

Tri-Affiliate Obesity Prevention Workgroup

The Role of State Public Health in Obesity Prevention



Preventing obesity matters, and state health agencies can and do make a difference.

Preventing and reducing the incidence of obesity requires sustained efforts by multiple sectors including public health at all levels (national, state, tribal, and local). Public health's mission is sometimes described as to "promote physical and mental health and prevent disease, injury, and disability."¹ Public health is "what we do collectively as a society to create conditions in which to be healthy."² State health agencies' contributions draw upon public health principles and support efforts at the local level.

The Obesity Epidemic in the United States³



According to experts at the Centers for Disease Control and Prevention (CDC), obesity costs the United States about \$150 billion a year. Approximately one in three adults and one in six children are obese. Societal, economic, and cultural conditions have all contributed to the rise in obesity. There is no simple solution to the obesity epidemic. Individuals need to make better choices, but as a society, we need to make the healthy choice the easy choice by changing the choices available in schools, child-care settings, work sites, and communities. To view a video that illustrates the epidemic and its contributing factors, as well as changes communities and institutions have made, visit the following website: <http://www.cdc.gov/CDCTV/ObesityEpidemic/>.

The Role of Public Health in Obesity Prevention

When considering obesity prevention, public health's role is to create environments that encourage people to make healthy choices. Public health professionals translate evidence-based information on effective obesity reduction and prevention practices into programs, policies, and environmental strategies. These strategies support healthy food choices and physical activity, making it easier for people to be active and eat well.

Public health is but one aspect of the environment that shapes health within a state or community; transportation, housing, education, and agriculture policies and practices are among others that also affect a populace's health. Public health systems include "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." These systems consist of a network of entities with differing roles, relationships, and interactions.⁴

State public health agencies act as hubs of state-level systems of public health services. They establish parameters and set directions for the practice of public health in each state. Local health departments are administrative or service units of local or state governments. They have governmental authority and are responsible for public health functions of a jurisdiction smaller than the state.

At the local and state levels, public health agencies can and do work with partners to create obesity prevention

interventions, policies, systems, and environmental changes. Some roles that state and local public health departments take to impact obesity include:

- *Providing leadership and promoting changes that reinforce the seriousness of the obesity epidemic.*
- *Convening partners across government, business, education, and nonprofit sectors to address obesity prevention.*
- *Contributing resources for interventions that encourage healthy eating and physical activity.*
- *Encouraging policies, systems, and environmental changes that help citizens who want to become more active and eat well.*



Summary

Obesity prevention is clearly an issue in which public health has a vital role. State public health agencies have important roles in obesity prevention; they provide leadership, coordination among state-level entities, bridging between local and national efforts, technical and financial assistance, dissemination of what works via the provision of best practices resources, surveillance and evaluation assistance. While each state will address obesity prevention differently, each uses public health principles as an overarching framework for developing effective obesity prevention strategies.

Public Health Resources and Tools for Obesity Prevention

The following describes some of the resources that are used to delineate public health’s role in obesity prevention. To create conditions where people can be healthy, public health agencies use the Ten Essential Services⁵ (table 1). These services help to define what work should be accomplished by public health.

The National Public Health Performance Standards Program⁶ (NPHSP) has tools to help public health implement the

Essential Services. There are four model standards (table 2) that help states organize the Ten Essential Services into action plans.

An example of how these tools are used is shown in table 3 which combines Essential Services Five — *Develop policies and plans that support individual and community health efforts* — with the four model standards. What emerges is an outline of an effective process for use in obesity prevention. On the following page, table 4 provides an example of how one state (Arkansas) used this process to guide its work on preventing and reducing obesity.

Ten Essential Services of Public Health

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

table 1

Four Model Standards

1. **Planning and Implementation** — focuses on collaborative planning and implementation of key activities to accomplish the Essential Services.
2. **State-Local Relationships** — examines the assistance, capacity building, and resources that the state provides to local public health systems for implementing Essential Services.
3. **Performance Management and Quality Improvement** — focuses on the state public health system’s reviews of its performance and the use of these reviews to improve performance.
4. **Public Health Capacity and Resources** — examines how effectively the state public health system invests and utilizes its human, information, organizational and financial resources to carry out the Essential Services.

table 2



Essential Service Five: Develop policies and plans that support individual and community health efforts

This Essential Service Involves⁷:

- Policy development to protect health and guide public health practice
- Community and state planning
- Alignment of resources to assure successful planning



STATE ROLES (MODEL STANDARDS)		STATE PUBLIC HEALTH OBESITY PREVENTION ACTIVITIES
1.	Planning and Implementation	<ul style="list-style-type: none"> • Convene collaborative planning group to address obesity • Develop state health improvement plans that address obesity
2.	State-Local Relationships	<ul style="list-style-type: none"> • Assist local planning efforts through consultation and training • Integrate statewide strategies with community obesity prevention plans • Provide assistance with local efforts that affect obesity
3.	Performance Management and Quality Improvement	<ul style="list-style-type: none"> • Monitor obesity rates, policy implementation, and environmental changes • Review policies for public health impact on obesity • Conduct performance management of planned strategies
4.	Public Health Capacity and Resources	<ul style="list-style-type: none"> • Commit financial resources to support systems, policy, and environmental change efforts • Coordinate system-wide organization efforts for preventing obesity • Provide staff and training expertise in planning, policy development, and environmental change strategies

table 3

Arkansas Coalition for Obesity Prevention

Using Essential Service Five to Guide Its Work



The Arkansas Department of Health partnered with the Arkansas Coalition for Obesity Prevention (ArCOP) in a statewide effort to support 21 communities, known as Growing Healthy Communities (GHC). GHC used policy and environmental change strategies to increase physical activity and healthy eating throughout the state. The Arkansas Department of Health's role included facilitating planning efforts; fostering state and local relationships; and strengthening local public health capacity by providing technical assistance, training, and increased access to model policy and environmental change strategies.

Each GHC project site started with a planning team convened by the ArCOP that included: the mayor, other elected officials, a Hometown Health Coalition representative, and major stakeholders. Each community planning team attended three days of training where national, state, and regional/community experts provided information on the most promising strategies to increase healthier foods, physical activity options, and strengthening relationships needed to make a difference in the community.

After training, planning teams had a local action plan and a small amount of state and foundation funding. As activities got underway, GHC volunteers enlisted individuals from the Chambers of Commerce, Rotary Clubs, city councils, gardeners' associations, and

various transportation agencies to join community leadership teams. Active participation by the GHC volunteers and continued commitment from elected officials promoted community buy-in for projects and increased GHC visibility.

The Arkansas Department of Health provided training materials, technical assistance, and consultation resources as communities worked on accomplishing their established goals. This collaboration created a strong alliance among each GHC, local leaders, and the Arkansas Department of Health. This inclusive process resulted in residents being involved in making policy and environmental changes that are positively affecting the communities' well-being.

More than 30,000 individuals were directly reached through the Growing Healthy Communities project with an additional 535,488 people in 21 communities impacted by policy and environmental changes. Examples of policy and environmental changes resulting from the 21 GHC projects included:

- *Fresh locally grown food was more available through local farmers markets, community gardens, school garden projects, and "add a row" projects. Farmers' markets served more people because they were easier to access and in walking friendly locations.*

- *Community leaders had a better understanding of the importance of connectivity between where people live, shop, work, and play. Walkability surveys led to developing more trails, bike paths, and sidewalks.*
- *Communities were provided assistance for review of their policies and ordinances and changed those that inadvertently prohibited positive activities. For example, one community adapted ordinances to allow watering in a community garden even if no structure was on the lot, the original requirement. Another implemented healthy vending policies to make water the only beverage available in parks and recreation districts.*
- *Locally tested model programs emerged that used promising practice strategies, which will be shared statewide.*
- *Communities received funds from local organizations and even a federal Communities Putting Prevention to Work grant because of the capacity built as part of the GHC effort.*
- *Support within the communities increased for these efforts.*

table 4

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¹ Health.gov. Public Health Functions Project. Public Health in America. 1994. Public Health Functions Steering Committee. (1994). <http://www.health.gov/phfunctions/public.htm> (retrieved April 2012).

² Institute of Medicine (U.S.). Committee for the study of the future of public health. The Future of Public Health. Washington, D.C.: National Academy Press, 1988. http://www.nap.edu/openbook.php?record_id=1091

³ Centers for Disease Control and Prevention. CDC TV. <http://www.cdc.gov/CDCTV/ObesityEpidemic/Transcripts/ObesityEpidemic.pdf> (retrieved April 2012)

⁴ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. The National Public Health Performance Standards Program. Users Guide. Fall 2007. p. 6. <http://www.cdc.gov/nphsp/documents/userguide.pdf> (retrieved April 2012)

⁵ Health.gov. Public Health Functions Project. Public Health in America. 1994. Public Health Functions Steering Committee. (1994). <http://www.health.gov/phfunctions/public.htm> (retrieved April 2012)

⁶ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. The National Public Health Performance Standards Program. Users Guide. Fall 2007. p. 13. <http://www.cdc.gov/nphsp> (retrieved April 2012)

⁷ Center for Disease Control and Prevention. National Public Health Performance Standards Program, Essential Public Health Services Presentation, slide 17. <http://www.cdc.gov/nphsp/documents/essentialservicespresentation.pdf> (retrieved April 2012)