



State Obesity Action Roadmap - 2011-2014

Background:

Obesity has reached epidemic proportions in Illinois — 62% of Illinois adults are overweight or obese. One in five children are obese, the fourth worst rate in the nation. Given that obesity and overweight are primary determinants of cardiovascular diseases, cancer, respiratory diseases, and diabetes – already leading causes of death in Illinois – the implications of this epidemic for our state’s health and resources are staggering. In Illinois, adult obesity alone adds \$3.4 billion to annual health care costs, including \$1 billion to Medicaid and \$800 million to Medicare.

In response to this epidemic, in January, 2010, numerous state and local stakeholder groups came together to form the Illinois Alliance to Prevent Obesity (IAPO).

IAPO launched a community engagement process to develop a State Obesity Action Roadmap. The process sought to identify the necessary investments and systems, policy and environmental changes that are of an adequate scale to stem Illinois’ obesity epidemic.

Between February and November, IAPO worked to promote the Illinois Department of Public Health’s Obesity Prevention Initiative public hearings, catalyzed and collected input from nearly a dozen regional forums, and hosted a State Obesity Action Summit on December 3, 2010.

The following Roadmap and preliminary agenda resulted from the Obesity Action Summit.

Principles:

- We need regular and reliable information about the state of obesity in Illinois to understand where action is needed the most.
- Local, collaborative initiatives exist and are demonstrating how to make an impact on the problem, but inadequate funding means they are limited in scope, with limited capacity for evaluation and expansion to scale.
- There is growing national consensus on effective strategies to combat obesity which are not currently employed in Illinois.
- A state-level response is needed. Development of coordinated systems, changes in policy and investment on the scale of the problem must be undertaken.

Goal: Ensure that trends in obesity in Illinois are stable by 2015 and moving downward by 2018 through promotion and adoption of nutrition and physical activity policy and environmental change interventions.

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

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

Objective 3: Increase consumption of healthy food and beverages in relation to consumption of unhealthy food and beverages that have minimal nutritional value.

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

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

Objective 6: Promote safe and active transportation.

Objective 7: Promote healthy and active lifestyles in workplaces.

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



Organizational Statement of Support

Yes! We support the Illinois Alliance to Prevent Obesity Action Roadmap principles, goal and objectives.

____ Please list my **organization** as a member of the Illinois Alliance to Prevent Obesity. By becoming an IAPO member my organization will be listed as supporting the *principles and 2011-2014 Roadmap goal and eight objectives* on page 1. I understand that IAPO leadership will apply the policy selection criteria below to select and conduct policy advocacy and policy campaign work on issues identified at the Obesity Action Summit or other opportunities, and I will be specifically asked for my organization's endorsement before our name will be used in support of individual policy initiatives and corresponding advocacy (*see 2011-12 policy agenda*).

Please print and return to IAPO via email info@iphionline.org or fax 312-850-4040.

Organization Name: _____

Organizational Representative: _____

Address: _____

City/Zip: _____

Phone: _____

Email: _____

State representative: _____ State Senator: _____

Additional individuals who should receive updates and e-communications:

Name & email: _____

Name & email: _____

Name & email: _____

Name & email: _____

We are interested in participating in the following, if there is an opportunity:

____ Participating in a committee ____ Participating in media events ____ Meeting/calling legislators

____ Publish information in my newsletter ____ Forward communications to our members/listservs

____ Add a link to my website

Policy Selection Criteria

- Policies and environmental change strategies should be bold and meet the scale of the problem. Some Roadmap strategies may have longer-term timelines to allow for building necessary political will.
- Policies, programs or environmental change initiatives must be supported with evidence based on (1) emerging best practices; (2) emerging national consensus; and (3) local consensus around particular policy strategies.
- Policies pursued need to be consistent with the policy development, organizing and advocacy capacity that exists or can be built within IAPO and its supporting organizations.
- Policies have the potential to build buy-in and acceptance from community & leadership.
- Special attention will be given to recommendations that build on existing programs and/or infrastructure within the state.



State Obesity Action Roadmap 1-Year Policy Agenda (2011-12)

Illinois Alliance to Prevent Obesity stakeholders prioritized three policy initiatives to move Illinois closer to the following objectives:

- Increase access to retailers who serve and/or sell healthy and affordable food options.
- Develop state-level obesity prevention resources and infrastructure.
- Increase consumption of healthy food and beverages in relation to consumption of unhealthy food and beverages that have minimal nutritional value.

1. Advocate for the allocation of \$10 million in capital funding to the Illinois Fresh Foods Fund.

Background and current status: Established in the 2009 Illinois Jobs Now! capital bill to help eliminate “food deserts.” DCEO will administer \$10 million designed to draw more grocery stores to the neediest areas of the state. The delay in issuing bonds to fund the program, and the recent appellate court decision calling into question the constitutionality of the capital bill raises concerns among advocates that the program may be in jeopardy. Advocates are continuing to work with the administration and develop alternative strategies to implement the Fresh Foods Fund if necessary.

2. Implement a “gold standard” statewide child obesity data collection system.

Background and current status: In 2004, the Illinois General Assembly amended the School Code by passing Public Act 093-0966. The Act requires that the Illinois Department of Public Health (IDPH) promulgate rules on collecting existing data from the certificate of child health examination required by schools, including data related to obesity, such as BMI. IDPH has not promulgated the rules nor are systems in place to collect, aggregate and de-identify the data. Recently, key state agencies have expressed interest in moving this effort forward, and advocates are working to facilitate this process.

3. Conduct community mobilization, engagement and education about the relationship between sugar-sweetened beverages and obesity and how revenue generated from a tax on sugary beverages can benefit community and state-level obesity prevention efforts.

Background and current status: Obesity is epidemic in Illinois, and costs the Illinois health care system nearly \$4 billion per year. Prevention strategies promoting healthy eating, access to healthier foods, physical activity in schools and communities, and more walkable/bikable neighborhoods and towns can help reduce obesity. Sugar-sweetened beverages are one of the major contributors to obesity and its costs to our society. A one-cent per ounce excise tax on these drinks would raise more than \$600 million for obesity prevention and would reduce adult and child obesity.



State Obesity Action Roadmap
1-Year Policy Agenda 2011-12

Organization Name: _____

Contact: _____ Email: _____

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___ YES, IAPO may use my organization’s name in support of this initiative.

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Three-Year Roadmap Goals (2011-2014)

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

- Promote food systems and food-systems planning to make local/fresh produce and locally healthy food options available through farmer's markets, co-ops and food retailing.
- Advocate for the initial allocation of \$10 million in capital funding to the Illinois Fresh Food Fund and ongoing expansion of the Fund.
- Support and promote programs, incentives, and regulations (*e.g.*, tax credits, grant and loan programs, small business/economic development programs) that result in more retail establishments offering healthy and affordable foods in underserved neighborhoods.
- Strengthen existing and establish new incentives and policies to support networks of local growers and farmers' markets to grow local healthy food options.

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

- Create a dedicated fund to support state and local obesity prevention efforts as outlined in the IAPO road map, funded by revenues raised from a minimum one-cent per ounce excise tax on sugar-sweetened beverages. Allow other contributions to the fund from foundations, corporations, etc.
- Implement a "gold standard" statewide child obesity data collection system including measured BMI, and integrate with existing data systems.
- Charge the statewide State Health Improvement Plan (SHIP) Implementation Coordination Council with promoting multi-sector, multi-agency, "health in all policies" state-level initiatives and build opportunities for local, multi-sector initiatives.
- Identify and disseminate evidence-based practices in obesity prevention, nutrition and physical activity through the Chronic Disease Task Force.



Three-Year Roadmap Goals (2011-2014)

Objective 3: Increase consumption of healthy food and beverages in relation to consumption of unhealthy food and beverages that have minimal nutritional value.

- Pass at minimum a one-cent per ounce sugar-sweetened beverage (SSB) excise tax to reduce consumption of SSBs. Revenues raised would establish and sustain a dedicated fund to support state and local-level obesity prevention efforts as outlined in the IAPO road map.
- Restrict marketing of unhealthy foods to children.
- Incentivize healthy food options for people on public food assistance.
- Create and require nutritional standards in vending machines in all state public buildings and venues (or those with state procurement contracts) and disseminate for adoption by local government and other community institutions.
- Launch a state-wide counter-marketing campaign for healthy food choices.

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

- Require or raise the nutritional standards for vending machines, a la carte lines, stores/canteens, etc. in publicly-funded food/nutrition programs and all public buildings, including schools.
- Create nutritional standards for school meals and a policy for competitive foods – including classroom celebrations, rewards, and school fundraising – in all Illinois schools that go beyond existing USDA requirements (*e.g.*, nutritional requirements that meet the Institute of Medicine guidelines).
- Adopt diverse state-wide farm-to-institution programs, starting with the farm-to-school program. Create momentum to implement farm-to-institution programs in public schools, licensed child care facilities, and after school programs.



Three-Year Roadmap Goals (2011-2014)

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

- Eliminate physical education waivers for all Illinois schools and oppose legislative attempts to weaken existing physical education mandates.
- Develop initiatives through public/private partnerships to build and maintain parks, playgrounds and bike/walking paths that are safe and attractive for playing in close proximity to residential areas – particularly in underserved and low-income communities throughout Illinois.
- Promote/support/encourage development of local “Joint Use Agreements” between schools and other community institutions to open recreational facilities to the community after hours.
- Support initiatives to integrate physical activity into the school day, including daily physical education, daily recess, classroom education that includes physical activity, and extracurricular physical activity programs.
- Promote and implement comprehensive, developmentally-appropriate K-12 curricula to teach students the skills and knowledge necessary to establish and sustain a healthy lifestyle.
- Establish and promote a program of age- and developmentally-appropriate physical activity for children cared for in licensed child care facilities.

Objective 6: Promote safe and active transportation.

- Promote adoption and implementation of Complete Streets policies at state, county and municipal levels to ensure that streets are designed, built and maintained to serve all road users, including pedestrians, bicyclists, transit users and motorists. Assess the impact of these policies on active transportation modeshare and on traffic crash rates.
- Develop and implement Safe Routes to School programs to ensure that students can safely walk or bike to and from school. Assess the impact of these policies on active transportation modeshare and on traffic crash rates at schools.
- Leverage existing Illinois law to implement Safe Park Zones, allowing local governments to institute reduced speed limits and traffic calming measures on streets in and around parks, as well as levy increased fines for traffic violations.



Three-Year Roadmap Goals (2011-2014)

Objective 7: Promote healthy and active lifestyles in workplaces.

- Provide tax breaks to incentivize increased emphasis on wellness in the workplace, including environmental changes (*e.g.*, healthy vending and food policies in the workplace) and systems changes (*e.g.*, flexible scheduling to allow for physical activity before, during or after work) health screenings that include measures of obesity and risk factors, and employee incentives for healthy behavior and healthy levels of risk factors. Employers who choose to offer healthy lifestyle behavior incentives in the workplace, such as wellness credits and financial incentives, should provide these directly to the employee. Financial incentives should not be attached to healthcare premiums or health status.
- Adopt nutrition standards that adhere to the 2010 USDA Dietary Guidelines for Americans and the American Heart Association's recommendations for procurement of foods and beverages purchased and/or made available in vending machines, cafeterias and for meetings and special events.
- Provide calorie labeling on all food and beverage items on menus and menu boards in cafeterias, vending machines and other venues. Highlight and promote healthier and lower-calorie options.
- Adopt policies, incentives, facility improvements and worksite locations that enable and encourage biking, walking and public transit for daily commuting and work-based travel.
- Adopt and promote policies which provide access to safe spaces for physical activity and modify the environment to allow employees to incorporate activity into the workday.

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

- Promote Baby Friendly Hospital practices and improve public and private reimbursement for breastfeeding support services, including direct clinical support and education provided by lactation consultants, peer counselors and/or community health workers.
- Improve public and private insurance and health plan coverage and third party reimbursement for preventive counseling and comprehensive clinical care and/or treatment of overweight and obesity including but not limited to mental health and nutrition counseling, and care coordination.
- Promote the creation of state-wide, comprehensive interventions and multi-disciplinary programs to address the health and social needs of obese children.



Three-Year Roadmap Goals (2011-2014)

Disclaimer:

All members of the Illinois Alliance to Prevent Obesity (IAPO) have unanimously endorsed the eight objectives listed in the [IAPO Roadmap](#). In contrast, IAPO's corresponding three-year goals constitute a consensus agenda. The establishment of this consensus agenda did not require unanimity among our member organizations. An affiliation with IAPO should not be misconstrued to imply our member organizations have endorsed any, or all, of IAPO's three-year goals.



Organizational Structure

The founding members of the Illinois Alliance to Prevent Obesity (IAPO) are committed to building the Alliance and have created an organizational structure to advance its mission and implement its goals.

The Alliance structure will consist of:

- Leadership Council,
- Steering Committee,
- Staff,
- Six Workgroups
 - **Healthy and affordable foods and beverages (access and consumption)**
Workgroup monitors Roadmap Objectives 1 and 3.
 - **Obesity prevention resources and infrastructure**
Workgroup monitors Roadmap Objective 2.
 - **Workplace wellness and institutional nutrition**
Workgroup monitors Roadmap Objectives 4 and 7.
 - **Physical activity**
Workgroup monitors Roadmap Objective 5.
 - **Active transportation**
Workgroup monitors Roadmap Objective 6.
 - **Prevention and treatment in clinical settings**
Workgroup monitors Roadmap Objective 8.
- Ad-hoc committees (when needed), and
- General Members.



Organizational Structure

Leadership Council (*i.e.*, a board of directors)

Members of the Leadership Council are representatives from stakeholder organizations representing the various sectors associated with the eight IAPO Roadmap objectives. All Leadership Council members must be general members of IAPO, or are public agencies with a role or stake in preventing and reducing obesity. Any Leadership Council member can recommend a new organization for the Leadership Council with approval by the Steering Committee.

The Leadership Council operates by consensus. Should the need arise for a vote on an issue, a majority of those present at a meeting is required for a decision. Composition of the Leadership Council will be reviewed at least annually and changes made as necessary to meet the needs of the Alliance.

Steering Committee (*i.e.*, an executive board)

The Steering Committee is comprised of 15-20 **organizations** that are representative of the Leadership Council.

Steering Committee Members shall consist of at least one of the co-chairs of each of the six Roadmap Workgroups and additional members representing key sectors or geographic regions not represented by the workgroup co-chairs.

Members are selected by the Steering Committee in consultation with the Executive Director, with recommendations by the Leadership Council.

The Steering Committee is responsible for maintaining the vision and strategic direction of the Alliance. Duties of the Steering Committee include adopting policy statements related to the IAPO Roadmap; development of strategic plans for grassroots activities and community outreach; vetting Alliance publications; overseeing and advising the workgroups and committees; outreach to Alliance members and potential members; supporting fundraising/resource development; forming necessary additional workgroups or ad hoc committees to undertake identified tasks; and participating in a monthly conference calls.*

* Steering Committee Meetings are currently set for the second Tuesday of each month from 1PM to 2PM.



Organizational Structure

Steering Committee members must also be willing to advise and direct as needs arise – for example, participating between meetings (when needed) to provide prompt direction on time-sensitive matters.

The Steering Committee operates by consensus. Should the need arise for a vote on an issue, a majority of a quorum is required for a decision. Composition of the Steering Committee will be reviewed at least annually and changes made as necessary to meet the needs of the organization.

The Steering Committee may determine that co-chairs are needed for IAPO. In the event that co-chairs are needed, the Steering Committee will establish criteria for the selection of co-chairs and select co-chairs accordingly. If co-chairs are selected to serve, they will act as spokespeople for IAPO and with the assistance of Alliance staff; create the agendas for Steering Committee meetings; and facilitate discussion during Steering Committee and Leadership Council meetings.

Staff

IAPO is supported by staff provided in-kind by the Illinois Public Health Institute; Elissa Bassler, CEO of the Illinois Public Health will serve as IAPO Executive Director and as a member of the Steering Committee.

Workgroups / Ad Hoc Committees

In order to effectively accomplish specific public education, advocacy and systems change goals in the IAPO Roadmap, IAPO's 1-Year Policy Goals, and 3-Year Roadmap Goals, IAPO convenes six workgroups, each focusing one (or more) objective(s) contained in the IAPO Roadmap, 1-Year Policy Goals, and 3-Year Roadmap Goals. Each of the six Workgroups will be led by co-chairs – at least one of them must sit on the Steering Committee.

Ad-hoc committees will be appointed by the Steering Committee on an as-needed basis.

All workgroups and committees are made up of staff and volunteers from IAPO Member Organizations or public agencies with a role or stake in preventing and reducing obesity. Participation by these workgroup and committee members is provided as an in-kind contribution to IAPO by the organizations that comprise it, and is a measure of the commitment of the member organizations to the success of the Alliance.



Organizational Structure

General Membership

IAPO members are **organizations**. Membership is open to charitable and religious groups, business and corporate entities, state and local government organizations, health care providers, private and non-profit organizations, coalitions and citizen groups that have publically signed on to the IAPO Roadmap.

Individuals may also support the IAPO roadmap and receive communications from IAPO and participate in IAPO policy, systems and environmental change initiatives but are not members.