.

[www.winsnews.org](http://www.winsnews.org)

**NUTRITION****Be Healthy! It's A Girl Thing: Food, Fitness and Feeling Great**

Mavis Jukes and Lilian Cheung, Crown Books, 2003. Outlines a healthy eating and activity plan for adolescent girls, designed to help promote a positive self-image. Includes the evidence-based Cactus Plan, an illustration designed to teach girls healthy lifestyle habits.

**CDC Division of Nutrition and Physical Activity**

Addresses the role of nutrition and physical activity in improving the public's health and preventing and controlling chronic diseases.

[www.cdc.gov/nccdphp/dnpa/about.htm](http://www.cdc.gov/nccdphp/dnpa/about.htm)

**CDC's Division of Adolescent and School Health (DASH)**

Seeks to prevent the most serious health risk behaviors among children, adolescents, and young adults.

[www.cdc.gov/nccdphp/dash/index.htm](http://www.cdc.gov/nccdphp/dash/index.htm)

**Department of Health and Human Services and Department of Agriculture's Dietary Guidelines for Americans 2005**

Provides authoritative advice for people ages 2 years and older about how good dietary habits can promote health and reduce risk for major chronic diseases.

<http://www.healthierus.gov/dietaryguidelines/>

**Department of Health and Human Services Healthy School Meals Resource System**

Provides information for persons working in USDA's Child Nutrition Programs.

[www.healthfinder.gov](http://www.healthfinder.gov)

**Eat, Drink and Be Healthy: The Harvard Medical School Guide to Healthy Eating**

Walter Willett, M.D. Free Press, 2005. Discusses various food pyramids and presents the evidence-based Healthy Eating Pyramid by the chair of the Department of Nutrition at the Harvard School of Public Health. Includes new recipes highlighting whole grains, fresh produce and healthy fats according to the Healthy Eating Pyramid.

### **International Life Sciences Institute (ILSI)**

Advances the understanding of scientific issues related to nutrition, food safety, toxicology, and the environment.

[www.ilsi.org](http://www.ilsi.org)

### **Nutrition Source**

Maintained by the Department of Nutrition at the Harvard School of Public Health, the site offers detailed information about the evidence-based Healthy Eating Pyramid, developed by HSPH faculty.

<http://www.hsph.harvard.edu/nutritionsource>

### **United States Department of Agriculture's Food and Nutrition Service**

Increases food security and reduces hunger by providing children and low-income people access to food, a healthful diet, and nutrition education.

[www.fns.usda.gov/fns](http://www.fns.usda.gov/fns)

## **OBESITY**

### **American Obesity Association (AOA)**

Leading organization on advocacy and education on obesity. Acts as an agent of change to move society to deal with the epidemic.

[www.obesity.org](http://www.obesity.org)

### **NAASO, The Obesity Society**

Committed to encouraging and disseminating research on the causes and treatment of obesity and to keeping the medical community and public informed of new advances.

[www.naaso.org](http://www.naaso.org)

### **Obesity Focused**

Discusses the physical and psychological causes and risks of obesity.

[www.about-obesity.com](http://www.about-obesity.com)

### **Shaping America's Health: Association for Weight Management and Obesity Prevention**

Dedicated to preventing excess weight and obesity and facilitating a better scientific understanding of weight management.

<http://www.obesityprevention.org/>

### **Shaping America's Youth (SAY)**

Provides the latest and most comprehensive information on programs and community efforts across the United States directed at increasing physical activity and improving nutrition in our nation's youth.

<http://www.shapingamericasyouth.org>



## PHYSICAL ACTIVITY/FITNESS

### **American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD)**

Promotes healthy lifestyles through high quality programs in health, physical education, recreation, dance, and sport.

[www.aahperd.org](http://www.aahperd.org)

### **American Council for Fitness and Nutrition**

Collaborates with health professionals, educators, policy makers, and others on comprehensive approaches to reduce and prevent obesity.

[www.acfn.org](http://www.acfn.org)

### **CDC's Division of Nutrition and Physical Activity**

Addresses nutrition and physical activity in improving the public's health and preventing and controlling chronic diseases.

[www.cdc.gov/nccdphp/dnpa/about.htm](http://www.cdc.gov/nccdphp/dnpa/about.htm)

### **CDC's Youth Media Campaign: VERB**

Encourages "tweens" to be physically active on a continual basis, and provides access to fun, physically inspiring events and activities throughout the year.

[www.cdc.gov/youthcampaign](http://www.cdc.gov/youthcampaign)

### **National Association for Girls & Women in Sport (NAGWS)**

Develops equitable sport opportunities for ALL girls and women through research, advocacy, leadership, education, and programs.

[www.aahperd.org/nagws](http://www.aahperd.org/nagws)

### **National Association for Health & Fitness (NAHF)**

Promotes physical fitness, sports, and healthy lifestyles through Governor and State Councils on physical fitness and sports.

[www.physicalfitness.org](http://www.physicalfitness.org)

### **National Association for Sport & Physical Education (NASPE)**

Develops and supports quality sport and physical activity and educational programs that promote healthy behaviors and well-being.

[www.aahperd.org/naspe](http://www.aahperd.org/naspe)

### **The National Center on Physical Activity and Disability (NCPAD)**

Promotes the substantial health benefits that can be gained from participating in regular physical activity.

[www.ncpad.org](http://www.ncpad.org)

### **The President's Council on Physical Fitness and Sports (PCPFS)**

Promotes, encourages, and motivates Americans of all ages to become physically active and participate in sports.

[www.fitness.gov](http://www.fitness.gov)

## END NOTES

<sup>i</sup> Olshansky, S.J., et al. "A Potential Decline in Life Expectancy in the United States in the 21st Century." *New England Journal of Medicine*, Special Report, 352;11 (March 17, 2005).

<sup>ii</sup> Centers for Disease Control and Prevention, National Center for Health Statistics, "Prevalence of Overweight Among Children and Adolescents: United States, 1999–2002." (October 2004). Ogden, C., et al. "Prevalence and Trends in Overweight Among U.S. Children and Adolescents, 1999–2000." *Journal of the American Association*, vol. 288, no. 14. (October 9, 2002).

<sup>iii</sup> Koplan, Jeffrey P., Catharyn T. Liverman, and Vivica A. Kraak, *Editors*, Committee on Prevention of Obesity in Children and Youth, *Preventing Childhood Obesity: Health In The Balance*, Institute of Medicine of the National Academies, National Academies Press, Washington, DC. (September 2004).

<sup>iv</sup> Ibid.

<sup>v</sup> See Note ii.

<sup>vi</sup> Ibid.

<sup>vii</sup> See Note iii.

<sup>viii</sup> Whitaker, R., et al. "Predicting Obesity in Young Adulthood from Childhood and Parental Obesity," *New England Journal of Medicine*, vol. 337, No. 13, September 25, 1997.

<sup>ix</sup> American Academy of Pediatrics, Committee on Nutrition, "Prevention of Pediatric Overweight and Obesity," *Pediatrics*, vol. 112 No. 2, August 2003.

<sup>x</sup> Ibid.

<sup>xi</sup> American Obesity Association, *Obesity in Youth*, AOA Fact Sheets, 2002.

<sup>xii</sup> Centers for Disease Control and Prevention, *Surveillance Summaries*, "Youth Risk Behavior Surveillance – United States, 2003," May 21, 2004. MMWR 2004:53 (No. SS-2).

<sup>xiii</sup> Ibid.

<sup>xiv</sup> See Note ix.

<sup>xv</sup> St.-Onge, et al. "Changes in Childhood Food Consumption Patterns: Cause for Concern in Light of Increasing Body Weights." *American Journal of Clinical Nutrition*, vol. 78 ( 2003), pp. 1068-73.