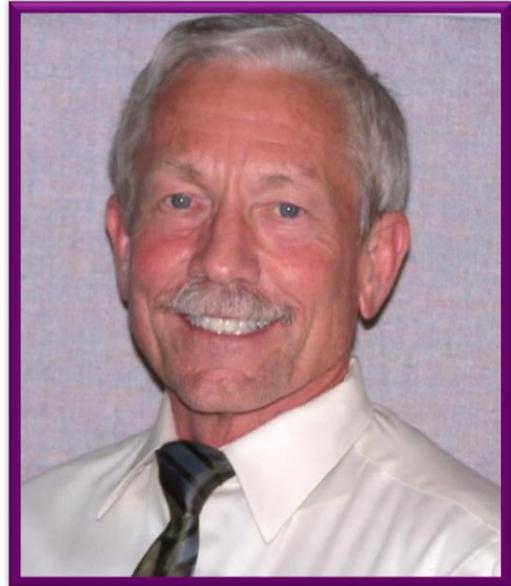


To *Your* HEALTH *Fresno County*

Bringing you public health issues and ways to improve personal, family, neighborhood and community health



Obesity in Fresno County: A Call to Action, Part 2

September 12, 2014

In my [letter on August 20](#), I described the national obesity epidemic; why it is a threat to public health and why we have seen a sharp increase in obesity in the last two decades.

Individuals can make choices to achieve and maintain a healthy weight. We can eat more fruits and vegetables and increase physical activity as well as decrease sugary drinks and “screen time.”

Have you tried to adopt these behaviors?

Undoubtedly, you have discovered that our environment does not often support healthy decisions. On the contrary, cheap and convenient choices are the most readily available and these usually do not lead us to healthy outcomes.

When we are running late, the vending machine is full of low-cost unhealthy options for a snack or even lunch. Complaints from our children about the healthy meals we thoughtfully prepare ring in our ears. We think about taking a brisk walk but realize the neighborhood lighting is poor, the sidewalks are unsafe, and the traffic patterns are dangerous. And for many of our families in Fresno County, how can healthy eating and physical activity make the priority list when household income barely pays the water and electricity bills? These hurdles can thwart the resolve of most anyone.

Personal responsibility alone will not reduce obesity rates in Fresno County.

How can we change our environment so that healthy choices are easier?

The problem may appear insurmountable. We have a culture that seems to cultivate the unhealthy.

“Reversing this epidemic requires a multifaceted and coordinated approach that uses policy and environmental change to transform communities into places that support and promote healthy lifestyles choices for all people.”
William H. Dietz, MD, PhD, director of CDC's Division of Nutrition, Physical Activity and Obesity

We each have a circle of influence. What could happen if we all began to use our influence at the same time? Let's explore together some of the ways we can influence a change in our immediate environment and the potential impact of those changes.

As health care providers, we can measure weight, height, and BMI routinely, counsel our patients about nutrition and physical activity, and connect families with community resources such as nutrition education services. Various authors have stressed the importance of patient referral to professionals who specialize in the design of healthy exercise programs outside the healthcare environment, making use of the local resources available in each area as a strategy for effective integration of the promotion of exercise in Primary Care.¹ Growing evidence exists that educational and supportive interventions directed at helping patients to change risky behaviors or become better self-managers, improve outcomes across a range of chronic illnesses. Effective interventions emphasize the increased patient motivation and self-efficacy in managing their health.²

As retailers, we can promote and provide healthy food choices to our local community, increase advertising of healthy items such as produce and water and reduce advertising of unhealthy food and beverages. "Although doctors, nutritionists, exercise physiologists, and expert panels advocate strongly for prudent eating and regular exercise, the food and entertainment industries push back with seductive ads that trump somber warnings."³ One million dollars an hour is spent by companies selling sodas, candy, chips, and other unhealthy foods.⁴ Seventy five percent of Californians indicated that it was important to stop advertising and marketing unhealthy products like high-calorie, fatty, or salty foods, sodas, and other sugary drinks to children and teens.⁵

As employers, we can make healthy food and beverage choices readily available and encourage physical activity in the workplace. Research shows the benefits of worksite wellness program to businesses. Employees realize better health and the business is able to recoup the costs in increased worker productivity and reduced healthcare costs.⁶⁻⁹

As educators, we can play a critical role by establishing a safe and supportive environment with policies and practices that support healthy behaviors and by providing opportunities for students to learn and practice healthy eating and physical activity behaviors. Schools with well-designed programs and policies to promote healthy eating and physical activity have reduced rates of overweight and obesity among students and also achieve improved academic performance.¹⁰⁻¹⁷

A physically active lifestyle is cultivated in childhood. Parents, schools, and communities can partner to insure that children of all ages have ample opportunities for active play, integrated physical activity opportunities throughout the school day, quality physical education that meets the minimum state standards, inclusive sports programs, and walk and bike-to-school initiatives.¹⁸⁻¹⁹

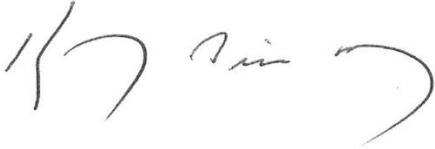
The CDC provides 24 excellent recommendations for community leaders and public officials in its [Recommended Community Strategies and Measurements to Prevent Obesity in the U.S.](#) Another excellent resource for community leaders and public officials is [Nemours' Childhood Obesity Prevention Toolkit for Rural Communities.](#)

Many health experts and health champions advocate strongly for healthy eating and regular exercise. Each of us also has the power to become a Champion for Change. As individuals, we can make our local schools and retailers aware of our desire for promotion and availability of healthy food and beverage choices. We can advocate for increased physical activity opportunities in our neighborhoods and schools. We can model healthy choices for our children, family, and friends wherever we live, work, play, and worship. Let's keep our eyes open for opportunities to positively influence the environment around us.

The choice to become a Champion for Change could give you and your community a longer, healthier life.

I would like to hear from you. Email me at ToYourHealth@co.fresno.ca.us.

Here's to your health!

A handwritten signature in black ink, appearing to read "Ken Bird". The signature is fluid and cursive, with a large initial "K" and "B".

Dr. Ken Bird, Fresno County Interim Health Officer

¹Yancey AK, Fielding JE, Flores GR, Sallis JF, McCarthy WJ, Breslow L. 2006; Puig-Ribera A, McKenna J, Riddoch C. 2006

² Von Korff M, Gruman J, Schaefer J, Curry SJ, Wagner E., 1997

³ <http://healthyliving.msn.com/health-wellness/obesity-in-america-whats-driving-the-epidemic-1>

⁴ Berkeley Media Studies Group, *Fighting Junk Food Marketing to Kids: A Toolkit for Advocates*. 2006.

⁵ <http://www.field.com/fieldpollonline/subscribers/RIs2460.pdf>

⁶ Aldana SG. Financial Impact of Health Promotion Programs: A comprehensive review of the literature. *Am J Health Promot*. 2001;15(5):296-320. [[PubMed](#)]

⁷ Chapman LS. Meta-evaluation of worksite health promotion economic return studies: 2005 Update. *Am J Health Promot*. 2005;19(6):1-11. [[PubMed](#)]

⁸ Goetzel RZ, Ozminkowski RJ. The health and cost benefits of work site health-promotion programs. *Annu Rev Public Health*. 2008;29:303-323. [[PubMed](#)]

⁹ Pelletier KR. A review and analysis of the clinical and cost-effectiveness studies of comprehensive health promotion and disease management programs at the worksite: 2000-2004 update (VI) *J Occup Environ Med*. 2005;47(10):1051-1058. [[PubMed](#)]

¹⁰ Centers for Disease Control and Prevention. *MMWR*. Vol. 46. 1997. Guidelines for school and community programs to promote lifelong physical activity among young people; pp. 1-36. [[PubMed](#)]

¹¹ Centers for Disease Control and Prevention. Guidelines for school health programs to promote lifelong healthy eating. *MMWR*. 1996;45:1-41. [[PubMed](#)]

¹² Gortmaker SL, Peterson K, Wiecha J, Sobol AM, Dixit S, Fox MK, Laird N. Reducing obesity via a school-based interdisciplinary intervention among youth: Planet Health. *Arch Pediatr Adolesc Med*. 1999;53(4):409-418. [[PubMed](#)]

¹³ Robinson TN. Reducing children's television viewing to prevent obesity: a randomized controlled trial. *JAMA*. 1999;282(16):1561-1567. [[PubMed](#)]

¹⁴ Coleman KJ, Tiller CL, Sanchez J, Heath EM, Sy O, Milliken G, Dziewaltowski DA. Prevention of the epidemic increase in child risk of overweight in low-income schools: The El Paso Coordinated Approach to Child Health. *Arch Pediatr Adolesc Med*. 2005;159(3):217-224. [[PubMed](#)]

- ¹⁵ Economos CD, Hyatt RR, Goldberg JP, Must A, Naumova EN, Collins JJ, Nelson ME. A community intervention reduces BMI z-score in children: Shape Up Somerville first year results. *Obesity*. 2007;5(5):1325-1336. [[PubMed](#)]
- ¹⁶ Foster GD, Sherman S, Borradaile KE, Grundy KM, Vander Veur SS, Nachmani J, Karpyn A, Kumanyika S, Shultz J. A policy-based school intervention to prevent overweight and obesity. *Pediatrics*. 2008;121(4):e794-e802. [[PubMed](#)]
- ¹⁷ Gutin B, Yin Z, Johnson M, Barbeau P. Preliminary findings of the effect of a 3-year after-school physical activity intervention on fitness and body fat: The Medical College of Georgia Fitkid Project. *Int J Pediatr Obes*. 2008;3(Suppl 1):3-9. [[PubMed](#)]
- ¹⁸ National Association for Sport and Physical Education. *Understanding the difference: is it physical education or physical activity?* Reston (VA): National Association for Sport and Physical Education; 2005. [Accessed on December 31, 2009]. Available at <http://www.aahperd.org/naspe/publications/teachingTools/PAvsPE.cfm>.
- ¹⁹ National Association for Sport and Physical Education. *Comprehensive school physical activity programs*. Reston (VA): National Association for Sport and Physical Education; 2008. [Accessed on December 31, 2009]. Available at <http://www.aahperd.org/naspe/standards/upload/Comprehensive-School-Physical-Activity-Programs-2008.pdf>.