The Role of Community, State, Territorial, and Tribal Public Health in Obesity Prevention

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Across the nation, local, state, territorial, and tribal governments are engaged in successful efforts to protect and promote the health of their citizens by supporting healthy eating and active living initiatives. The ten essential services define a role for public health at multiple levels of influence (see Table 1). These functions provide a framework for obesity prevention that is consistent with the systems approach presented by the Institute of Medicine in “Accelerating Progress in Obesity Prevention.”

Governmental public health authorities can contribute to public health efforts to address obesity by monitoring prevalence of obesity and association risk factors, investigating the contributing factors, informing the public, and work with the citizens in their jurisdiction to develop solutions that fit the needs and sensibilities of the people. In this regard, public health authorities play a critical role in:

- promoting partnerships and collaborations between government, non-profit and private sectors to coordinate obesity prevention efforts;
- engaging and mobilizing stakeholders to develop workable solutions to the obesity epidemic that are relevant to the citizens;
- enhancing the capacity of communities to implement and sustain policy, systems, and environmental supports for healthy eating and active living;
- providing guidance and subject matter expertise to communities to implement policy, systems and environmental supports for healthy eating and active living.

The Centers for Disease Control and Prevention Weight of the Nation (WON) 2012 Conference Subcommittee on States, Communities, Territories, and Tribal Nations was tasked with planning 4 confer-

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<th>Table 1</th>
<th>Essential Services of Public Health</th>
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<td>1.</td>
<td>Monitor health status to identify and solve community health problems.</td>
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<td>2.</td>
<td>Diagnose and investigate health problems and health hazards in the community.</td>
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<td>3.</td>
<td>Inform, educate, and empower people about health issues.</td>
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<td>4.</td>
<td>Mobilize community partnerships and action to identify and solve health problems.</td>
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<td>5.</td>
<td>Develop policies and plans that support individual and community health efforts.</td>
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<td>6.</td>
<td>Enforce laws and regulations that protect health and ensure safety.</td>
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<td>7.</td>
<td>Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</td>
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<td>8.</td>
<td>Assure competent public and personal health care workforce.</td>
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<td>9.</td>
<td>Evaluate effectiveness, accessibility, and quality of personal and population-based health services.</td>
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<td>10.</td>
<td>Research for new insights and innovative solutions to health problems.</td>
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ence sessions that described the work of states, territories, tribes and communities in addressing obesity prevention. The subcommittee developed criteria for selecting abstracts for presentation (see Table 2). The purpose of this paper is to summarize the presentations given at these sessions. The session presentations within this track described comprehensive, integrated, and mutually supportive approaches that include implementing policy, systems, and environmental strategies to address obesity prevention in states, territories, tribal and other communities. The presentations included descriptions of the effort and how the efforts were connected to build a comprehensive approach; settings, stakeholders, and reach into the priority populations; efforts to build sustainable infrastructure and capacity; and key indicators of success as well as barriers and lessons learned.

Based on the criteria presented in Table 1, the initiatives described below were chosen from the submitted abstracts for presentation at the WON States, Communities, Territories, and Tribal Nations four breakout sessions. In addition to the criteria listed above, these state, community, and tribal initiatives have been successfully planned, implemented, and evaluated. The description of the initiatives provides important lessons learned in policy, systems, and environmental approaches; collaboration and coordination of community-wide efforts; ensuring that efforts promote health equity; and building capacity and sustainability.

**Policy, Systems, and Environmental Supports**

Spokane Washington’s work with increasing healthy food access provided an example of community involvement and the usefulness of evaluation. Spokane County community members gathered around improving the availability of healthy foods in low income areas, focusing on food retail in one of Spokane’s urban food deserts. The initial assessment provided the food dessert information needed to target the changes to the highest need areas.

The community members supported the project in many ways including identifying stores that were ready to make changes, working with store owners/management to design needed store changes, and providing assistance in stocking and promoting healthy products. Store owners/managers identified in-store marketing and purchasing challenges. Challenges identified by project staff and community members included the lack of visibility of fresh produce upon entering store, proper refrigeration in corner stores for fresh produce, promotional signage, and the need to make fresh produce and 100% juice available to members of low-income communities. Staff overcame these challenges by taking such actions as placing produce closer to the checkout counter, maintaining a minimum selection and preserving variety of available fruit and vegetables, and working with farm to retail outlets to increase availability of fresh produce.

Samuel and Associates provides lessons learned from the Healthy Eating Active Communities project, an initiative funded by the California Endowment, Kaiser Permanente and the Robert Wood Johnson Foundation. Samuel and Associates served as principal consultants to the Healthy Eating Active Communities and their consultation provided insights for all participating communities on the linkage of environmental improvements and behavior changes. For example, they found that schools improving their food environment by offering healthy food resulted in students eating healthier foods. Students reported making healthier choices during and after school and not compensating with unhealthy food choices outside of school.

Based on their work, Samuel and Associates recommended the following factors be included in future evaluative projects on the impact and effect of environmental strategies:

- Monitor policy adoption and implementation
- Measure strength — enforceability, impact and reach — of policy
- Measure environmental improvements
- Utilize standard measures across communities so that cross-comparison of projects is possible

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**Table 2**

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<th>WON Subcommittee on States, Territories, Tribes, and Communities Broad Criteria for Assessing Abstracts</th>
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<td>1. Comprehensive: initiatives included coordinated and mutually supportive nutrition and physical activity strategies that address multiple levels of the socio-ecologic model across settings.</td>
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<td>2. Collaborative: the planning, evaluation and implementation of the initiatives included processes to engage stakeholders, including community members, to determine priorities and coordinate obesity prevention efforts.</td>
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<td>3. Equitable: initiatives address disparities in access to healthy food and opportunities to engage in physical activity</td>
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<td>4. Sustainable: initiatives included a process to determine the infrastructure, capacity and resources needed to sustain comprehensive efforts.</td>
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They also determined a need for robust evaluations of school food environments, they recommend these evaluations include:

- Measurement of the food environment
- Tracking policy strength and adoption
- Assessment of policymaker, community resident & youth attitudes, practices, perceptions, and norms
- Measurement of health outcomes to follow trends in health at local and state levels
- Use of multiple evaluation methods — both quantitative and qualitative

New York City (NYC) Department of Health and Mental Hygiene used a multi-pronged approach to implement environmental supports to improve nutrition and increase physical activity across the lifespan. By implementing policies, systems, and environmental improvements that support individuals throughout their life, and by adjusting normative behavior of individuals across the population NYC’s goal is to prevent and decrease obesity.

The New York State Eat Smart Move More project was implemented in places where the population spends more time. For example, the New York State Eat Smart Move More project targeted places where children are most likely to be, including schools, child care centers, parks, and health care centers. By engaging key public health professionals and community members, and clearly defining their goals, the project was able to achieve many changes. First year results include 463 facility improvements, 218 policies implemented, and 670 practice improvements across 22 diverse counties in New York. Examples of these improvements include: creation or enhancement of 28 walking trails, creation or support for 35 parks, healthier food choices at 30 child care centers, establishment of 4 new farmers markets and expansion of 18 others in underserved neighborhoods, provision of non-traditional opportunities for physical activity in 6 rural schools and implementation or enhancement of municipal healthy infrastructure policies in 22 counties.

The Texas State Nutrition, Physical Activity and Obesity program used schools state-wide as central community hubs for increasing access to fresh fruits and vegetables and safe places for free physical activity. Initiatives to increase access to fresh fruits and vegetables included providing healthy food choices at every venue including sports and other community events held at the school, and holding farmers markets for the community near or on school property. Increasing access to safe places for free physical activity included adoption of joint-use agreements to permit community members’ access to school buildings and grounds during non-school hours. The communication focus of this initiative involved development and marketing of an interactive website that serves not only as a sharing and information tool but also a way to collect evaluation data.

Collaboration and Coordination of Community-Wide Efforts
One factor to successful collaboration and coordination of community-wide efforts is a well-functioning coalition. The Wisconsin Coalition Support Workgroup (CSW) convened by the Wisconsin Nutrition, Physical Activity and Obesity Program is an example of a well-functioning coalition as evidenced by their adoption of a comprehensive approach which includes assessments of existing coalitions, engagement of stakeholders, thoughtful implementation of activities, and ongoing evaluation.

The Seven Anishinabe Tribal Collaboration which works with tribal members that live on 7 Minnesota reservations provides another example of collaboration and coordination of community-wide efforts. The Collaborative conducted a survey of their Tribal members to assess community members’ desired community improvements. The Collaborative and evaluators worked closely with the Tribal members throughout the planning and implementation of one of the identified enhancements, a community gardens initiative. Tribal members’ physical, social, and cultural needs were identified and addressed. For example, raised garden beds were provided to both honor and address the physical limitations of elders.

Alexandria Childhood Obesity Action Network (A-CON) involved the health department, city agencies, preschool providers, local funders, community organizations, businesses, and residents committed to encouraging active lifestyles and healthy eating through policy, system and environmental supports for healthy eating, active living. The A-CON focused on four core areas: access to play and playgrounds, access to healthy foods, breastfeeding advocacy and promotion, and early childhood education. The building of a partnership across diverse sectors with community engagement has been a key component to their success.

Ensuring That Efforts Promote Health Equity
The Racial and Ethnic Approaches for Community Health (REACH) programs provide experience in a fully integrated community approach that addresses health disparities within the community. REACH works with community members to determine priori-
ties and plan initiative to address and prevent obesity in their neighborhoods. The resulting approaches are culturally specific and take into account both historical and current political and cultural environments which are unique to the community. For example, the South Los Angeles community identified the lack of healthier food options and the REACH project worked with the community to create an incentive program — zoning and financial assistance coupled with aggressive marketing and nutrition education to community members — to attract 3 new grocery stores and sit-down restaurants to the area. These establishments continue to serve the residents of South Los Angeles.

Building Capacity and Sustainability
In 2008 MN Legislature passed a health care reform bill (S.F. 3780) to address the problem of increasing health care costs. The bill provided resource allocation and support for the implementation and monitoring of community-level health promotion programs and practices. This initiative was called the Statewide Health Plan (SHIP). One component of SHIP was the support of 9 tribal governments within the state of MN to increase access to nutritious foods and increase initiation, exclusivity, and duration of breastfeeding through policy, resolutions, systems, and environmental changes in schools, worksites, health care and community settings. In addition to fiscal support, the state health department provided subject matter expertise in nutrition and physical activity through training and technical assistance to address specific needs. As a result, the 9 tribal communities were able to accomplish the following:

- 8 new and 1 expanded farmers market
- 189 new and 13 expanded community gardens
- 3 sites improved their practices leading to increased access to traditional foods 2 grocery stores increased healthier food options
- 4 vending sites added/increased healthy food choices, 2 sites instituted requirements to insure healthier options would be available
- 10 sites implemented incorporated fresh, local produce into the school menu and 6 improved procurement practices to support purchasing of local produce
- 15 schools improved meals and snacks, 9 of the 15 schools improved dietary standards.

Partners noted that increasing capacity to implement policy, system, and environmental strategies to improve dietary quality and increase physical activity were critical to the initiatives’ success. This capacity building occurred through trainings, experiential learning, and mentoring by partners.

Since 2002, the Consortium to Lower Obesity in Chicago Children has brought together more than 3,000 members representing 1,200 organizations working together to prioritize and implement environmental improvements, community capacity development strategies, public education, and policy implementation. The Consortium agreed to work together on a project in 10 Chicago neighborhoods. Multiple Consortium members identified and offered what their organizations could contribute to the project. Because of the collaboration and contributions of multiple partners, the project provided a comprehensive approach that included Complete Streets guidelines, park enhancement, and state hospital-based institutional improvements to support and promote breastfeeding, healthy vending and healthy corner stores. The collaborative work of the partners has resulted in increased synergistic initiatives both with the 10 neighborhood project and citywide initiatives. The members have committed to ongoing collaboration in support of identified priorities. An early success of the Consortium has been a reduction in the city’s obesity prevalence among children ages 3-7, from 24% in 2004 to 22% in 2009. This has provided momentum for Consortium members to stay involved.

Conclusions
The states, communities, territories, and Tribal Nations that presented at the breakout sessions were already implementing initiatives that are consistent with the IOM recommendations. Characteristics of these initiatives include collaborative planning, evaluation and implementation, addressing equity issues, and planning for sustainability.
with the IOM recommendations. Characteristics of these initiatives include collaborative planning, evaluation and implementation, addressing equity issues, and planning for sustainability. These characteristics may help other states, communities, territories, and Tribal Nations that are beginning to plan or implement initiatives that address the IOM recommendations. The presented initiatives suggest one of the characteristics of successful programs is the necessary staff and resources to support planning (state plan), partnership development and maintenance, leveraging funds and building collaborative initiatives. Other factors that are needed to sustain an initiative may be social capital, community engagement, and stakeholder champions. Public health agencies have been and need to continue to be the public health experts who have the knowledge, skills and subject matter expertise to support influential stakeholders to plan and implement critical nutrition and physical activity-focused strategies to address obesity.

**Note**
For additional details on the programs discussed in this article please review the Appendix which contains the referenced abstracts with contact information.

**Summary**
The initiatives presented in these WON conference sessions were diverse in settings, populations, and strategies, however; they all have common themes that may provide lessons learned to other states, communities, territories, and tribal nations. The initiatives had successes built upon strong community support, well-vetted and agreed upon community needs, building and maintenance of community coalitions with diverse membership, and strong mutually-respectful relationships between public health agencies at all levels; state, local, tribal. A common vision and purpose of the implemented initiatives were also accepted by the majority of partners and stakeholders, and well communicated to all including the affected population. Program monitoring and/or evaluation was conducted to benefit the initiative with information to make needed changes, and useful for sustainability. Monitoring or evaluation findings resulted, in some cases, in continued resource allocation which led to sustainability of critical components of the initiatives. Other community, state, territorial, and tribal organizations are encouraged to explore further the initiatives presented in these sessions as they plan their future work.

**Disclaimer**
The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

**References**