Population Health Childhood Obesity Initiative

Winnie R Adams

Why are we here?

- Form a standing workgroup on Population Health Improvement
- To develop community-based primary prevention initiatives designed to address the obesity epidemic
- Obesity is a multi-faceted problem that will support separate task groups, each addressing a distinct domain. For example:
 - childhood obesity (primarily involving schools and day care),
 - the food environment (healthy food availability and marketing, measures to reduce the popularity of unhealthy foods, etc.)
 - the message environment (multifaceted messaging, including traditional and digital media, about healthy eating and active living)
 - policy (addressing issues such as complete streets or schools Nutrition and Physical Fitness policy)
 - healthy food service at public venues, and other public policies affecting healthy eating and active living), etc.

What is Collective Impact?

the commitment of a group of stakeholders from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration.

Common Agenda

· Keeps all parties moving towards the same goal

Common Progress Measures

Measures that gert to the TRUE outcome

Mutually Reinforcing Activities

• Each expertise is leveraged as part of the overall

Communications

This allows a culture of collaboration

Backbone Organization

• Takes on the role of managing collaboration

Isolated Impact

Organizations connecting to reach their own goals.

Collective Impact

Organizations working together to meet the same shared goal.



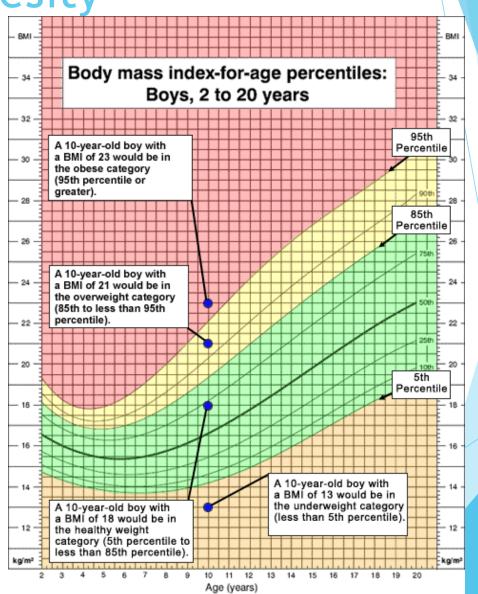


*adapted from Building Capacity for Callective Impact Tookit Series



Defining Childhood Obesity

- BMI (body mass index)-person's weight in kilograms divided by the square of height in meters.
- For children and teens, BMI is age and sex specific.
- Overweight is defined as a BMI at or above the 85th percentile or below the 95 percentile for children and teens for the same age and sex.
- Obesity is defined as a BMI at or above the 95th percentile for children and teens for the same age and sex.



Childhood Obesity Facts

- Childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years
- The % of children aged 6-11 years in the US who were obese increased from 7% in 1980 to nearly 18% in 2012
- The % of adolescents aged 12-19 years who were obese increased from 5% to nearly 21% in 2012
 - ▶ Data from http://www.cdc.gov/healthyschools/obesity/facts.htm
- Washington State obesity data:
 - ▶ 2-4 year olds from low-income families 14% (2011)
 - ▶ 10-17 year olds 11% (2011)
 - ▶ 18-25 year olds 19% (2014)
- Washington state ranks 38 out 51 states (2014)
 - Data from http://stateofobesity.org/states/wa/

Health risks due to childhood obesity

NOW

- High blood pressure and high cholesterol which are risk factors for cardiovascular disease
- Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes
- Breathing problems (sleep apnea and asthma)
- Joint problems and musculoskeletal discomfort
- Fatty liver disease, gallstones, and gastroesophageal reflux
- Psychological stress such as depression, behavioral problems and issues in school
- Low self-esteem and low self-reported quality of life
- Impaired social, physical, and emotional functioning

LATER

- Obese children are more likely to become obese adults
- Heart disease
- Diabetes
- Some cancers