Do we need a new North Star in our obesity prevention policy, systems, and environmental change work?
What I will talk about:

**Reflections:** what have we accomplished during an obesity-focused era?

**Good governance:** what might it take to place a new north star in our policy change efforts?
Obesity Trends* Among U.S. Adults
BRFSS, 2006
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

Source: Behavioral Risk Factor Surveillance System, CDC.
Major Shift:

Moving from individual and healthcare-focused solutions to population-focused solutions
Problem definition:

- Auto-dependant/sedentary lifestyles
- Not enough parks and sidewalks
- “Food deserts”
- Junk food in schools, not enough PE
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Solution:
Eat less, move more!
What policy tools did we bring to this problem?*

- Complete Streets
- Safe Routes to School
- Healthy Food Financing
- Land use policies for farmers’ markets and urban agriculture
- School Wellness (nutrition & PE)
- Shared use
- WIC reforms
- SNAP reforms
- SSB taxes
- Regulating/limiting junk food

*Representative list

Healthy school mural, preventing childhood obesity by Ivan Bravo
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More politically popular:
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*Representative list

More politically popular

- Mostly not a direct lens on changing conditions that contribute to and perpetuate poverty, except for federal food programs

Less politically popular
We’ve known there’s a relationship between poverty and obesity

Source: Behavioral Risk Surveillance System, CDC

https://poverty.ucdavis.edu/post/areas-concentrated-poverty
Poverty and race are also closely linked

- Native American: 27.6%
- Black: 26.2%
- Hispanic: 23.4%
- White: 12.4%
- Asian: 12.3%

https://www.povertyusa.org/facts
Poverty and race are also closely linked

The highest rates of poverty are experienced by Native Americans, Blacks, and Hispanics

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https://www.povertyusa.org/facts
Average Incomes for Black and White Men who Grow up in Low-Income (25th Percentile) Families
“Across all groups, Americans' self-reported health has declined since 1993. And race, gender and income play a bigger role in predicting health outcomes now than they did in 1993. Overall, white men in the highest income bracket were the healthiest group.”
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“**Income** was the biggest predictor of differences in health outcomes…”

“The Healthy Communities Study may be the first nationwide study to provide convincing evidence that the mainstream programs and policies being put in place to address child obesity in the United States are relatively less likely to benefit higher risk population groups.”

“The association of higher [Community Policy and Practice] intensity with lower BMI was not observed for children from families with low incomes, among African–American or Hispanic children, or in communities with a high proportion of African–American or Hispanic children.”

“The Healthy Communities Study may be the first nationwide study to provide convincing evidence that the mainstream programs and policies being put in place to address child obesity in the United States are relatively less likely to benefit higher risk population groups.”

“More common were [Community Programs and Policies] related to nutrition education, basketball, physical activity programs, cooking classes, soccer, baseball and healthy snacks provided to children…”

Association between community characteristics and implementation of community programmes and policies addressing childhood obesity: the Healthy Communities Study, https://doi.org/10.1111/ijpo.12432
Healthy Communities Study: What’s causing these disparities?

- High-need communities may need more interventions overall
- High-need communities may lack the capacity to implement interventions
- “Economic factors or patterns of discrimination associated with [African Americans] may have limited community capacity to implement [Community Programs and Policies].”

Association between community characteristics and implementation of community programmes and policies addressing childhood obesity: the Healthy Communities Study, [https://doi.org/10.1111/ijpo.12432](https://doi.org/10.1111/ijpo.12432)
Fast Food Fights: Challenges in changing policy to promote health equity

Study examining debates about proposed land use policies to limit fast food restaurants, and how the “frames” used in those debates related to whether or not policies passed.
Fast Food Fights:
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Fast-food zoning for health: Lessons from newspaper coverage and legislative debates about land-use policies in U.S. Communities, 2001-2013
Fast Food Fights:
Challenges in changing policy to promote health equity

“Policies intended to improve community health were most often proposed in urban, racially diverse communities”

“…policies proposed in small towns or majority-White communities aimed to protect community aesthetics or local businesses…”

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Fast-food zoning for health: Lessons from newspaper coverage and legislative debates about land-use policies in U.S. communities, 2001-2013
Fast Food Fights: Challenges in changing policy to promote health equity

“Health-focused policies were subject to more criticism than other policies and were generally less successful.”

Fast-food zoning for health: Lessons from newspaper coverage and legislative debates about land-use policies in U.S. Communities, 2001-2013
Fast Food Fights: Challenges in changing policy to promote health equity

“…advocates should keep in mind the role of race in shaping the debate around local land-use policies and be prepared to address arguments about the impact of these policies on communities of color.”

Bigger fish to fry???

Obesity -framed policy changes may not be priorities in every community

● Quality education
  ✷ Living wage jobs
  ✷ Affordable, quality housing
  ✷ Transportation
  ✷ Community safety
In Sum:

• Progress on obesity in some populations and communities, but income- and race-based health inequities have grown
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In Sum:

• Progress on obesity in some populations and communities, but income- and race-based health inequities have grown.

• Obesity prevention work entailed comparatively little changes to policy (vs. programs and practices), even as frame shifted (somewhat) from personal responsibility to community/systems.

• Many potential structural reasons for growing health inequities, including underlying drivers of income inequality and poverty.
Realigning the North Star
What would it take to put poverty alleviation and prevention at the center of childhood obesity work?
✓ Multi-sector
✓ Focus on policy, systems and environmental change
Food security & nutrition
Safe, stable, affordable housing
Income and wealth-building
Mobility
Healthcare
Childcare & Education
Community safety and cohesion
Food security & nutrition

Safe, stable, affordable housing

Income and wealth-building

Mobility

Healthcare

Childcare & Education

Community safety and cohesion
What is a “whole of government” approach?

- Focus is on “wicked problems”
- Requires the participation and collaboration of multiple sectors (private, public, NGO) and agencies
- Mobilizes key actors to establish and make progress towards individual goals/targets within a shared framework and problem definition
What is a “whole of government” approach?
Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.
“Over time, HiAP involves permanent changes in how agencies relate to each other and how government decisions are made, structures for intersectoral collaboration, and mechanisms to ensure a health lens in decision-making processes”
Leadership  Practice  =  Changing the system  Policy
“Health in All Policies”

Leadership = Changing the system

Practice = Policy
"Equity in All Policies"

Leadership = Changing the system

Practice

Policy
Reduced disparities
In 2040, Minneapolis will have significantly reduced economic, housing, safety, and health disparities among people of color and indigenous peoples compared with white people.

More residents and jobs
In 2040, Minneapolis will have more residents and jobs, and all people will equitably benefit from that growth.

Affordable and accessible housing
In 2040, all Minneapolis residents will be able to afford and access quality housing throughout the city.

Living-wage jobs
In 2040, all Minneapolis residents will have the training and skills necessary to participate in the economy and will have access to a living-wage job.

High-quality physical

History and culture

Creative, cultural, and natural amenities
Reduced disparities

In 2040, Minneapolis will have significantly reduced economic disparities among people of color and indigenous peoples compared with white people.
“These disparities are rooted in overt and institutionalized racism that has shaped the opportunities available to multiple generations of Minneapolis residents.”
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Creative, cultural, and natural amenities
Minneapolis, Tackling Housing Crisis and Inequity, Votes to End Single-Family Zoning
Targeting Inequality, This Time on Public Transit

Bus commuters in downtown Seattle on Tuesday. Customers who qualify for the new program will pay $1.50 per ride, less than half the regular maximum fare.

Ian C. Bates for The New York Times

“King County…is relying on what transit experts say is the most innovative idea of all: tools honed by the Affordable Care Act.”

“A countywide system of more than 40 health clinics, food banks, community colleges and other sites run by nonprofit groups was put together to enroll residents in health insurance, and those partners were re-enlisted...to start registering people for ORCA Lift.”
What stands in our way?

Funding siloes:

“System initiatives often struggle to find funding because of a lack of a specified funding stream and because their inter-sector focus often mean they do not have an obvious home-agency.”

What stands in our way?

Rogers Adoption / Innovation Curve

- Innovators: 2.5%
- Early Adopters: 13.5%
- Early Majority: 34%
- Late Majority: 34%
- Laggards: 16%
What stands in our way?

We are here(ish)

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Final Reflections...

Obesity shouldn’t disappear from our agenda. It’s about realigning so that we’re laser focused on eliminating health inequities.
Final Reflections...

We need to strengthen our policy muscles.

We may attract broader and deeper coalitions to an anti-poverty agenda.

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We need to take steps into uncharted waters. That will take immense will and leadership.

We’ve learned a lot about how to create collaborative governance to achieve public health aims: let’s build on that.
“The black-white [income mobility] gap is not immutable. It is shaped by childhood environment. Childhood exposure to neighborhoods with higher outcomes and lower race gaps both increases outcomes and produces smaller gaps in the next generation.”

https://opportunityinsights.org/race/
Thank you!

Heather Wooten, MCP
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Prevalence of Self-Reported Obesity Among Non-Hispanic White Adults, by State and Territory, BRFSS, 2015-2017

2017 Poverty Rate in the United States
Prevalence of Self-Reported Obesity Among Non-Hispanic Black Adults, by State and Territory, BRFSS, 2015-2017

2017 Poverty Rate in the United States
Healthy Communities Study: Digging in

- Two community characteristics explain a significant portion of CPP variability: the region of the country and the size of the county in which the initiative was implemented.
- Communities in the Northeast produced the highest CPP-INT, compared with those in the West, South and Midwest. Smaller counties produced higher CPP-INT than did larger counties.
- The parsimonious model showed that urbanicity, region, county size and per cent African–American accounted for 18.6% of the CPP-INT variability.

“You need to bring an equity lens to designing community programs and policies intended to promote healthier weight among children,” Fawcett said. “You should not assume that all children will benefit equally from community investments that are not targeted and adapted to address children and families, such as African-Americans and Hispanics, that experience health inequities. What works in one community — predominantly white and affluent — may not work as well in a community where more supports for those experiencing health disparities are needed to assure healthy conditions for all our children.”

https://news.ku.edu/2018/10/03/largest-study-its-kind-gauges-community-efforts-combat-childhood-obesity-key-risk-factor