



ACTION ROADMAP

BACKGROUND ON OBJECTIVES

Objective 1: Increase access to retailers who serve/sell healthy and affordable food options.

As rates of overweight, obesity, and diet-related chronic diseases climb throughout the population, the Surgeon General as well as doctors and dietitians advise Americans to eat plenty of fresh, healthy, and unprocessed foods such as fruits, vegetables, and whole grains every day. However, all Illinoisans do not have equal access to these recommended foods. Low-income people, minorities, and rural residents suffer the highest rates of preventable, diet-related diseases linked to insufficient consumption of healthy foods. Reasons for this include: low-income areas have fewer supermarkets and groceries that carry healthy foods than do predominantly white, middle- and high-income neighborhoods; stores in low-income neighborhoods stock fewer healthy items and have significantly lower-quality fresh produce; when available, the cost of fresh foods in low-income areas is often prohibitive; public transportation to supermarkets is often lacking¹. Communities with insufficient access to fresh, healthy foods are commonly known as “food deserts” and residents in these areas have little choice but to eat what is available, often foods high in calories and low in nutritional value from fast food restaurants or convenience stores. Opportunities in this area include innovative promotion of food systems to make fresh/local food more available, investments to incentivize the development of grocery stores and other fresh food retailers in underserved communities, and initiatives to increase the availability of healthy foods in existing retail outlets such as convenience stores, bodegas, mini-marts, and “corner stores.”

Objective 2: Develop state-level obesity prevention resources and infrastructure.

Addressing the statewide obesity epidemic requires financial resources and proper infrastructure to support policy, systems and environmental changes that will have statewide and local impact. Coordination across public and private stakeholder organizations that are doing work in this area can help to maximize the impact of obesity prevention initiatives; creation of a significant, dedicated revenue stream to fund obesity prevention can provide needed resources; a system for collecting data on obesity would assist in measuring and targeting obesity trends; and the study of the health impact of transportation, education, housing, economic development and other “non-health” policies can help ensure that systems are aligned to reduce obesity.

¹ Yale Rudd Center, *Access to Healthy Foods in Low-Income Neighborhoods Opportunities for Public Policy*, 2008
<http://www.yaleruddcenter.org/resources/upload/docs/what/reports/RuddReportAccessToHealthyFoods2008.pdf>

Objective 3: Increase consumption of healthy food and beverages in relation to consumption of unhealthy food and beverages that have minimal nutritional value, such as sugar-sweetened beverages and calorie-dense, low-nutrition fast foods.

Initiatives at the local level to promote healthier eating and change food environments, combined with policies that create incentives for consumers to purchase healthier foods and disincentives for purchasing high-calorie, nutrient-poor foods and beverages can change eating habits. Since the mid-90s, American children have been consuming more calories from sugary beverages, most commonly sweetened with high fructose corn syrup, than from milk. For children, each extra can or glass of sugary beverages they consume each day increases their risk of becoming obese by 60%.² Recent research has shown that policies such as tax strategies that increase the price of foods and beverages that contribute to obesity can have a positive effect on obesity. For instance, a United States Department of Agriculture (USDA) study predicts that for an adult, a 20-percent price increase on caloric sweetened beverages could produce an average reduction of 3.8 pounds of body weight for adults, and 4.5 pounds for children, over a year.³ Providing incentives through subsidy programs such as the LINK card to help individuals purchase higher-cost, nutrient rich foods like fruits and vegetables is another strategy that can change the relative consumption of healthy vs. unhealthy foods.

Objective 4: Promote healthy and affordable food consumption in senior centers, schools, parks, child care settings, and after school programs.

While many people attribute the obesity epidemic to individual behavior and poor choices by parents, the reality is that we live in environments where foods with high calories and little or no nutritional value are more accessible, affordable, and more heavily marketed, than are healthier foods. In order to reduce the prevalence of obesity, the “food environments” in schools, child care and after school programs, and other community settings where people live, learn, work and play must be improved. These community settings provide food through prepared meals, vending machines, concessions and more. In many schools, “competitive foods” (vending and a la carte foods that compete with school lunch program meals) are attractive options to students, yet they generally have lower nutritional value. Nutritional standards and policies requiring healthy options among the foods served and/or sold in community and publicly supported venues helps to change the food environment and can increase consumption of healthier foods. Meals, snacks and vending machine options can all be improved so the healthy choice is an easier choice for consumers. Policies and local initiatives that promote inclusion of locally grown, healthier foods in publicly funded programs can improve nutrition while strengthening the local food system and local economy.

Objective 5: Increase opportunities for safe and affordable physical activity in communities, senior centers, schools, child care settings, and after-school programs.

Regular physical activity is a key ingredient in preventing and reducing obesity. Yet, it is hard for many Illinoisans to access safe and affordable places to be physically active. In low-income communities, there are generally fewer places for physical activity, such as parks and bike paths, and sometimes, violence or heavy traffic make

² Yale Rudd Center, *Rudd Report Soft Drink Taxes: A policy brief*, 2009
(<http://www.yaleruddcenter.org/resources/upload/docs/what/reports/RuddReportSoftDrinkTaxFall2009.pdf>)

³ Lee, J.Y., Lin, B.H., Smith, T.A., (2010) *Taxing Caloric Sweetened Beverages: potential side effects on beverage consumption, calorie intake and obesity.*

the places that are available unsafe and effectively inaccessible. Research has demonstrated that school policies can be an important strategy for increasing physical activity among children: however, although Illinois is the only state that mandates daily physical education, many schools and school districts have waivers to reduce physical education classes. Policies that support more current approaches to teaching physical education to lay the foundation for life-long physical activity are an important strategy. Long-term, obesity reduction will depend on resources and policies that increase physical activity in community settings by increasing the number of parks, bike and walking paths, supporting urban design and land-use planning, and mixed use development that includes facilities for activity and recreation.

Objective 6: Promote safe and active transportation.

The way in which people travel to work or school and utilize community amenities has a large impact on obesity: neighborhoods that are considered “walkable” encourage 15-30 extra minutes of walking per week, helping people to meet recommended physical activity levels and promoting weight loss. Additionally, people who use transit are far more likely to meet the daily amount of recommended physical activity than those who drive. Factors such as long distance, dangerous traffic, or lack of sidewalks and bike lanes influence people’s choice to walk, bike or take transit, and in such cases residents miss out on an excellent opportunity to incorporate activity into their daily routine. Creating “Complete Streets” that meet the needs of pedestrians, bicyclists, mass transit and personal vehicles can improve places to be active, which can result in a 25% increase in the proportion of people exercising three times a week.⁴ Developing the means to support children to walk to school, such as “Safe Routes to School” is another strategy that can have a significant impact. Policies that provide guidance, incentives and standards for city and regional planners, economic development groups, schools and community health coalitions can help Illinois communities move toward the goal of providing safe and active transportation.

Objective 7: Promote healthy and active lifestyles in workplaces.

The average worker spends about 50 hours a week at work,⁵ making the workplace an ideal setting to promote a healthy and active lifestyle. Research has shown that workplace wellness strategies can reduce employers’ health insurance costs and increase worker productivity. Time spent at work reduces the available time for physical activity, preparation of healthier meals, and/or adds stress. Strategies that incentivize workplace wellness programs are a start. Such programs can help raise awareness among employees about healthier lifestyles and provide resources to be healthier. Policies that promote healthier work environments, such as tax breaks for worksites that have made or plan to create wellness initiatives can incentivize these activities. Healthier workplaces include offering healthier vending machines and cafeteria options, flexible scheduling for employees to enable them to incorporate more physical activity into their daily routine, health screenings to identify risk factors for disease, and facilities that promote healthier behaviors, like prompts to use the stairs instead elevators. Employers can offer incentives to employees to participate in wellness initiatives and have a healthier lifestyle, and health insurers may also be encouraged to support healthier workplaces through their cost structures and other incentives.

⁴ CDC, *Guide to Community Preventive Services*, 2002.

⁵ Wellness Proposals, *Workplace Wellness Programs*, 2009.

Objective 8: Promote obesity prevention through hospitals and health care systems.

Physicians and other health care providers are a critical resource in the fight to reverse the obesity epidemic; doctors are a trusted partner for people trying to be healthy. But systems need to be developed to help health care providers be active in both preventing and treating obesity. Public and private insurers need to pay doctors and hospitals not only for treatment of obesity and obesity-related diseases like diabetes, but also for nutrition and physical activity screenings, prevention services and counseling. Development of comprehensive, multi-disciplinary specialized care centers and reimbursing health care providers to coordinate care among medical and community nutrition and physical activity programs are important to the health system component of the obesity prevention battle. Reimbursable mental health screening and counseling are key components of obesity care. Additionally, cost-effective obesity prevention must begin at the early stages of life. Newborns who are exclusively breastfed have a reduced risk of obesity so reimbursement for breastfeeding support services and promotion of evidenced-based “Baby-Friendly” hospital standards are important obesity prevention strategies.