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An inter-governmental approach to childhood obesity in Chicago, Illinois

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Abstract

Childhood obesity continues to be a global epidemic. Prevention of this public health problem requires an inter-disciplinary and social ecological approach. This article describes the history, function, and structure of the City of Chicago's Inter-Departmental Task Force on Childhood Obesity (IDTF), a government coalition created in 2006 by four city agencies in Chicago with the support of staff from a multi-sectoral obesity prevention coalition, to confront the rising epidemic. Now with eleven member agencies, this award-winning task force offers lessons learned for other localities working to take a governmental approach to confront one of the greatest public health threats of our time. Recommendations are provided for governments of any size to consider as they address this global public health crisis.

Keywords: Government collaboration, task force, childhood obesity, obesity prevention

Introduction

Over the last three decades, childhood obesity (1-3) has emerged as a significant public health crisis in the United States (4) and around the world (5). Almost 35 million of the 42 million children under the age of five who are overweight are located in developing countries (6). In the United States, childhood obesity is a major concern, with researchers there predicting that this generation of American children will be the first to have a shorter lifespan than the preceding generation (4, 7). Although some age groups (8) and localities, such as New York City and Los Angeles (9), are beginning to demonstrate decreases in childhood obesity rates, disparities still exist; especially for children in lower-income, African American, and Latino communities (10).

According to data analyzed by the Consortium to Lower Obesity in Chicago Children (CLOCC), in

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Chicago, Illinois, young children in this city have had considerably higher obesity rates than children in the rest of Illinois and across the US. However, there are signs of improvement. Data analyzed by CLOCC show a decrease in obesity prevalence among 3-7 year olds over a five year period. A recent report indicates declines in obesity exclusively among Chicago Public School students (11). These improvements cannot be attributed to one intervention but are, in part, the result of significant coordination of obesity efforts in Chicago since 2002 (3). One important aspect of this coordination is the City of Chicago's Inter-Departmental Task Force on Childhood Obesity (IDTF).

The purpose of this work is to align and coordinate Chicago governmental agency efforts to plan, implement, and evaluate policy, systems, and environmental change (PSE) strategies to address the childhood obesity epidemic in Chicago. The task force prioritizes children between the ages of 0-18. However, the IDTF acknowledges that early intervention is critical and thus interventions tailored for the early childhood years of 0-5 are emphasized.

Background of government collaboration on childhood obesity prevention

Public health experts widely acknowledge that government has an essential role to play in protecting the public's health (12, 13). In the United States, state and local governments are authorized to protect the public's health, a concept known as "police power," and there is well-established precedent for government to exercise this power for childhood obesity prevention. For example, state and local governments have exercised this power to require the posting of nutritional information in restaurants, regulate the sale of junk food in schools, and impose zoning restrictions to limit the location of fast food establishments (14). Government is in a unique position to assess public health problems and coordinate implementation of policies, programs, and services to alleviate these issues (1, 13). Additionally, public health experts recognize the importance of an interdisciplinary approach with non-health governmental agencies' participation in the protection of the public's health (1).

Through Internet research and discussions with health departments across the US, the authors found that other obesity-focused government coalitions and task forces, such as those in the cities of New York, Boston, Baltimore, and Columbus, tend to convene for a delimited time to develop an agenda and work on specific topics on an as-needed basis. Some are created formally by legislation and others are developed based upon a call from a local government entity. Although other childhood obesity prevention task forces may exist, the authors believe that the City of Chicago's Inter-Departmental Task Force on Childhood Obesity is unique given the length of time it has been operational, its multi-pronged and multi-sector approach, and the city's ongoing commitment to its existence.

Background of Chicago's intergovernmental approach to childhood obesity prevention

The City of Chicago, situated in Northern Illinois, with a population of over 2.7 million (15) is a diverse urban area governed by a Mayor and City Council. In 2002, forty childhood obesity advocates convened to discuss a coordinated approach to the childhood obesity epidemic in Chicago (3,16). This discussion resulted in the establishment of the Consortium to Lower Obesity in Chicago Children (CLOCC), housed at Ann and Robert H Lurie Children's Hospital of Chicago. This network connects hundreds of organizations to support, coordinate, and unite partners to promote healthy and active lifestyles for children and families. Consortium partners use data to guide their efforts and frame their priorities. For example, prevalence data collected from student health records and community-based surveys have helped to prioritize age groups and geographic locations within the City for intervention. Environmental audit data collected by researchers and community members (e.g., street and sidewalk conditions, merchandise in food retail establishments) have helped partners to prioritize strategies to improve access to healthy food and safe opportunities for physical activity. CLOCC's primary focus is on

children aged zero to five, their caregivers, and their communities. CLOCC's work cuts across medical, government, corporate, academic, advocacy, and other sectors. Currently, more than 3,000 individuals representing over 1,300 organizations participate in the Consortium.

CLOCC initially engaged the government sector by creating a Governmental Policies and Programs working group. Co-chaired by representatives from two city agencies, the Chicago Department of Public Health and the Chicago Department of Family and Support Services, this working group was comprised of representatives from government agencies (including those who participated in the IDTF) and non-governmental organizations interested in policy (e.g., social service organizations, advocacy organizations dedicated to the prevention of obesity-related diseases, legal organizations that prioritize child health issues). Over time, CLOCC and city government leadership recognized the need for inter-governmental collaboration separate from efforts that included non-governmental partners.

In 2006, CLOCC's leadership approached the Chicago Department of Public Health (CDPH) with the idea of creating the Inter-Departmental Task Force on Childhood Obesity (IDTF). As the lead government agency, CDPH invited the Chicago Public Schools (CPS), the Chicago Department of Family and Support Services (DFSS), and the Chicago Park District (Parks) to join the effort. Since that time, seven other city agencies have joined (Table 1). In 2007, the IDTF hosted an event in a national series of "town-hall" meetings to gather input about childhood obesity. Six hundred Chicagoans attended the event, demonstrated support for the emerging IDTF, and helped develop its priorities.

Table 1. Inter-Departmental Task Force on Childhood Obesity Membership

IDTF Member Agency Name	Associated Acronym
Chicago Department of Public Health (lead agency)	CDPH
Chicago Department of Family and Support Services	DFSS
Chicago Department of Planning and Development	DPD
Chicago Department of Transportation	CDOT
Chicago Housing Authority	CHA
Chicago Park District	Parks
Chicago Police Department	CPD
Chicago Public Library	CPL
Chicago Public Schools	CPS
Chicago Transit Authority	CTA
Mayor's Office for People with Disabilities	MOPD
*Technical assistance provided by the Consortium to Lower Obesity in Chicago Children	CLOCC

Methods

The IDTF was created to develop a coordinated governmental response to the childhood obesity epidemic in Chicago. This multi-agency approach was based on the premise that the complexity of childhood obesity requires inter-disciplinary solutions. City governments, because they are comprised of a range of agencies with diverse expertise, have an important opportunity to coordinate across disciplines (1). In 2006, the founding four IDTF agencies established the mission: "Chicago's city government will play a leading role in confronting childhood obesity through an unprecedented level of coordination, the strategic provision of services, and the advancement of evidence-based practices and policies to improve nutrition and physical activity in a wellness-enhancing environment." The IDTF follows a social ecological approach to childhood obesity prevention, meaning that its interventions are focused on the environments in which children are developing (2); not solely on the children themselves.

To accomplish its mission, the IDTF meets monthly. Each department's leader designates one or more staff members to represent their agency; most often those whose day-to-day work aligns most closely with IDTF objectives. The Commissioner of Health periodically convenes an IDTF leadership meeting to update the other agency executives on progress and future plans. Each year, the IDTF sets annual objectives, using a three-pronged strategic approach as a guiding framework.

Strategy #1: Primary Prevention

The Task Force's primary prevention activities are intended to reach all children in Chicago. These activities include public education, data surveillance, environmental assessments, coordinated policymaking, and professional development for agency staff. The IDTF adopted CLOCC's 5-4-3-2-1 Go!® healthy lifestyle message which provides daily recommendations for children and families related to nutrition, physical activity, and screen-time (see www.clocc.net/partners/54321Go). Since 2008, the Task Force has disseminated 5-4-3-2-1 Go! by distributing materials throughout city facilities. In 2009, the IDTF contributed to a city-wide campaign to disseminate the message to 1.5 million Chicagoans with 8 million media impressions. Evaluation of the campaign suggests that those exposed to the message were more likely to adopt certain healthy behaviors than those who were not exposed (17).

A number of trainings delivered by IDTF member agencies were opened to staff from other IDTF agencies. The Department of Family and Support Services (DFSS) has invited partners to trainings on nutrition and physical activity in early childhood settings. The Park District has invited partners to physical activity trainings. These cross-training opportunities help to expand the capacity of city staff members who interact with young children.

In terms of surveillance, the Chicago Department of Public Health and Chicago Public Schools have a five-year inter-governmental agreement to share de-identified student health data collected through required health examinations at school entry, sixth grade, and ninth grade. CLOCC provided technical assistance on analysis methods that mirrored those implemented by the U.S. Centers for Disease Control and Prevention (CDC). The City published the first report on obesity prevalence among CPS students, which has helped guide the IDTF and the public health community to the areas in the city with the highest rates (11). A second report was released in late 2013 and showed a slight decline in childhood obesity rates among CPS kindergarten-aged students (18).

Strategy #2: Early childhood

The Task Force prioritizes activities that are focused on enhancing early childhood environments. Evidence increasingly points to the need to intervene early in order to curb the childhood obesity epidemic (19). In the US, infants and young children are increasingly cared for outside their home (20), thus, early childhood settings are a key context for childhood obesity intervention (21). As of 2011, there were almost 84,000 slots in licensed child care centers and homes in Chicago, demonstrating the potential reach of interventions when implemented in Chicago child care settings (22).

The IDTF's primary approach to early childhood is to strengthen the practices of childcare providers under the purview of city agencies. CDPH and DFSS led a policy change initiative to ensure that standards for nutrition, physical activity, and screen time in Chicago licensed childcare settings under CDPH's jurisdiction aligned with best practices. In 2009, CDPH and the Chicago Board of Health passed a joint resolution to this effect (23). CDPH then partnered with CLOCC and two other local non-profit organizations to provide training to childcare providers to support implementation of the standards.

Strategy #3: Geographic hubs

IDTF members developed a strategy that focuses on aligning partner resources in key geographic areas of Chicago where childhood obesity rates are expected or known to be highest. Known as Wellness Campuses, these areas of geographic concentration helped agencies to focus on priority neighborhoods and to align efforts for educational, programmatic,

and clinical childhood obesity prevention services for children and their families. Early wellness campuses were anchored by Chicago Park District "Wellness Centers" – park district facilities equipped to provide enhanced fitness programming for youth. A 2009 CLOCC study found that when more resources and staff training were devoted to youth fitness through the Wellness Center structure, children engaged in more intensive physical activity for a longer period of time than those in parks without the centers. Other IDTF partners directed their activities to these geographic areas. For example, the Chicago Department of Transportation's (CDOT) Bike Ambassadors provide bicycle safety education at Wellness Centers.

Chicago Public Schools and the Chicago Park District identified ways to collaborate so that students in schools, including early childhood settings, with limited facilities for physical activity can use park resources. For example, through the Healthy Chicago Public Schools initiative, forty park sites have included thirty minutes of structured physical activity time in their existing early childhood programs. In addition, Chicago Park District staff members have been trained in the SPARK (www.sparkpe.org) early childhood program to promote physical activity in this population. The next step will be to connect nearby CPS schools who offer pre-kindergarten to the parks where the SPARK physical activity program will be implemented. The Chicago Park District staff trained in SPARK can also provide the training to CPS teachers.

More recently, other departmental strategies are anchoring geographically-defined settings around the city, and IDTF members are exploring opportunities to align their resources in these emerging locations. For example, CDOT is establishing "safety zones" where a variety of traffic-calming and enforcement approaches will be concentrated around schools and parks. CPS recently received funding from a U.S. Centers for Disease Control and Prevention's Community Transformation Grant to create "healthy school zones" that combine school wellness activities with efforts to improve the external food and activity environments. By focusing these collaborative efforts in the same geographic locations, the city has a coordinated approach in neighborhoods where obesity is a significant problem.

Results

In addition to providing a foundation for collaborative alignment of existing resources, IDTF members have been able to leverage single opportunities into larger initiatives. The IDTF has been a foundation for new funding; expanding the capacity of city agencies to intervene to address childhood obesity in Chicago. In 2010, Chicago embarked on its largest federally-funded obesity prevention project to date, Healthy Places. This $5.8 million project was funded through a cooperative agreement from the Centers for Disease Control and Prevention (CDC) between CLOCC and the CDC under the U.S. Department of Health and Human Services' Communities Putting Prevention to Work initiative (CPPW). CLOCC served as the bona fide agent for the City of Chicago and led the effort in partnership with CDPH. The overall goal of Healthy Places was to implement sustainable policy, systems, and environmental changes that address obesity in Chicago by creating healthier environments where Chicagoans live, work, learn, and play. Several of the project's outcome objectives were integrated into "Healthy Chicago," the City of Chicago's official public health agenda (24).

Through the Healthy Places initiative, IDTF agencies worked together on projects, such as design guidelines for "complete streets," a framework that supports multi-modal use of streets with an emphasis on pedestrian and cyclist safety; a healthy food plan to guide government action to address access to healthy foods, and a safe park access plan, called "Make Way for Play." Although the federal funding period has ended, IDTF members are establishing mechanisms for ensuring the sustainability of Healthy Places efforts.

Evaluation of the IDTF

The Institute of Medicine (1) stresses the need to evaluate local obesity prevention efforts and encourage partnerships with local universities in this effort. In 2011, the IDTF commissioned an evaluation of its work and hired, with funding from CLOCC, two external researchers from a local university to work collaboratively with the Task Force to identify

successes, challenges, and opportunities for improvement.

The evaluation identified outcomes in three main areas: 1) policy, 2) education, and 3) programs. Evaluation data pointed to a number of policy outcomes resulting from IDTF collaborations. The implementation of improved childcare standards, as well as policies for healthy vending across several member agencies, were found to be important policy outcomes. Programmatic outcomes included Safe Routes to School implementation, Open Streets (a day-long event that closes streets to vehicular traffic and opens them for recreational use), the Park District's fitness-related training, the dissemination of 5-4-3-2-1 Go!®, and the Healthy Places initiatives. The evaluation also found that the IDTF wellness campus initiative is a comprehensive concept in that it covers both physical activity and healthy eating promotion within the various community settings in which children interact.

IDTF members continue to integrate lessons learned from the evaluation into process improvements and intervention design. Evaluation results were shared with CDPH after transition to a new commissioner to keep the Department invested in the IDTF. In 2013, the IDTF began to explore options for an evaluation of the health impacts of the IDTF on Chicago children.

Discussion

Establishing a coordinated, local governmental response to childhood obesity prevention is a critical strategy to address this epidemic (1). The experiences of the IDTF in Chicago can be helpful to other communities considering a similar, government-led, multi-disciplinary effort. The following recommendations are provided by IDTF members based on the IDTF evaluation findings.

1. Strong leadership: Identify one partner to lead with one or more dedicated staff members to coordinate the effort. Leadership from a government entity, ideally the health department, can help to keep city leadership informed and can provide access to city resources. In Chicago, CLOCC's expertise on childhood obesity enabled them to add technical and content support to CDPH's leadership. Communities with similar non-governmental entities might consider their inclusion to provide similar support. On a regular basis, it is helpful for the task force to obtain an official endorsement of its work from local governmental leaders. With the IDTF, this is accomplished through an annual agency leadership meeting to keep high-level decision-makers informed. This meeting also provides the leadership a platform to discuss childhood obesity issues from their vantage point.

In Chicago, there is leadership from the top. Mayor Rahm Emanuel has made focusing on the child one of his main priorities of his administration for the past two years. In addition, the City's public health agenda, "Healthy Chicago" includes obesity as one of 12 priorities and articulates the critical role of public-private partnerships in meeting the goals set forth in the agenda. This top-level support is essential for the continuation of the IDTF and the engagement of its member agencies.

2. Task force membership: Think broadly and recruit diverse agencies. It will take every sector, even those not traditionally considered as health-focused (e.g., transportation, public safety, planning and land use) working together to address this complex epidemic. It is helpful to have budgetary support for this work across agencies. Inter-agency agreements may facilitate collaboration, solidify commitments, and ensure role clarity.

The IDTF operates under a multi-disciplinary model with mixed committee assignments to ensure that the City's member agencies, with differing missions and priorities, remain engaged in the process. IDTF member agencies also benefit from their participation in the IDTF because they know they can utilize the IDTF to leverage and support their own agency's objectives – a point emphasized in the next recommendation.

3. Maximize opportunities for collaboration: Maximize the potential for "synergy" with other efforts throughout the locality. Aligning objectives and activities with existing governmental priorities can increase the likelihood of successful implementation. Identifying ways that the collaborative work can support the individual priorities of member agencies helps to secure broad support. The work of a task force such as the IDTF could be integrated with other initiatives related to

economic development, education, and public safety to accomplish other government goals.

4. Ensure effective communication: Government agency staffs are often pulled in multiple directions as leadership responds to well-established priorities and a constant stream of external pressures and demands. Organized and frequent communication among task force members can ensure that momentum is not lost even if members cannot attend every meeting. A centralized and cross-agency event calendar can help to increase awareness of member agency initiatives related to the task force and to identify opportunities for collaboration. Task force agencies can also help disseminate materials related to a partner agency's event. In addition, regularly update the local governmental leaders of the task force's work to increase support and buy-in from decision-makers. Establishing mechanisms to disseminate the task force's work and messaging to the local community and other public health professionals is also essential to increase support and participation from these entities.

Throughout the years, the IDTF has utilized various communication mechanisms and meeting schedules. The IDTF has functioned most efficiently when there was one staff-person dedicated to communicating with all the representatives of the member agencies via email and conference calls for scheduling and project coordination purposes. It is most effective to have one individual responsible for coordinating task force communication because this person can synthesize the communication within the task force and appropriately triage and follow-up on project-related responsibilities and other task force-related items. Throughout the existence of the IDTF, monthly in-person meetings helped to advance IDTF progress on its initiatives, and they also enabled the representatives from the member agencies to establish effective working relationships that would have otherwise not developed. Over time, this resulted in an unforeseen positive outcome from the IDTF in that there has been increased communication between member agencies on non-task force-related initiatives pertaining to the well-being of Chicago residents.

Staff turnover can be a challenge for any type of coalition. For the IDTF, individual representatives from the member agencies become internal champions for the work and are critical points of contact between task force staff and each participating agency. Encouraging members to identify more than one representative can help to ensure that the IDTF remains a priority for each of its member agencies and can help prevent disruptions in communications that might occur if a member's sole representative left his or her organization.

5. Prioritize task force projects: Utilize intervention research evidence and best practice guidelines to prioritize task force projects. It may be most efficient to charge one task force member or committee with the responsibility of staying current with the latest research on effective approaches to childhood obesity prevention and communicating this information to the group. In addition, the resources of a government task force may be used most effectively when directed towards agency practices and city policy, as opposed to programs delivered to citizens, because governments are uniquely situated to focus on the former. Such policy should include modifying the environment to make healthy choices practical and available to all community members. This approach is known as "Policy, Systems, and Environmental Change" (PSE), and is increasingly utilized by U.S. public health practitioners working in chronic disease prevention. By changing laws and shaping the landscape around us, a significant and sustainable impact can be made, often with fewer resources than one-time programmatic interventions with limited reach.

In addition to these recommendations, the challenges of creating and sustaining a task force of this nature must be recognized. It can be extremely helpful to measure the successes and challenges of the task force. Evidence of progress can help to keep city leaders engaged and identification of challenges can help the members to overcome them or prevent them in the future. Childhood obesity, because it is a chronic condition, may not be prioritized by governmental leadership amidst other, perhaps more visible issues (e.g., crime, academic achievement). Using data to illustrate the connections between childhood obesity and other priority health and/or social problems can help garner and maintain support. Finally, the current fiscal and structural challenges experienced by many local governments in the U.S., such as staff turnover, hiring freezes, and resource

shortages, must also be considered when prioritizing work for the task force.

The City of Chicago's Inter-Departmental Task Force on Childhood Obesity is a unique entity that, since 2006, has grown to include eleven city agencies collaborating to effectively plan and implement childhood obesity prevention strategies. The work involves a broad cross-section of the governmental sector, including transit, housing, education, parks, health, urban planning, libraries, and public safety.

Since its creation, the IDTF has received national recognition for its innovative work. The IDTF strategy has also been presented at national conferences. In 2011, the Chicago Department of Public Health received a Model Practice Award from the National Association of County and City Health Officials for the IDTF. Most recently, the City of Chicago was recognized for its multi-sector obesity prevention efforts by the National League of Cities for its achievement in the Let's Move! Cities, Towns and Counties program. The City received this award in large part because of the accomplishments made possible by the IDTF collectively and its individual members.

Chicago's Inter-Departmental Task Force on Childhood Obesity illustrates the critical function of government agencies in tackling a complex public health problem. While not solely responsible for them, the IDTF has contributed to the steady declines in childhood obesity prevalence described earlier. Research evidence and national experts support the premise that the kinds of policy and environmental changes brought about by the IDTF do lead to improved nutritional and physical activity behaviors in children, which in turn result in improvements in population-level obesity rates. The experience of the IDTF can serve as a model for government leadership at the local level and demonstrates the important role that every government sector can and should play in reducing this epidemic among its most vulnerable and youngest citizens.

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