

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

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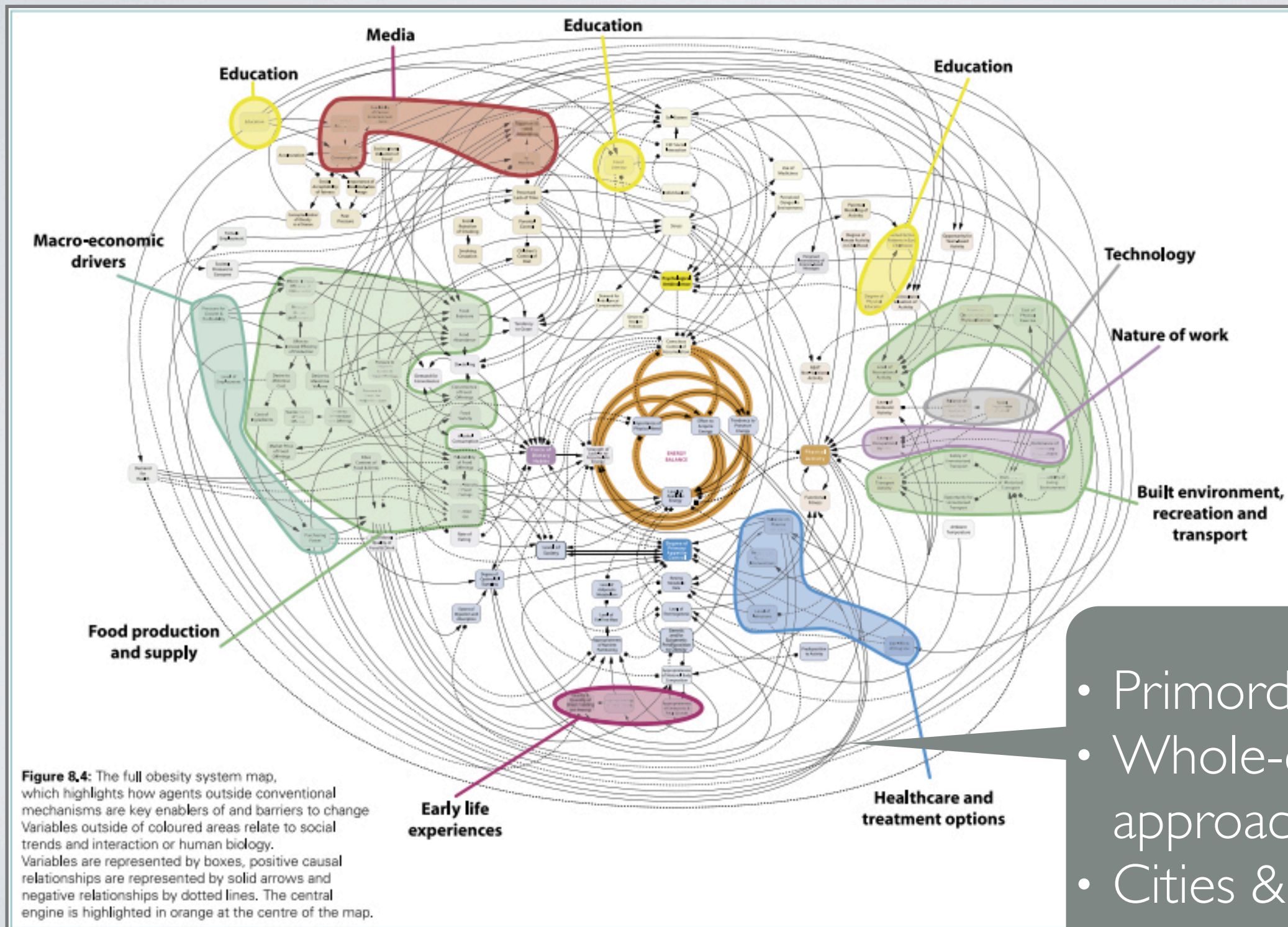
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CUNY SCHOOL OF PUBLIC HEALTH AT HUNTER COLLEGE

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 and Child Obesity



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

Methods

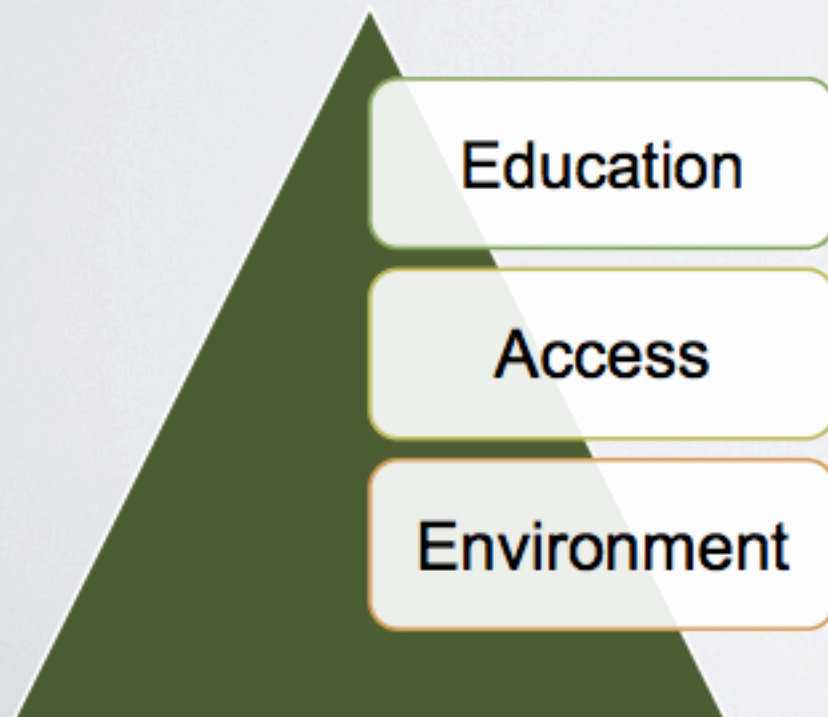
- 2006-present document review & policy scan
- ObeseCities Collaborative
- Interviews with policymakers, public health professionals, & academics
- Literature review

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
- Both targeted & universal
- The healthy choice should be the easy choice
 - Food Safety for the 21st Century
 - Healthscaping



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

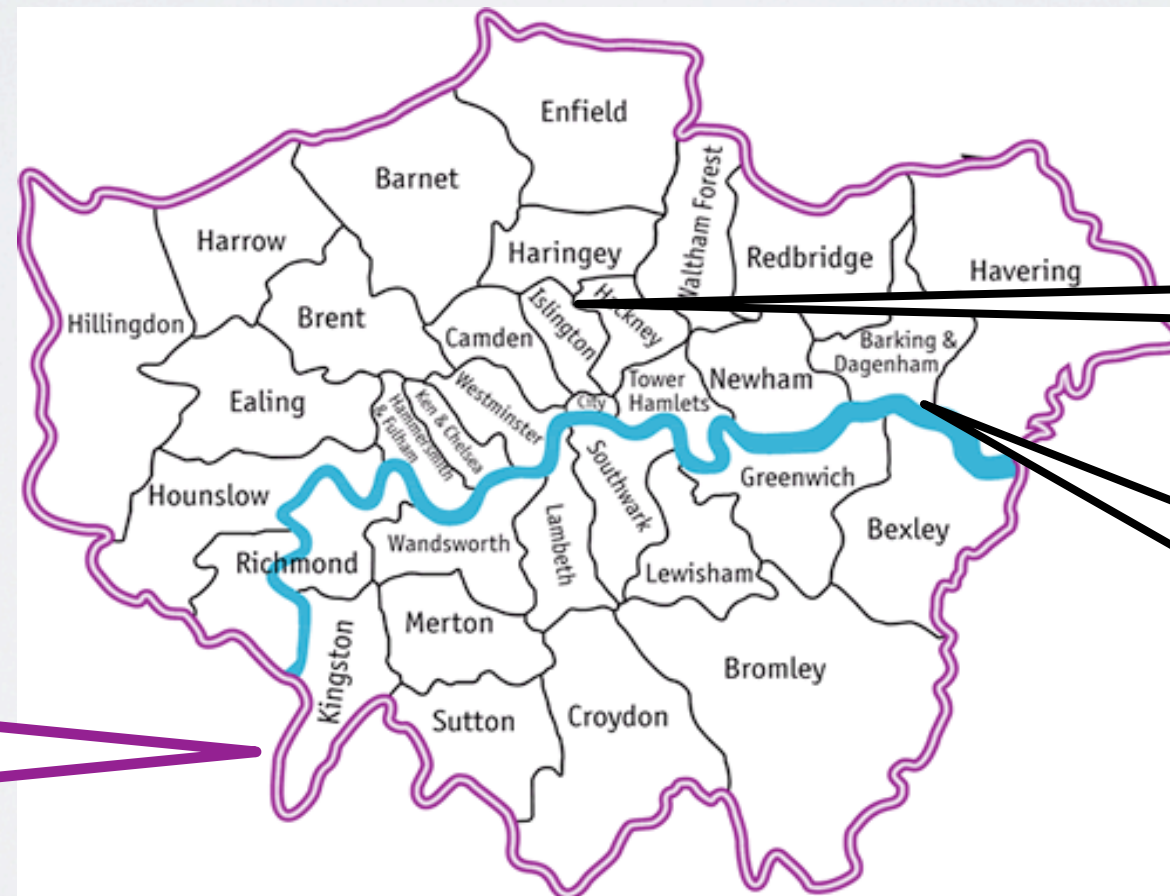
“A superb 2012 legacy for London would be the obliteration of childhood obesity.”
London Mayor Boris Johnson

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

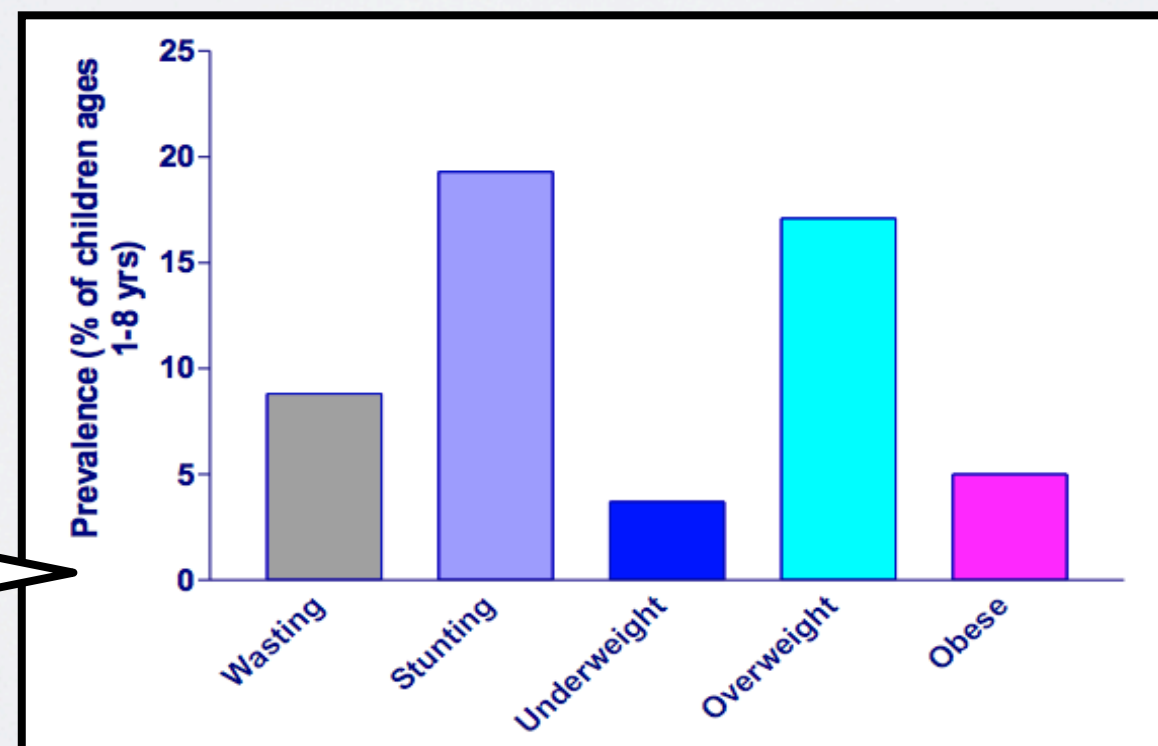
Barking and Dagenham:
‘Saturation Point’
food planning

Context & Initiation:

CAPE TOWN

- High levels of deprivation and food insecurity
- More explicit ideological commitment to equity
- High levels of residential segregation and history of apartheid
- HIV & ARVs
- Urbanization & globalization

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 2013

- Responds to National Health Service reorganization
- Aims to engage “broadest set of stakeholders possible”
- Receives 3-6% of Local Authority public health funds

Child Obesity:

- Healthy Schools
- London Obesity Framework

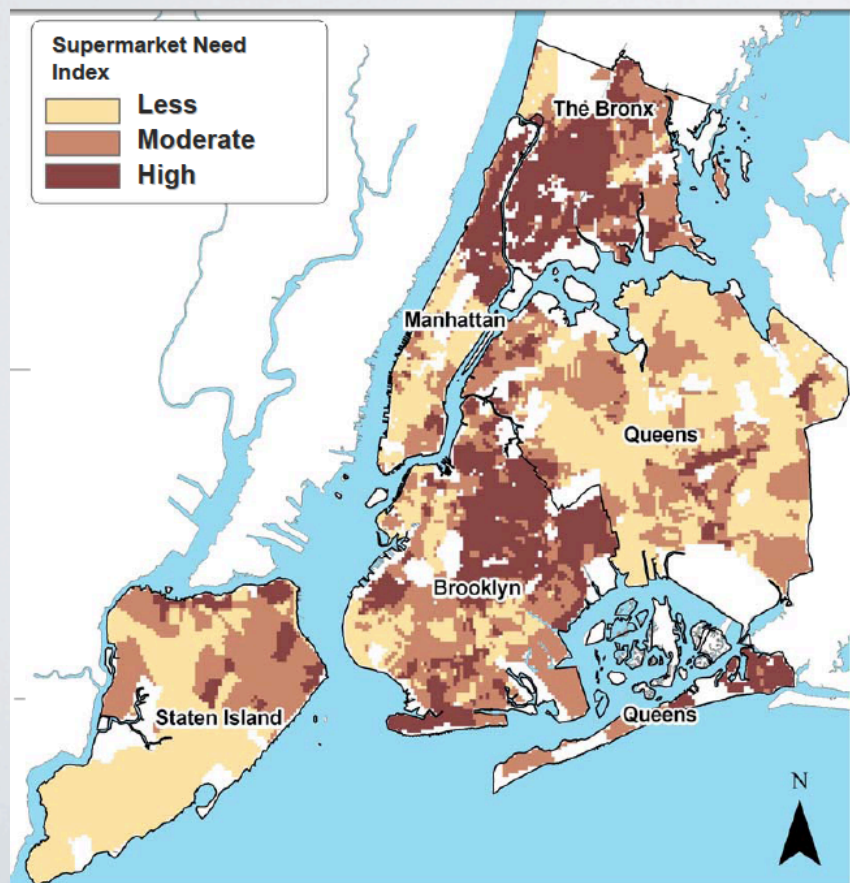
Applies a “whole-systems approach” and “long-term strategic guidance and backing for local authorities” by assessing and communicating information about best practices to support intersectoral co-operation

Design & Implementation: Cape Town

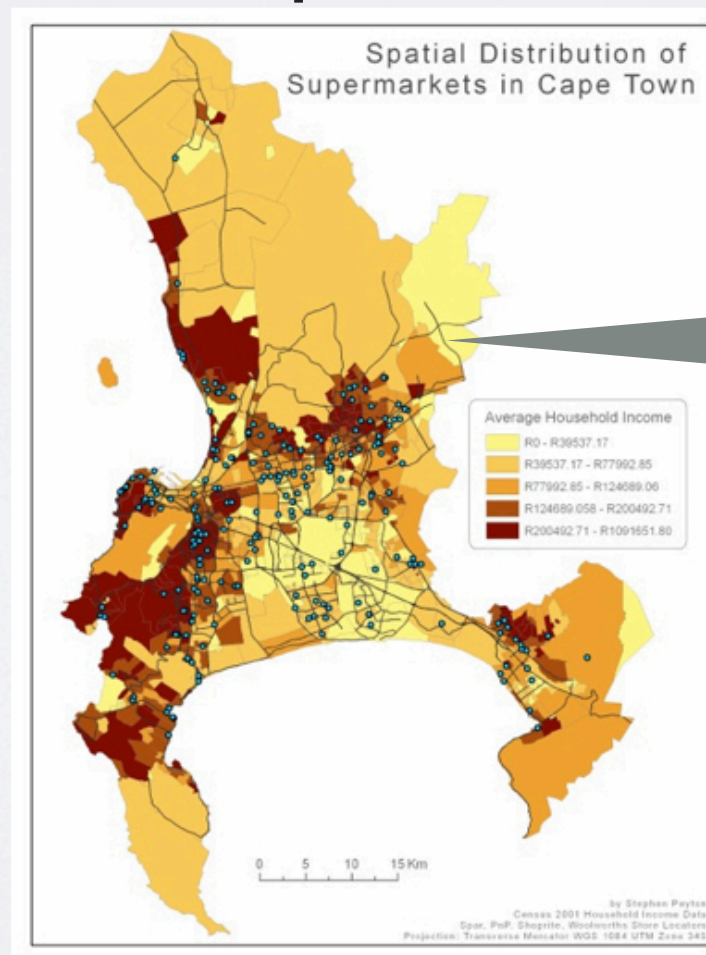
“There is no indication that drivers of the obesity epidemic in Africa are different to those in the developed world - however, the antecedents are more complex.”

Dr. Vicky Lambert

New York



Cape Town



National

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

Provincial

Extending primary care to prevention (e.g. Community Integrated Management of Childhood Illnesses)

City

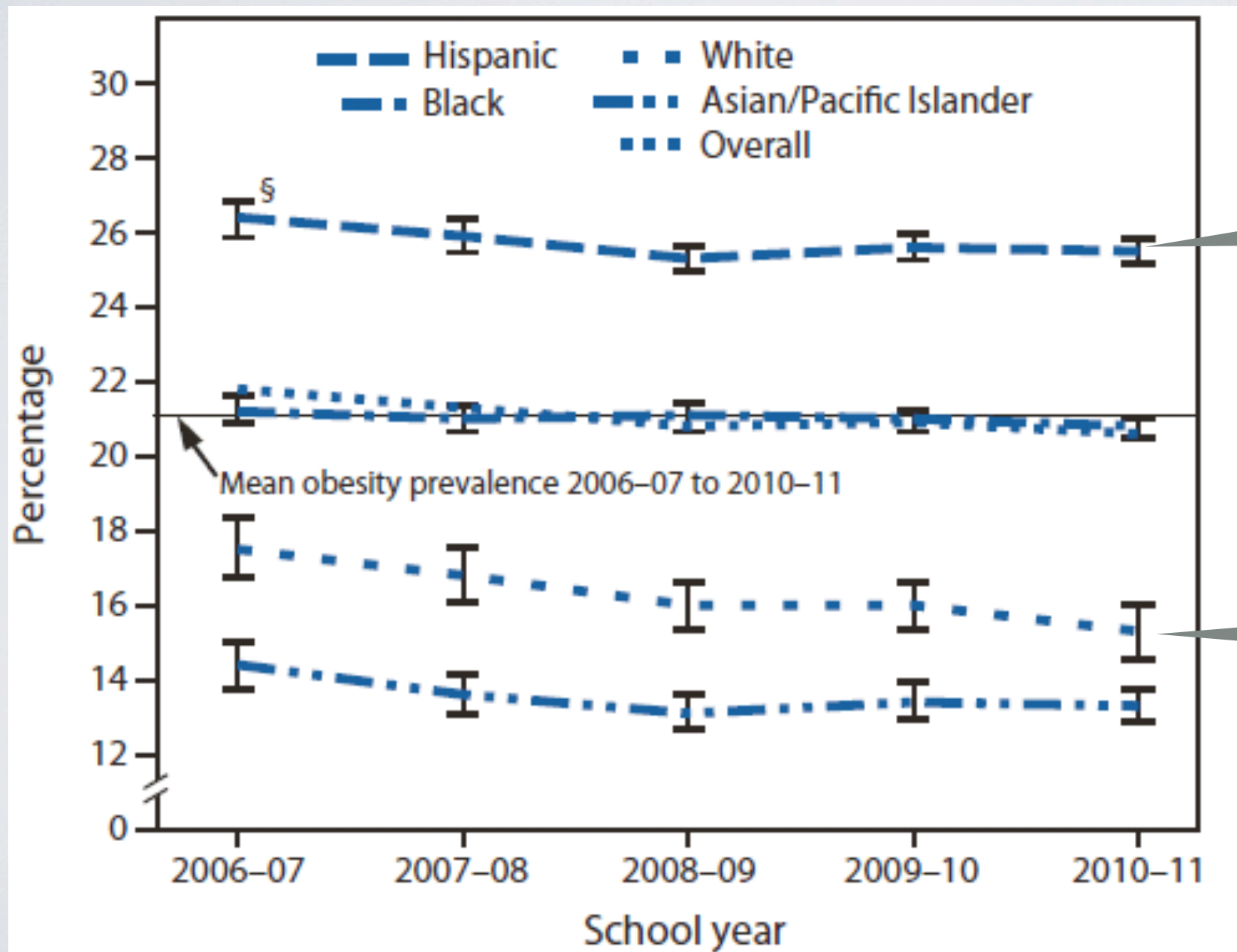
Environmental health officers
Urban agriculture
School food

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. Interaction between national, regional, and municipal authorities

Impacts

New York



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. Cost savings and increased efficiency

Challenges

1. Economic crisis constrains municipal capacity to respond
2. Addressing social determinants
3. Food industry influences on public-sector action
4. Building consensus
5. Engaging diverse constituencies
6. Sectoral silos

Recommendations

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

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