



Public Health Departments and Obesity Prevention: Current Practices and Policy Opportunities

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Presented by Liz Schwarte, MPH





Public Health Departments and Obesity Prevention: Current Practices and Policy Opportunities

○ Authors

- **Samuels & Associates**

Liz Schwarte, MPH

Sarah Samuels, DrPH

Maria Boyle, MS, RD

Sarah Stone-Francisco, MPH

- **The California Endowment**

George Flores, MD, MPH

- **Partnership for the Public's Health**

Bob Prentice, PhD


Julie Williamson, MPH



Public Health Departments and Obesity Prevention Web-Based Survey

○ PURPOSE

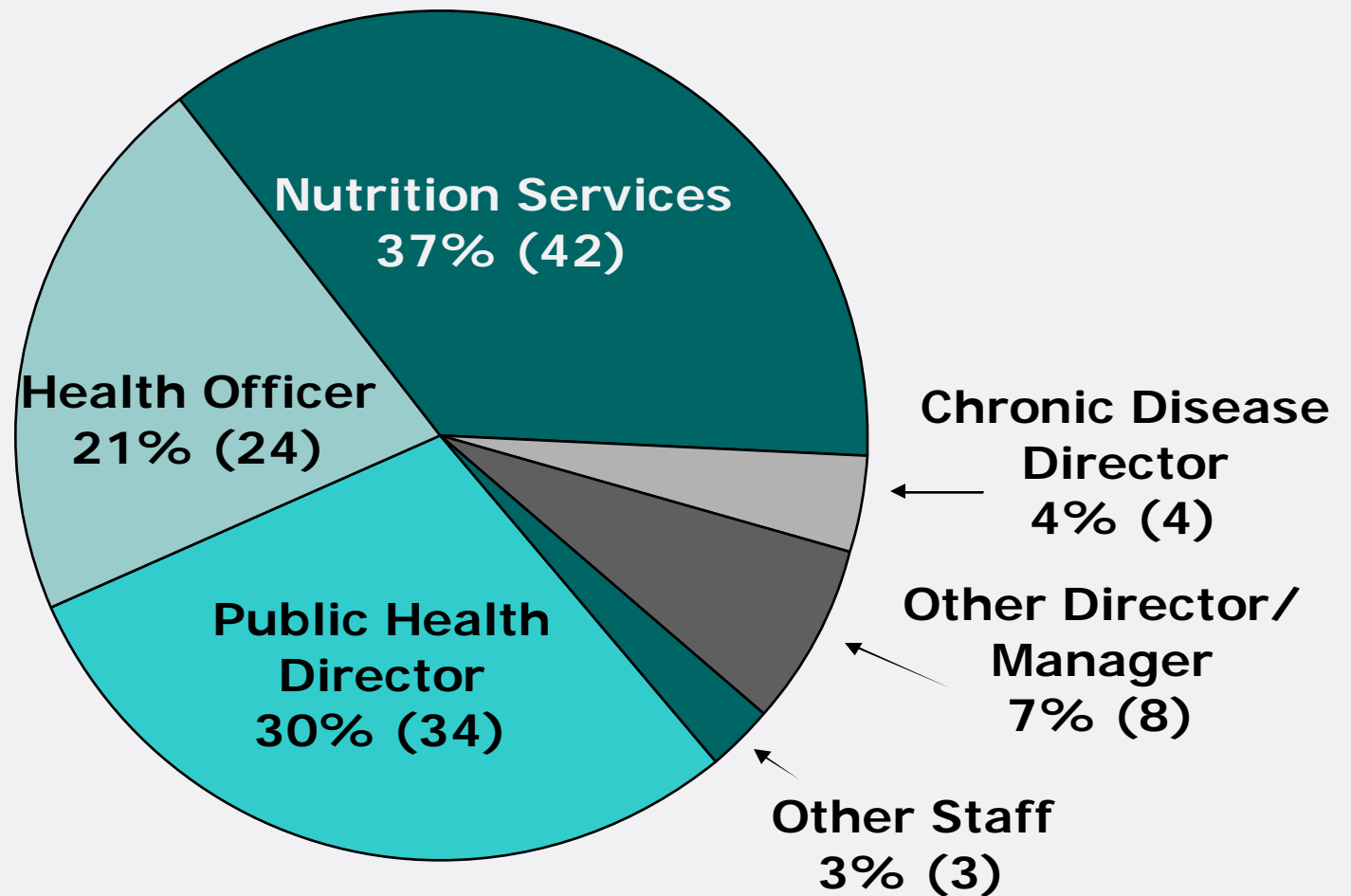
- Solicit CA public health departments' voices
 - Obesity and chronic disease prevention practices, opportunities, and strategies
 - Barriers for public health department engagement in changing nutrition and physical activity environments
- Identify policy and systems change opportunities
- Explore impact of foundation funded programs (HEAC, CCROPP)



Public Health Departments and Obesity Prevention Survey

- Developed in collaboration with CCLHO, CHEAC, the Partnership for the Public's Health, and the California Department of Health Services
- Conducted by Samuels & Associates in early 2007 with funding from The California Endowment
- 115 Respondents (62% response rate)
- 57 of 61 Health Departments in California (93% response rate)

Respondent Demographics



N=115 respondents



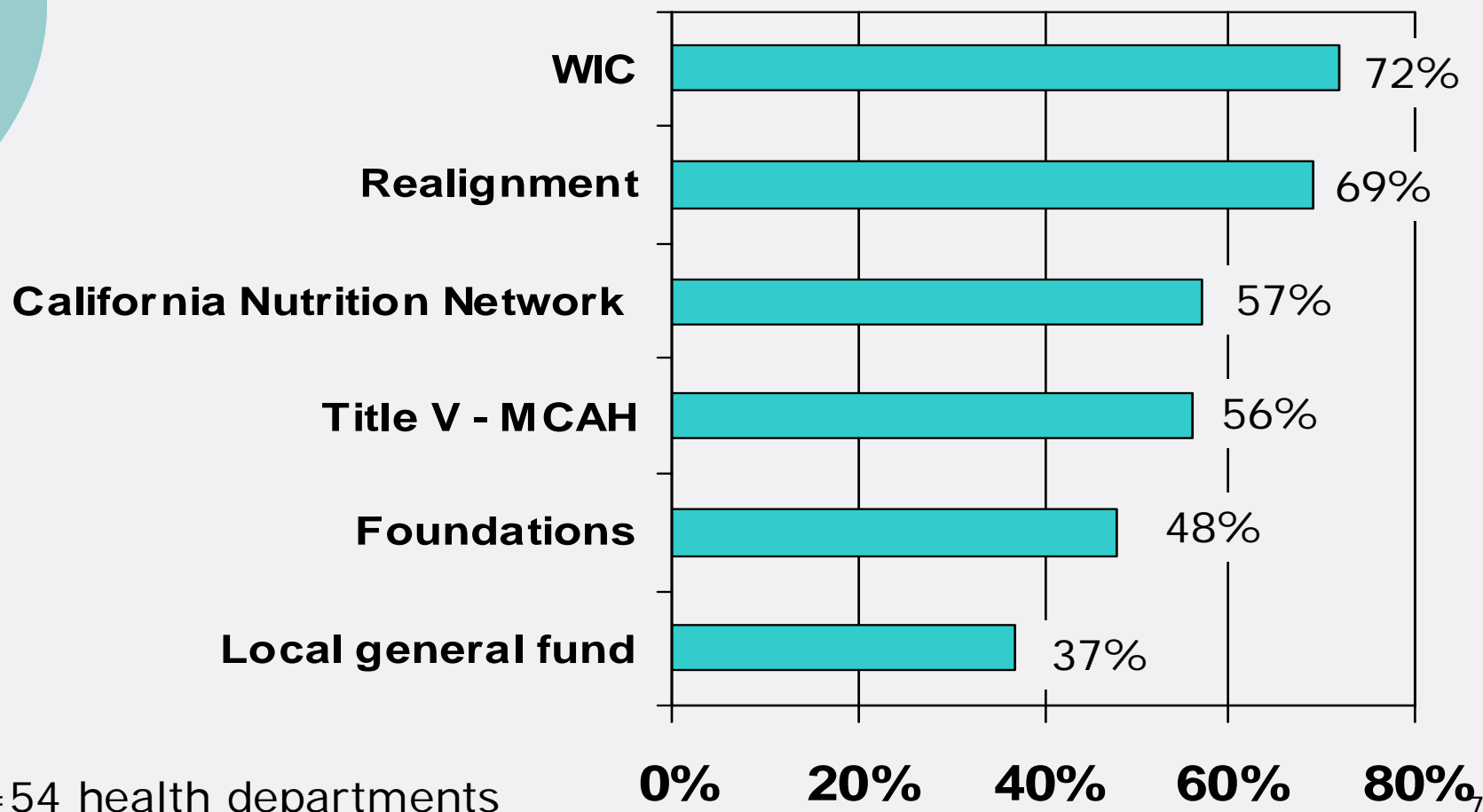
Public Health Department Organizational Structure for Obesity Prevention

- **83%** of health departments responding to the survey have an *individual* (69%) or a *unit* (76%) taking the lead on obesity prevention
- **92%** of health departments that receive funding from foundations have an *individual* (81%) or a *unit* (85%) taking the lead on obesity prevention
- Units taking the lead
 - Health Education
 - Chronic Disease
 - Nutrition
 - WIC

N=54 health departments

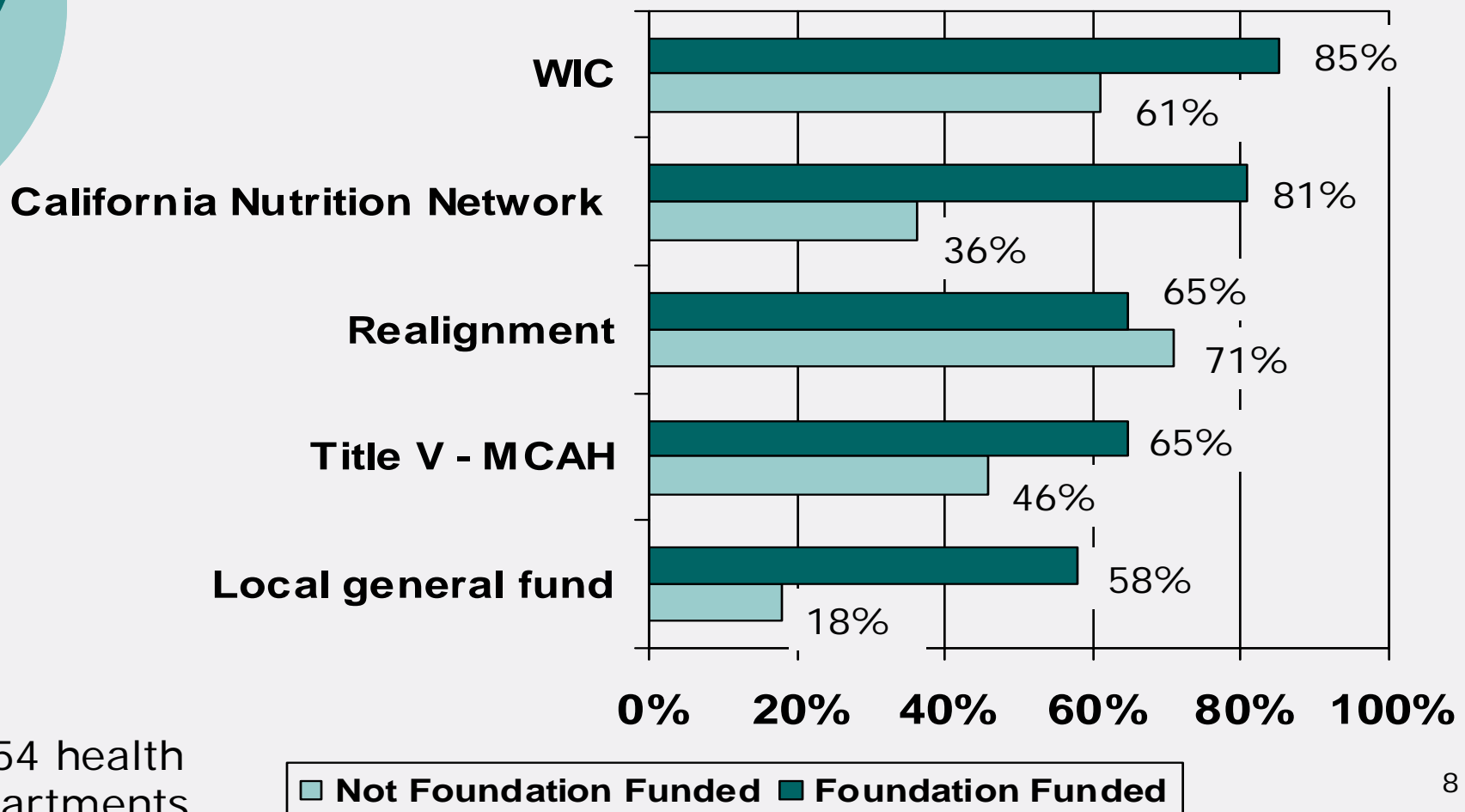
Public Health Department Funding for Obesity Prevention: Reported by Health Department

- Most frequently cited funding sources for changing nutrition and physical activity environments:

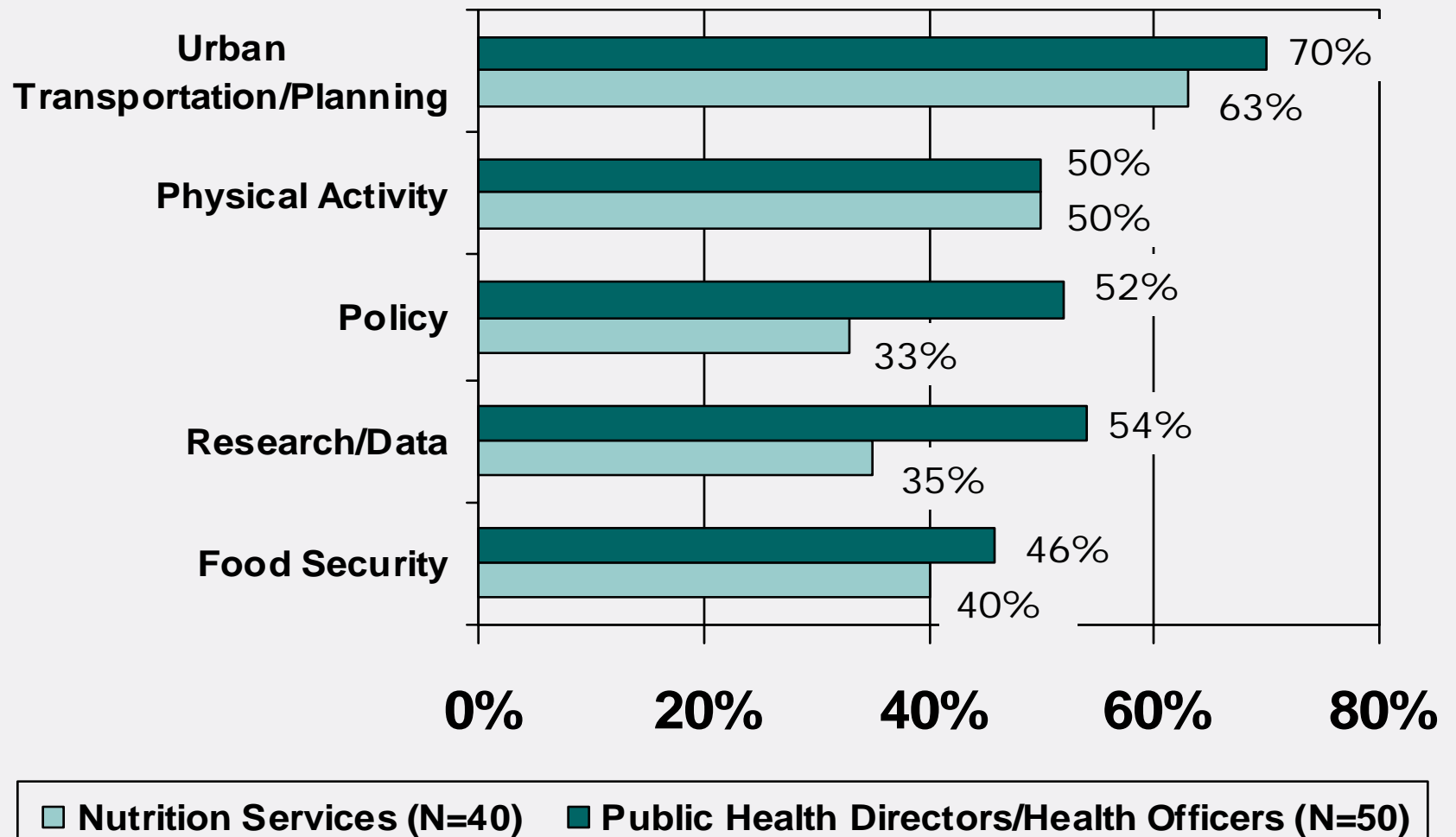


Public Health Department Funding for Obesity Prevention: Reported by Health Department

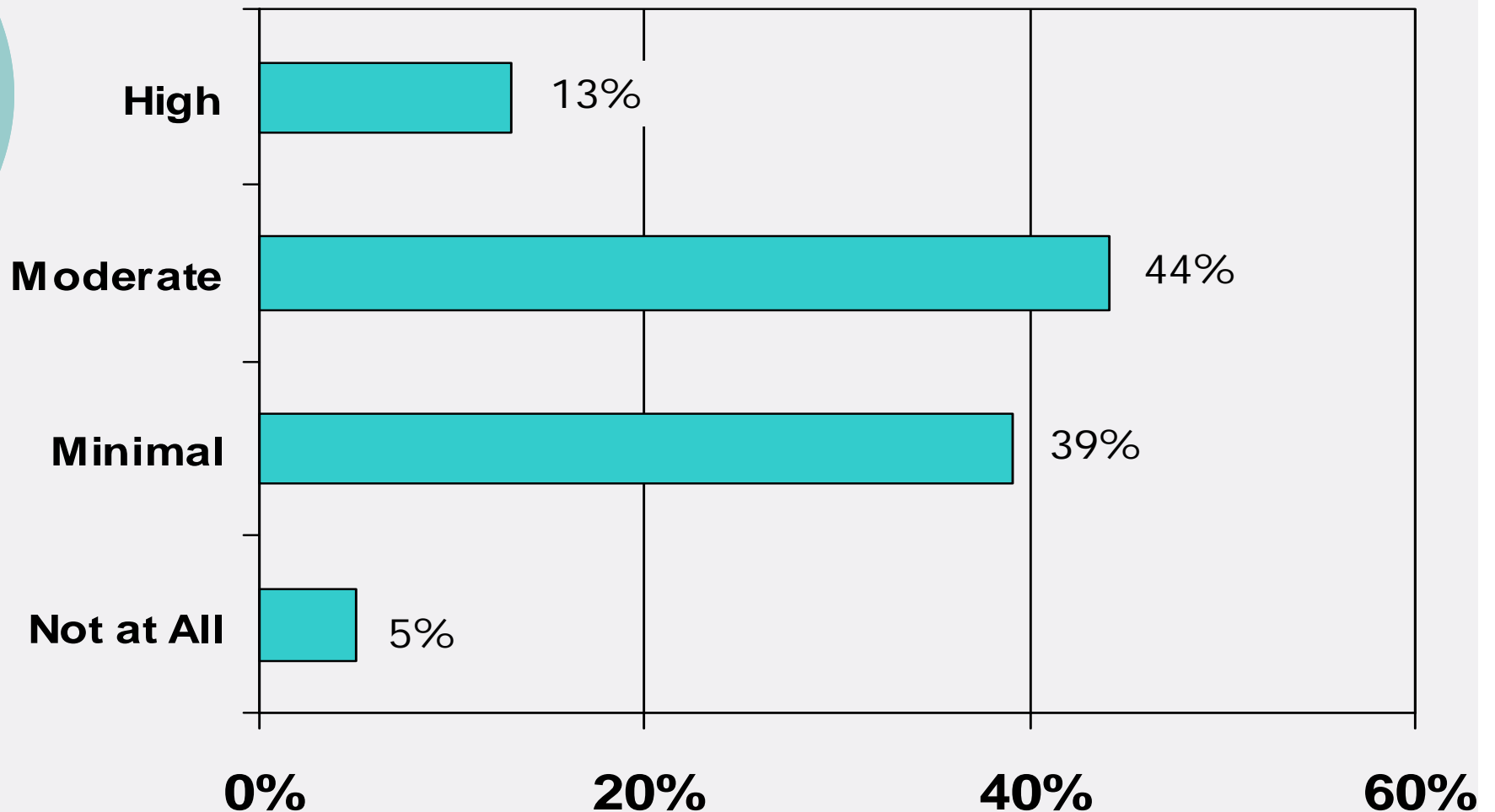
- Most frequently cited funding sources for changing nutrition and physical activity environments:



Workforce Skills Needed for Obesity Prevention



Degree of Integration Across Programs To Engage in Obesity Prevention

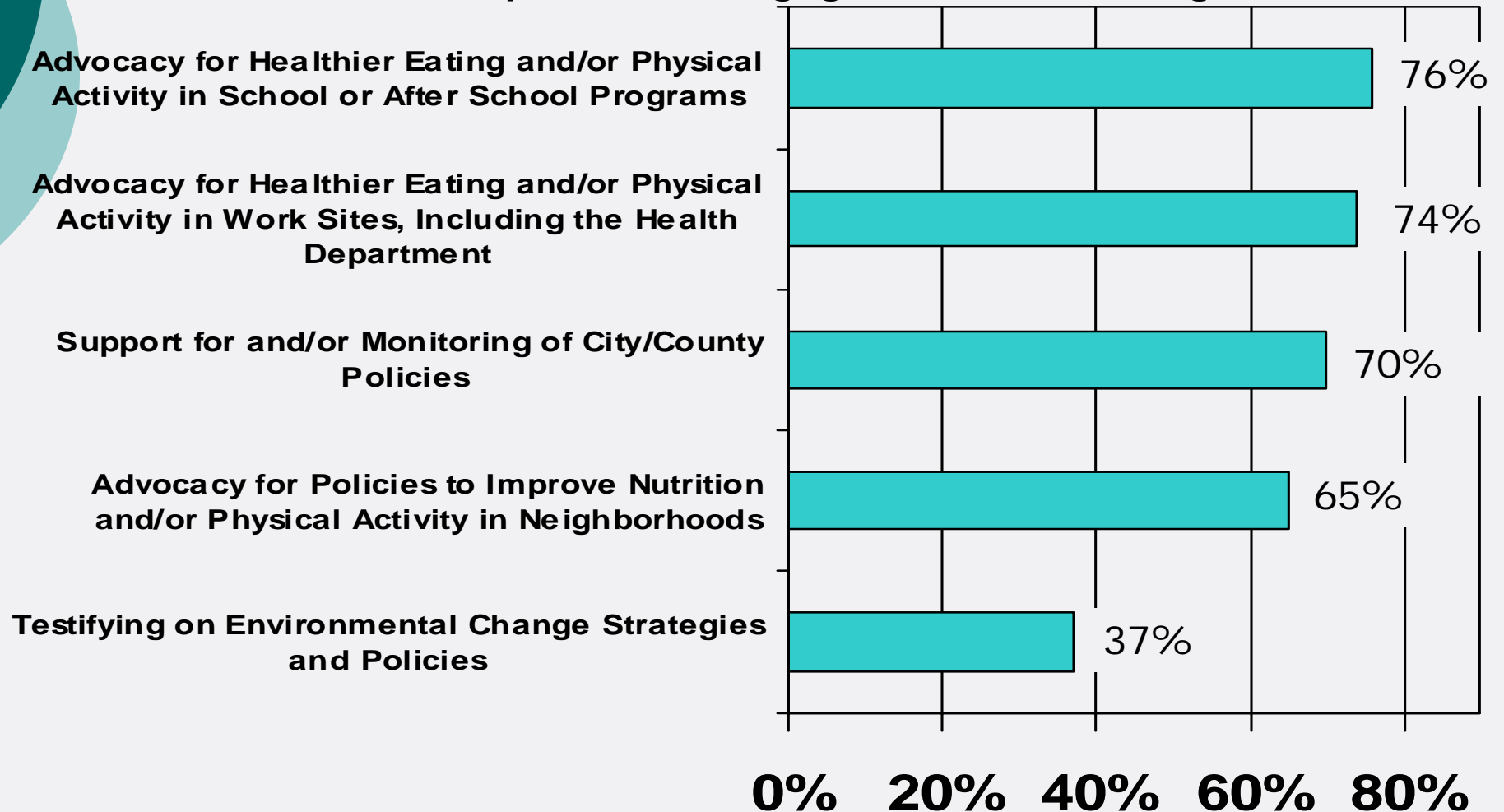


N= 108 respondents

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Advocacy and Policy Change for Nutrition and Physical Activity Environments

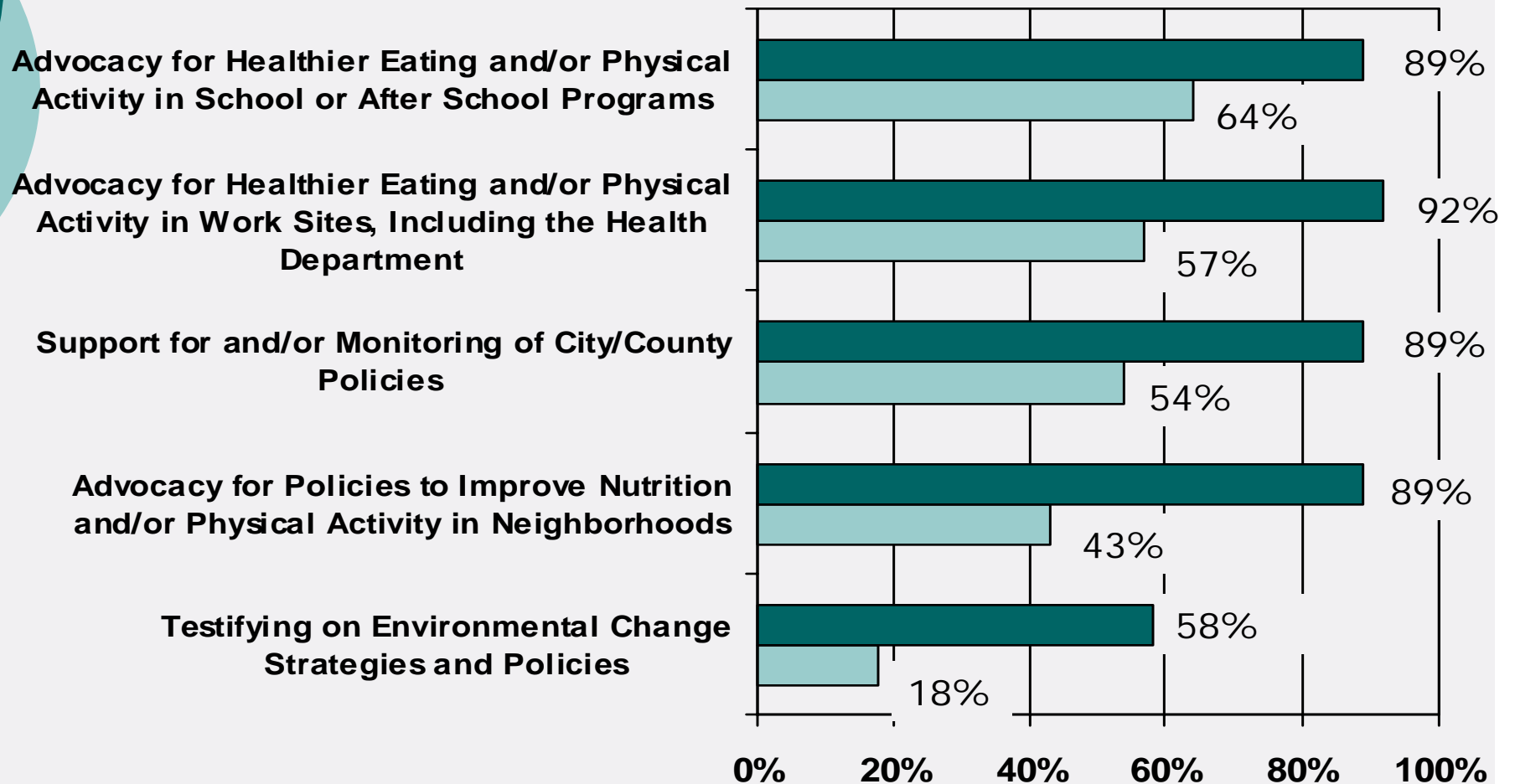
Percent of Health Departments engaged in the following activities:



N=54 health departments

Advocacy and Policy Change for Nutrition and Physical Activity Environments

Percent of Health Departments engaged in the following activities:



N=54 health departments

■ Not Foundation Funded ■ Foundation Funded



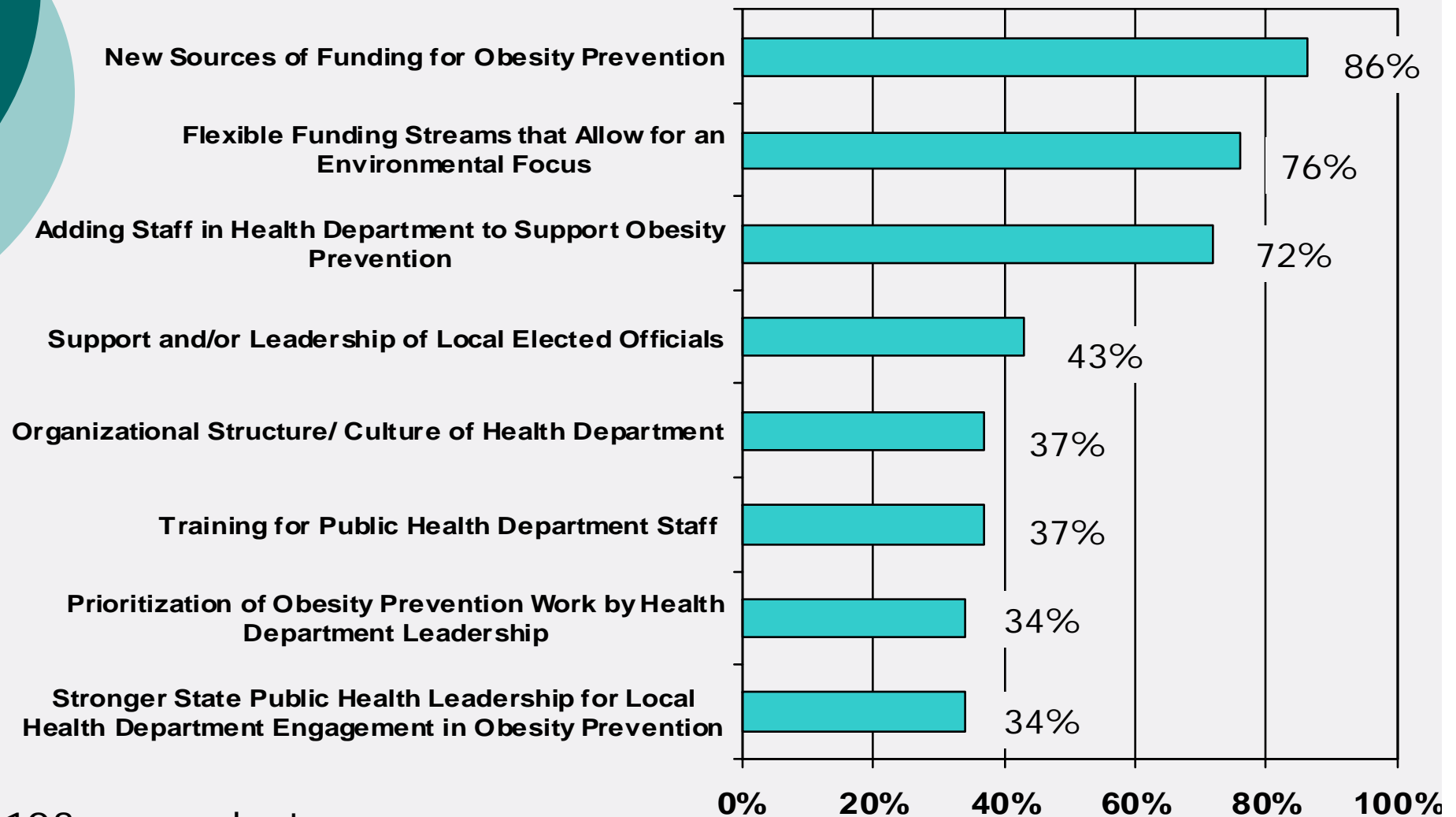
Nutrition and Physical Activity Policies and Programs in Health Departments

- **32%** of health departments have an internal organizational physical activity policy
- **41%** of health departments have an internal organizational nutrition policy
- **70%** of health departments have other programs/policies that encourage physical activity (such as wellness programs and walking clubs)

N=54 health departments

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Supportive Factors for Public Health Department Engagement in Obesity Prevention



N= 103 respondents



Obesity and/or Chronic Disease Prevention Plans

○ Local Plans

- **32%** (17) of health departments have an obesity and/or chronic disease prevention plan (N=54)
- **58%** (15) of health departments that receive foundation funding have an obesity and/or chronic disease prevention plan (N=26)
- **7%** (2) of health departments who *do not* receive foundation funding have an obesity and/or chronic disease prevention plan (N=28)



Obesity and/or Chronic Disease Prevention Plans

○ Local Plans

- **50%** (9) of “Large Metro” health departments have an obesity and/or chronic disease prevention plan (N=18)
- **42%** (8) of “Medium/Small Metro” health departments have an obesity and/or chronic disease prevention plan (N=19)
- **0%** (0) of “Non-metro” health departments have an obesity and/or chronic disease prevention plan (N=17)



Key Findings

- In most health departments, a unit or individual is taking the lead on obesity prevention.
- Integration across programs in health departments engaged in obesity prevention is minimal.



Key Findings, Cont.

- Funding for obesity prevention is concentrated in programs with restrictive funding streams
- Staff in public health departments have capacity/expertise in a variety of skill areas needed for obesity prevention, yet additional capacity is needed.
- Public health departments participate in a variety of advocacy and policy change activities for improving nutrition and physical activity environments.



Key Findings, Cont.

- Health Departments that receive foundation funding are more likely to:
 - use other funding sources for changing nutrition and physical activity environments
 - engage in advocacy for changing nutrition and physical activity environments



1222 Preservation Park Way

Oakland, CA 94612

510-271-6799

liz@samuelsandassociates.com