Community Action on Obesity (CAO) White Paper

August 26, 2014

***Purpose*:**

To inspire, motivate and call to action all areas of our community (workplace, schools, childcare, healthcare, community physical activity and nutrition and government) to build partnerships and collaborations and continue to allocate time and resources both financial and educational towards the reduction of obesity, assuring all residents have access to quality physical activity, healthy foods and environments that support healthy lifestyles.

***Introduction*:**

Obesity is a complex, multifaceted and costly topic that makes most people uncomfortable to discuss. Obesity is not a conversation engaged in by most political candidates or even those in the helping professions. It is uncomfortable to talk about because it deals with a person's individual rights and choices. However, as a community, we can and should speak of what we can do collectively to ensure programs, policies and public institutions support and promote healthy behaviors, especially for the most vulnerable residents. The most recent direct cost, inflated to 2008 dollars, estimates that at a national level, obesity (including overweight) costs the United States $77.3 to $117.8 billion a year, accounting for 9.1% of the national health care expenditure. This is approximately 1.7 times the cost of stroke and 1.4 times the cost of hypertension in America. Obesity outranks both smoking and problem drinking in its deleterious effects on health and health care costs. In addition, 39.2 million workdays, 239 million restricted activity days and 89.5 million bed days were attributed to obesity in 1994, the last time this analysis was undertaken. Since then these numbers have steadily grown.

Higher medical expenses are associated with the severity of excess weight. As body weight increases from overweight to obese to severe obesity, health care expenses rise dramatically. Per capita medical spending increases among the overweight by 14.5%, among the obese by 37.4% and by 100% - or doubled - among the severely obese, compared to people with a healthy body weight. Obesity has been associated with higher inpatient required services as well as more outpatient services, procedures and prescription medication use. Among children (age 6-17 years), the proportion of hospital discharges with obesity-related diseases increased dramatically from 1979 to 1999. The costs of obesity to the employer are even more substantial since obesity is associated not only with higher health care costs, but also with greater rates of lost productivity, disability and earlier mortality. Employers as diverse as General Motors, Bank One, and Shell Oil have demonstrated that excess weight is associated with lost productivity and greater medical and disability costs. Obesity also imposes limitations while at work. Data from the 2002 National Health Interview Survey (NHIS) show that 6.9% of obese workers have work limitations, compared with 3.0% of workers with a

healthy body weight. Worksite injuries are also significantly higher among overweight employees.

In summary, the cost of the obesity epidemic is enormous, in terms of both the financial and human costs. The financial costs are borne disproportionately by the federal government but are felt keenly by employers as well. Most important are the personal costs to the individual suffering from obesity. There is a desperate need to promulgate programs with proven effectiveness to combat the financial, medical and personal costs of obesity.

This paper outlines what one community coalition accomplished from 1999-2014 with limited finances, as the coalition was grassroots-bred, volunteer-based and not locality funded. Community Action On Obesity (CAO), formerly known as The Community Obesity Taskforce and as the Childhood Obesity Taskforce, upon publication of this white paper will pass the challenge of addressing obesity to the capable hands of our partners and will no longer exist as an independent entity. CAO laid the groundwork for a collaborative approach to addressing obesity in the community. Its successes in doing so will enable CAO's community partners to carry on this work through their programs into the future.

A History of the Task Force:

In 1996 Barbara Yager, a Registered Dietitian working at the Thomas Jefferson Health Department, with strong support from Peggy Brown Paviour, Health Educator, and Susan B. McLeod and Lilian Peake, Medical Directors, assessed the height and weight of third grade children in Charlottesville and Albemarle County Schools. This proved troubling, since about 35% of the children were overweight. This was before the Center For Disease Control (CDC) had declared childhood obesity a problem and perhaps third graders were just having a growth spurt. Subsequently data was collected on these children as 4th and 5th graders. Unfortunately, the numbers did not decrease. In 2000, Surgeon General Satcher came to Charlottesville with the news that indeed there had been an epidemic growth in childhood obesity. This was the impetus for the formation of a community task force to look at what could be done for overweight people while addressing both the prevention and reduction of obesity, particularly in children.

Beginning in 2001, with generous support from Martha Jefferson Hospital, CAO dispersed mini-grants of $1,000 each to the community to promote healthier eating and increased physical activity. To date, Charlottesville City Schools and Albemarle County Schools have received more than 25 grants each, and community programs, including City Of Promise, Grace Works, City Schoolyard Garden, Music Resource Center, Quick Start Tennis, Children's Fitness Clinic, breastfeeding initiatives and Charlottesville Parks and Recreation, have benefitted from these grants. Funding came from the profits of the C'Ville Triathlon Club's series of summer triathlons held at Walnut Creek Park for seven years.

A special thanks to Dr. Martin Katz who inspired the athletes to give back to the community by giving CAO the profits from the triathlons in exchange for CAO recruiting over 50 volunteers to help with each race's activities.

Selected accomplishments - Healthcare:

CAO members included many from the medical community who saw firsthand the increasing number of overweight children and were concerned enough to pilot new interventions. Pediatrics Associates partnered with the University of Virginia (UVA) Teen Center, physicians, and dietitians to pilot a free clinic for overweight children and their families.

CAO piloted a summer camp program for 2 years for families with overweight children with collaboration with Camp Holiday Trails, Triple C camp, UVA Family Medicine, Va. Extension services, area Dietitians from community and UVA. This was a weekend intensive lifestyle demonstration for healthy livings followed by a 16-week community follow up of cooking classes and physical activity programs. Families were able to make significant changes in their lifestyles and to find resources to address the barriers and challenges they encountered. This was a successful but intensive intervention that was not continued, but one that nationally has shown to be an effective tool (Dan Kirschenbaum, Wellspring Camps).

A special thanks to Millie Huerta, MD and Paul Wiseman, MD for their leadership which led to the grant that would establish the UVA Children's Fitness Clinic, a great resource for our community. Thank you, Angie Haseman RD, CSP, for representing them on CAO's Advisory Board.

A special thanks also to Joyce Green Pastors RD, CDE from UVA Diabetes education, Drs. Eli and Amber Pendleton and to both camps for their many unpaid hours spent developing and producing this pilot program.

Selected accomplishments- Schools:

Schools were an important focus of CAO, and many resources have been developed to allow them to support healthy eating and more dynamic and effective physical activity. Thanks to Regina Kirk's commitment to physical education in Albemarle County, many curriculums were adapted to have teachers include nutrition in their classes. With Diane Behrens's continued commitment to excellence in Charlottesville city school physical education, the offerings for physical activity both during and after school have greatly expanded over the years. A special thanks to James Henderson for his partnership and leadership as CAO advisory board member and with the City School Health Advisory Board (SHAB) when working on the revision of the School Wellness Policy. Charlottesville City Schools now have one of the best, if not the best, school wellness policies in Virginia. As principal at Johnson school Mr. Henderson saw early on the problems of overweight and helped to establish a SHAPEDOWN

program for families there and then as Principal at Walker School he worked with CAO dietitians to develop nutrition standards for the snack bar offerings that got expanded to become nutrition guidelines for all schools in Virginia through a collaboration with the Virginia Action for Healthy Youth. Special Thanks to Alicia Cost RD who started cooking classes in the schools and Boys and Girls Club with CAO grant funds from the Foundation for Healthy Youth and the PB&J fund. This effort has been sustained by PB&J today and is making a real difference in family lives. Many of our children and their parents do not know how to cook and have very low food literacy when it comes to preparing fresh or unprocessed foods.

The data we collected from schools was informative. It did tell us that our youth have a significant problem of overweight (children who have BMI $\geq$85th< 95th percentile for age and gender) and obesity (children with BMI $\geq$95th percentile for age and gender). While the prevalence of overweight and obesity has held fairly steady over time and has neither increased nor significantly decreased, it gives one a false sense that we are doing okay. What is not seen in these numbers is the huge discrepancy when looking at the data by race. This is true for both county and city children. 30% of the fifth grade county white children are $\geq$ 85th percentile while 51% of the county black children are $\geq$85th percentile. 27% of the city's 5th grade white children are $\geq$85th percentile and 48% of the city's black children are $\geq$85th percentile. A special thanks to Aaron Pannone, PhD, from UVA school of Public Health, for his many hours of volunteer time analyzing this data for us.

Our community programs, agencies and government services are well informed of these findings. It is now the time to target resources towards programming, policies and environmental changes to alter these numbers.

Selected accomplishments-Community Physical Activity:

In recent years, CAO addressed the quality of physical activity offered in afterschool programing for youth as research showed that just because physical activity is offered. it does not guarantee that children will partake. With funding from The Foundation for Healthy Youth, and later the Jefferson United Way, we were able to introduce a new evaluation method for physical activity using a tool called "Sofit" and later "So Play". This has led to some new insights about community organizations providing afterschool physical activities for children. The basic takeaway was that the more targeted training staff had in how to give motivational instruction and positive feedback to youth the more we saw kids inspired to want to do better, participate more fully, have fun and increase their likelihood for future active lives. While this is not perhaps surprising, it points to a community need for continuous access to quality training for staff that can be affordable to community organizations, perhaps provided at the beginning of summer programing and again at the beginning of the school year. CAO has demonstrated a successful model that could be duplicated by the community working together to fund a centralized training where many different organizations could come together to assure consistent quality youth instruction and motivation.

Special thanks goes to Robin Schroyer PhD, RD, who developed the overall design of the project as an outcome of her PhD dissertation doing similar work with the City Parks and Recreation department. Also thanks to the many staff who assisted with data gathering, observations, evaluation and the training of observers and staff, most particularly Robin Schroyer's mentor, Diane Whaley, PhD, of the Curry School and CAO Advisory Board member.

Selective accomplishments- Collective Impact:

CAO in an effort to address broader community education on issues related to eating and moving as they relate to prevention and reduction of obesity, committed to develop a community website, www.move2healthcentralva.org. It has two major focus areas: EAT which offers resources for better food choices and smarter eating habits at home, school, work, and within the community and MOVE which offers resources to support activity for oneself, family, friends, and co-workers. There are many links to see tips, resources, and other evidence-based strategies and websites.

Included on this website is a challenge portal that enabled CAO, with leadership from the Move2Health planning committee, to launch a community-wide challenge "Move2Health" Walk. Bike. Dance. Play, 30 Minutes Every Day in September 2013 to inspire residents of all ages to move 30 minutes a day for five days a week.
CAO asserted that the Move2Health Initiative be considered a Collective Impact initiative and obtained funding from Batten Foundation to evaluate the degree to which it achieved a collective impact.

Collective Impact Initiatives share five key conditions that distinguish them from other types of collaborations. The five conditions are:

1. A common agenda.
2. A structured process to share measurement systems.
3. The provision of mutually reinforcing activities.
4. The assurance of continued communication.
5. The presence of a backbone organization.

The evaluation of Move2Health as a collective impact initiative consists of two parts; first is an assessment of the degree to which we were able to establish the five conditions of a collective impact collaboration, and secondly a reporting of the outcomes as reported on the website and through interviews with participants and organizations

Part one:

A common agenda:
CAO and the MAPP 2 Health Planning committee were in agreement that we would focus on physical activity as our first community challenge. The slogan was evolved through a group process and voting.

A structured process to share measurement systems:
CAO developed a website www.move2healthcentralva.org that would host the Move2Health challenge portal where individuals and organizations could log onto and track their minutes and types of activity on a daily basis.

- CAO paid for a webmaster to continually watch and tweak
- Establishing agreed upon, shared measures from participating groups and organizations before launching would support assessment of the collective impact.

We were unable to capture groups for this challenge so did not capture the efforts made in the lower income neighborhoods or in afterschool programing etc. As this was more our target audience we are making every effort to have it be a part of the 2014 Challenge

Provide mutually reinforcing activities:
Over 38 organizations/businesses throughout the Planning District participated in promoting the M2H challenge amongst their employees, staff, students etc. In addition there were many collective events like fairs, or festivals where M2H was promoted and residents encouraged to participate by logging whatever activity they chose to. Strong leadership made the difference in degree of participation demonstrated

Ensure continuous communication:
The M2H Planning committee continual meeting throughout the planning and implementation process was key to our success. Continuous communication required many hours of time for many individuals and organizations. For the planning meetings alone from February 2013 to Sept 6th launch date there were over 3,000 hours recorded. In addition there was a lot of media coverage on TV, radio, and even a billboard during the challenge that provided messaging to all.

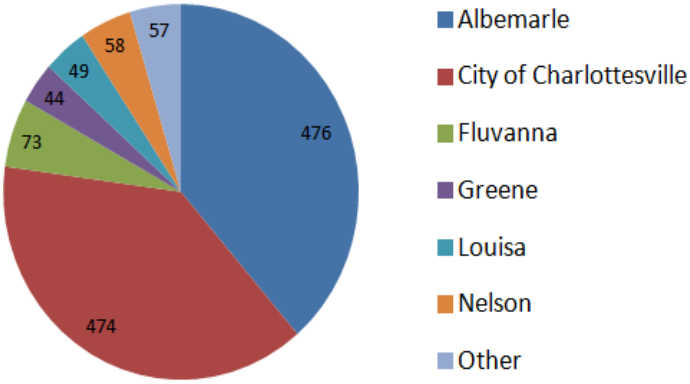
Presence of a backbone organization:
The Thomas Jefferson Health Department provided the backbone organization and obtained a grant that provided staffing. CAO obtained City ABRT grant funding for the webmaster to manage the website. Without the dedication of staff and time and leadership this initiative would not have seen the measure of success it did.

Part two:

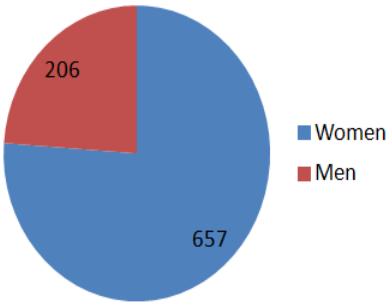
Outcomes of Move2Health collective impact collaboration:

Table 1: Website participation Demographics

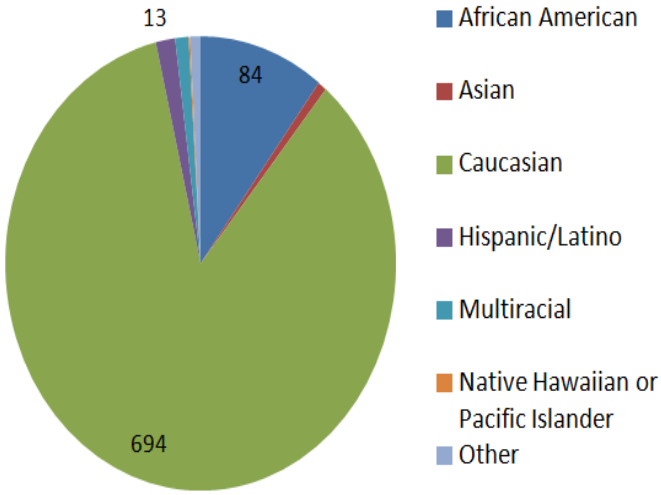
Municipality



Gender



Race and Ethnicity



Age Category

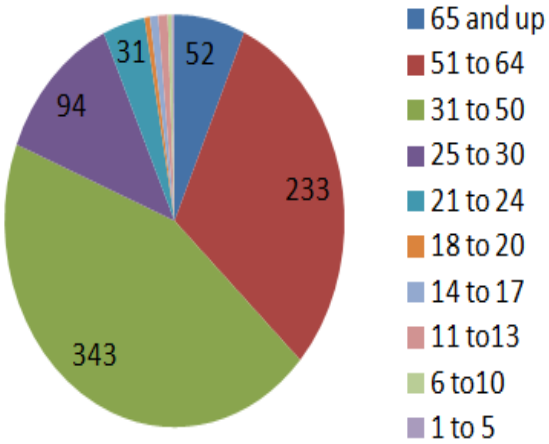
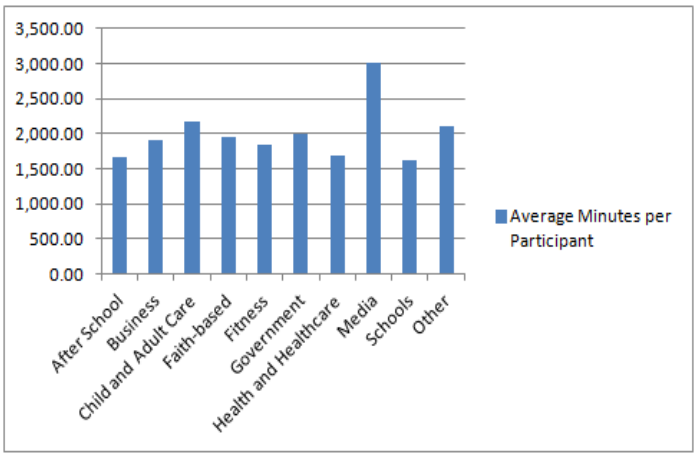


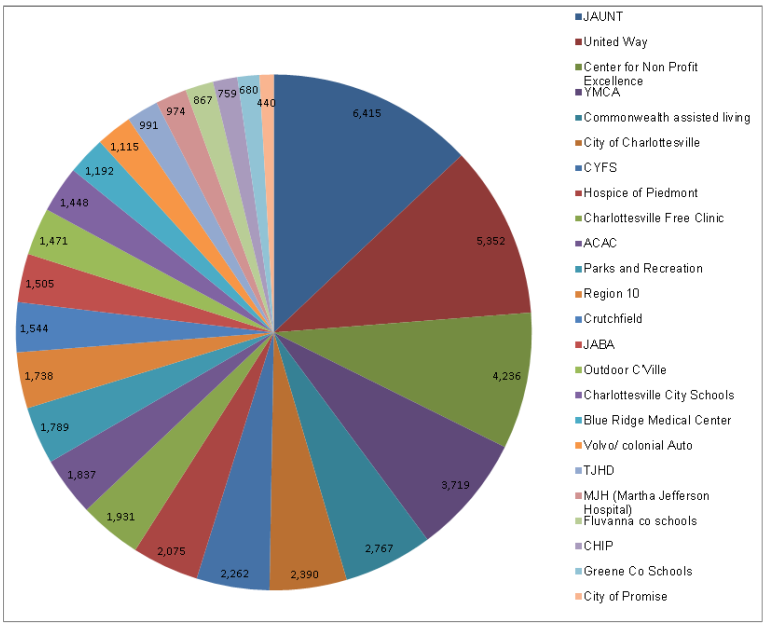
Table 2: Minutes moved by Partner organizations and community sectors

Minutes per Sector



Sector	Number of Participants	Total Number of Minutes
After School	42	69,925.00
Business	175	332,636.71
Child and Adult Care	130	281,586.00
Faith-based	21	40,994.00
Fitness	133	244,632.00
Government	166	330,568.00
Health and Healthcare	359	604,866.00
Media	36	108,622.00
Schools	185	299,590.00
Other	76	160,502.00
Total	**1,323**	**2,473,921.71**

Minutes per Partner



Partner	Number of Participants	Total Number of Minutes
ACAC	82	150,643
Blue Ridge Medical Center	12	14,300
Center for Non Profit Excellence	8	33,888
Charlottesville City Schools	31	44,879
Charlottesville Free Clinic	23	44,407
CHIP	14	10,624
City of Charlottesville	84	200,760
City of Promise	3	1,320
Commonwealth assisted living	3	8,300
Crutchfield	54	83,350
CYFS	30	67,852
Fluvanna co schools	9	7,807
Greene Co Schools	5	3,400
Hospice of Piedmont	43	89,242
JABA	26	39,136
JAUNT	19	121,876
Martha Jefferson Hospital	96	93,457
Outdoor C'Ville	1	1,471
Parks and Recreation	26	46,507
Region 10	126	218,973
TJHD	75	74,337
United Way	13	69,582
Volvo/ colonial Auto	8	8,920
YMCA	9	33,473
Total	**800**	**1,468,504**

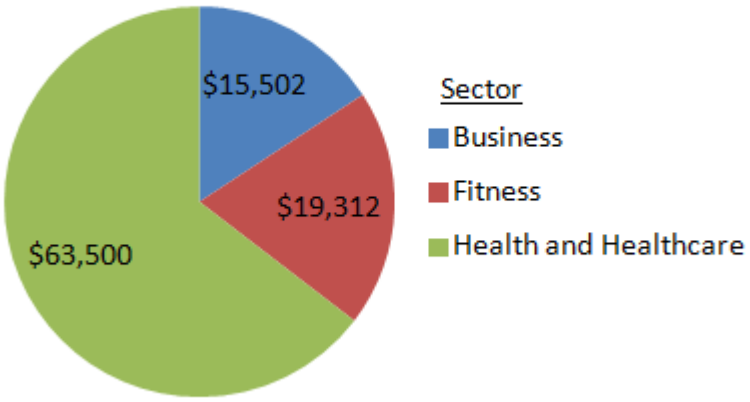
Table 3: Resources and grants

$10,000 and Above
ACAC, Community Action on Obesity, Thomas Jefferson Health District, United Way

$1,000 to $10,000
Main Street Arena, Martha Jefferson Hospital

$100 to $1,000
Bikram Yoga, Cville Parks and Rec, Crutchfield, Papa Johns, Ragged Mountain Running Shop, UVA Athletics

Other Amounts
ATA Leadership Martial Arts, Bend Yoga, Children, Youth, and Family Services, The Hip Joint, Outdoor Charlottesville, Rocky Top, Simply Yoga



Recommendations For Future Community Action on Obesity

CAO recommendations are listed by community area or environment for community leaders and agencies as we move forward post CAO: These were drawn from our strategic plan that was the result of a two year community assessment effort using a community tool called ENACT (Environmental Nutrition and Activity Community Tool) developed by the Prevention Institute and recommended by the Center for Disease Control (CDC). A copy of the strategic plan can be found on the website **www.move2healthcentralva.org**

Schools —

- Assure all the school districts in Planning District 10 have wellness policies comparable to the Charlottesville City Schools.
- Provide resources for school food service employees to receive training in creative and healthy food preparation and presentation.
- Encourage funding for nutrition and physical activity programs in classrooms or cafeterias.
- Advocate for recess and other opportunities for "free play" at all school levels.

Child Care —

- Increase access to guidelines and best practices for daycare centers, especially for good nutrition, positive feeding behaviors and active play. Include both regulated facilities and non - regulated daycare centers.
- Assure a periodic review of regulated and non-regulated childcare settings to determine if policies are being implemented and training of staff is adequate.
- Seek funding to host local and regional training for Children Youth and Family Services Jefferson Area CHIP and others.
- Identify potential providers or develop a speaker's bureau for staff development in physical activity and nutrition.

Afterschool —

- Develop evaluation criteria for afterschool programs that can be shared and data reported to better allocate funding. The "So-Play" evaluation is one potential tool that could be used across programs.
- Update of the community physical activity resource guide on a yearly basis.

Community Access to Healthy Food —

- Work to assure that the offerings of the Food Bank and contributing grocers meet nutritional standards for the most vulnerable populations
- Offer incentives for corner grocers to reduce the unhealthy offerings and to increase the healthier options.
- Develop a mapping of local gardens and markets for fresh produce – post on local transportation and neighborhood bulletin boards

- Offer pop-up markets for lower income neighborhoods as outlets for locally grown foods. (JABA and Local Food Hub have a successful model)

Community Access to Quality Physical Activity-

- Offer training programs for all providers of youth physical activity: *How one delivers physical activity programs is as important as offering them.*
- Advocate for low-cost physical activity opportunities for all residents: this includes walking trails, bicycle lanes and places to swim, dance, and play.

Health Care Providers —

- Develop projects for interns, residents, and students that come from requests of those they intend to serve.
- Generate alternative treatment options for overweight persons needing long-term intervention.

Business —

- Consider a Chamber of Commerce/Darden School partnership to generate a study looking at the "cost of obesity as related to productivity in business."
- Promote and incentivize business promotion and support of breastfeeding at the workplace

Government —

- Support and promote community challenges and resources on the website.
- Be role models of active living and healthy eating.

In conclusion, we hope community leaders, organizations, businesses and agencies, both for- and non profit, heed the call to continue efforts to address obesity and overweight in our community. The many volunteers who have provided this strong foundation did so because they were passionate about the health and well-being of their community. It is our sincere hope these efforts will be sustained by a new generation of advocates coupled with the leadership from our partners. CAO resources will be made available to the community to assist with their efforts to address this complex issue.

Respectfully submitted by the executive committee of CAO:
Barbara H Yager RD, MEd – Thomas Jefferson Health Department
Jackie Martin – Community Benefit, Martha Jefferson Hospital
Diane Whaley PhD – UVA Curry School of Education
Angie Hasemann, RD, CSP – UVA Children's Fitness Clinic
Aaron Pannone PhD – UVA School of Public Health