Promoting healthy weight and building a Culture of Health

Illinois Alliance to Prevention Obesity Annual Conference

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September 28, 2016

What is a Culture of Health?
CHICAGO, ILLINOIS
Short Distances to Large Gaps in Health

Life expectancy at birth (years)

<table>
<thead>
<tr>
<th>Location</th>
<th>Life Expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>81</td>
</tr>
<tr>
<td>GREEK</td>
<td>72</td>
</tr>
<tr>
<td>HAMPTON</td>
<td>79</td>
</tr>
<tr>
<td>MADERA</td>
<td>69</td>
</tr>
</tbody>
</table>

#CloseHealthGaps

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VCU Center on Society and Health
RWJF healthy weight goals

• Ensuring that all children enter kindergarten at a healthy weight
• Making a healthy school environment the norm and not the exception across the United States
• Making physical activity a part of the everyday experience for children and youth
• Making healthy foods and beverages the affordable, available, and desired choice in all neighborhoods and communities
• Eliminating the consumption of sugar-sweetened beverages among 0-5 year olds
**Adult obesity trends**

Figure. Selected Weighted Percentiles of Body Mass Index by Survey Cycle: NHANES 2005-2014


**Childhood obesity trends**

Since 2003-04
- Down among 2-5 year olds
- Stable among 6-11 year olds
- Up among 12-19 year olds

Data are from the National Health and Nutrition Examination Surveys. The error bars indicate 95% confidence intervals. The prevalence estimates are weighted.

Childhood obesity trends

Figure 4. Prevalence of obesity among youth aged 2–19 years, by sex and race and Hispanic origin: United States, 2011–2014


Childhood obesity disparities
What accounts for these trends?

- First, we need to see sustained, more widespread declines
- Public attention and norms change
- Federal, state, and local investments by public and private sector
- Systemic change in schools
- Industry actions
- Inequities: disproportionality and lack of primacy

FIGURE 1. Calories per day from foods and beverages, 2003–2010. Sources: WWEIA NHANES 2003–2004 (children: n = 3554; adults: n = 2449) and 2009–2010 (children: n = 3124; adults: n = 3038). The analysis was weighted to be nationally representative and accounts for the complex survey design. The statistical difference between years was assessed by using independent 2-sample t-tests. 1Significantly different from 2003–2004, P < 0.01. WWEIA, What We Eat in America.

Recent policy trends

- Child and Adult Care Food Program nutrition standards
- National School Lunch and Breakfast food marketing standards
- Revised Nutrition Facts Panel and new menu labeling requirements
- Every Student Succeeds Act and physical education
- State-level successes via work of Voices for Healthy Kids, partner organizations, and other state and local healthy eating/active living coalitions

Signs of Progress

Progress in Philadelphia: K-12

Figure 1: Obesity among Philadelphia public school children, 2006/07 - 2012/13

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys</th>
<th>Girls</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/07</td>
<td>21.9</td>
<td>21.6</td>
<td></td>
</tr>
<tr>
<td>2007/08</td>
<td>21.4</td>
<td>21.4</td>
<td>-0.3%</td>
</tr>
<tr>
<td>2008/09</td>
<td>20.5</td>
<td>21.0</td>
<td>-1.5%</td>
</tr>
<tr>
<td>2009/10</td>
<td>20.6</td>
<td>20.7</td>
<td></td>
</tr>
<tr>
<td>2010/11</td>
<td>20.9</td>
<td>20.7</td>
<td></td>
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<tr>
<td>2011/12</td>
<td>20.5</td>
<td>20.4</td>
<td>0.4%</td>
</tr>
<tr>
<td>2012/13</td>
<td>20.1</td>
<td>20.5</td>
<td></td>
</tr>
</tbody>
</table>


Leverage policy change for kids at greatest risk – public schools

- **1990s** Universal feeding “pilot”
- **1999** Nutrition education for all SNAP-eligible children
- **2004** Removal of sugary drinks from vending machines
- **2006** Comprehensive nutrition and wellness policy
- **2009** 1% milk and no fryers in school kitchens
- **2011** 170 schools created Wellness Councils made up of teachers, principals, students, and parents
- **12/13** Shifting schools back to full-services cafeterias, new federal school meal standards
Leverage policy change for kids at greatest risk – public schools

- Complete Streets executive order (2009)
- Over 30+ miles of new bike lanes and 18 miles of new trails (2010-)
- New comprehensive plan and zoning code (2011)
  - Encourage transit-oriented development and open space preservation
  - Incentivize fresh food markets through density bonuses
  - Require the provision of secure bicycle parking in new developments
- Integrating health-based goals into district plans (2012-present)
- Complete Streets legislation (2012)
- Over 300 intersections with low-cost safety improvements (2012-)
- Citywide trail master plan (2013)
Policy issues on the horizon

- Full implementation of CACFP nutrition standards
- Issuance of final nutrition and physical activity standards for Head Start
- Reauthorization of Children’s Nutrition Act
- Maintenance (at the very least) of federal funding for obesity prevention and new public/private sources
- Continued innovation at state and local levels

Emerging areas: effective, scalable individual-level interventions

Emerging areas: food systems policy

Figure 13: Coronary Heart Disease Mortality Rates in Finland and in the North Karelia Region, per 100,000, Men Aged 34-65, 1967—2001

Source: National Public Health Institute, 2003; Puska, 1993


Emerging areas: social policy
Ex. Moving to Opportunity

Figure 4: Moving to a Lower-Poverty Neighborhood Improved Adult Health

Incidence of depression, extreme obesity, and diabetes among adults participating in Moving to Opportunity

Table: *Experimental group* refers to a housing voucher under the condition that they reside in a neighborhood similar to that of the experimental group. *Control group* refers to a housing voucher under the Moving to Opportunity program... For the experimental and Section 8 groups, the data above reflect the percent who reported a change in their health status when they moved out, until 95. The data and the cost of living are reported in a number of ways. *Severe obesity* refers to a measured weight of over 30% greater than ideal body weight. The depression results are self-reported in response to diagnostic questions about depression at any time in their life. All other findings are self-reported. *Depression* refers to the incidence of depression between the control and Section 8 groups.
Thank you!

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- http://www.cultureofhealth.org/
- http://stateofobesity.org/