A Systems Approach to Childhood Obesity Prevention

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Outline

1. What is systems thinking?
2. Applications to obesity
3. Two examples of research and practice
4. Final thoughts and a few useful resources
1. What does it mean to think in systems?
Key Characteristics of Complex Systems

- Heterogeneous
- Each actor and sector in society matters
- Dynamically interactive
- Feedback loops; learning; adaptation
- Emergent phenomena possible
- Tipping
- Non-equilibrium
- Opposite of reductionism (whole is greater than sum of parts)
What is systems thinking?

Constructing mental models and representing relationships

- 30,000-ft thinking (big-picture, horizontal thinking)
- Systems-as-cause thinking (self-generation phenomena, no “external forces”)
- Dynamic thinking (trajectories v. equilibrium points)
- Operational thinking (stocks and flows)
- Closed-loop thinking (feedbacks)

Source: B. Richmond
What is systems thinking?

Simulating mental models

- Scientific thinking (simulations, adaptive learning)

Communicating and diffusing models of complex systems

- Empathic thinking (listening and communicating, responding to feedback on mental models)

- Generic thinking (transcending fields)

Source: B. Richmond
A systems approach focuses on the interconnections across actors, factors and sectors that contribute to childhood obesity.
2. How can systems thinking be applied to childhood obesity?
Applications for Obesity

- Cope with complexities of childhood obesity
- Understand interpersonal, community and intersectoral dynamics – not just traditional risk factors – for generating solutions
- Create virtual laboratories for intervention design and testing sustainable solutions
- Generate new hypotheses and identify gaps in empirical data
- Bring together multiple disciplines & sectors
- Integrate multiple data sources
- Anticipate intended and unintended consequences
Unintended Consequences

The call for low-fat diets

Data: OECD
The Perils of Unintended Consequences

The story of Lake Victoria
Developmental Connections

1. Intrauterine Programming
2. Breastfeeding, early food exposure, attachment stage
3. Childcare, habit formation, adiposity rebound
4. Brain maturation, self-management, puberty, health behavior change, increased salience of peer effects & school effects
5. Independence, increasing life stress
6. Pre-conception parental health status, prenatal care

Esposito et al., PCD, 2009
Nader et al, Child Obes, 2012
Social Networks in Contexts

Christakis & Fowler, NEJM, 2007
A Systems Framework of Childhood Obesity with Feedbacks between Individuals and the Environment

Local, State, and National Policies

Physical Environment Support:
- Design of Childcare Centers & Schools
- Food Access
- Regional & Urban Planning

Social Environment Support:
- Peer & Family Networks
- Institutional Norms
- Culture

Individual Agents of Change:
- Primary Care Advocacy

Individual Behavior

Health Care System Prevention & Treatment

Nader et al., Child Obes, 2012
A Systems Framework of Childhood Obesity with Feedbacks between Individuals and the Environment

Local, State, and National Policies

Individual Agents of Change

Primary Care Advocacy

Physical Environment Support
- Design of Childcare Centers & Schools
- Food Access
- Regional & Urban Planning

Policies related to urban planning, housing, transportation, parks & recreation, food availability, access, financing & marketing, and education.

Social Environment Support
- Peer & Family Networks
- Institutional Norms
- Culture

Health Care System
Prevention & Treatment

Individual Behavior
Policies on media and information, housing (e.g. segregation), industry practices, labor, individual incentives (tax, insurance, etc.).

A Systems Framework of Childhood Obesity with Feedbacks between Individuals and the Environment

Local, State, and National Policies

Individual Agents of Change

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Physical Environment Support
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Primary Care Advocacy

Individual Behavior

Health Care System
Prevention & Treatment
A Systems Framework of Childhood Obesity with Feedbacks between Individuals and the Environment

Local, State, and National Policies

Physical Environment Support
- Design of Childcare Centers & Schools
- Food Access
- Regional & Urban Planning

Social Environment Support
- Peer & Family Networks
- Institutional Norms
- Culture

Policies on health care infrastructure, financing, delivery mode.

Individuals, Agents of Change

Primary Care Advocacy

Individual Behavior

Health Care System

Prevention & Treatment

Indicators and Actions
A Systems Framework of Childhood Obesity with Feedbacks between Individuals and the Environment

Local, State, and National Policies

Interplay between social and physical environment.

Physical Environment Support
- Design of Childcare Centers & Schools
- Food Access
- Regional & Urban Planning

Social Environment Support
- Peer & Family Networks
- Institutional Norms
- Culture

Individual Behavior

Primary Care Advocacy

Health Care System Prevention & Treatment

Individual Agents of Change
Social and physical environments enable and/or constrain family & individual behavior. Individuals also shape their environment.
A Systems Framework of Childhood Obesity with Feedbacks between Individuals and the Environment

Local, State, and National Policies

Physical Environment Support
- Design of Childcare Centers & Schools
- Food Access
- Regional & Urban Planning

Social Environment Support
- Peer & Family Networks
- Institutional Norms
- Culture

Individual Agents of Change

Preventive & curative services to families and individuals.

Health Care System Prevention & Treatment

Primary Care Advocacy

1. Physical Environment Support
2. Social Environment Support
3. Individual Agents of Change
4. Physical Environment Support
5. Social Environment Support
6. Individual Behavior
7. Health Care System Prevention & Treatment
Health care providers and practices as advocates of social & environmental changes to promote healthy lifestyles.
A Systems Framework of Childhood Obesity with Feedbacks between Individuals and the Environment

Local, State, and National Policies

Individual, empowerment and community mobilization to effect policy change.

Physical Environment Support
- Design of Childcare Centers & Schools
- Food Access
- Regional & Urban Planning

Social Environment Support
- Peer & Family Networks
- Institutional Norms
- Culture

Individual Behavior

Health Care System Prevention & Treatment

Primary Care Advocacy

Individual Agents of Change
Sustainability, Scalability, Reach

- How do we ensure sustained interventions and intervention effects?

- How do we diffuse and scale-up effective interventions? Interventions often only attain cost-effectiveness when they achieve economy of scale.

- How do we ensure different communities all benefit from interventions?
<table>
<thead>
<tr>
<th>PRIVATE SECTOR</th>
<th>Top-Down</th>
<th>Bottom-Up</th>
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</thead>
<tbody>
<tr>
<td>Policy</td>
<td>Top-down, policy interventions in the private sector stem from large industries. Sustainability and scalability are very strong, and the reach can be wide as well if the customer base is large. These interventions do not occur as frequently as public policy interventions since it is challenging to coalesce competitors from a given industry around public health. Example: Healthy Weight Commitment (<a href="http://www.healthyweightcommit.org/">http://www.healthyweightcommit.org/</a>).</td>
<td>Bottom-up, policy interventions in the private sector stem from private nonprofit organizations, associations, and lobby groups. These organizations can often be more agile than public institutions in mobilizing resources, offering greater sustainability, scalability, and reach than similar public initiatives for their programs. Examples: The Alliance for a Healthier Generation (<a href="http://www.healthiergeneration.org/">http://www.healthiergeneration.org/</a>); Children Now for regulating food marketing to children (<a href="http://www.childrennow.org/index.php/learn/advertising_obesity">http://www.childrennow.org/index.php/learn/advertising_obesity</a>).</td>
</tr>
<tr>
<td>Sustainability: High</td>
<td>Sustainability: Medium - High</td>
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<tr>
<td>Scalability: High</td>
<td>Scalability: High</td>
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<tr>
<td>Reach: Medium-High</td>
<td>Reach: Medium - High</td>
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<tr>
<td><strong>Behavior Change and Community Health Promotion</strong></td>
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<tr>
<td>Top-down, behavior change interventions are more common than top-down policy interventions in the private sector, with or without demonstrable outcomes. With industry backing, sustainability, scalability, and reach are generally relatively strong and are sometimes uniquely a function of business interests rather than public health outcomes. An example of this type of interventions is the Blue Cross Blue Shield Association childhood obesity programs (<a href="http://www.bcbs.com/innovations/good-health-club/">http://www.bcbs.com/innovations/good-health-club/</a>); NFL’s Play 60 Campaign, a national youth health and fitness campaign focused on increasing the wellness of young fans by encouraging them to be active for at least 60 minutes a day (<a href="http://www.nfl.com/play60">http://www.nfl.com/play60</a>),</td>
<td>Bottom-up, behavior change interventions in the private sectors employ business models to sustain and scale up programs. Compared to similar bottom-up public efforts, these interventions have greater sustainability, scalability, and potentially reach. Contrary to top-down behavior change efforts in the private sector, this type of intervention does depend strongly on public health outcomes. Example: MEND (<a href="http://www.mendprogramme.org">http://www.mendprogramme.org</a>).</td>
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Knowledge Transfer Loop

Evidence-Based Practice

External Validity

Evaluation Modeling

Practice-Based Evidence

Internal Validity
Systems Thinking Helps Avoid Common Pitfalls Stemming from Laundry-List Cause-and-Effect Thinking

- Independent effects (from causal factors)
- One-way causality (feedbacks)
- Linearity of effects (dynamically variable over time)
- Instantaneous effects (delays are everywhere)
What Systems Science Is Not

- Crystal ball to predict the future
- Guessing game of what solutions are for a given problem
- Free of theoretical and data considerations
- Replacement of existing toolbox
- All models are wrong; some are useful. (George Box)
From individual approaches...

5 Foods to never eat:

- Cut down a bit of stomach fat every day by never eating these 5 foods.

Health Education
To an environmental and policy focus...
How do we achieve policy adoption and implementation?

If we build it, will they come?
Food deserts in the U.S.
Active communities

THE ROLE OF Communities IN PROMOTING PHYSICAL ACTIVITY

WALKABLE COMMUNITIES
People who live in walkable neighborhoods are 2 times as likely to get enough physical activity as those who don’t.

JOINT USE
The number of children who are physically active outside is 84% higher when schoolyards are kept open for public play.

RECREATIONAL FACILITIES
Teens who live in poor or mostly minority neighborhoods are 50% less likely to have a recreational facility near home.

TRAILS
People who live near trails are 50% more likely to meet physical activity guidelines.

New ventures...
How to bring the human factor and the environment together
3. Two Examples of Research and Practice

- How to intervene on both the supply of and demand for health, healthy products, healthy places and healthy policies?
- How to create social movements and shift social norms?
- Can culture be changed or realigned?
Designer Schools: Buckingham, Virginia

Team:
UNMC (T. Huang)
UVA (M. Trowbridge)
VMDO Architects

Gorman et al, Obesity, 2007
Huang et al., Prev Chronic Dis, in press

Supported in Part: UVA Youth-NEX
HEALTHY EATING DESIGN GUIDELINES FOR SCHOOL ARCHITECTURE

Integrating Architecture and Public Health to Inform Design Strategies for Schools Conducive to Healthy Eating

BACKGROUND
- Creating healthy school food environments is a national strategy to prevent and reduce childhood obesity, yet there is no guidance on designing schools to promote healthy eating and physical activity.
- Previous work in architecture has shown that school design impacts student behaviors, development, and academic performance (1-3).
- Research has begun to show that issues such as food display and cafeteria design features can impact children's eating behaviors in schools (4-7).

THEORETICAL FRAMEWORKS
- Architecture - Environmental Psychology considers the transactional nature of environment and social life and proxemics, which explores physical space and social interactions.
- Social Science - Behavioral Economics considers cues in environment that implicitly motivate or "nudge" consumer health behavior.
- Social Systems Models consider school grounds to community for integrated system.

KEY CONCEPTS
- 10 domains were established (e.g., commercial kitchen, signage, etc.)
- Each domain includes a main objective and specific design strategies.
- Features of the design guidelines are meant to be testable hypotheses rather than fully established recommendations.

GUIDELINE PRINCIPLES
- Provide equipment and spaces that facilitate the incorporation of fresh and healthy food choices into the school and its community.
- Provide facilities to engage the school community directly in food production and preparation.
- Apply evidence- and theory-based behavioral science principles to "nudge" the school community towards healthy-eating behaviors and attitudes.
- Use building/landscape features to promote awareness of healthy, sustainable food practices.
- Conceive and articulate school spaces as community assets to multiply the benefits of school-based healthy food initiatives.

APPLICATION OF THE GUIDELINES:
Architectural Design Process - Buckingham County, VA Primary + Elementary School

1. Programming
   - Identify and understand the architectural problem and uncover goals and needs.
   - Buckingham County Public Schools identified healthy eating as a priority for a school design.
   - The design guidelines became part of the architectural problem to solve throughout the design process.

2. Schematic Design
   - Formulate potential design solutions based on the programming needs/problems.
   - At a schematic design stage, the level of detail is limited, but involves issues such as building layout in relationship to surrounding structures/context and interior sequencing of spaces.

3. Design Development
   - Further refine, develop, and integrate key spaces.
   - The design development phase is progressively more detailed. The plan below highlights sample elements corresponding to the Design Guidelines. Construction documentation includes every detail of the structure to be built.

4. Construction Documentation
   - Translate decisions into a format to communicate the design for construction contractors.

RESEARCH OPPORTUNITIES
- The Healthy Eating Design Guidelines present an opportunity to grow the evidence base for health promoting architecture.
- Convergence of architectural and public health theories creates new behavior change pathways. E.g., improved healthy eating may occur as a default function of the physical change in the environment, with normative changes (i.e., cultural shifts) occurring slowly over time.
- A mixed methods study of the Buckingham County Project will evaluate the effect of the new architecture on school-level practices and curricula, food procurement, staff attitudes, and student food purchases, knowledge, attitudes and norms over time.

CARTER G. WOODSON EDUCATION COMPLEX, BUCKINGHAM COUNTY PRIMARY + ELEMENTARY SCHOOL, CAFETERIA/COMMONS/KITCHEN FLOOR PLAN

REFERENCES

ACKNOWLEDGMENTS
Buckingham County Public School District
University of Virginia
Institutional dining hall
Old kitchen & servery
Breakfast Pizza - 75¢
Sausage Biscuit - 75¢
Flapsticks - 75¢
Vegetables - 75¢
Toast/Jelly 30¢
Taco Salad - Large $2.15 / small $1.50
Toss Salad - Reg. Bowl $1.25
Chef Salad - $2.75
Sandwich - L T C $1.75 / Plain 1.25
PIzza - $1.00
Cookies - 25¢ / cake 75¢
Soup - Bowl $1.25/Cup $1.75
French Fries - Large $1.25 / Small 75¢
 Swirls - 85¢
Water - 75¢
Juices - 75¢
Rice Krispies - 65¢
Snacks - 50¢
*Rolls* 20¢

Real Fruit Juice
Vitamin & Calcium
Enriched
“Refreshing Drinks”

SWIRL
1. **COMMERCIAL KITCHEN ZONE**
   - 1.1 Cold storage / freezer
   - 1.2 Dry storage
   - 1.3 Bakery
   - 1.4 Demonstration cooking + prep stations
   - 1.5 Cooking equipment/hood
   - 1.6 Recycle, compost + tray drop

2. **TEACHING KITCHEN ZONE**
   - 2.1 Vegetable prep sinks + equipment storage
   - 2.2 Demonstration work stations
   - 2.3 All glass doors to open to seating
   - 2.4 Outdoor classroom adjacent to seating, power source for equipment
   - 2.5 Outdoor kitchen accessible to indoor teaching kitchen

3. **SERVING ZONES**
   - 3.1 Hot + cold lunch service visually open to kitchen
   - 3.2 Fresh fruit & vegetable baskets
   - 3.3 Check out

4. **DINING ZONES**
   - 4.1 Grades K-1-2 seating at round tables - all glass north facing views
   - 4.2 Grades 3-4-5 seating at round tables - all glass north + east facing views
   - 4.3 Variety of seating for small groups at round tables + cafe tables
   - 4.4 Flexible, movable soft seating for casual meet ups and snack time
   - 4.5 Covered upper terrace for class and dining use
   - 4.6 Lower terrace for class and dining use: amphitheater steps for seating

5. **AESTHETICS OF HEALTHY FOOD ENVIRONMENTS**
   - 5.1 Hot/Cold food counter with display case
   - 5.2 Incorporation of appealing lights and colors
   - 5.3 Integrated audio capabilities

6. **EDUCATIONAL SIGNAGE, WAYFINDING AND MARKETING**
   - 6.1 Menu signage highlighting seasonal fresh foods + nutrition facts
   - 6.2 Slate chalkboard - writing surface
   - 6.3 Educational + wayfinding signage to feature health and nutrition information

7. **WATER ACCESS AND VENDING MACHINES**
   - 7.1 Fresh water station adjacent to milk + juice cart

8. **ON-SITE FOOD PRODUCTION**
   - 8.1 Kitchen gardens: permacultural gardening - herbs, vegetables, flowers with access to rainwater cistern collection, outdoor power, and compost station
   - 8.2 Non-potable water sources: rainwater collection cistern, hose bib

9. **INTEGRATED HEALTHY FOOD EDUCATION FACILITIES**
   - 9.1 Wellness center/clinic
   - 9.2 Wellness center lounge + exhibition commons
   - 9.3 Educational + wayfinding signage to feature health and nutrition information
   - 9.4 Nutrition, gardening and cooking resource library

10. **INTEGRATED COMMUNITY HEALTHY FOOD EDUCATION**
    - 10.1 Community meeting room with exhibition display, project screen + seating
    - 10.2 Prep sink, counter and storage area
    - 10.3 Soft lounge seating

BUCKINGHAM COUNTY (DILLWIN) UPPER + LOWER ELEMENTARY SCHOOLS
CAFETERIA COMMONS/KITCHEN FLOOR PLAN +
OUTDOOR CIRCULATION CONNECTIONS
School in construction
Cafe
Food Lab
Creating Food Smart Youth
School Garden
Design “Software”

To optimize the use of design features:

- Operator’s Manual
- Student-Led Guided Tour (in collaboration with USGBC)
- Series of Workshops with School & Community Stakeholders
- Technical Assistance (e.g., Experience Food Project/Chef Tom French)
Latino Health Movement through Youth Advocacy, Social Marketing & Partnerships

Support: RWJF/Active Living Research Nebraska Research Initiative
Initiative Framework

- Designed to develop youth activists to enhance community readiness to address childhood obesity in Omaha’s Latino community.

- Empower families to make healthy choices and create an environment that is conducive to healthy lifestyles.

- It is youth driven and community participatory. Community ownership and sustainability of change are key.
Art and Science

Marriage of art, media, and science.
http://www.youtube.com/watch?v=YCTgcUTSH6E

The goal is to catalyze a social movement about Latino health.

The founding youth advocate cohort designed and developed the logo, brand, and containers for generating a Latino health movement.
SaludableOmaha

ATTITUDE

BALANCE

LEADERSHIP

ENERGY
SaludableOmaha Logic Model

Strategies

<table>
<thead>
<tr>
<th>Online Content</th>
<th>School Project</th>
<th>Neighborhood Campaign</th>
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</thead>
<tbody>
<tr>
<td>Stats</td>
<td>Selected Project</td>
<td>Work with School-Based Health Centers and Educare (Develop brochure to distribute)</td>
</tr>
<tr>
<td>Local Resources</td>
<td></td>
<td>Link with LWO for co-producing social marketing</td>
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<tr>
<td>New Videos (e.g., Family Resource Management)</td>
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<tr>
<td>Web/Facebook</td>
<td>Package stories (flyer, web, facebook, etc)</td>
<td>Community Events</td>
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<tr>
<td>New Videos (Family Resource Management)</td>
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<td></td>
</tr>
<tr>
<td>Leadership/Community Testimonials</td>
<td>Political Communication</td>
<td>Community Advisory Panel</td>
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<tr>
<td>Dear Sue and Chef D recipes</td>
<td>In School Project</td>
<td>SOCCC engagement</td>
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<tr>
<td>List of Community Resources</td>
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<tr>
<td>Podcasts of youth &amp; neighborhood programs</td>
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<tr>
<td>Business Campaign</td>
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Targets

- Obesity/Diabetes
- Saludable Omaha
- Leadership Visibility
- Resources, Programs, Stakeholders

Awareness

Norms/Climate

Mobilization
Integrated Model for Generating Social Movement

Frerichs et al, 2012
4. Final Thoughts

- Solution-oriented approach, paradigm shift, convergence of fields
- Systems thinking compels us to ask different questions and come up with non-linear solutions
- Multicomponent ≠ Multilevel ≠ Systems Science
- Important to involve systems thinkers at outset of program design
- Complements traditional toolbox
Blending the individual, social & environmental...
Some Useful Resources

- Donella Meadows: *Thinking in Systems: A Primer*
- Tarek Hamid: *Thinking in Circles about Obesity*
- Joy Richmond et al (eds): *Tracing Connections: Voices of Systems Thinkers*
- Diane Finegood: *The complex systems science of obesity*. In: John Cawley (ed.): *The Oxford Handbook of the Social Science of Obesity*