Tennessee Obesity Taskforce On The Move

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Obesity – why be concerned?

- Excess weight and obesity – often the result of physical inactivity and unhealthy eating – have tremendous consequences on Tennessee’s health and economy.
- Both are linked to a number of chronic diseases (heart disease, stroke, diabetes, certain cancers, hypertension, osteoarthritis and asthma).
- Annual cost of obesity-related diseases in Tennessee estimated at $2.7 billion.
Oral Health and Obesity

- Growing body of evidence that suggests a correlation between obesity and the incidence and progression of periodontal disease.
- Obesity is associated with low-grade chronic inflammation, which can trigger production of proinflammatory cytokines that may impact the pathogenesis of periodontal disease. Scientists are currently investigating the effects of obesity, human fat cells, and central adiposity on the inflammatory pathways of periodontal disease incidence and progression.
- Obesity is poised to overtake smoking as the single greatest threat to oral health, according to the American Dental Hygienists' Association.

- Snacking on foods with a high sugar content and eating too much junk food are the biggest factors in promoting dental caries and the major reason that 60% of Americans are overweight.
- The Surgeon General's report on oral health warns that rampant dental caries affect 5x more children than asthma and 7x more children than hay fever.
Oral Health and Disease Management

- In a Case Western Reserve University study, researchers found that the prevalence of periodontal disease among obese individuals aged 18 to 34 years was 76% higher than normal weight individuals in that age group. They found no significant association between body weight and periodontal disease in the 35 to 59 years and the 60 to 90 years age groups.
- One explanation may be that the younger participants had different dietary patterns than the older participants. They also increase their intake of soft drinks and non citrus juices.

- Dentists are encouraged to promote awareness of the adverse health conditions associated with obesity, including cardiovascular disease and diabetes, and that obesity has been increasingly identified as a potential precursor to periodontal disease.
- Dentists can educate patients that obesity, age, and lack of physical activity are important risk factors for developing type 2 diabetes, which significantly increases a patient’s risk of developing periodontal disease.
Military

- Childhood obesity has become so serious in this country that military leaders view it as a potential threat to our national security.
- **Obesity the number 1 reason** why applicants between the ages of 17 and 24 fail to qualify for military service.

Blend of Personal Responsibility and Collective Responsibility

- Humans have a very sophisticated regulatory system. However, we are highly responsive to environmental cues.
- Default conditions now contribute to obesity.
- Create conditions that are conducive to making healthier choices and support personal responsibility.
Mission:

to strengthen partnerships and enhance collaboration in order to reduce the burden of obesity in Tennessee using systematic, multidisciplinary, and evidence-based strategies.

2008 CDC Obesity Funded State

Develop & maintain infrastructure for coordinated statewide nutrition, physical activity and obesity strategies;

Convene and lead a process to develop and implement a state plan for nutrition, physical activity and obesity – focus on policy and environment.
Eat Well Play More addresses 6 target areas (mandated by CDC):

1. Increased physical activity;
2. Increased consumption of fruits and vegetables;
3. Decreased consumption of sugar-sweetened beverages;
4. Increased breastfeeding initiation and duration;
5. Reduced consumption of high-energy dense foods;
6. Decreased television viewing.

Building Statewide Momentum

- State – Depts Health/Ed/Min Hlth/Ag/Trans/Gov ofc
- Coordinated School Health
- American Heart Association
- American Diabetes & Juvenile Diabetes Research Fndn
- Healthy Memphis Common Table
- Tennessee Extension
- Knoxville Childhood Obesity Coalition
- Chattanooga Partnership for Healthy Living Network
- Tennessee Dietetic Association
- YMCA Pioneering Healthier Communities
Partners, cont’d

- ECO – Every Child Outdoors
- Academic Institutions – Vanderbilt, UT, UMemphis, TSU, etc
- Alignment Nashville/Nashville Collaborative/CPPW
- HEAL – Healthy Eating Active Living Appalachia
- Metropolitan & Rural Planning Organizations
- Centers for Disease Control & Prevention
- Alliance for a Healthier Generation
- Robert Wood Johnson Foundation
- Save the Children Campaign for Healthy Kids
- Let’s Move
- The Food Trust
- The Rudd Center
- Center for Science in the Public Interest

Plan launched at Tennessee Public Health Association (TPHA) meeting in Cool Springs on September 17, 2010

Plan has legs
**Breastfeeding Action Team**

- **Rationale:** The American Academy of Pediatrics strongly recommends breastfeeding as the preferred feeding for all infants. Research also shows that the longer an infant breastfeeds, the less likely he or she is to become overweight.
- **Breastfeeding Bill** – Permits a mother to breastfeed her child in public, *regardless of his or her age*, rather than only if 12 months or younger’s right to breastfeed in public. SB0083/HB0871 - Passed 32-0 in Senate, 94-0 in House on 4/4/11

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**Built Environment and Transportation Action Team**

- The built environment includes all aspects of the environment that are modified by humans, including homes, schools, workplaces, parks and industrial areas, as well as transportation facilities such as roadways, greenways and sidewalks.
- **Rationale:** Research suggests that built environment affects rates of obesity by influencing physical activity patterns. Certain changes to the built environment can be made to enhance physical activity.
**BEAT Policy:**

- “Safe Pathways to School” bill - Increases penalty for speeding in marked school zone, punishable by fine of no less than $100 and no more than $250. Designates $50 of such enhanced penalty to be used by TDOT for grants for safe pathways for students. (Did not pass in 2011, will re-file)
- **Complete Streets** – ordinances in Nashville, Knoxville, Kingsport, Hendersonville

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**Early Childcare**

**Rationale:** Almost 1/3 of American children over 2 years of age are already overweight or obese, according to the National Health and Nutrition Examination Survey. For low income children, the numbers approach 39%.

- Healthy child development depends on eating nutritious food and being physically active every day. This is especially important during the preschool years when children are rapidly building their brains and bodies.
- DHS Rules and Regs regarding nutrition, screen time, breastfeeding
**Food Systems Action Team**

- **Rationale:** Research shows people in low-income or at-risk areas often have significantly less access to healthy foods than their middle class or affluent neighbors.
- This limited access to nutritious and affordable food contributes significantly to rising obesity rates and related health problems. **Low-income areas have the highest rates of diabetes, hypertension and heart disease.**

**Food Access Policy**

- **Food Desert Relief Act:** Authorizes TN local development authority to issue revenue bonds and make proceeds available for loans to develop property for food desert relief (at interest rates lower than would otherwise be obtainable). (SB1176 Berke/HB1385 Fitzhugh) Buried behind the budget.
- **Community Gardening:** Allows local governments to establish community gardening programs. (SB0609/HB0906) Passed in Senate and House 2011
Target Area: *Sugar Sweetened Beverages* ("liquid candy")

- **Rationale:** Studies show that the intake of sugared beverages (soda sweetened with sugar, corn syrup or other caloric sweeteners; and other drinks, such as sports and energy drinks) is associated with increased body weight, increased risk for diabetes, dental caries, poor nutrition and displacement of more healthful beverages.

- **Sugar Sweetened Beverage Tax:** Tax on bottled soft drinks containing caloric sweeteners. Imposes a one cent per fluid ounce privilege tax on sweetened soft drinks. Reduces from 5.5 percent to 4.5 percent the retail sales tax rate on food. (SB0521 Stewart/HB0537 Marerro). Placed behind the budget on 3/30/11

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Health Systems Action Team

- **Rationale:** By adopting healthy policies and practices, hospitals, health insurers and health care providers can support and promote healthy eating and daily physical activity and prevent and manage chronic diseases.

- **Health care systems can help identify, remove barriers and increase access to care through policy change, educating health care providers, partnering with community-based efforts on local policy and environmental change around health promotion and creating healthy environments for staff and patients in their facilities.
Parks and Recreation Action Team

- **Rationale:** Research shows a close correlation between public health and recreational opportunities, both close to home and in state parks. It has been found that active overweight and obese individuals have lower morbidity and mortality than normal weight individuals who are sedentary. Because disparities exist in physical activity among some at-risk populations, policies and environmental efforts need to be tailored to promote increased physical activity opportunities for these subgroups.

Parks & Recreation Policy

**Joint Recreational Use Agreements:** Clarifies that liability rests with the user rather than the school system when schools enter into recreational use agreement. Passed in 2011
Target Area: Schools

- Rationale: Over 95 percent of young people are enrolled in schools; therefore, schools are powerful environments to shape the health of our children. According to the National Association of State Boards of Education (NASBE), “Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially.”
- Physical activity programs are linked to stronger academic achievement, increased concentration and improved math, reading and writing test scores. While childhood obesity rates increase, opportunities for students to be active have decreased.
- Students often consume up to 50% of their daily calories at school.

School-Based Policy

- Coordinated School Health – Governor Bill Haslam has committed to continuing to include funding for CSH in FY2011-12 budget. This was made possible by the ongoing support of TOT partners.
- Physical Activity in schools: Requires local education agencies to include at least 30 minutes of physical activity each day, instead of 90 minutes each week, for elementary and secondary school students. Removed from consideration in 2011. PE fiscally prohibitive.
Vulnerable Populations
Action Team

- Defining vulnerable populations in terms of health disparity, the National Institutes of Health (NIH) state that they are populations where a significant difference has been identified in the overall rate of disease incidence, prevalence, morbidity, mortality, and survival rates among specific population groups as compared to health status of the general population.

- Obesity is a problem for all races and ethnic groups in Tennessee, and affects people of all income levels.

Target Area: Rural Communities

Objective: Increase opportunities for physical activity and consumption of healthy foods in rural communities.

Strategies:
- Increase access to healthy farm products (i.e. fruits and veggies) by setting up and promoting farmers markets.
- Work with local health councils to assess and maximize unique local resources and to give rural communities a sense of ownership.
- Work through Coordinated School Health in rural school districts to educate children and parents about nutrition and physical activity benefits.
- Assess and expand opportunities for obesity education and treatment via telemedicine.
- Work with local newspapers and county extension agents to educate the general public about healthy recipes and activities and alternatives to less healthy foods.
- Work with local churches to promote healthy lifestyles.
- Help establish greenways and parks that encourage exercise in rural communities.
**Target Area: Faith-Based Settings**

- **Rationale:** Faith-based leaders and institutions are in a powerful position to address healthier lifestyles. A large percentage of the population in Tennessee attends regular services at faith-based institutions, providing a forum for education, motivation and encouragement toward better health through faith-based avenues.

- Faith-based coalitions have been at the forefront of local and state efforts on social issues such as homelessness, tobacco use, hunger and poverty. Today, there is growing energy among faith-based coalitions to advocate for improved food access, nutrition and environmental policies.

- 2 out of 3 Tennesseans self-identify as members of a religious group
- Food, Faith and Health Summit – Spring 2012
Worksite Wellness
Action Team

- **Rationale:** Given the amount of time adults spend at work, the worksite is an important environment where healthy behaviors can be influenced. Employers benefit from reduced health care costs, increased productivity and decreased absenteeism. Employees can benefit from improved health and morale.

- **Worksite Wellness** – TN State employees and dependents (270,000 lives) now participating in ParTNers for Health. Offers incentives and wellness programs. Blue Cross/Blue Shield wellness campus in Chattanooga, Nissan, Vanderbilt...

Polling: Voter Attitudes Toward Childhood Obesity in Tennessee

Poll conducted March 17-22, 2011 (RBI Strategies, Denver, N=602 Registered Voters in TN)

“As far as you know, how do childhood obesity rates in Tennessee compare with other states?”
45% worse than other states; 28% same; 6% better; 13% unsure

“How concerned are you about obesity rates among children in Tennessee?”
48% very; 38% somewhat concerned; 9% not too concerned; 4% not at all concerned.

*12% increase in intensity (level of concern) from 2010
Results of Poll (cont’d)

- **Coordinated School Health** – 45% very important, 31% somewhat important
- **Joint Use** – 69% strongly support, 17% somewhat
- **Soda Tax** – “Would you favor or oppose raising taxes by one penny per ounce on sugar-sweetened beverages like non-diet Coca-Cola and Pepsi, sweat teas, and sports and energy drinks with all funds raised being directed to reduce the current sales tax rate paid on food purchases?” 52% favored; 44% opposed

Overweight Prevalence: US to TN

Obesity Prevalence: US to TN

While the obesity rate in US continued to increase, dropped in TN from 2009 to 2010.

Obesity Prevalence: Race

There continues to be a large disparity in obesity rates in TN.
Overweight Prevalence: Rural/Metro

Tennessee Overweight Prevalence by Rural or Urban 2005-2010

Decline in overweight is in metropolitan areas, not rural areas of TN

Obesity Prevalence: Rural/Metro

Tennessee Obesity Prevalence by Rural or Urban Area 2005-2010

Obesity prevalence increased in rural areas and decreased in Metro areas.
Extreme Obesity Prevalence: Rural/Metro

Tennessee Extreme Obesity Prevalence by Rural or Urban 2005-2010

Increased prevalence in rural areas and decline in metro areas

Overweight Rankings

Tennessee Overweight National Rank 1997-2010

We moved from 2nd highest to 4th highest from 2009 to 2010.
Obese Rankings

Tennessee Obesity National Ranking 1997-2010

We moved from 3rd highest to 8th highest from 2009 to 2010.

Data Conclusions

- There is clearly some good news this year.
  - We have seen declines in overweight, obesity, and extreme obesity overall.
  - We see sharper declines among African Americans and in the major metropolitan areas of the state.
  - Our national rankings have improved for overweight and obesity.
- There is much work to be done.............
  - We need to study these data more carefully to see which segments of the population are improving and which are not.
  - We need to focus our efforts on the rural parts of the state.
  - We need to continue to address our vulnerable populations.
Reversing the obesity epidemic is a shared responsibility. Social and environmental changes are influenced by the efforts of many...