



Bidder's Conference: SSB Media & Policies Mini-grants

Communities Putting Prevention to Work
Obesity Prevention
Chronic Disease Prevention and Control Division
Daisy De La Rosa, MPA, Project Director
April 28, 2011

Agenda

- Introductions
- Obesity overview
- RFP components
- Q&A

CPPW Obesity Prevention

- Boston Public Health Commission
- Reduce health inequities in chronic disease
- Community Initiatives Bureau
- Chronic Disease Prevention & Control Division
- CPPW Obesity Prevention
- Federal Grant CDC (ARRA funded)
- March 19, 2010 – March 18, 2012

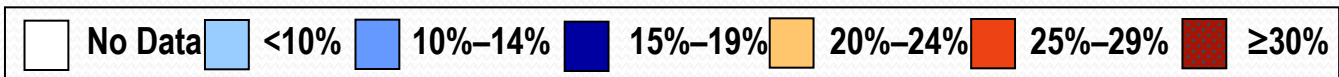
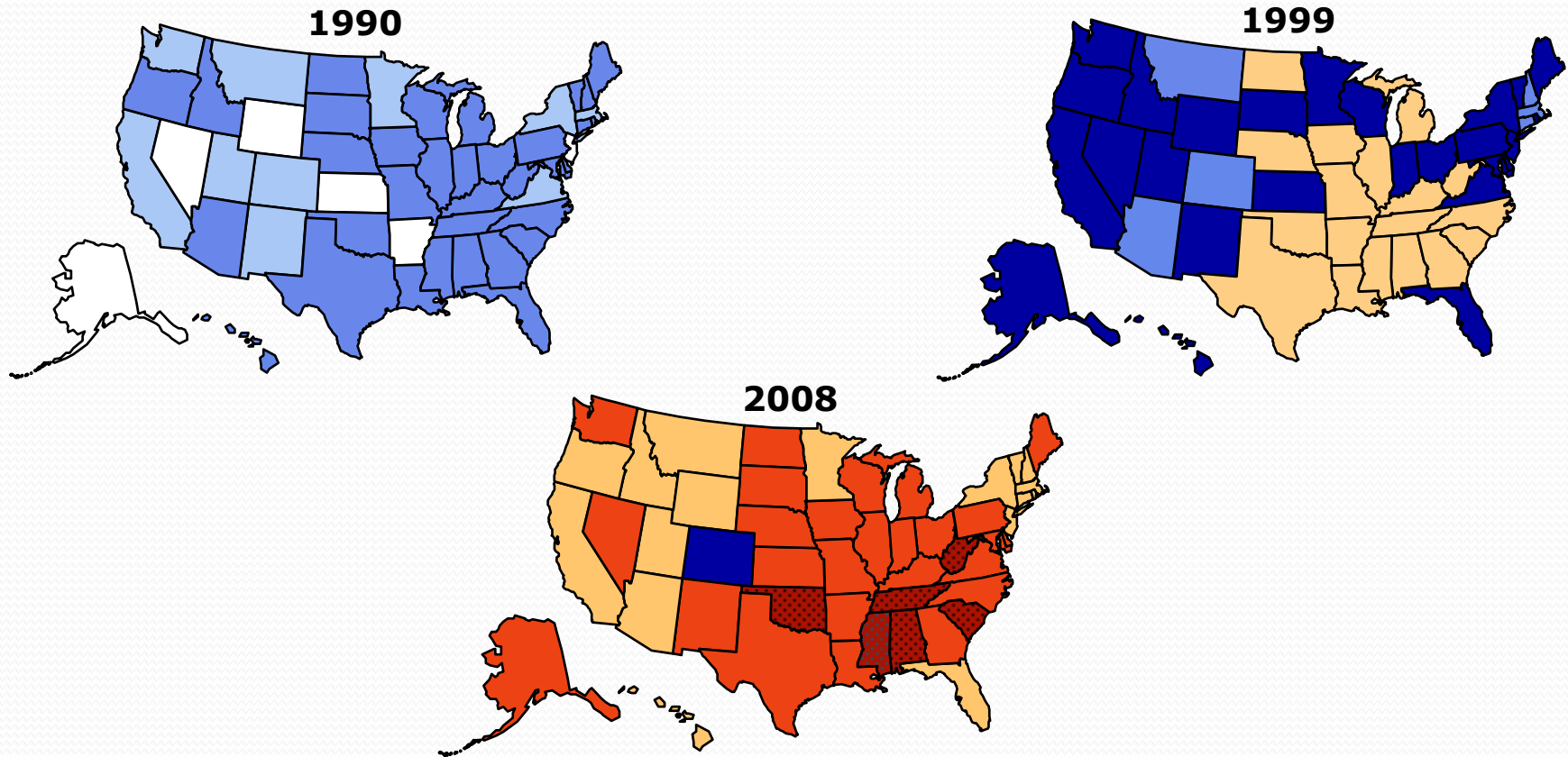
Why obesity is a major public health concern

- Obesity rates have doubled in the last 20 years
- 2 out of 3 adults are overweight or obese
- 30 preventable diseases linked to obesity
 - Type 2 diabetes, cancers, arthritis, heart disease, stroke...
- Increased burden of chronic disease leading to increase in health care costs
 - About 17% of deaths in US are attributable to poor diet/physical inactivity
 - In 2008, the annual healthcare cost of obesity in the US was estimated to be as high as **\$147 billion** a year, double the amount a decade ago.
 - Annual medical expenses for the obese are approx. 42% higher than for a person of a healthy weight.
- Inequity in the distribution of morbidity and mortality associated with chronic disease

Obesity Trends* Among U.S. Adults

BRFSS, 1990, 1999, 2008

(*BMI ≥ 30 , or about 30 lbs. overweight for 5'4" person)



Overweight and Obese Adults by Race/Ethnicity, Boston, 2008

Population	Overweight Rate	Obesity Rate	Overweight and Obesity Rate
BOSTON	31%	23%	54%
Asian	22%	*	*
Black	29%	32%	64%
Latino	33%	30%	63%
White	33%	17%	50%

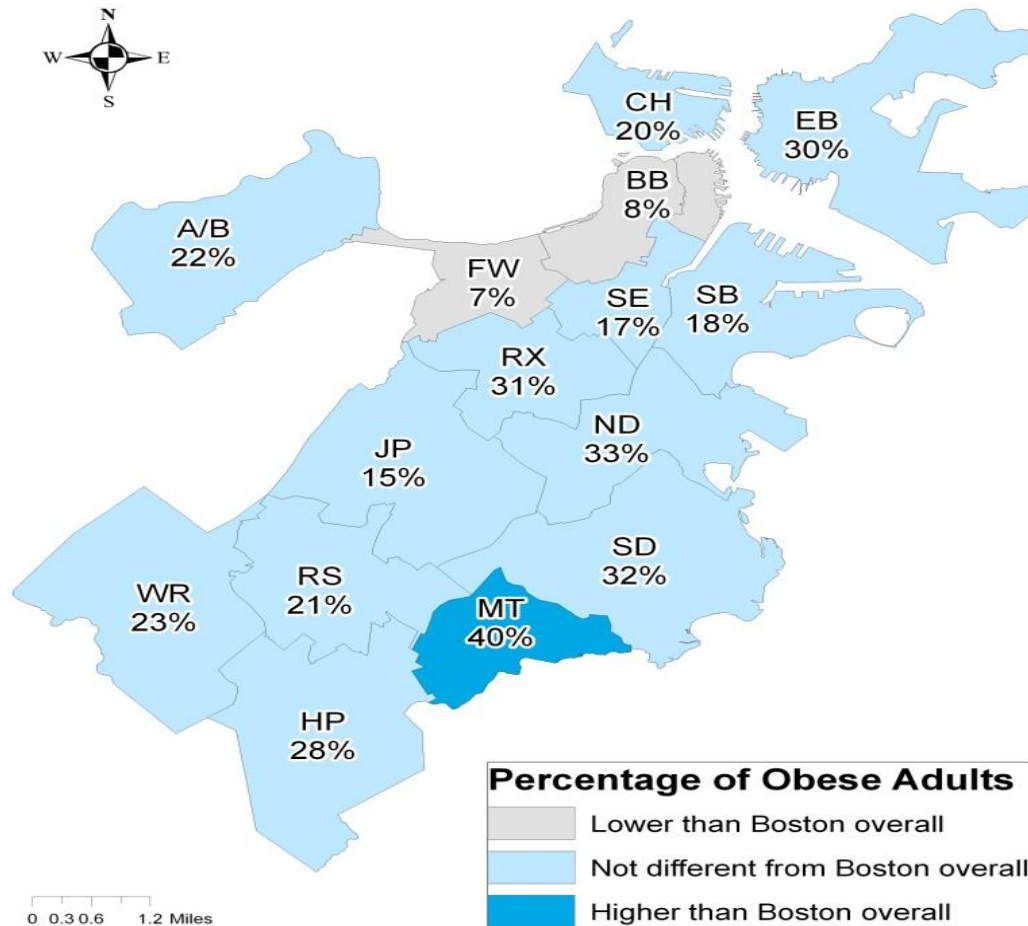
*Insufficient sample size for Asian adults.

DATA SOURCE: Boston Behavioral Risk Factor Survey 2008, Boston Behavioral Risk Factor Surveillance System (BBRFSS),

Boston Public Health Commission

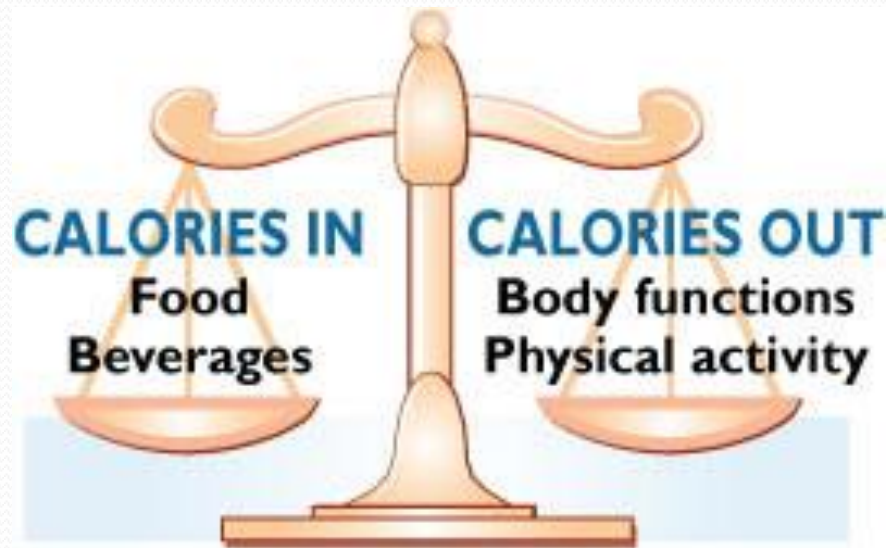
DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Obese Adults 2008 by Neighborhood



What Causes Overweight/Obesity?

The Caloric Balance Equation



What Causes Overweight/Obesity?

- Sedentary behavior
- Overeating
- Insufficient sleep
- Stress
- Metabolism
- Some diseases
- Some medications
- Genes
- Hormones
- Culture
- Environment
- Social determinants:
 - Education
 - Employment
 - Healthcare System
 - Food systems

What Causes Overweight/Obesity?

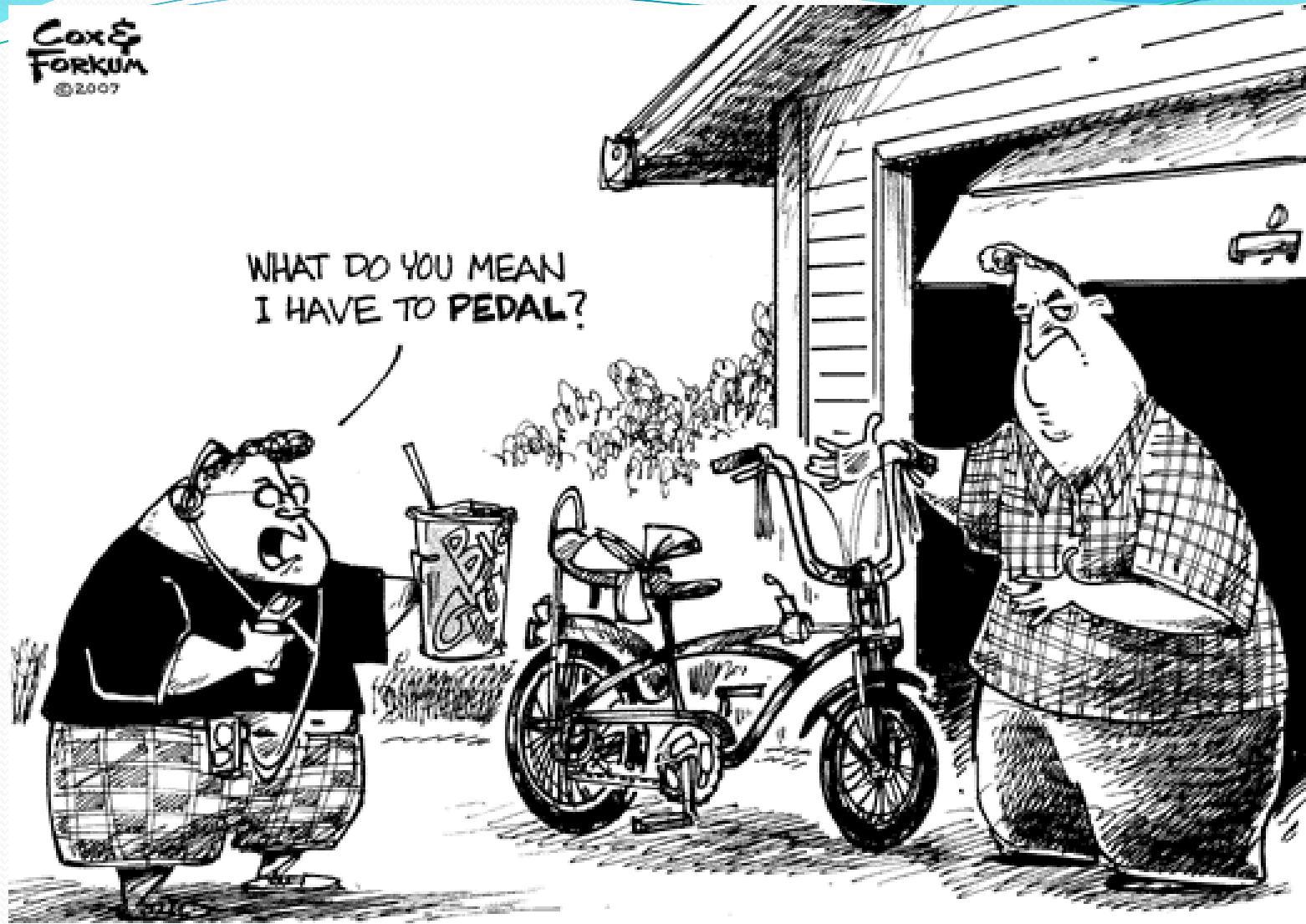
Environment, culture and norms

Sedentary Lifestyles

- Cars, cars, cars
- Street environments that don't support walking and biking
- More screen time – TV, video games, computers
- Less physical education and physical activity at school
- Less walking to and from school
- Violence and unsafe streets
- Unequal access to recreational opportunities and spaces



WHAT DO YOU MEAN
I HAVE TO PEDAL?



What Causes Overweight/Obesity?

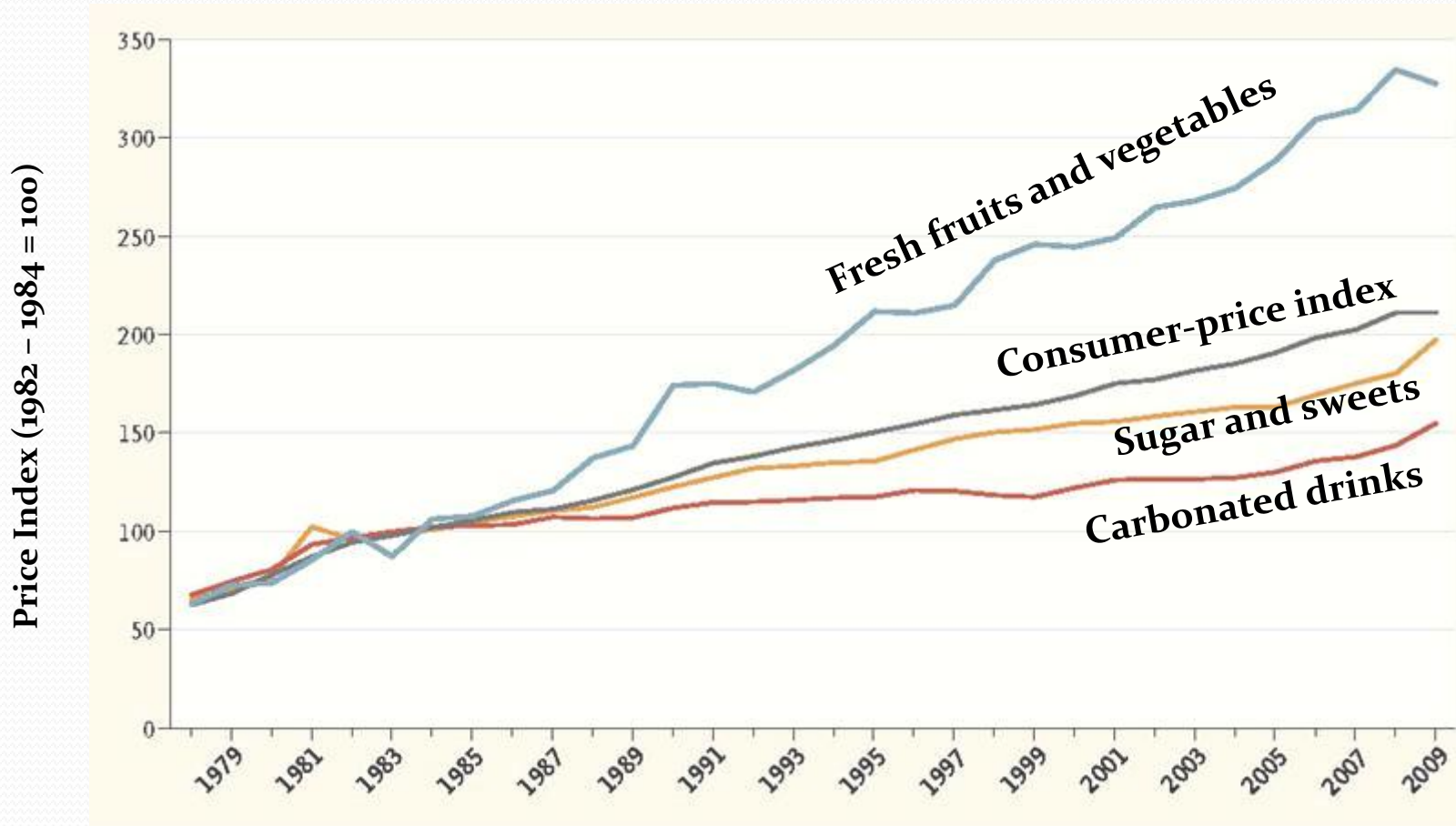
Environment, culture and norms

Easier access to unhealthy foods

- Families have less time to cook and eat together
- Half of “food dollar “ spent away from home
- Sodas , SSB’s & fast food are the norm
- Unhealthy school meals
- 24/7 food environment



What Causes Overweight/Obesity? Healthy Food Costs More & Junk Food is Cheaper



Data are from the Bureau of Labor Statistics and represent the U.S. city averages for all urban consumers in January of each year.

What Causes Overweight/Obesity? Marketing of Junk Foods and Beverages

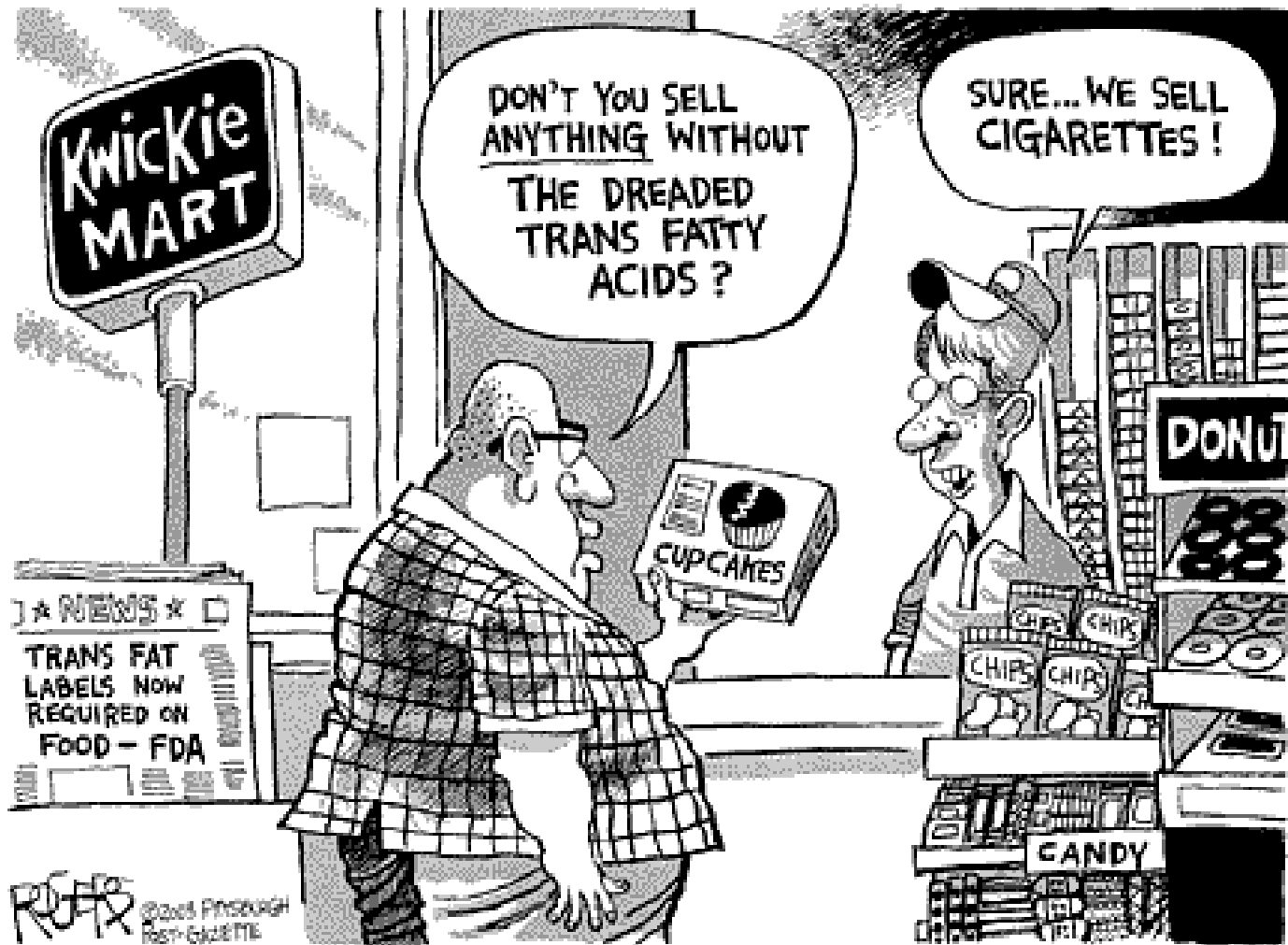


What Causes Overweight/Obesity?

A Toxic Environment for Healthy Behaviors

“It is unreasonable to expect that people will change their behavior *easily* when so many forces in the social, cultural, and physical environment conspire against such change”

- Institute of Medicine

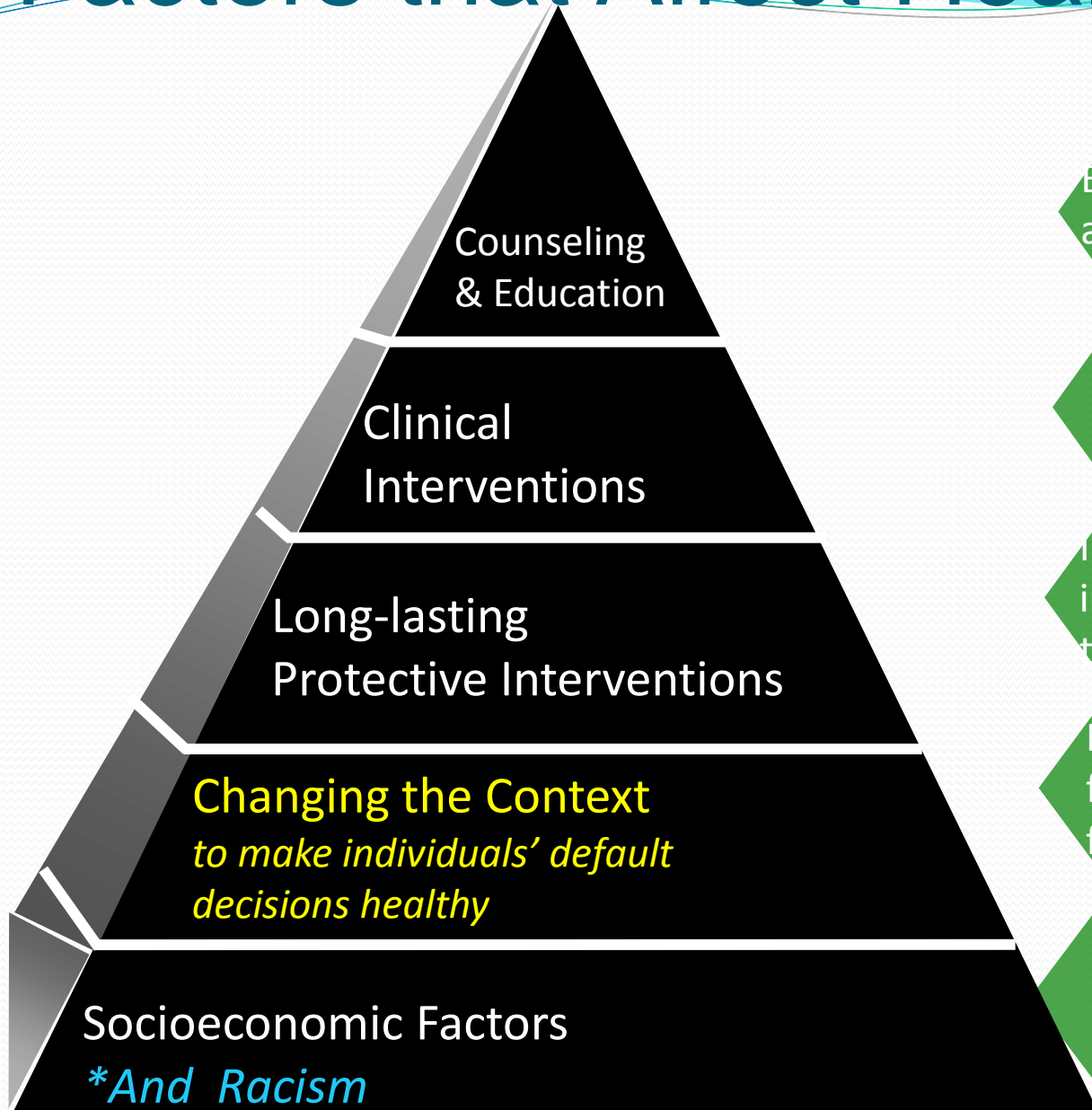


Factors that Affect Health

Smallest Impact



Largest Impact



Examples

Eat healthy, be physically active

Rx for high blood pressure, high cholesterol, diabetes

Immunizations, brief intervention, cessation treatment, colonoscopy

Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax

Poverty, education, housing, inequality

Framework for Community Interventions

- Change the environment to make the healthy choice the easy choice (default value)
 - *Policy, Systems & Environmental Changes*
- Be scalable: Population Wide/ High Impact
- Have a solid evidence base
 - *MAPPs Strategies (Media, Access, Price, Point of Decision, Social Supports)*
- Be measurable to ensure progress is made
- Support peer to peer learning

CPPW Obesity Prevention

- ARRA/CDC Funded - Awarded 6.4 million dollars
- March 18, 2010 – March 19, 2012
- Evidence-based → MAPPS Strategies → High Impact
- Policy, systems and environmental change
- Community and Boston Public Schools
- Community Action Plan
- Health equity
- Coalitions: Strategic Alliance for Health, Boston Collaborative for Food & Fitness
- Leadership Team: led by Mayor Thomas M. Menino and Barbara Ferrer, Sector leaders

“Move the needle on”

- Stabilize or begin to decrease adult & youth overweight/obesity by up to 2%
- 20% increase in the % of adults & youth getting adequate PA
- 5% decrease in consumption of sugar-sweetened beverages
- A 20% increase in avg. daily consumption of fruits and vegetables
- 15% increase in the % of adults & youth with a heart-healthy diet based on USDA’s Healthy Eating Index (HEI)
- 6% decrease in the percentage of adults & youth getting excess calories based on HEI.



We (CPPW grantees) will be “writing the book”

Thomas R. Frieden, MD,MPH
Director, CDC

CPPW Interventions

Urban Gardening “Grow Your Own”

- Community & Backyard Gardening



CPPW Interventions

Active Transportation

- Bike Share & Community Biking
- Complete Streets



CPPW Interventions

Physical Activity Referral Line

- Subsidized Memberships



CPPW Interventions

Boston Public Schools initiatives

- Increase quality and quantity of PA & PE



CPPW Interventions

Reduce consumption of Sugar Sweetened Beverages

- Hard hitting media campaign
- Policy change



Changing the Context: Where to Begin?

Sugar-Sweetened Beverages



What are SSBs?

- **Beverages with added caloric sweeteners**
 - Sucrose (sugar), high fructose corn syrup, glucose, etc.
- **Examples**
 - Non-diet sodas – e.g., Coke, Pepsi, Mountain Dew
 - Sports or energy drinks – e.g., GatorAde, Red Bull
 - “Fruit” punches – e.g., Sunny D, Kool Aid
 - Coffee and tea drinks – e.g., Frappucino, Chai mixes
 - Frozen drinks – e.g., DD’s Coolatta, smoothies
 - Sweetened milk or milk alternatives

Why Sugar-sweetened Beverages?

Largest single source of added sugar to US diet:

- Total sugar consumption of ~ 90 lbs/year
- The average person eats almost 100 pounds of sugar a year—that's more than half a cup of sugar each day!
- The single biggest source is sugary sodas.
- A single, 20-ounce bottle of regular soda can contain up to 17 teaspoons of sugar

Why Sugar-sweetened Beverages?

- **Adults**

- 63% of adults consume a SSB daily
- Average intake is 174 cal/day. Can add up to 18 lbs of added weight per year



- **Teens**

- Highest consumers: 80% consume a SSB daily
- Average intake is 153 cal/day. Can add up to about 16 lbs of added weight per year
- Teens consume twice as much soda as milk: 13% of average daily calorie intake



Why Sugar-sweetened Beverages?

- *Drinking* calories may not satisfy appetite in same way as *eating* calories, leading to excess calorie consumption
- Some evidence that high SSB consumption directly contributes to diabetes and other diseases
- Impact on health: The extra calories from this much sugar leads to weight gain, putting people at risk for diabetes, heart disease, and other chronic health problems



Sugar Content of Popular Beverages



***Note: pictures depict sugar content only, not calories**

SSB Media & Policies RFP

- Support obesity prevention efforts including reduction of health disparities/inequities
- Faith-based organizations in Roxbury, Mattapan, Dorchester, East Boston & Hyde Park (or serve residents in these neighborhoods)
- Objectives:
 - Raise awareness of obesity, health impact of SSB consumption, and role of the environment
 - Help to disseminate SSB media campaign messages
 - Contribute to changing social norms
 - Change organization policies regarding accessibility and promotion
- Grant period: June 6, 2011 – March 19, 2012
- Award amount: \$5,000 - \$15,000
- Anticipate about 4-8 total awards

Major project components

- Form an SSB committee of SSB “lead advocates” or “champions”
- Propose strategies in the following areas
 - SSB Message Dissemination
 - Raising awareness of obesity and SSB
 - Making organizational policy change
- Propose strategies to engage other FBOs

Form SSB committee

- 5-10 members: organization leaders or members
- Knowledge, skills, experience, committed
- Work on developing and implementing strategic plan for project
- Will participate in monthly meetings with other grantees
- Trainings provided by BPHC

Strategies for raising awareness & disseminating media messages

- Innovative strategies beyond just distributing brochures, posting posters & providing workshops
 - Events, contests, prompts/signage, music/art/drama, “guerilla marketing”, technology, etc.
- High reach / High Impact of target population
- Congregation and community residents
- Role of lead advocates
- Anticipated challenges & resolutions
- Measurable outcomes: Activities/Deliverables

CPPW Media Campaign

- **Launch Summer 2011**
- **Goals**
 - Raise awareness of health effects of drinking SSB's
 - Change attitudes / norms around drinking SSB's
 - Ignite community to make changes in environment
- **Target audiences**
 - Parents, especially of young children
 - Adults in general, including policy makers
 - Blacks and Latinos



SSB Policy Change Strategies

- Reduce access to SSB: vending machines, cafeterias, meetings, events, fundraisers, etc.
- Restrict promotions and sponsorships
- Role of lead advocates
- Anticipated challenges & resolutions
- Measurable outcomes:
Activities/Deliverables

Strategies for reaching other FBO

- Have high impact
- Peer to Peer learning
- Build strong ties/relationships/partnerships
- Propose creative strategies
- Measurable outcomes:
Activities/Deliverables

BPHC Trainings & Support

- Support grantees with project implementation
- Training on obesity, health impacts of SSB, and environment
- Facilitation training
- Media dissemination & materials
- SSB Toolkit & Individual TA
- Educational resources: powerpoint presentations, brochures, etc.
- Other?

Other expectations

- Aggressive roll out
- Participate in trainings, networking meetings, and other CPPW related activities
- Project staff and “lead advocates” to participate in media and advocacy opportunities as needed and appropriate
- Work collaboratively with other grantees as appropriate
- Provide or facilitate access to space for trainings, meetings, and other related activities
- Disseminate health information and resources that encourage more physical active and healthy eating
- Meet reporting requirements
- Support CPPW evaluation efforts

Proposal components

- Organization overview and experience (20 pts)
- Key staff (10 pts)
- Identified Need (5 pts)
- Approach and scope of work (with timeline and deliverables) (40 pts)
- Budget and Budget justification (25 pts)

CPPW Team

- Anne McHugh, Chronic Disease Division Director/PI
- **Daisy De La Rosa, CPPW Project Director**
- **Naida Faria, CPPW Project Coordinator**
- Melissa Lucien, Administrative Assistant
- Ann Scales, Director of Communications
- Pelenge Doiley, Media Manager
- Elizabeth Russo, Senior Evaluator