



# OBESITY PREVENTION INITIATIVE

## *A Report to the Illinois General Assembly*

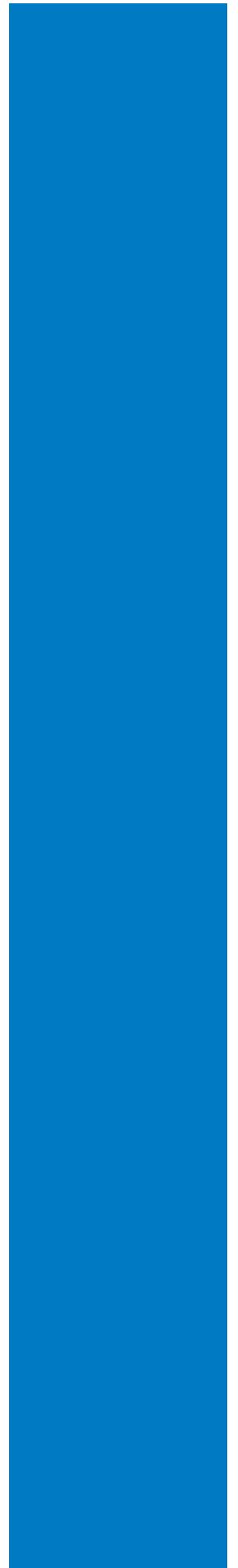


**Obesity Prevention Initiative Act (PA 96-0155)**

DECEMBER 2010

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## I. Executive Summary

Understanding the health, economic and social costs of a growing obesity epidemic to Illinois and its citizens, the Illinois General Assembly passed the Obesity Prevention Initiative Act (PA 96-0155) in the spring of 2009. In accordance with the act, the Illinois Department of Public Health convened public hearings in Chicago, Springfield and Carbondale to:

- Illuminate the social and human costs of obesity and to highlight existing state and community level initiatives.
- Identify existing plans and opportunities for action and expansion of initiatives.
- Inform policymakers and the public about effective solutions to the problem.
- Identify and engage stakeholders to promote action to reduce obesity, to improve nutrition and to increase physical activity.

The hearings brought together more than 300 stakeholders from various sectors, including public health, education, planning, employers, community-based organizations and transportation. A total of 115 testimonies were heard or submitted to the Illinois Department of Public Health. This report reflects examples shared through testimony of (1) effective programs and interventions; (2) possible policy, program and coordination solutions; and (3) suggestions on how Illinois can work more effectively to reduce obesity.

Common themes and messages presented in the testimony addressed the **(1) prevalence of obesity, (2) importance of a comprehensive public health approach, (3) the need for statewide coordination and (4) the urgent need for action.** The examples and research presented in testimony, as well as the range of sectors represented at the hearings, demonstrates the array of intersecting issues that play a role in the obesity epidemic. Witnesses repeatedly stressed the need for multiple sectors to coordinate and to work together to reverse growing obesity trends.

### Policy and Environmental Interventions

Stakeholders in multiple sectors are in the position to address contributing factors to obesity and to implement transformational policies and interventions to make healthy options more accessible for Illinois citizens. Overwhelmingly, testimony focused on broad systems and policy changes rather than individual behavioral changes. The report outlines obstacles, examples of successful strategies and proposed solutions in four key domains:

- Built Environment (e.g., recreational space, transportation infrastructure)
- Institutional environments (e.g., schools, workplaces)
- Cultural and social environment (e.g., social norms)
- Marketplace (e.g., food producers, food retailers)

### State-Level Action

The public hearings demonstrated the need for widespread attention and resources dedicated to reversing obesity trends in Illinois. In addition to specific domains, witnesses were encouraged to address how Illinois can work more effectively to combat the state's obesity epidemic. The following are overarching actions recommended.

### State Leadership and Coordination

Local and regional networks bringing together multi-sector partners advancing environmental changes, delivering programs and educating citizens. State agencies can replicate coordination that has been successful at the local level with public and private partners. Additionally, testimony encouraged an inter-agency task force, similar to one established by President Barack Obama, to improve communication, planning and coordination aimed at solving the obesity problem. Testimony stressed the need for state-level leadership to include all domains intersecting the issue of obesity, including public health, public safety, education, planning, transportation, parks and recreation, social services and agriculture.

### **Resource Development**

Overwhelmingly, testimony stressed the need for funding. Implementing a broad-based, coordinated approach necessitates a minimum of equitably distributed funding across the state to allow collaboration and cooperation. Funding is required to support local coordination through public health departments and to expand successful local initiatives that are grounded in evidence, and to bring additional resources to communities through their successes. Equally noted during the hearing was the dire state of Illinois' budget and the inability to appropriate funds to address the obesity epidemic. Recognizing this financial crisis and a need to support effective programs, testimony offered revenue-generating options that included:

- 1. Tax Strategies** - Tax policy could generate funds earmarked solely for obesity prevention and intervention programs. National research on the impact of tax policy and its effect on obesity was cited in testimony outlined in section VIII of this report. Evidence shows that in addition to raising resources to combat obesity, an added benefit of a tax strategy is that higher prices of unhealthy foods and beverages relative to healthy ones decrease consumption of high-fat and high-sugar foods.
- 2. Leveraging Federal Dollars** - Policy and structural changes can position Illinois to qualify for additional dollars through various federal agencies. For example, additional federal dollars could be leveraged by adopting statewide policies, such as "Complete Streets," that could be supported by funding available through the U.S. Department of Transportation.

### **Improved Surveillance Systems**

Participants in the hearings suggested comprehensive data collection and access to that data is crucial to understanding obesity and identifying target populations. Data is needed to recognize who is affected by the problem, where they are located, and how to develop and target appropriate interventions. Data is also critical to evaluating the effect of interventions to know whether they are working.

## II. Introduction

### Description of the Legislation

In 2007, the Illinois State Health Improvement Plan (SHIP) identified obesity and physical activity as strategic priority health conditions that demand action, including:

- Increased efforts to educate the public on the health risks associated with obesity and poor nutrition and effective methods for improving nutrition and physical activity.
- Resources to help individuals adopt healthy lifestyles.
- Changes in state and local policies designed to support healthy eating and physical activity, including improving community access to healthy food and safe opportunities for physical activity.

In response to this priority, the Illinois General Assembly enacted the Obesity Prevention Initiative Act in 2009, which called on the Illinois Department of Public Health (hereafter referred to as “the Department”) to hold three public hearings on obesity across the state. The Obesity Prevention Initiative Act (PA 96-0155) was signed in August 2009 by Gov. Pat Quinn.

The act called for public hearings to:

- Illuminate the social and human costs of obesity and to highlight existing state and community level initiatives.
- Identify existing plans and opportunities for action and expansion of obesity initiatives.
- Inform policymakers and the public about effective solutions to the obesity problem.
- Identify and engage stakeholders to promote action to reduce obesity, to improve nutrition and to increase physical activity.

### Description of the Hearings

Public hearings were held in Chicago, Springfield and Carbondale in February and March 2010. Notices were filed in accordance with the Illinois Open Meetings Act and the Department disseminated public service announcements and media

advisories inviting the public to the hearings. In addition, meeting notices were posted to the Department Web site. Organizations concerned about the issue of obesity were notified of the hearings and encouraged to promote participation in them.

The Chicago hearing was held on February 26, 2010 from 1 p.m. to 4 p.m. at the Michael A. Bilandic Building. There were 166 persons in attendance and 49 provided testimony. The hearing officers were:

- Javette Orgain, M.D., M.P.H., hearing chair and chairperson, Illinois State Board of Health
- Rev. David McCurdy, co-chairperson, Illinois State Board of Health
- Zaher Sahloul, M.D., F.C.C.P., member, Illinois State Board of Health
- Karen Phelan, policy committee chair, Illinois State Board of Health
- Elizabeth Coulson, 17<sup>th</sup> District, Illinois House of Representatives
- Damon T. Arnold, M.D., M.P.H., director, Illinois Department of Public Health

The second hearing occurred March 8, 2010 from 10 a.m. to 1 p.m. at the Illinois Department of Agriculture Building in Springfield. There were 68 persons in attendance and 27 provided testimony. The hearing officers were:

- Jerry Kruse, M.D., M.S.P.H., hearing chair and member, Illinois State Board of Health
- Jane Jackman, M.D., member, Illinois State Board of Health
- Karen Phelan, policy committee chair, Illinois State Board of Health
- Elizabeth Coulson, 17<sup>th</sup> District, Illinois House of Representatives
- Damon T. Arnold, M.D., M.P.H., director, Illinois Department of Public Health

The third and final hearing was held at the Carbondale City Hall/Civic Center on March 15, 2010 from 10 a.m. to 1 p.m. There were 69 persons in attendance and 33 provided testimony. Hearing officers were:

- Kevin Hutchinson, hearing chair and member, Illinois State Board of Health
- Karen Phelan, policy committee chair, Illinois State Board of Health
- Damon T. Arnold, M.D., M.P.H., director, Illinois Department of Public Health

### **General Characteristics of Attendees**

The hearings brought together a diverse array of people from around the state to discuss how obesity is affecting their communities. A variety of stakeholders came to the hearings, including community-based organizations, health care providers, physical activity organizations, dietitians, health educators, early childhood organizations, local health departments, health care advocates, employers, insurance providers, community planners, teachers, parents, and individuals dealing with issues of obesity and overweight.

Participants were given an opportunity to provide three minutes of oral testimony. Individuals and groups also could submit written testimony at the hearings and via e-mail. A total of 115 written and oral testimonies were received. The Department asked participants to consider three questions in their testimony:

- What are examples of effective programs and interventions to address obesity?
- What policy, program and coordination solutions exist to address the obesity epidemic in Illinois?
- How can Illinois work more effectively to combat obesity?

### III. Summary of Findings from Hearings

Common themes and messages presented in the testimony addressed the (1) prevalence of obesity, (2) importance of a comprehensive public health approach, (3) the need for statewide coordination and (4) the urgent need for action.

**Overwhelming data** regarding prevalence of obesity in Illinois and its detrimental impact on health, quality of life, and the economy suggests the urgent need for action by Illinois policymakers to reverse increasing obesity rates. Particularly alarming are the rates of obesity among children and adolescents.

Research shows there is no single cause of obesity, but there are many factors that play a role from infancy through adulthood. The common message heard throughout testimony was the need for a **comprehensive public health approach**, grounded in the evidence, which emphasizes prevention. Such practice would incorporate:

- Health education and promotion
- Environmental interventions
- Policy initiatives
- Resource allocation and management

Testimony stressed the **importance of a coordinated statewide approach** that stretches beyond standard disease prevention and treatment protocols. The obesity epidemic stems from and is exacerbated by cultural and social conditions influenced by and only amenable to action by multiple segments and sectors of society.

“[Obesity] is the number one public health problem, public enemy number one. It has very deep-reaching ramifications that we have got to find the answer for.”

*Dr. Damon T. Arnold,  
Illinois Department of Public Health*

Organizations with a responsibility and a role in improving the health of the state must be part of the solution. State and local agencies addressing public health, social services, agriculture, transportation, education, insurance, military, parks and recreation, land use and planning intersect at the issue of obesity.

Witnesses stressed that **immediate and concerted action is necessary** to combat obesity and have a real and lasting effect on the health of Illinois residents. The hearings demonstrated the many efforts being undertaken by local groups to prevent and to treat obesity. However, the scope and impact of their efforts is clearly limited by a lack of stable funding, leadership, coordination and surveillance data.

“We must look at the issue of obesity in terms of our next steps from a much broader perspective. It is imperative that we avoid disparate ‘band-aid’ strategies and, instead, embrace a comprehensive ‘big picture’ approach to the prevention of chronic disease.”

*Bob Keller, Illinois Public Health Association*

## IV. Social and Human Costs of Obesity

### Prevalence of obesity and overweight in Illinois

The prevalence of overweight and obesity in both adults and children has increased sharply in the last 30 years. All data points below are taken from hearing testimony.

#### Childhood Obesity

- One in five Illinois children is obese.
- Illinois is ranked 10<sup>th</sup> in the country for obese or overweight children between 10 to 17 years of age.
- In Chicago, 13.6 percent of high school girls are obese, compared to 9.9 percent nationally.
- 67 percent of Illinois girls do not meet recommendations for physical activity.
- Chicago's pre-school children are overweight at approximately twice the national average.
- Nationally, 25 percent of Latino children are obese by age 3 and Latino children have the highest risk for diabetes.

#### Adult Obesity:

- 62 percent of Illinois adults are overweight or obese.
- Between 1998 and 2007, the number of adults in suburban Cook County who identified themselves as obese increased by 10 percent.
- Southern Illinois has the highest percentage of obesity in the state.
- The state's highest rates of obesity are found in rural regions.

“In 2004 a CLOCC [Consortium to Lower Obesity in Chicago Children] study found that 24 percent of Chicago children were obese at kindergarten entry. In a 2009 report released by The Trust for America's Health, Illinois had the fourth highest rate in the country for childhood obesity at 21 percent, well above the national rate of 16 percent. Most of these children will have medical problems related to obesity later in life and many of them may be dealing with these problems already.”  
*Adam Becker, CLOCC*

### Impact of Obesity on Health

Nearly everyone who testified at the hearings discussed the devastating health consequences of obesity. Many chronic health conditions and diseases are related to obesity, including heart disease, diabetes, sleep apnea, hypertension, stroke, high cholesterol and respiratory disease. Obesity, poor nutrition and physical inactivity are second only to tobacco as a major risk factor to cancer, responsible for approximately 186,000 cancer deaths each year in the United States. Being overweight or obese has been associated with increased risk for several different types of cancers, including breast, colon, kidney, endometrial and esophageal. A number of participants cited alarming predictions by researchers that the current generation of American children may even be on track to have a shorter lifespan than their parents.

Young children who are obese may exhibit high blood pressure; sleep, skin, liver and other dysfunctions; and results of laboratory tests may indicate higher risk for diabetes and heart disease. Many require surgical or pharmacological intervention.

“We are now raising the heaviest children in our nation's history. If current trends continue, today's youth could be the first generation to live shorter lives than their parents.”

*Kemia Sarraf, American Heart Association*



In addition, social stigma associated with youth obesity can lead to serious psychosocial and emotional burdens, leading to increased levels of sadness, loneliness, nervousness, smoking and alcohol consumption. Overweight adolescents are more likely to be socially isolated than normal weight adolescents. One national study found obese children have a similar quality of life as children diagnosed with cancer.

### **Economic Impact of Obesity**

In Illinois alone, obesity in adults adds \$3.4 billion to annual health care costs. The long-term budget ramifications from the growing rates of obesity were among repeated concerns of testimony during the hearings.

Employers and business groups testified that the obesity-related diseases are one of the major contributors to worker absenteeism, slow workflow, high health care costs and high worker compensation rates.

Costs for obesity and its co-morbidities account for 43 percent of all health-care spending by U.S. businesses. According to Karen Atwood, president of Blue Cross Blue Shield of Illinois, five of the top 10 claims the insurance company pays are related to obesity. Blue Cross Blue Shield of Illinois also testified that from 2004 to 2008 diagnosis of type 2 diabetes among their members increased by 14 percent and charges increased 34 percent, from \$22,000 to \$29,000.

### **Impact of Obesity in Schools**

Many school officials and school advocates testified at the hearings. These presenters expressed concern about how the obesity crisis is affecting the health of young children and adolescents. Testimony indicated that fit, healthy students learn better and perform better in school.

“Adolescent boys and girls [that] experience teasing from two sources, such as family and peers, have a higher prevalence of emotional health problems. At one extreme, these problems may lead to acting out and disruptions in the classroom and other withdrawals.”

*Jeff Franklin, SIU Center for Rural Health and Social Services Department*

“According to the Duke University study on obesity in the workforce, at least twice as many workers' compensation claims, seven times higher medical costs from those claims, and 13 times more missed work days.”

*Kathy Lively, Man-Tra-Can Corp & SI Connect*

“Obesity in childhood is also related to mental health and social problems, such as depression, stigma, and poor academic performance. We can take on the cost of obesity prevention now... or we can pay later the much higher costs that are associated with chronic disease management and under-prepared students and workers.”

*Adam Becker, CLOCC*

## V. Contributing Factors to the Obesity Epidemic

The examples and research presented in testimony, as well as the range of sectors and communities represented by witnesses and attendees, demonstrates the range of intersecting issues that play a role in the obesity epidemic.

The contributing factors identified in testimony are categorized here under built environment, institutional environment, cultural and social environment, and marketplace.

“There is really little doubt anymore that the built and social environment and communities impacts health and specifically with regard to the transportation options. Data shows that countries that have higher levels of walking, bicycling, and transit have lower levels of obesity. End of story.”  
*Melody Geraci, Active Transportation Alliance*

### Built Environment

- Limitations to active transportation options, such as sidewalks, bicycle lanes and public transportation.
- Lack of open space for safe recreation activities and/or mixed-use land planning.

### Institutional Environments

- Nutritional quality of school lunches.
- Lack of physical education and recess in schools.
- Lack of after-school activities.
- Nutritional quality of food served in child care settings, particularly informal care arrangements.
- Lack of healthy food and beverage options in vending machines in schools, in workplaces, in parks and in other facilities.

“Obesity is not a freestanding problem with a single, simple solution. It is multi-factorial and encompasses the food industry, schools, social structure, physical activity, poverty issues and, most of all, legislative inaction.”  
*Dr. Gerald Boyd, Get Moving Rockford*

### Cultural and Social Environment

- Parental knowledge and strains on families are barriers to good nutrition.
- Low rates of breastfeeding. A child never breastfed has three times the greater risk of obesity than a child breastfed for nine months.
- Increased time viewing television, playing video games and surfing the Internet (“screen time”).
- Food deserts – the lack of full service grocery stores and fresh foods in communities (and the high density of corner stores and fast food outlets in many of those same communities).

### Marketplace

- Food industry marketing that promotes consumption of high-fat, low-nutrient fast foods, snacks, and sugar-sweetened/high-fructose corn syrup foods and beverages.
- Lack of knowledge regarding the nutritional content of restaurant foods.

“In Chicago Public Schools, kids have only one day of gym a week. In over 80 percent of elementary schools, there’s no recess either. It’s something that we take for granted as part of our children’s school day. But it’s not happening in most schools in Chicago.”  
*Gloria Harris, POWER PAC*

## VI. Strategies to Address Obesity through Policy Change and Environmental Interventions

Hearing testimony discussed various interventions to be employed to prevent and to treat obesity in different domains, including built environment, informal and formal education institutions, the workplace, and social and cultural environments. A hallmark of most of this testimony was the way stakeholders sought to work across systems, coordinate efforts, and build coalitions to address obesity, reflecting a deep understanding that the multi-faceted problem required multi-faceted solutions. Each section of this report contains at least one example of a successful strategy taken from the hearings and a summary of the suggestions made at all three hearings.

### Built Environment: Issues, Successful Strategies and Proposed Solutions

#### Issue 1

##### Access to recreation space in communities

In many communities, land use and urban planning have neglected to create adequate recreation space for residents. Those that have incorporated recreation space are often facing budget cutbacks, which affect the activity, safety, and cleanliness and general appeal of the grounds.

“I think obesity is an environmental issue... if we fail to address obesity as an environmental concern, then I think we will fail and we will just again implement a bunch of programs that don’t really address the issue at all.” *Michelle Fishburn, Knox County Health Department*

“Most communities and neighborhoods are not designed to allow for physical activity without first traveling by car. Combinations for pedestrians and bicycles would effectively allow many families to become more physically active.”  
*Dan Osterman, Two Rivers YMCA*

#### Successful Strategy

The Jackson County Health Department and the Jackson County Healthy Community Coalition are working with schools, park districts, hospitals, churches, community centers, Southern Illinois University and many others to implement policy and environmental changes that increase and support healthy eating and regular physical activity. They have increased walking paths, trained school food service staff, instituted community-wide walking challenges and convinced the park district to serve water instead of soda in day camps.

#### Proposed Solutions

- Fund and implement Illinois’ Safe Park Zones legislation that passed in 2006.
- Open school recreational facilities to the community during after-school hours.
- Allow creative community-led recreation to flourish, such as the open streets activities in Chicago that temporarily turn streets into parks.

“It is a shame that we have a 207-acre park, Humboldt Park, the most beautiful park in the world, where you find more cars zooming through than you find community residents strolling by. Some will argue that it isn’t safe; others will argue that there isn’t much there to do. I will say that as long as the park district raises its fees and effect program cuts, you will have less people in the park.”  
*Luis Rodriguez, Co-Op Humboldt Park*

## Issue 2

### Alternative transportation options

A large number of witnesses focused on transportation design and utilization as a key element to becoming a more active society. Transportation routes have been prioritized for travel by car, but have neglected or, at times, adversely affected the safety and convenience for mass transit, walking or biking.

“So walking, biking and transit are ideal ways to get more physical activity. It tends to be free or extremely low cost. It is very accessible. You can walk out your front door and do it, providing the facilities are there. You don't need any special skills and it is functional. It gets you places.”

*Melody Geraci, Active Transportation*

### Successful Strategy

American Heart Association (AHA) seeks to promote physical activity and improved nutrition in the fight against heart disease. One of the many programs that the AHA has worked on is “Safe Routes to School.” The program helps create safe opportunities for children to bicycle and to walk to and from school. The AHA advocates for continued funding of this program.

### Successful Strategy

Active Transportation Alliance (ATA) is a Chicago-based organization that promotes safe streets with convenient options for active transportation, such as biking and walking, in order to achieve healthier habits and a healthy environment. The ATA supports the “Complete Streets” policy that incorporates lanes and accommodations for bicyclists and walkers, and “Better Blocks” to make streets and sidewalks safer, to allow full utilization of roadways by pedestrians and bicyclists, in addition to drivers.

## Proposed Solutions

- Convene a Department-sponsored inter-agency effort (with Illinois Department of Transportation, Illinois Environmental Protection Agency and the Illinois Department of Natural Resources) to create sustainable and livable communities in Illinois modeled after the federal program.
- Expand “Safe Routes to School” to ensure students are able to walk or to bike to school.
- Put a high priority within the current capital bill on funding projects that meet “Complete Streets” and “Safe Routes to School” criteria to support healthier lifestyles.
- Promote community-based collaboration to provide safe passage for walkers and bikers.
- Increase service and convenience from existing mass transit.

“Existing standards for smart growth, green building, joint use agreements, transportation, and parks and recreation need to be understood and applied to promote good nutrition and physical activity.”

*Megan Jones, American Cancer Society*

**Issue 3**

**Food Deserts and Food Access**

There are many communities in Illinois with little or no access to foods needed to maintain a healthy diet. Food deserts are areas that lack convenient access to affordable and healthy foods. Instead of supermarkets or grocery stores, these communities often have an abundance of fast-food restaurants and convenience stores. Food deserts in Illinois are located in both rural counties and urban neighborhoods. The U.S Department of Agriculture (USDA) estimates that 23.5 million people, including 6.5 million children, live in low-income communities that are more than a mile from a supermarket and almost 1 million do not have access to a car. USDA also estimates that 2.3 million people live in low-income rural areas that are more than 10 miles from a supermarket. Residents with better access to supermarkets and limited access to convenience stores tend to have healthier diets and lower levels of obesity.

**A Successful Strategy**

Chicago’s Humboldt Park is an example of a food desert. There are no grocery stores, only small convenience stores that do not sell fresh produce. Luis Rodriguez, program director of the Co-op Humboldt Park, testified at the Chicago hearing on the success of “La Cosecha,” a fresh produce cooperative. The program is able to buy produce in bulk at low prices and community residents can purchase the fresh produce every other week.

“We have a county, Gallatin County, with approximately 6,500 residents [that] has absolutely zero grocery stores. An area of 328 square miles, no grocery stores. So, citizens are often faced with a choice. Drive 20 miles to the nearest grocery store or go across town to the nearest convenient mart, and we know what food choices are there.”

*Jamie Byrd, Egyptian Health Department*

**Proposed Solutions**

- Support collaboration among governments, schools, businesses and/or community organizations to bring food co-ops, farmers’ markets or grocery stores that sell a variety of healthy foods in food desert areas.
- Promote partnership between public assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), with local farmers to allow farmers’ markets to be available to those on government assistance.

“One major way to effectively combat obesity is to address the environments where our children spend most of their time eating -- school and home. Home economics and physical education have been removed in many environments due to budget cuts. As a society, we have created the perfect storm for obesity to occur. Children are like sponges, they absorb what is in their everyday life. When we provide children access and education they become empowered, educated and confident.”

*Jenika Faes, Girls in the Game*

## Institutional Environments: Issues, Successful Strategies and Proposed Solutions

Issues, examples and suggestions were offered for a range of institutional settings, including group care sites, schools and workplaces. The majority of statements addressing these institutional environments focused on those serving children and youth.

“Preschool children are now in one of the greatest risk groups for adult obesity as an increase in weight velocity from age 2 to 5 is a particularly potent predictor of adult overweight status. The influence of day care providers and non-familial adults and peers on children’s food choices, exposure to media and opportunities for physical activity during the day may be salient predictors of weight gain during this age range. This age group is critical in that it is during this time period that children begin to develop clear behavioral strategies and belief systems.”

*Brenda Koester, Family Resiliency Center at the University of Illinois at Urbana-Champaign*

### Schools and Child Care Programs

A key message communicated from the hearings is the need for early childhood interventions to prevent obesity. Many participants stressed the importance of family involvement in early childhood health, and the importance of the relationship between parents and childcare providers.

#### Issue 1

**Informal child-care settings** Some home-based child-care providers are not optimally informed about obesity, nutrition and physical activity. Many are seeking assistance for helping the children in their care be healthier.

#### Successful Strategy

Vicky Chedgy is a home day care provider in Island Lake that surveyed the 21 children in her care and found 57 percent to be “husky” or overweight. Vicky has worked with 4-C to change the snacks provided to the children and to apply for outdoor recreation equipment grants.

#### Successful Strategy

The SIU Head Start Program worked closely with Head Start providers in the region to win a small grant that allowed them to purchase books and musical CDs that would encourage and increase moderate to vigorous physical activity in limited space. The Head Start works diligently to offer parent education and communication, through newsletters, parent meetings and agency activities.

#### Proposed Solutions

- Expand education and incentives for home-based child care providers to focus on nutritious snacks and physical activities in their care.
- Fund 4-C Community Coordinated Childcare Programs and Child and Adult Care Food Programs to expand nutrition assistance to home-based childcare providers, which are currently poorly funded.

A reoccurring theme of the hearings was the impact schools can have on the wellbeing of children. The national Healthy Schools Campaign recommends state strategies for improving school meals, including following other states’ lead and enforcing stricter school nutrition standards, and providing grants to schools to invest in school food preparation and storage capacity equipment.

“If it wasn’t for the football, [the ‘husky’] would certainly be in the overweight category. I have seen more need for the older children to get more active, not only for weight maintenance, but for stress relief and to ward off depression.”

*Vicky Chedgy, Child Care Provider*

**Issue 2**

**Improve the nutritional quality of school lunches**

Witnesses repeatedly called for strengthening federal school nutrition programs and other efforts to improve school lunches. Those offering public comments emphasized the importance of including fresh fruit and vegetables in each meal to develop the habit of eating five servings per day.

**Successful Strategy**

The Evanston Township High School’s kitchen provides boxed salads, fresh fruits and whole grains to students. To fund the food, the kitchen runs a full catering program to generate revenue from staff meetings or other school events and revenue from nontraditional machines.

**Successful Strategy**

Several witnesses pointed to the transformative effect of community gardens for three intersecting benefits: 1) improving access to fresh produce, especially in food deserts; 2) teaching gardening and cooking skills to youth; and 3) making nutrition fun. Gardening also increases physical activity. The Kane County Health Department is actively increasing the number of community gardens available for growing healthy and affordable food. Last summer more than 40 students from one local urban league participated in a community garden at the health department. “For many of them it was the first connection that they’d ever had to see where their food really came from,” said Michael Isaacson, Director of Community Outreach, Kane County Health Department.

“The amount of money to actually be spent on food after all of the costs, including labor and equipment, are between \$1 and \$1.25. With this amount of money, the food service director writing a food-based menu needs to include two ounces of protein, two or more servings of grains, hopefully whole grains, a serving of fruit, a serving of vegetable, and an eight-ounce serving of milk. As one can imagine, this is an exceptionally challenging task, especially in this economy.”

*Meghan Gibbons, Evanston Township High School*

**Proposed Solutions**

- Increase funding for kitchen equipment and staff training to create a healthier school kitchen environment, such as small capital grants for kitchen equipment.
- Increase funding to hire school nutritionists and dietitians to create healthy food options with quality food.
- Expand eligibility for free lunch programs to 185 percent of poverty.
- Fund for farm-to-school initiatives that promote the use of locally produced foods, and the support of school community garden programs to encourage more fresh produce.

“Illinois can facilitate connections between schools and the local agricultural community. Locally sourced contracts increase the availability of fresh fruits, vegetables and meat for school meal programs, often at lower prices than those that are out-sourced. Illinois should appoint farm-to-school coordinators within the departments of agriculture and education to facilitate coordination among various partners involved. Nineteen states currently have established farm to school programs.”

*Rosa Ramirez, Healthy Schools Campaign*

“We should require 40 minutes of physical activity at least four times a week... There is a proven fact that one of the largest increase in metabolism or reduction of cholesterol in our bloodstream is exercising at least four times a week. Not only reducing cholesterol levels but multi-factorial benefits of exercise could be seen with strengthening the heart muscle and decreasing the chance of developing diabetes.”

*Tony Capuano, Southern Illinois Healthcare*

### Issue 3

#### Physical education policy

Some school districts have sought and received waivers of Illinois’ existing mandatory physical education requirement. Many Chicago area schools also have eliminated recess due to safety and space concerns.

#### Successful Strategy

Namaste Charter School, located in Chicago’s McKinley Park neighborhood, was specifically designed to incorporate nutrition, physical fitness and wellness into their academic curricula. Ninety percent of Namaste’s students are African American or Latino, two populations with high rates of obesity. All students have 60 minutes of daily physical education classes, along with morning yoga exercises and recess. Namaste believes that these physical activities improve students’ learning by improving attention skills and increasing academic performances. Namaste also prioritizes family involvement to assist their students to achieve their maximum health and wellbeing.

#### Successful Strategy

Gen H Coalition is a community-based effort in Sangamon County with unique “anchor partners,” including the school system, community college, Sangamon County Department of Public Health, the mayor and city of Springfield, the park district, the American Heart Association, the local medical society, the Springfield Urban League, the YMCA and a local hospital. All partners donate in-kind support by filling roles in student education and facilitating physical activity in the schools.

### Proposed Solutions

- Prioritize physical education by enforcing the Illinois physical education mandate, along with yearly fitness testing to improve accountability for physical education in schools.
- Incorporate physical activity into more than just physical education classes.
- Promote partnerships with existing community organizations, like the YMCA, that can augment the school day with physical activity.

### Issue 4

#### Increased education on nutrition and physical activity

Many participants in the hearings specified the need for enhanced education in Illinois’ schools around good eating habits, how to grow your own food and cook your own food, why nutrition is important, why physical activity is crucial and how to implement regular physical activity in kids’ lives. Some witnesses suggested increased professional assistance from dietitians and nutritionists, some stressed after-school partnerships with community organizations or during summer camps, and others discussed integrating physical activity and nutrition into all elements of education.

“We believe operating on the premise that our schools are already overburdened with both academic and non-academic projects. They don't have time to take on one more thing. We go in and do it for them. Entirely volunteer organization.”

*Kemia Serraf, GenH Coalition*



“Children choose a topic that is relevant to their lives and it is our role to educate and provide resources through interactive games. Children take their new knowledge and spread it throughout their community amongst their peers and family members. In both schools these students have chosen healthy eating as their number one concern. They are now discovering healthy food options, learning how to identify the five food groups, and encounter ways to be physically active.”  
*Edleda James, PCC Wellness Center in the Austin Neighborhood of Chicago*

**Successful Strategy**

Illinois CATCH (Coordinated Approach to Child Health), a school-based program, was widely discussed at the Carbondale hearing as successful in increasing activity levels and healthy food choices among children in kindergarten through grade five. The program uses classroom activities and other school efforts to promote healthy lifestyle choices. CATCH grants from the Illinois Department of Public Health, the Illinois Department of Human Services and other agencies have been awarded to about 180 schools in the state for grades three through five. However, there are another 2,600 schools statewide that could benefit from the program at an estimated cost of \$13 million.

**Successful Strategy**

*Girls in the Game* is an in-school and after-school initiative designed to support “Sports, Health, Leadership and Life” – the whole girl. Loyola University’s Dr. Amy Boehnert testified that research suggests that children are likely to spend their after school time in sedentary activities and consuming large amounts of calories from snack foods and sugar-sweetened beverages. In once-a-week after-school sessions over 30 weeks of the school year, *Girls in the Game* teaches healthy eating, cooking and lifestyles, as well as self-esteem and leadership through sports and community opportunities. *Girls in the Game* aims to transform their enrollees into leaders and mentors for healthy lifestyles of other people in their community.

**Proposed Solutions**

- Build both healthy eating and active lifestyles into all parts of the school day.
- Devote school resources or partner with community-based agencies to provide self-esteem building extracurricular activities.

“The parents, teachers, students and the entire community are stakeholders. We can see the results of this program in those schools that have implemented CATCH, especially in the cafeteria food offerings.”  
*Nancy Holt,  
 Southern Seven Health Department*

“Because obesity reduces worker productivity and increases health care costs, employers are becoming more aware of the need to help promote healthy eating in cafeterias, encourage physical activity through group classes and stairwell programs and create incentives for employees to participate.”

*Cristal Thomas,  
 U.S. Department of Health and Human Services Region V*

“I just traveled recently to Colorado, which is one of the states that has the lowest rates of obesity in the nation, and it's palpable there, the people's commitment, personal commitment to fitness. . .workplaces that have workout facilities onsite, and employers that don't sanction employees for taking time to work out and flexes their hours around their workout schedule because they know and they embrace the notion that fit employees are better employees, have lower cost. So I think culture is a very powerful influence.”

*Rita Boyd, St. Clair County Get Up and Go*

### **The Workplace Environment**

Wellness in the workplace is an important part of obesity prevention.

#### **Issue 1**

#### **Obesity results in employee absenteeism, lost productivity and higher health care costs borne by employers**

Employee health strongly impacts work output. In addition, workplaces have ample opportunity to both help educate employees about health and draw attention to the benefits to the company if all workers are healthy. Witnesses testified about employers' approach to food accessibility, cost and nutrition information, to workout space or gym discounts, to workplace culture and activities outside of work.

#### **Successful Strategy**

John Deere and Company, located in Moline, has made great strides in helping their employees get into shape and make healthy food choices. The company has sponsored the 0, 5, 10, 15 program, which stands for 0 risk factors for chronic disease, 5 fruits and vegetables a day, 10,000 steps a day, and 15 minutes of prayer or meditation. They also provide wellness tools to encourage healthy eating and physical activity that can be shared with their families, including discounts to a weight reduction program. They also have distributed pedometers to measure the 10,000 steps and have instituted peer-to-peer walking contests. Deere has improved the food available on-site in their cafeterias and asked food vendors to label food choices with calorie and nutrient counts.

### **Employee Health Screening**

Several witnesses and physicians discussed the need for quantifiable data on health indicators, including those of adults, to help evaluate prevention efforts and to identify target populations.

#### **Successful Strategy**

Rush Health operates a worksite wellness program that utilizes employee screening to measure body mass index (BMI), a common scientific method to screen for whether a person is overweight or obese. BMI screening has proven effective in raising awareness of obesity prevention. The program also connects with outside employers to utilize the screening services of Rush Healthcare.

“We found through our screening programs is that many people do not know what they weigh. So they don't know what their BMI is so they don't know that their BMI puts them at risk for diseases. Not only do many people not know what they weigh, there is a lot of people who don't want to know, and they are in denial about what they weigh.” *Jane Hawes, Rush Health*

### **Proposed Solutions**

- Promote health screenings as part of worksite wellness, including taking measures of cholesterol, blood sugar, waist circumference and BMI.
- Institute structural changes (parking lots, workout facilities) that encourage active lifestyles and healthy eating during breaks at worksites.
- Institute workplace policy changes to promote a culture of wellness.
- Provide healthy food options in employee cafeterias, vending machines.
- Incentivize healthy behavior among employees.
- Provide access to educational and informational resources to promote healthy choices.

“Evidence-based practice indicates women would rely on their social networks for advice and support about breastfeeding. The breastfeeding initiation rate for women receiving peer counselor services was 83.5 percent compared to 61.7 percent for women without peer counselor services. The one month breastfeeding duration rate for women receiving peer counselor was 74.4 percent compared to 66.2 percent for women without peer counselor services.”

*Brenda Green,  
Illinois Department of Human Services Bureau of Family Nutrition*

## Social and Cultural Environment: Issues, Successful Strategies and Proposed Solutions

Some participants testified that parental knowledge and behavior are among the most important influences to consider when addressing obesity. Supporting parental awareness and ability to make healthy choices, in concert with lessons learned in school life, set the stage for a lifetime of wellness.

### Issue 1

#### Promote breastfeeding and the health benefits to breastfed children

Children who are breastfed are less likely to be overweight. Hearing participants shared U.S. Centers for Disease Control and Prevention estimated that 15 percent to 20 percent of obesity could be prevented through breastfeeding. A child never breastfed has almost three times greater risk of obesity than a child breastfed for nine months.

“Illinois must invest in our children’s future by providing resources for obesity prevention in the primary care setting with families of children in the prenatal period through age three. Specifically, by coordinating services, and providing resources for developing and validating an early childhood (0-3) obesity screening tool and funding needed to train primary care physicians in screening, referral for services and coaching families about obesity, Illinois will go a long way toward combating the obesity epidemic statewide.”

*Patty Mack, Advocate Health Care*

### Successful Strategy

In Illinois, WIC provides breastfeeding peer counselors in more than 45 counties that provide specialized breastfeeding education and encouragement to support pregnant and breastfeeding women. Peer counselors conduct home visits, telephone consultations, hospital visits and lead support groups. Through this program, providers have experienced an increase in the use of WIC services.

### Proposed Solutions

- Utilize more institutional support programs, such as hospitals, to educate new mothers about the benefits of breastfeeding their infant.
- Fund WIC peer-counseling programs for new mothers in all Illinois counties.

### Issue 2

#### Family involvement in obesity prevention

Many organizations testified about the importance of reaching Illinois children and families to properly address the growing problem of obesity. Obesity prevention programs have seen improvements in obesity rates when families become directly involved with the programs and take a greater responsibility for the eating and physical activity habits they are placing on their children.

### Successful Strategy

The Sarah Bush Lincoln Health Center in Mattoon is a health center that serves a seven-county area. Gwen Zumwalt discussed a project by the Health Center called “Jump Start.” Children are selected for Jump Start based on their risk for obesity. The children participate in a week-long summer day camp to teach healthy choices, and the center follows up with the participant’s families and teachers to promote sustainability.

### Proposed Solutions

- Incorporate communication and engagement with parents and caregivers.

“The advertising companies know that the key to long-term success and brand loyalty is to ‘get ‘em while they’re young.’ Studies show that advertising has a tremendous influence on children and adolescents. Young people view more than 40,000 ads per year on television alone, and increasingly are being exposed to advertising on the Internet, in magazines, and in schools. This exposure contributes significantly to childhood and adolescent obesity, by leading the children to make bad nutritional choices early in life. The result...unhealthy habits that are difficult to break later in life. So why then do we choose to wait to teach our children about health and wellness?”

*Lannette Wolford, Youth Fitness Consultants, Inc.*

### Issue 3

#### Marketing of high calorie, high sugar foods

Food industry marketing presents pervasive messaging that promotes consumption of nutrition poor items. Advertising often targets children and youth to build brand loyalty and shape perceptions about product quality for a lifetime. This creates a challenging environment to reinforce healthy options.

“Individuals living in low-income, minority, and rural neighborhoods are most often affected by poor access to food markets and healthy food while the availability of fast-food restaurants and high-fat, calorie-packed unhealthy foods tends to be greater in low-income and minority neighborhoods.”

*Jose Arrom, CEED Chicago*

#### A Successful Strategy

To address the epidemic, the Consortium to Lower Obesity in Chicago Children (CLOCC) and partners conduct public education promoting the “5-4-3-2-1 Go!” healthy lifestyle messages. CLOCC began a media campaign, including a public service announcement (PSA) prepared by WLS-TV; banners and ads running in the Chicago Transit Authority (CTA) elevated train stations

and trains, CTA buses and bus stops; posters in city libraries and billboards in targeted neighborhoods around the city; and designating October in Chicago as “5-4-3-2-1 Go!” Month supported by skyscraper messaging.

### Proposed Solutions

- Expand funding to support counter-marketing for healthy food choices

**Issue 4** Addressing cultural differences and using culturally appropriate health education.

#### Successful Strategy

Springfield Urban League is a non-profit organization with a mission to empower African Americans and other minorities. Their testimony highlighted current programs pertaining to health improvement and obesity prevention. The league runs physical activity programs for middle and high school students, while providing leadership opportunities for students to become peer educators. Two students involved in the program attended the Springfield hearing and described their role in teaching other students about healthy eating and physical activity habits. The Springfield Urban League also works with other community programs, such as Head Start, teaching young children about fruits and vegetables and increasing their level of physical activity.

### Proposed Solutions

- Incorporate culture-specific messages and languages when doing outreach to specific populations.

“This problem is complex and what works for one segment of the population may not work for another. So we need to understand different ways of doing outreach to individuals. Illinois needs to ... recognize the cultural norms of all our populations within the state.”

*Dr. Saul Levin, AMA*

## Marketplace: Issues, Successful Strategies, and Proposed Solutions

### Issue 1

#### Restaurant nutrition policy

Testimony emphasized that restaurant policies and practices contribute to unhealthy eating. Several communities in Illinois have documented changes in customer behavior when restaurants promote healthy diet options and menu-labeling policies are put into place.

#### Successful Strategy

The Herrin Chamber of Commerce saw the rising costs of obesity to employers as an opportunity to create positive healthy changes in their community's workplaces. The chamber's initiative, "Healthy Herrin," works with community partners to create bike paths, to encourage local restaurants to offer healthy food alternatives, and to support the local farmers' market. Healthy Herrin sees these community programs as a way to help local businesses to invest in health-related activities that benefit their employees and the community.

"The American Heart Association strongly advocates for calorie labeling on all menus and menu boards at the point of purchase to help consumers help make informed food choices. Restaurant menu labeling is gaining momentum across the country, as well as, municipalities such as New York and Philadelphia. Menu labeling is an inexpensive common sense prevention measure that will help reduce obesity and other risk factors for heart disease and stroke and health care costs."

*David Melby, American Heart Association Volunteer*

### Proposed Solutions

- Enact a statewide mandate for nutrition information on all restaurant menus similar to nutrition information required on products sold at retail sites.

"The promise of health-promoting foods to reduce the onset of vascular disease, obesity, diabetes, cancer and other major chronic illnesses linked to poor diet quality has consumers flocking to the local supermarkets in search of products that will help them lead longer, healthier lives. NCFST's health-promoting foods platform is leading the development of food-based solutions for improving public health and reducing disease risk through science that validates the impact of health-promoting foods on clinically relevant endpoints."

*Dr. Armand Paradis, National Center for Food Safety and Technology*

“In some way most soft drink products reflect government-supported subsidy on corn syrup and sugar and high cost of obesity they cause. We have seen published data, especially in the New England Journal of Medicine, which demonstrates that over the past 30 years the cost of soft drinks has risen only three-quarters of the rate of inflation while the cost of fresh fruits and vegetables has risen at more than 1.5 times the CPI.”

*Greg Chance, Peoria City/County Health Department*

## Issue 2

### Relationship of food cost to obesity

When prices of unhealthy foods and fast foods are lower than prices of healthy foods, there is a tacit incentive for unhealthy eating and, studies show, a relative increase in community obesity. Many suggestions were made during the hearings to adjust the price of foods by levying taxes.

Several hearing participants testified about creating access and affordable healthy foods for their community through food co-ops or community gardens. Some supported a recent attempt to tax sugar-sweetened beverages in Illinois, specifically because they were concerned that existing government policy has indirectly contributed to this price disparity.

## Proposed Solutions

- Implement tax strategies that change relative pricing of healthy versus unhealthy foods, such as a tax on sugar-sweetened beverages, fast food and restaurant chains that profit from prepared food.
- Implement tax incentives for serving and/or incorporating healthy food.

“Children and adolescents in lower-income populations and those already overweight are potentially most responsive to changes in the relative price of foods and beverages. Emerging research on the impact of food prices on weight and obesity indicates that weight levels for youths, lower-income populations, and those who have already elevated BMIs are more strongly associated with food and beverage prices than are those of older, healthier weight, higher-income populations.”

*William Baldyga, UIC*

## VII. Clinical and Healthcare Approaches

Testimony presented strategies implemented at health care centers, including identifying at-risk individuals, and administering clinical, behavioral, psychological and sometimes surgical intervention.

### Issue 1

#### Increasing access and effectiveness of clinical care

A number of physicians and physicians' groups testified at the hearings, including the American Medical Association, the Illinois State Medical Society and the Illinois Chapter of the American Academy of Pediatricians. While these groups testified to the need for community-based prevention and policy approaches, they also noted the importance of clinical interventions in primary care settings. Others testified to the need for linking clinical services and multi-week family interventions to community services for obese children and their families – community services that help families develop skills and healthy eating, active living, goal setting and self-monitoring.

“Obesity requires the multidisciplinary care of pediatricians, subspecialists, surgeons, nurses, dietitians, mental health professions, exercise specialists, school staff and social workers. Every person must have access to a medical home that will provide continuity of care and coordinate the services received from these various sources. You can impact this by providing state-level support and developing and coordinating these systems, changes in policy and investment.”

*Heather Meyers, Herrin Hospital*

### Issue 2

#### Reimbursement for prevention

through public and private insurance programs. The hearings reinforced the concept that prevention is the best option to lowering obesity rates. However, many in the state do not have access to preventative services and doctors find it difficult to provide prevention services to patients because of inadequate reimbursement. Witnesses called for expansion of insurance coverage to include prevention services for obesity, especially young children who are most at risk.

“Medicaid must recognize the value of early and often medical intervention, so that Medicaid payments cover the costs of prevention and provide for evidence-based obesity treatments. Enhanced funding is necessary so patients receive physician counseling, have access to drug and other therapies and receive necessary long-term follow-up care. It is critical for improving the health of the people of this great state.”

*Dr. Bill Kobler, Illinois State Medical Society*

### Issue 3

#### Obesity Prevention under Medicaid

More than half the children on Medicaid in Illinois are overweight or obese (55%), the highest percentage in the nation. Health care providers note that while Medicaid and the state employee health plan cover bariatric surgery, a successful obesity treatment program must encompass the continuum of care, including physician-supervised weight loss programs and dietary counseling.

#### Proposed Solutions

- Adequate public and private insurance reimbursements for BMI screening, psychosocial evaluation, coordination of patient care, mental health and nutrition counseling.
- Create a statewide system of childhood obesity centers of excellence to serve as consultative and educational resources, and that can research treatment effectiveness.

## VIII. How Illinois Can Work More Effectively to Combat Obesity

The public hearings demonstrated the widespread attention and the resources currently dedicated to reversing obesity trends in Illinois. As prompted in the public hearing announcements, testifiers addressed how the state can work more effectively to address the issue and realize a reversal of growing obesity trends. The following outlines suggested solutions involving both policy changes and interventions that can positively affect the overall health and well-being of Illinois citizens.

### State Leadership

As the testimony demonstrated, local and regional networks have launched efforts to combat obesity, bringing together multi-sector partners advancing environmental changes, delivering programs and educating citizens. A consistent message expressed at all of the hearings was the importance of statewide leadership that supports coordination, resource development and policy change. Testimony also pointed to the need for leadership to institute a big picture approach to the issue that encompasses the various areas that intersect the issue of obesity.

“There are many successful grassroots activities, which you have heard today, but the issue of obesity needs intense attention from the top down. Legislators must provide policies and laws to attack the problem effectively.”

*Dr. Gerald Boyd, Get Moving Rockford*

A strong, sustainable public health infrastructure that is centralized around local health departments and maximizes their role and resources was cited as a vital part of a solution. However, leadership requires the understanding that public health goes beyond health departments and incorporates public safety, education, planning, transportation, parks and recreation, social services and agriculture.

In addition, local community programs have launched efforts to combat obesity, but the void of statewide leadership has stymied efforts in policy change and program implementation.

### Coordinated Approach

Testimony from the hearings showed that while many groups are collaborating locally, state-level coordination is needed to ensure long-term, sustainable and effective results. Government, community organizations, business, health care and other stakeholders will need to come together to successfully combat obesity. The three hearings established that citizens throughout the state are ready for concerted, coordinated and effectively led state action on obesity.

“Although these county health coalition and [regional networks] are a good start, the work is accomplished with limited resources. A lack of state-level coordination and investment leaves us collectively in danger. Sound policy and public health solutions that match the scope of the problem are needed to [begin] to reverse the mounting epidemic of obesity.”

*Robin Koehl, Franklin-Williamson Bi-County Health Department*

1. Broad state level coordination with a comprehensive and multi-disciplinary approach would mean that programs and policies intersecting around obesity prevention can dialogue, collaboratively plan and allocate resources in a more effective way. Those offering public comments concluded that there is clearly the need for a multi-disciplinary approach to most effectively combat obesity. Communities should embrace all of the efforts to prevent obesity, including environmental and community infrastructure changes, prevention efforts in clinical settings, education programs, and community efforts to create healthier food and physical activity opportunities.
2. State support is needed for non-governmental organizational collaboration towards achieving stated goals, in order to leverage any existing public/private infrastructure and encourage this kind of coordination.



3. Coordinated efforts should be encouraged to secure funding to address obesity in a comprehensive and coordinated approach. Strategies, such as collaboration to develop grant applications in response to competitive requests for proposals (RFPs), should be promoted.

### Program Evaluation

A number of persons testifying at the hearings mentioned the need for local community programs to be in coordination, as well as the need to support evaluation of these programs as they are being planned and implemented. Program evaluation is a necessary tool in helping community leaders to make the most effective programs, to secure funding and to sustain programs over time.

“We believe that the public health system provides a chain of support needed to provide for the health and well-being of the people in Illinois. This chain of support can only be as strong as each link. Local public health agencies and their partnerships are a key link in this chain of support and although overburdened, we are holding, but we are not the only link.” *Mark Peters, St. Clair County Health Department*

### Funding needed

Overwhelmingly, testimony stressed the need for funding. Implementing a broad-based, coordinated approach necessitates a minimum of equitably distributed funding across the state to allow collaboration and cooperation. Funding is required to support local coordination through public health departments and to expand successful local initiatives grounded in evidence, and to bring additional resources to communities through their successes. Local public health departments receive little to no funding for chronic disease prevention programs and local organizations that are having success, like the Child and Adult Food Program for caregivers, receive little state funding. Most successful programs rely on short-term and program specific grants.

“The state of Illinois must invest directed and sustainable funding at the community level to assure a coordinated, comprehensive approach to the obesity health challenge. A suggested source of revenue for a statewide coordinated obesity prevention plan would be a tax on the sale of beverages that contain sugar.”  
*Greg Chance, Peoria City/County Health Department*

State funding also is needed to fully implement existing legislation, such as the Safe Routes to School Act, to encourage active transportation to and from school.

Equally noted during the hearing was the dismal state of Illinois’ budget . Recognizing the state’s financial crisis, several revenue-generating options were presented, including tax strategies, collaborative private grants, leveraging federal tax dollars and the cost-saving benefits of obesity reduction.

### Revenue Opportunities

#### Tax Strategies – Tax on sugar-sweetened beverages

Tax policy suggestions were made at the hearings that could generate funds earmarked solely for obesity prevention and intervention programs. For example, a portion of funding from a proposed tax policy could be appropriated to school districts for the purpose of instituting nutrition or physical activity programs. Qualifying programs could include nutrition classes, subsidized nutritious foods for vending machines, after-school meals, new athletic offerings and purchase of recreational equipment.

”Taxing works to decrease the behavior so you’re getting two advantages to taxing high fat, high sugar foods. You decrease the intake of those items, as well as producing a resource.”  
*Miriam Link Mullison, Illinois Association of Public Health Administrators*

Dr. William Baldyga, associate director of the Institute for Health Research and Policy, University of Illinois at Chicago, summarized national research on the impact of tax policy on obesity. Evidence shows higher prices of unhealthy foods and beverages (relative to healthy ones) decrease consumption of high-fat and high sugar foods and are associated with reductions in BMI and the prevalence of overweight and obesity, he said. Research also suggests that vulnerable populations — children and adolescents, lower-income populations, and those already overweight — are the most responsive to change in the relative prices of foods and beverages.

Dr. Baldyga estimated that a 1 cent per ounce of sugar-sweetened beverages tax could raise \$14.9 billion nationally in the first year alone. For the state of Illinois, he estimated, this tax could raise \$600 million per year.

#### **Tax on Fast Food and Prepared Food Chains**

Fast food and chain restaurants are a major contributor to childhood obesity. Participants testified that low-income individuals are particularly reliant on fast food.

Taxing food sold at fast food restaurants would provide the same dual benefits as taxing sugar-sweetened beverages.

“This could be achieved most equitably by amending the State Finance Code and instituting a 5 percent tax on items sold by business that earn 50 percent or more of their gross revenues from food prepared for immediate consumption and have at least 30 corporate or franchise locations in the state. Fast foods are currently classified as general merchandise and are taxed at a rate of 6.25 percent. This fast food tax would bring the total to 11.25 percent.”

*Ryan Bach, SIU School of Law*

#### **Collaborative Grants**

Several participants testified about their success in obtaining collaborative grants from foundations, such as the Robert Wood Johnson Foundation. Following a broad-based, coordinated approach with measurable successes, organizations can submit joint grant applications for obesity-related programs.

“The Healthy Kids Healthy Communities' Partnership with the Robert Wood Johnson Foundation funded project is looking at changing and influencing policies around parks.” *Lucy Gomez, Healthy Kids Healthy Communities Chicago*

#### **Leveraging Federal Dollars**

Testimony included policy and structural changes that can potentially pull in federal dollars. One participant mentioned increased physical activity in the school day improved student performance and decreases absenteeism, therefore increasing the federal money allotted to each school.

Existing federal dollars also can be leveraged. For example, if Illinois adopted “Complete Streets” policy towards new road construction and refurbishing, there might be potential federal transportation funds for those projects.

### Environmental Change

Statewide education programs have the potential to be effective, but they alone cannot solve the obesity epidemic. Environmental changes are key to encouraging healthy lifestyle choices. Those providing testimony suggested environmental change must be a top priority of health reform.

Several witnesses referred to an initiative called “Complete Streets,” which aims to integrate complete streets planning into all types of projects, including new construction, reconstruction, rehabilitation, repair and maintenance, to incorporate space and markings for both pedestrians and bicyclists. The initiative also includes adjusting timing at traffic lights to better accommodate pedestrians walking at a slower speed.

“Schuyler County, for example, has zero fitness facilities. It has only one grocery store, yet it has three convenience stores with gas, three fast-food restaurants, and five full-service restaurants... Along with education, local access to healthy affordable foods and physical activity must be a priority.”  
*Jenna Hogan, University of Illinois*

### Improved Surveillance Systems

Participants in the hearings suggested comprehensive data collection and access to that data is important to understanding obesity and identifying target populations. Data is needed to understand who is affected by the problem, where they are located and how to develop and target appropriate interventions. Data also is critical to evaluating the effect of interventions to understand whether they are working.

“For several years CLOCC has advocated for a child health examination surveillance system to collect body mass index and other child health data from the certificate of child health examination forms required from every school child.”  
*Adam Becker, CLOCC*

### Proposed Solutions

- Collect and analyze the Body Mass Index data from the child health examination forms required for school attendance.
- Conduct statewide fitness testing of school children. Many physical education programs gather this data locally and the state could help to collect analyze it.

## IX. Conclusion

The obesity epidemic among children and adults has led to a sudden increase of costly, life-limiting effects on health. Without action, such as improved access to affordable, healthy foods, increased opportunities for physical activity and promotion of healthy eating and physical activity in communities, workplaces, schools and the healthcare system, the state and nation face life-threatening consequences and imposition of substantial economic costs.

The epidemic's impact on health are well documented by the corresponding surge in chronic diseases, including type 2 diabetes, heart disease, some forms of arthritis and several cancers. Obesity is estimated to cause 112,000 deaths per year in the United States and one third of all children born in the year 2000 are expected to develop diabetes during their lifetime. Scientists also predict that, if obesity trends are not reversed, the current generation may have a shorter, less healthy lifespan than their parents.

In addition, childhood obesity has potential implications for the nation's military readiness. More than one quarter of all Americans ages 17-24 are unqualified for military services because they are too heavy, according to a 2010 report of former military leaders.

The economic implications are equally as dramatic. Each year, persons who are obese have medical costs \$1,429 higher than those of normal weight. Overall, medical spending on adults attributed to obesity topped an estimated \$40 billion in 1998 and, by 2008, increased to approximately \$147 billion. In Illinois, obesity-related medical expenditures are estimated at more than \$3.4 billion.

Illinois faces some of the worst obesity rates in the nation, especially for children. One in five Illinois children are obese and 62 percent of adults are overweight or obese.

In order to tackle this issue and reverse the rising obesity trend, state government must play a role in a number of arenas.

Some Illinois communities are addressing obesity with limited resources, but a lack of state-level coordination and investment leaves the state collectively in danger. The scope of the problem is enormous, and growing. Policy and public health solutions are needed that match that scope, if the state expects to reverse the epidemic.

Effective strategies to address healthy eating and active living do exist, but are not yet fully implemented in Illinois. Furthermore, there have been legislative victories establishing a framework for advancing policies and programs that remain unfulfilled due to limited financial resources.

Members of the Illinois General Assembly should consider the testimony and suggestions in this report and work collaboratively with stakeholders to craft a state-level response. Development of coordinated systems, changes in policy and investment on the scale of the problem must be undertaken for the health, security and productivity of the state.

First Lady Michelle Obama recognized the epidemic of childhood obesity as a threat to the United States' health and economy in creating "Let's Move," a national campaign aimed at solving the crisis. At the time of the announcement, Mrs. Obama noted America had the information, the ideas and the desire to solve the obesity problem.

"The only question is whether we have the will," she said.

