

# 2021- 2025 CLOCC Policy Agenda

## Policy Priorities that Pertain to Upstream, Root Causes and Social Influencers of Obesity:

### Advocate for Policies, Executive Actions, and Other Strategies that dismantle structural racism.

A robust body of evidence supports the conclusion that structural racism in the U.S. contributes to and perpetuates health disparities. The term “structural racism” refers to “the totality of ways in which societies foster racial discrimination, through mutually reinforcing inequitable systems (e.g., in housing, education, employment... and so on) that in turn reinforce discriminatory beliefs, values, and distribution of resources...”<sup>1</sup> Together, these factors undermine the health and well-being of Black people specifically and people of color in general. Structural racism has direct effects on obesity through physiological responses and indirectly through influences on diet and activity. CLOCC will work with partners at the local, state, and federal levels to support efforts to eliminate this deeply rooted system of disadvantage through legislation, regulation, or institutional policies and practices.

### Advocate for Policies, Executive Actions, and Other Strategies that address social influencers of health and obesity.

An extensive literature base presents the linkages between nutrition, physical activity, and obesity and a broad range of social inequalities. The CLOCC network has explored relationships in the areas of housing inequity, disparities in mental health status and supports, discriminatory immigration policy, and inequitable differences in the built environment. Food security, education, and access to health care are among the other social influencers of health that have an impact on obesity. CLOCC will support community-driven, evidence-based, and promising-practice strategies to address these and other upstream factors. This support includes ensuring that obesity-related upstream factors and downstream effects are included in “We Will Chicago” and other citywide planning efforts.

## Policy Priorities that Pertain to the Allocation of Financial and Other Resources for Obesity Prevention:

### Support Collaboration between Schools and Health Agencies in the City and State for Surveillance of Childhood Obesity and Related Issues.

Surveillance of this nature can help direct resources to geographic areas and population groups that need them most. Since 2004, CLOCC has been advocating for a statewide child health examination surveillance system (CHES) that includes body mass index (BMI) data to monitor childhood overweight/obesity in the State, using data from the mandated Child Health Examination form. Since 2011, the Chicago Department of Public Health and Chicago Public Schools have been collaborating to analyze and report on BMI data among CPS students. CLOCC will continue to support this collaboration and advocate for its sustainability. CLOCC will continue to seek opportunities to partner with organizations across Illinois to advocate for childhood obesity surveillance at the state level.

### Advocate for Dedicated and Sufficient Funding for Obesity and Obesity-Related Interventions at the Federal, State, and Local Levels.

The U.S. Congress directs funding to federal agencies through the budget and annual appropriations process. The U.S. Centers for Disease Control and Prevention, the U.S. Departments of Transportation, Education, Agriculture, and others have all used portions of their budget to support programs and strategies that have a positive impact on obesity prevention. Illinois and Chicago have benefitted from federal appropriations in the past. Illinois’s and Chicago’s executive and legislative branches make decisions about state and city budgets and agencies may then use their appropriations to advance strategies that could have a positive impact on obesity. CLOCC will work with local and national partners to educate legislators about the local impact of federal resources, advocate for increasing those streams, oppose efforts to reduce or eliminate them, and advocate for increased levels of funding from local budgets that can have a positive impact on obesity prevention.

<sup>1</sup> Bailey ZD, Krieger N., Agénor M, et al., 2017. “Structural racism and health inequities in the USA: Evidence and interventions.” *Lancet* 389:1453-1463.

For additional information about CLOCC's current Policy Priorities, please go to [www.clocc.net](http://www.clocc.net) or contact CLOCC at 312-227-7100 or [info@clocc.net](mailto:info@clocc.net).

## Policy Priorities that Pertain to Child-Serving Institutions:

### Support Implementation of Statewide Licensing Requirements for Child Care Centers and Extend Them to Daycare Homes and Group Daycare Homes.

CLOCC helped lead the way for changes in requirements set forth in IL Administrative Code Title 89, Part 407. These changes aim to improve nutrition, physical activity, breastfeeding, and the use of screen-based technology for children in licensed childcare centers. Challenges persist in the implementation of these requirements. Similar changes have yet to be made to Parts 406 and 408, which govern licensed daycare and group daycare homes. CLOCC will continue to work with partners through the Illinois Alliance to Prevent Obesity and with experts in the childcare arena to ensure that these improved standards contribute to the health of all children in all licensed care in Illinois.

### Higher Reimbursement for Child and Adult Care Food Program, Protection of and Improvement in Nutrition Standards in Federally-Funded Food Programs

Higher federal reimbursement rates are necessary for the provision of foods that meet nutrition standards in federally funded food programs (e.g., school lunch). While improvements have been made in these standards since 2011, more recent moves at the federal level have weakened some. Full implementation remains challenging. CLOCC will continue to work with partners in early childhood, education, and nutrition to protect improved nutritional standards and advocate for stronger standards as needed, including advocating for higher reimbursement rates at the federal level. CLOCC will also advocate for broadening participation in these programs.

### Advocate for Planning, Implementation, and Evaluation of the Whole School, Whole Community, Whole Child (WSCC) Model in school systems.

According to the U.S. Centers for Disease Control and Prevention, “[t]he education, public health, and school health sectors have each called for greater alignment that includes integration and collaboration between education leaders and health sectors to improve each child’s cognitive, physical, social, and emotional development.”<sup>2</sup> The WSCC model represents this alignment and contains 10 components, including a focus on nutrition and physical activity that link student health and wellness to the school environment, and to broader community factors – making more explicit the social influencers of health as they relate to the educational setting. CLOCC partnered with Chicago Public Schools to pilot the WSCC model and to gather and disseminate information about opportunities and challenges to its implementation. CLOCC will continue to play this leadership role and advocate for the inclusion of WSCC and/or its components in local school wellness policies in Chicago and across Illinois.

### Ensure Quality and Sufficient Quantity of Physical Education in Chicago Schools.

According to the CDC, “[p]hysical education is the foundation of a Comprehensive School Physical Activity Program. It is an academic subject characterized by a planned, sequential K–12 curriculum that is based on the national standards for physical education. Physical education provides cognitive content and instruction designed to develop motor skills, knowledge, and behaviors for physical activity and physical fitness. Supporting schools to establish physical education daily can provide students with the ability and confidence to be physically active for a lifetime. While daily P.E. may not be feasible for all schools, national guidelines recommend 150 minutes/week in elementary schools and 225 minutes/week in middle and high schools, for the entire school year (36 weeks).<sup>3</sup> CLOCC will support efforts to ensure quality P.E. and to increase equity in access to quality P.E. in Chicago schools.

<sup>2</sup> <https://www.cdc.gov/healthyschools/wsc/index.htm>. Accessed 12/3/2020

<sup>3</sup> U.S. Centers for Disease Control and Prevention and Springboard to Active Schools, “Strengthen Physical Education in Schools.” [https://www.cdc.gov/healthyschools/physicalactivity/pdf/PE\\_Data\\_Brief\\_CDC\\_Logo\\_FINAL\\_191106.pdf](https://www.cdc.gov/healthyschools/physicalactivity/pdf/PE_Data_Brief_CDC_Logo_FINAL_191106.pdf) (accessed 12/4/2020)

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## Policy Priorities that Pertain to Healthy Food Access:

### Support Efforts to Strengthen the Local Food System, Increase the Emphasis on Healthy Foods, and Improve Food Equity.

From a focus on agriculture and urban farming to diverse and community-driven models for food retail to innovations in how people access food, a broad range of legislative and regulatory strategies are needed to ensure equitable access to healthy foods, especially in communities with a greater burden of or increased risk for obesity and obesity-related chronic disease. CLOCC will support and advance equitable, evidence-based and best-practice policy solutions to strengthen local and regional food systems. CLOCC will advocate for strategies at the federal level that can have a positive local impact (e.g., Farm Bill, Child Nutrition Re-Authorization, protecting SNAP) and support efforts at the state, county, and local levels that advance local healthy food production (e.g., urban agriculture, community gardens). CLOCC will also advocate for innovations in food access and distribution (e.g., regional food hubs, inclusion of food delivery in food assistance programs) including increased collaboration across agencies and sectors to improve coordination in the food system.

### Advocate for Strategies to Reduce Food Insecurity, Including in Federal, State, and Local COVID Fiscal Response.

The global COVID-19 pandemic has illuminated the connections between chronic disease and infectious disease, with obesity being one of the most significant contributors to severe morbidity and mortality. The ensuing economic crisis has exacerbated food insecurity, with child hunger levels on the rise. CLOCC will advocate for an emphasis on obesity-related resources in economic recovery and stimulus efforts in the short-term and continue to advocate for enough funding of obesity prevention over the long-term, including advocating for recovery funding for states and municipalities if portions of those funds are dedicated to obesity and chronic disease prevention and related efforts (e.g., transit and food access).

### Limit Marketing of Unhealthy Foods to Children.

Food marketing of unhealthy foods to children adversely influences their eating preferences. While some corporations have taken voluntary steps to change their practices to limit this effect, evidence suggests that these steps are weak and have not resulted in desired changes in consumption patterns. More work is needed. CLOCC will work with partners to discourage the marketing of unhealthy foods and encourage marketing of healthy food to children.

### Advocate for Local, State, and Federal Efforts to Disincentivize Consumption of Sugar-Sweetened Beverages and Increase Water Consumption.

Sugar sweetened beverages are the number one contributor of excess calories in U.S. diets. While Cook County and the State of Illinois have yet to successfully pass an excise tax on sugar-sweetened beverages, other communities have experienced great success and raised important revenue for health and education. Taxation is just one strategy that can disincentivize consumption. CLOCC will work with partners to research the feasibility of diverse options and to support those that could have a positive impact at the local, county, state, and federal levels. CLOCC will also advocate for efforts to increase water consumption and promote water as a healthy alternative to sugar-sweetened beverages (e.g., in childcare and schools).

## Policy Priorities that Pertain to Physical Activity:

### Advocate for Equity in All State, Regional, and Local Funding Mechanisms that Support Public Transit, Pedestrian and Bicycling Projects, and Active Transportation Planning and Programs.

Transportation funding mechanisms overwhelmingly prioritize automobile travel over ped/bike/transit travel at all levels of government. Lower-income people of color disproportionately depend on walking, biking, and public transportation for essential travel. Transportation funding equity demands a higher proportion of overall transportation dollars to be dedicated to these active travel modes. Transportation equity also requires that communities with the

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greatest transportation needs receive a higher share of resources and support. Mechanisms like funding set-asides, weighted scoring of proposals, the elimination of local match requirements, and dedicated funds for planning and capacity building should be pursued to help level the playing field for historically marginalized communities. CLOCC will advocate for these and other strategies to increase funding of active transportation projects and achieve more equitable distribution of funds within those projects.

### **Promote Compliance With, Strengthening of, and Transparency in Complete Streets Policies and Implementation at the State, Regional, County, and Local Levels.**

While most streets in Chicago are city streets that fall under the jurisdiction of the Chicago Department of Transportation, Chicago also contains county and state routes. Chicago, Cook County, and IL have all made complete streets commitments of varying degrees. In some cases, more concrete policies are needed. In all cases, implementation is ongoing, but work remains to achieve full implementation. CLOCC will support the adoption of these policies and their effective implementation to ensure equitable street access for all users, especially those who use non-motorized transportation.

### **Ensure Active Transportation Inclusion in Transportation and Relevant Non-Transportation Federal Legislation (i.e. Energy, Health, Labor) Consistent with National Transportation Objectives.**

Active transportation is transportation that encourages and promotes safety, physical activity, health, recreation, social interaction, equity, environmental stewardship, and resource conservation. While transportation legislation is a key place for inclusion, legislation from other sectors could also include language that prioritizes active transportation. CLOCC will advocate for active transportation principles, consistent with National Transportation Objectives, to be included in relevant federal legislation.

### **Policy Priorities that Pertain to Clinical Care and Services:**

#### **Higher Reimbursement for Clinical Care, Nutrition Services, and Physical Activity Programs for Children/Families.**

As childhood obesity rates climb, an increasing number of children with obesity will require clinical care and/or community programs to assist in management of weight and associated medical problems. A paucity of available programs, gaps in quality among existing programs, and regulatory barriers to participation all combine to create an inadequate landscape for weight management and obesity treatment. Current health care insurer payments for these services – even those recommended by federal agencies – is so low that it prevents the development of enough services to meet current needs. CLOCC will work with partners to address issues of availability and quality and expand coverage by public and private insurance programs, to improve access. Such efforts may also include advocating for a broader definition of what is considered eligible for coverage, for example, breastfeeding supports, purchasing of healthy food, or public transportation use.

#### **Support a Continuity of Care Model to Support Breast Feeding, Including Enforcement of Existing Laws.**

In 2017 the National Association of County and City Health Officials (NACCHO) released an issue brief, "Breastfeeding and Continuity of Care: Closing the Care Gap." NACCHO defines breastfeeding Continuity of Care as "the process by which families are given consistent, high-quality breastfeeding education and support and adequate care coordination across all providers and service institutions within their community, from the prenatal period through weaning."<sup>4</sup> Illinois has several state laws that promote and protect a woman's right to breastfeed. Barriers still exist for working women and in access to supportive services and equipment. CLOCC is committed to working with our partners to educate individuals and organizations about existing laws, to assure that existing laws are implemented so that breastfeeding women are supported, and to eliminate barriers to breastfeeding in all relevant sectors of communities.

<sup>4</sup> <https://www.naccho.org/uploads/downloadable-resources/Breastfeeding-Continuity-Care.pdf> (accessed 12-4-2020)