

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

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Working Together To Address Obesity

SUSAN FOERSTER: Thank you very much. I'd like to thank the planners for this kind invitation, and again, particularly Denise Sofca and Michelle Latim here and then my colleagues back in Sacramento, Susan Heedo and Dr. Renato Latola who--with whom I worked in putting this talk together. What we're going--what we--they are here spiritually--what we're going to talk about is really a work in progress. And what we're going to try to do is give you a 30,000-foot view of what we're trying to do in California with the great leadership from our--of our governor but also on the ground leadership from Title V and Food Stamp Nutrition Education, Prevention Block Grant, and the foundations California Endowment, Kaiser Permanente, and others. So, I hope this will all end up making sense at the end of the day.

The probably defining moment--we're all aware of the upper trends in children of all ages, ethnicities, and adults particularly disparate groups where women, Latino, Latino ethnic undereducated may have rates of obesity as much as 70 percent prevalence. One of the things that we did a few years ago which I think really began to move the business case was to look at the economic costs in California of obesity, physical inactivity and overweight. And this study was

released in 2005; it was an econometric study from David Chenoweth in North Carolina, who had developed some new methodology. And what this really shows was huge numbers going from about \$22 billion in 2000 to \$28 billion by 2005 projected to continue in that upward way if we didn't do some intervention. I think the most important thing, this is adults only, it is not children, and half of these costs are associated with lost productivity at work.

Well, what are the causes? Obviously, a normative change in the way that we eat. The amount of food that we eat, the portion sizes, the frequency, the availability, the cost, and the fact that physical activity is being engineered out of our daily lives whether it's by housing developments where you really can't walk to get from point A to point B, or whether it's long commutes in California, we can have commutes of 90 minutes or two hours, which means that you're not doing something else and living in suburbia does correspond with higher rates of obesity. And of course, working families and the ready availability of cheap food.

How do we think about what to do then? The problem is multifaceted. And so, the way that we organize our thinking is using a social ecological approach where our endpoint is the population. It is individuals but we design our interventions so that they go upstream, that is, the interpersonal environments, institutions like workplaces or schools or churches, and out into the community which is the intersect of all of those different organizations. And finally, what can we do at a state level or societal level to turn the numbers around.

In 2005, Governor Schwarzenegger pulled together in part with the stimulus at the report I just showed you. A invitational summit of major companies not only those in California but a number of Fortune 500 companies from elsewhere in the United States. This was invitational, 100 people whose prize of admission was a commitment of significance. And what they were asked to do is something to have their company or organization and did include health plans. What they were asked--what more could they do to turn the figures around, and that was mainly in the area of changing the environment whether it was food or physical activity, changing business practices, doing work with communities and so forth in order to attend the summit. And here you see, it was held at our state fair location, the logo is on the lower left. And you'll see that logo as I go through this presentation.

Some of the sponsors or some of the people that attended or names that you will recognize, you can see and--I'm glad to see Blue Cross—this is there, you will see big companies. What we were trying to do or what the governor was trying to do is really have some of the opinion leaders in the business world come forward to set the pace to lead by example. And what they were asked to do was to create healthier products, market the changes in a selective way. And this wasn't just something that they already had in their business plan but to do more to work on pedestrian-oriented communities. And in California, we have a huge problem with urbans, suburb and sprawl and farmland being used up, open spaces disappearing.

And then finally, healthcare, obesity prevention focus. And all of this is very much a prevention focus rather than trying to fix the problem once it's occurred. A year later, the California Obesity Prevention Plan was released. It is a strong call to action. It's based on the concepts that obesity is a huge health problem for both healthcare delivery and for work productivity in our competitive position in the world. It is showing that the--fundamentally is it the environment and social norms are the causes or contributors and that fragmentation is one of the things that's holding us back from being able to marshal the kind of change that's needed in the community.

There are four leadership--four goals that I'm going to go through. And then within under--within the local assistance area, we break out into channels. And I'm going to try to show for you the partnership aspect of each of these topical areas.

Under state level leadership and coordination, the governor asked all of his cabinet secretaries to identify what they could be doing in this area. He has external alliances including the California Endowment which is the privatization of Blue Cross in California that are helping to guide thinking about this plan and about putting--really they're putting their money into California communities as well. We formed an obesity prevention group across program lines within our state department, and we've just created, and actually it's a new name, a

coordinating office for obesity prevention that works out of our chief deputy level. And then finally, the governor has instituted a number of legislative measures, soda in schools, competitive foods in schools, fresh start which is fresh fruit at school breakfast, P.E. money and P.E. standards for teachers, funds for school gardens. We're trying to make sure that there is a garden in every school that wants one. We have 10,000 schools in California. And then the Menu Labeling Bill, which I think just got vetoed. So, I made the slide too early.

We've also organized our state into 11 regions based on media markets because we believe that media is essential to drive change. But we also are trying to have regional coordination across county lines and to have efficiencies and the types of technical capacity that are needed to fight this epidemic. And so, things like mass communications, social marketing, applied research, which I'm gonna talk to you about a minute, policy systems and environmental change. These are all relatively new expertises, and they depend upon cooperation from the business, non-profit and government sector working across silos.

On the first channel in a community side is healthcare insurers and providers, and what our state plan calls for is as you see here. The prevention first, basically, employee incentives--these are all things that I'm sure the other speakers are going to mention as well. But this is, kind of, the challenge that's been laid out to healthcare insurers and providers in California.

How is this getting operationalized? Well, one example is through Title V, working with the California Hospital Association on breastfeeding policy initiative. The reason behind this is the blue line on the bottom where you see that exclusive breastfeeding rates in California hospitals have been flat for the last decade. And so, out of concern over, really, good nutrition for the babies and the moms and so forth, but also long-term obesity prevention, an interagency agreement or memorandum of understanding was entered into with the California Hospital Association where its members would institute good hospital policies that would foster breastfeeding and exclusive breastfeeding.

Unfortunately, that was not enough and so, now, the Title V program along with CHA is entering into some specific projects, model projects in three locations throughout California about a half a million dollars a year to look at going deeper into hospital breastfeeding practices. This, kind of, elaborates a little bit the partnerships that that involved. So, in addition to the hospital association, we have a First Five Commission which is funded by tobacco taxes for early childhood readiness, and so they target kids up to age five. They're cooperating in this area along with labor and delivery hospitals, and the MCH program as I mentioned.

Kaiser Permanente, you're probably very familiar with the way that they've approached obesity and obesity prevention with a tiered approach. But I think the--some of the partnership that's exciting is their work with farmers, to put

farmers markets in their hospital locations and communities that need them. And in addition, they are funding two community and, across the country, I think, they have seven, HEAL, Healthy Eating and Active Living, communities where they are really trying to help the communities where the Kaiser facility is located. I think the thing that's important there is they're using their community benefits money for this purpose. And so, any hospital that has a community benefits plan could do something along that line.

A third type of partnership with healthcare delivery is one that we have with the California Medical Association Foundation. The foundation is made--it includes an ethnic-physicians network. And the ethnic physicians were concerned at the deluge of type 2 diabetes that were coming through their doors. And so, we, having learned something from MCH about leadership projects, we offered them a grant of about \$100,000. We've been working together now for about three years, and it's steadily grown to give their ethnic-physician members and other physicians that want to work with low-income communities. The tools the they can have to work with community coalitions, to be authoritative spokespersons on things like school food policies, smart growth in the community, other kinds of health plan and zoning issues, so, really, bringing a physician's voice to community empowerment.

Shifting now to the next channel is employers and worksites. And so, here you see the elements of the state plan, which look very similar to those for hospitals

and healthcare. But you'll, again, see the use of local and regional foods, so attending to the economic aspects of healthy eating, and then the priority on prevention and wellness. In my program, we have a--let's see, a smart business program aimed at low-wage worksites. And what we have in those 11 regions is a worksite coordinator whose job it is to reach out in the pilot phase to, at least, 20 low-wage worksites. So, altogether, we come up with about 220 low-wage worksites. They can be agriculture, service, hospitality, manufacturing and so forth with simple environmental changes in physical activity and nutrition.

In schools, I'm gonna go over this really quickly because this is, sort of, the bread and butter of obesity prevention for kids, but it's not the only thing. These are the standards in our state plan and there's--gradually as fundings becoming available, there--it's being put against us. For example, we have an after-school initiative that Governor Schwarzenegger started before he was governor. That's putting a half a billion dollars into after-school programs right now. And that's in part for school learning, but it's also for physical activity, dance, good nutrition, and so forth.

So, in terms of schools, we have a number of signature initiatives. And we're really working hard. The partnerships include the California School Board Association. Just two weeks ago, our sister program project Lean had our first ever statewide school wellness conference. It attracted 1,200 people first time out. And so, you can--and including about 200 school board members. So, one

of--again, that's what I would call a leadership project with the school boards association. Our other leadership organizations, for example, Harvest of the Month is one that we work with the California Western Growers Association, which is fruit and vegetable producers. We also work with a school garden. We've helped to set up a school garden network, which includes agriculture garden 4H, different kinds of organizations to help put those gardens and--in every school.

In terms of the food and beverage industry, these are the principles that are called for in our state plan, so really going very far upstream with changing the nature of the food, the nature of the advertising, and really trying to look at food out of home as well as food at the grocery store. So, some of the initiatives that you see, individual retailers have their own initiative. But we work through what used to be five a day, and it's now the Network for Healthy California. We work with small retailers as well as large chains on promoting fruits and vegetables throughout the store. So, not just fresh, but frozen, canned and dried.

Some of the exciting things that we're doing is a bill that was passed last year called the Healthy Food Purchase Act and it contains two components. One is a small store makeover for those small stores that can't feature fruits and vegetables very easily because of the perish ability, lack of supply change, that kind of thing. Bonus value, food stamps in area that we're really interested in, where we will be giving back a 30 to 40 percent return for every food stamp dollar

that spent on fresh fruits and vegetables. In a pilot basis, to see that really does change the use of food stamps. Farm institution sourcing is a way of giving an outlet to smaller farmers, to local stores, restaurants, schools and others, hospitals included, with the new Wick package being introduced early next year. We have real concern about whether the grocery stores can fulfill the new food coupon. So, we're looking forward to working with Wick on--in that area.

And then in the entertainment and professional sports area, this is one that you'd imagine. Governor Schwarzenegger would be a natural for him. So, these are some of the areas that were in the plan. I'd like to tell you about the Professional Athletes Council, which is made up of professional, primarily Black athletes in six major professional sports that are putting their money against the childhood obesity issue, trying to give their money back into programs that work in the community. I think you're all familiar with Action for Healthy Kids. And that is another area for bringing partnerships together. The Alliance for a Healthier Generation, we're very proud. One of our school districts just won a national award. You see former President Clinton along with Governor Schwarzenegger giving an award to Elmani School District. And this, again, represents healthcare industries, schools and communities.

In terms of state and local government, this is a really our bread and butter. Our priority is with the county health departments. And what we're trying to do is work across those silos to build up the technical capacities that are needed locally.

One of the things that we've worked with this day, food banks, which have been very successful in getting fresh fruits and vegetables in—donated, but they've been--they had no way to put--to give them to people. And so, one of the things that we ended up paying for are the labels that you see, the net bags, like in a grocery store that was--they're \$0.06 a piece, and what they do is they help people give out the fruits and vegetables in a way that really work. This is an example of a Central California Community, where they turned an old drainage ditch into a skate park working with community businesses as well as community leaders to put in recreational facilities for the kids.

In terms of the governor's council on physical fitness and sport, ours, like many others, has become privatized. It is a non-profit entity, and as such, it does a fitness challenge every year. This last year there were 50,000 kids that participated in the fitness challenge. And they do an awards program for teachers, principals, employers, park and recreation departments, schools, and I think I forgot one. But what they're trying to do is really showcase those organizations that are contributing to fitness and nutrition with kids. And they have expanded their focus to include nutrition. We are their nutrition partner.

In terms of statewide public education and media, we believe in media. We're so big that we really have to use mass communications. And so, our goal is to frame healthy eating and physical activity as California living. We use a mix of paid and earned media, and the latest thing that we've been working on is a new umbrella

campaign called Champions for Change, where moms themselves are the partners. These are moms that have been selected in those 11 regions that I mentioned to be spokespersons. And they are the ones who are talking about how they've turned their family around, their community around, and how they're working together because they are concerned about the issues of overweight, type 2 diabetes and chronic disease in their own families and with their own children.

Evaluation and tracking is a real challenge. Our state plan does call for monitoring what we do. And so these are the elements that you see, but I think the couple of things that I want to mention that are, sort of, new and different would be, one, is communities of excellence, where we're trying to look at the upstream measures in neighborhoods that can monitor what kinds of environmental and systems and policy changes are occurring. And so we're doing some formative research with communities, where the community members actually go in and look at what kind of food is available, the pricing, the advertising, what do their parks look like, and so forth, to come back and then make changes with the idea that it articulates to the entire county, not just the communities in which the assessment was done. And then, of course, geographic information is a real powerful tool for whether you're mapping obesity, you're type 2 diabetes, or the availability of stores, not available at the stores, park transportation routes. These are very powerful tools for taking data and putting them before local, county and state decision-makers.

One last project in which I'm giving you to just, sort of, tickle your curiosity, law as a tool for change. You all know with tobacco control that statutes and ordinances and so forth have become--tax law and so forth have become very, very critical. Well, the question is, can this be done in nutrition physical activity? And so, the Public Health Law Program of the Public Health Institute has a number of projects that you see here that they are trying to help communities as well as at the state level to use law as a tool for change. They also have just received a large grant from the Robert Wood Johnson Foundation on child obesity legal network, where they're going to be investigating different approaches to develop funding streams as well as to deal with the built environment for both nutrition and physical activity.

So with that, I just like to say that we--political will, I think, is a major key right now. It is easy to talk about it, it's much harder to do. The multi-sector partnerships are given how to work together when we have different boards of directors, as you will, different incentives is a challenge. The multi-level piece is absolutely essential for change. That's a key out of business. And again, doing it is the challenge. But I think if we have that orientation, we'll figure it out.

Conferences in forms are tremendously significant, particularly if there are new topical areas. And then, again, a page out of MCH is those famous leadership projects, which allow other organizations to have a little bit of money to do what they do with their own organizations to move forward. Our governor is working

like many others on healthcare reform. One of the area that's different is there is a prevention—obesity prevention initiative at about \$52 million, which we hope will come to be with our economic situation in the state looking up, we hope. I would like to thank our funders and invite you if you have any need for any more information to please contact Susan Heedo or myself. Thank you very much.