



## **Obesity Prevention Initiatives**

Chronic Disease Prevention and Control Division

Boston Public Health Commission

*Building Faith-based Partnerships*

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# Why are we here?

- Increased burden of chronic disease
- Inequity in the distribution of morbidity and mortality associated with chronic disease
- About 17% of deaths in US are attributable to poor diet/physical inactivity
- Rising health care costs; significant amount associated with costs of treating chronic illness
- Prevention of chronic illness is an effective and relatively inexpensive way to improve health and reduce health care costs
- Policy, systems and environmental changes that support prevention strategies are critical in improving health and containing costs

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

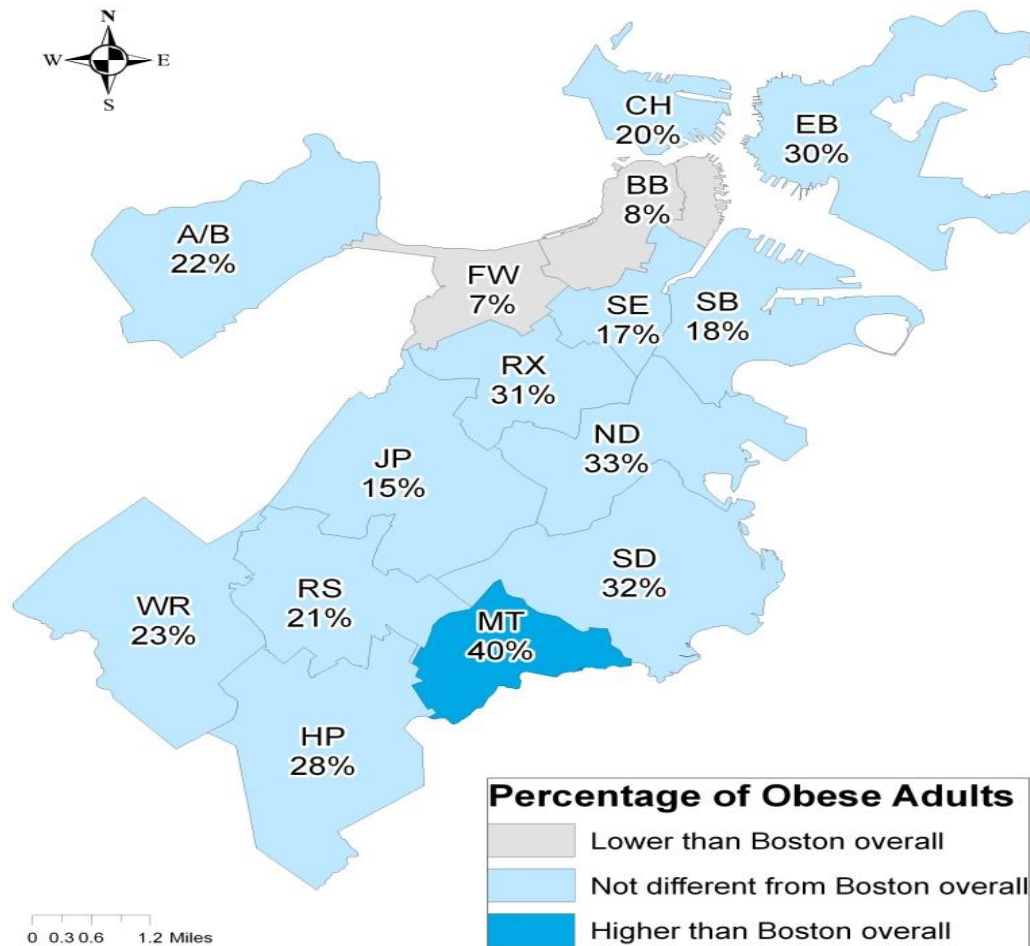
| Population | Overweight Rate | Obesity Rate | Overweight and Obesity Rate |
|------------|-----------------|--------------|-----------------------------|
| BOSTON     | 31%             | 23%          | 54%                         |
| Asian      | 22%             | *            | *                 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

\*Insufficient sample size for Asian adults.

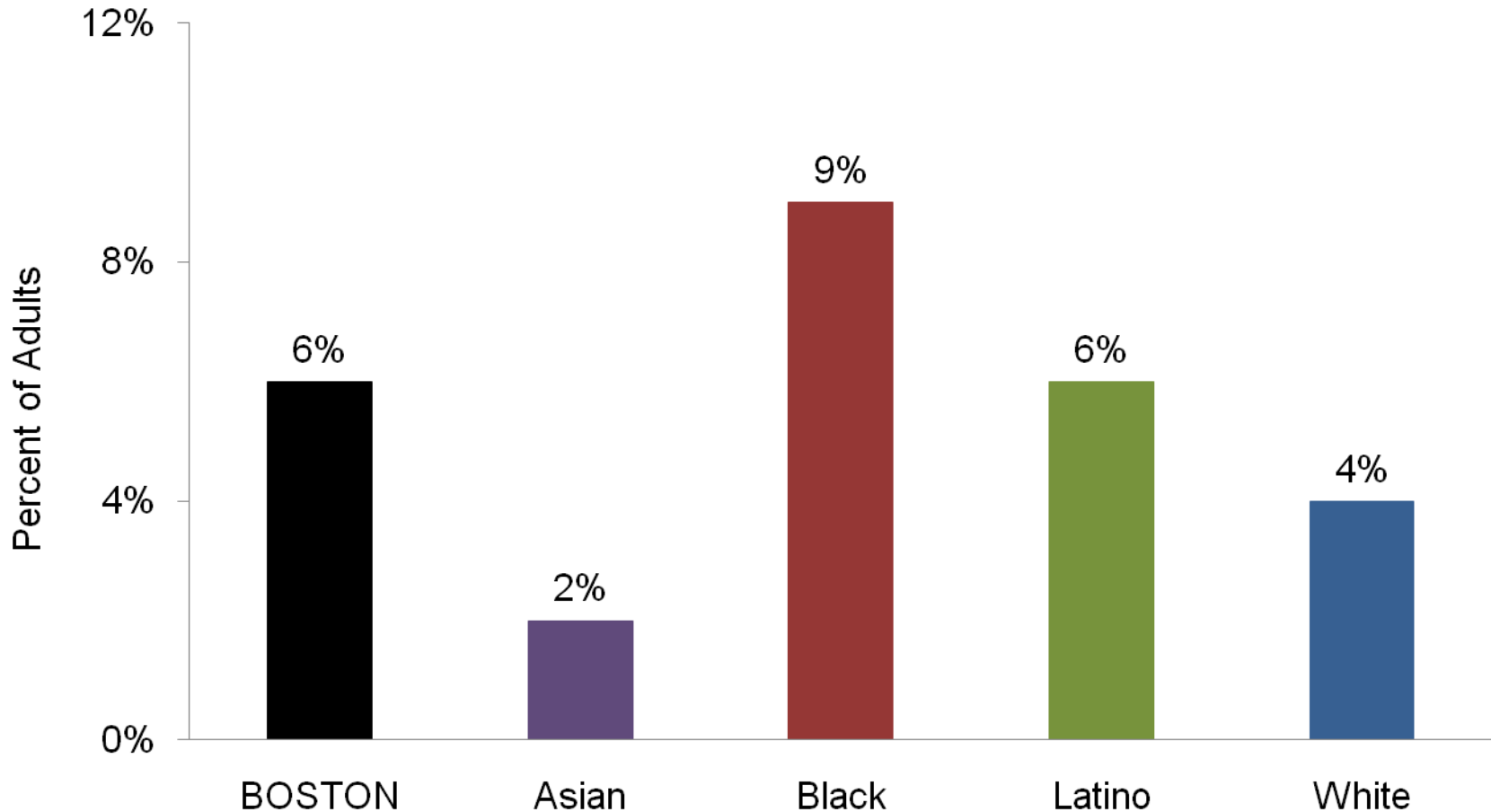
DATA SOURCE: Boston Behavioral Risk Factor Survey 2008, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

# Obese Adults, 2008 by Neighborhood



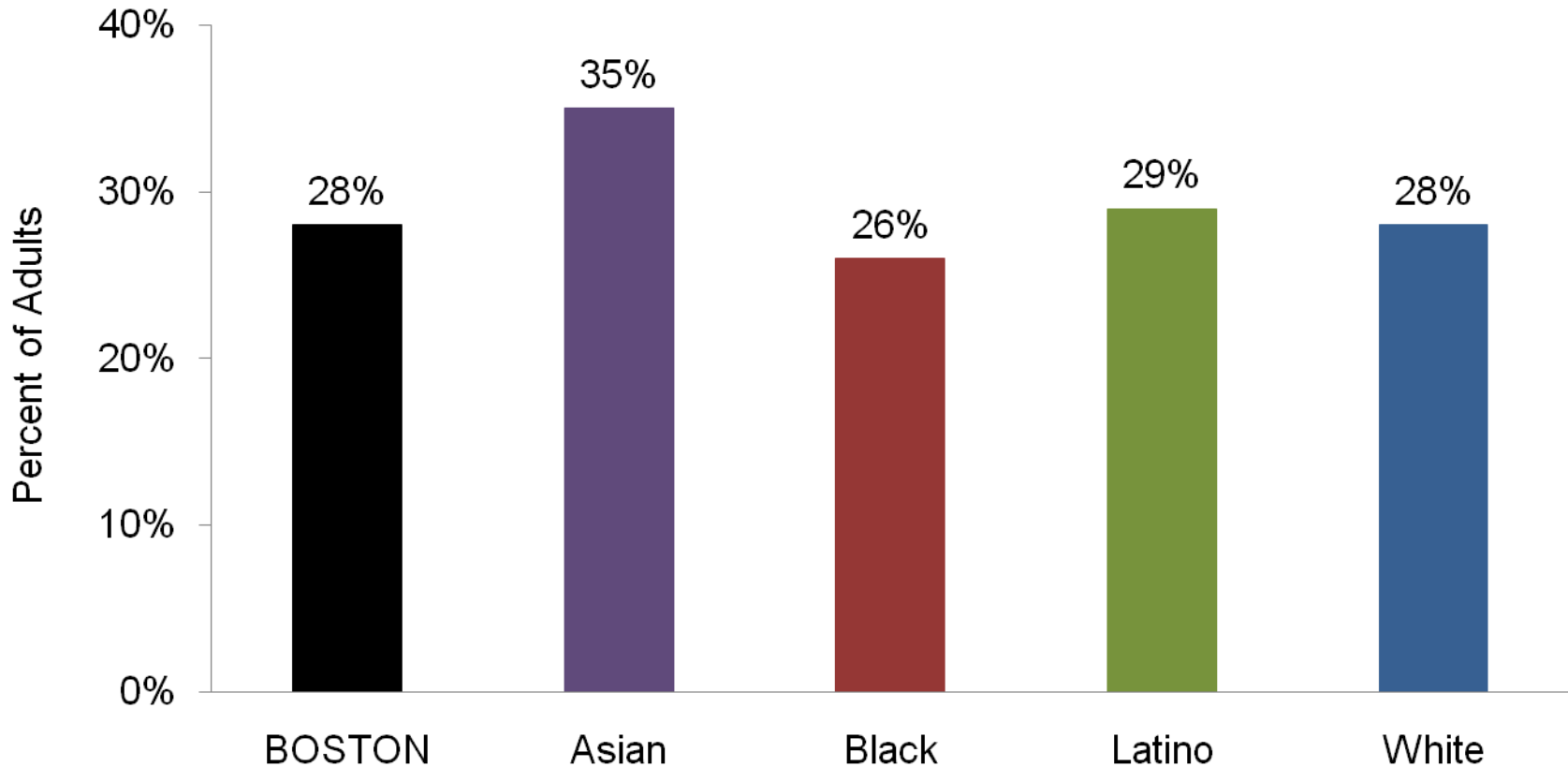
# Diabetes in Adults by Race/Ethnicity, Boston, 2006 and 2008 Combined



DATA SOURCE: Boston Behavioral Risk Factor Survey 2006 and 2008, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

# Daily Recommended Fruit/Vegetable Consumption\* Among Adults by Race/Ethnicity, Boston, 2008



\*5 or more servings per day

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

# 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 Causes Overweight/Obesity?

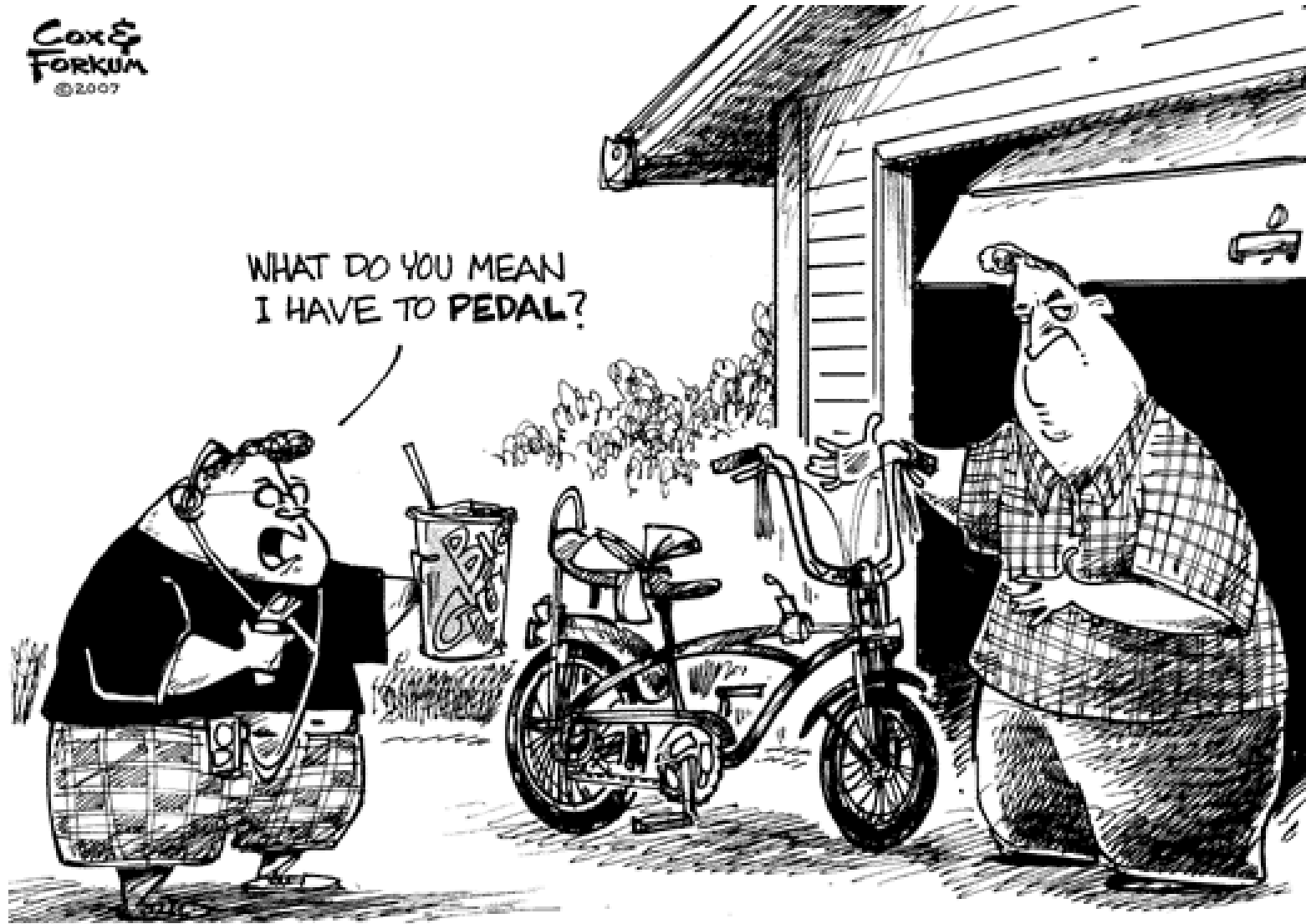
## Environment, culture and norms

### Easier access to unhealthy foods

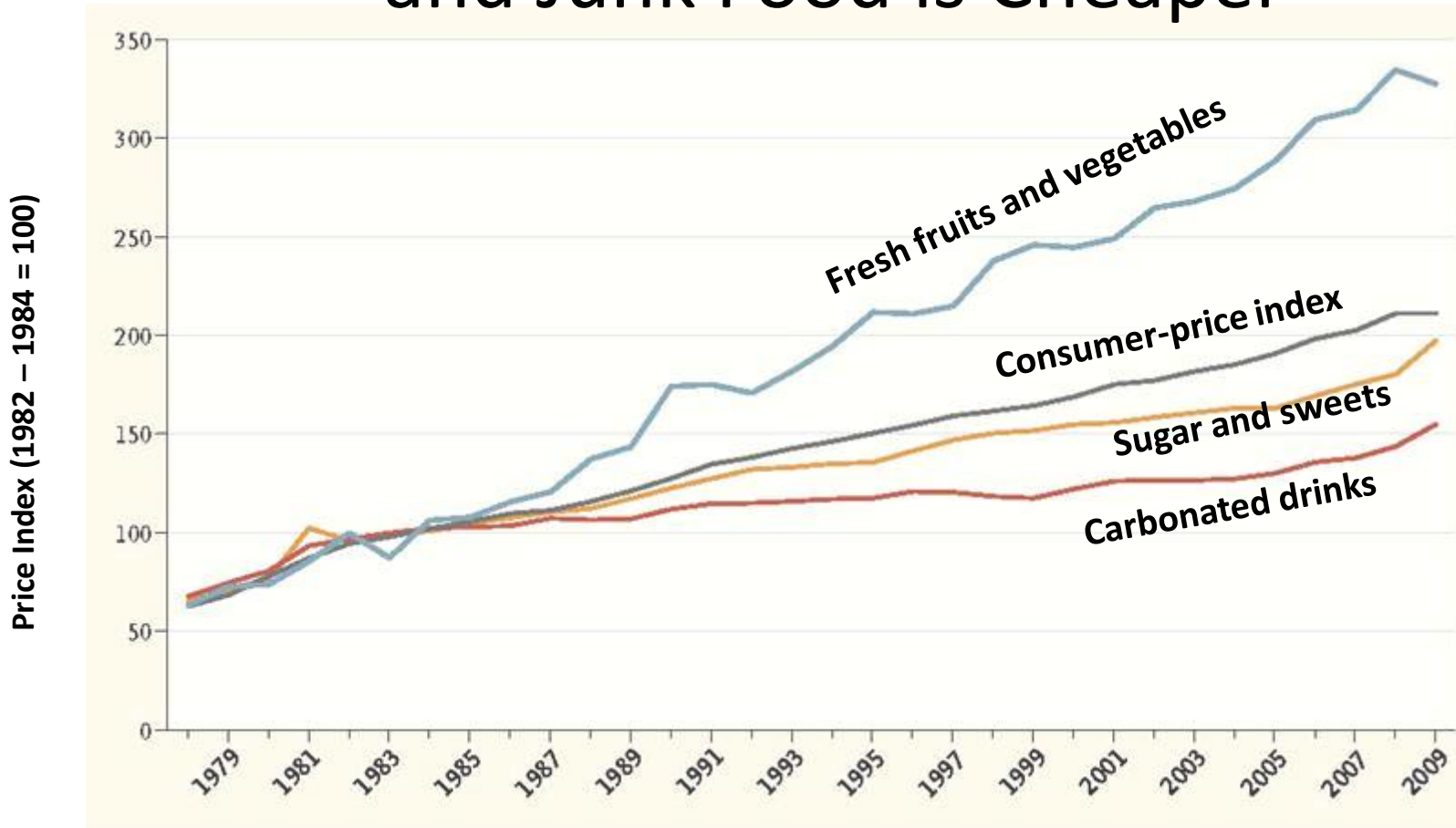
- Families have less time to cook and eat together
- Half of “food dollar “ spent away from home
- Sodas , SSB’s & fast food are the norm
- Unhealthy school meals
- 24/7 food environment



WHAT DO YOU MEAN  
I HAVE TO PEDAL?



# What Causes Overweight/Obesity? Healthy Food Costs More and 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.

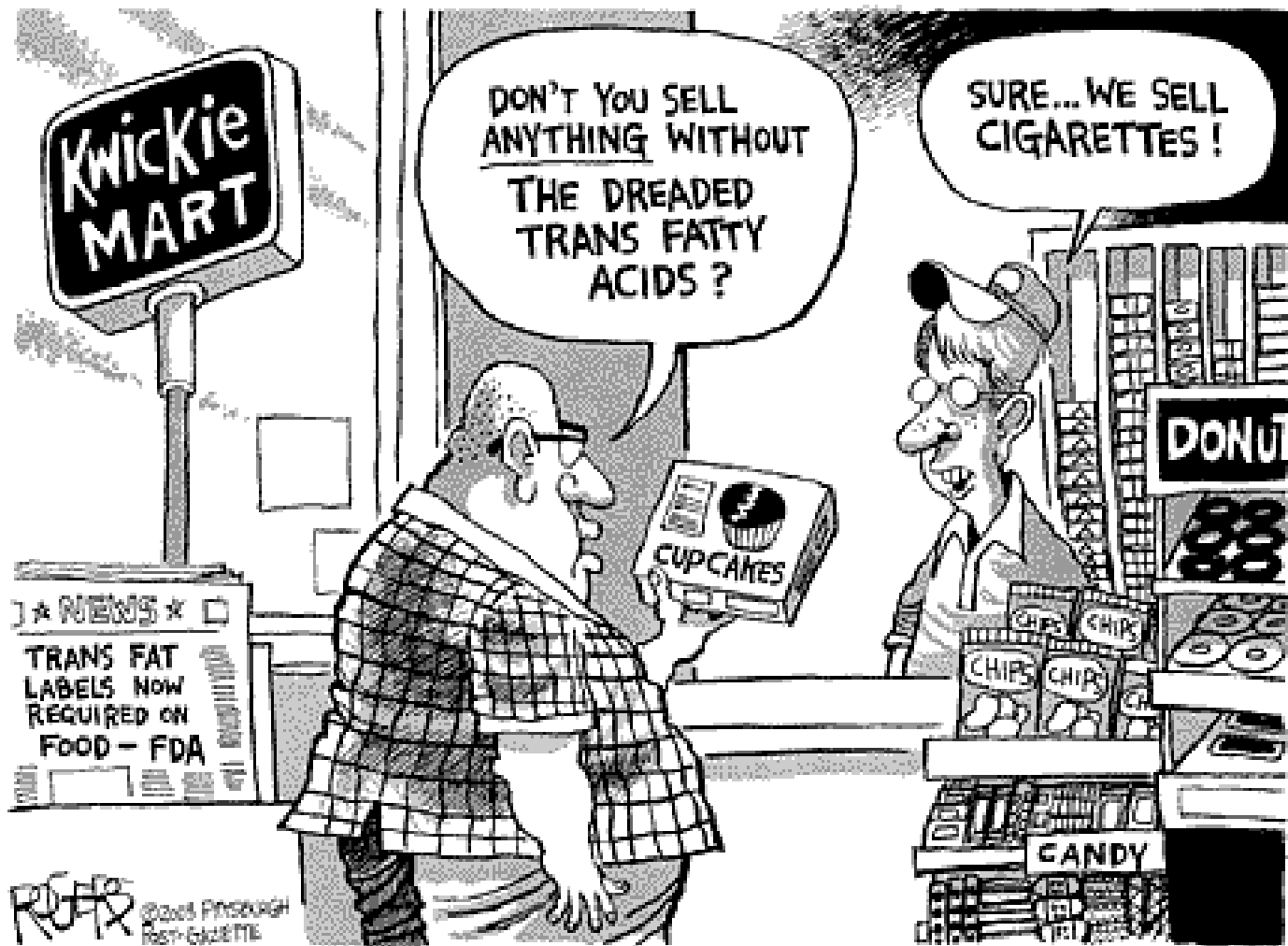
# What Causes Overweight/Obesity? Marketing of Junk Foods and Beverages



# 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



**Kwickie  
MART**

DON'T YOU SELL  
ANYTHING WITHOUT  
THE DREADED  
TRANS FATTY  
ACIDS?

SURE... WE SELL  
CIGARETTES!

CUP CAKES

DONUTS

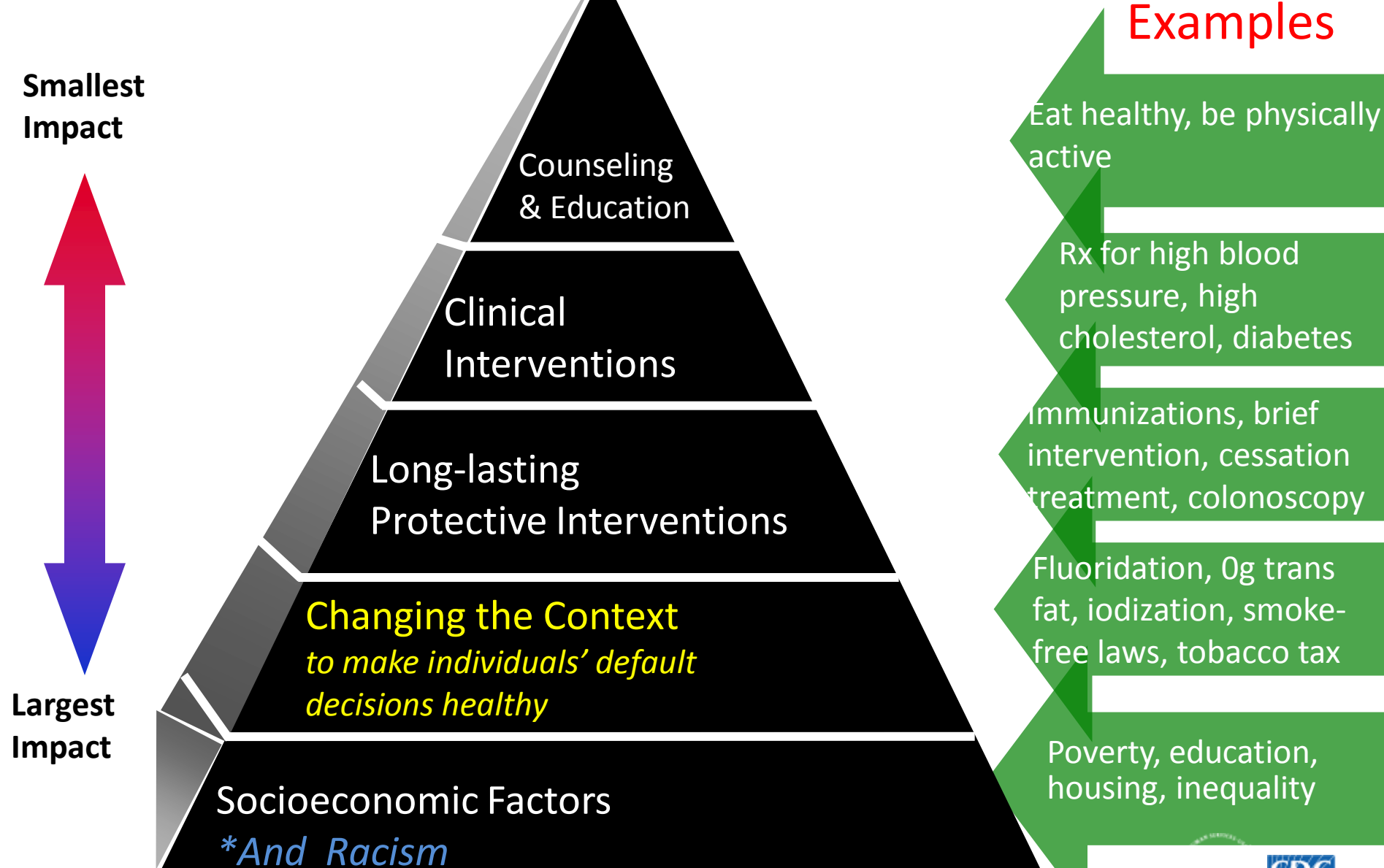
CHIPS

CANDY

NEWS  
TRANS FAT  
LABELS NOW  
REQUIRED ON  
FOOD - FDA

RUFFALO  
©2005 Pittsburgh  
Post-Gazette

# Factors that Affect Health



# Framework for Community Interventions



- Change the environment to make healthy choices the default value
- Be scalable
- Have a solid evidence base
- Be measurable to ensure progress is made
- Support peer to peer learning

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

Thomas R. Frieden, MD, MPH Director,  
CDC

# BPHC Healthy Eating and Active Living Initiatives



## Major grant-funded Initiatives

- Strategic Alliance for Health
- Communities Putting Prevention to Work
- Boston Collaborative for Food and Fitness

## Other Initiatives

- NeighborWalk (walking groups)
- Healthy Food on a Budget blog
- Chronic disease self management workshops

# Boston Collaborative for Food and Fitness



- Citywide collaborative. BPHC is ‘convening’ agency
  - Part of Kellogg Fdn’s national Food & Fitness Initiative
- Increase availability of healthy, affordable, and local foods
  - Farmers Markets
  - Farm-to-School
  - Healthier food in Boston Public Schools
- Increase opportunities for physical activity and safe places to play
- Neighborhood- and youth -based focus
  - Current funded coalitions in East Boston and Mattapan
  - Citywide Youth Advisory Board
- BCFF works through committees
  - Food Committee
  - Fitness Committee
  - Community Outreach Committee
  - Open to new members
  - Contact Karen Spiller, BCFF Project Director, [kspiller@bphc.org](mailto:kspiller@bphc.org), 617-534-2647



# Urban Gardening “Grow Your Own” (Communities Putting Prevention to Work)



## Community & Backyard Gardening

- The Food Project (TFP) is building 400 backyard raised beds for families in Roxbury, Mattapan and Dorchester
- TFP is renovating an unused 10,000 sq ft greenhouse near Dudley Square as a community gardening learning center
- Boston Natural Areas Network is expanding community gardening capacity in Dorchester
- Both organizations are doing outreach to recruit gardeners
- Contact Daisy De La Rosa, [ddelarosa@bphc.org](mailto:ddelarosa@bphc.org), 617-534-5672



# Corner Store Initiative (Strategic Alliance for Health)

- Increase access to fruits, vegetables and whole grains in neighborhood corner stores and bodegas
- Pilot initiatives in East Boston and Mattapan
- Working with store owners, community organizations, and residents
- SAH has ongoing Corner Store planning team open to all

Contact Javier Gutierrez, [jgutierrez@bphc.org](mailto:jgutierrez@bphc.org)



# SAH - Soda-Free Summer Challenge



# Role of SSBs in weight gain



- Largest single source of added sugar to US diet
  - Of total sugar consumption of ~ 90 lbs/year
- Adults
  - Average SSB intake is 174 cal/day
    - ✦ Adds up to 18 lbs of added weight per year
  - 63% of adults consume a SSB daily
- Teens are highest consumers of SSBs
  - Average SSB intake is 153 cal/day
    - ✦ Adds up to about 16 lbs of added weight per year
    - ✦ 13% of average daily calorie intake
  - 80% of youth consume a SSB daily
  - Teens consume twice as much soda as milk

# Soda-Free Summer Challenge: Goals & Objectives



- Goal: Reduce consumption of SSB among children and adults in Boston
- Objectives:
  - Raise general awareness of health impacts of SSB consumption
  - Contribute to changing norms & political will about drinking soda
  - Change personal behavior through individual pledges
  - Change youth organization policies regarding accessibility of SSB

# Sugar Content of Popular Beverages...



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

# Rationale and Evidence Base



- **SSBs and Sugar Consumption**

- 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 contains 17 teaspoons of sugar

- **Impact of SSB 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

# How can the faith –based community connect?



- Take the Soda Free Summer Organizational Pledge
  - Create and implement a policy to not serve soda and other sugar-sweetened beverages at meals or snacks
  - Create and implement a policy to provide water for youth and staff to drink at meals and snacks
- Join SAH Corner Store committee
- Promote gardening opportunities
- Consider joining the coalitions to support healthy eating/active living initiatives and health equity

**Looking forward to greater opportunities to serve the Boston community to create environmental and policy changes so that:**

**“Making the healthy choice becomes the easy choice”**

Thank You

Kathy Cunningham

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