California Obesity Prevention Plan http://www.cdph.ca.gov/programs/Pages/COPP.aspx

Section I: Summary

California Governor Arnold Schwarzenegger is proposing to allocate \$6 million in state funds for a comprehensive anti-obesity initiative coordinated by the state department of human services (DHS). The DHS would coordinate various state agencies and community-based programs to promote anti-obesity initiatives. Although support for the initiative is broad, the proposed \$6 million in a lean budget year will be coveted by many existing state programs.

Section II: Statement of purpose

As part of his proposed 2005-2006 California budget, Governor Schwarzenegger has proposed an anti-obesity initiative to help control the state's obesity epidemic. The plan would allocate \$6 million to enable the state Department of Health Services to take a leadership role in coordinating comprehensive obesity prevention activities in the state. By controlling obesity, the state will be able to control comorbidities such as high blood pressure, diabetes, heart disease, and others. Ultimately, this will improve the welfare of the state's residents and save the state money in health care costs.

The initiative plans to fight obesity by having the state coordinate and support a framework of programs that promote healthy eating and physical activity. Some of these programs already exist, and some would be created under the initiative. The specific objectives of the obesity prevention initiative include:

- Improving the nutritional quality of available food and drink, and increasing opportunities for physical activity.
- Increase obesity prevention/treatment services in health insurance programs
- Community planning to foster increased walking, activity
- Workplace changes that support increased physical activity and healthy eating
- Make obesity prevention a statewide priority through education, outreach, and governor's summit on healthy eating and physical activity
- Support Medi-cal's (the state's Medicaid insurance program for the poor) managed care obesity screening, treatment and counseling for children and adults.

In service of these objectives, the DHS in its role as coordinator proposes to administer the proposed \$6 million in state funding in the following manner:

- <u>Providing \$3.5 million in community action projects/training grants</u>: These grants to community groups would be for projects aimed at making environmental, systemic and policy changes around nutrition and physical activity. DHS would attempt to fund projects that have already undergone an extensive community planning process and are ready for implementation.
- <u>\$1.4 to support Medi-Cal managed care plans obesity prevention</u> <u>efforts</u>: The state would use the money to work with providers and managed care plans to implement systemic changes and specific interventions to help prevent and treat obesity, as well as connecting providers with community obesity prevention resources.
- <u>\$500,000 to study obesity causes and solutions in the state</u>: The DHS would contract studies to help them evaluate the causes of obesity, prevalences and trends, as well as monitoring variables that help track the impact of interventions (e.g. the number of children walking to school, using public parks, etc.). The DHS and others would use these studies to help inform policy decisions and design interventions in the future.
- <u>\$150,000 to implement worksite changes</u>: These funds would be used to actually implement worksite changes make healthy choices easy for workers (e.g. opening stairwells, improving the nutritional quality of food sold on site).
- <u>\$150,000 for public awareness campaigning</u>: The state would coordinate all nutrition and physical fitness communications in order to promote awareness and changes in social norms. The state would work with other groups, such as California Endowment, First 5 Commission, CalPERS, and health plans to extend its communications reach.

As coordinator, the DHS would work to promote close collaboration with and support of existing community-based obesity prevention efforts, as well as facilitating collaborative efforts between state agencies (for example, the Department of Health Services, Department of Education, and the Department of Transportation). According to the DHS, collaboration between the various agencies and community groups is currently difficult because resource constraints mean that groups are protective of their resources and do not always have the time and personnel to devote to building collaborations. The plan will theoretically impact all Californians, who, according to the Governor's budget, have collectively gained 180,000 tons in the past decade (an average of 10.7 pounds per person). It reflects the state's growing interest in taking a leadership role in the fight against obesity.

Section III:Outcomes

Because details of the obesity prevention initiative are still emerging, it is difficult to provide an analysis of the likelihood of success. What is clear, however, is that the obesity epidemic in California is one of the most serious public health problems facing the state, and mirrors the problem faced by the nation as a whole. If the state does not step forward soon to address the problem, the already staggering costs of obesity will continue to rise.

The state's successful fight against tobacco over the past 18 years indicates that a state-organized, community-based multi-faceted approach to an overwhelming public health problem can have a significant and positive impact. However, deep political and financial commitments from the state are necessary.

The Governor's anti-obesity initiative, if passed, would represent a positive first step towards state leadership on a seemingly overwhelming problem. It is clear, however, that this initiative is just that: a first step. Considerably more resources will need to be devoted to prevention and treatment in coming years if the state is to succeed in reducing the state obesity burden.

Section IV: Additional resources

Centers for Disease Control and prevention, Nutrition and Physical Activity division <u>http://www.cdc.gov/nccdphp/dnpa/obesity/</u>

California HealthLine www.californiahealthline.org

Governor's Budget Homepage - The California Obesity Initiative <u>http://govbud.dof.ca.gov/BudgetSummary/MAJORPROGRAMAREAS/Healthan</u> <u>dHumanServices/section2_4.html</u>

California Obesity Prevention Initiative <u>http://www.dhs.ca.gov/ps/cdic/copi/default.htm</u>

"The Economic Costs of Physical Inactivity, Obesity, and Overweight in California Adults: Health Care, Workers Compensation, and Lost Productivity." Study conducted by Dr. David Chenoweth for the California Department of Health Services. April 2005. Available online at <u>http://www.dhs.ca.gov/ps/cdic/cpns/press/downloads/CostofObesityToplineR</u> <u>eport.pdf</u>

Sarah Weston, Institute for Global Health; Carol Medlin, PhD, Institute for Global Health. "Obesity Prevention Initiative". *Health Policy Monitor*, April 2005. Available at <u>http://www.hpm.org/survey/us/d5/1</u>