

Tackling Childhood Obesity in New York City and London

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Goals of CUNY/ London Metropolitan University Childhood Obesity Collaborative

- **Describe similarities and differences** in dynamics of childhood obesity epidemics in London and New York City.
- **Highlight what the two cities can learn** from the other in order to respond to childhood obesity more effectively.
- **Suggest municipal-level policies and programs** that promise success in reversing the increase in childhood obesity and assess costs and benefits of various policy options.
- **Present an advocacy framework** outlining roles that municipal governments, activists, nonprofits, public universities and other stakeholders can play in responding more effectively to rising rates of childhood obesity.

Contributors

NEW YORK

NYC DOHMH
Office of School Health
Office of School Food
Food and Fitness
Partnership
7 CUNY Colleges

LONDON

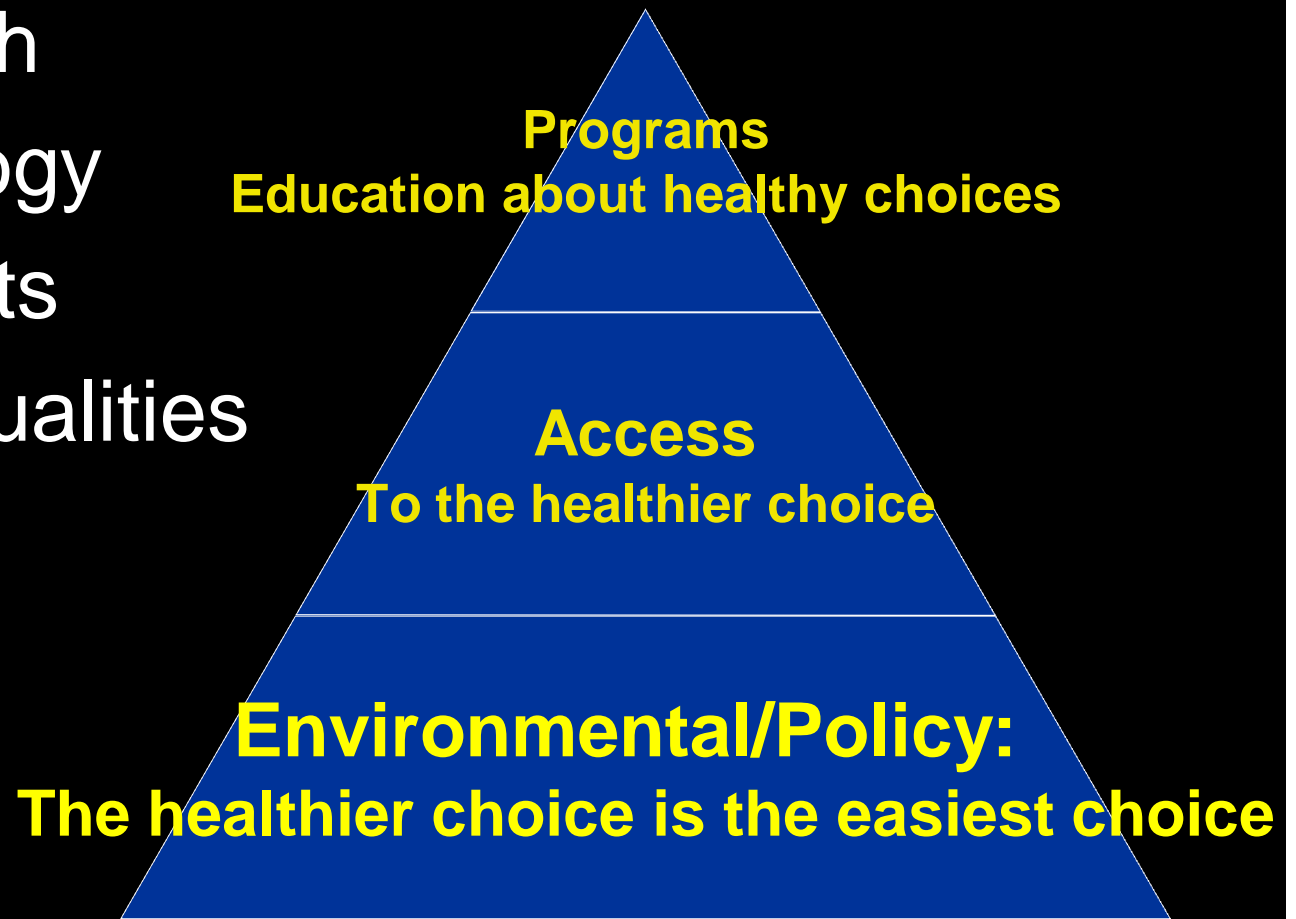
Greater London Assembly
London Health
Observatory
International Obesity
Taskforce
London Health
Commission
London Teaching Public
Health Network
London Met team

Why Worry About Childhood Obesity?

- Strong predictor of obesity in adulthood
- Drives inequalities in health
- Obesity not about appearance
 - Type 2 diabetes
 - Cancer
 - CVD (hypercholesterolemia, dyslipidemia, htn)
 - Asthma, sleep apnea
 - Osteoarthritis
 - Depression, low self-esteem

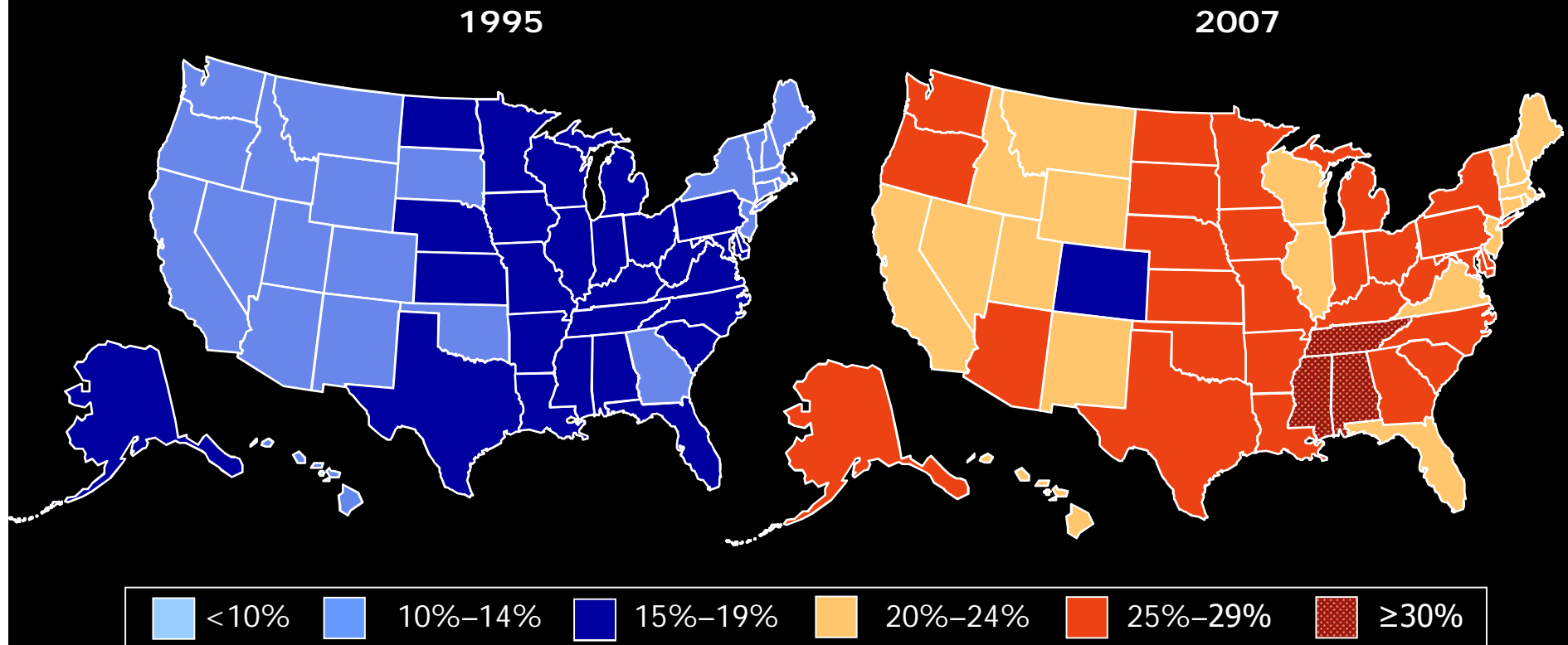
Our approach

- Urban health
- Social ecology
- Human rights
- Health inequalities

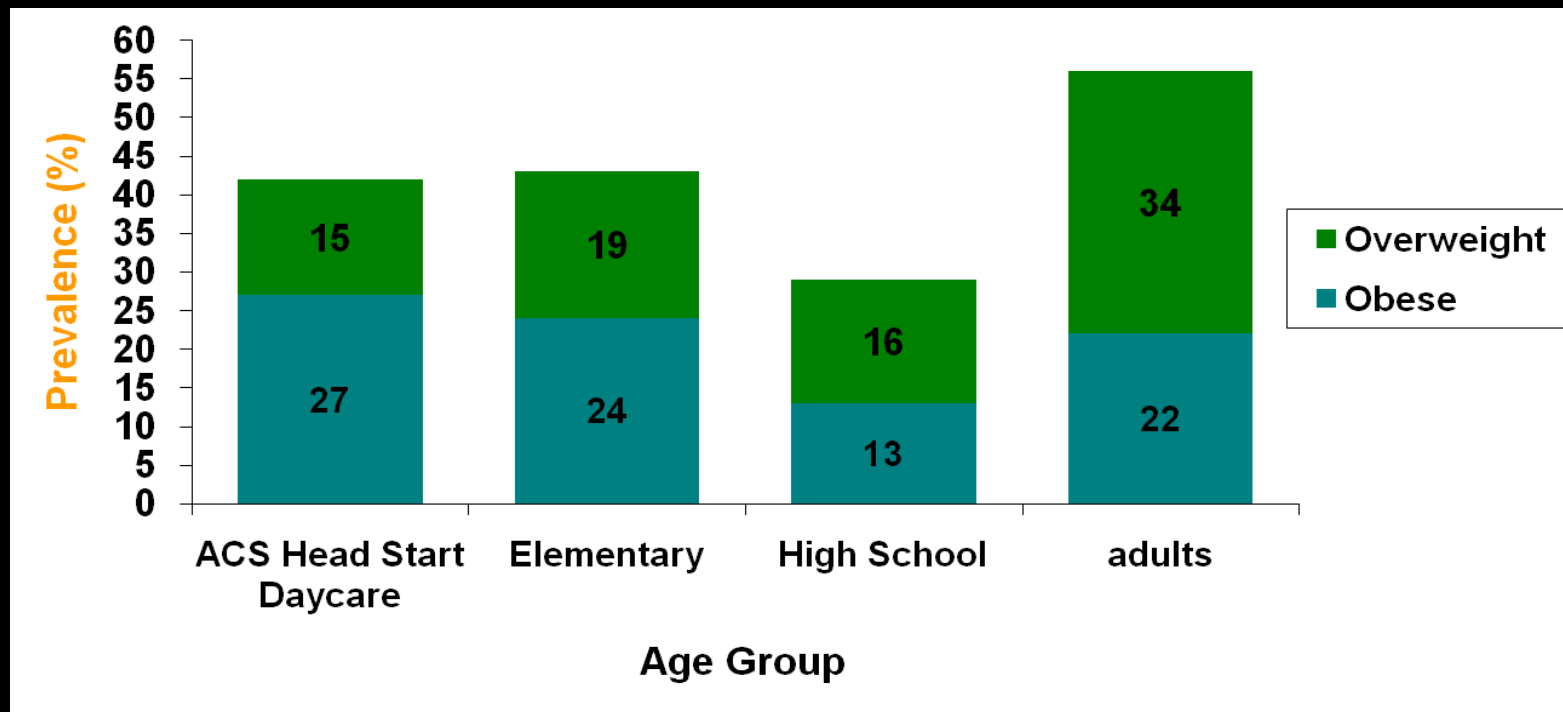


Obesity Is Epidemic in the U.S. ...

BMI ≥ 30 , or ~ 30 lbs overweight, for a 5'4" person

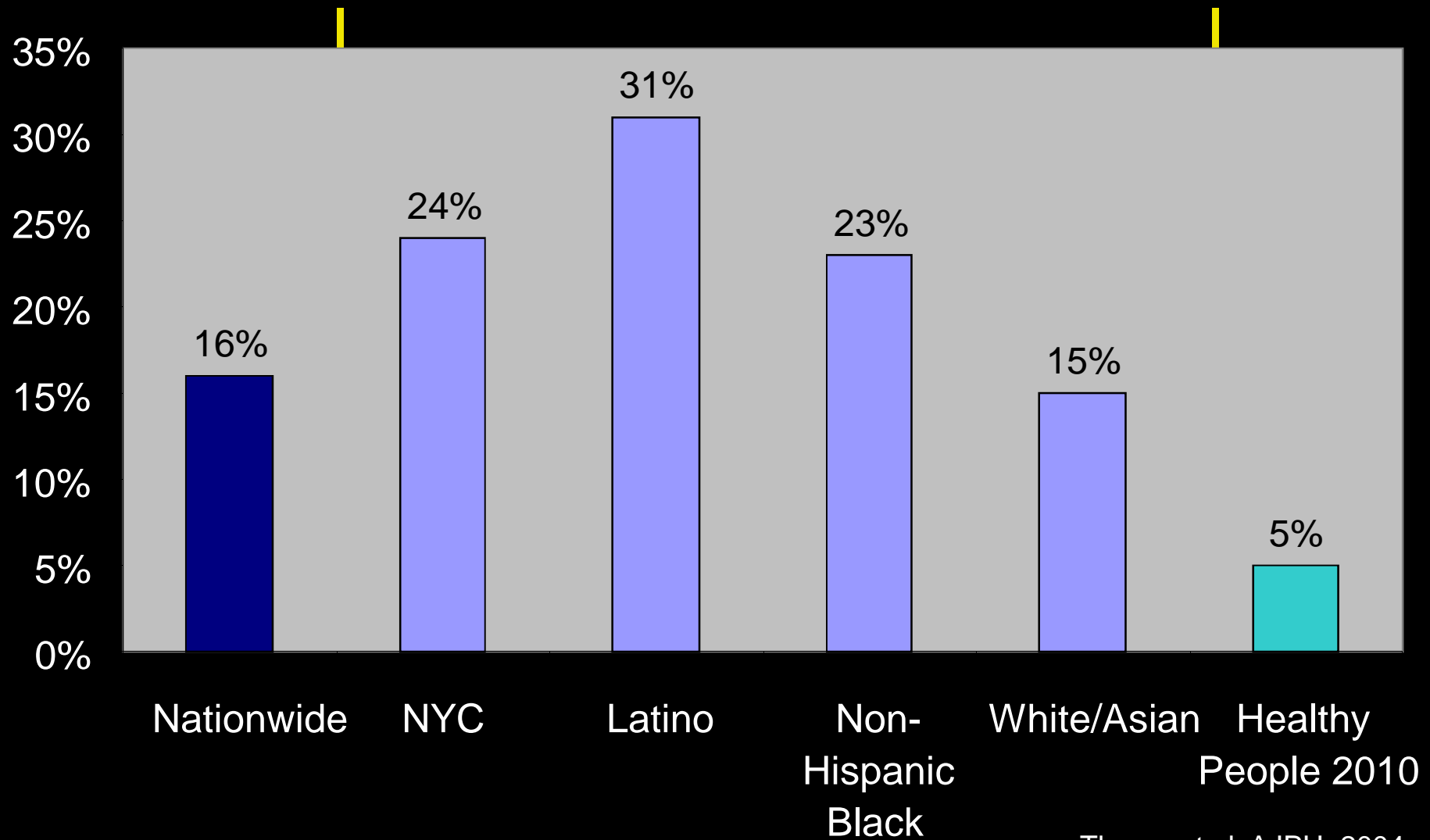


Prevalence of Overweight and Obesity in New York City



Source: ACS Head Start—NYC DOHMH Young CR et al. NYC Vital Signs 2006, 5(2): 1–2.
Elementary —NYC DOHMH List D et al. NYC Vital Signs 2003: 2(5);1–2.
High School—2003 Youth Risk Behavior Survey
Adults—2004 NYC Community Health Survey

Obesity Prevalence among NYC Elementary School Children



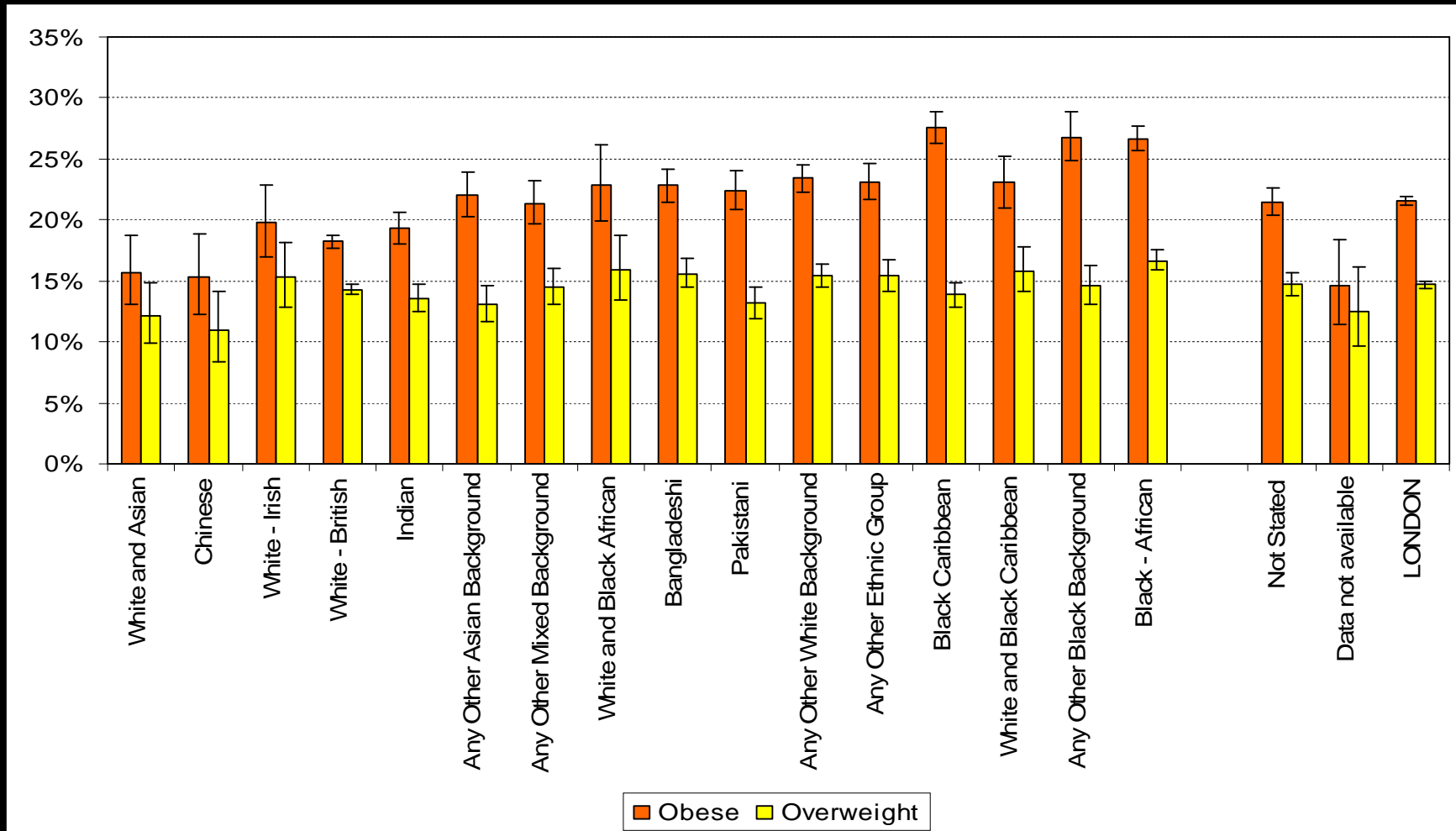
Thorpe et al, AJPH, 2004

Prevalence of childhood obesity in London

Combined prevalence of overweight & obesity using BMI and overfat & obesity using %Body Fat.

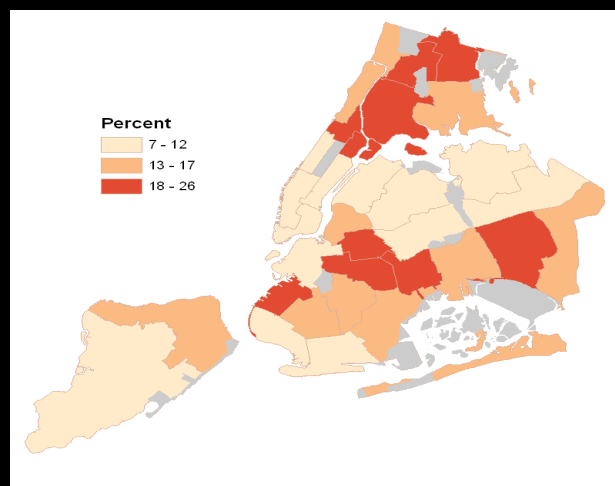
	Lower income children	Higher income children
Overweight and obesity	23.2%	14.6%
Overfat and obesity	31.2%	16.4%

Proportion of 10 to 11 year old children that are overweight & obese in London by ethnicity, 2007/08

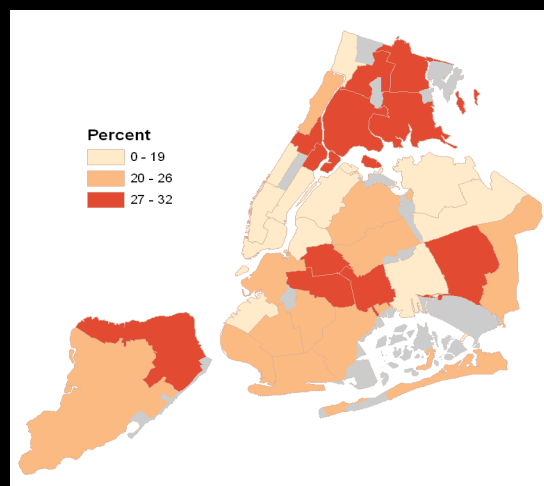


Neighborhoods Where Fruit & Vegetable Consumption is Low Have High Rates of Obesity & Diabetes

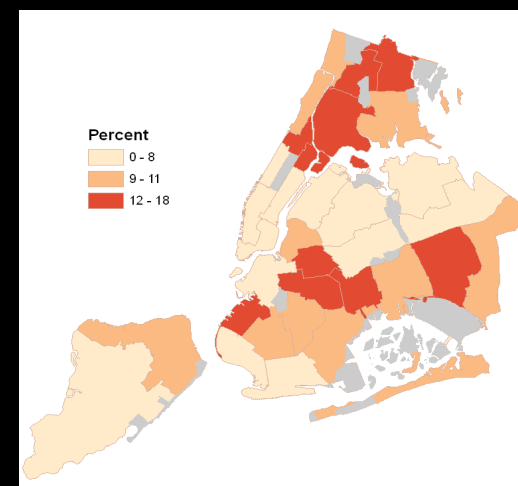
Percent of New Yorkers Who Did **Not** Eat Fruits or Vegetables on the Previous Day



Percent Obese



Percent with Diabetes

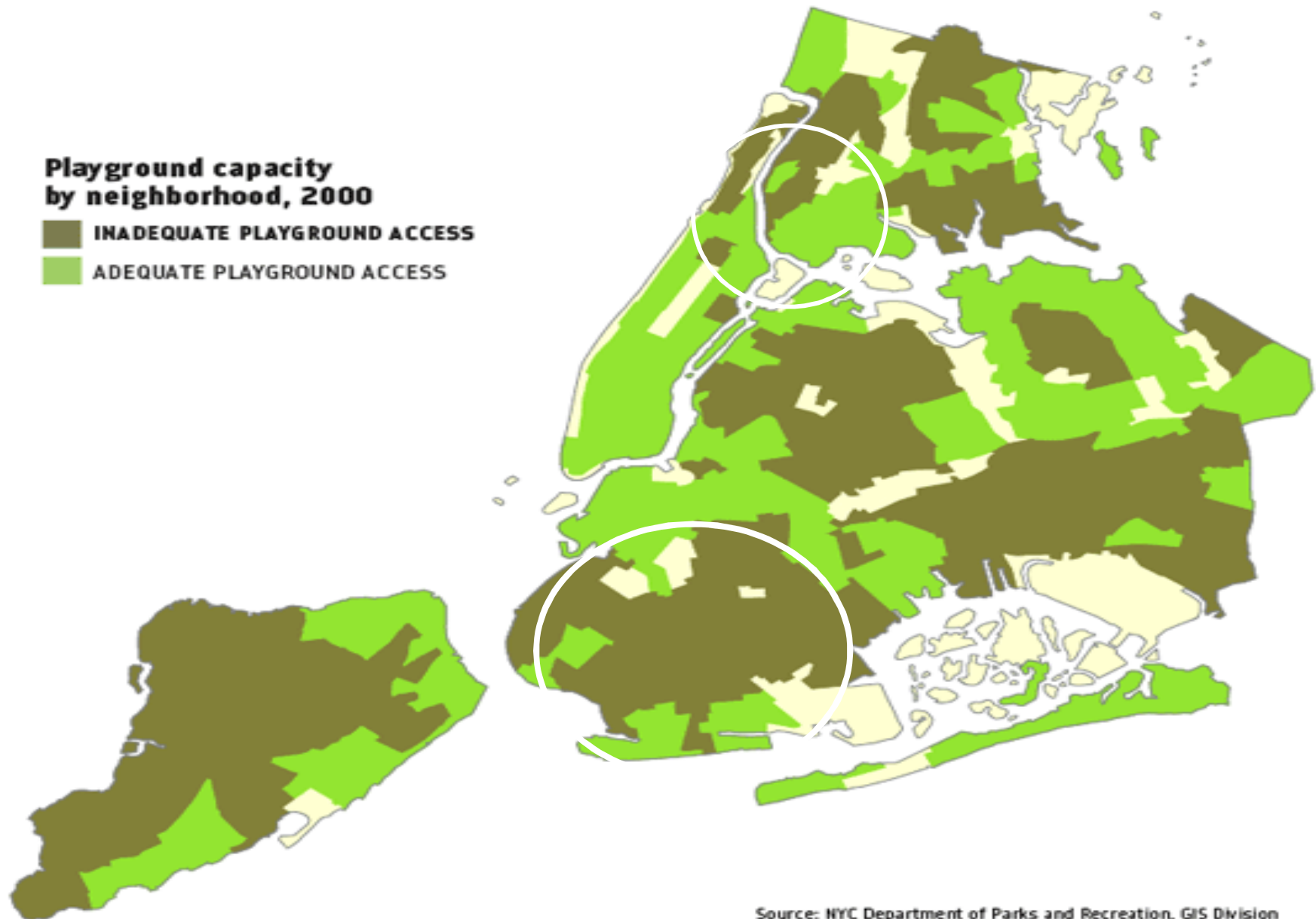


South Bronx: 23.4 %;
BedStuy/Bushwick, Bklyn:
20%, Harlem: 20%

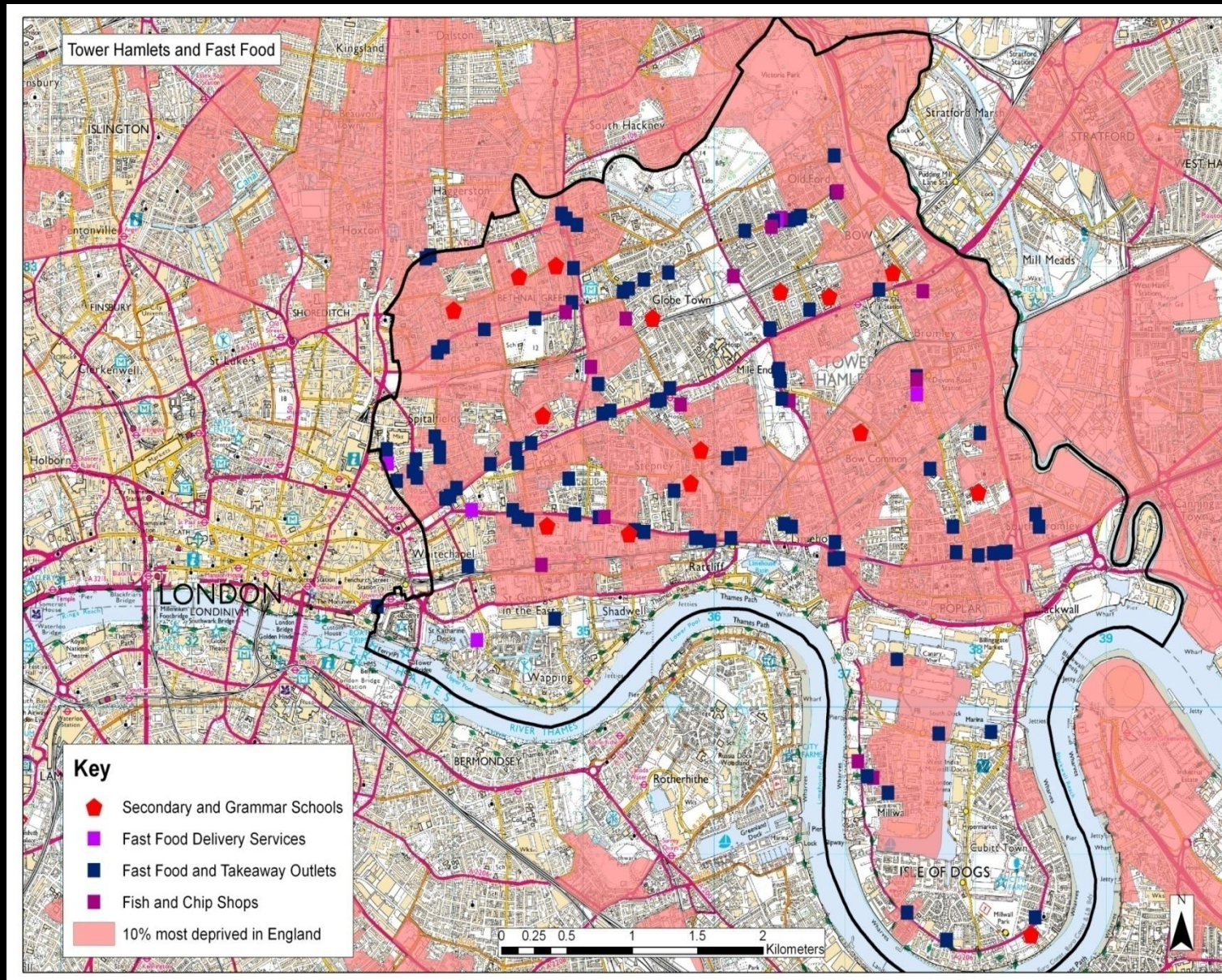
Source: 2004 Community Health Survey

**Playground capacity
by neighborhood, 2000**

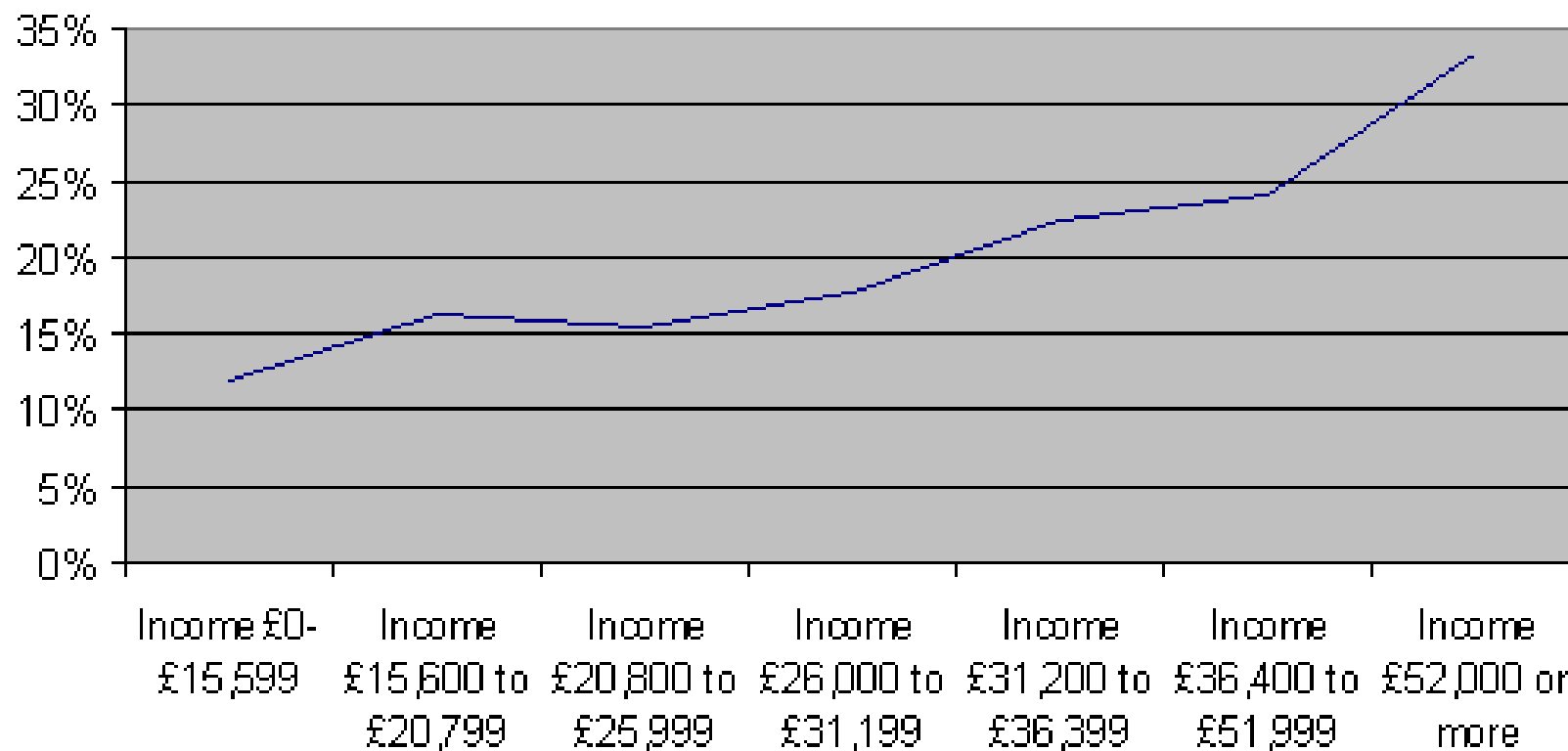
- INADEQUATE PLAYGROUND ACCESS
- ADEQUATE PLAYGROUND ACCESS



Source: NYC Department of Parks and Recreation, GIS Division



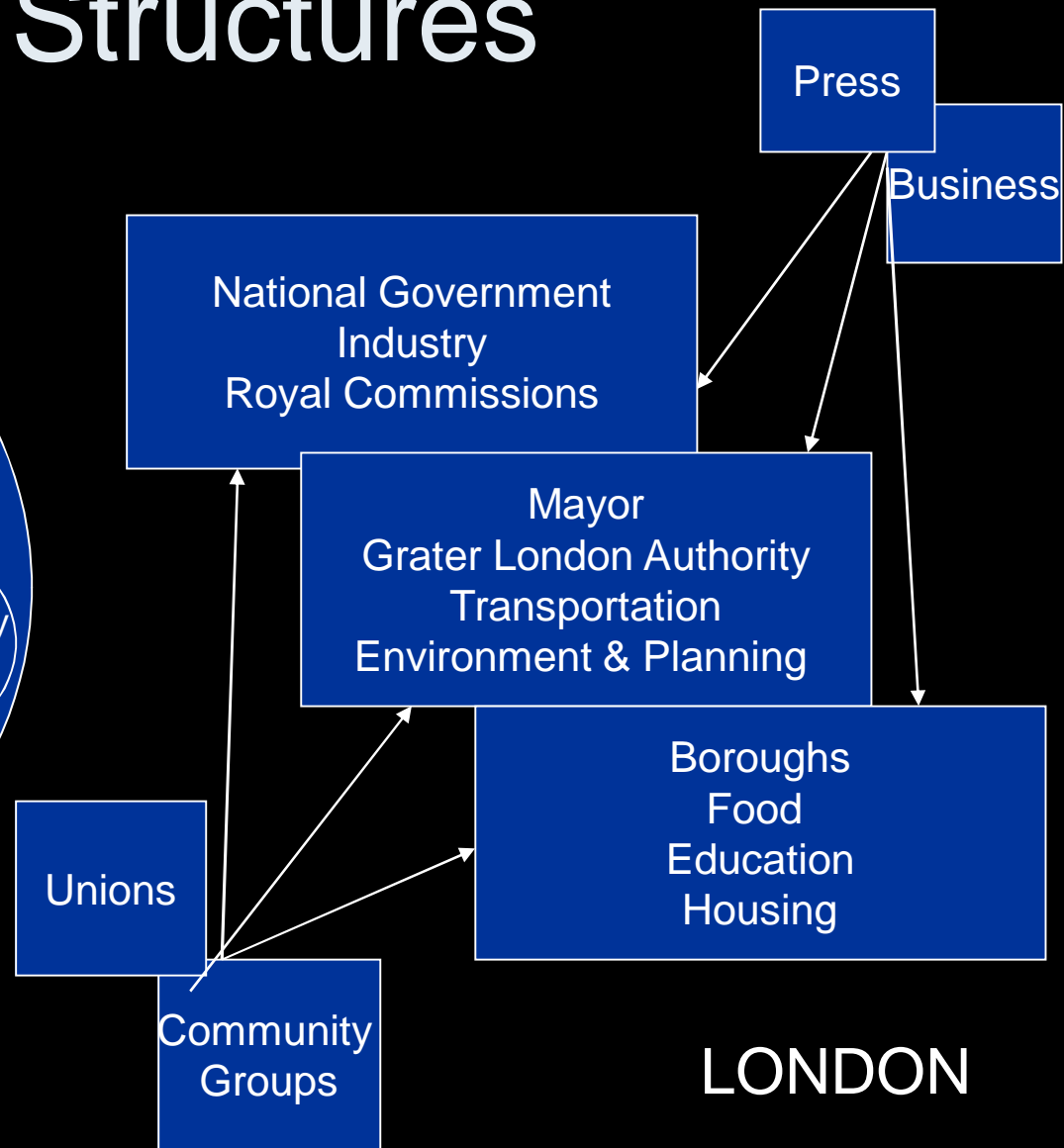
Physical Activity levels by Household Income, London 2007/08



Power Structures



NEW YORK



LONDON

NYC Approaches to Battling Obesity

Policy

- Daycare Regulations
- Trans Fat Ban
- Calorie Labeling
- Food Procurement
- Salt Reduction
- Sugar Sweetened Beverage Tax

Access

- Fresh Produce in all neighborhoods
- Physical activity in parks, housing, school
- Reinforce WIC and food stamp offerings

Programs

- Education for doctors
- Social marketing

London Approaches to Battling Obesity

Policy

- Health Inequalities Strategy
- Mayor's Task Force
- Congestion charge

Access

- Capital Growth
- Islington: free school lunches
- Play strategy
- Waltham Forest hot take away zoning

Programs

- Walking and cycling campaigns
- Well London and Buy Well/ Eat Well
- Change 4 Life

Recommendations for Municipal Governments

**To accelerate reductions in
childhood obesity**

Schools

1. Implement a universal free school meal program with nutritional standards that promote health.
2. Provide drinking water in schools by improving infrastructure for tap water delivery and bathrooms.



Land use and planning

3. Use zoning authority and land use review processes to **limit access to fast food** and the promotion of unhealthy foods to children .
4. Use zoning, tax incentives, and city owned property to **increase the availability of healthy, affordable, and culturally appropriate foods** in neighborhoods where it is limited.
5. **Incorporate active design principles** into building codes, housing strategies, and neighborhood planning.

Transportation

6. Promote walking and cycling in neighborhoods with high levels of childhood and adult obesity



Food

7. Set standards for municipal purchase of food in public agencies and leverage economies of scale to promote food systems that support economic, environmental, and human health
8. Reframe food safety standards to reflect current threats to health and create new ways to use the municipal food safety workforce to promote healthier eating



Parks and Green Space

9. Promote and support urban agriculture as a sustainable and health promoting use of green space
10. Increase access to and safety of places where people can be physically active.



Research and training

11. Develop and **improve comparative data systems** that monitor childhood obesity so that cities can track and report city-wide prevalence as well as information about social, economic, and geographic disparities.
12. **Track the cost and outcomes of municipal policies** and programs that address childhood obesity and disseminate internationally.
13. Increase the potential to use urban planning as tool for changing the built environment to promote health by **fostering collaboration** between local planners and urban designers, city level planners, the food industry, health care providers, and communities