



4

Key findings

■ Weight

- 30.5 percent of Illinois toddlers enrolled in Women, Infants and Children are overweight or at risk of being overweight
- 39 percent of Illinois third graders are overweight or at risk of being overweight
- Weight problems are more prevalent among low-income children and children who are racial or ethnic minorities:
 - 50.1 percent of Illinois 10- to 17-year-olds living in poverty and 32.9 percent of youth in low-income families are overweight or at risk of being overweight, compared with 21.6 percent of youth in higher-income families.
 - 40.1 percent of Hispanic and 39.1 percent of black 10- to 17-year-olds in Illinois are overweight or at risk of being overweight, compared with 27.8 percent of white youth.

■ Physical activity

- 45.6 percent of Illinois school-age children spend two hours or more each school day watching TV or playing video games
- 23.7 percent of Illinois 10- to 17-year-olds get rigorous physical activity every day
- 22 percent of Illinois school districts have received approval to eliminate or replace physical education classes at some point from 1995-2006.



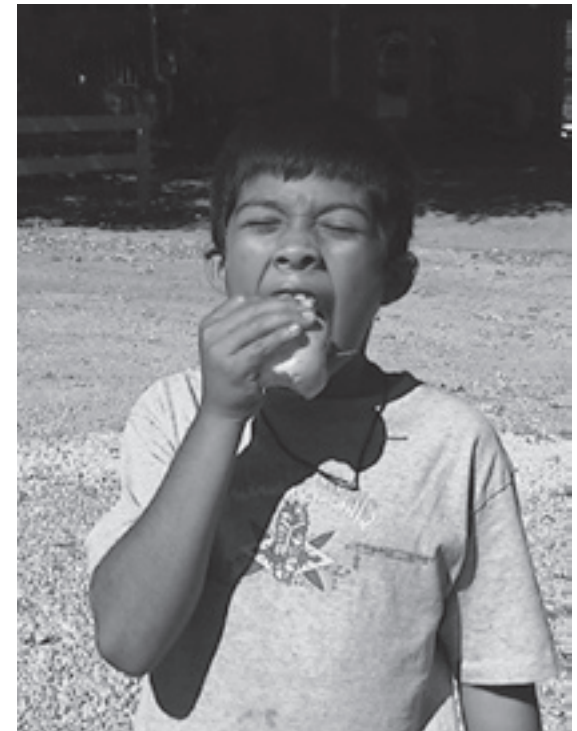
WEIGHT AND PHYSICAL ACTIVITY

Weight Status of Illinois 2- to 5-year-olds in the Women, Infants and Children Program

	2003	2004
Overweight	14.0%	14.3%
At risk of overweight	15.3%	15.8%

Source: Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance System

(Below) Josh Johnson, (at right) Benjamin Godinez—both photos courtesy of Rural Health Inc., Alto Pass, IL



Weight Status of Illinois Third Graders, 2003-04

	Overweight	At risk of overweight
All	21%	18%
Male	24%	18%
Female	17%	18%
Received free/reduced lunch	25%	18%
Did not receive free/reduced lunch	15%	17%

Source: Illinois Department of Public Health, Division of Oral Health

Weight Status of Illinois Third Graders by Region, 2003-04

	Overweight	At risk of overweight
Illinois	21%	18%
Urban	18%	17%
Rural	21%	15%
Chicago	26%	18%
Cook County	20%	19%
Collar counties	17%	18%

Source: Illinois Department of Public Health, Division of Oral Health

Weight Status of Illinois Third Graders by Language Spoken at Home, 2003-04

	Overweight	At risk of overweight
English only	18%	17%
Spanish only	30%	20%
English & Spanish	31%	18%
English & other	9%	18%
Other only	17%	17%

Source: Illinois Department of Public Health, Division of Oral Health





Weight Status of Illinois 10- to 17-year-olds, 2003

	Overweight	At risk of overweight	Overweight goal+
All	15.8%	15.4%	5.0%
White	13.7%	14.1%	
Black	22.8%	16.3%	
Hispanic	16.2%	23.9%	

+ Healthy People 2010 goal for children and adolescents ages 6 to 19

Source: Centers for Disease Control and Prevention National Survey of Children's Health

Weight Status of Illinois 10- to 17-year-olds by Income Level, 2003

	Overweight	At risk of overweight
Below poverty level*	26.5%	23.6%
Poverty level to twice the poverty level	19.4%	13.5%
Two to four times above poverty level	13.8%	15.5%
Greater than four times poverty level	9.7%	11.9%

* The federal poverty level was \$18,810 for a family of four in 2003.

Source: Centers for Disease Control and Prevention National Survey of Children's Health

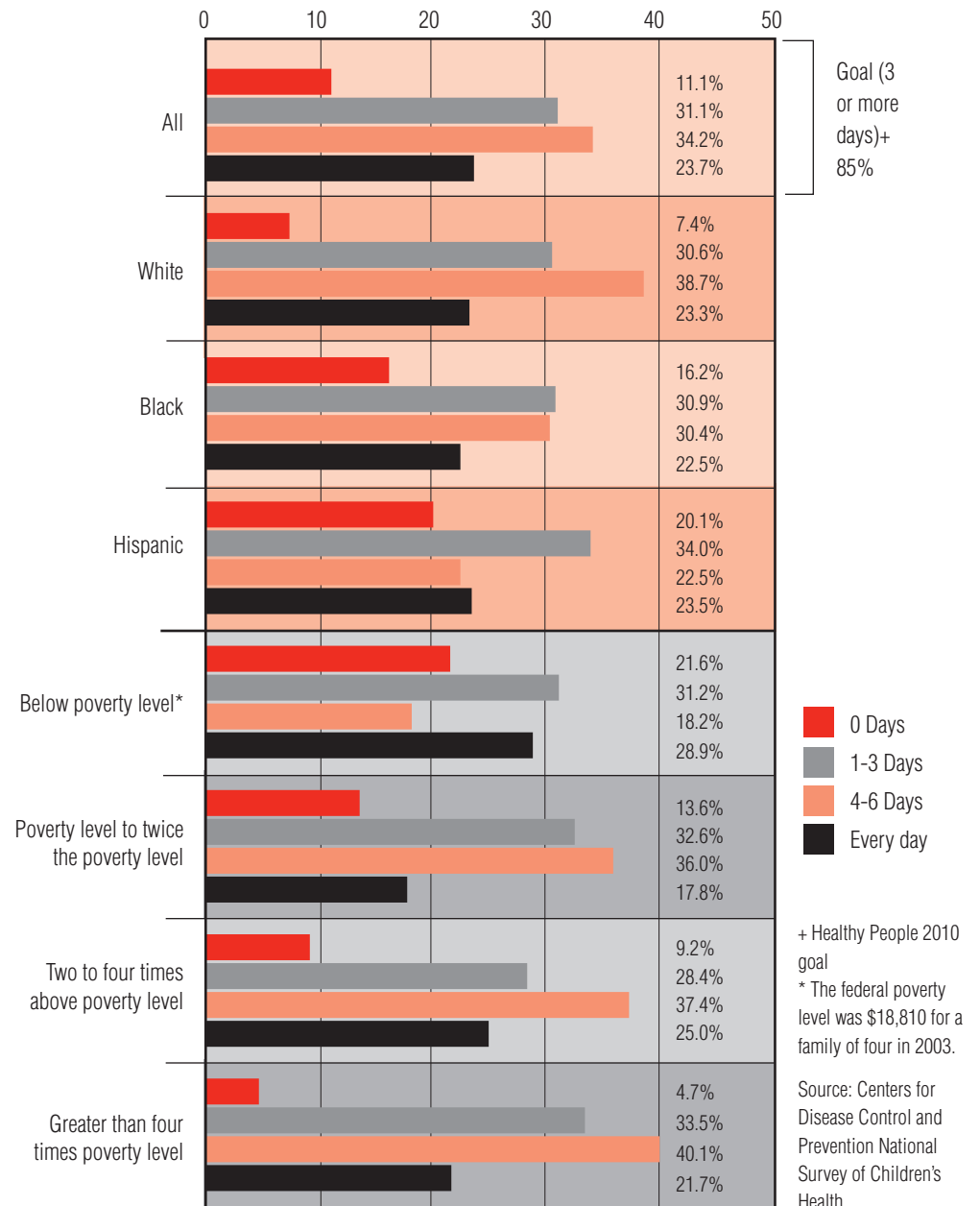
Time Illinois 6- to 17-year-olds Spend on Average School Day Watching TV or Playing Video Games, 2003

	1 hour or less	2-3 hours	4 hours or more	Goal (2 hours or less)+
All	54.4%	37.7%	7.9%	75.0%
White	62.2%	33.7%	4.1%	
Black	41.8%	41.4%	16.8%	
Hispanic	43.4%	48.2%	8.4%	

+ Healthy People 2010 goal

Source: Centers for Disease Control and Prevention National Survey of Children's Health

Frequency of Rigorous Physical Activity in Past Week for Illinois 10- to 17-year-olds, 2003



PHYSICAL EDUCATION WAIVERS GRANTED TO ILLINOIS SCHOOL DISTRICTS, 1995-2006

Definition: Waivers are displayed as a cumulative number dating to 1995, the year Illinois began granting waivers for physical education. A waiver lasts up to five years. Waivers must be approved by the Illinois General Assembly; very few are not granted. The number of school districts in each county is calculated from the Illinois State Board of Education 2005-06 public school county/district directory. Percentage of districts that were granted waivers is calculated based upon the 2005-06 number of districts per county. Any redistricting that may have taken place within the county between 1995 and 2006 is not accounted for and may cause discrepancies.

Source: Illinois State Board of Education

	School districts that received PE waivers				Total school districts
	# of waivers	% of waivers	Waivers granted	Waivers denied	
Illinois	192	22.0	375	7	874
Adams	3	60.0	5		5
Alexander	0	0.0	0		2
Bond	0	0.0	0		2
Boone	1	50.0	2		2
Brown	0	0.0	0		1
Bureau	3	20.0	3		15
Calhoun	0	0.0	0		2
Carroll	1	33.3	1		3
Cass	0	0.0	0		3
Champaign	5	33.3	6		15
Christian	2	40.0	6		5
Clark	1	33.3	3		3
Clay	2	66.7	2	1	3
Clinton	2	16.7	5		12
Coles	0	0.0	0		3
Cook	28	19.4	47	1	144
Crawford	1	25.0	1		4
Cumberland	0	0.0	0		2
DeKalb	1	12.5	1		8
Dewitt	0	0.0	0		2
Douglas	1	25.0	4		4
DuPage	8	19.0	13		42
Edgar	1	20.0	2		5
Edwards	0	0.0	0		1
Effingham	0	0.0	0		5
Fayette	1	25.0	1		4
Ford	0	0.0	0		2
Franklin	2	20.0	3		10
Fulton	1	14.3	3		7
Gallatin	0	0.0	0		1
Greene	2	66.7	3		3
Grundy	3	25.0	3		12
Hamilton	0	0.0	0		1
Hancock	1	14.3	2		7
Hardin	0	0.0	0		1
Henderson	1	100.0	1		1
Henry	2	22.2	6		9
Iroquois	2	25.0	2		8
Jackson	0	0.0	0		8
Jasper	0	0.0	0		1
Jefferson	4	23.5	8		17
Jersey	0	0.0	0		1
Jo Daviess	0	0.0	0		6
Johnson	0	0.0	0		6
Kane	4	44.4	10		9
Kankakee	1	8.3	3		12
Kendall	0	0.0	0		6
Knox	0	0.0	0		5
Lake	20	44.4	59	1	45
LaSalle	3	11.5	4		26
Lawrence	0	0.0	0		2

	School districts that received PE waivers				Total school districts
	# of waivers	% of waivers	Waivers granted	Waivers denied	
Lee	2	33.3	3		6
Livingston	1	7.7	2		13
Logan	0	0.0	0		7
Macon	1	14.3	2	1	7
Macoupin	2	22.2	3		9
Madison	3	23.1	5		13
Marion	2	14.3	4		14
Marshall	0	0.0	0		2
Mason	0	0.0	0		3
Massac	0	0.0	0		2
McDonough	0	0.0	0		3
McHenry	5	27.8	9		18
McLean	3	37.5	5		8
Menard	1	33.3	1	1	3
Mercer	1	50.0	2		2
Monroe	0	0.0	0		3
Montgomery	1	25.0	1		4
Morgan	2	40.0	3	1	5
Moultrie	1	33.3	4		3
Ogle	4	40.0	11		10
Peoria	3	16.7	7		18
Perry	1	20.0	3		5
Piatt	0	0.0	0		5
Pike	0	0.0	0		5
Pope	0	0.0	0		1
Pulaski	0	0.0	0		2
Putnam	0	0.0	0		1
Randolph	1	14.3	1		7
Richland	1	50.0	3		2
Rock Island	2	20.0	3		10
St. Clair	4	14.8	6		27
Saline	0	0.0	0		4
Sangamon	5	45.5	10		11
Schuyler	0	0.0	0		1
Scott	0	0.0	0		2
Shelby	1	20.0	1		5
Stark	0	0.0	0		2
Stephenson	1	20.0	3		5
Tazewell	3	16.7	7		18
Union	1	14.3	1		7
Vermilion	3	25.0	11		12
Wabash	0	0.0	0		2
Warren	1	33.3	3		3
Washington	2	28.6	4		7
Wayne	0	0.0	0		7
White	0	0.0	0		3
Whiteside	8	80.0	11		10
Will	9	31.0	19		29
Williamson	2	40.0	4		5
Winnebago	3	27.3	8	1	11
Woodford	5	55.6	6		9



OVERWEIGHT CHILDREN AGES BIRTH TO 5 ENROLLED IN WOMEN, INFANTS AND CHILDREN

Definition: The Women, Infants and Children Program provides nutritious food, education and referrals to health and other social services to low-income pregnant, postpartum and breastfeeding women, and children up to age 5 who are at risk of poor nutrition. To be eligible, family income must fall below 185 percent of the poverty level (currently \$33,485 for a family of four). Data are from the Centers for Disease Control and Prevention’s Pediatric Nutrition Surveillance System, which collected body mass index data for 186,123 birth-to-5-year-olds and 70,617 2-to-5-year-olds in 2003, and 226,357 birth-to-5-year-olds and 88,898 2- to-5-year-olds in 2004.

Source: Centers for Disease Control and Prevention, Pediatric Nutrition Surveillance System

	WIC children who are overweight (%)			WIC children age 2+ at risk of overweight (%)			WIC children age 2+ who are overweight (%)		
	2003	2004	% change	2003	2004	% change	2003	2004	% change
Illinois	13.1	13.4	2.3	15.3	15.8	3.3	14.0	14.3	2.1
Adams	12.1	13.2	9.1	15.7	18.2	15.9	15.7	13.8	-12.1
Alexander	8.3	12.2	47.0	NA	13.4	NA	NA	9.8	NA
Bond	11.6	10.9	-6.0	NA	NA	NA	NA	NA	NA
Boone	14.0	14.3	2.1	18.4	16.8	-8.7	13.8	14.3	3.6
Brown	NA	NA	NA	NA	NA	NA	NA	NA	NA
Bureau	14.0	13.1	-6.4	18.9	16.7	-11.6	13.9	17.2	23.7
Calhoun	NA	NA	NA	NA	NA	NA	NA	NA	NA
Carroll*	13.1	13.2	0.8	17.7	17.8	0.6	16.7	18.5	10.8
Cass	16.3	13.3	-18.4	NA	NA	NA	NA	NA	NA
Champaign	10.9	8.7	-20.2	11.6	15.6	34.5	8.8	9.1	3.4
Christian	9.6	7.4	-22.9	13.9	13.0	-6.5	11.5	6.5	-43.5
Clark	18.4	17.4	-5.4	NA	NA	NA	NA	NA	NA
Clay	16.0	9.0	-43.8	NA	13.5	NA	NA	7.7	NA
Clinton	10.6	10.8	1.9	NA	NA	NA	NA	NA	NA
Coles	16.0	14.4	-10.0	13.9	20.3	46.0	17.0	16.9	-0.6
Cook	15.2	14.8	-2.6	16.3	16.6	1.8	18.3	17.6	-3.8
Crawford	18.8	16.4	-12.8	15.2	NA	NA	16.8	NA	NA
Cumberland	7.7	10.9	41.6	NA	NA	NA	NA	NA	NA
De Kalb	10.6	10.6	0.0	13.9	15.3	10.1	13.0	11.0	-15.4
De Witt	9.2	9.9	7.6	14.4	8.9	-38.2	9.3	10.9	17.2
Douglas	15.6	13.5	-13.5	NA	NA	NA	NA	NA	NA
Du Page	12.2	12.0	-1.6	15.8	14.5	-8.2	14.0	12.2	-12.9
Edgar	12.7	11.9	-6.3	11.6	NA	NA	12.7	NA	NA
Edwards*	15.1	16.2	7.3	18.1	17.7	-2.2	16.2	18.9	16.7
Effingham	11.5	13.6	18.3	16.5	17.4	5.5	9.4	15.3	62.8
Fayette	12.3	13.4	8.9	14.7	19.9	35.4	13.5	13.4	-0.7
Ford	8.7	10.4	19.5	22.4	NA	NA	10.3	NA	NA
Franklin	13.0	15.1	16.2	16.9	17.5	3.6	14.1	16.5	17.0
Fulton	8.4	10.3	22.6	19.1	17.0	-11.0	9.0	10.4	15.6
Gallatin	9.3	12.4	33.3	NA	NA	NA	NA	NA	NA
Greene	10.7	13.0	21.5	15.9	9.9	-37.7	13.3	17.8	33.8
Grundy	9.8	10.4	6.1	16.8	14.5	-13.7	14.8	14.5	-2.0
Hamilton	13.7	14.7	7.3	NA	NA	NA	NA	NA	NA
Hancock	16.7	15.5	-7.2	19.7	14.9	-24.4	15.3	17.0	11.1
Hardin	17.6	13.0	-26.1	NA	NA	NA	NA	NA	NA
Henderson	13.5	2.1	-84.4	NA	NA	NA	NA	NA	NA
Henry*	8.1	9.4	16.0	13.6	14.9	9.6	6.9	10.6	53.6
Iroquois	15.3	13.5	-11.8	16.1	18.3	13.7	15.7	17.3	10.2
Jackson	10.6	10.1	-4.7	12.6	14.8	17.5	11.9	10.3	-13.4
Jasper	9.5	15.4	62.1	18.6	19.2	3.2	7.1	14.4	102.8
Jefferson	10.3	12.3	19.4	10.2	13.3	30.4	6.8	12.1	77.9
Jersey	11.7	14.3	22.2	16.8	13.6	-19.0	11.4	13.2	15.8
Jo Daviess	12.8	11.7	-8.6	13.0	13.5	3.8	14.2	11.5	-19.0
Johnson	12.0	12.7	5.8	14.7	14.1	-4.1	11.6	10.3	-11.2
Kane	13.0	13.9	6.9	16.3	16.5	1.2	15.4	16.3	5.8
Kankakee	8.3	9.7	16.9	13.0	14.0	7.7	11.8	12.4	5.1
Kendall	12.3	11.5	-6.5	21.4	19.3	-9.8	15.5	17.0	9.7
Knox	11.0	11.5	4.5	15.0	15.5	3.3	10.0	9.4	-6.0
Lake	15.4	16.5	7.1	16.9	18.3	8.3	15.5	17.0	9.7
LaSalle	15.3	14.2	-7.2	14.0	15.1	7.9	11.1	11.3	1.8
Lawrence	14.7	15.7	6.8	19.1	20.6	7.9	19.1	19.8	3.7
Lee	10.6	10.9	2.8	19.8	16.7	-15.7	16.0	15.3	-4.4

OVERWEIGHT CHILDREN AGES BIRTH TO 5 ENROLLED IN WOMEN, INFANTS AND CHILDREN Continued

	WIC children who are overweight (%)			WIC children age 2+ at risk of overweight (%)			WIC children age 2+ who are overweight (%)		
	2003	2004	% change	2003	2004	% change	2003	2004	% change
Livingston	10.0	10.1	1.0	13.0	15.1	16.2	12.8	11.9	-7.0
Logan	15.2	15.7	3.3	15.6	16.4	5.1	16.0	12.2	-23.8
Macon	9.9	11.5	16.2	13.4	17.0	26.9	10.7	14.3	33.6
Macoupin	15.3	17.2	12.4	16.1	20.0	24.2	16.8	17.2	2.4
Madison	9.8	10.4	6.1	14.1	12.8	-9.2	9.3	9.8	5.4
Marion	12.7	14.2	11.8	15.1	15.2	0.7	13.8	14.5	5.1
Marshall	13.0	11.0	-15.4	NA	17.7	NA	NA	14.5	NA
Mason	7.9	8.8	11.4	16.3	17.4	6.7	11.6	11.5	-0.9
Massac	5.2	8.6	65.4	18.8	12.6	-33.0	3.8	8.2	115.8
McDonough	9.8	10.4	6.1	17.2	19.6	14.0	9.7	12.2	25.8
McHenry	17.5	15.8	-9.7	15.4	16.2	5.2	13.8	16.4	18.8
McLean	12.4	12.7	2.4	16.2	15.5	-4.3	10.6	12.4	17.0
Menard	13.6	15.5	14.0	17.0	17.6	3.5	16.0	16.3	1.9
Mercer	11.5	8.2	-28.7	11.7	16.3	39.3	14.6	11.2	-23.3
Monroe	12.5	10.9	-12.8	25.5	15.2	-40.4	15.7	15.2	-3.2
Montgomery	9.9	10.3	4.0	18.8	19.0	1.1	14.8	14.8	0.0
Morgan	7.7	8.1	5.2	10.4	7.2	-30.8	6.1	5.3	-13.1
Moultrie	5.7	8.6	50.9	7.3	8.9	21.9	3.2	6.8	112.5
Ogle	12.1	12.3	1.7	19.0	18.0	-5.3	11.2	14.3	27.7
Peoria	8.0	7.7	-3.8	13.0	14.6	12.3	9.3	10.5	12.9
Perry	11.1	11.4	2.7	10.4	11.0	5.8	6.6	6.9	4.5
Piatt	13.0	11.1	-14.6	NA	21.1	NA	NA	15.5	NA
Pike	5.9	5.1	-13.6	10.0	8.1	-19.0	9.5	7.3	-23.2
Pope	NA	10.6	NA	NA	NA	NA	NA	NA	NA
Pulaski	13.0	13.0	0.0	13.2	14.2	7.6	15.2	14.2	-6.6
Putnam	17.1	23.6	38.0	NA	NA	NA	NA	NA	NA
Randolph	13.3	19.5	46.6	14.1	15.2	7.8	13.7	21.2	54.7
Richland	11.3	10.6	-6.2	10.4	10.2	-1.9	7.9	10.6	34.2
Rock Island	11.2	12.0	7.1	13.1	12.2	-6.9	9.0	11.2	24.4
St. Clair	13.1	12.6	-3.8	10.2	11.0	7.8	7.5	7.8	4.0
Saline	10.4	11.9	14.4	10.6	10.4	-1.9	10.6	13.0	22.6
Sangamon	10.7	11.7	9.3	13.6	14.9	9.6	10.5	10.8	2.9
Schuyler	11.6	17.9	54.3	NA	17.9	NA	NA	13.4	NA
Scott	11.8	13.8	16.9	NA	NA	NA	NA	NA	NA
Shelby	12.5	15.6	24.8	15.3	17.8	16.3	12.8	14.0	9.4
Stark*	8.1	9.4	16.0	13.6	14.9	9.6	6.9	10.6	53.6
Stephenson*	13.1	13.2	0.8	17.7	17.8	0.6	16.7	18.5	10.8
Tazewell	9.8	8.7	-11.2	16.1	14.3	-11.2	13.4	10.2	-23.9
Union	13.7	13.7	0.0	15.3	19.8	29.4	17.9	17.4	-2.8
Vermilion	10.5	12.3	17.1	16.2	17.9	10.5	12.1	13.4	10.7
Wabash*	15.1	16.2	7.3	18.1	17.7	-2.2	16.2	18.9	16.7
Warren	10.0	10.5	5.0	14.5	18.5	27.6	16.2	14.4	-11.1
Washington	13.5	13.3	-1.5	12.2	15.7	28.7	13.7	12.7	-7.3
Wayne	11.2	8.9	-20.5	17.9	19.3	7.8	13.3	11.1	-16.5
White	9.1	9.3	2.2	16.5	13.0	-21.2	10.0	6.7	-33.0
Whiteside	10.5	9.9	-5.7	15.3	13.0	-15.0	11.5	10.6	-7.8
Will	15.5	14.7	-5.2	15.3	15.9	3.9	14.3	13.4	-6.3
Williamson	13.1	12.5	-4.6	17.6	16.3	-7.4	14.6	12.3	-15.8
Winnebago	13.3	15.0	12.8	16.7	17.5	4.8	14.4	15.7	9.0
Woodford	6.5	4.8	-26.2	12.1	9.6	-20.7	2.4	3.9	62.5



Selah Jagers and Cayden Henry—Skip Along Center, Moline, IL

* The following counties have combined rates because one agency serves two counties: Carroll and Stephenson, Edwards and Wabash, and Henry and Stark.



The Best Education Includes Physical Education

By Phil Lawler
Academy Director, PE4Life
—Naperville

As the world changes, schools also must change with the times. No subject area has made more changes to prepare children for the 21st century than physical education. The only problem is that most schools have not made the necessary changes to incorporate a quality physical education and fitness program into their curriculums.

The old model of physical education focused on teaching sports skills to every child. Physical education programs would spend 10 years teaching sports skills—basketball, football, volleyball, etc. That was great for

the athletes, but what about the 70 percent of the population that did not play sports? Strangely enough, most schools that taught sports skills excused the athletes from taking the class. How valuable are those sports skills for the students for the rest of their lives? Less than 3 percent of our population plays team sports for physical activity after age 24.

Our society has changed and has almost eliminated physical activity from our daily lives. Children are not playing outside as much as they used to, more children live in a household with a television in every room and children spend an average of five hours per day playing video games or on the Internet. These changes have caused one of the largest problems facing our nation today—the health of our children, including an obesity epidemic, early onset diabetes and an increase in Attention Deficit Hyperactivity Disorder. There also is a silent epidemic of depression, one of the fastest-growing health problems affecting our youth.



This is the first generation in the history of our country that will have a shorter life expectancy than their parents. Besides increased health care costs associated with treating health problems, these children will see a decline in the quality of life.

Now major medical organizations like the American Heart Association are encouraging more physical activity for our children. The latest brain research proves that a “fit child learns better.” A fit child will have more confidence, can concentrate better, and new research shows physical activity can actually improve reading skills.

Schools have been slow to respond to this new information. No Child Left Behind is forcing schools to focus on math, science and reading and cut back on recess and physical education. This is a major mistake.

If we are going to provide the best education for children, it must include physical activity. What can you do as a parent? First, investigate what new, quality physical education looks like. Next call your child’s school and ask questions about their physical education program. It could be the most important call you have ever made.

We must change the lifestyle of the children of Illinois. We need to focus on improving one of our greatest assets, our health. You can make a difference in your school.

PE4Life is a non-profit organization that raises awareness of the need to reform physical education in schools and stimulates funding for quality programs. Visit www.PE4Life.org to learn more.

The Role of Schools in Improving Health and Well Being

By Molly Johnson
 Family and Pediatric Nurse
 Practitioner, Rural Health Inc.
 —Anna City



The health and well-being of children is vital for our future, but finding ways to influence behavior is a challenge. Local schools can play an important role in addressing this challenge because they introduce ideas, start behavior habits and represent to parents and children a model of goals and ideas for their life and their future.

The Healthy Futures Initiative, organized in 2004, is a community group located downstate in Union County dedicated to improving the health and wellness of children. Members include representatives from community-based health center Rural Health Inc., Southern Seven Health Department, Regional Office of Education, Department of Human Services, Southern Illinois University Center for Rural Health and Southern Illinois Healthcare.

The impetus for starting the Healthy Futures Initiative came out of concern for the health of children in our community based primarily upon their poor eating habits, their increasing levels of inactivity and the notable increase in the number of obese children in Union County. The Initiative is interested in prevention and believes that even children who are not overweight need help adopting healthy behaviors, discovering the joy of physical activity and developing good eating habits.

Schools provide almost half the meals some children eat in a year and they can influence long-term eating habits by what foods they serve, both in and out of the lunchroom. Because food service staffs are often constrained by tight budgets and lack of training in nutrition, in August 2006 Healthy Futures Initiative sponsored a local mini-conference for school food service workers in the southern five counties that included information on nutrition education and the sharing of best practices.

The Healthy Futures Initiative has made presentations to local school boards and administrators detailing the relevance of children's health to academic achievement and to long-term life lessons. Because schools are universally short on staff, time and money, the Initiative strives to be a resource for them. We sponsored a Wellness Summit in August 2005 to prepare the districts for developing and implementing wellness policies in their schools. We collected data from each school in Union County from questionnaires along with the mandatory kindergarten, 5th and 9th grade physicals. We then gave each school a report on the percentage of overweight children in each school district and on their students' eating and activity habits. Our plan is to collect this data annually.

The Healthy Futures Initiative recognizes the positive influence that schools can play in the overall health of children. We will continue to partner with school programs across Union County to ensure that all child health issues are being addressed.