

Obesity Prevention Initiative Public Hearings

Key Messages and Policy Options

Overview:

The epidemic of obesity among children and adults has led to an explosion 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 health care system, we face an unprecedented threat to our well-being, longevity and pocket-book.

Illinois is no stranger to the obesity epidemic. Two-thirds of all Illinoisans are overweight or obese, with Illinois ranking in the top ten states for obese/overweight adolescents (ages 10-17 years) and ranking 4th in the nation for children in the 95th percentile and above (obese). Given that obesity/overweight are primary determinants of cardiovascular diseases, cancer, respiratory diseases, and diabetes – already leading causes of hospitalization and death in Illinois -- the implications for the health care system in Illinois are staggering. In Illinois, adult obesity alone adds \$3.4 billion to annual health care costs, including \$1 billion to Medicaid, and \$800 millions to Medicare. Obesity in childhood is associated with many of these same health conditions *and* poor educational attainment and mental health problems (depression, anxiety).

Some Illinois communities are addressing obesity with limited resources, but a lack of state-level coordination and investment leaves us collectively in danger. The scope of the problem is enormous, and growing; we need policy and public health solutions that match that scope if we expect to reverse the epidemic in time. Organizations have joined together to mobilize leaders from key industries and communities to collectively address the epidemic and advocate for solutions. **We encourage you to include the key messages in your testimony at the Obesity Prevention Initiative Act Public Hearings. Following the common messages are coordination and policy options gleaned from state and national research that can be included in testimony if appropriate for your organization.**

Key messages:

1. Illinois is experiencing an epidemic of obesity, leading to exploding rates of costly chronic disease. (specifics on defining the problem in Illinois are in the attached Illinois specific statistics and sources).

2. We need more information about the state of obesity in our state – where are the largest prevalence rates; how are disparities in obesity distributed; and we need this information more frequently.
3. 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 holistic evaluation.
4. A state-level response is needed. Development of coordinated systems, changes in policy and investment on the scale of the problem must be undertaken.

Coordinated Systems:

- Responsibility for programs and policies that promote healthy eating and increased physical activity are distributed across multiple state agencies, including: Illinois Departments of Public Health, Human Services, Healthcare and Family Services, Agriculture, Transportation, Natural Resources, Aging, the Housing Development Authority, and the Illinois State Board of Education. No coordinated state government strategy on obesity exists.
- Non-profits, employers, schools, parks, health care providers, communities and public health departments all have a role in reversing the obesity trends, and many are working hard on the issue; linking, leveraging and supporting these various initiatives will harness their energy and maximize their impact.

Example Policy Options

- **Communities:** support communities' use of evidence-based strategies that change policy and environments in schools and communities, including in worksites and businesses, health care settings, faith-based communities, and other places where people live, work and play. When implemented in combination, using media, information, access to healthy foods and physical activity, policy (such as land-use) and social supports have been shown to have a profound influence on improving health behaviors by changing community environments.
- **Media:** Develop and support a statewide media campaign that:
 - o Promotes healthy food/drink choices and includes counter-advertising for unhealthy choices

- o Promotes increased physical activity, use of public transit, active transportation (bicycling and walking for commuting and leisure activities) and includes counter-advertising for screen time.
- Schools: require water fountains, remove unhealthy foods from menus and vending machines, re-institute physical education/reversing PE waivers, include nutrition education in schools.
- Food Industry: require chain restaurants to post the calorie content of soft drinks and all other items on menus and menu boards, incentives for food retailers to locate/offer healthier choices in underserved areas, workplace, schools, child care. Support farm to institution (e.g. schools, worksites, hospitals) programs.
- Built Environment: promote transportation and land use policy changes to promote active living.
- Workplace: incentivize businesses to implement healthy workplace programs that have been shown to increase physical activity and promote healthier eating.
- Surveillance: build a statewide surveillance system for childhood obesity using the Child Health Examination forms, or electronic data collection mechanisms (such as I-CARES) to regularly track and help with policy development and resource allocation.
- In 2003, Illinois passed Public Act 93-0060 to establish the Illinois Obesity Study and Prevention Fund. An attempt in 2004 to allocate \$3.5M to the fund was not successful. Current language emphasizes the use of funds for surveillance and evaluation of intervention strategies. Language could be added to increase emphasis on “prevention” in the fund *or* funds could be directed to surveillance and “study” in the current fund with a new fund established for interventions with a separate allocation.
- Sugar sweetened beverage taxes—Evidence shows that sugar sweetened beverages can contribute to obesity and increase risk for diabetes; sugar sweetened beverage (SSB) taxes —on sodas, sports drinks, sweetened tea, fruit drinks and punches, and other sweetened beverages— can reduce consumption of obesity-promoting sugary drinks and raise hundreds of millions for obesity prevention and physical activity surveillance and programming.

- o Illinois currently taxes SSBs at 6.25% (general merchandise rate). A one cent per ounce excise tax would generate \$678 million in dedicated revenues for an obesity prevention fund that could support the types of policies and community initiatives described above.

Resources:

A number of national reports and policy briefs have been issued in the past 2 years that highlight effective state and local policies for obesity prevention:

<http://www.rwjf.org/files/research/20090901iombrief.pdf>

<http://www.rwjf.org/files/research/20090901iomreport.pdf>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

<http://www.leadershipforhealthycommunities.org/content/view/352/154/>

http://www.convergencepartnership.org/site/c.fhLOK6PELmF/b.3917601/k.8FCF/Policy_Briefs.htm

<http://healthyamericans.org/reports/obesity2009/Obesity2009Report.pdf>

<http://content.nejm.org/cgi/content/full/361/16/1599>