

Use of Data for Child Obesity Prevention in Los Angeles County

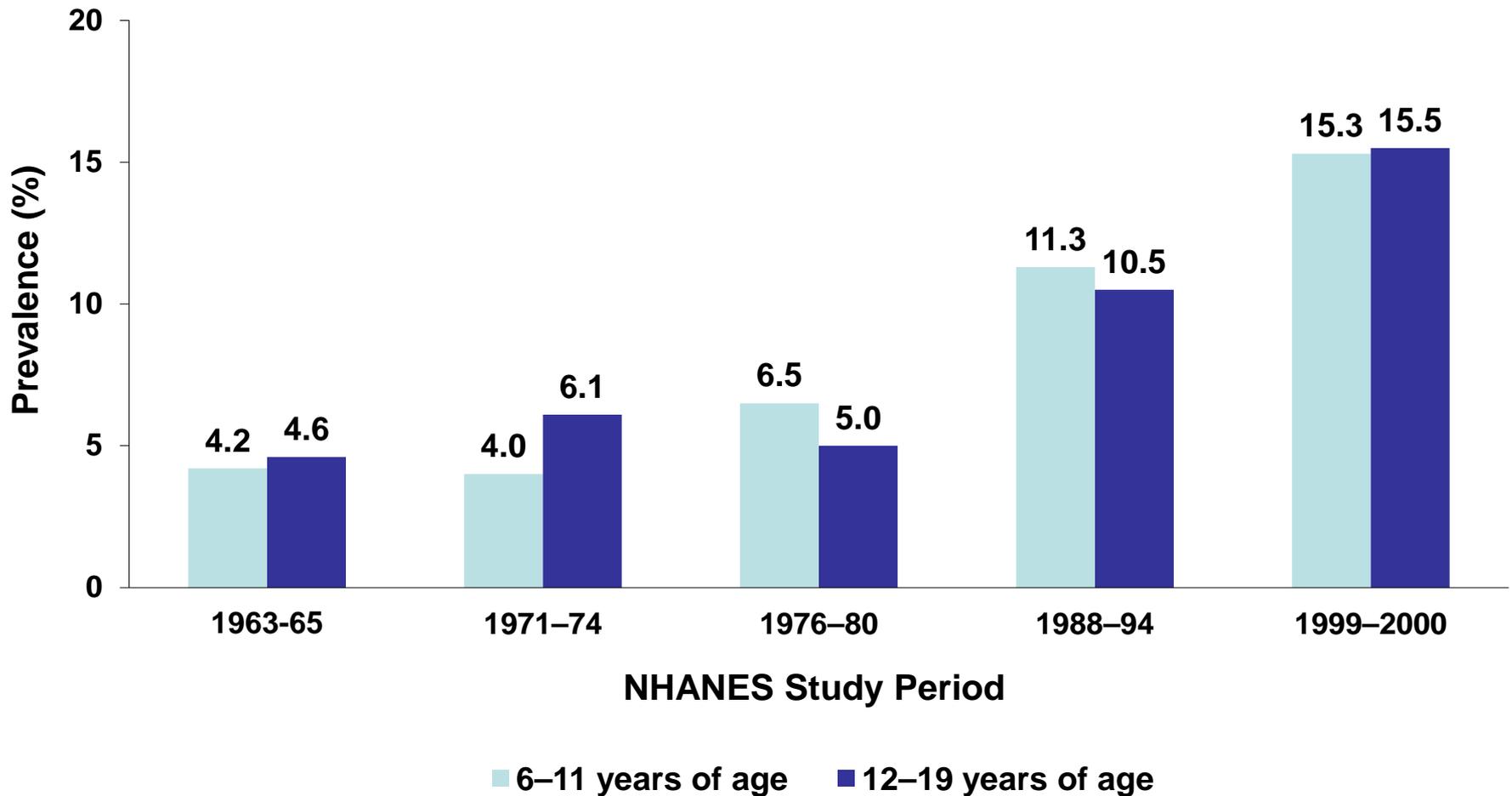
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Prevalence of Obesity Among Children in the United States (Source: NHANES)







Where's the Data??

- NHANES at the national level (measured height and weight)
- Minimal surveillance data at state and local levels
- Pediatric Nutrition Surveillance System (limited to low income children; not readily accessible for local area analysis)
- WIC data (limited to 3 and 4 year olds from low income households)
- Health care system data (limited to those in the system)
- Interview surveys (parent-reported data on child height and weight not reliable)





California Physical Fitness Testing Program

- Legislation passed in 1995 (Assembly Bill 265)
 - mandates physical fitness testing of all children in grades 5, 7, and 9 in public schools
 - program administered by the California Department of Education (CDE)
 - mandates reporting by schools to CDE
 - CDE responsible for annual report to the legislature
 - results included in school accountability report cards
- Full system implemented in 1999
- LA County DPH approached CDE in the spring of 2002

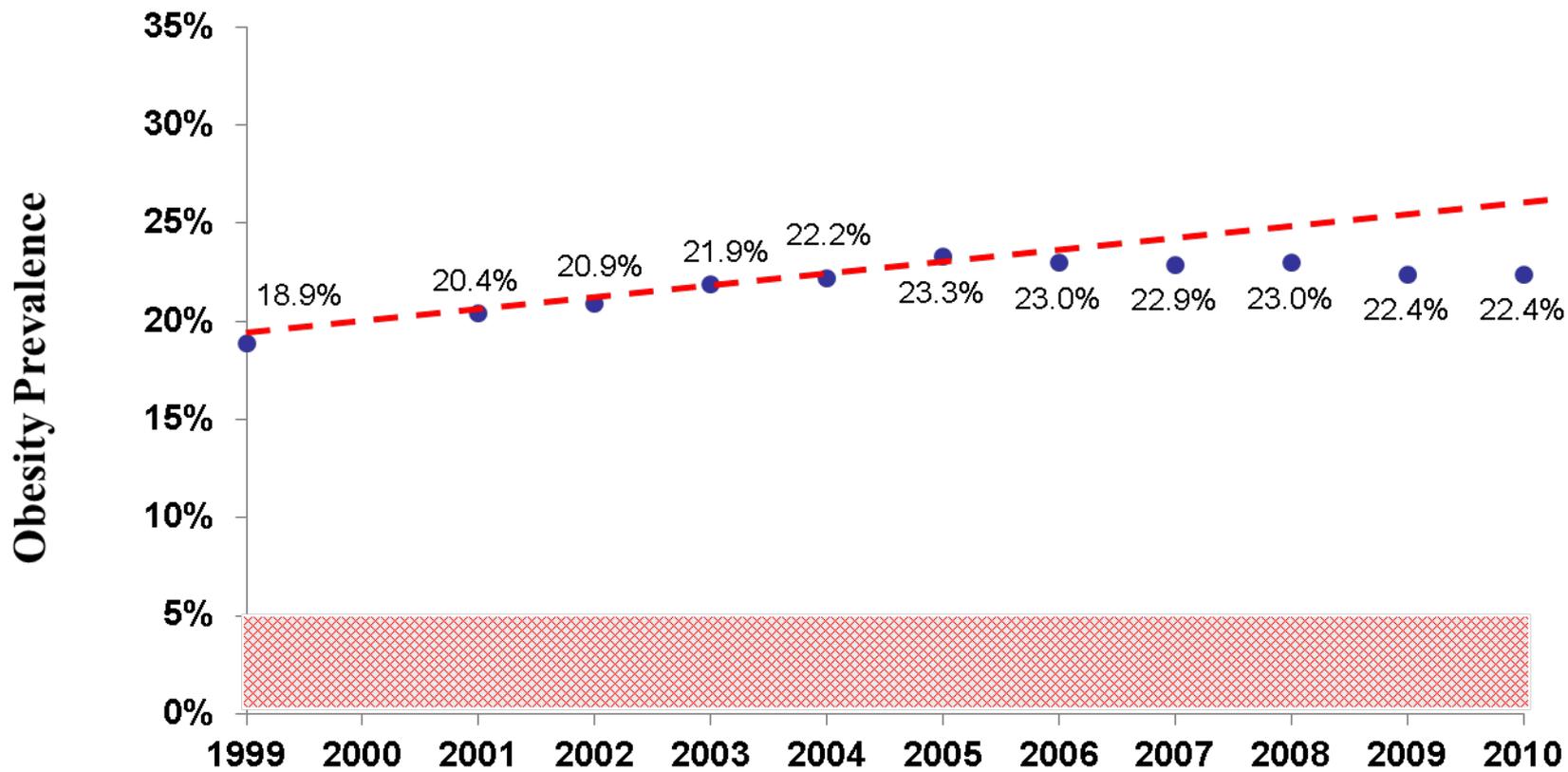


Fitness Testing Program (cont.)

- Fitness measures (Fitnessgram; Cooper Institute)
 - aerobic capacity
 - abdominal strength
 - upper body strength
 - trunk strength
 - flexibility
 - body composition (measured height and weight, skin calipers, or electrical impedance)
- measurements done by teachers or other school staff each spring
- aggregate results available on California Department of Education website (www.cde.ca.gov/ta/tg/pf/)
- percent in "healthy fitness zone"



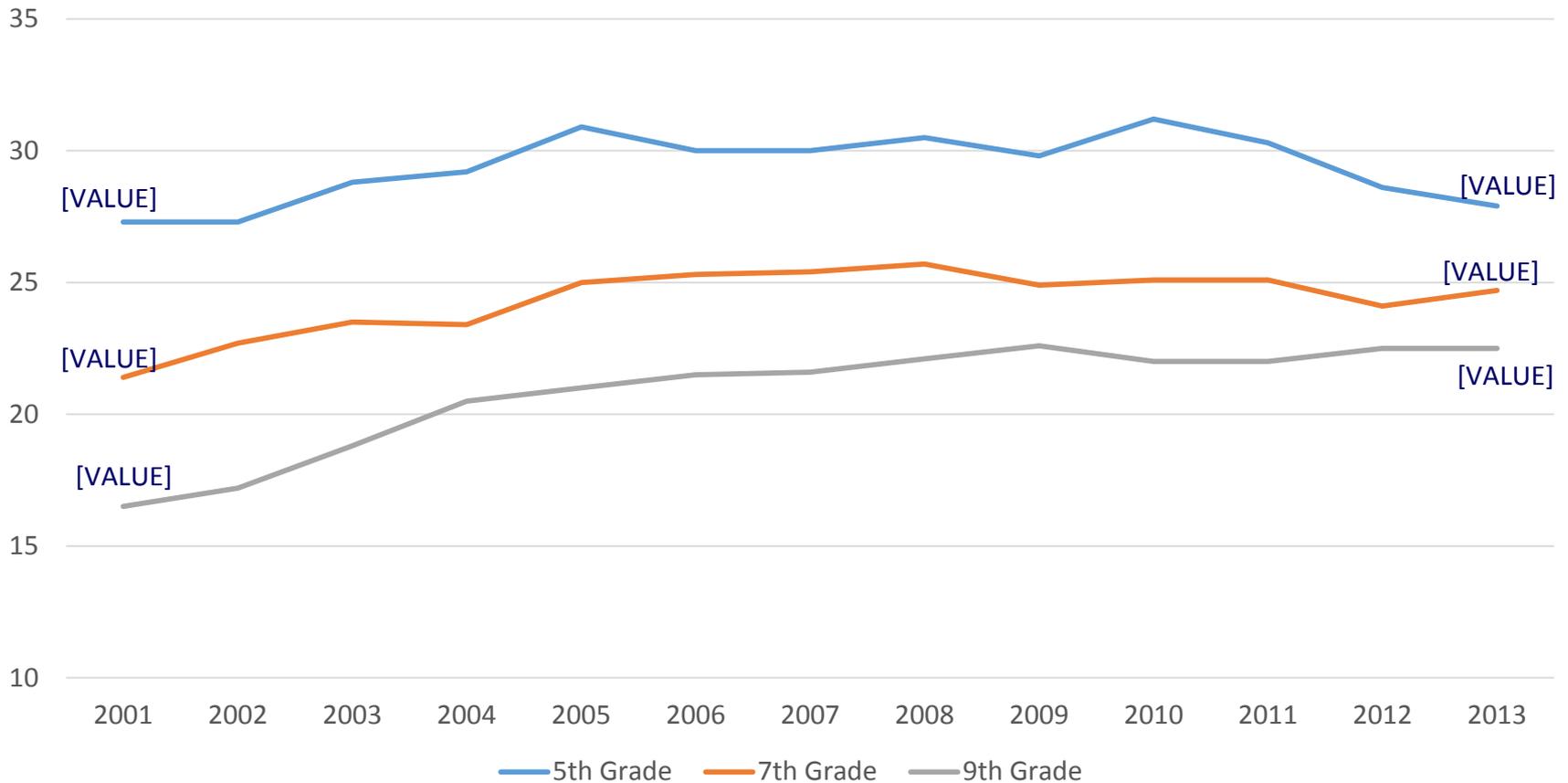
Prevalence of Obesity Among 5th, 7th, and 9th Graders in Los Angeles County Public Schools, California Physical Fitness Testing, 1999-2010



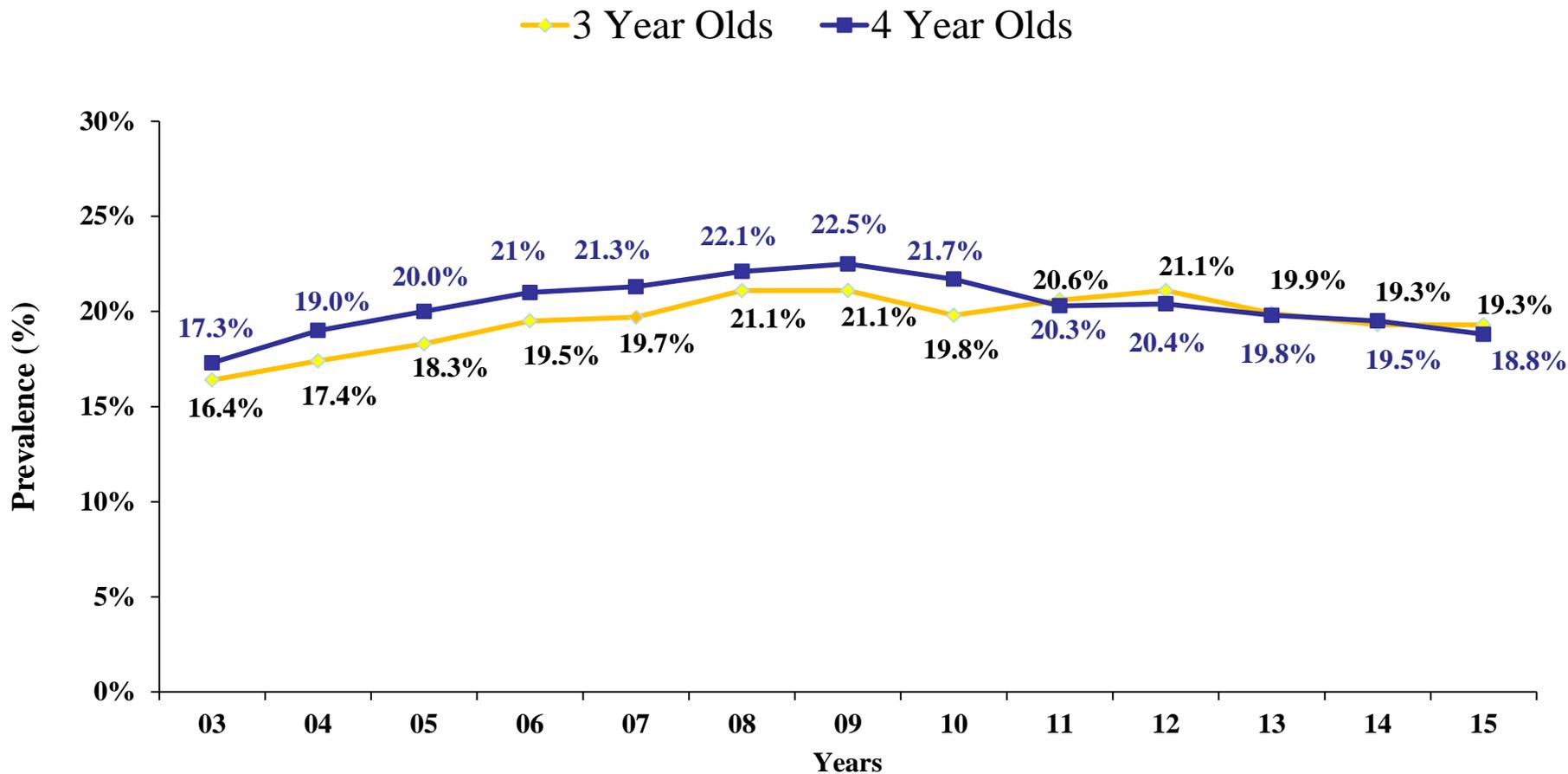
 Healthy People 2010 Goal (<5%)
 Prevalence of Obesity
 Projected obesity prevalence assuming linear trend



Prevalence of Obesity Among 5th, 7th, & 9th Graders in LAUSD Schools, 2001-2013



Obesity Prevalence Among 3 and 4 Year Olds in the WIC Program, LA County, 2003-2015



Source: PHFE WIC Program, LA County



Cities/Communities with Lowest and Highest Childhood Obesity Prevalence, 2010

Top 10*

Bottom 10*

City/Community Name	Obesity Prevalence (%)	Rank of Economic Hardship (1 - 117)	City/Community Name	Obesity Prevalence (%)	Rank of Economic Hardship (1 - 117)
Manhattan Beach	2.8	5	LA City Council District 8	29.3	98
Agoura Hills	4.0	10	El Monte	29.3	99
Palos Verdes Estates	5.6	2	LA City Council District 9	29.4	117
Calabasas	6.4	15	Pomona	29.8	91
Beverly Hills	7.5	18	South Gate	30.7	101
South Pasadena	7.5	16	Huntington Park	30.7	105
Arcadia	8.8	25	Florence-Graham	31.1	116
El Segundo	8.9	7	East Los Angeles	31.1	109
Santa Monica	10.2	9	West Whittier-Los Nietos	31.3	73
La Crescenta-Montrose	10.6	23	South El Monte	34.1	97
Average 10 lowest	7.2%		Average 10 highest	30.7%	
Ave Median Household Income		\$100,184	Ave Median Household Income		\$39,846



* Excludes cities/communities where number of students with BMI data < 500.

Sources: California Department of Education Physical Fitness Testing Program (5th, 7th, and 9th graders enrolled in LAC public schools); U.S. Census Bureau, 2005-2009 5-Year American Community Survey (MHI in 2009 inflation-adjusted dollars)

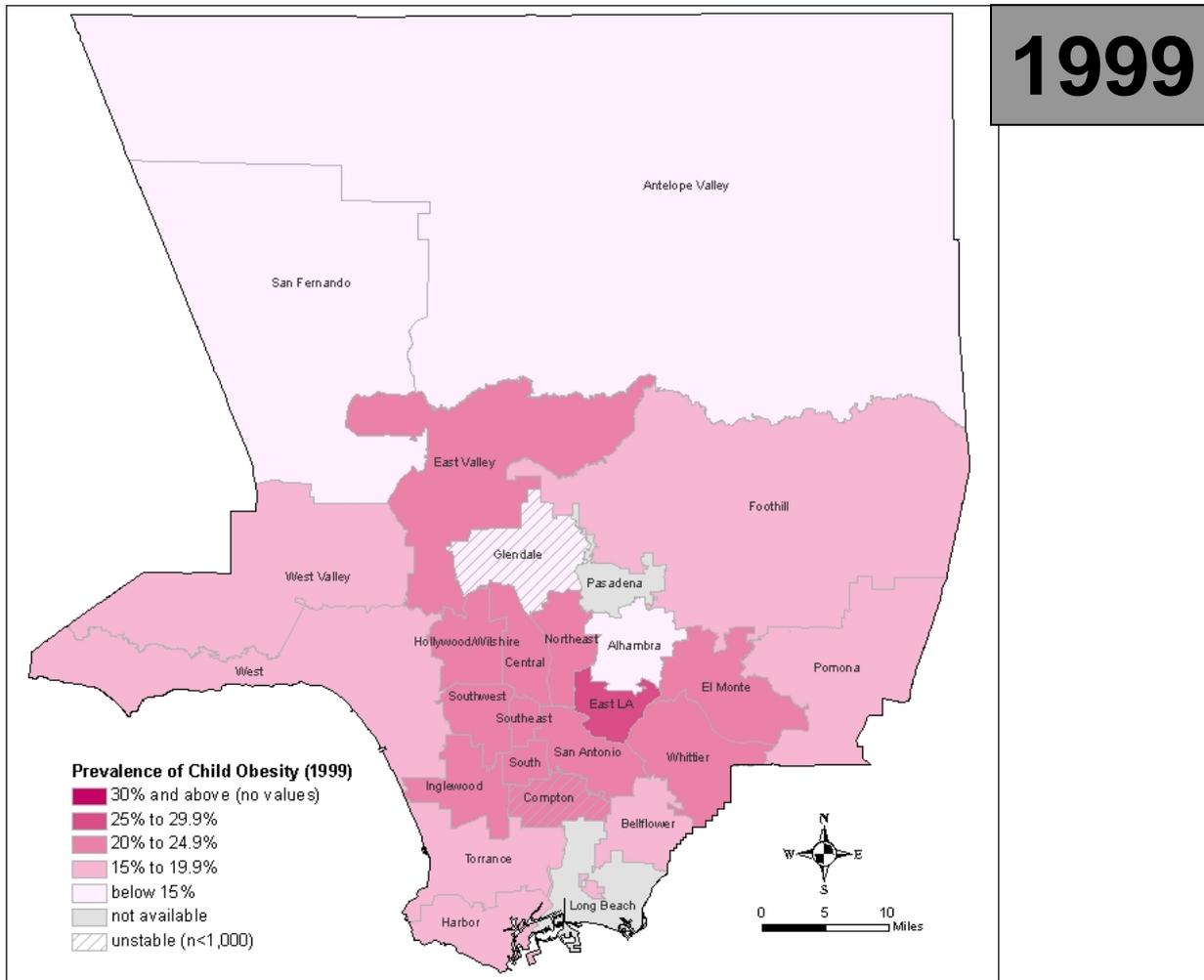


Uses of the Data

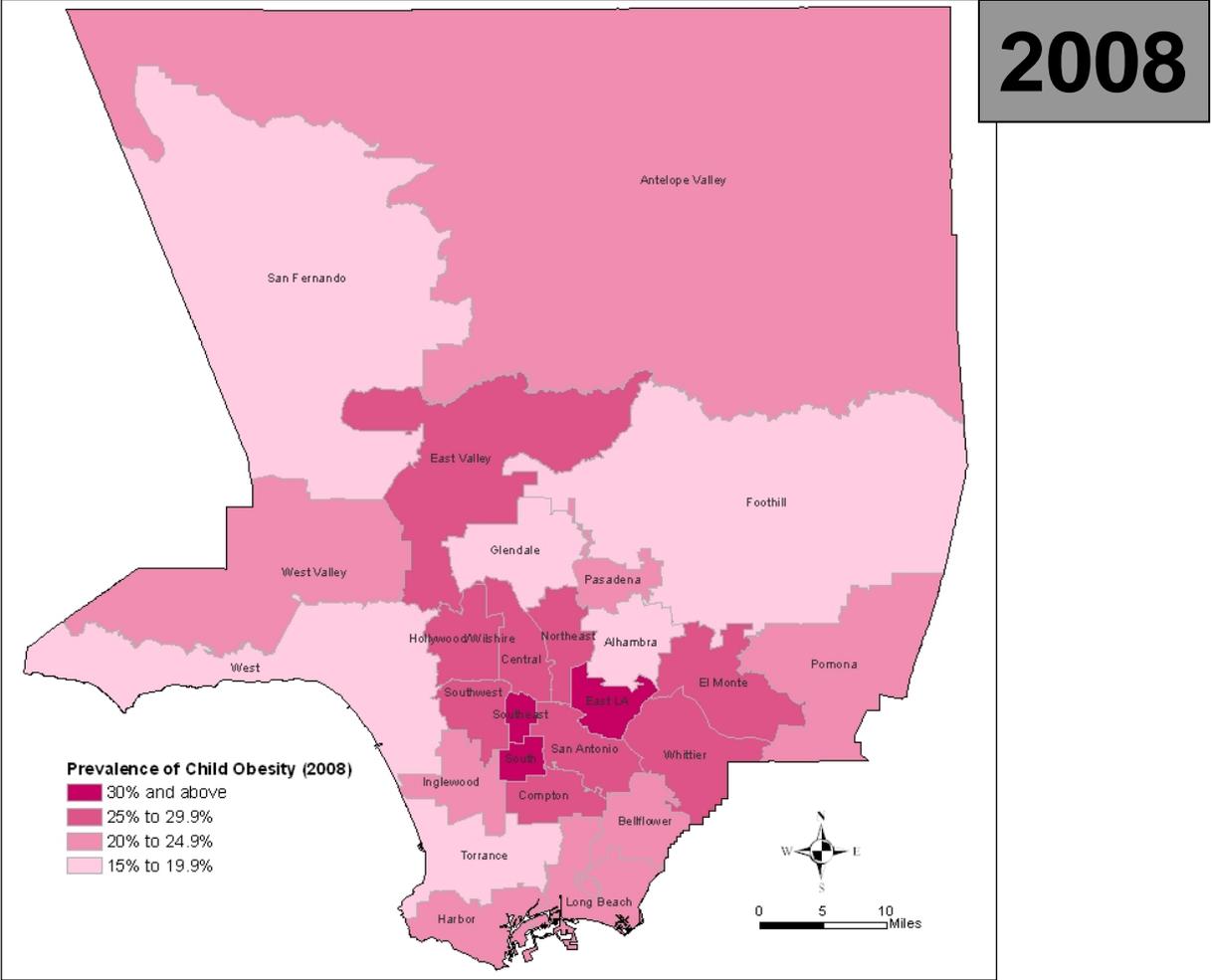
- Program planning
- Grant applications
- Public education
- Advocacy
- Policy development
- Research



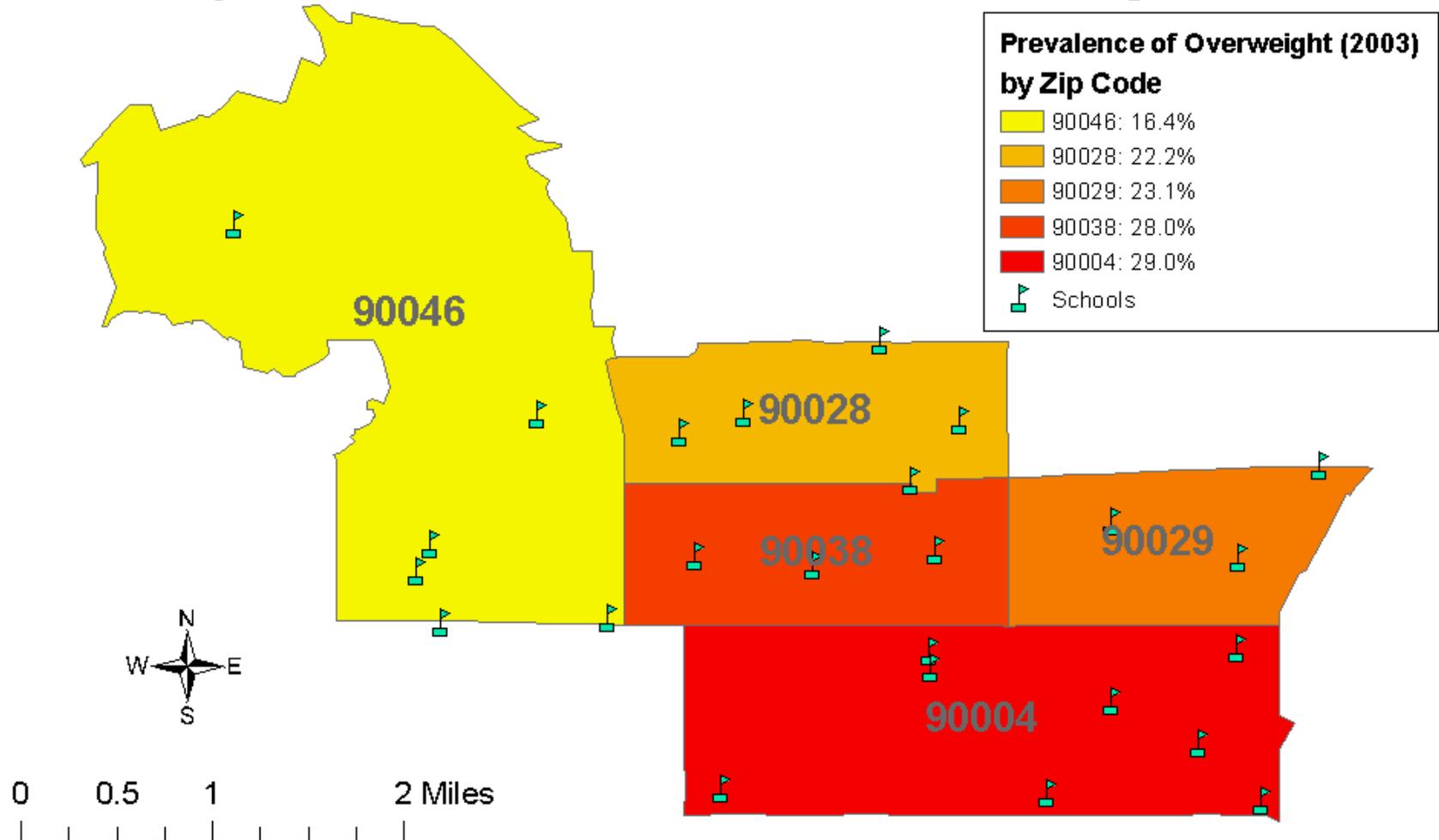
Prevalence of Child Obesity by Health District Los Angeles County



Prevalence of Child Obesity by Health District Los Angeles County



Prevalence of Childhood Overweight by Zip Code Hollywood Wilshire Health Center Target Area



Source: California Physical Fitness Testing Program, 2003.
Overweight is a body mass index at or above the 95th percentile
for age and sex. Prepared by the Office of Health Assessment &
Epidemiology, (213) 240-7785, www.lapublichealth.org/epi

Key Intervention Strategies

- Community education and encouragement
- Skills-building
- Social marketing (promote social norm change)
- Policy, systems, and environmental change (“making the healthy choice the easy choice”)
- Prioritization of communities with high rates of childhood obesity



Key Activities (a partial list)

- **Healthcare providers** (clinical protocols)
- **Hospitals** (“Baby-Friendly” designation)
- **Childcare providers** (nutrition & physical activity standards)
- **School districts** (school meals, PE, shared use agreements)
- **Cities/communities** (parks and rec, bike and ped infrastructure, Safe Routes to School Program)

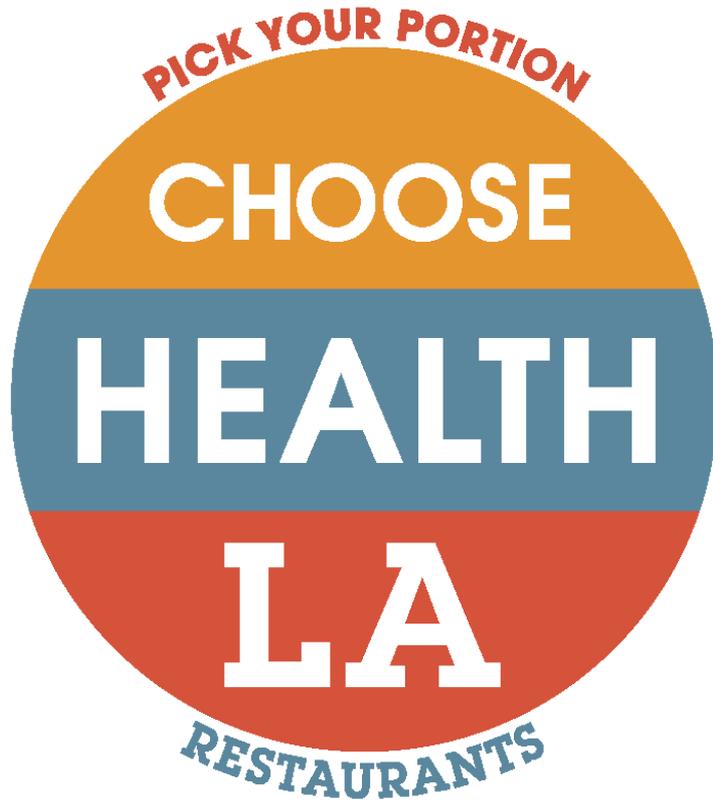


Efforts to Improve Community Food Environments

- Farmers' markets
- Urban agriculture
- Small neighborhood markets (“market makeovers”)
- Supermarkets
- Restaurants (Choose Health LA Restaurants)



Restaurant Recognition Program



A Choose Health LA Restaurant:

- ✓ Offers customers smaller portion size options of their favorite meals, in addition to existing menu items
- ✓ Offers healthier kid's meals that include fruits and vegetables, healthy beverages, and non-fried foods
- ✓ Offers customers chilled water, free of charge



Curbing Unhealthy Food and Beverage Marketing to Young Children

- The food industry spent 1.79 billion dollars on food marketing to children in 2009, most on foods and beverages with little or no nutritional value (FTC, 2012).
- A report by ChangeLab Solutions with recommendations on local strategies to reduce marketing of unhealthy foods and beverages to young children—implementation underway.



Sugar Sweetened Beverage Media Campaign

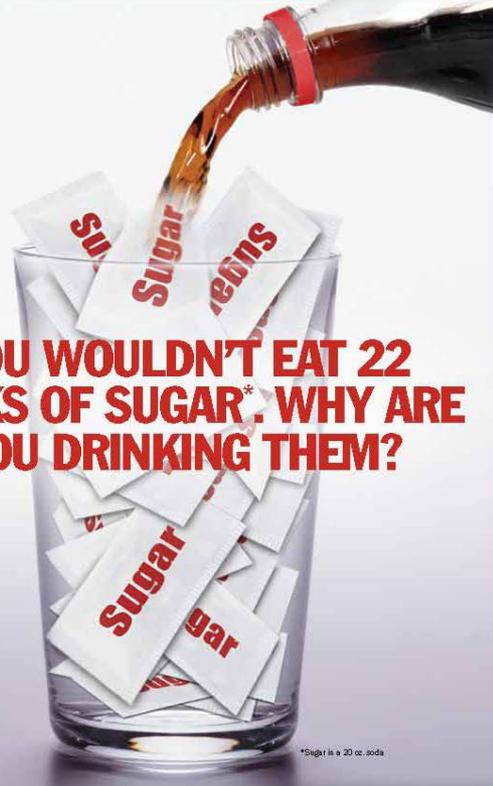


**USTED NO SE COMERÍA
22 PAQUETES DE AZÚCAR.*
¿POR QUÉ SE LOS TOMA?**

*Contenido de azúcar en una soda de 20 onzas.

Extra calorías en bebidas cargadas de azúcar pueden causar obesidad, diabetes, enfermedades del corazón y algunos tipos de cáncer.

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**YOU WOULDN'T EAT 22
PACKS OF SUGAR.* WHY ARE
YOU DRINKING THEM?**

*Sugar in a 20 oz. soda

Extra calories in sugar-loaded drinks may lead to obesity, diabetes, heart disease and some cancers.

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**COUNTY OF LOS ANGELES
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Centers for Disease Control and Prevention
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PREVENTING CHRONIC DISEASE

PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY

BRIEF

Volume 10 — August 08, 2013

Declines in Sugar-Sweetened Beverage Consumption Among Children in Los Angeles County, 2007 and 2011

Paul A. Simon, MD, MPH; Amy S. Lightstone, MPH, MA; Steve Baldwin, RD, MS; Tony Kuo, MD, MSHS; Margaret Shih, MD, PhD; Jonathan E. Fielding, MD, MPH

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PEER REVIEWED

Abstract

This study assessed changes in consumption of sugar-sweetened beverages (SSBs) among children (aged ≤ 17 years) in Los Angeles County. We analyzed children's data from the 2007 ($n = 5,595$) and 2011 ($n = 5,934$) Los Angeles County Health Survey. The percentage of children who consumed 1 or more SSB per day decreased from 43.3% in 2007 to 38.3% in 2011 ($P < .001$); this decrease was seen across most sociodemographic subgroups. Despite measurable progress in reducing SSB consumption among children in Los Angeles County, consumption remains high, highlighting the need for additional policy and programmatic interventions.



COUNTY OF LOS ANGELES
Public Health

The Nanny

You only thought you lived in the land of the free.



Bye Bye Venti

Nanny Bloomberg has taken his strange obsession with what you eat one step further. He now wants to make it illegal to serve "sugary drinks" bigger than 16 oz. What's next? Limits on the width of a pizza slice, size of a hamburger or amount of cream cheese on your bagel?

New Yorkers need a Mayor, not a Nanny.

Find out more at ConsumerFreedom.com



COUNTY OF LOS ANGELES
Public Health

Bye-bye, burgers: New fast-food chains bet on healthy eating



LA Times Business Section,
November 2, 2014



Why is surveillance data essential?

- Is our compass
- Grant applications
- Raising public and policymaker awareness
- Building support for policy, systems, and environmental change strategies
- Priority setting and planning
- Evaluation

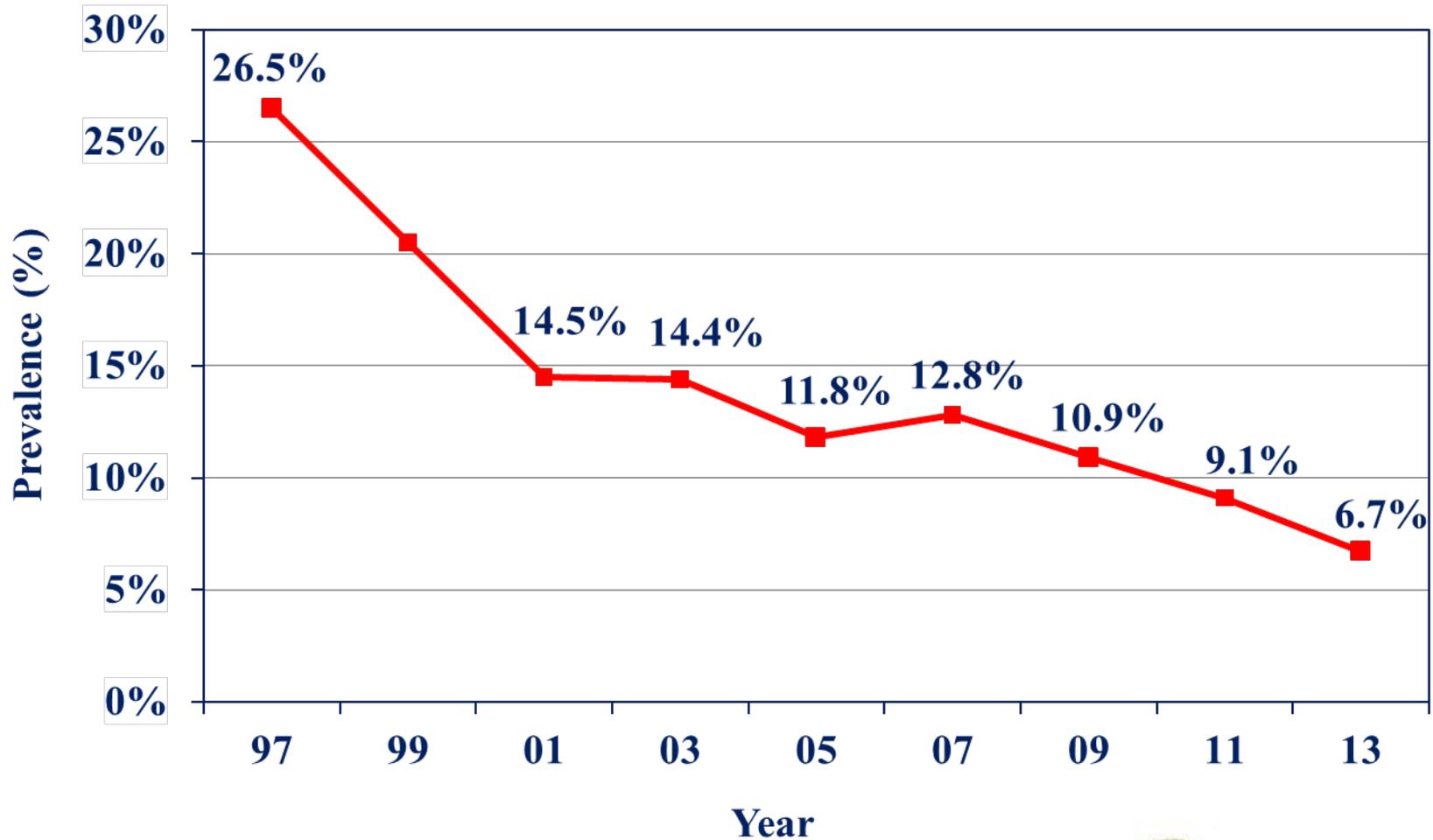


Current State of Affairs

- A comprehensive high quality surveillance system for child obesity is lacking in California
- Need for high-level outreach to the California Department of Education to access Fitnessgram data
- Health care system reform may offer additional opportunities
- The alternative is the status quo—sentinel surveillance using a fragmented mix of data sources



Trend in Smoking Prevalence Among High School Students, LAUSD, 1997-2013



For More Information

www.publichealth.lacounty.gov/chronic/

www.choosehealthla.com

