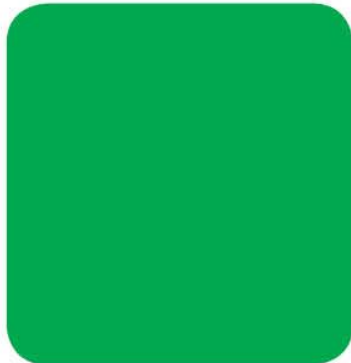
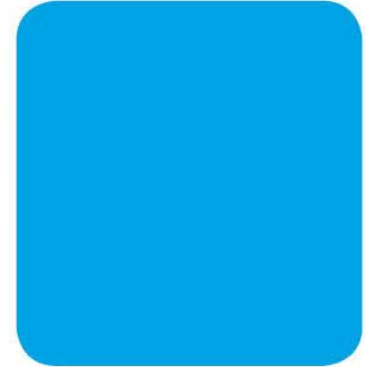


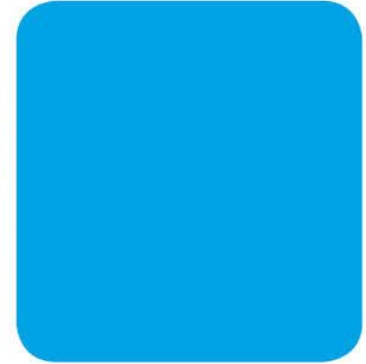
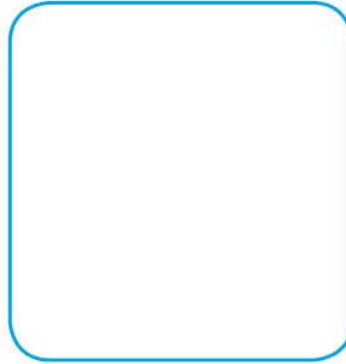
A Vision of the Future of Childhood Obesity Prevention in Chicago



Overview

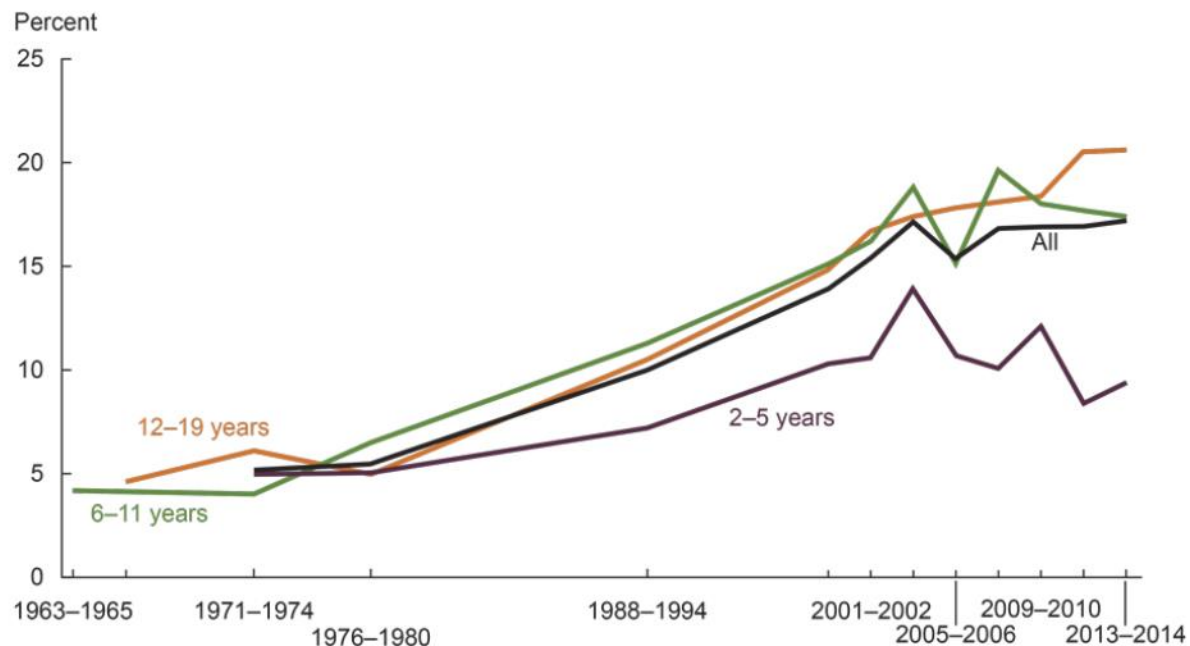
- The current state of affairs of Childhood Obesity and the “next wave” of the epidemic
- Consortium recommendations for future progress on Blueprint goals and objectives
- Advancing a Health Equity Framework for Childhood Obesity Prevention
- Addressing Social Determinants of Health
- Possible changes to CLOCC’s network and capacity building activities

Current State of Obesity



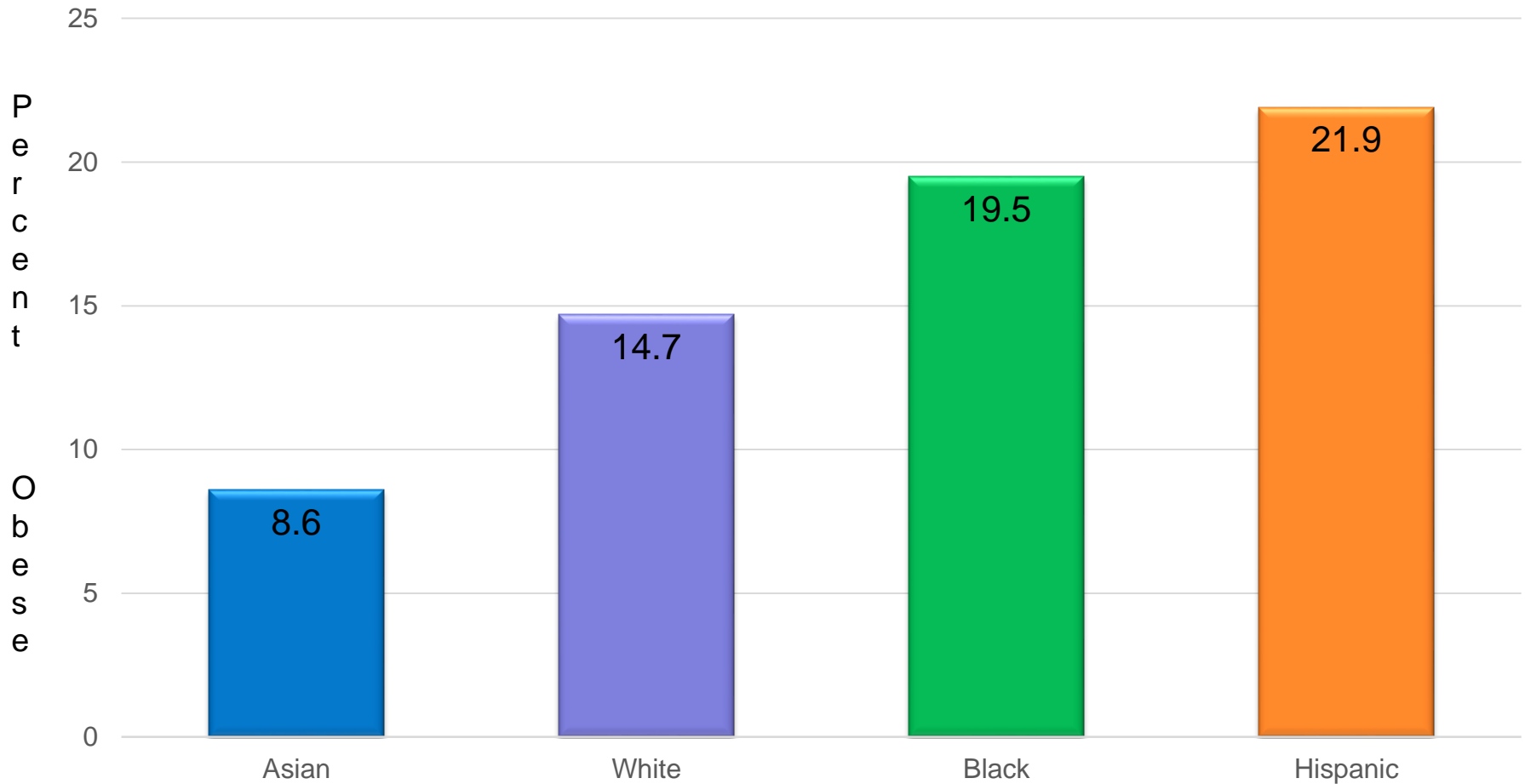
The Current State of Affairs

Figure. Trends in obesity among children and adolescents aged 2–19 years, by age: United States, 1963–1965 through 2013–2014

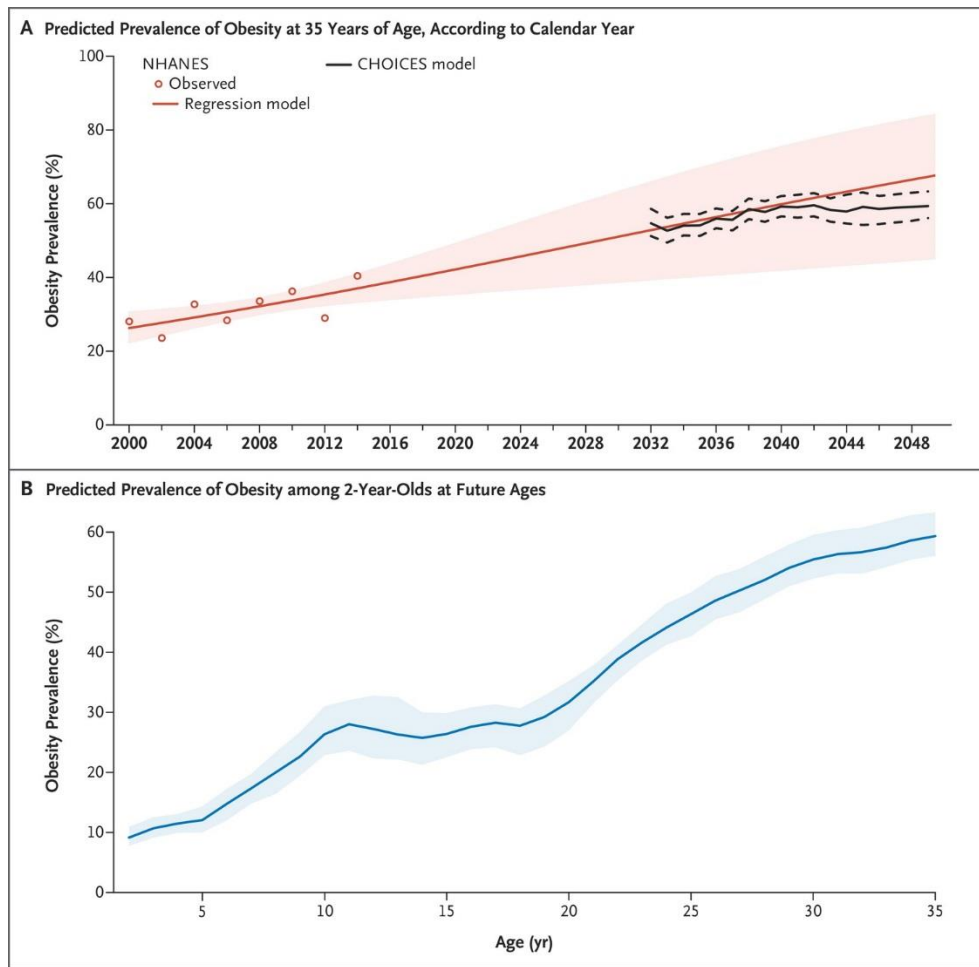


NOTES: Obesity is defined as body mass index (BMI) greater than or equal to the 95th percentile from the sex-specific BMI-for-age 2000 CDC Growth Charts.
SOURCES: NCHS, National Health Examination Surveys II (ages 6–11) and III (ages 12–17); and National Health and Nutrition Examination Surveys (NHANES) I–III, and NHANES 1999–2000, 2001–2002, 2003–2004, 2005–2006, 2007–2008, 2009–2010, 2011–2012, and 2013–2014.

The Current State of Affairs



The Future State of Affairs

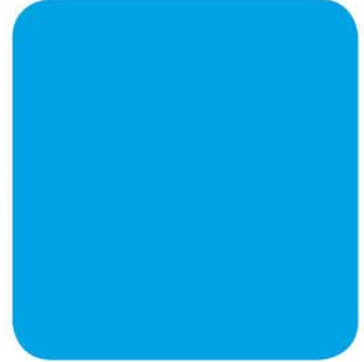
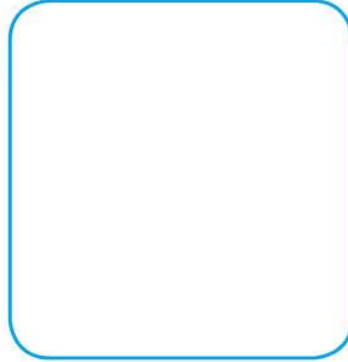


Ward et al., 2017. "Simulation of Growth Trajectories of Childhood Obesity into Adulthood." *New Engl J Med*, 377:22; pp.2145-53.

Current Federal Actions and Words

- Washington Post.com (May 1, 2017): **“Trump official freezes Michelle Obama’s plan to fight childhood obesity”**
- Administration’s proposed budget strips funds from Transportation Investment Generating Economic Recovery (TIGER) grants
- Leaked White House Memo (reported on Crooked Media) suggests a move away from childhood obesity prevention investments
- Coupled with ongoing efforts to eradicate (or undermine) the Affordable Care Act, Public Health and Prevention Fund support of obesity prevention likely to disappear
 - CDC initiatives: CPPW, CTG, PICH were all funded under PHPF

Continued Needs for Advancing Blueprint Strategies



Obesity Prevention Actions for 2018 and Beyond

- Food Access
 - More/better data to link access (or lack thereof) to health; and to evaluate food access strategies using behavioral and health indicators
 - Even better utilization of vacant space for growing, food retail, other kinds of food production (especially on south side)
 - Expand double-value programs in farmers markets and other healthy food retail venues
 - Expand corner store interventions to increase availability of culturally appropriate and affordable fruits, vegetables, whole grains, and low-fat dairy
 - Expand participation on Summer Food Program in lower-income communities
 - Better promotion of healthy food access points across the city – with more consumer demand building through nutrition education and incentives
- Physical Activity and Built Environment
 - More equity in placement of infrastructure, access to programs (e.g., parks, after-school, camps, Divvy)
 - Continued and increased addressing of safety concerns – both traffic and personal safety
 - Better promotion of physical activity and PA spaces through signage, more programming, advertising, and community engagement in developing new or expanding infrastructure

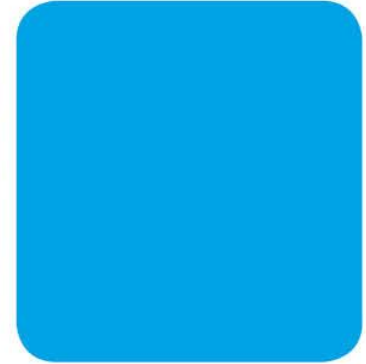
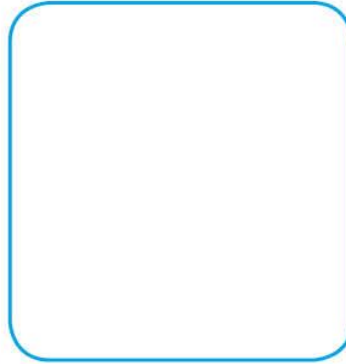
Obesity Prevention Actions for 2018 and Beyond

- School Systems
 - More equity in distribution of wellness resources (specific attention needed on far south side)
 - Evidence-based messaging to system and individual school leaders about importance of health and wellness for student achievement
 - Clarification for schools on requirements of local wellness policy (Healthy CPS and other district/state wellness policies)
 - Better/more evaluation of impact of wellness activities on student health and school-level factors
 - Better connections between healthcare and school sector to ensure students don't "fall through the cracks"
- Early Childhood
 - Links to services and resources that childcare providers can utilize
 - Current school-focused and elementary school age strategies can be adopted for early childhood
 - Extend farmers market double value program to WIC
 - Use media to better inform Chicagoans about early childhood challenges and solutions
 - Support implementation of Rule 407 (training, auditing for providers) and advancement of changes for Rule 406/8
 - Better data on breastfeeding rates and deeper dissemination of interventions to change policy and support breastfeeding women

Obesity Prevention Actions for 2018 and Beyond

- Business Sector and Industry Practices
 - SSB Tax with significant support for evidence-based obesity prevention programs and policy, systems, and environmental changes in communities and institutions
 - Address preponderance of marketing of unhealthy foods and beverages to children and their families
 - Support healthier formulations of foods and beverages available in retail, cultural institutions, and settings frequented by children (e.g., after-school programs, parks, schools, childcare)
- Health Promotion and Public Education
 - More effective use of social media – resources and toolkits for users
 - Consistency of message across organizations and sectors, with cultural relevance and health literacy as featured elements
 - Effective “branding” to make an impact on peoples’ knowledge, attitudes, and behaviors
 - Continue to elevate the importance of PSE in communications to help advance strategic resource utilization and policy
 - Meaningful engagement of community constituents in development of social marketing, health promotion messaging, and health education strategies

Enhanced Focus on Health Equity



CLOCC's Approach to Health Equity and Reducing Disparities

- Focus efforts in communities that experience disparities
- Engage representatives of communities experiencing disparities in decision-making
- Ensure that interventions are appropriate for members of communities experiencing disparities
- Emphasis on improvements needed at institutional and community levels, focus on policy, systems, and environmental changes

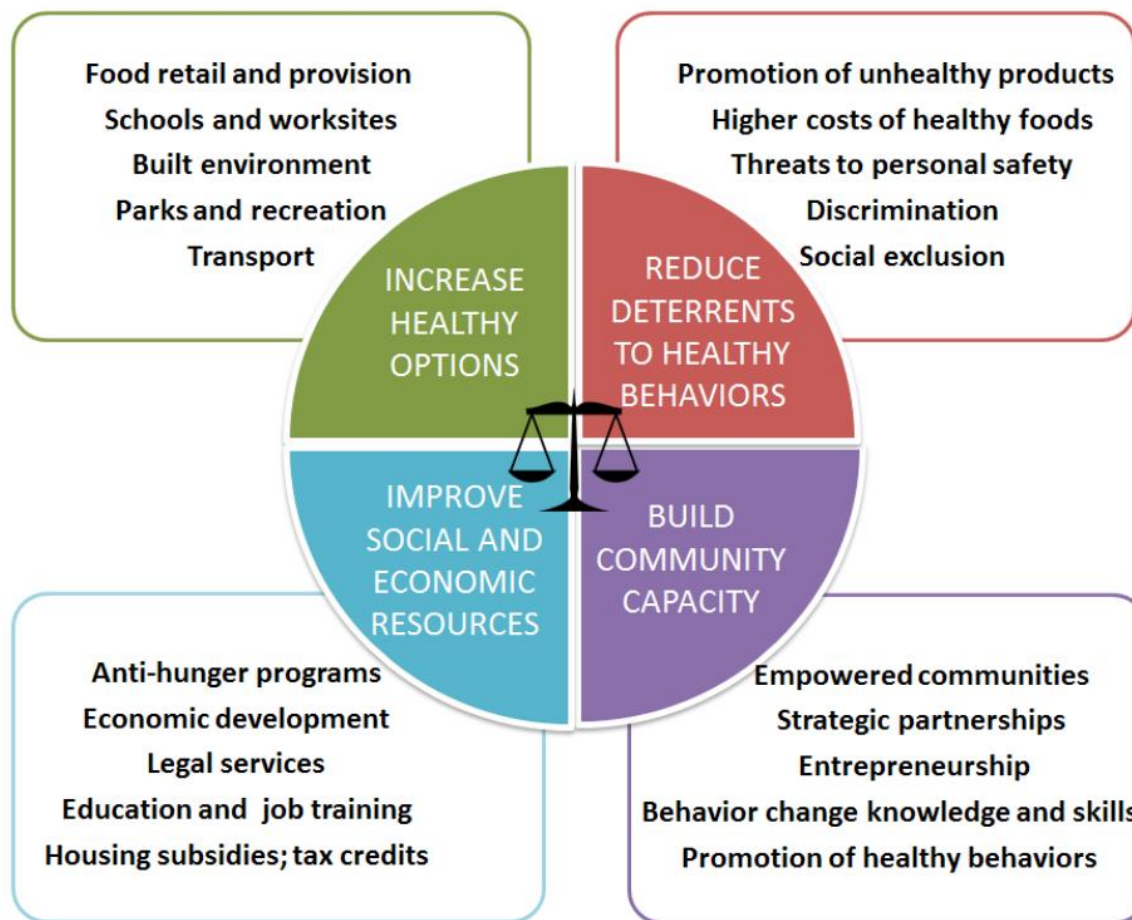
Policy, Systems and Environmental Change: An Approach to Addressing Inequities

- Policy, Systems and Environmental Change
 - Potential to affect *all* people
 - Sustainable

BUT

 - Can be “top down”
 - Communities may have disparate access to information about policy
 - Communities may have disparate ability to monitor policy implementation
- Link policy to communities experiencing health inequity
 - Ensure equitable access to information about policy
 - Build capacity to monitor policy implementation

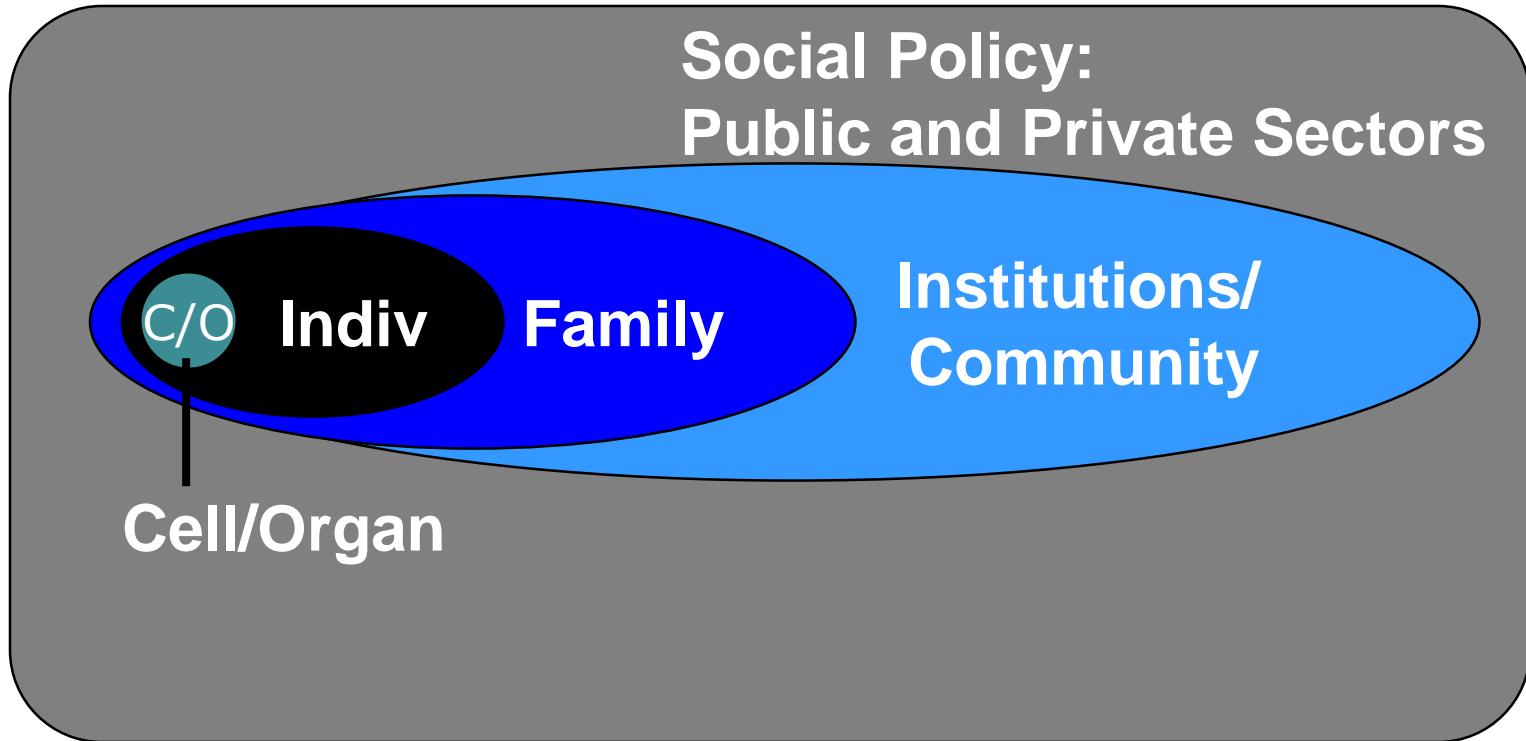
Advancing a Health Equity Framework



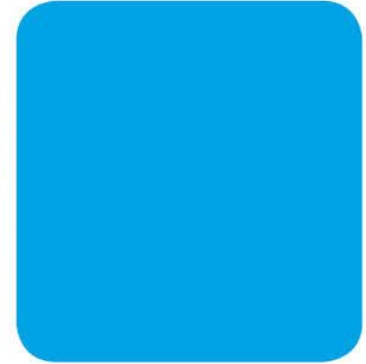
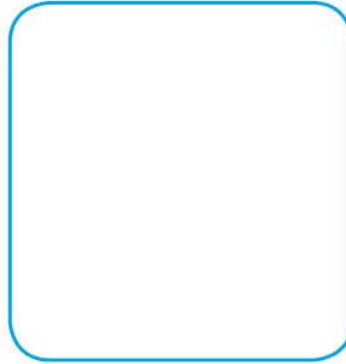
RWJF's Culture of Health Action Framework



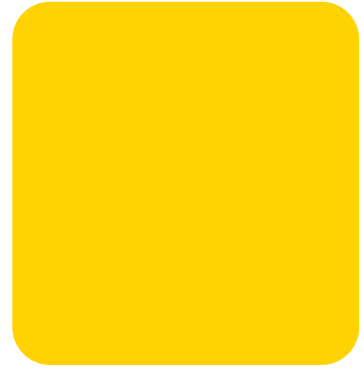
Ecological Model



Social Determinants & Childhood Obesity



Racism, Immigration, and Obesity



Race and Racism

- “Race” understood to be a social construct (Boaz, 1940; Takaki, 1933; Krieger, 2001)
- Racism has been defined as a multi-level construct (Jones, 2000):
 - Individual level – internalized racism
 - Interpersonal level – interactions between individuals
 - Institutional level – policies of organizations
 - Systems level – deeply entrenched norms
- Persons who self-report exposure to racism have greater risk for negative behavioral and physical health outcomes (Gee and Ford, 2011)
- Research has identified direct and indirect effects of racism on health

Direct and Indirect Impact of Racism on Health

- Direct Effects
 - Racism affects health directly through biological response
 - Exposure to racism influences negative health behaviors
- Indirect Effects
 - Differential exposures and opportunities
 - Economic and social deprivation
 - Toxic substances and hazardous conditions
 - Including obesogenic neighborhood conditions
 - Socially inflicted trauma or hate-based interpersonal violence
 - Inadequate health care
 - Targeted marketing of unhealthy products

*(Williams, Neighbors, and Jackson; 2003; Hyman, 2009)

Racism, Immigration, and Health

- Political discourse on immigration becomes an exposure to racism (with all of its health affects)
- Immigration policy differentially shapes access
- “Ethnic Enclaves”
 - “Enclaving” practices and policies
 - “Acculturation”

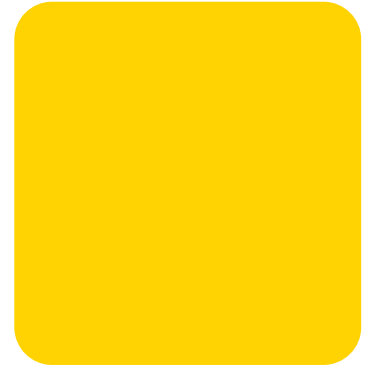
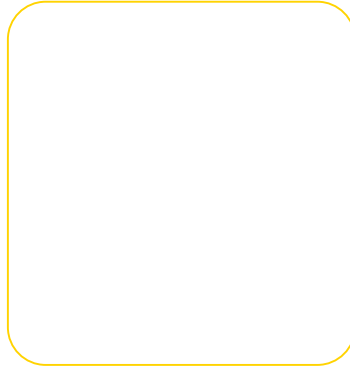
*(Viruell-Fuentes et al., 2012; Shi et al., 2015; Singh, Yu, and Kogan, 2003; Du and Xu, 2016)



Race, Immigration, and Marketing – A Complicated History

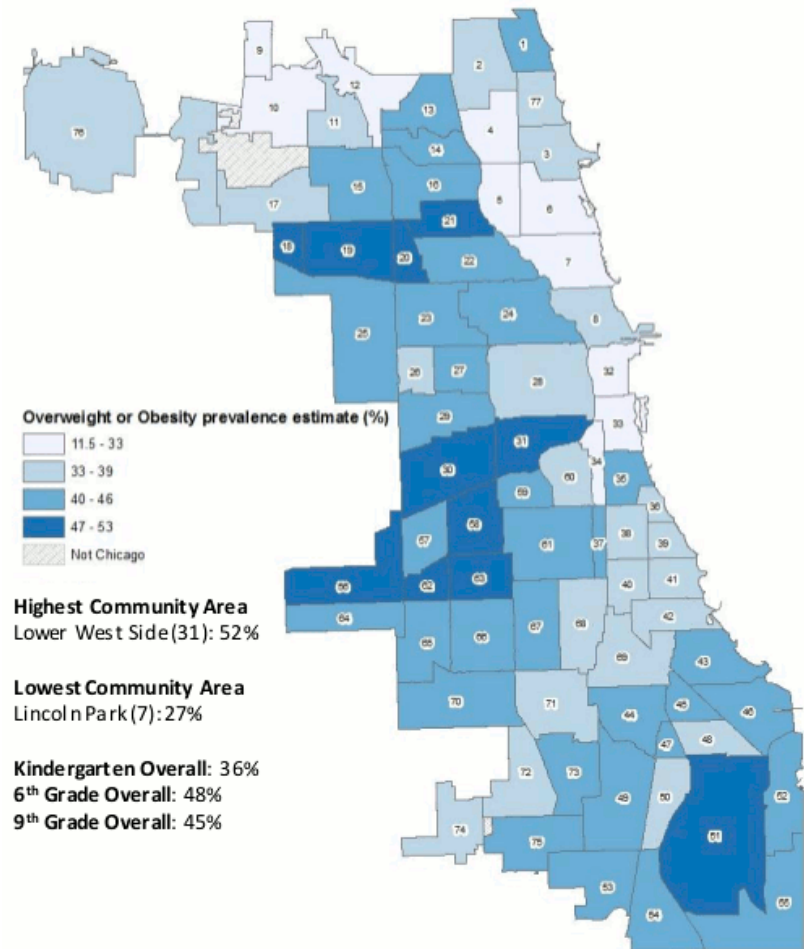


Segregation, Poverty, Education, and Obesity



Segregation and Its Effects in Chicago

- Chicago is one of the most segregated cities in the US (Metropolitan Planning Council, 2017).
- Obesity and poverty rates disproportionality high among African Americans and Hispanics (Chicago Health Atlas, 2017).
- Chicago obesity map parallels racial segregation



Income and Obesity

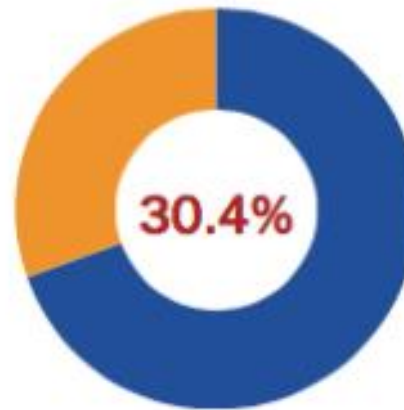
- Children living in low-income neighborhoods are 20-60% more likely to be overweight/ obese than their higher SES counterparts (The State of Obesity, 2017).
- Individual family income is stronger predictor of obesity than race or ethnicity (Demment, Haas, & Olson, 2014).
- Children living below the federal poverty level have an obesity rate of 2.7x higher than those 400% above (The State of Obesity, 2017).
- Poverty prior to age 2 increases risk of obesity in adolescence for both males and females (Lee et al., 2014).



Education and Obesity

- Children of parents with no high school diploma are 3x more likely to be obese than children of parents with a college degree (The State of Obesity, 2017).
- The relationship between education and obesity tends to be inverse in developed countries and parallel in less developed countries (Cohen et al., 2013).
- African Americans and Hispanics 3x less likely to have a college degree (Chicago Health Atlas, 2017).

Obesity Rates for Children Based on Parental Educational Attainment

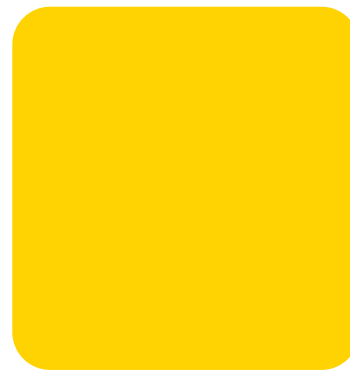


No High School Diploma



College Degree

Built Environment, Gentrification, and Obesity

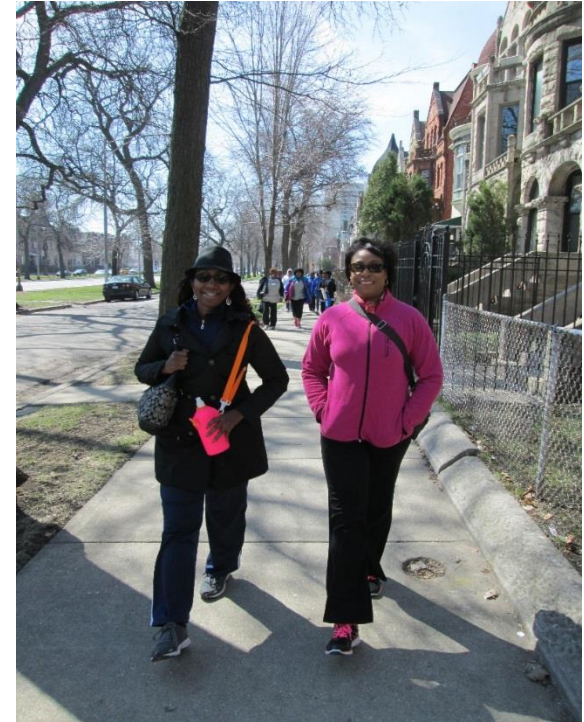


Built Environment Factors that Influence Physical Activity

- Land use mixture, traffic density and safety, and access to green space and recreational facilities (Almanza, Jerrett, Dunton, et al., 2012)
- Access to recreation facilities, supportive sidewalks, controlled intersections, destinations of interest, and public transportation.
- Number of streets to cross, traffic density, crime, and lack of available space for recreation associated with lower levels of activity.

*(Davison and Lawson, 2006)

- Lower-income communities and communities of color less likely to contain health promoting infrastructure
- Improvements may accelerate gentrification



When there are changes to the built environment or active transportation infrastructure, the societal effects cannot be ignored.

The report *Bicycling & Walking in the United States* found that **80% of complete streets projects saw an increase in property values.**

As a result of complete streets and other built environment projects, communities have experienced change, displacement, and gentrification. In Chicago, this change can be observed in the communities surrounding **The 606 trail.**

WELCOME TO THE 606!

Please keep the following in mind as you enjoy the park so that everyone can have fun and be safe.

- Keep right, pass left. Before you pass, call out "On your left."
- Standing still? Move aside and keep the path clear.
- Be courteous and use safe speeds.
- When traveling together, please walk in pairs.
- When crowded, please walk bikes on ramps.
- Mind your pets. Keep pets leashed and close by.

Park Open from 6 AM to 11 PM

By law, the following are not permitted in this park:

- Alcohol
- Littering
- Smoking
- Open Fires
- Unleashed Dogs

Thank you for your cooperation.

Improving Environments and Problem of Displacement

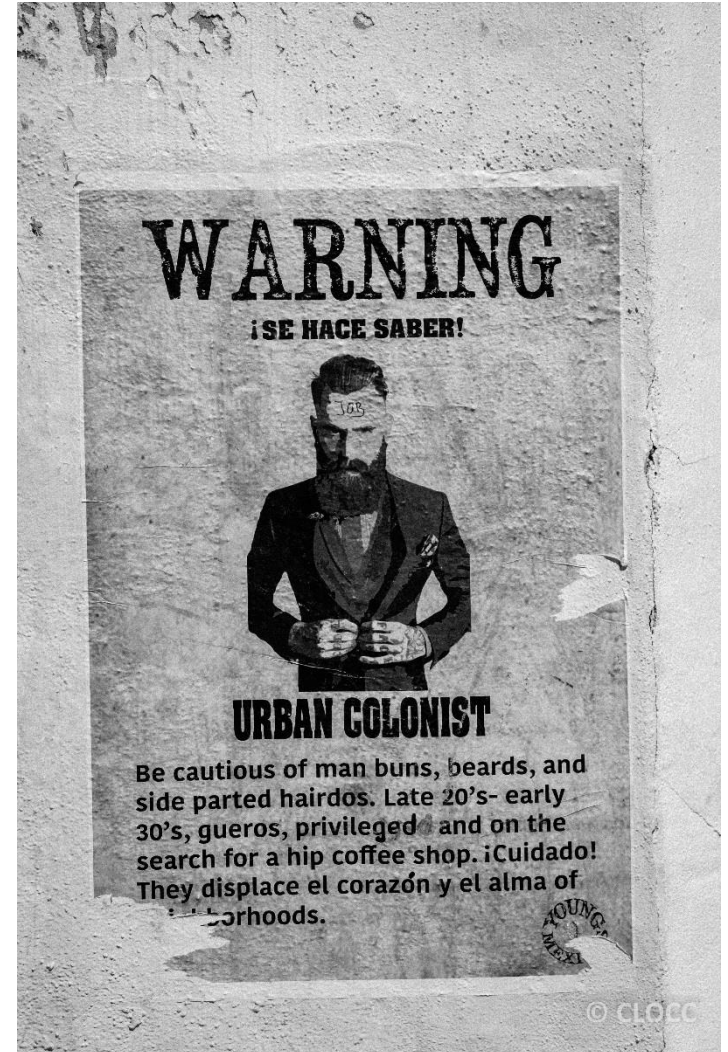
- A study on changes to the neighborhood pre-and-post introduction of the 606 refers to “**606 West**” (Logan Square and Humboldt Park) and “**606 East**” (Bucktown and Wicker Park).
- Demographic differences between the neighborhoods are noted in the table below:

Key Demographic and Socioeconomic Data	606 West	606 East
Median Household Income, 2010-2014	\$49,701	\$115,924
Renter Share, 2010-2014	25.5%	4.8%
Poverty Rate, 2010-2014	61.5%	41.5%
Latino Share, 2010-2014	67.3%	11.1%
4+ Person Household Share, 2010-2014	25.5%	9.4%

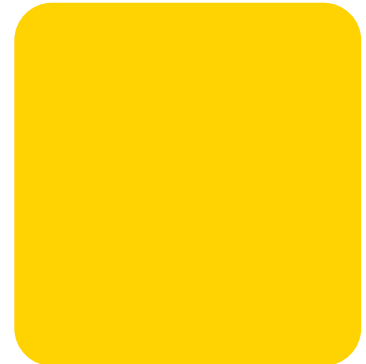
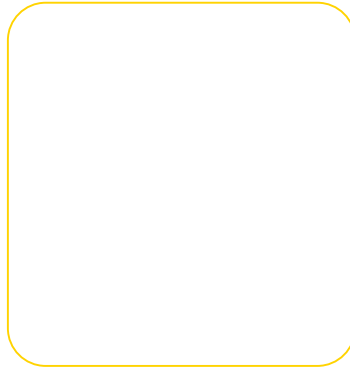
Table 1. Key Demographic and Housing Market Characteristics, 606 West and East (Smith et al., 2016b)

Improving Environments and Problem of Displacement

- Buyers were willing to pay a 22.3% price premium for properties in 606 West after 2012, compared with no additional premium for homes in 606 East.
- An increase of 48.2% in housing prices in 606 West in 2013 compared to a 13.8% increase in 606 East
- In inequitable “leveling out” by raising prices in the segment of the community with lower housing values pre-606
- Arguments persist over cause-effect
- Those of us advocating for community environment improvements **MUST** focus on strategies to reduce/eliminate displacement



Violence, Safety, Trauma, Stress, and Obesity

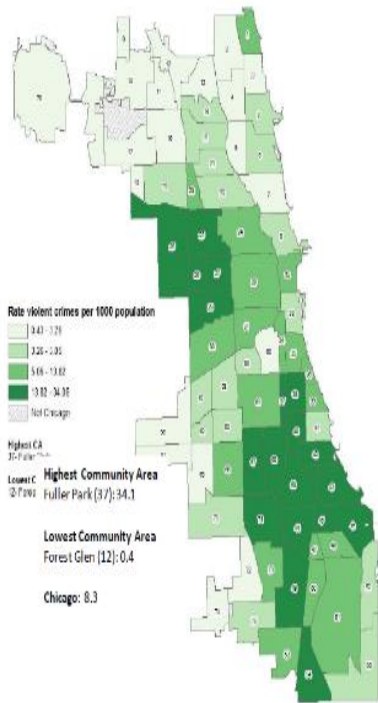


Violence, Stress, Safety and Trauma

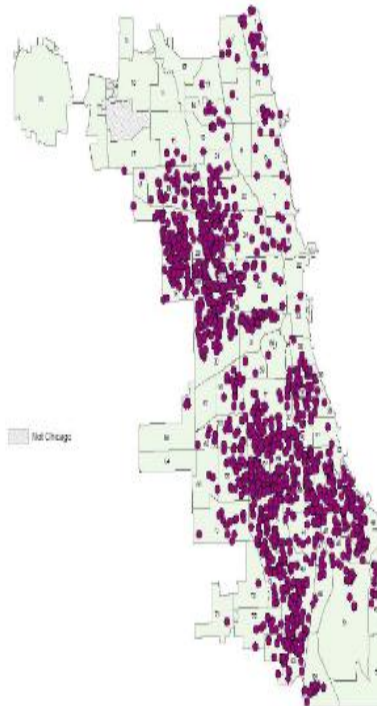
- Violence and the associated stress and trauma it causes have both physical and emotional/psychological effects on health
- Violence affects people on an individual and community level
- Studies of the presence of Adverse Childhood Experiences (ACEs) find children and adult with multiple ACEs are not uncommon
- Children living in poverty have been found to have high levels of stress

Violence, Stress, Safety and Trauma - Chicago

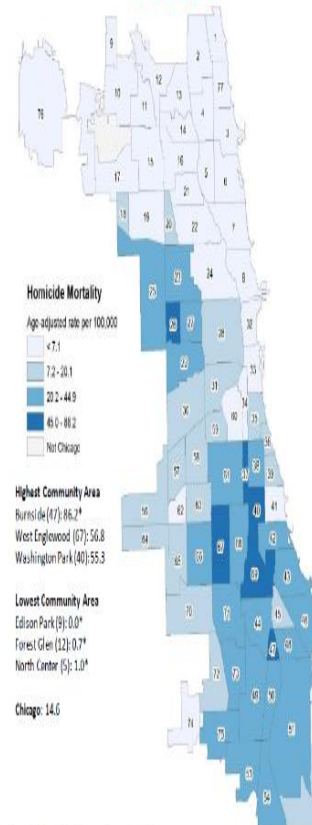
Violent Crime



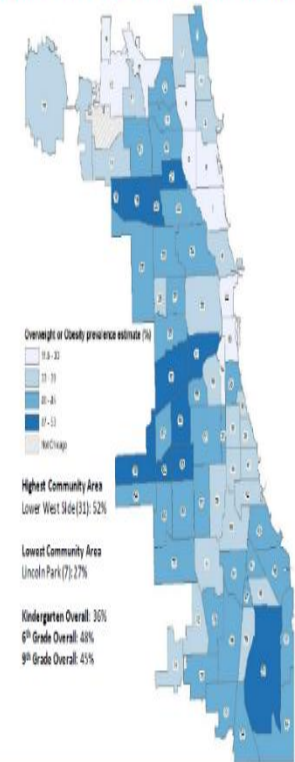
Non-fatal Shootings



Homicide



Obesity and Overweight in Kindergarteners, 6th and 9th Graders, 2012-13

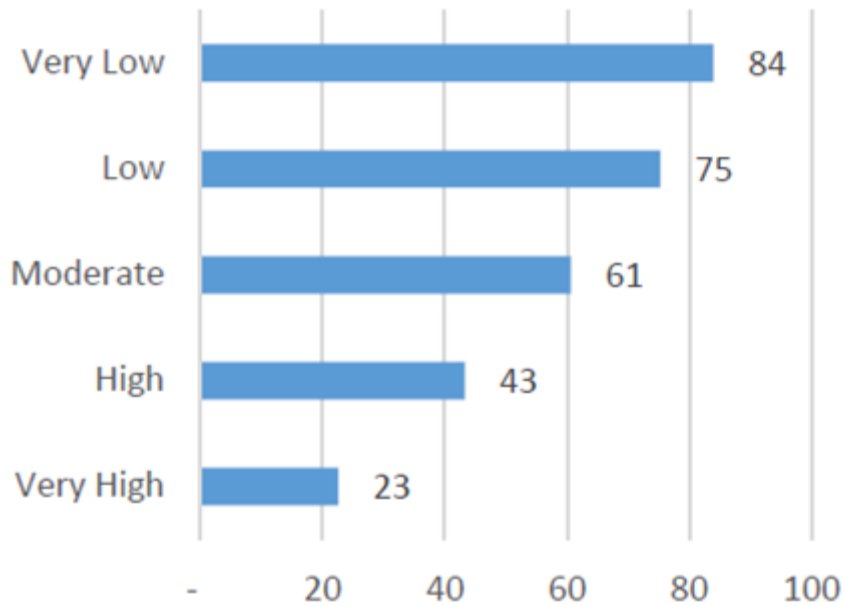


Source: Chicago Public Schools, 2012-2013

* Rates are unreliable due to the low number of reported deaths due to this cause during this period.

Trauma - Chicago

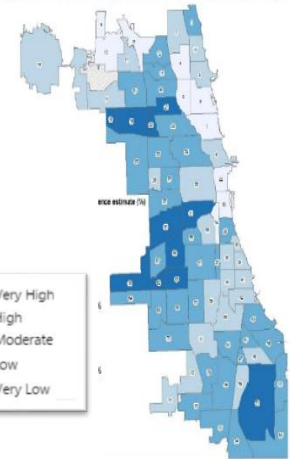
ED Visits and Hospitalization Rates* for Child Maltreatment Related Injuries by Child Opportunity Index Level, Chicagoans Aged 0-19, 2009-2014



*Rates per 100,000 children



Obesity and Overweight in Kindergarteners, 6th and 9th Graders, 2012-13



Source: Chicago Public Schools, 2012-2011

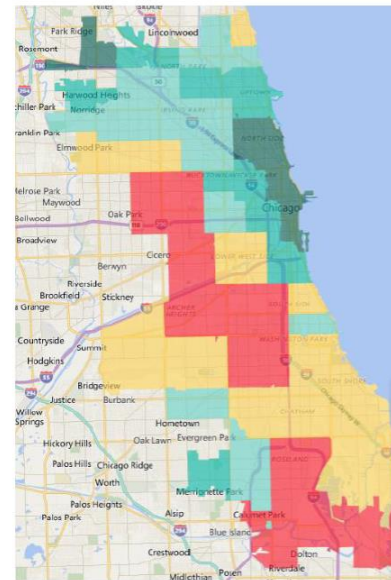
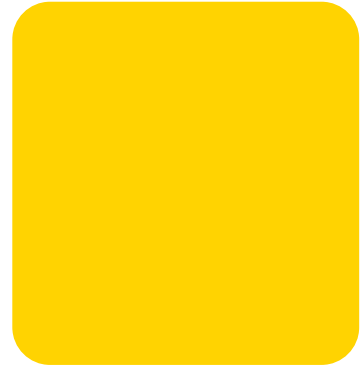


Figure 1: Child Opportunity Index, by ZIP Code in Chicago.

The Future of Obesity Prevention



The Seat Belt Allegory



Addressing Health Equity and Social Determinants of Health

- Dissemination of Information
 - QMs
 - Smaller trainings and educational sessions
 - E-newsletter
- Intervention Development
 - Health equity and social determinants frame
 - Direct strategies to address four quadrants of health equity framework
 - Partnering with organizations leading interventions on health equity and social determinants
- Advocacy
 - Engaging with housing, living wage, violence prevention, anti-racism, networks and organizations to support campaigns and legislation
- Tools and Resources at CLOCC.net



What do YOU think?