When Kids Win, Communities Win
A Status Update on Childhood Obesity Prevention in the States
Dr. Maya Rockeymoore | July 21, 2014

Understanding the “Big Picture”
Where are we vulnerable?
Elements of Successful HEAL Policy Strategies
Co-benefits of HEAL Policies
Trends in Childhood Obesity

U.S. Childhood Obesity Rates

- AGES 2-5
- AGES 2-19
- AGES 6-11
- AGES 12-19


Source: Journal of the American Medical Association

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Obesity Rates Drop Among Children in 18 States

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Local Efforts to Prevent Obesity Show Promise

Societal Energy Imbalance

Good Stuff

Bad Stuff

- Sugary Foods and Drinks
- Marketing Unhealthy Foods
- Sprawl
- Sedentary Entertainment

- Car Dependence
- Universal Design
- Healthy Food
- Parks & Recreation
- Active Play, Walking, Biking
- Health Impact Assessments
Vulnerable Populations Still at Risk

- African American and Latino youths are more likely to be overweight or obese than their white peers.
- Native American and subpopulations of Asian American/Pacific Islander/Alaskan Native children are more likely to be overweight or obese than their white peers.*
- Prevalence of overweight and obesity is higher among rural children than urban children.

*Based on select studies, not a national sample.

Obesity Disparities by Income in Colorado

Percentage of Colorado adults who are obese, by education, 2007

<table>
<thead>
<tr>
<th>Education</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school dropout</td>
<td>25.8%</td>
</tr>
<tr>
<td>High school graduate or GED</td>
<td>21.6%</td>
</tr>
<tr>
<td>Some college (1-3 yrs)</td>
<td>20.9%</td>
</tr>
<tr>
<td>4+ yrs of college</td>
<td>15.2%</td>
</tr>
</tbody>
</table>

Percentage of Colorado children who are obese, by household income, 2007

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below $25K</td>
<td>24.7%</td>
</tr>
<tr>
<td>$25-$50K</td>
<td>11.9%</td>
</tr>
<tr>
<td>$50-$75K</td>
<td>15.7%</td>
</tr>
<tr>
<td>Above $75K</td>
<td>8.8%</td>
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<td>16.1%</td>
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</table>

Multi-Pronged Approaches

...make the best obesity prevention policy.

**Physical Activity and Education**

**Nutrition**

**Pricing Strategies**

**Built Environment**

**Food Marketing**

Local and State Approaches

- Improving food access
- Promoting local food and direct food marketing
- School nutrition
- Farm-to-institution programs

**Nutrition**
### Other Approaches

#### Built Environment
- Cycling, walking and complete streets
- Transit-oriented development
- School siting
- Pedestrian-friendly roadways and intersections

#### Physical Activity and Education
- In-school physical activity requirements & standards
- Joint use agreements
- Collection of BMI data and other health indicators

#### Pricing Strategies
- Incentives for healthy food purchases
- Taxes on sugar-sweetened beverages
- Incentives for active transit

#### Food Marketing
- Limits on the marketing of unhealthy foods to kids, in or near schools, or within government buildings and agencies

### Successful HEAL Policy Approaches

- Develop “high leverage, community-wide, multi-level strategies designed to effect policy, systems and environmental change within government, schools, work sites, communities and places of worship”.
- Involve interagency and intergovernmental collaboration to improve HEAL access, opportunities, and information
- Utilize innovative and supportive partnerships that involve the academic, healthcare, business, and civic sectors
- Focus on vulnerable populations
- Extensive community involvement, needs assessment, and feedback
**Health in All Policies**

Health | Education | Economy | Environment | Energy & Transportation | Agriculture

**Policy Alignment**

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**Targeted Universalism Policies**
- Target groups within a population-wide framework
- More cost
- Less stigma
- More public support
- Broad and concentrated impact

**Universal Policies**
- Reach more people
- More public support
- Less stigma
- Higher cost
- Broad impact

**Targeted Policies**
- Reach selected groups
- Less public support
- More stigma
- Less cost
- Limited impact
**Targeted Universalism**

- Inclusive but targets marginalized
- Conscious of Race, Class, Gender
- Makes connection to social determinants
- Addresses geography of opportunity constraints
- Prioritizes Equity of Outcomes
- Promotes linked fate and collective solutions
- Participatory Policy making
- Recognizes how people are differently situated

**Policy Co-Benefits**

**Policies do not occur in a vacuum!**

- Consider HEAL policies as a means to achieve other policy goals.

- Use policy co-benefits to engage other policy-makers in HEAL activities.
HEAL Co-Benefits: Economic Development

Walkable, mixed-use development can provide **economic benefits** to local governments, homeowners & real estate markets.

Rhode Island found it could save almost $72 million a year by preserving open spaces & building new housing in compact urban spaces.

RED + USE

Redeveloping Portland into a walkable, mixed-use community has led to a 20-30% increase in home sales.

HEAL Co-Benefits: Academic Achievement

Promoting quality nutrition in schools can improve in-school **performance, cognitive skills & attitudes**.

Children with better diet quality have improved academic performance & classroom behavior.

15 to 30 minutes of daily physical activity can improve academic focus.
HEAL Co-Benefits: Climate Change

HEAL changes to the built environment can help reduce carbon emissions.

Green spaces help capture carbon emissions by providing cooling shade, flood storage, and reduced run-off.

Local-procurement strategies can reduce the environmental cost of food production & increase the availability of healthy foods.

Other HEAL policy co-benefits include...

The prevention of hunger and malnutrition.

Improved community & neighborhood safety.

Improved worker productivity.

Increased federal savings in health care costs, including Medicare & Medicaid.
Low and No-Cost Policies

Leverage existing resources
Redirect current funding
Advance "win-win" policies
Partner & collaborate with public and private entities

Low and No-Cost Policies

- Obesity Prevention Councils
- Joint Use Agreements
- Public Use Plans, Zoning, and Ordinances
- Supervised Recess
- Farmers Markets
- Healthy Food Procurement and Vending
- Marketing in Schools
Looking Forward

• **Education matters**  
  Do people understand?

• **Programs matter**  
  Will people use what’s made available?

• **Policy design matters**  
  Is it effective? Does it promote equity?  
  • Accountability Levers  
  • Targeted Universalism

THANK YOU.

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