Arizona Policy Training Institute

Community Breakout Session

Dec 16, 2009

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Session Objectives

A brief history of recent policy activities

Lessons learned
- Missing pieces
- Missing partners
- Missed opportunities

Change strategies to be employed

How should we move forward?
A Decade of Change

May 2002—Dr. Dietz of the CDC testifies before Senate, saying “…we obviously cannot rely solely upon individual interventions that target one person at a time. Instead, the prevention of obesity will require coordinated policy and environmental changes that affect large populations simultaneously.”

Jan 2004—Governor’s Call to Action

Feb 2005—Robert England, MD (Dr. Bob) becomes MCDPH Director

Aug 2003—National Governor’s Association Policy Academy on Chronic Disease Prevention and Management

Jan 2005—ADHS releases nutrition/physical activity (NUPA) State Plan

Mar 2005—First planning meeting for South Phoenix Health Kids Partnership held

May 2006—ADE releases the Arizona Nutrition Standards as required by ARS 15-242

Oct 2006—Action Learning Collaborative begins

Dec 2008—NACCHO ACHIEVE Grant, unfunded

Jul 2009—Community Action Group Meetings

July 2009—CDC’s Weight of the Nation

Jul 2008—Strategic Alliance for Health Grant, unfunded

Mar 2009—Survey of local Planning & Development professionals regarding HIA’s and built environment

Apr 2007—AZ Policy Training #1

Oct 2008—Asset mapping project begins

Aug 2009—RWJF research proposal with ASU, unfunded

Feb 2009—Healthy Kids Healthy Communities, unfunded

Sep 2009—MC Local Policy Training, and final Community Action Group Meeting

Nov 2009—MCDH submits CPPW proposal, “Communities Putting Prevention to Work

May 2009—Children Can’t Wait
Obesity Prevention Policy Change Capacity Building Logic Model

**Inputs**
- Research Base
- Staff
- Time
- Money
- Materials
- Key Partners: ADHS; ADE; ASU; MCDPH; Community-Based Organizations; Non-profit Associations & Governor's Office

**Activities**
- Childhood Obesity Prevention Community Mobilization
  1. Community Forum on Childhood Obesity Prevention
  2. Community Advisory Group
- Education and Training:
  1. Maricopa County Policy Training
  2. Arizona Children’s Obesity Conference
  3. Arizona Advanced Policy Training
  4. Arizona Changing The Scene School Health Training
- Technical Assistance Plan:
  1. Electronic information dissemination
  2. Telephone/web-based conference calls
  3. Face to face consultation

**Participants**
- Businesses
- Coalitions
- Colleges/Universities
- Faith-based Groups
- Farmer’s Markets
- Foundations
- Governmental Agencies
- Grassroots Organizations
- Grocery Stores
- Health Plans
- Hospitals/Clincs
- Law Enforcement
- Libraries
- Media Outlets
- Parks & Recreation
- Professional Associations
- Real Estate Development Companies
- Restaurants
- Schools
- Planning, Zoning & Transportation

**Outputs**
- Local and state private and public sector partners convened to address childhood obesity for raising awareness, information sharing, networking, and joint planning.

**Outcomes**
- Coordinated policy approach to childhood obesity prevention that prevents duplication of effort.
- Efficient utilization and leveraging of resources to prevent childhood obesity through policy change.
- Local and state private and public sector partners trained on policy change strategies to address childhood obesity.
- Local and state partners supported in applying new and expanded policy planning skills to address childhood obesity.

**Impact**
- Policy change strategies developed at the local level through multi-sector partnerships to prevent childhood obesity level where people learn, live and work.

**Assumptions**
- Partners will find common ground on collective efforts.
- Staff will have organizational support to focus on policy.
- Decision makers will be motivated to learn / change.
- Communities will be ready to mobilize into action.

**External Factors**
- Politics
- Cultural milieu
- Competing Priorities
- Resources

**Evaluation (TBD)**
Health reforms may not be enough to change bad habits

by Ginger Rough - Dec. 13, 2009

The Arizona Republic

Americans are unfit, unhealthy and costing the nation billions of dollars to treat illnesses that could easily be prevented.

And health experts believe it's only going to get worse.

Already, more than 67 percent of Americans are overweight or obese. Only one in seven eats the daily recommended amount of fruits and vegetables.

And nearly one-third don't meet federal guidelines for even moderate physical activity, meaning they spend less than 2½ hours a week walking, cycling, gardening or doing anything else that increases their heart rate.

There is, however, a growing effort among both medical and political leaders to try to reverse the tide through health education and new laws.

But as Congress works feverishly to overhaul our ailing health-care system, at least one weighty question has gone largely unanswered: Will reform actually make us healthier?

The answer is murky.

What is clear, public-health experts say, is that preventative medicine is the best, most economical form of health care. Improving our overall health could eliminate billions of dollars in costs by keeping people out of hospitals in the first place, not to mention saving tens of thousands of lives. .. (cont)
You can fund all the bike paths and parks you want, but it isn't going to get the zaftig off the couch. Locally how many subdivisions have retention basin parks? and how often do you see them being used? almost never. If someone can't walk 2 blocks to the retention basin park, then how can you expect them to use bike paths and the like. The only way this epidemic is going to subside, to levy a massive tax, similar to that of Cigarettes. After about $3 worth of taxes per pack, were seeing Cig sales drop fairly rapidly. There are limits to what people will pay for the crap they eat.

TeamTurris
Either we Americans start exercising more and eating less or our health is doomed. I don't like to exercise and I do like to eat. So I'm a lost cause. But if the rest of you live healthy life styles, health care costs will go down despite my bad habits. So I'm counting on the rest of you. And I know you won't let me down because you are all good people. Thank you so much.

michjas
“In Arizona, one out of every four adults is obese.“
BS - try two out of every one.
Looking4clients
Three Recent Efforts

Children Can’t Weight Community Forum on Childhood [the “O” word]

Community Action Group

Maricopa Policy Training
Questions to ask

1. What was the purpose of these events?

2. Who was there?

3. Who was not there?
Questions to ask

1. What was the purpose of these events?

2. Who was there?

3. Who was not there?

4. Was it real?
Children Can’t Weight
Community Forum
May 19, 2009

76 Total Participants

Community Forum Framework
Panel 1 - Collecting Useful Data to Enhance Childhood Obesity Prevention
Panel 2 - Role of Policy in Strengthening Childhood Obesity Prevention Efforts

Facilitated Chaos Networking
Facilitated Chaos

Domains

– Childcare
– School Settings
– Built Environment
– Food Environment
– Healthcare
– Other?
Facilitated Chaos

**Childcare**

– Adopt and enforce nutrition/physical activity standards for childcare centers. Establish funding for oversight.
– Childcare programs mandate healthy foods for all children.
– One hour of structured physical activity in childcare and schools.
– Decrease screen time.
Facilitated Chaos

School Settings

– Segmented into three sections
  • Physical Education and Activity
  • Nutrition and Food Service
  • Other!
Facilitated Chaos

School Setting - Physical Education & Activity

- Require physical activity in schools as part of non-elective curriculum
  - 60 to 90 minutes/daily
  - 150 minutes/week for K-8; 225 minutes/week for 9-12.
- Require PE be taught by certified PE teacher
- Teach life-long physical activity in school; including mandated active recesses.
- Offer more variety in types of physical activity offered both for recess and PE—give choices to all students
Facilitated Chaos

School Setting – Food & Nutrition

- Expand Arizona School Nutrition Standards through High School
- Monitor implementation of school food service policies
- Free universal breakfast for everyone
- Mandatory nutrition curriculum and nutrition education K-12
- Education for food service employees and other school administrators with behavior modeling
Facilitated Chaos

School Setting – Other

- RN at every school monitoring IHPs, including BMI, nutrition, physical activity and cognitive measures
- Target high school kids in health education and body image
- Educate faculty and administrators on good health practices
- Open schools to after-school and weekend access
- School yard revitalization
- Bring back urgency to nutrition and physical activity at schools (as opposed to AIMS)
- Gardens in schools
- Photovoice “type” activities in schools
Facilitated Chaos

Built Environment

Segmented into three sections:

• Transportation & Walkability
• Spaces to Play & Recreation
• Zoning
Facilitated Chaos

Built Environment –

Transportation/Walkability

– Safe Routes to School & Walking School Bus
– Complete streets
  • Increase the number of seconds that traffic allows for crossing street
– Better Public Transportation
– Mixed Use Development
Facilitated Chaos

Built Environment –

Recreation

– Mixed Use Facilities
  • Schools (after school and weekends)
  • Inside areas for summer activities
– Climate considerations
  • More water activities (i.e. splash pads)
  • Shade and awnings over playgrounds
  • School yard revitalization
– Safety issues – adult/police supervision
Facilitated Chaos

Built Environment – **Zoning**
- Smart Growth & Mixed Use Zoning
- Zoning to encourage smaller stores that offer healthy foods in neighborhoods and communities
- Corporate Building “recreation tax” to go into built environment parks and facilities fund
- Zoning policy to limit fast food restaurants within a certain distance of schools
Facilitated Chaos

Food Environment
Segmented into four sections:
– Labeling
– Availability
  • Community Gardens
  • Access to healthy food in restaurants
– Marketing
– Other
Facilitated Chaos

Food Environment – **Labeling**

- Nutrition labeling including calories and fat
  - grocery stores
  - restaurants
  - other places that sells prepared food
Facilitated Chaos

Food Environment

Availability – Community Gardens

– Promote community gardens
  • Churches, schools, community centers, vacant lots, businesses, etc.
– Utilize businesses to donate supplies, tools and seeds to begin the garden
– Community Garden tax credit
Facilitated Chaos

Food Environment -

**Availability - Access to healthy restaurant food**
- Zoning to limit fast food restaurants within a certain distance of schools
- Promote healthy fast food
- Encourage supermarkets within walking distance of housing
- Food vendors on the side of the road to promote healthier options
Facilitated Chaos

Food Environment – Marketing
Policy that grocery stores have only healthy foods at eye level of children
Limit marketing to young children
  – Require 1-1 match in health vs. junk food marketing
Make obesity costs available to increase awareness
Facilitated Chaos

Food Environment – Other

– More education on portion sizes
– Outlaw high fructose corn syrup
Facilitated Chaos

Health Care

- Registered nurses in every school as an extension of pediatricians
- Monitor BMI and use word “obese” to get parental attention
- Promote use of “Tool Box” (lots of discussion about 5-a-day)
- Providers need to be accountable for referring to dietitians and follow up on referrals.
- Create physical activity models in health professions.
- Promote breastfeeding and baby friendly hospitals.
Facilitated Chaos

Others!

- Internet sites geared toward children and adults regarding nutrition
- Put healthy parameters in SNAP with incentives
- Breast feeding policies (workplaces and hospitals)
- Support subsidized child care to decrease latch key kids
- Parents/teachers need to be role models (nutrition education)
- Financial rewards for good weight
- Keep the message simple: obesity is taboo
- Volunteering—decrease in student loans
- Tax on soda
- Socio-ecological model--multiple levels of intervention to impact the problem of childhood obesity
COMMUNITY ACTION GROUP

Jul 17 – CCW Facilitated Chaos

Aug 6 - Feasibility versus Impact

Sep 30 – Maricopa Policy Training Action Planning recap and CPPW interventions
Maricopa Policy Training

3 days

Limited invitation list – 69 attended all or part

Prevention Institute

Mark Fenton

Action planning
Maricopa Policy Training

Tribal Organizations
Transportation & Planning
Schools K-12
Parks and Recreation
Maricopa County Dept of Public...
Health Care Providers or Associations
Government-other
Foundations
Faith-based Groups
Community-based Organizations
Colleges/Universities
City Government
Business
AZ Dept of Health Services
AZ Dept of Education
Action Planning

Breastfeeding Support
Physical Activity in Schools
Complete Streets
Sugar-Sweetened Beverage Tax
Food Deserts
Menu Labeling
Complete Streets Action Planning

Goal:

– Within two years after its approval at the upcoming Regional Council of Mayors, the Maricopa Association of Government (MAG) Complete Streets Plan will be adopted by all Maricopa County cities, towns, and municipalities.

Outcome (BHAG):

– Local (City, Municipal and Tribal) Council Resolutions will subsequently be passed to utilize the (MAG) Complete Streets Plan.
Complete Streets Action Planning

Four Implementation Steps

1. Establish electronic communication network for “stealth team” members to alert each other of their respective Complete Streets related meetings, documents, and deadlines to foster joint planning, implementation and evaluation activities

2. Conduct public awareness campaign to raise awareness and support of Complete Streets and the MAG Complete Streets Plan
Complete Streets Action Planning

Four Implementation Steps (Continued)

3. Update policies in the State of Arizona General Plan to be in line with Complete Streets concepts, strategies and recommendations.

4. Present at the Regional Council of Mayors on the health implications and importance of adopting the MAG Complete Streets Plan at the Regional Council of Mayors meeting.
Menu Labeling
Action Planning

Goal:
All franchises of 8 or more restaurants statewide will have mandates of total calories posted next to item price.

Outcome (BHAG):
Fast food restaurants will no longer be “totally unhealthy”! They will create and add more healthy choices to their menus thru consumer demand.
Menu Labeling
Action Planning

5 Step Action Plan for Year One:
1. Create Stealth Group and research nationally other strategies

2. Create a virtual community via Facebook and other Social Networking platforms to build support and garner an e-petition

3. Take this “fan base” (the following from item 2) and give it to the media and local celebs to make it “sexy”. Work with Ali Vincent to champion our cause. Launch marketing campaign on the value of “choice” and “education”. Get business/schools/grocers to support point of decision marketing. E.g. On a vending machine equate necessary physical activity (calorie expenditure) needed to burn off the M&M’s (calorie intake).
Menu Labeling
Action Planning

5 Step Action Plan for Year One (Continued):

4. Build public consensus, compile public comment, launch surveys & polls, compile research and lessons learned from other efforts.

5. Provide a voluntary opportunity for leading restaurants to adopt menu labeling themselves, setting a positive trend, and impacting others through “peer pressure” and consumer demand.
Communities Putting Prevention to Work

Four categories of eligibility
$10 - $20 M
Two years
MAPPS Interventions
Community Action Plan
Leadership Team
<table>
<thead>
<tr>
<th>Media</th>
<th>Nutrition</th>
<th>Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Promote healthy food/drink choices (Champions For Change) • Counter-advertising for unhealthy choices (Sugar Sweetened Beverages)</td>
<td>• Promote use of public transit (Trip Reduction Promotion)</td>
</tr>
<tr>
<td>Access</td>
<td>Nutrition</td>
<td>Physical Activity</td>
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<tr>
<td></td>
<td>• Healthy food/drink availability (Voluntary Nutrition Standards in High Schools)</td>
<td>• City planning, zoning and transportation (Health Impact Assessments) • Require daily quality PE in schools (Recess Before Lunch)</td>
</tr>
<tr>
<td>Point of Purchase/Promotion</td>
<td>Nutrition</td>
<td>Physical Activity</td>
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<tr>
<td></td>
<td>• Menu labeling (Healthy Dining Finder)</td>
<td>• Signage for public transportation, bike lanes/boulevards (Public/Active Transport Signage)</td>
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<tr>
<td>Price</td>
<td>Nutrition</td>
<td>Physical Activity</td>
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<td></td>
<td>• Changing relative prices of healthy vs. unhealthy items (Healthy Vending)</td>
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<tr>
<td>Social Support &amp; Services</td>
<td>Nutrition</td>
<td>Physical Activity</td>
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<td></td>
<td>• Support breastfeeding through policy change and maternity care practices (Baby-Friendly Progression)</td>
<td>• Safe routes to school (Safe Routes to School)</td>
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Local Policy Health Advocates

Funding for up to 100 LHPAs
Recruited and coordinated through community-based organizations
Intensive training and coordinated community work
Church groups, parent-teacher organizations, homeowner associations, work teams, social clubs, neighbors, friends, etc
Presentations coordinated with media