

It's More than the Sum of the Parts: Taking a Holistic Approach to Chronic Disease Prevention—

Examples from Tobacco Control and Obesity Prevention Policymaking

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Presenter Disclosures

Jamie F. Chriqui

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No Disclosures to make

Presentation Overview

- Brief overview of tobacco-related disease and prevalence
- Highlight policy/environmental strategies designed to reduce tobacco use
- Brief overview of obesity prevalence
- Highlight policy strategies designed to reduce obesity prevalence

TOBACCO TRENDS AND POLICY/ENVIRONMENTAL STRATEGIES



Robert Wood Johnson Foundation



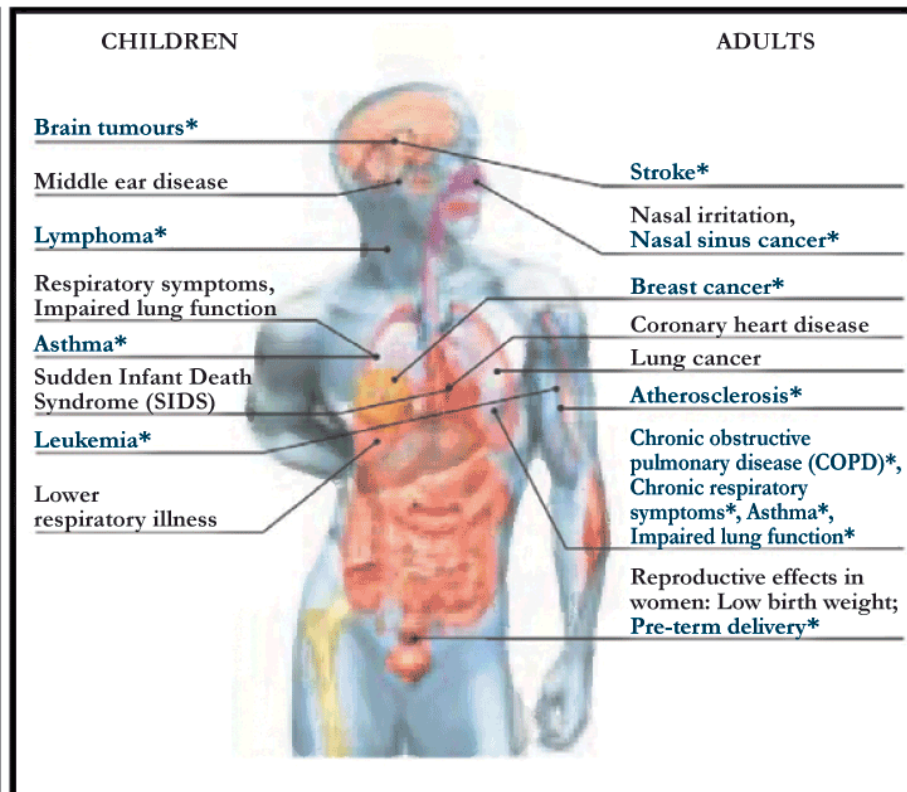
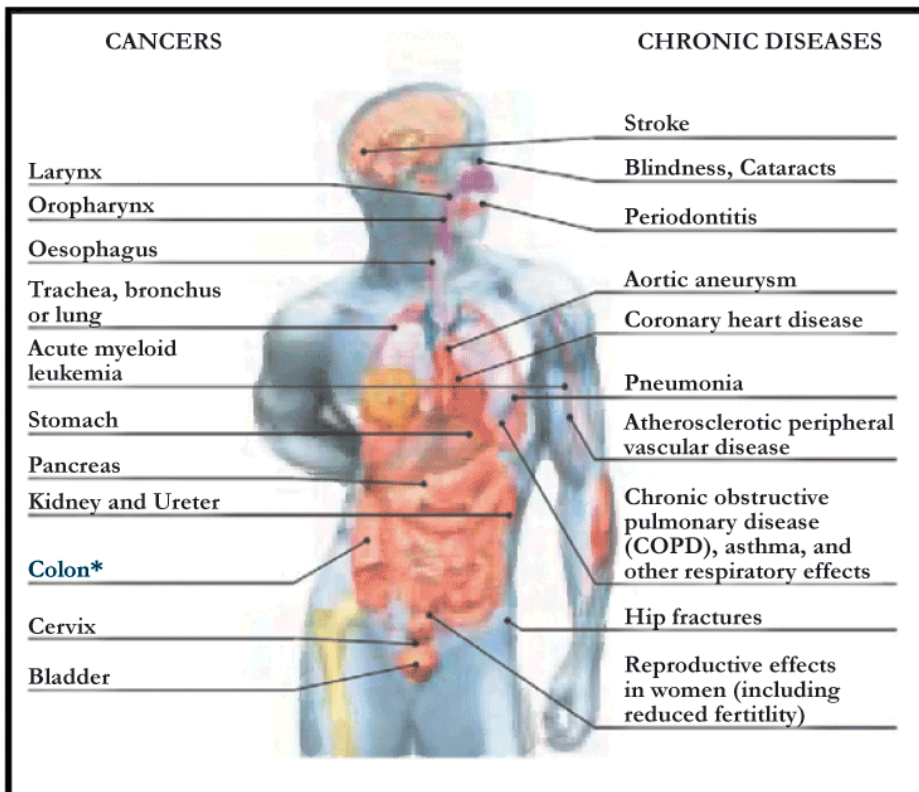
Cigarette Smoking Prevalence and Policies in the 50 States: An Era of Change

Smoking and Tobacco Smoke

Pollution Damage Every Part of the Body

Smoking

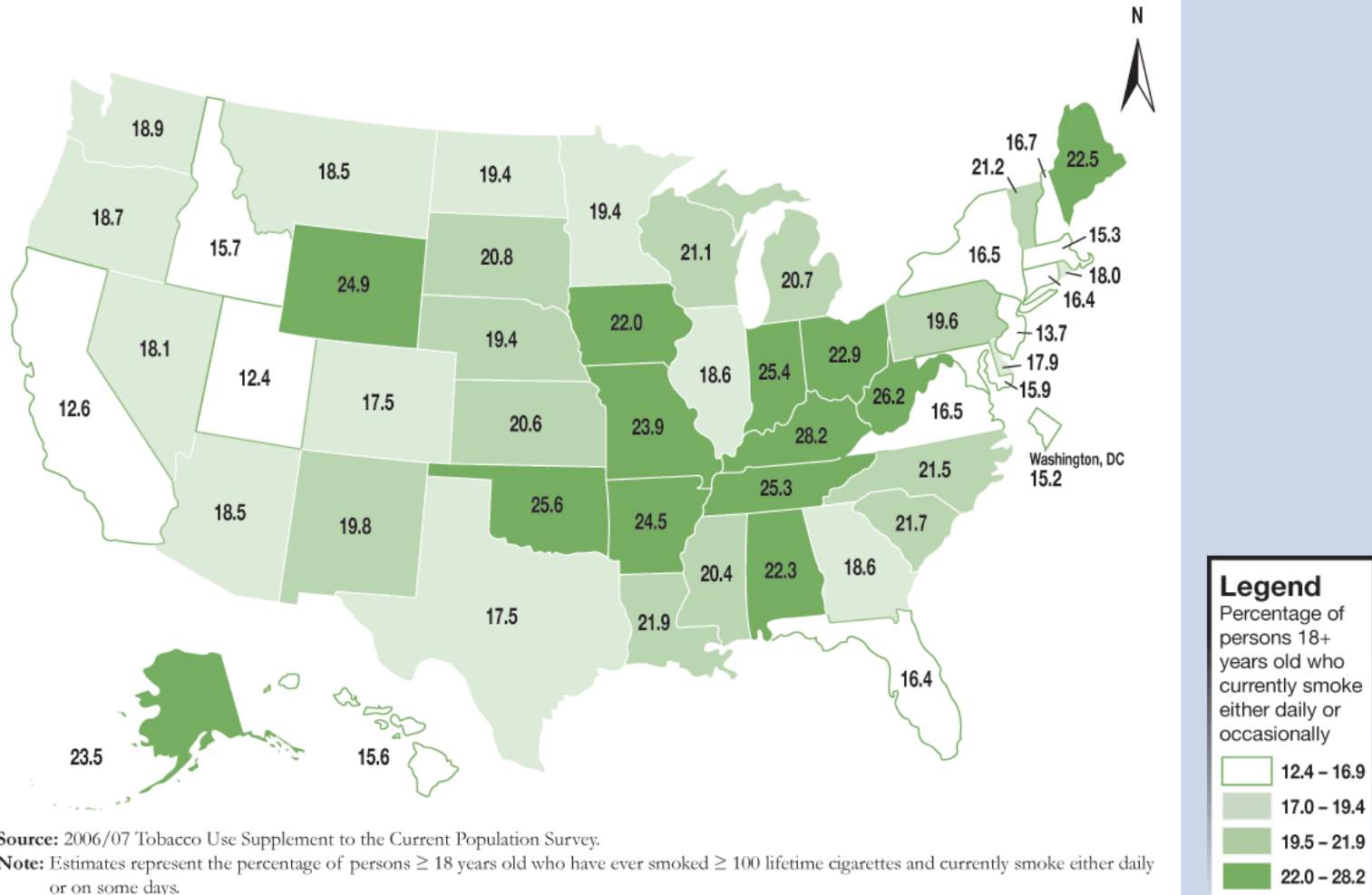
Tobacco Smoke Pollution



Source: Adapted from reference 9.

* Evidence of causation: suggestive
 Evidence of causation: sufficient

Current Cigarette Smoking (%) Among Adults – 2006/07



Tobacco Policy/Environmental Strategies

State and National

Local and Community

School and Organizational

Individual and Household

Federal regulation of advertising, marketing, flavoring

State tobacco excise taxes

Local youth smoking cessation programs

Strength of tobacco control infrastructure

Local smoke-free air policies

State level smoke-free air policies

Local tobacco taxes

School tobacco use prevention curriculum

Tobacco use, risk perceptions, attitudes towards tobacco, purchase experiences, and perceived availability

School programs to prevent youth tobacco use

Local policies limiting youth purchase, use or possession of tobacco products

Market-level anti-smoking advertising

Outdoor anti-smoking advertising

School policies limiting tobacco use

Point-of-sale tobacco product marketing

State-level limits on youth access to tobacco and PPU policies

School-based youth smoking cessation programs

Availability of tobacco products

Outdoor tobacco product advertising

State tobacco control program expenditure

Local youth tobacco prevention programs

Allocations to state tobacco control programs

State tobacco control program activities

bridging the gap

Research Informing Policies & Practices for Healthy Youth

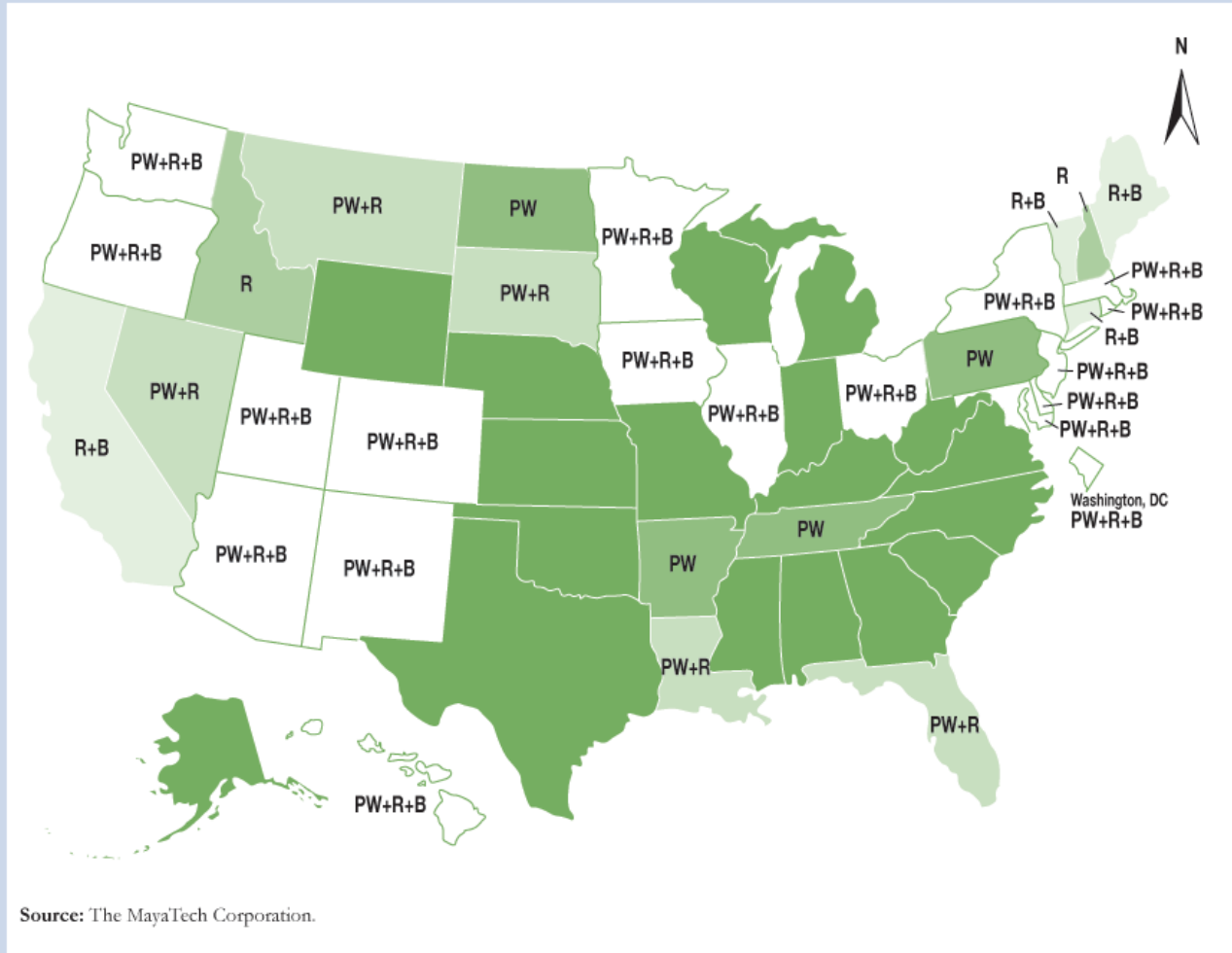
After a Systematic Review of the Scientific Literature, the Task Force on Community Preventive Services Recommends the Following Interventions to Reduce Tobacco Use and Protect Nonsmokers

	Prevent Initiation	Promote Cessation	Protect Nonsmokers
Federal, state, and local efforts to increase tobacco product excise taxes to raise tobacco prices	⊘	⊘	
The funding and implementation of long-term, high-intensity mass media campaigns using paid broadcast times and media messages developed through formative research.	⊘	⊘	
Combinations of efforts to mobilize communities to identify and reduce the commercial availability of tobacco products to youth.	⊘		
Proactive telephone cessation support services (quit lines).		⊘	
Reduced or eliminated co-payments for effective cessation therapies.		⊘	
Reminder systems for healthcare providers.		⊘	
Clean indoor air legislation prohibiting tobacco use in indoor public and private workplaces.			⊘

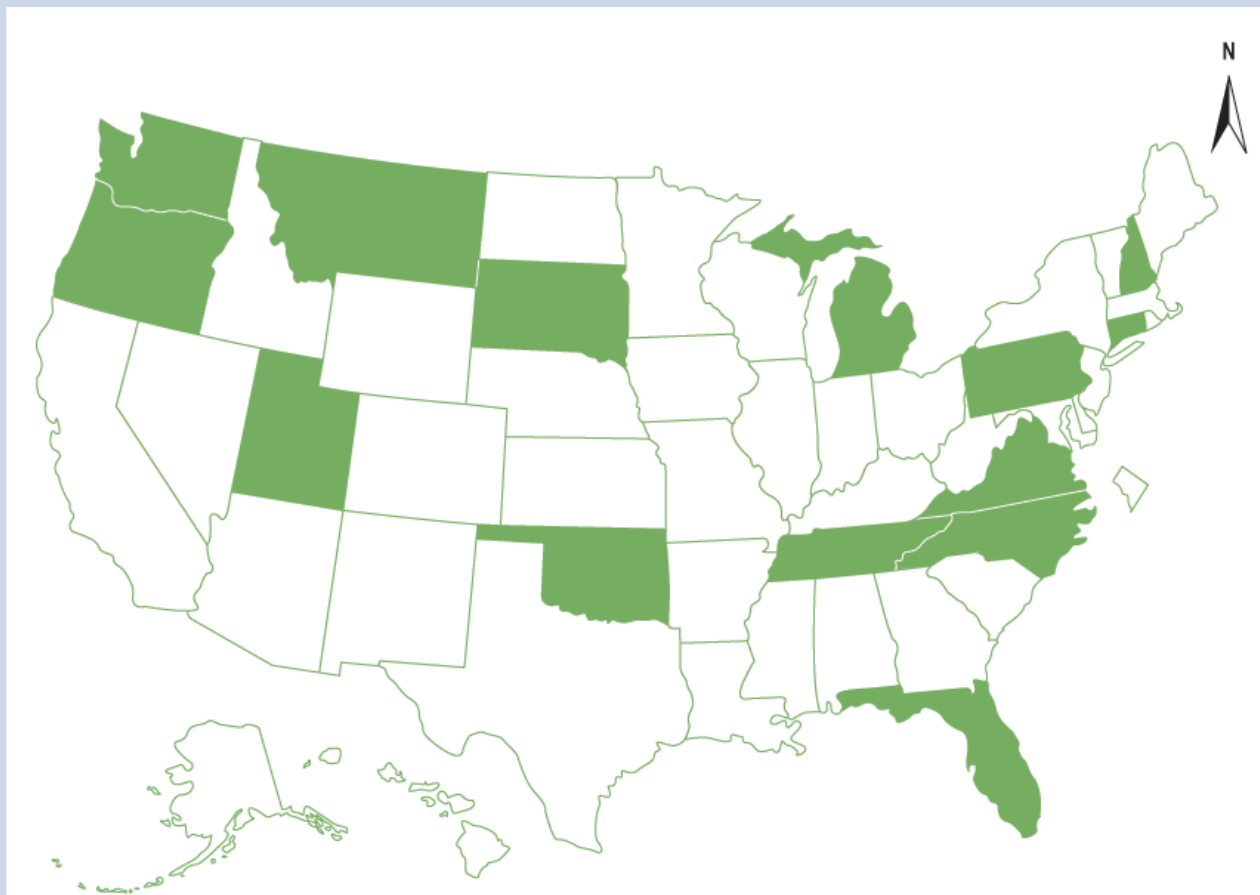
Source: Fielding et al, 2005



States Providing Strong Protection from Tobacco Smoke Pollution in Private Worksites, Restaurants and/or Bars – as of April 30, 2009



States that Preempt Local Jurisdictions from Passing Stronger Smoke-free Air Laws – as of September 30, 2008

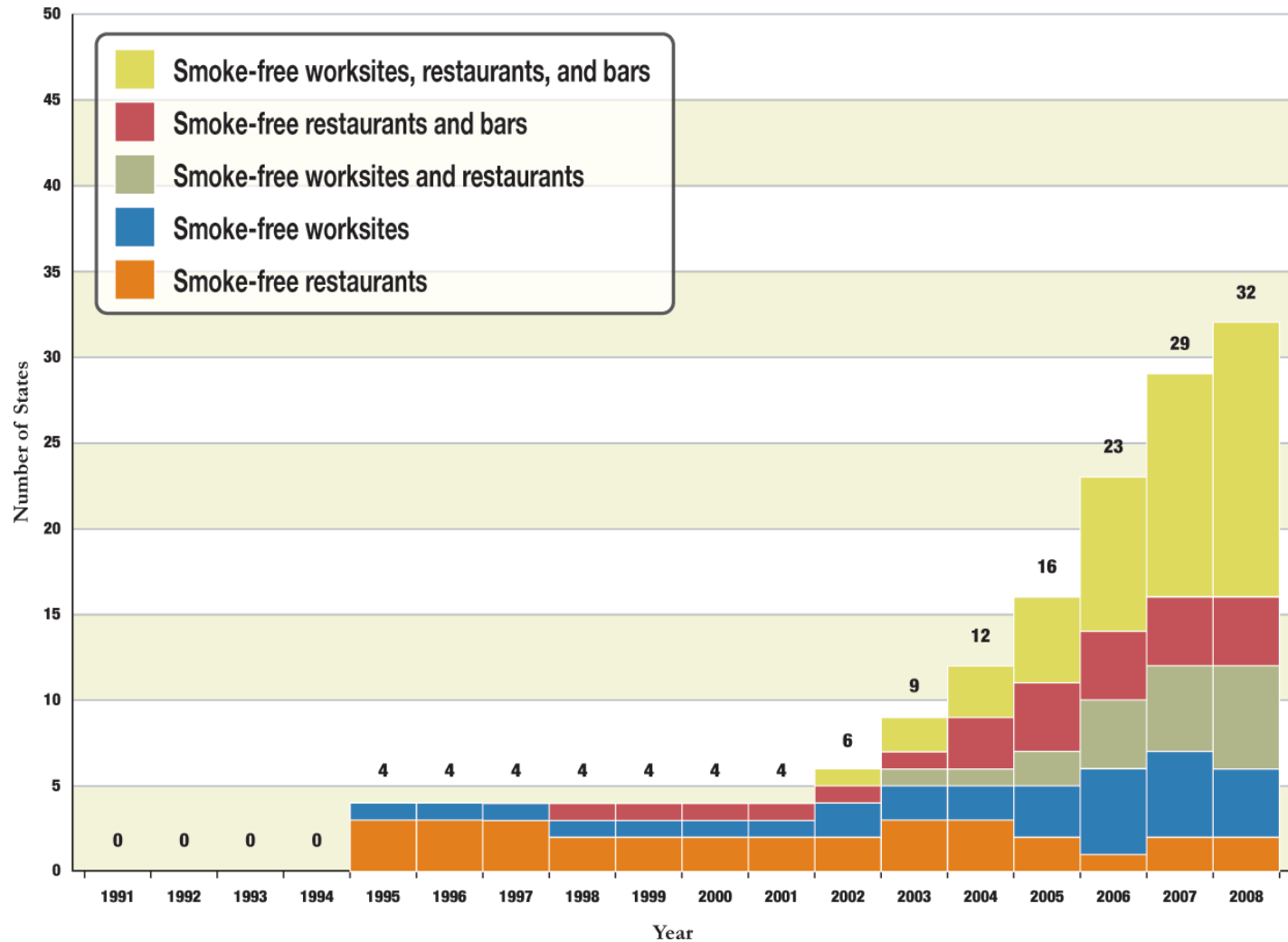


Legend

- State law preempts local smoke-free air laws
- No preemption of local smoke-free air laws

Source: The MayaTech Corporation.
Preemption prevents local jurisdictions from providing stronger protection to residents and visitors in various locations.

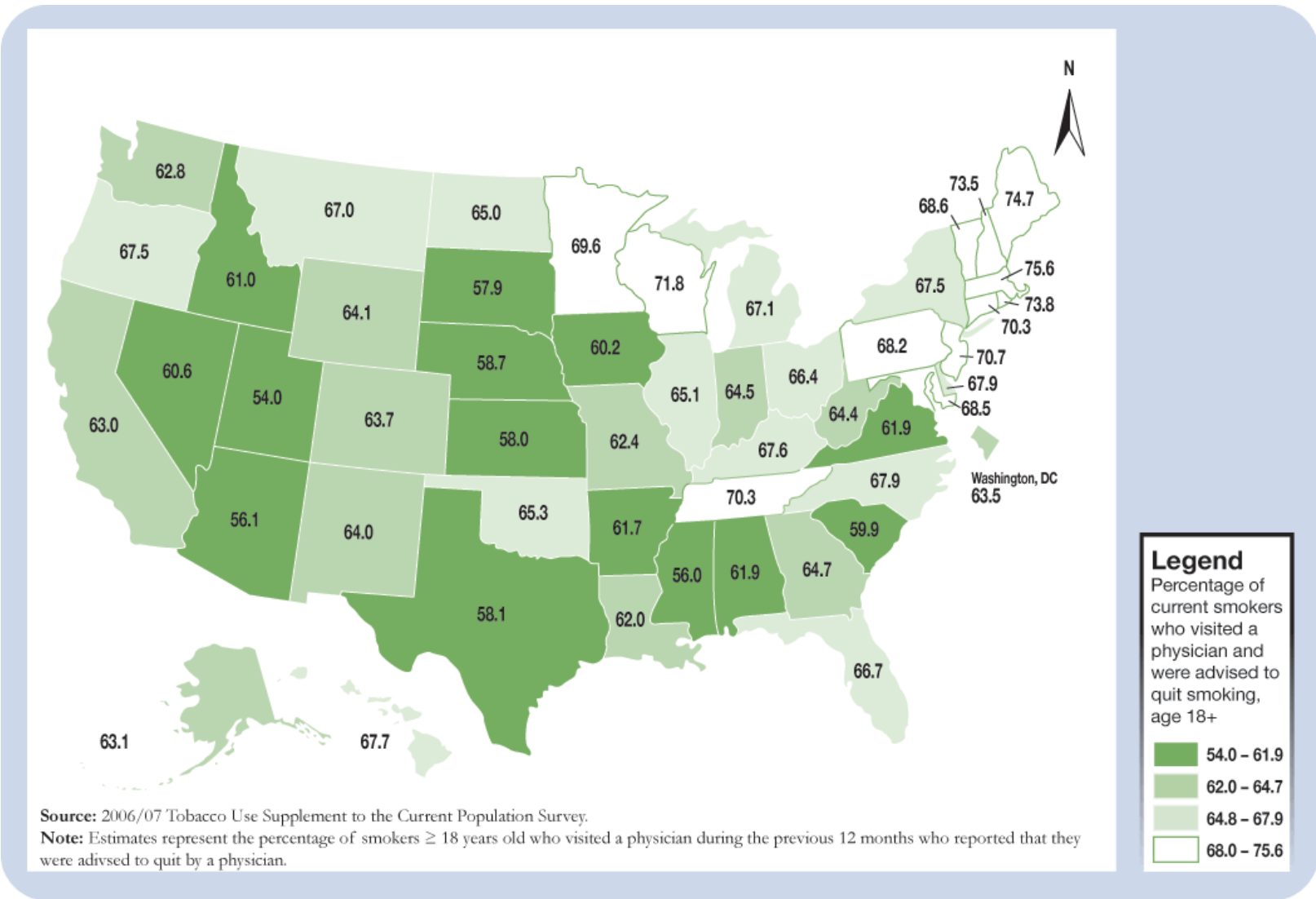
Major Smoke-free Air Legislation in the 50 States and the District of Columbia – 1991-2008



Source: The MayaTech Corporation.

Notes: data are for effective laws through 9/30/2008.

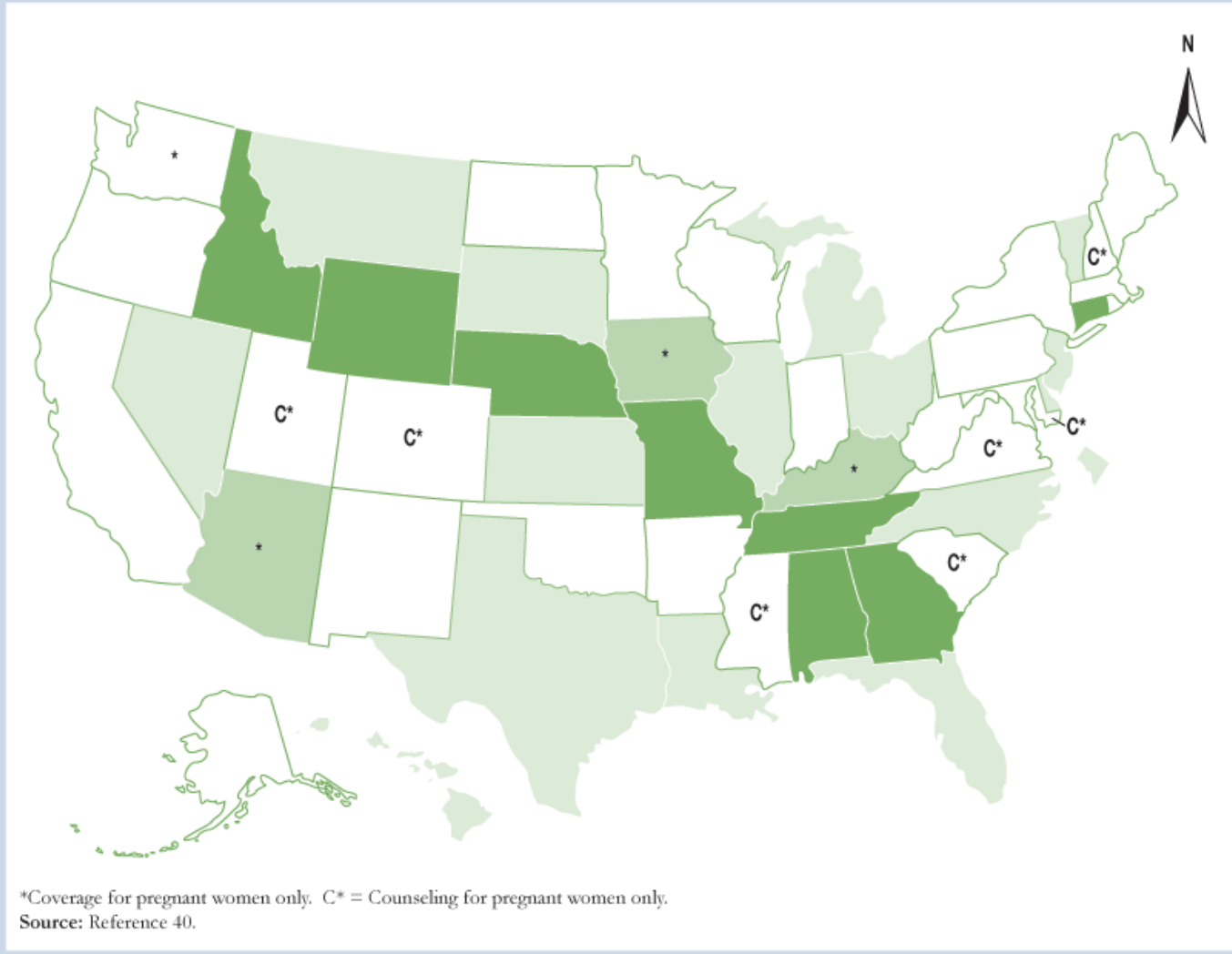
Smokers' Receipt of Advice to Quit from a Physician — 2006/2007



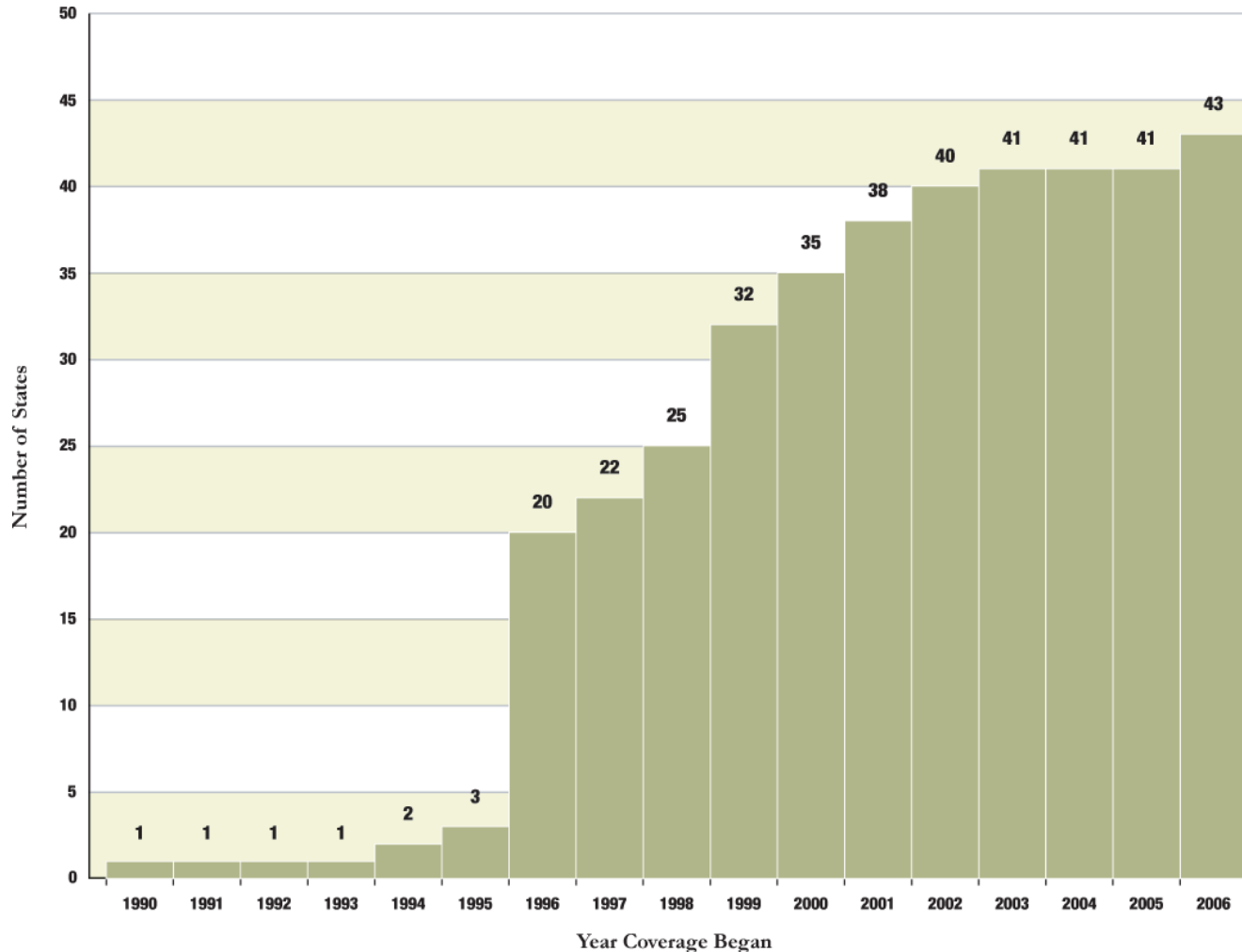
Source: 2006/07 Tobacco Use Supplement to the Current Population Survey.

Note: Estimates represent the percentage of smokers ≥ 18 years old who visited a physician during the previous 12 months who reported that they were advised to quit by a physician.

Provision of Tobacco Dependence Treatment Services to Medicaid Recipients – 2006



Medicaid Coverage of Cessation Aids in the 50 States and DC: 1990-2006

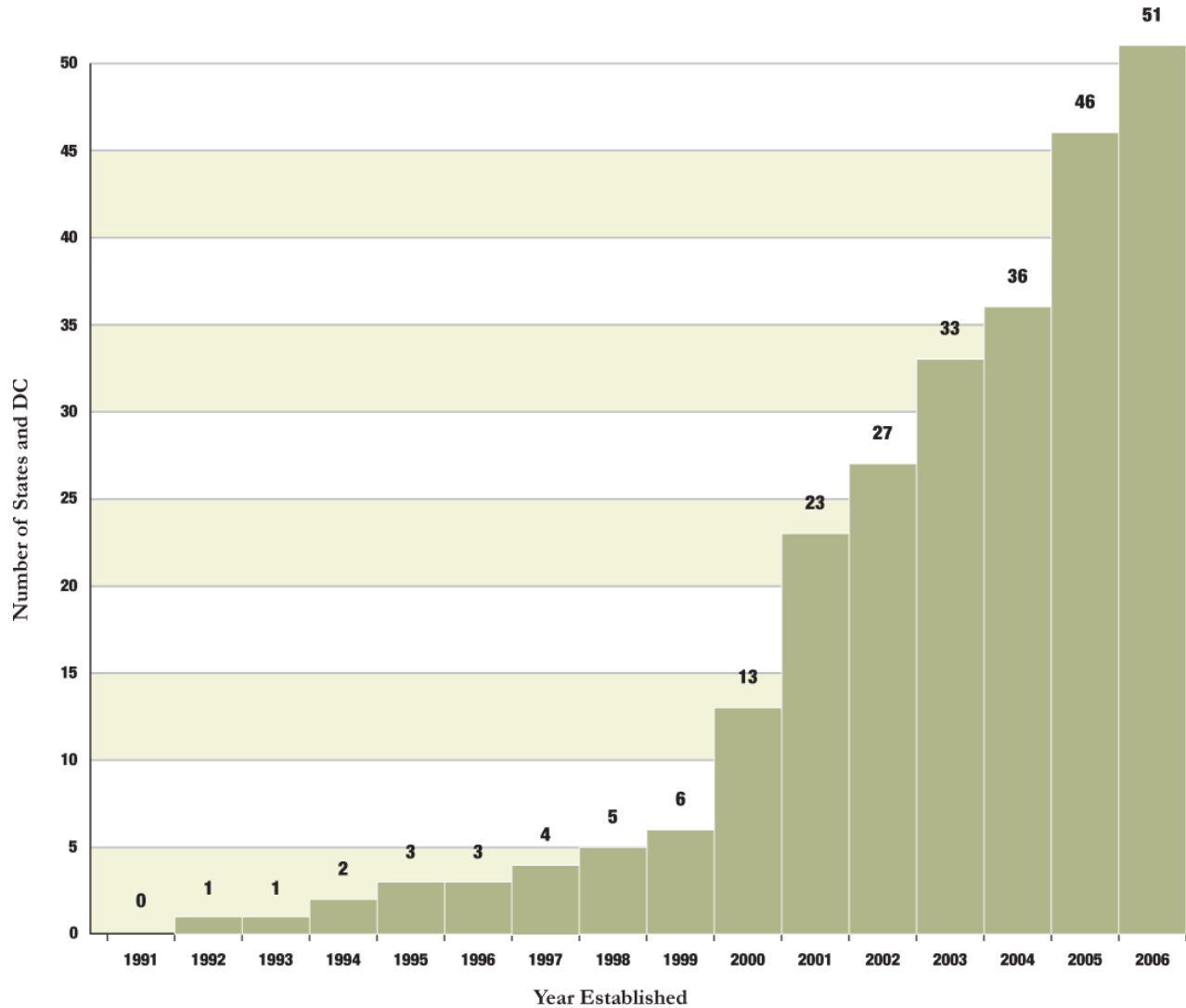


Source: Reference 40.

Note: Iowa is included beginning in 2003 when cessation coverage for pregnant women was first reported. Iowa's exact start date is unknown (40).

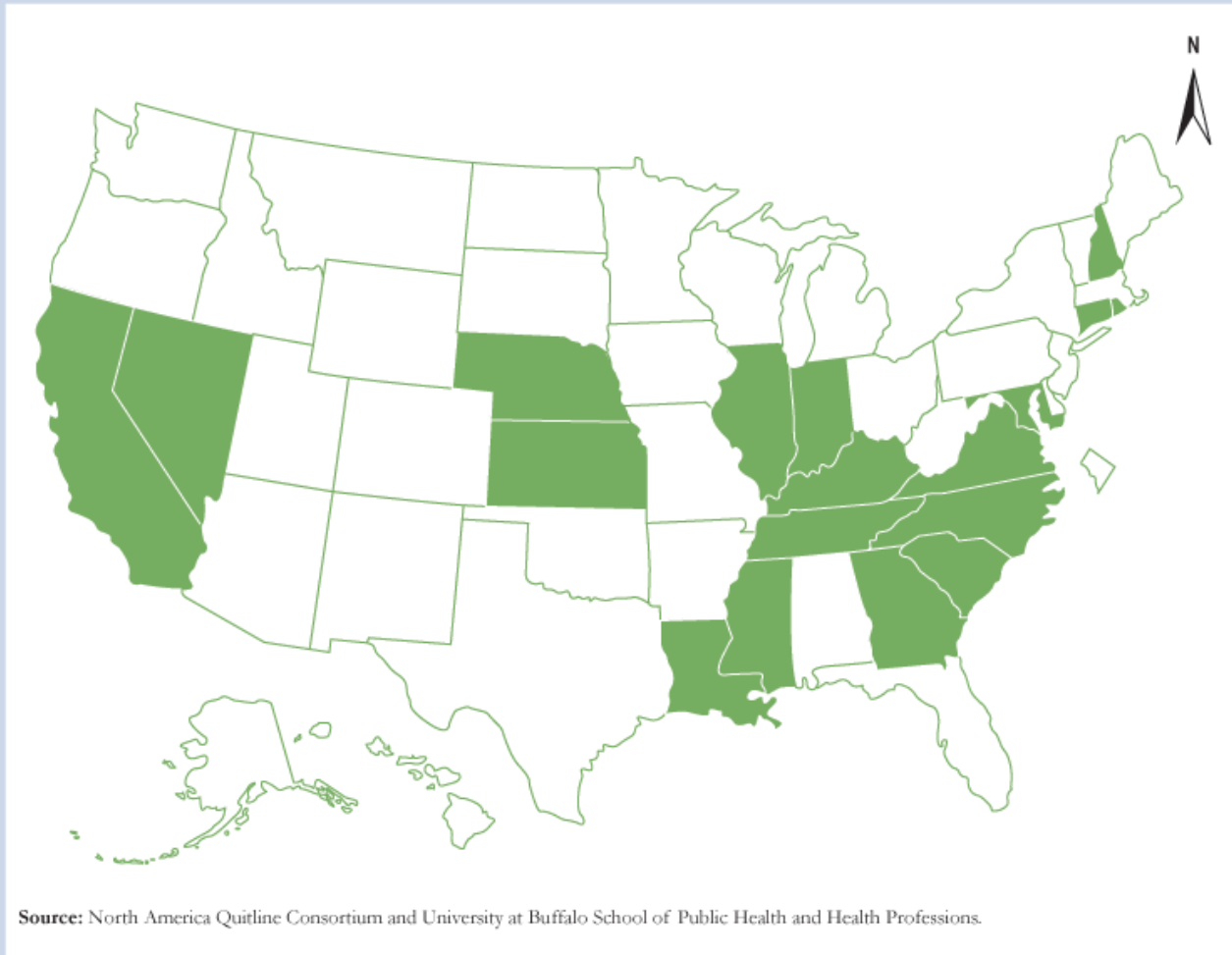


Establishment of Quitline Services in the 50 States and DC: 1991-2006



Source: North American Quitline Consortium.

States Offering Free/Discounted Cessation Medication to Eligible Smokers – as of September 30, 2008



Implications of Tobacco Control

Policymaking for Obesity Prevention

- Policy and environmental strategies across all levels of government have been effective at lowering tobacco consumption
- Tobacco control has largely been bottom-up policy making
- Prime examples of policy diffusion
- Core policy strategies to date focus on increasing price and reducing ability to smoke in public places combined with treatment options
 - New FDA regulation will add new frontier regarding advertising/marketing/labeling
- Primary challenge: Single industry—tobacco



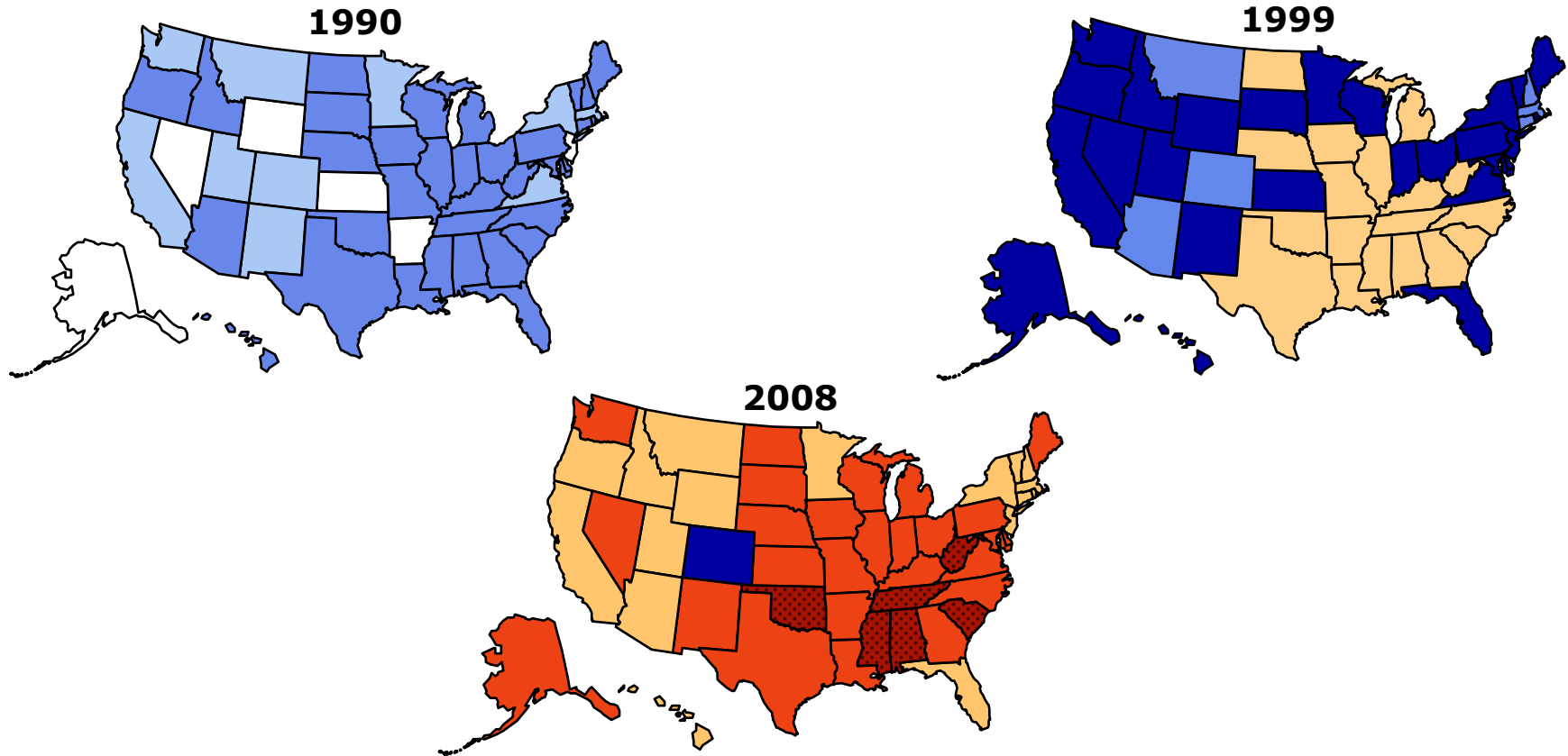
OBESITY TRENDS AND POLICY STRATEGIES



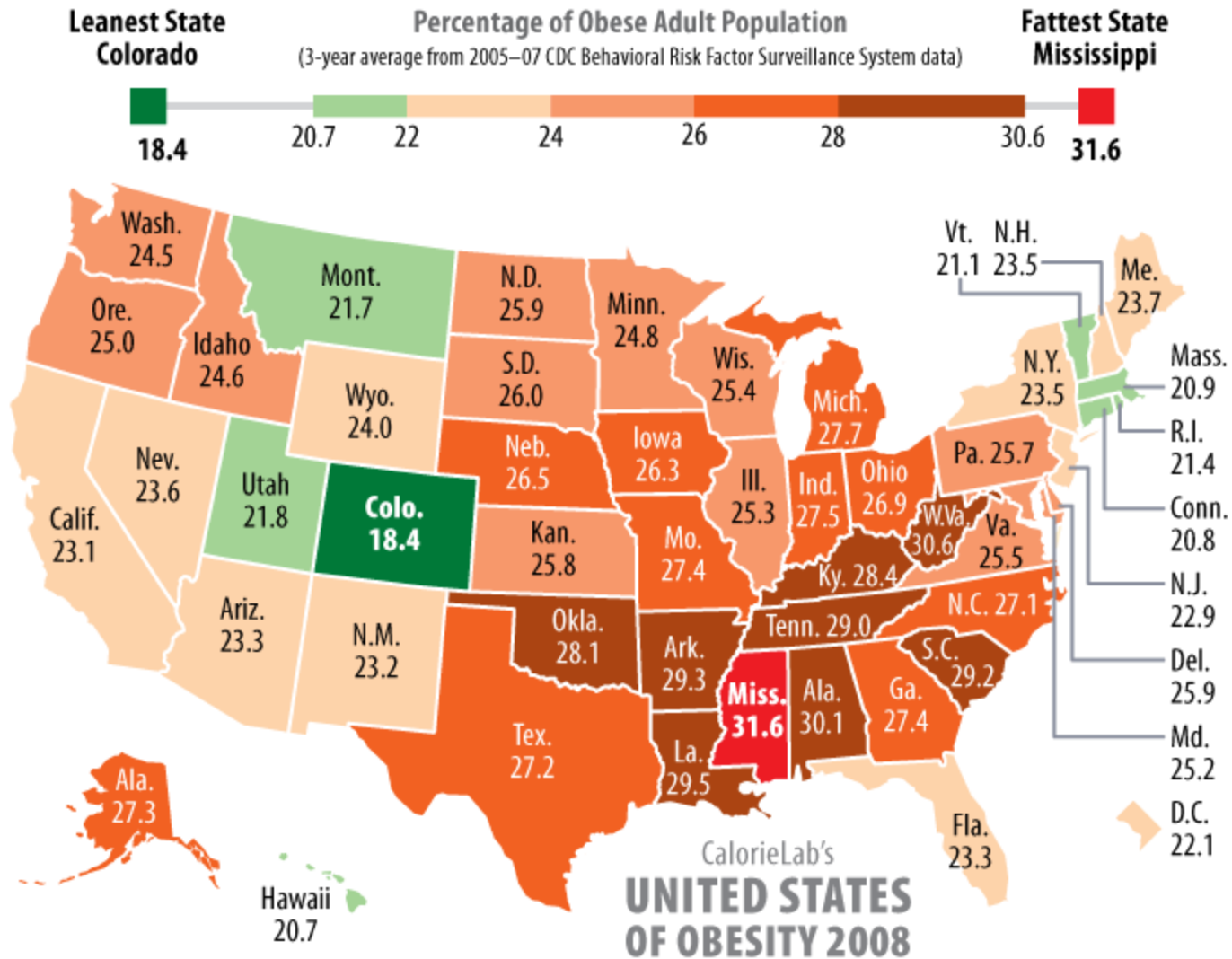
Obesity Trends* Among U.S. Adults

BRFSS, 1990, 1999, 2008

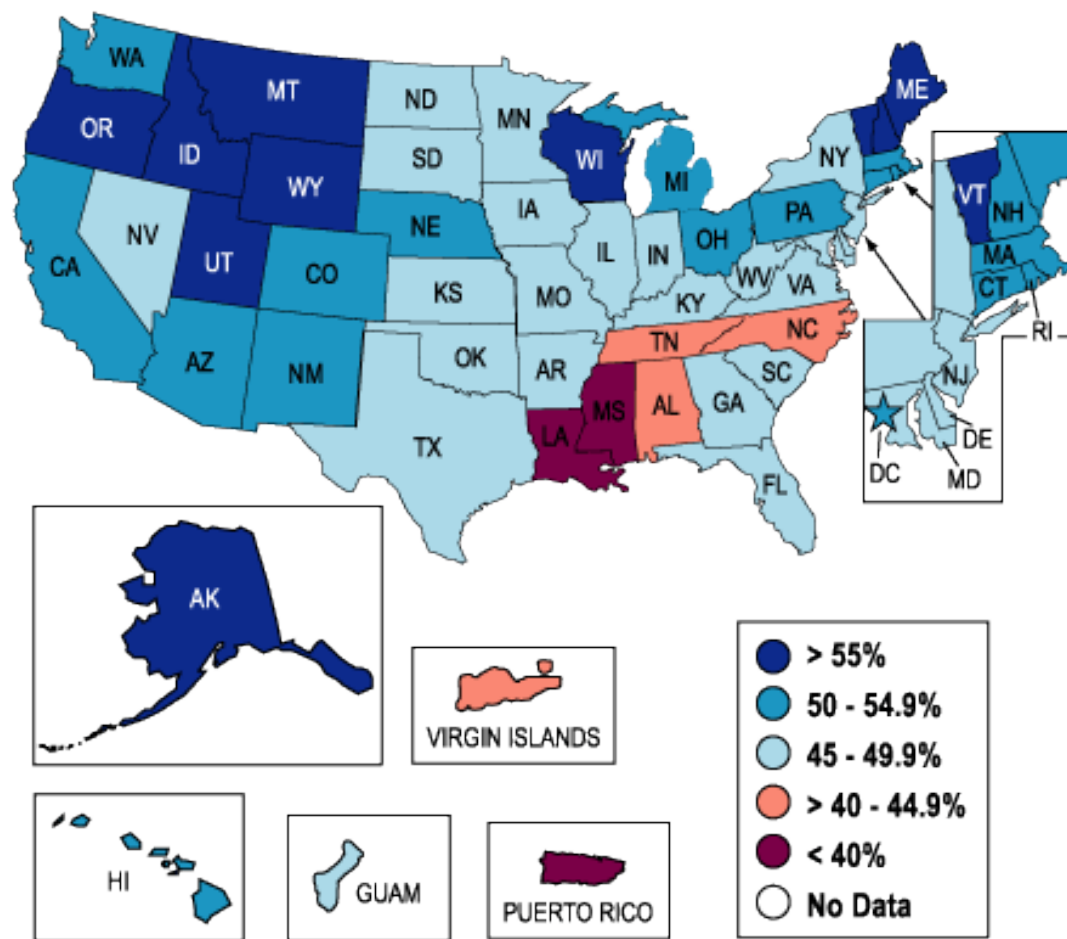
(*BMI ≥ 30 , or about 30 lbs. overweight for 5'4" person)



United States Obesity, 2008



Physical Activity Trends in the U.S., 2007



Obesity-related Policies Address both sides of the Energy Balance Equation

Food



Physical Activity

Obesity Policy/Environmental Strategies

State and National

Local and Community

School and Organizational

Individual and Household

State level policies addressing the built environment

Availability and accessibility of physical activity opportunities

National food and beverage television advertising

Comprehensiveness of school district wellness policies

Marketing of food/beverages at school

Local zoning codes, regulations, and ordinances that can impact on healthy eating and physical activity

State level policies and legislation around Safe Routes to School

Presence and content of vending machines at school

Availability of various foods/beverages in the school environment

Market-level PSAs related to healthy eating, physical activity, and obesity

Information on healthy eating and physical activity opportunities from key informant interviews

Frequency and length of physical education and recess

Awareness and implementation of Alliance for a Healthier Generation Guidelines

Marketing of healthy/unhealthy foods and beverages in communities

State taxation of beverages, snack foods, and restaurant food

Availability and accessibility of healthy food and beverages in stores and restaurants

Characteristics of the built environment that impact on physical activity

State policies related to healthy eating and physical activity

Height and weight, physical activity, and measures of healthy eating
Household food expenditures

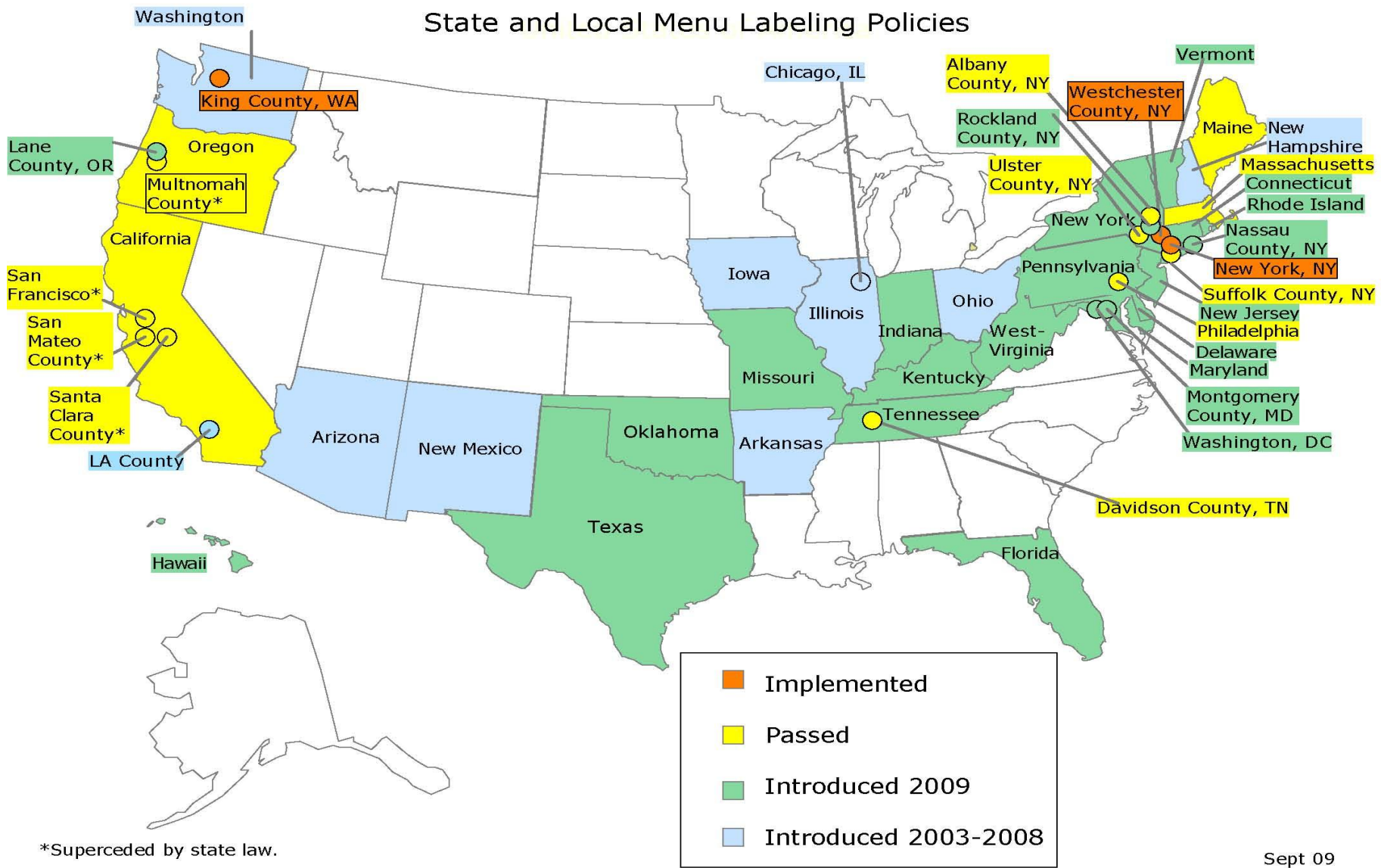
Implementation of school district wellness policies

Federal and state policies related to school district wellness policies

bridging the gap

Research Informing Policies & Practices for Healthy Youth

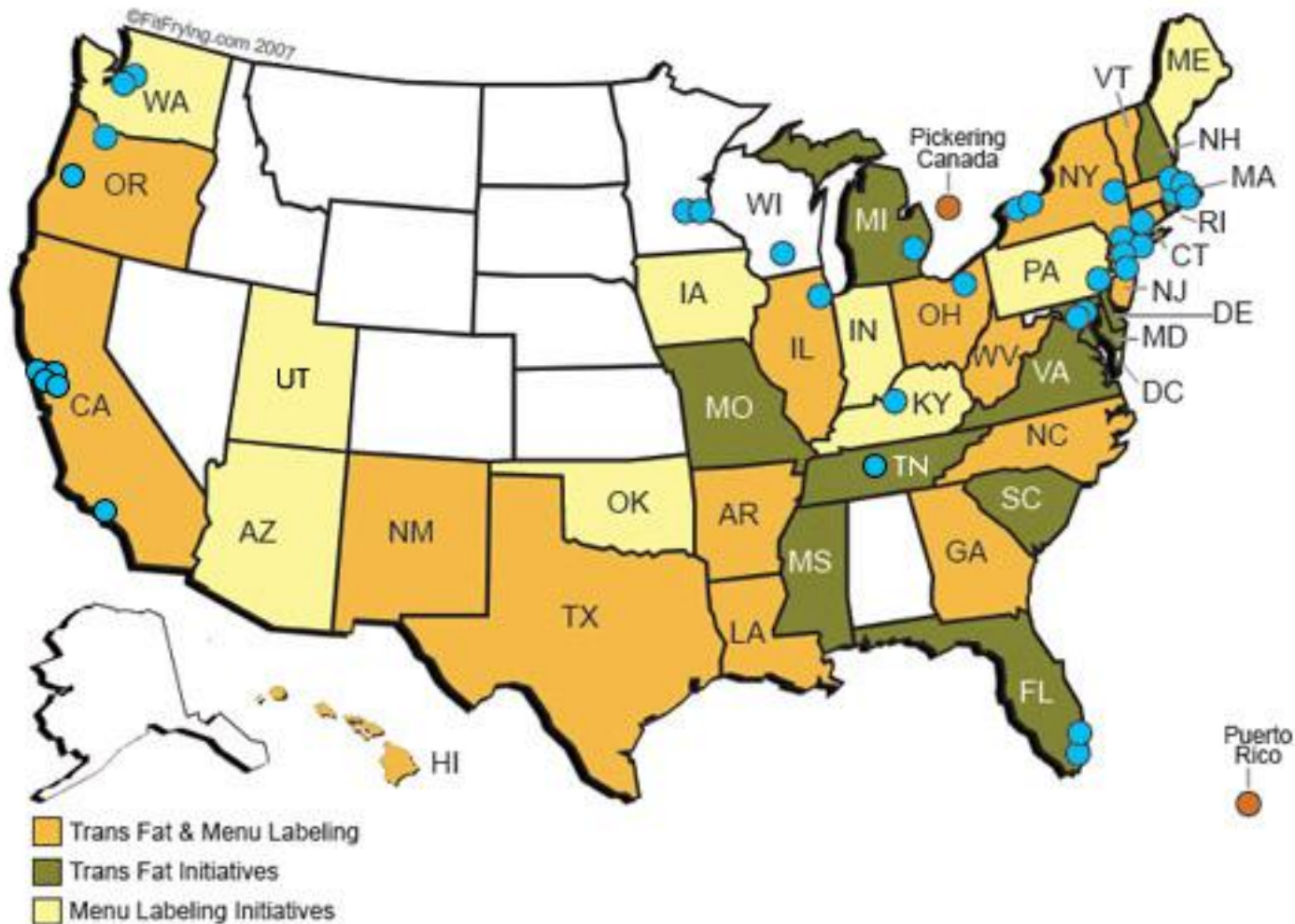
State and Local Menu Labeling Policies



*Superseded by state law.

Sept 09

Trans Fat/Menu Labeling Initiatives



Source: Fitfrying.com

Selected Physical Activity-related Topics Addressed in Public Policies



- Policies affecting the built environment
 - Growth management
 - Smart Growth
 - Zoning laws/subdivision ordinances
 - Code reform efforts
 - Design standards
- Master planning
 - Bike plans, trail plans, open space/parks, recreation plans, etc.

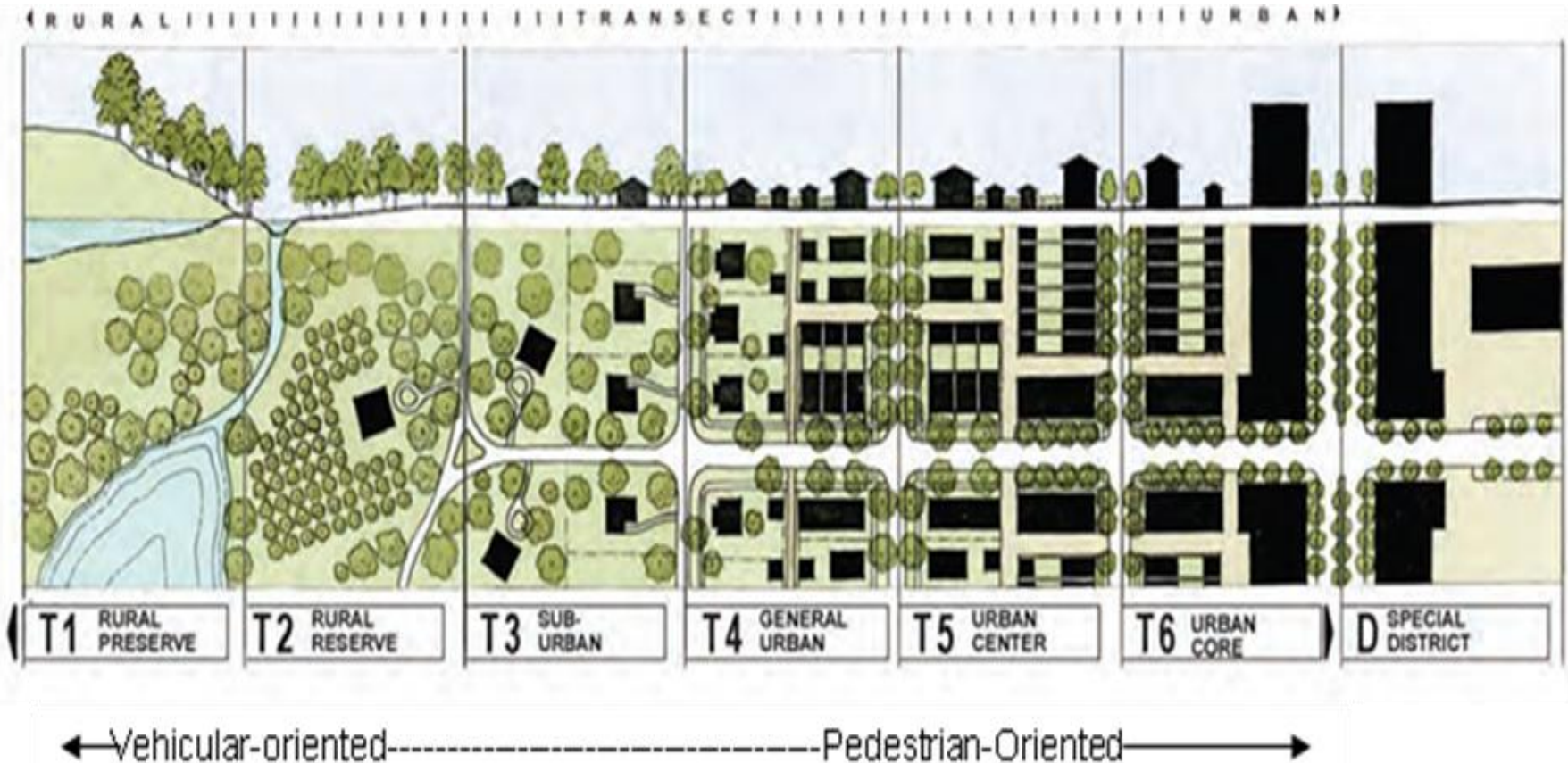


Issues

- Traditional, *Euclidean*, zoning
 - Focus on use and density
 - e.g., Residential zone only for residential use
 - Does not support mixed-use
- Design standards/guidelines
 - Street connectivity/networks vs. cul-de-sacs and lack of connectivity to parks/trails

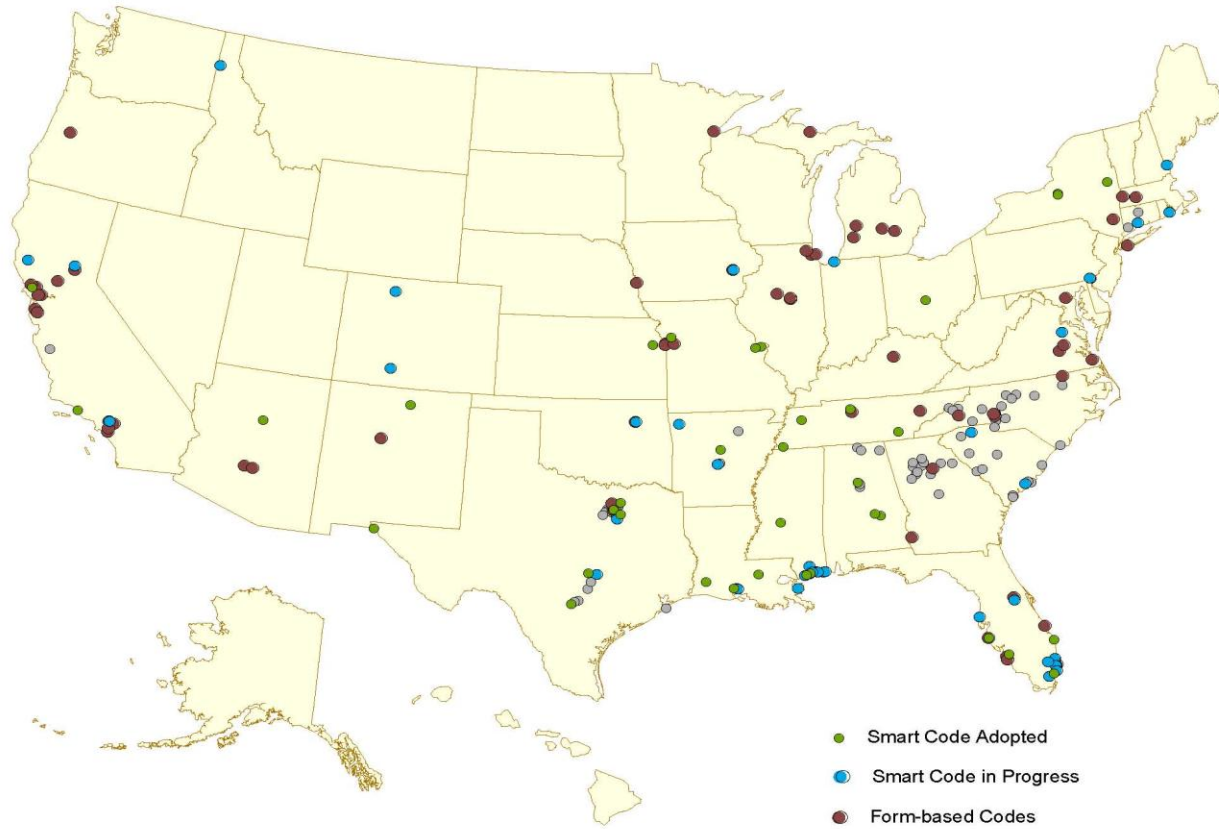


Zoning Code Reforms



Source: Talen, 2006 (Adapted to add in vehicular/pedestrian orientation)

Local Government Form-Based Codes



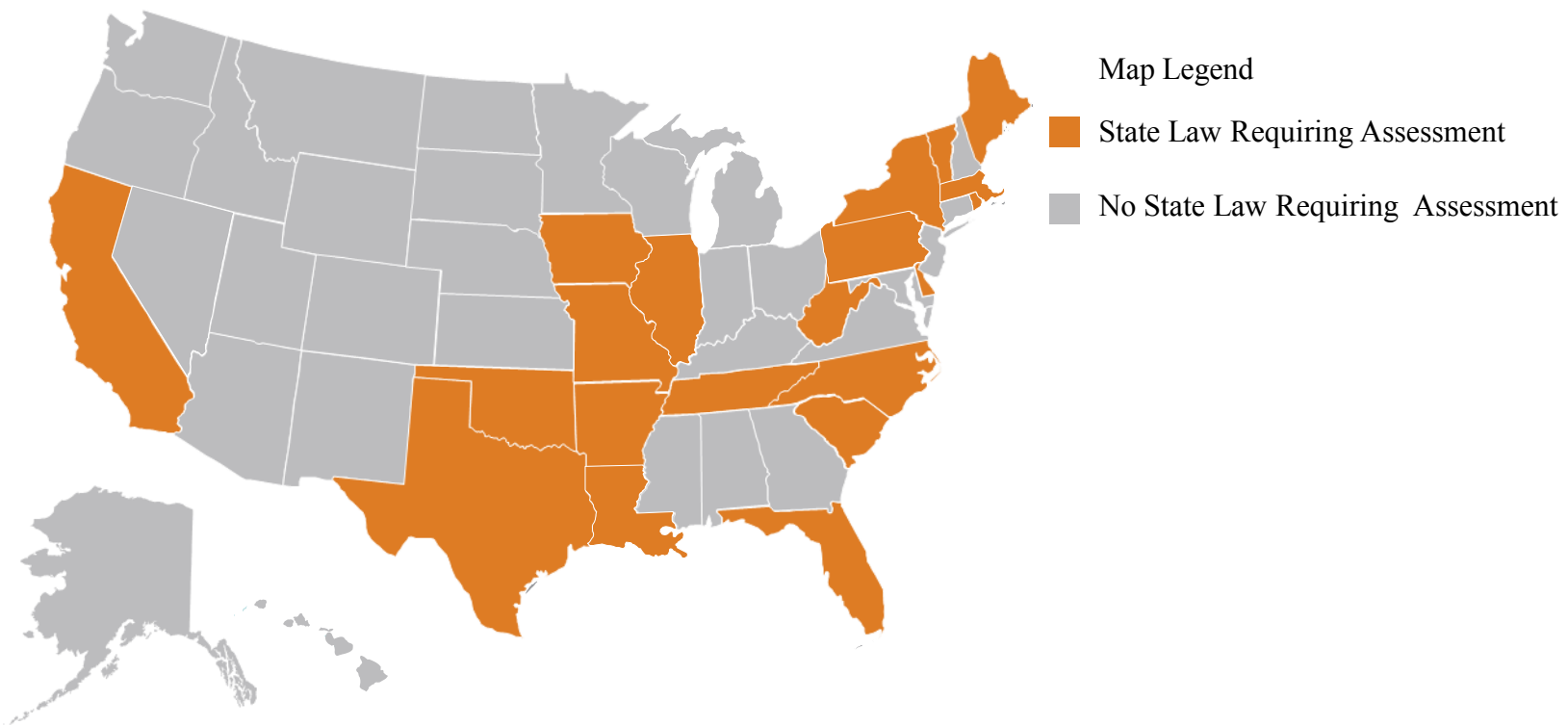
Source: Placemakers, 2009

Selected School-related Public Policies

- Nutrition-related policies
 - Nutrition education, school meals, competitive foods
- Physical activity-related policies
 - Physical education, physical activity, recess, safe routes to school
- Federal wellness policy requirement (P.L. 108-265, Sec. 204)
 - District wellness policies

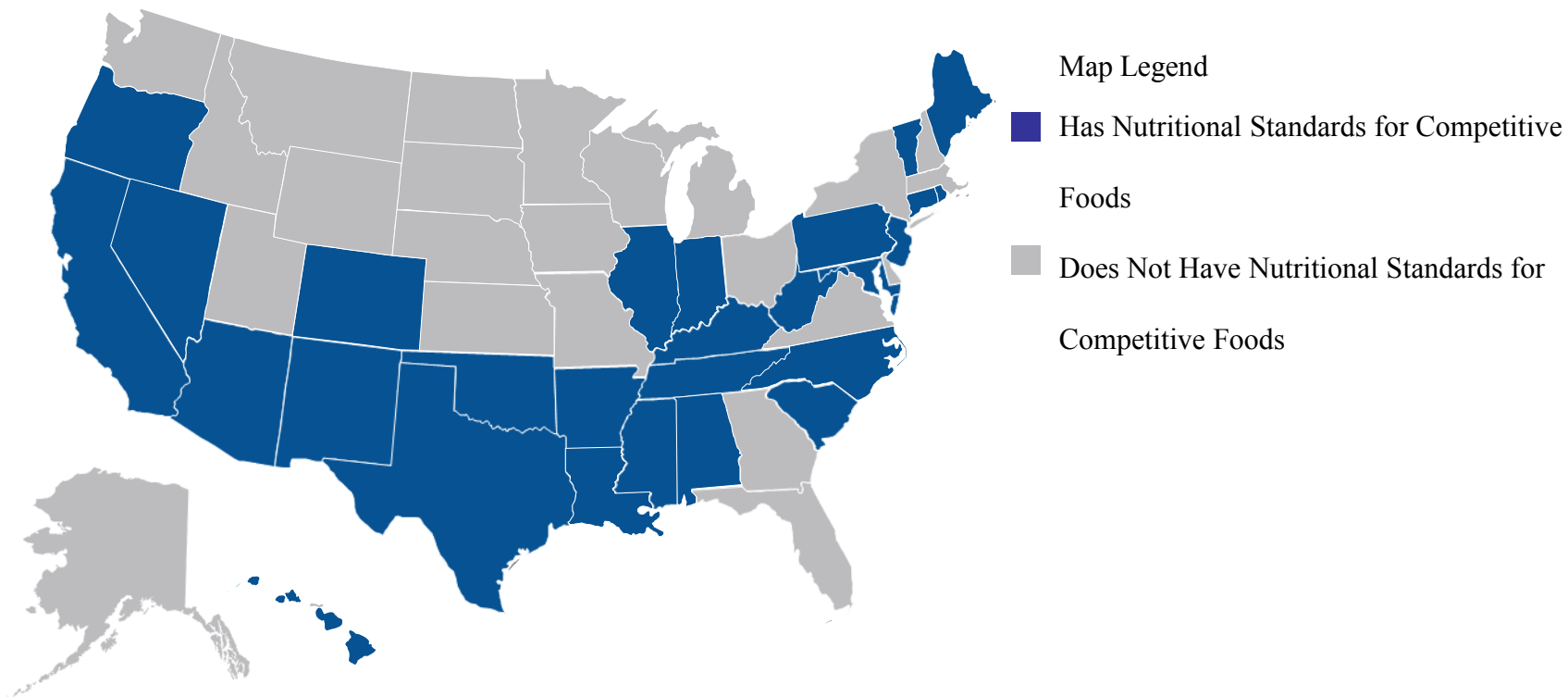


20 States Require BMI or Other Weight-Related Assessments for Children and Adolescents



Levi J, Vinter S, Richardson L, et al. *F as in Fat: How Obesity Policies Are Failing In America 2009*. Washington: Trust for America's Health, 2009.
<http://healthyamericans.org/reports/obesity2009/Obesity2009Report.pdf> (accessed July 2009)

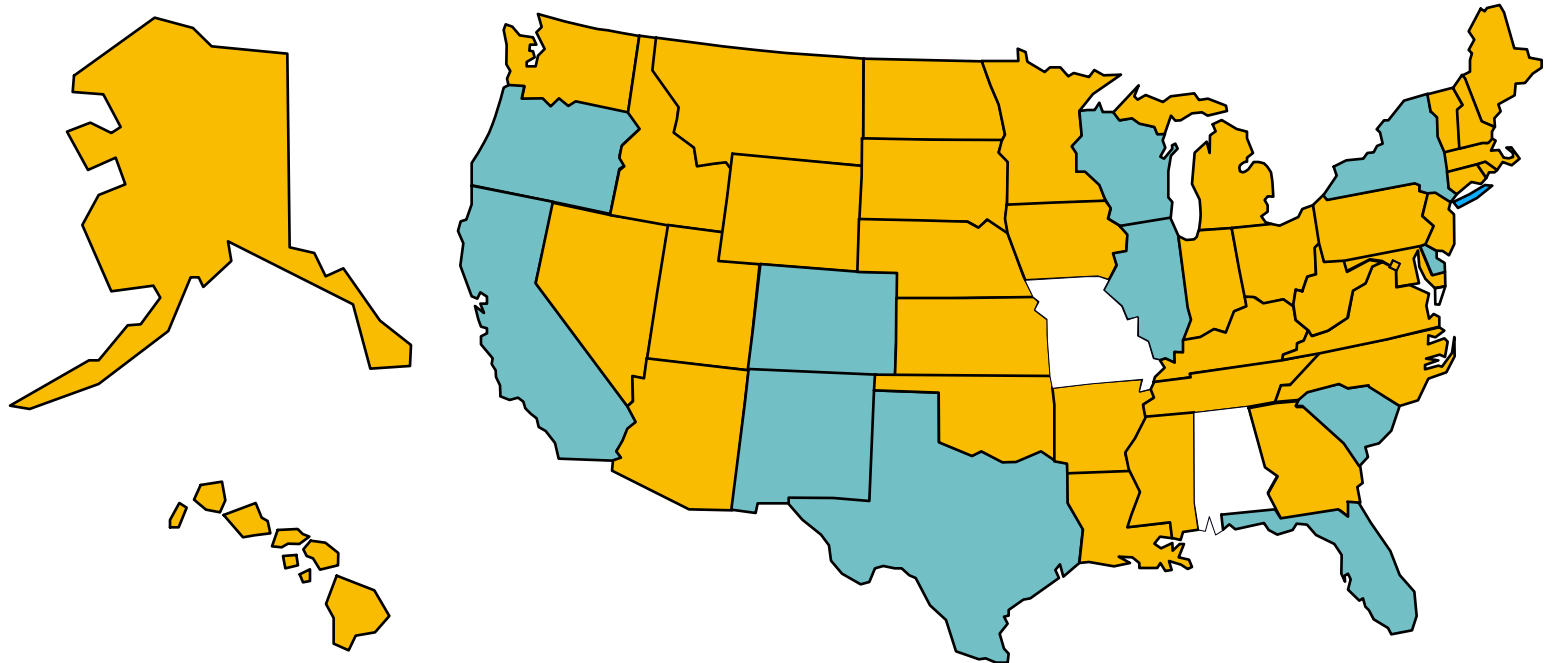
27 States Have Nutritional Standards for Competitive Foods



Levi J, Vinter S, Richardson L, et al. *F as in Fat: How Obesity Policies Are Failing In America 2009*. Washington: Trust for America's Health, 2009.
<http://healthyamericans.org/reports/obesity2009/Obesity2009Report.pdf> (accessed July 2009)

State SRTS Program Laws and Other SRTS-Related Laws

(As of January 1, 2009)

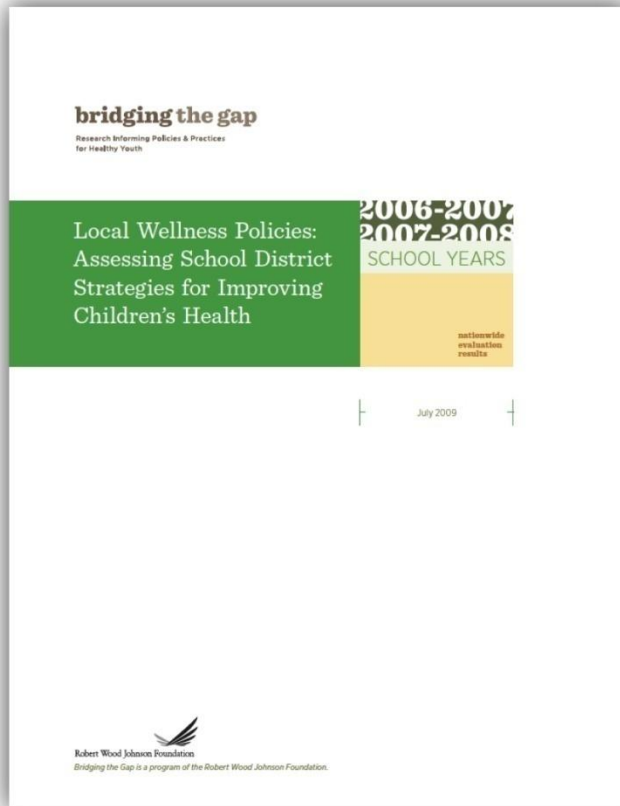


- No SRTS program law or other SRTS-related law(s) (n=2)
- Other SRTS-related law(s) only (n=38)
- Both SRTS program law and other SRTS-related law(s) (n=11)

Source: The MayaTech Corporation for the Bridging the Gap Program, UIC

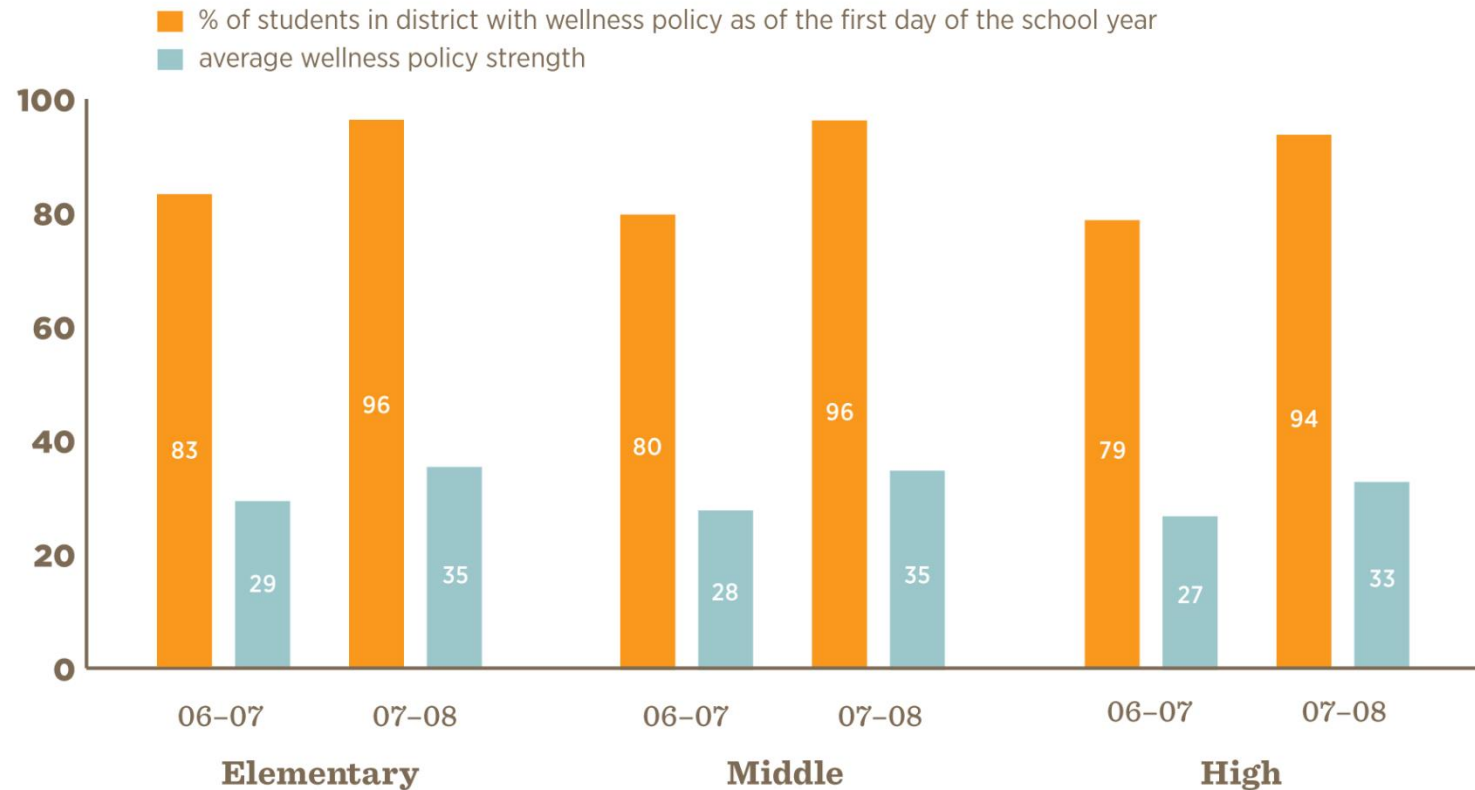


Local Wellness Policies— Nationwide Evaluation



- Local Wellness Policies: Assessing School District Strategies for Improving Children's Health. School Years 2006-07 and 2007-08.
- Executive Summary, Monograph and backup data available at:
- www.bridgingthegapresearch.org

FIGURE 1.1 Wellness Policy Reach vs. Wellness Policy Strength



Data reflect policies in place by the first day of the 2006–07 or 2007–08 school year. Due to rounding, some bars may not sum to exactly 100. Exact numbers are available at www.bridgingthegapresearch.org.

Source: Bridging the Gap, Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago, 2009.

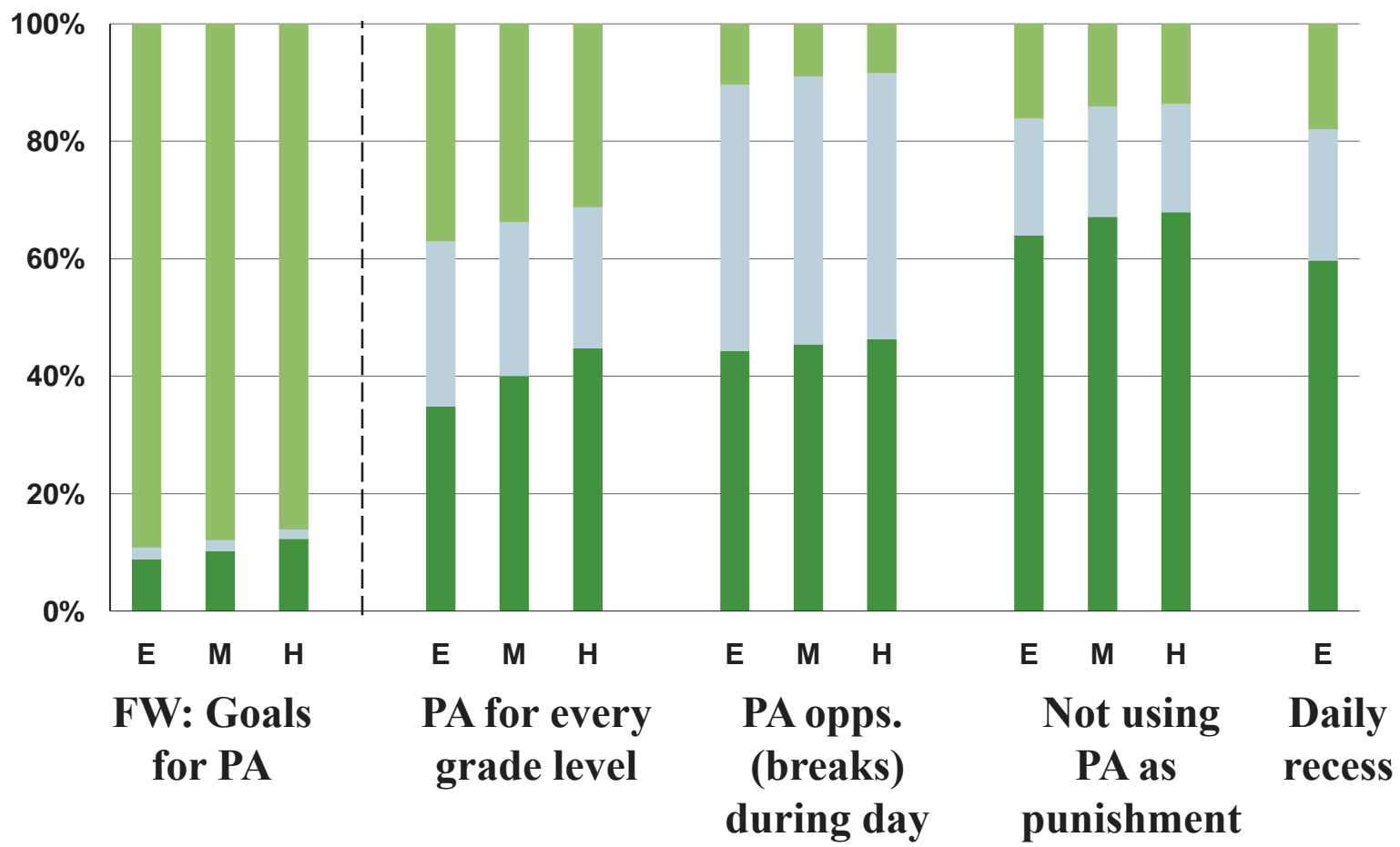


Most District Physical Activity (PA) Policies are Relatively Weak



% Students in Districts with Policy, SY 07-08

■ No policy
 ■ Weak policy
 ■ Strong policy
 E=Elem, M=Middle, H=High

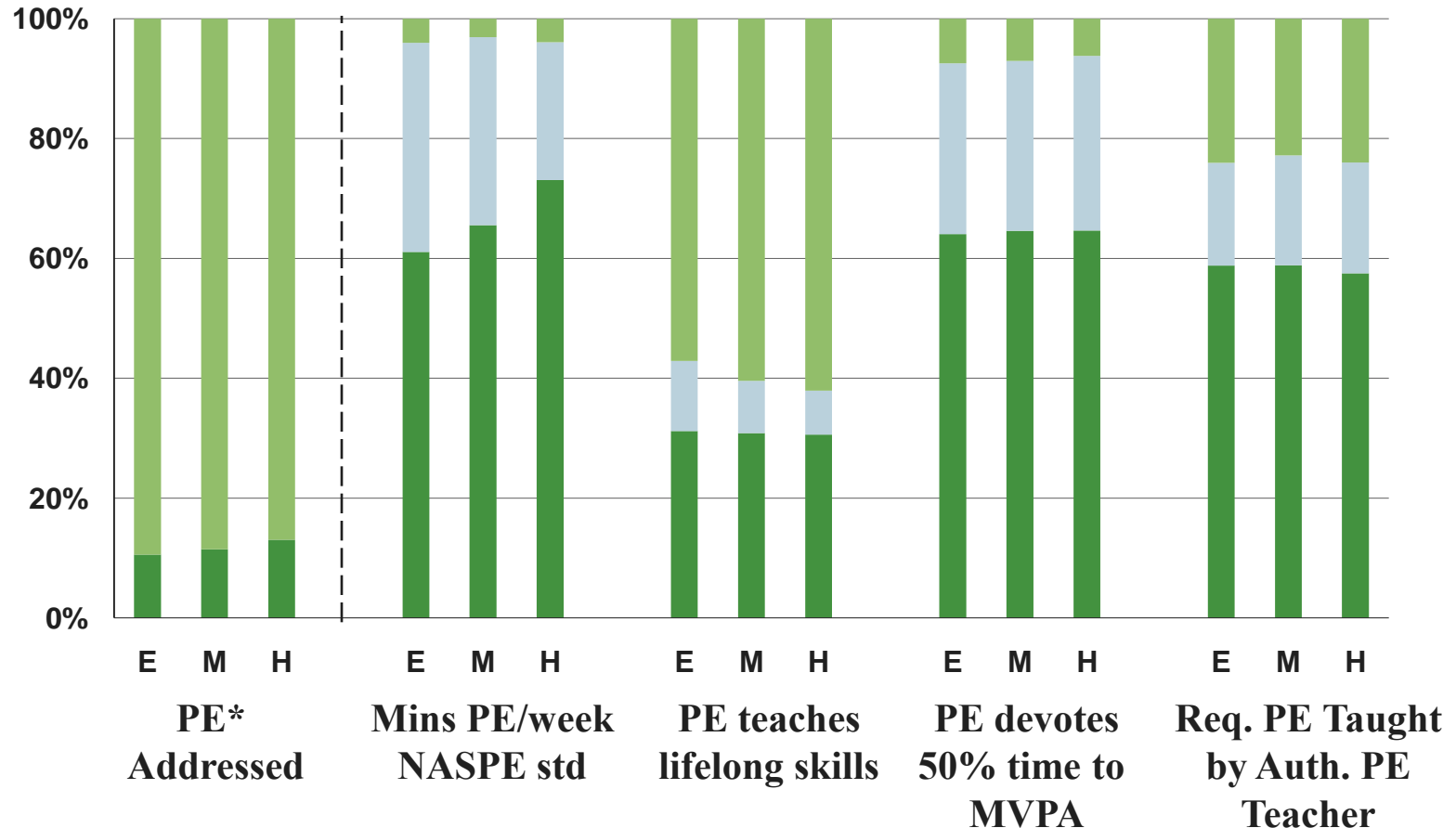


...and Most Address Physical Education (PE) but the Provisions also are Weak

% Students in Districts with Policy, SY 07-08

■ No policy ■ Weak policy ■ Strong policy

E=Elem, M=Middle, H=High



Obesity Policymaking: Status and Opportunities

- Policy and environmental strategies seen as principal interventions early on
- Policy change rapidly diffusing across all levels of government
 - Congress much more active role than in tobacco control
- Primary challenges
 - Multiple industries (food, beverage, restaurant, agriculture)
 - Food/beverages needed to live (unlike tobacco)
 - Do not face the illegalities like with tobacco and youth
- Need time to understand true impact of policy strategies on system, community and individual behavior/attitudinal changes



For more information:

www.bridgingthegapresearch.org

www.impactteen.org

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