



EXECUTIVE SUMMARY

AN APPLE A DAY

HOW OBESITY IMPACTS MILWAUKEE AND AN ANALYSIS
OF PREVENTION STRATEGIES FROM OTHER CITIES

PUBLIC POLICY FORUM

ABOUT THE PUBLIC POLICY FORUM

Milwaukee-based Public Policy Forum – which was established in 1913 as a local government watchdog – is a nonpartisan, nonprofit organization dedicated to enhancing the effectiveness of government and the development of southeastern Wisconsin through objective research of regional public policy issues.

PREFACE AND ACKNOWLEDGMENTS

This report was made possible by the family of Norman N. Gill, who was the director of the Forum for 39 years when it was known as the Citizens Governmental Research Bureau. The Gill family's generous contribution has provided for the creation of the Norman N. Gill Civic Engagement Fellowship, under which the Public Policy Forum annually hires a graduate student research fellow to conduct a research project under the tutelage of its staff. The 2015-16 Norman N. Gill Fellow, Chris Spahr, was the lead author of this report.

We would like to thank the Forum's Social Services Committee, officials from the Milwaukee Health Department, and the dozens of individuals from stakeholder organizations who patiently answered our questions and shared their data and expertise.



Executive Summary

AN APPLE A DAY

*How obesity impacts Milwaukee and an analysis
of prevention strategies from other cities*

July 2016

Report Author:

Chris Spahr, 2015-2016 Norman N. Gill Fellow

Rob Henken, President

EXECUTIVE SUMMARY

While not receiving the attention of other high profile public health issues like teen pregnancy and infant mortality, obesity is a serious concern in Milwaukee and appears to be growing worse. The factors that contribute to obesity are complex and interwoven. They include high levels of concentrated poverty, limited access to healthy food in poor neighborhoods, and a strong dependence on the automobile as the primary mode of transportation.

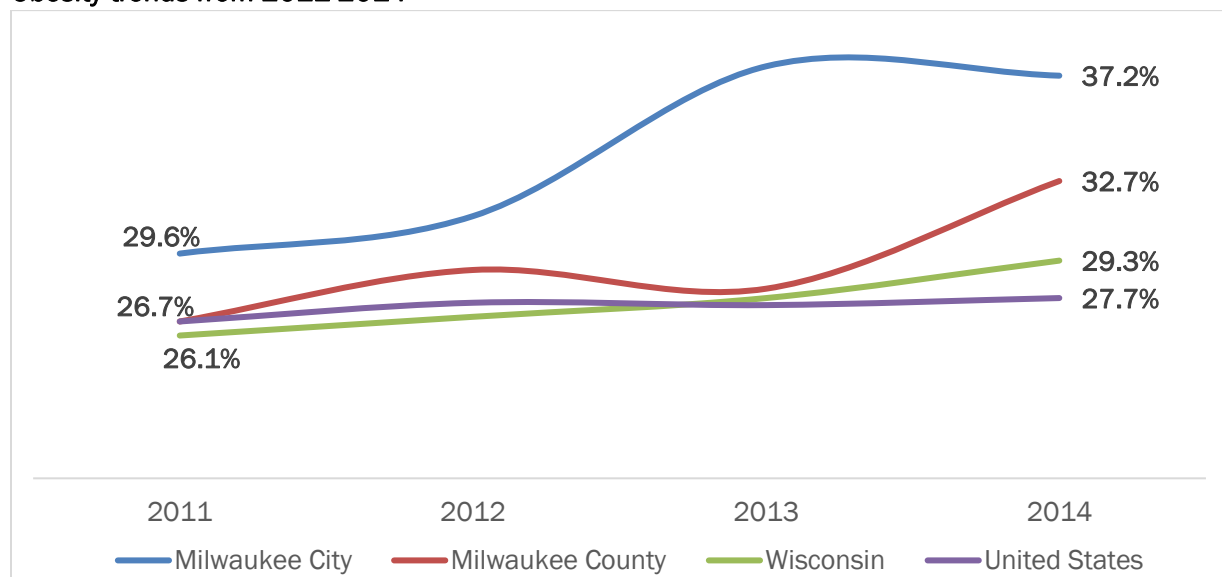
What can be done to address obesity in Milwaukee, and what can we learn from obesity prevention policies and programs employed by other cities? With those questions in mind, the Public Policy Forum set out to assess the problem of obesity in Milwaukee and the opportunities that may exist to comprehensively address the epidemic at the local level.

To do so, we gathered and reviewed data from federal, state, and local sources, and conducted a series of interviews with key stakeholders who are working to promote healthy eating and physical activity. Recognizing funding challenges and competing priorities within Milwaukee, we also researched best practices from other cities with similar challenges.

OBESITY IN MILWAUKEE

As of 2014, the Wisconsin Department of Health Services estimated that 37.2% of the City of Milwaukee's residents were obese, compared to 32.7% in Milwaukee County, 29.3% in Wisconsin, and 27.7% nationally.¹ While moderate increases in the obesity rate occurred nationally and statewide over the past four years, the City of Milwaukee has seen a much greater increase of eight percentage points, as shown in the chart below.

Obesity trends from 2011-2014

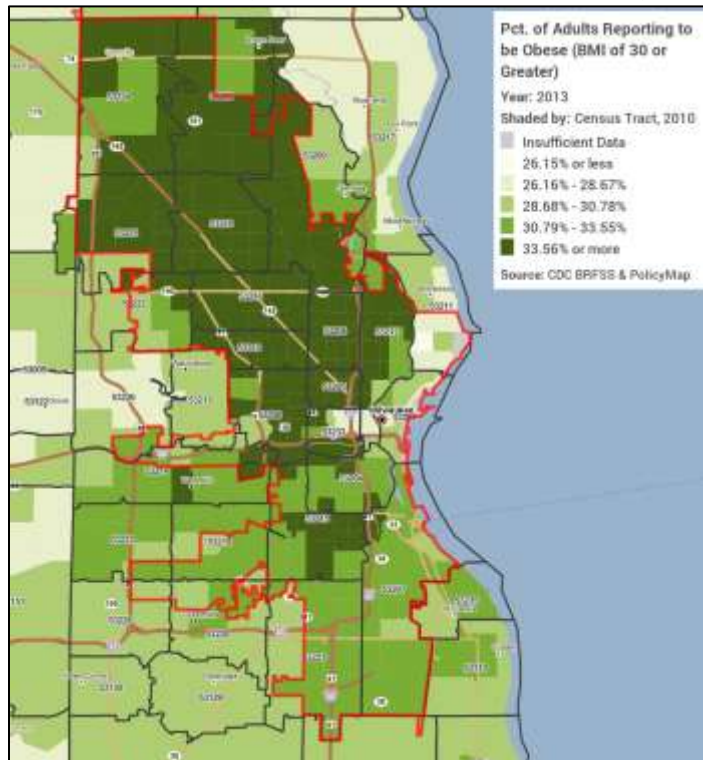


¹ Wisconsin data comes from Wisconsin Interactive Statistics on Health <https://www.dhs.wisconsin.gov/wish/population/form.htm>. National figure comes from Gallup <http://www.gallup.com/poll/181271/obesity-rate-inches-2014.aspx>. Obesity is defined as having a body mass index (BMI) greater than or equal to 30 kg/m².



Obesity does not affect all demographic and economic groups equally. In Milwaukee, the obesity rate is 43.5% among individuals with a lower socio-economic status (SES), compared to 26.2% for the higher SES group.² Furthermore, major racial disparities exist in Milwaukee with regard to obesity; 45.1 % of the Black population is obese compared to 31.4% of the White population.³ A spatial analysis of estimates of obesity in Milwaukee shows that the highest rates of obesity (33.6% or more) appear in the near south side and throughout much of the north side of the city.⁴

Estimated percentage of Milwaukee adults reporting to be obese in 2013



FOOD ACCESS AND PHYSICAL ACTIVITY

Research has shown that high incidences of obesity can be linked to lack of access to healthy food and to opportunities for physical activity, factors that tend to occur in poorer neighborhoods. Low-income Milwaukee residents often lack access to large grocery stores that are most likely to stock fresh produce. The problem is compounded by the fact that many low-income residents do not have access to an automobile, thus limiting their ability to travel to a large grocery store.

² Greer, DM, DJ Baumgardner, FD Bridgewater, D.A. Frazer, C.L. Kessler, E.S. LeCounte, G.R. Swain, and R.A. Cisler. 2013. Milwaukee Health Report 2013: Health Disparities in Milwaukee by Socioeconomic Status

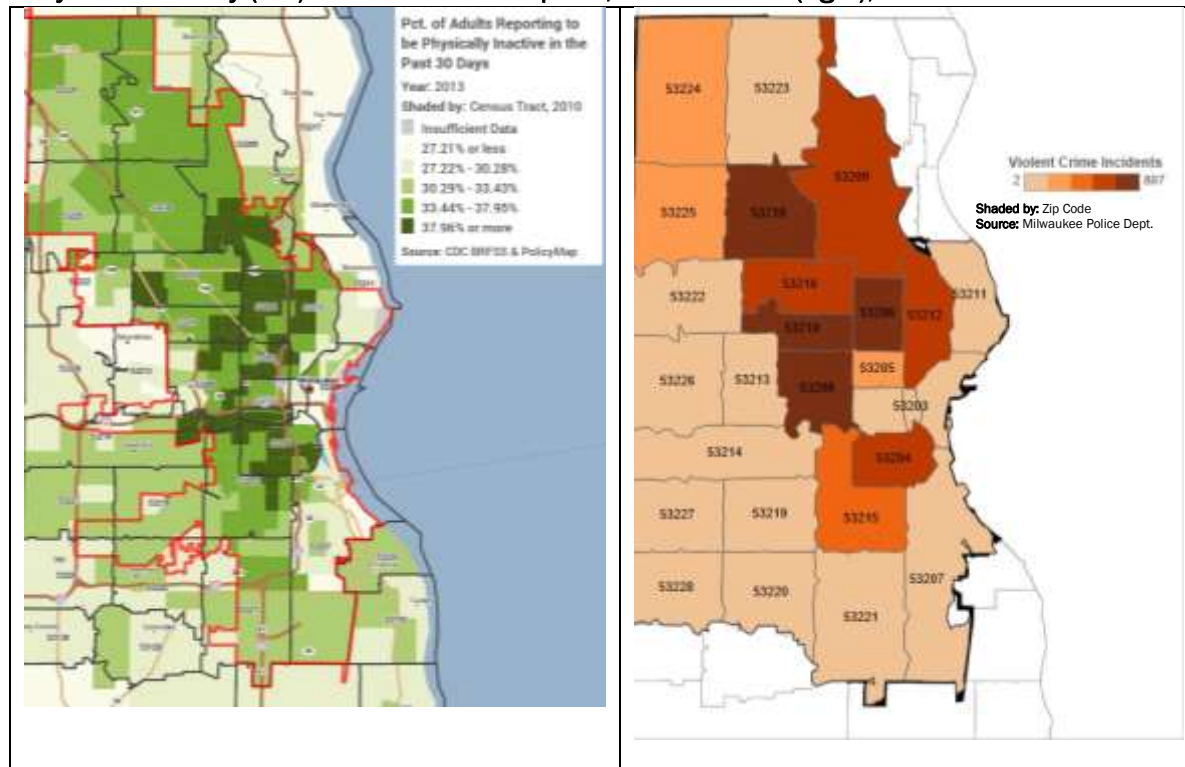
³ WISH-Wisconsin Interactive Statistics on Health. Wisconsin Department of Health Services. <https://www.dhs.wisconsin.gov/wish/index.htm> (accessed July 16, 2016)

⁴ Estimates are population-weighted averages based on data from the CDC Behavioral Risk Factor Surveillance System survey, Census Metropolitan delineation files, and 2009-2013 Census American Community Survey 5-year estimates for adult population and household income by age and race.

Meanwhile, according to the 2013 Milwaukee Health Report, 45.5% of Milwaukee residents are physically inactive. While physical inactivity is somewhat dispersed throughout the city, there are concentrations of it in locations where lower SES groups live, as shown in the map below.

Public safety concerns may contribute to low levels of physical activity. As also shown in the map, Milwaukee's violent crime is concentrated in the same areas where obesity is prevalent. Using violent crime rates as an indicator of neighborhood safety, we see that the least safe neighborhoods are those where the most people are physically inactive and where obesity is prevalent. Residents may fear walking, jogging, bicycling, etc. during certain hours.

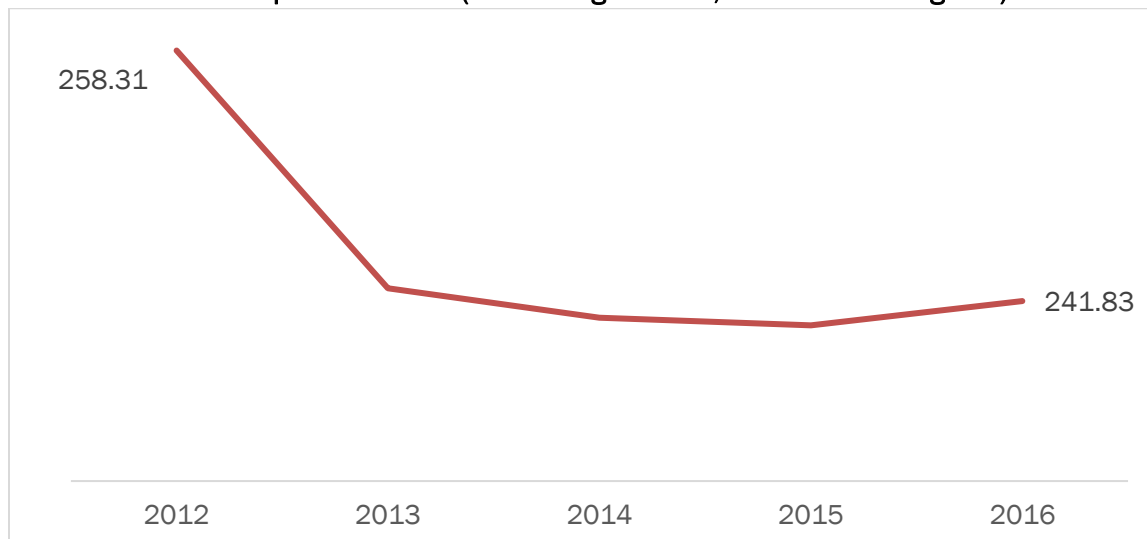
Physical Inactivity (left) and Violent Crime per 1,000 residents (right), 2013



LEVERAGING MILWAUKEE'S EXISTING RESOURCES FOR OBESITY PREVENTION

The Milwaukee Health Department (MHD) would be the logical entity to lead or coordinate efforts to respond to the obesity challenge in Milwaukee given its mission to "improve and protect the health of individuals, families, and the community." As documented in previous Public Policy Forum fiscal reports and budget briefs, however, MHD has faced capacity challenges caused by the City's overall budget pressures. As shown in the chart below, MHD's budgeted staffing has decreased by 16 full-time equivalent employees (FTEs) since 2012.

Milwaukee Health Department FTEs (All Funding Sources, 2012-2016 Budgeted)



Source: City of Milwaukee Budgets

Consequently, it is important to look at the resources that exist in Milwaukee outside of MHD and the extent to which they might coalesce – perhaps in partnership with the department – to build a comprehensive obesity prevention effort. We find that there are several ongoing initiatives in the city that are advancing policy, systems, and environmental changes – along with specific obesity prevention programs – to address obesity:

- Launched in 2013, **HOME GR/OWN Milwaukee** is an initiative of the Milwaukee Mayor that seeks to increase access to fruits and vegetables for residents in parts of the city's North Side.
- The **Milwaukee Childhood Obesity Prevention Project (MCOPP)** strives to reduce childhood obesity in Milwaukee through environmental and organizational policy changes that promote healthy eating and active living. The United Neighborhood Centers of Milwaukee is the lead MCOPP agency, with the Medical College of Wisconsin as the academic partner.
- **Milwaukee Public Schools' (MPS) Student Wellness and Prevention** focuses on health and physical education within the city's public school system. MPS uses a nationally recognized curriculum for grades K-8 that focuses on using a variety of activities to promote physical activity in and out of school.
- **Path to Platinum** is building upon existing efforts among government, nonprofit, and private sector groups to improve bicycling and pedestrian infrastructure in Milwaukee. The League of American Bicyclists recently deemed Milwaukee a bronze-level Bicycle Friendly Community. "Path to Platinum" reflects the goal of being recognized as a platinum-level community by the League.
- The **Fondy Food Center** was created to ensure a supply of healthy food to Milwaukee's North Side residents. The center runs various programs, including the Fondy Farmers Market, Milwaukee's largest and most diverse farmers market and the springboard for the Center's healthy food efforts.



- About 77% of the adult patients at the **Sixteenth Street Community Health Center** on Milwaukee's south side either are obese or overweight and frequently struggle with related conditions, like diabetes.⁵ SSCHC initiated a Healthy Choices Program⁶ that educates residents about healthy eating and physical activity and *Latinos por la Salud*, a community health advocacy group that seeks to expand health education in the community.
- **Walnut Way Conservation Corps** is a nonprofit neighborhood organization dedicated to urban revitalization. Walnut Way residents and volunteers have developed numerous urban ecology-based initiatives, including creating and managing multiple high-production community gardens, successfully selling garden produce, conducting ongoing gardening and nutrition programs for youth and adults, and establishing a small shade-tree nursery.

PEER CITY CASE STUDIES

In addition to considering how existing community-wide efforts might coalesce to form a comprehensive obesity prevention effort in Milwaukee, city leaders might look to other cities for guidance. With the U.S. obesity rate continuing to increase, cities across the country are seeking ways to navigate funding challenges and political struggles and build trust among residents to tackle the obesity epidemic. We examined five cities with comprehensive obesity prevention initiatives that we believed would be relevant to policymakers in Milwaukee. The table below shows obesity rates and important demographic characteristics of the five cities and Milwaukee.

Selected statistics from Milwaukee's peer cities

City	Obesity Rate	City Population	Poverty Rate	% Black	% Hispanic
Minneapolis	28%	394,424	22.60%	20.60%	10.10%
Omaha	31%	435,454	16.80%	13.30%	13.10%
Chicago	33%	2,712,608	22.70%	28.90%	28.90%
Louisville	34%	605,762	18.40%	22.90%	4.60%
Philadelphia	35%	1,546,920	26.70%	43.40%	13.00%
Milwaukee	37%	589,078	29.40%	40.00%	17.70%

Sources: 2013 Milwaukee Health Report, Policy Map, CDC BRFSS, and 2014 American Community Survey

MINNEAPOLIS

The Minneapolis Health Department (MHD) determined that the nature of obesity prevention requires a community-wide effort in multiple settings, including city streets and sidewalks, food vendors and restaurants, schools, workplaces, homes, and health care settings. This approach was chosen for its potential to influence individuals from diverse directions and to reach disparate groups within the community through the effects of multiple complimentary strategies. Minneapolis has leveraged funding from federal, state, and local sources to take a multi-setting approach. MHD also has recognized that a limited public health budget and capacity challenges within the health

⁵*Latino Group Works to Add Healthier Foods at Stores in Milwaukee Neighborhood*. Salud America via Community Commons. <http://www.communitycommons.org/groups/salud-america/heroes/latino-group-works-to-add-healthier-foods-at-stores-in-milwaukee-neighborhood/> (accessed May 17, 2016)

⁶*Healthy Choices Program*. Sixteenth Street Community Health Center. <http://sschc.org/health-community/healthy-choices-program/> (accessed May 17, 2016)



department make it necessary to engage other partners in the public sector as well as members of the private and nonprofit sectors.

OMAHA

Live Well Omaha is an effort that connects multi-sector partners to take action toward improving the health of residents. The work focuses on healthy eating and active transportation and supports the priorities of the Douglass County Community Health Improvement Plan. An offshoot of *Live Well Omaha* is *Live Well Omaha Kids*, which works collaboratively to reduce and prevent childhood obesity in Greater Omaha through advocacy, education, policy development, and environmental change. *Live Well Omaha* is taking a holistic approach to obesity prevention through engaging multiple partners. For example, the Omaha City Council recently approved a Complete Streets Policy requiring that design elements of new or reconstructed roads accommodate all users – including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities.

CHICAGO

The City of Chicago developed *Healthy Chicago*, the City's first-ever comprehensive plan for public health, in 2013. As part of that plan, the City has partnered with the Consortium to Lower Obesity in Chicago Children (CLOCC) to implement sustainable policies and environmental changes to combat obesity. Current initiatives include the expansion of programs that make healthy foods more readily available to residents of all Chicago neighborhoods; the establishment of nutrition, physical activity and screen time standards for children in child care settings; and neighborhood assessments to assist in defining policies that will make Chicago's parks easier and safer to access by foot or bike. Also, a new Office of Student Health and Wellness was created within the Chicago Public Schools and has been tasked with developing and implementing a *Healthy CPS* agenda.

LOUISVILLE

With the support of CDC's Communities Putting Prevention to Work, Louisville has implemented several strategies specifically focused on the areas of the city where health disparities are most prevalent. High-level community leaders from multiple sectors have collaborated on obesity prevention initiatives throughout the city. One specific focus area involves supporting efforts to enhance systems that support breastfeeding based on a growing body of research concluding that breastfeeding is protective against obesity in children.⁷

PHILADELPHIA

Get Healthy Philly implements policy, systems, and environmental changes to make it easier for Philadelphia residents to make healthy choices. As part of that initiative, the City of Philadelphia issued an Executive Order in 2014⁸ that established nutrition standards for food and beverages purchased, prepared, or served by City agencies. The standards are intended to ensure that all food provided or paid for by the City is healthy, appealing, and locally grown whenever possible. The City hopes that nutrition standards for city government will serve as a model for other large institutions

⁷ Monasta, L., G. D. Batty, A. Cattaneo, V. Lutje, L. Ronfani, F. J. Van Lenthe, and J. Brug. 2010. Early-life determinants of overweight and obesity: A review of systematic reviews. *Obesity Reviews* 11 (10): 695-708.

⁸ Establishing Nutrition Standards for Food and Beverages Purchased, Prepared, or Served by City Agencies. <http://www.phila.gov/health/pdfs/Executive%20Order.pdf>



and employers, and send a market signal to suppliers to provide and competitively price healthy food options.

POLICY OPTIONS AND CONCLUSION

Overall, we have found that obesity is a serious and substantive public health challenge in the City of Milwaukee. Failure to address it in a comprehensive manner could greatly impact the quality of life of Milwaukee residents, burden the city's health care system, and exacerbate the rise in health care costs.

It is important to recognize that a variety of Milwaukee-based organizations already are addressing this issue by enhancing opportunities for physical activity and working to ensure that all Milwaukee residents have access to fresh fruits and vegetables. **Yet, our review of other cities shows that what may be missing here is a strong convener of these organizations and leaders that provides robust collaboration with shared accountability for better outcomes.**

The convener – which could be City government, an individual collaboration like the Milwaukee Childhood Obesity Prevention Project (MCOPP), or a partnership between these or other entities – could serve the following purposes:

- weave existing efforts into a comprehensive obesity prevention strategy (including creation of a healthy living public awareness campaign);
- ensure resource growth and sustainability;
- measure and provide accountability for results; and
- press for policies that will place obesity prevention on the front burner of citywide public health efforts.

In light of the competing high-priority demands on the Milwaukee Health Department and the fact that it appears to lack capacity to spearhead a comprehensive obesity prevention strategy, MCOPP would be a logical choice to play this role. Much like how the City of Chicago works with the Consortium to Lower Obesity in Chicago Children (CLOCC), the City of Milwaukee could work directly with MCOPP to plan and coordinate a comprehensive strategy to address obesity in Milwaukee.

It would be important for a Milwaukee obesity prevention collaboration to align with other collaborations in the city that are seeking to address violence, infant mortality, educational attainment, and health care. As discussed throughout this report, obesity prevention is linked to a range of societal factors. Aligning with other collaborative initiatives could reduce competition for resources and create a more effective strategy in addressing interconnected challenges.

Finally, in addition to establishing and appropriately resourcing a convener organization, City leaders could consider pursuing more modest initiatives that would contribute to obesity prevention:

- Finalize a Complete Streets Policy much like has occurred in Omaha
- Expand the Mayor's HOMEGR/OWN Initiative
- Establish nutrition standards – perhaps in partnership with Milwaukee County and MPS – much like has occurred in Philadelphia

