Intersectoral Action on Child Obesity in New York, London, and Cape Town

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March 7, 2014

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Overview

1. Intersectoral action (ISA) and child obesity
2. Case study methods
3. Three cities
4. Context and initiation
5. Policy and program design and implementation
6. Processes and impact
7. Successes and challenges
8. Recommendations
9. Summary
10. Acknowledgements

ISA, Child Obesity & NCDs

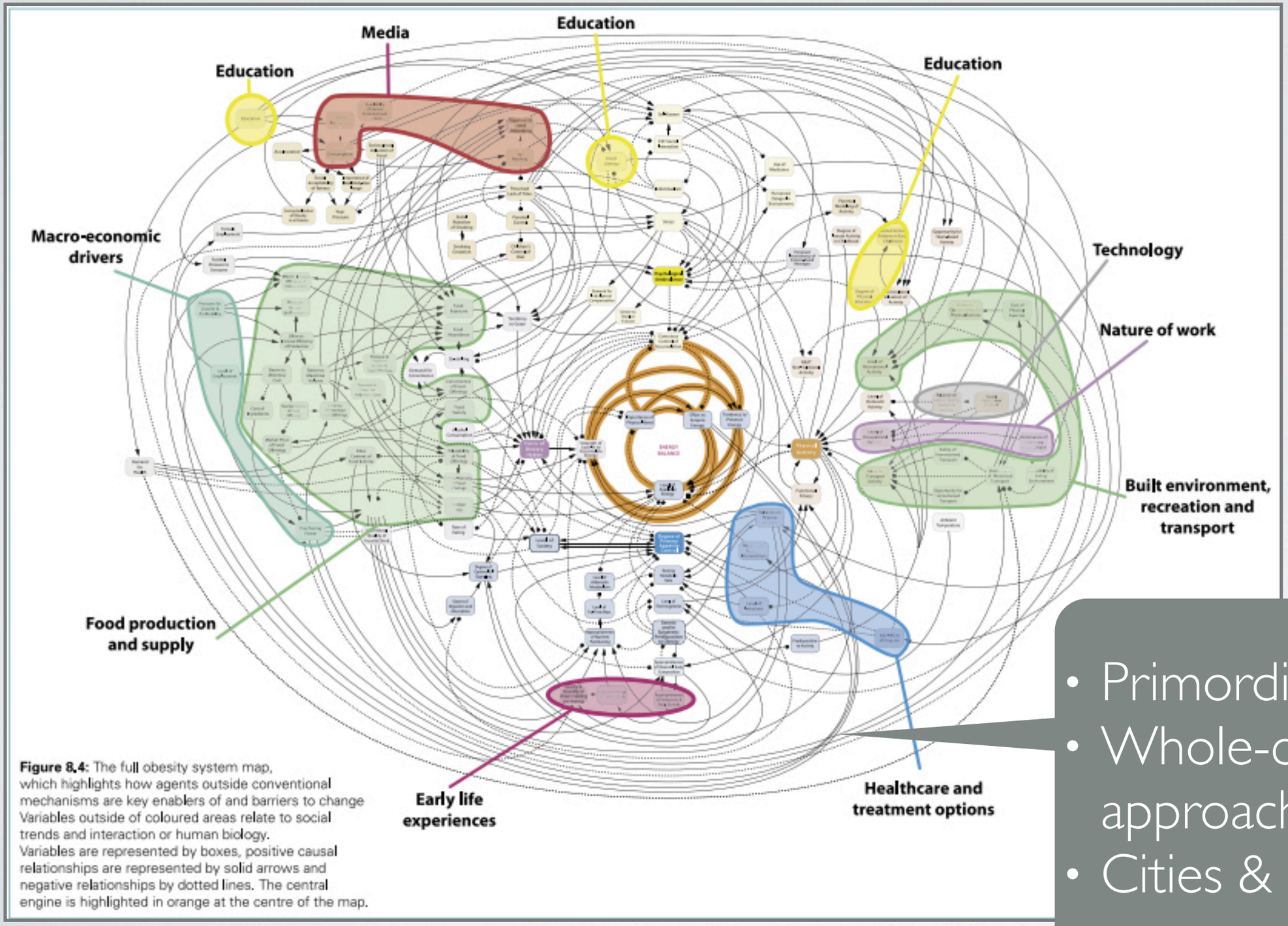


Figure 8.4: The full obesity system map, which highlights how agents outside conventional mechanisms are key enablers of and barriers to change Variables outside of coloured areas relate to social trends and interaction or human biology. Variables are represented by boxes, positive causal relationships are represented by solid arrows and negative relationships by dotted lines. The central engine is highlighted in orange at the centre of the map.

- Primordial prevention
- Whole-community approach
- Cities & urbanization

Case Studies

New York	London	Cape Town
2006-2012	2006-2012	2013
5	5	12 interviews
Child obesity	Child obesity	Diet-related NCDs

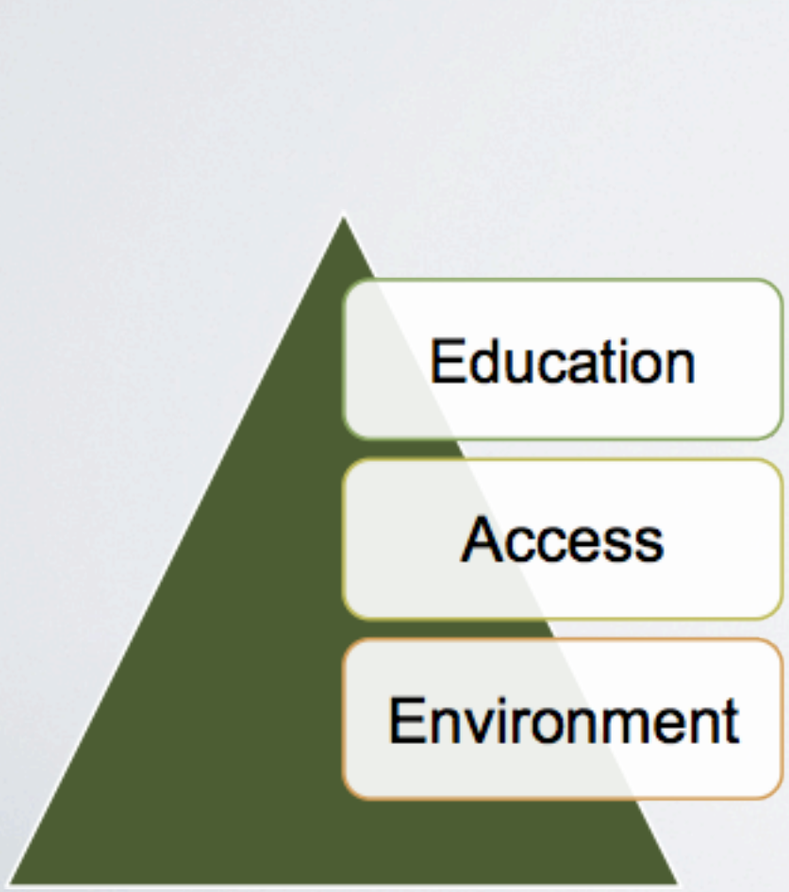
Three Cities

	New York	London	Cape Town
Total population	8,175,133	7,830,000	3,497,097
Average population density	9,814 pp/km^2	4,959 pp/km^2	1,425 pp/km^2
Poverty	17%	20%	30%
Unemployment	9%	7%	25%
Race/ ethnicity	White 44% Black 26% Hispanic 27% Asian 13% Mixed 4% Other 13%	White 66% Black 14% Asian 16% Mixed 4%	White 19% Black 35% Asian 2% Colored (Mixed) 44%
Child obesity	21.7% of children between 6 and 12	21.8% of children aged 10 and 11	5.6% of youth between 13 and 18

Context & Initiation:

New York

- Health Code
- Office of School Health
- Both targeted & universal
- The healthy choice should be the easy choice
  - Food Safety for the 21st Century



Training and outreach for doctors & school nurses
School gardens, cooking, and nutrition
Move-to-Improve & Fitnessgram, Social marketing

Healthy Bodegas, Health Bucks, FRESH, Green Carts

Regulating daycare and school food environments
Transfat ban, calorie labeling, soda size limits
Nutritional standards on municipal procurement & vending
465 km of bike lanes
Active Design Guidelines

Context & Initiation:

London

National

Call for Action on Obesity and the National Healthy Schools Programme

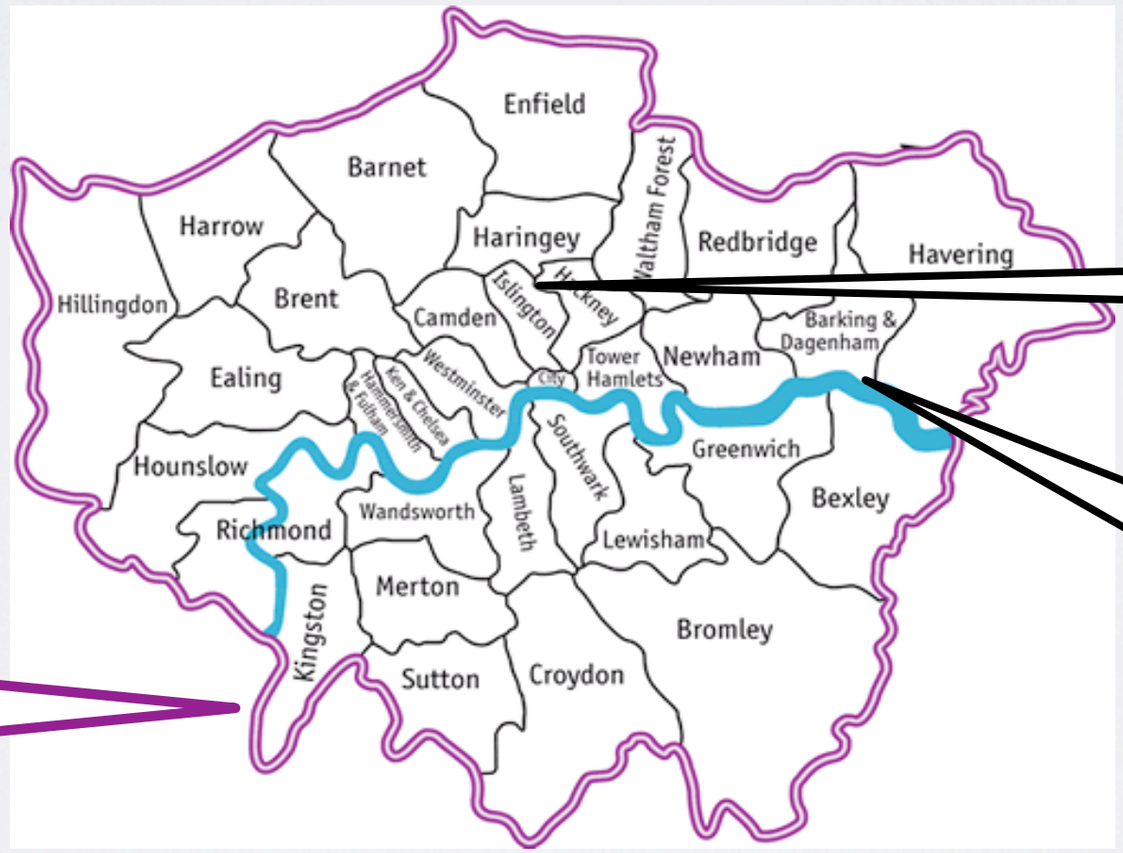
Health and Social Care Act 2012

Citywide

Active transport
Capital Growth
Well-London
MEND

Health Inequalities Strategy
London Food Strategy

London Food Board
Healthy Catering
Commitments



Local Authority/ Borough

Islington:
Universal free school meals
Joint procurement

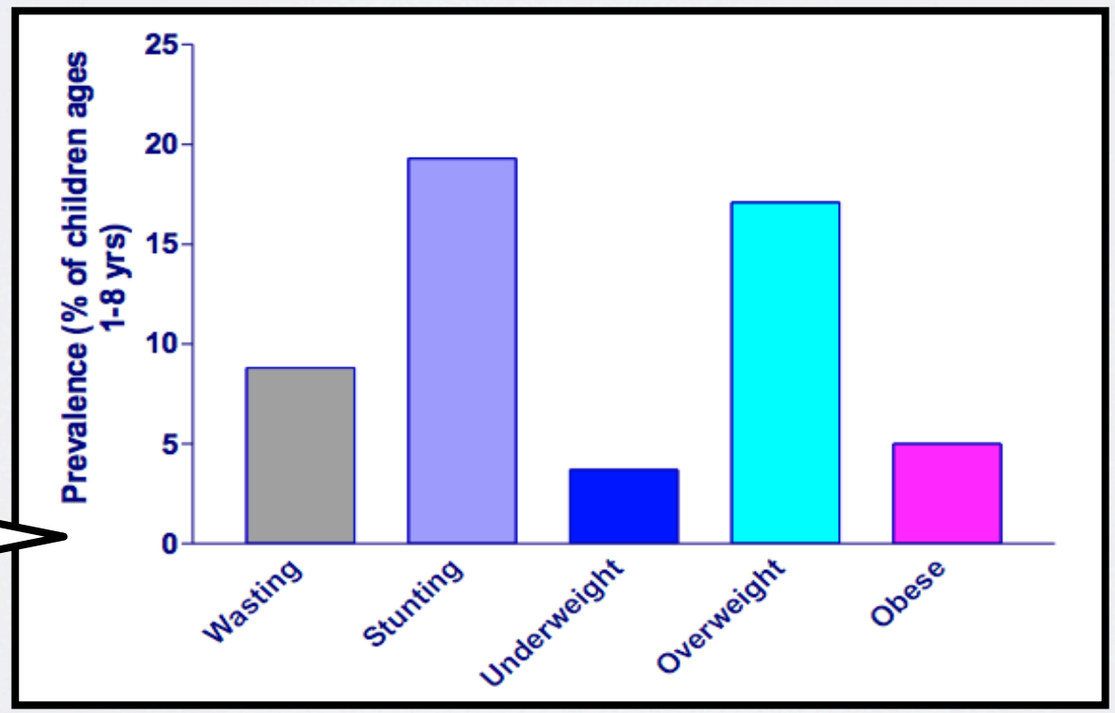
Barking and Dagenham:
'Saturation Point'
food planning

Context & Initiation:

CAPE TOWN

- Intergovernmental Relations Framework Act (2005)
- Quadruple burden of disease (2011)
- National Strategy (2012)
- Urban-global-nutrition transition
- High deprivation and food insecurity
- High residential segregation and inequality
- Western Cape Democratic Alliance

Double burden of over- and under-nutrition



Steyn et al. Nutrition. 2005 Jan;21(1):4-13. 2005

Design & Implementation:

New York

Reversing the Epidemic: The New York City Obesity Task Force Plan to Prevent and Control Obesity
May 2012

1. Expand nutrition and wellness programs in schools
2. Install water jets in school cafeterias
3. Expand school gardening
4. Install salad bars in all schools
5. Regulate nutrition at city-licensed summer camps
6. Increase physical activity for elementary school children
7. Add playground attendants to lead active play in parks
8. Share play spaces across programs for early childhood and adults
9. Increase active transport to school

Design & Implementation:

London

London Health Improvement Board
2011- March 2013

- London Obesity Framework
- Aims to engage "broadest set of stakeholders possible"
- Receives 3-6% of Local Authority public health funds
- Healthy Schools
- Established the London Health Commission, report due in autumn 2014

London Health Board
April 2013 -

- Prioritizing action on vertical coordination of health care delivery
- Acknowledges that child obesity, asserts that interventions should be locally driven

LA Directors of Public Health and Health and Wellbeing Boards
April 2013 -

- Responsibility for Public Health from PCTs to LAs
- Public Health Outcomes Framework will be used to assess accountability, e.g. NCMP

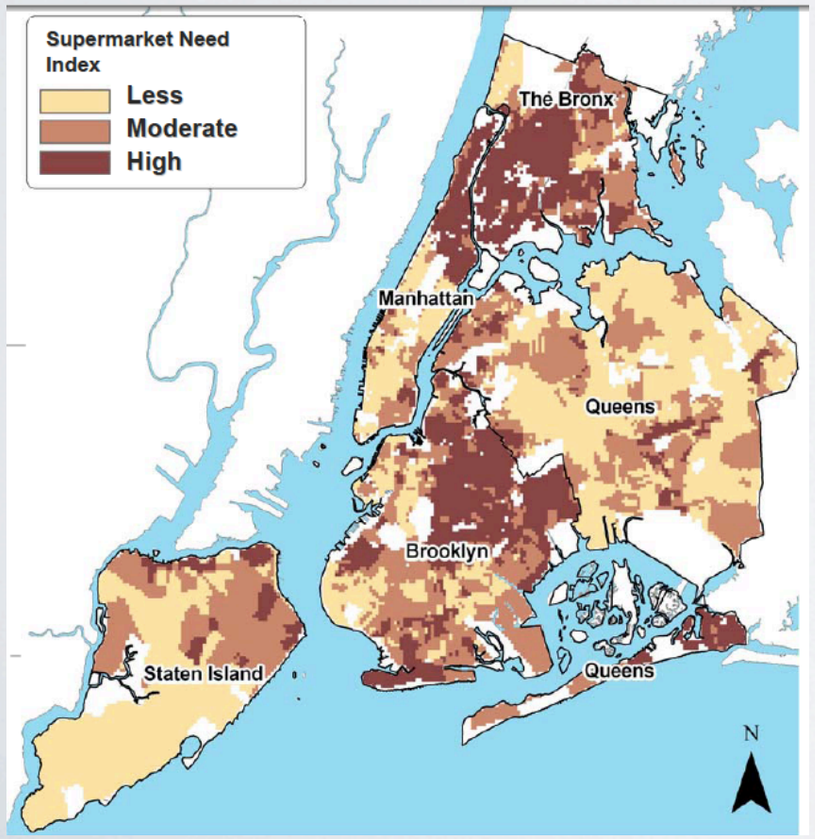
Design & Implementation:

Cape Town

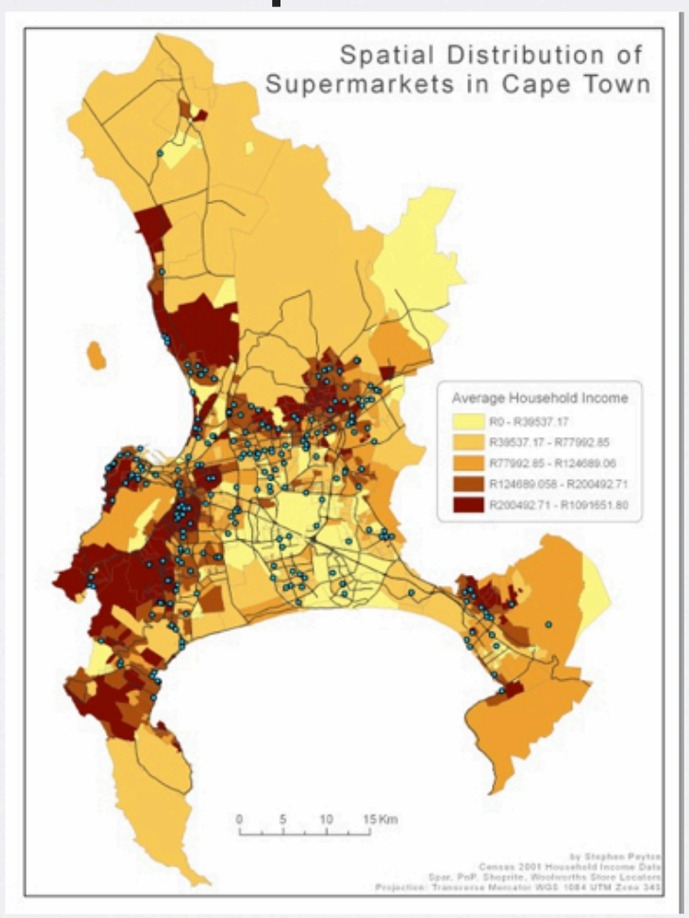
"There is no indication that drivers of the obesity epidemic in Africa are different to those in the developed world - however, the antecedents are more complex."

Dr. Vicky Lambert

New York



Cape Town



National

South African Declaration on the Prevention and Control of Non-communicable Diseases 2013-2017

Salt regulation

Provincial

Transversal Committee on Healthy Lifestyles

Professional Development on DSoH and HIA

Municipal

Urban agriculture
School food
Food policy gap

Key Processes

1. Identifying windows of opportunity

2. Establishing infrastructure and incentives for communication and cooperation across sectors

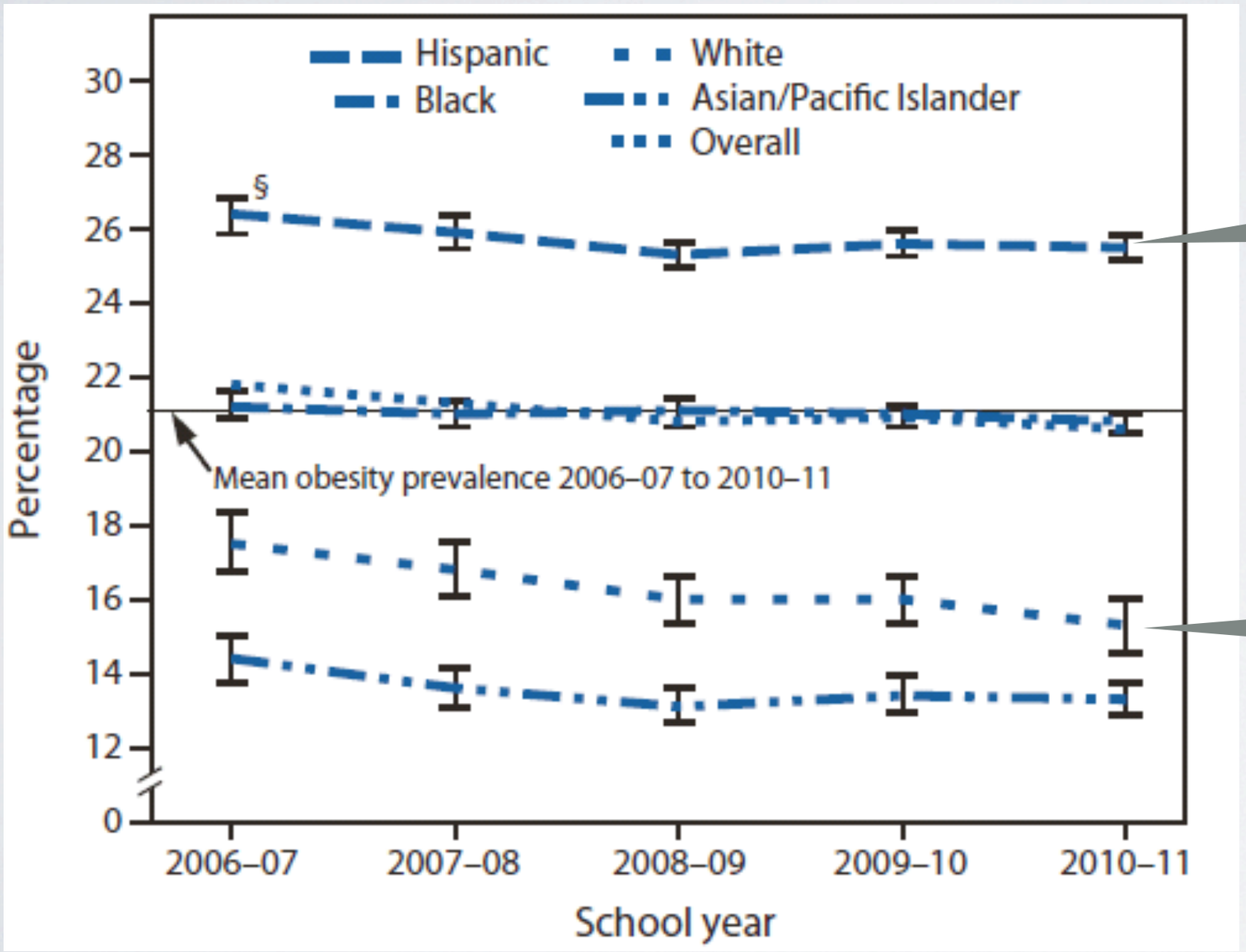
3. Legislative and non-legislative policymaking

4. Public health surveillance and program evaluation

5. Environmental health and food environment

6. Interaction between national, regional, and municipal authorities

Impact



Modest Declines
Blacks and Hispanics

Overall
Significant drop in obesity since 2006

Greatest Declines
Whites

Increased inequality

Successes

1. Reduction or leveling off of prevalence
2. Initiation of ISA on child obesity
3. Leveraging local authority
4. Regulating relevant elements of the city
5. Increased efficiency

Challenges

1. Addressing social determinants
2. Extending primary care to include prevention
3. Food industry influences on public-sector action
4. Building consensus and sustaining momentum
5. Engaging diverse constituencies
6. Sectoral silos

Implications

1. Set and monitor health equity goals and indicators

    New York: Reduce the percentage of children who are obese by 15% (20.7% to 17.6%)

2. Address poverty as a social determinant of child health

3. Train workers in non-health city agencies in basic public health concepts

4. Create mechanisms for sharing the costs and savings of ISA

5. Establish accountability for coordinating efforts and evaluations

Summary

- Cities have an imperative to respond to NCDs
- ISA *can* develop from uncoordinated activities
- Reducing health inequality is more challenging than reducing prevalence
- Structure of government and leadership shape windows of opportunity
- ISA requires formal and informal mechanisms for collaboration
- Change takes time

Acknowledgements

- Drs. Eileen O'Keefe, Nicholas Freudenberg, Thandi Puoane, David Sanders, and Lungiswa Tsolekile

- Support of City University of New York, Hunter College, London Metropolitan University, and the Centre for Health Development at the World Health Organization Kobe Centre, and the World Health Organization Regional Office for Africa

- Participants in the New York and London meetings of the Municipal Responses to Childhood Obesity Collaborative of City University of New York and London Metropolitan University in 2008, 2009 and 2011.

- Colleagues at the University of the Western Cape School of Public Health, University of Cape Town, and others.