

# 2011- 2015 CLOCC Policy Agenda

## Policy Priorities that Pertain to Public Education:

### **A.\* Advocate for 5-4-3-2-1 Go™! to become the Official IL Healthy Lifestyle Message.**

5-4-3-2-1 Go! is CLOCC's evidence-based, healthy lifestyle message. It has been disseminated throughout IL, and in other parts of the country and world. Consistency in public education messaging is key for maximum effectiveness. If the state of Illinois explores official messaging for healthy lifestyle promotion, CLOCC will explore avenues to have 5-4-3-2-1 Go! adopted as the state's message. In the meantime, CLOCC will provide support to communities across the state interested in adopting the message.

## Policy Priorities that Pertain to Surveillance:

### **B.\* Support City and/or State Initiatives to Forge Collaboration Between Schools and Health to Transfer Data for Public Use.**

Since 2004, CLOCC has been advocating for a statewide child health examination surveillance system (CHESS) that includes body mass index (BMI) data to monitor childhood overweight/obesity in the State. Data would come from the mandated Child Health Examination form and be used for surveillance purposes. CLOCC will continue to lead advocacy efforts for this system within the State.

## Policy Priorities that Pertain to Child-Serving Institutions:

### **C. Support Expansion of Chicago Physical Activity, Nutrition, and Screen Time Child Care Standards to the State of Illinois.**

In 2009 and 2011, the Chicago Board of Health passed child care standards related to physical activity, nutrition, and screen time. CLOCC will work with city partners and childcare providers to ensure the successful implementation of these standards across the city. CLOCC will work with child health advocates across Illinois to support the adoption of these standards by the State of Illinois.

### **D. Higher Reimbursement for Child and Adult Care Food Program and Higher Nutrition Standards in Federally-Funded Food Programs.**

Higher federal reimbursement rates are necessary for the provision of foods that meet the higher nutrition standards being promoted for federally-funded food programs (e.g., school lunch). CLOCC is committed to advocating for higher nutritional standards and reimbursement rates at the federal level.

## Policy Priorities that Pertain to Healthy Food Access:

### **E. Support Novel Models for Healthy Food Retail.**

Addressing the food access issues in Chicago requires creative approaches. CLOCC is committed to working with our partners to research and disseminate information about novel healthy food retail approaches, such as produce carts and Internet-based food delivery systems, for Chicago communities in low food access areas.

### **F. Challenge the Federal Subsidy System, Especially Agriculture Subsidies.**

Federal agriculture subsidies have a major impact on the quality and type of food available to consumers. CLOCC is committed to researching and disseminating information to Consortium partners about how the federal agriculture subsidy system can be utilized for healthy food production, and the mechanisms (e.g. Farm Bill) to reduce negative impacts of the current system.



### **G. Ensure Implementation of the IL Fresh Food Fund to Incentivize Grocers to Provide Healthy Food.**

CLOCC and partners participated in a statewide task force to create the IL Fresh Food Fund in 2009. This fund will combine public and private funds to incentivize grocery retailers to locate in low food access areas. CLOCC is committed to working with our partners to ensure that this fund is implemented.

### **H. Create Broad Multi-Sector Community Awareness on Breastfeeding Rights and Resources and Assure Enforcement of Existing Laws.**

Illinois has several state laws that promote and protect a woman's right to breastfeed. CLOCC is committed to working with our partners to educate individuals and organizations about these laws, and with government agencies to assure that existing laws are implemented so that breastfeeding women are supported.

### **I. Expand the Number of “Baby-Friendly” Hospitals Following the World Health Organization (WHO) Model in Chicago and IL.**

The WHO has established a “Baby-Friendly Hospital” designation for hospitals that promote breastfeeding through a comprehensive set of mechanisms. Only 6 hospitals in IL have this designation, none of which are located in the City of Chicago. CLOCC is committed to working with our partners to increase the number of designated “Baby-Friendly Hospitals” in Chicago, and to encourage all maternity units to move towards compliance with all 10 steps that are involved.

### **J. Limit Marketing of Unhealthy Foods to Children.**

Food marketing of unhealthy foods to children adversely influences their eating preferences. Some corporations have taken voluntary steps to change their practices to limit this effect. More work is needed. CLOCC will work with our partners to discourage the marketing of unhealthy foods and encourage marketing of healthy food to children.

### **K. Consider the Merits of an Excise Tax on Sugar-Sweetened Beverages at Various Levels of Government; Revenue to be Put Towards Surveillance, School and Community Prevention Programs, Implementation and Monitoring of Policy.**

Obesity prevention advocates are researching new funding mechanisms for prevention. Many jurisdictions across the country are pursuing sugar-sweetened beverage excise taxes as a potential funding stream. CLOCC will work with partners to research the feasibility of this option.

### **L. Support Food System Planning.**

Addressing the food access issues in IL requires both macro (i.e. assessing the overall regional food system) and micro (i.e. working with individual food retailers) approaches. CLOCC will continue to explore with our partners in zoning and planning, urban agriculture, social services, and food retail to determine innovative ways to intervene in the food system to ensure equitable access to food for Chicago consumers and expansion of jobs related to these efforts.



**Policy Priorities that Pertain to Physical Activity:**

**M. Develop and Implement Ways to Increase Safety and Funding Equity in Safe Routes to School (SRTS).**

Safety is an emerging focus of SRTS Programs nationwide. CLOCC is committed to ensuring that safety and violence prevention are priorities for the IL SRTS program. Additionally, Chicago receives a disproportionately low amount of funding for SRTS compared to the rest of the state (based on child population numbers). CLOCC will work with partners to advocate for IL to rectify this funding inequity.

**N. Implement City, County, and State Complete Streets Policies.**

Chicago, Cook County, and IL have complete streets policies. Implementation is ongoing but work remains to achieve full implementation. CLOCC will work with our partners to support these policies to ensure equitable street access for all users, including those who use non-motorized transportation.

**O. Ensure active transportation inclusion in relevant federal legislation (i.e. Energy, Transportation) consistent with National Transportation Objectives.**

Active transportation is transportation that encourages and promotes safety, physical activity, health, recreation, social interaction, equity, environmental stewardship, and resource conservation. CLOCC will advocate for active transportation principles, consistent with National Transportation Objectives, be included in relevant federal legislation.

**P. Get Physical Education (P.E.) Back Into Schools Every Day.**

In this time of fiscal constraint, physical education is vulnerable in schools across the City and State. CLOCC will work with our partners to ensure that current P.E. is not undermined and that P.E. requirements are strengthened to ensure daily physical education for all children Pre K-12.

**Policy Priorities that Pertain to Clinical Care:**

**Q. Higher Reimbursement for Clinical Care and Physical Activity Programs for Children/Families with Public Health Care Insurance.**

As healthy lifestyle promotion/obesity prevention progress, a consequence is increased identification of children with existing overweight/obesity who require clinical care and/or community programs to assist in management of weight and associated medical problems. Current health care insurer payments for these services—even those recommended by federal agencies—is so low that it prevents the development of sufficient services to meet current needs. CLOCC will work with partners to expand coverage by government insurance programs, to improve access for the neediest children.

Note: \* indicate those initiatives in which CLOCC intends on leading.

**For additional information** about the current Policy Priorities, please contact CLOCC at 312-227-7100 or [info@clocc.net](mailto:info@clocc.net).