



Community Based Health Initiatives

Nicole Sanders, Senior Planner
City of Snoqualmie Community Development

Community Based Health Initiatives

Why. Snoqualmie, Region & US

What. Community Health Initiatives

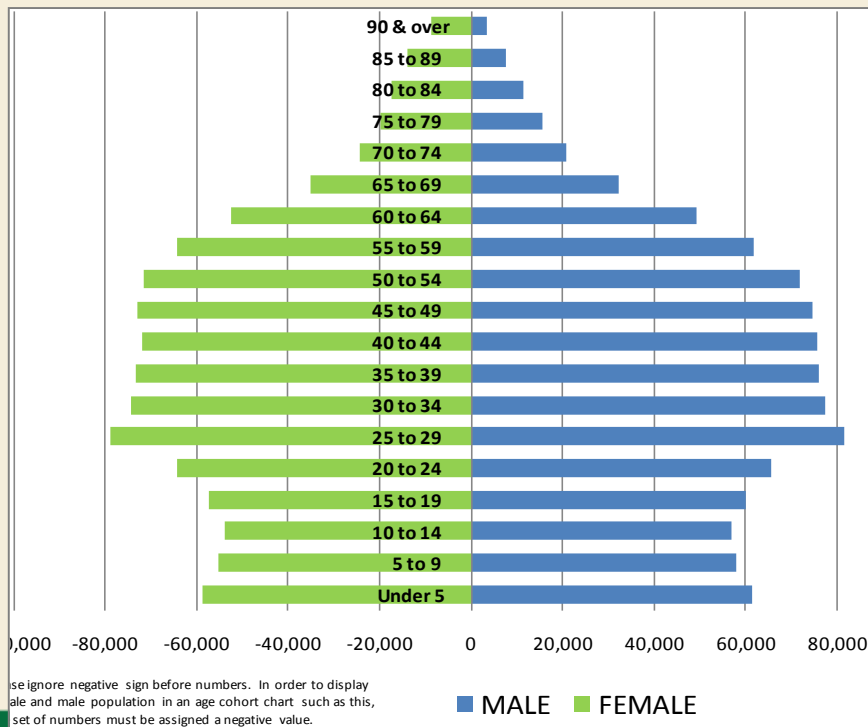
- Cities vs. Schools vs. Public Health
(Direct vs. Indirect Control)
- Built Environment
- Policies



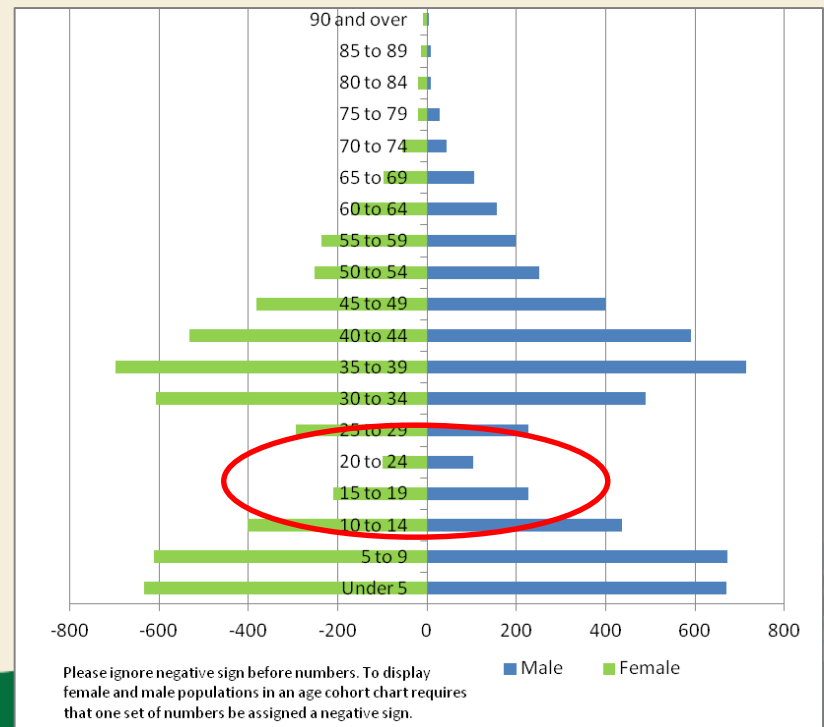
Why?

- ❖ 1/3 of US children are obese, at-risk or overweight.
- ❖ 1/4 get no free-time activity at all.
- ❖ Kids are **35%** of Snoqualmie; King County is only at 23%.

King County 2010



Snoqualmie 2010



Why?

Today a child's **zip code** is more likely to predict life expectancy than **genetic code**.

- ❖ South King County & Seattle youth: 30%-50% more likely to be overweight than Eastside.
- ❖ Smoking: 4x more common in Tukwila & SeaTac than Mercer Island.

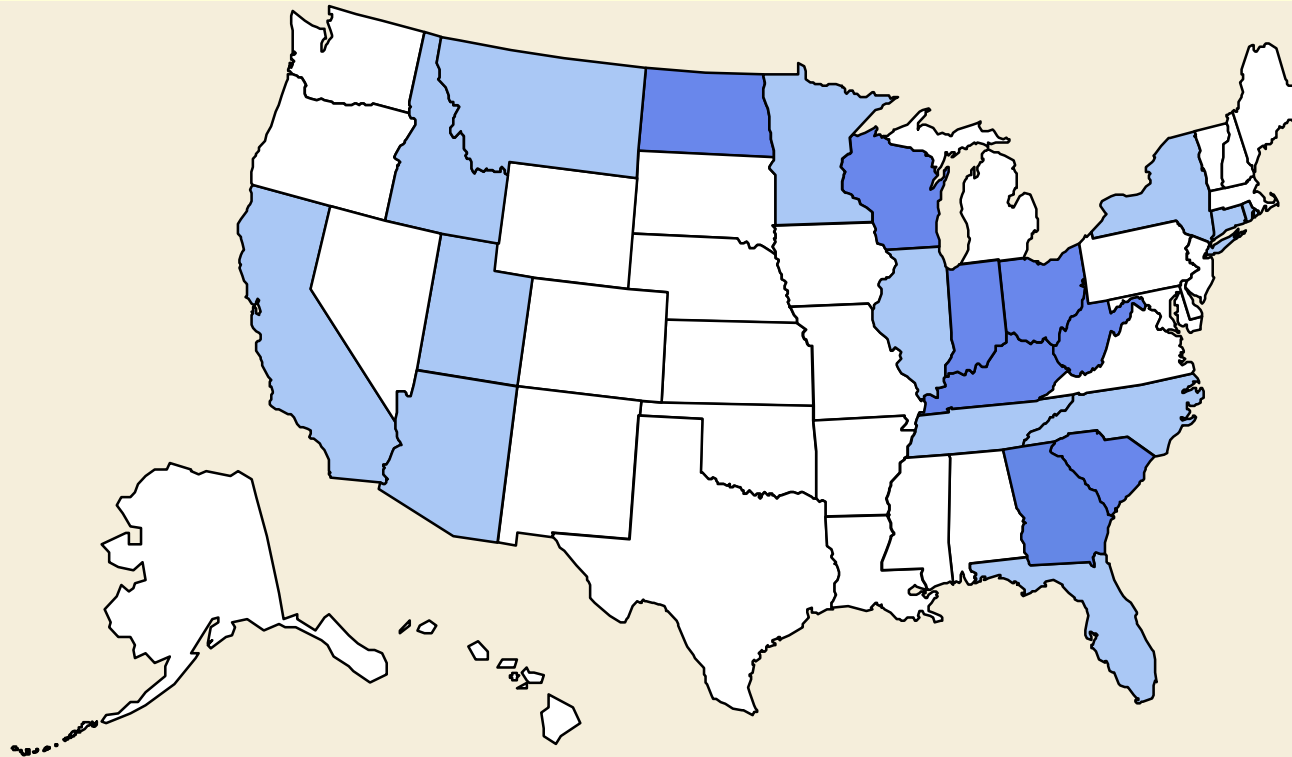
The current generation of children are expected to have shorter lives than their parents due to the consequences of obesity.



Obesity Trends* Among U.S. Adults

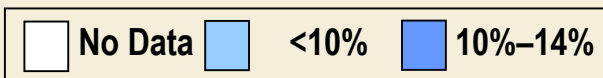
BRFSS, 1985

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Obesity has many causes.

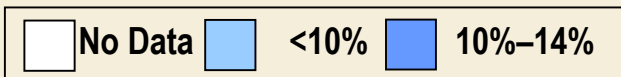
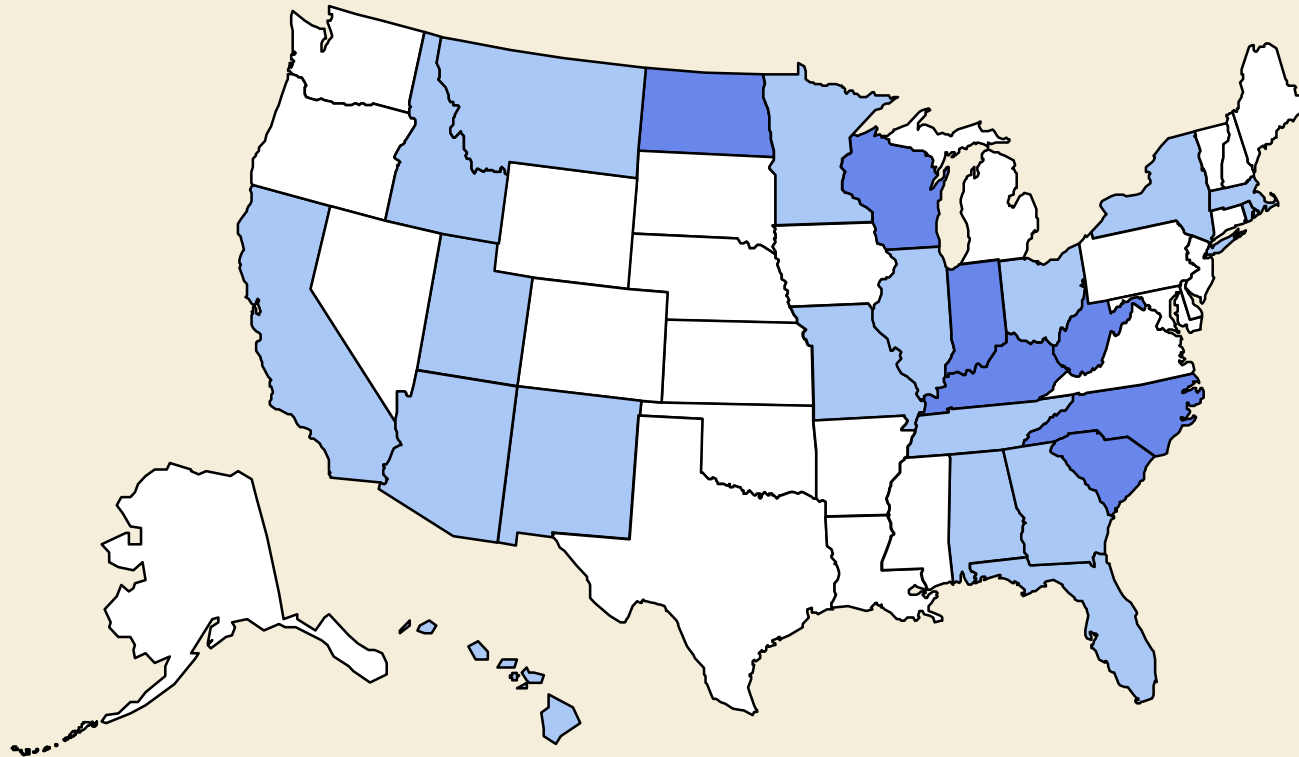
One issue is that adult populations are getting heavier, faster.



Obesity Trends* Among U.S. Adults

BRFSS, 1986

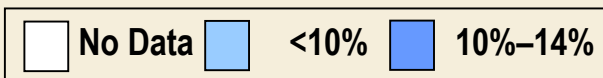
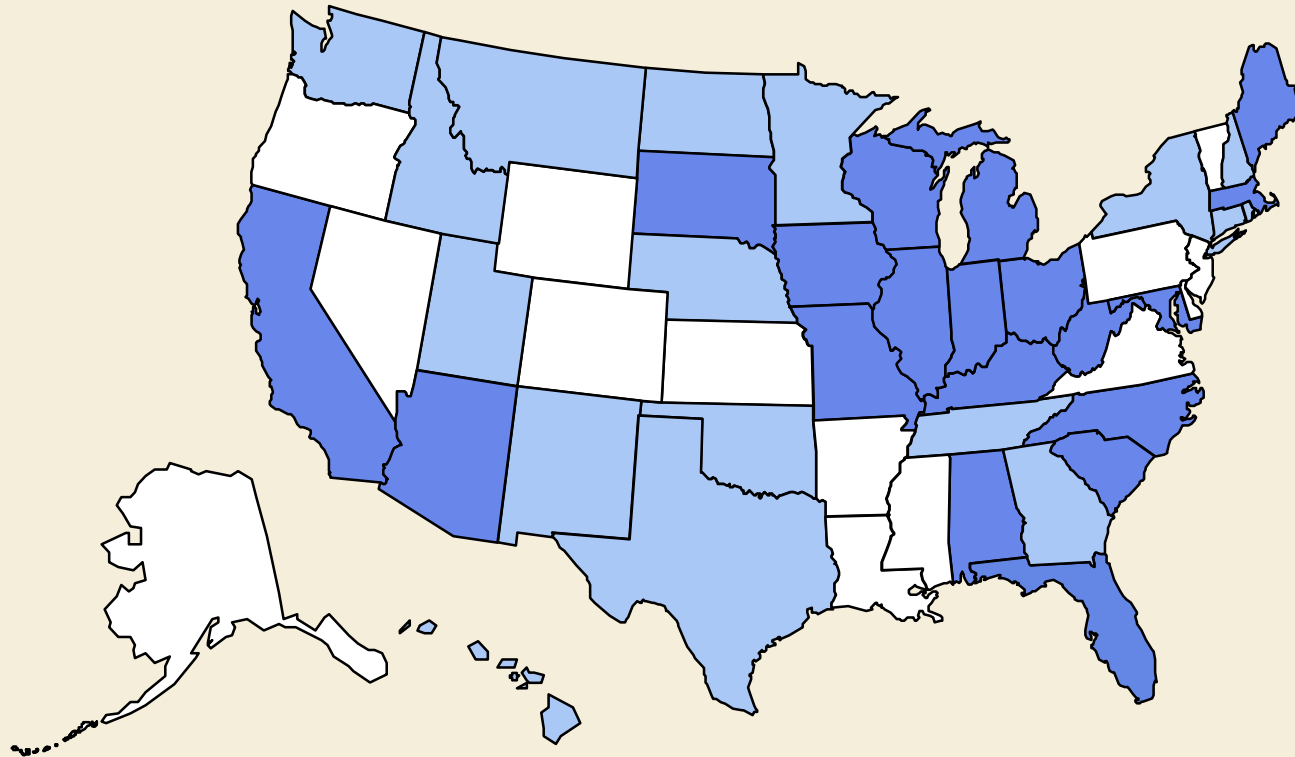
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Obesity Trends* Among U.S. Adults

BRFSS, 1988

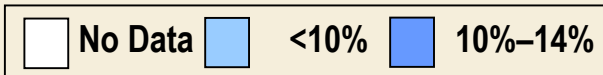
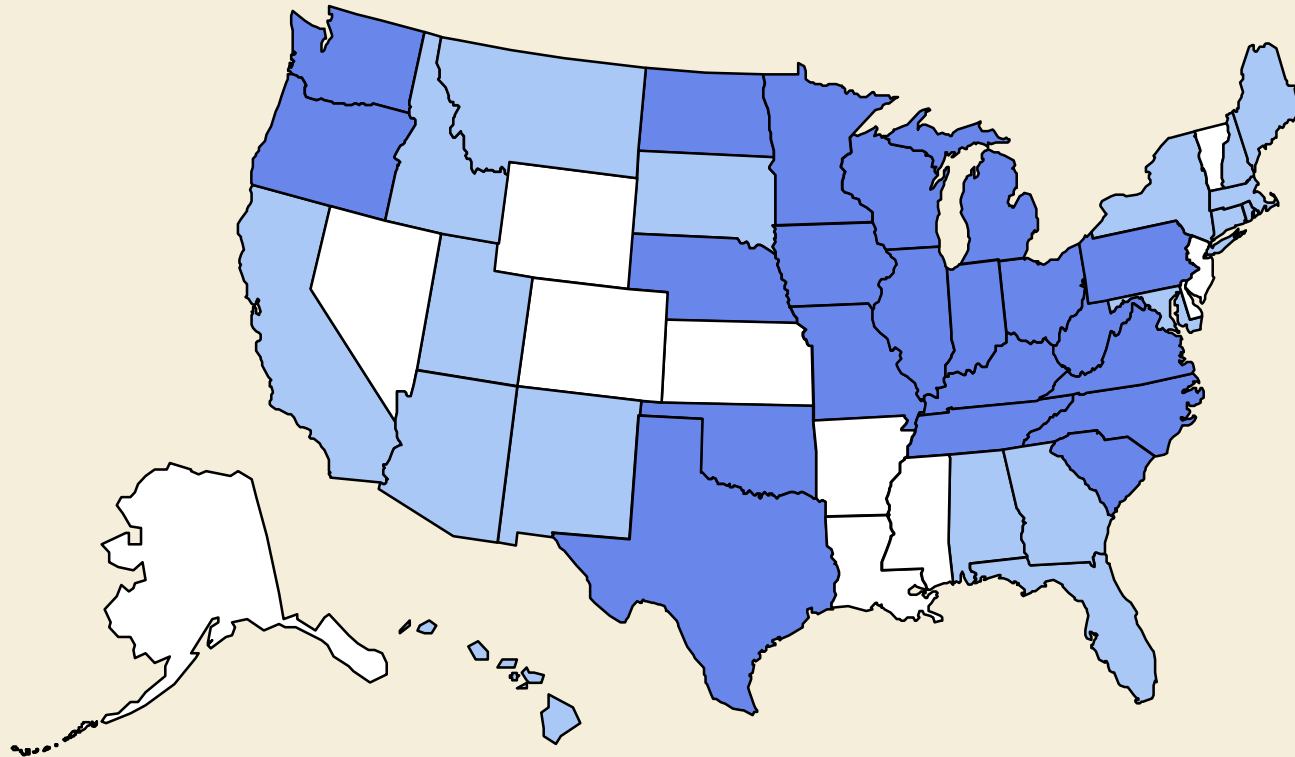
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Obesity Trends* Among U.S. Adults

BRFSS, 1989

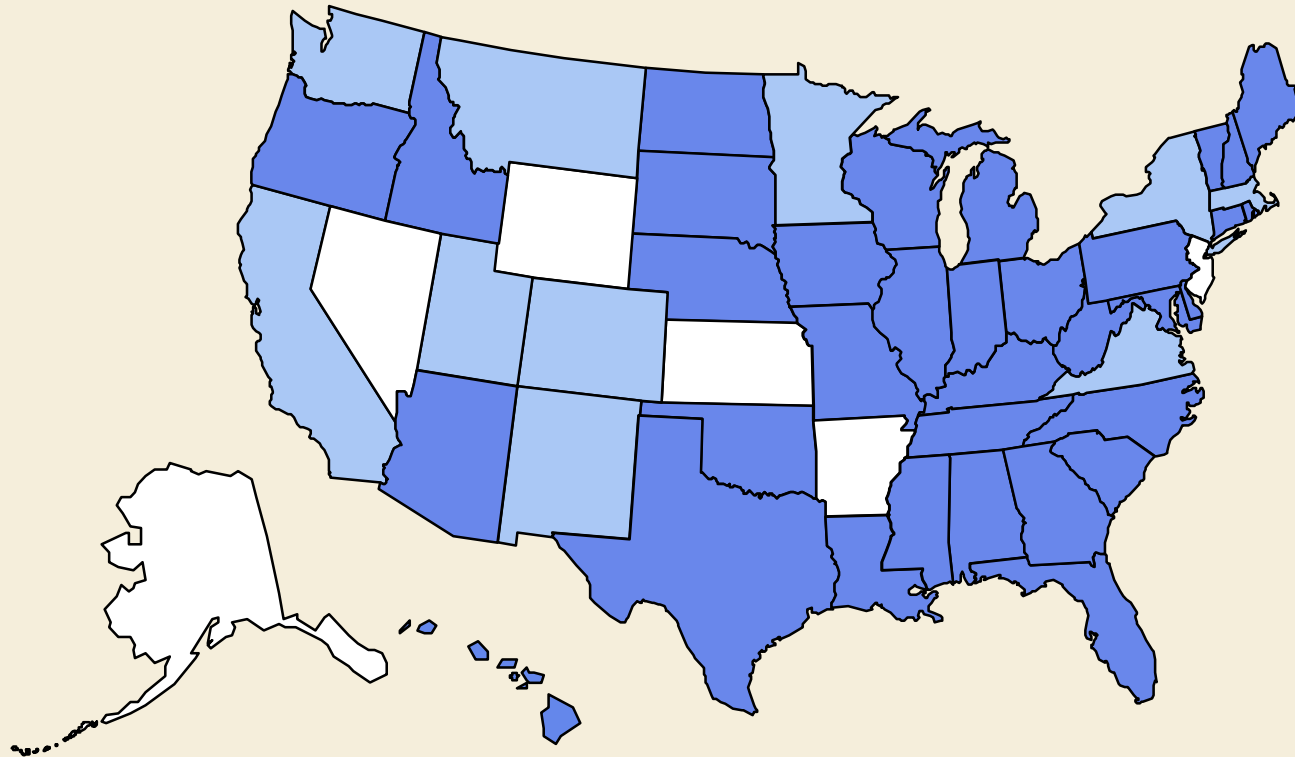
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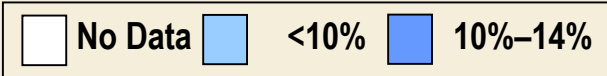
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BRFSS, 1990

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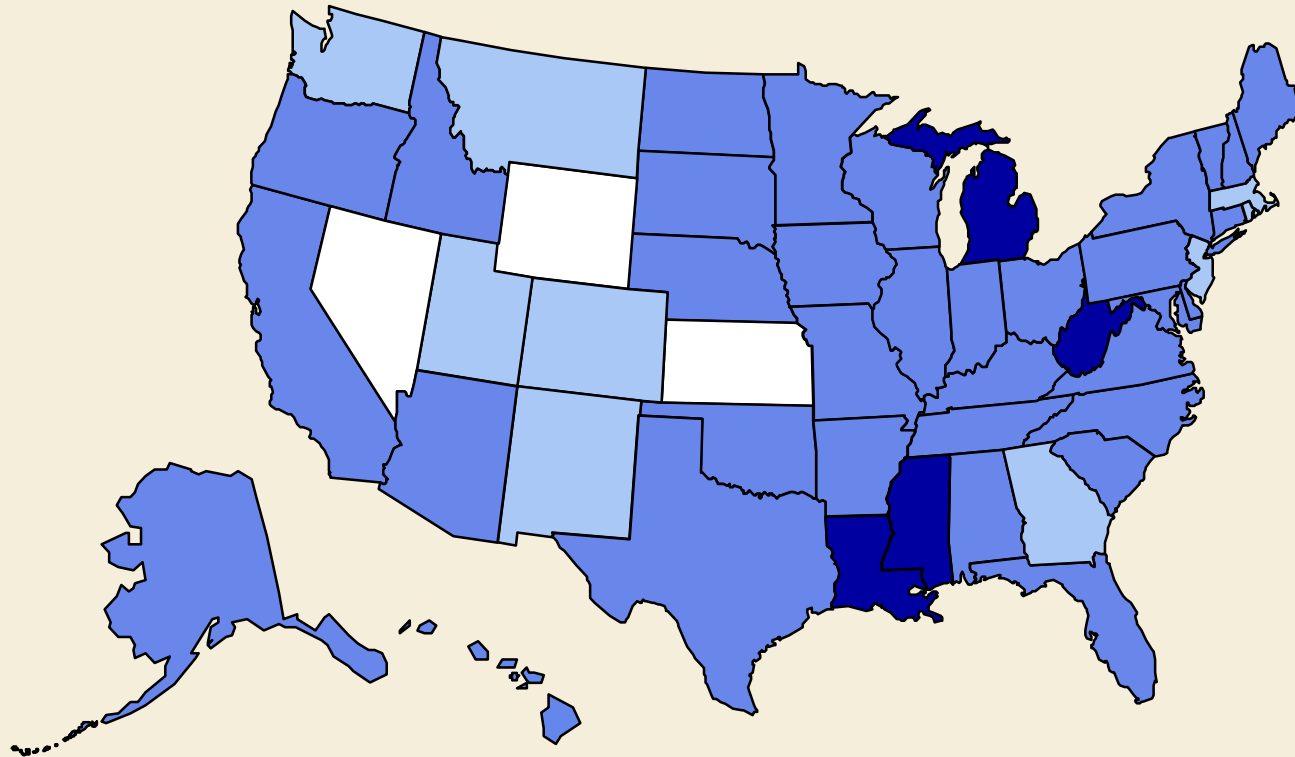
Data est. for most states.



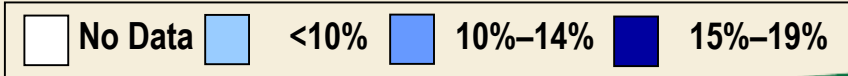
Obesity Trends* Among U.S. Adults

BRFSS, 1991

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



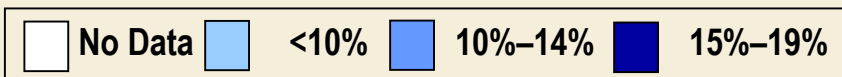
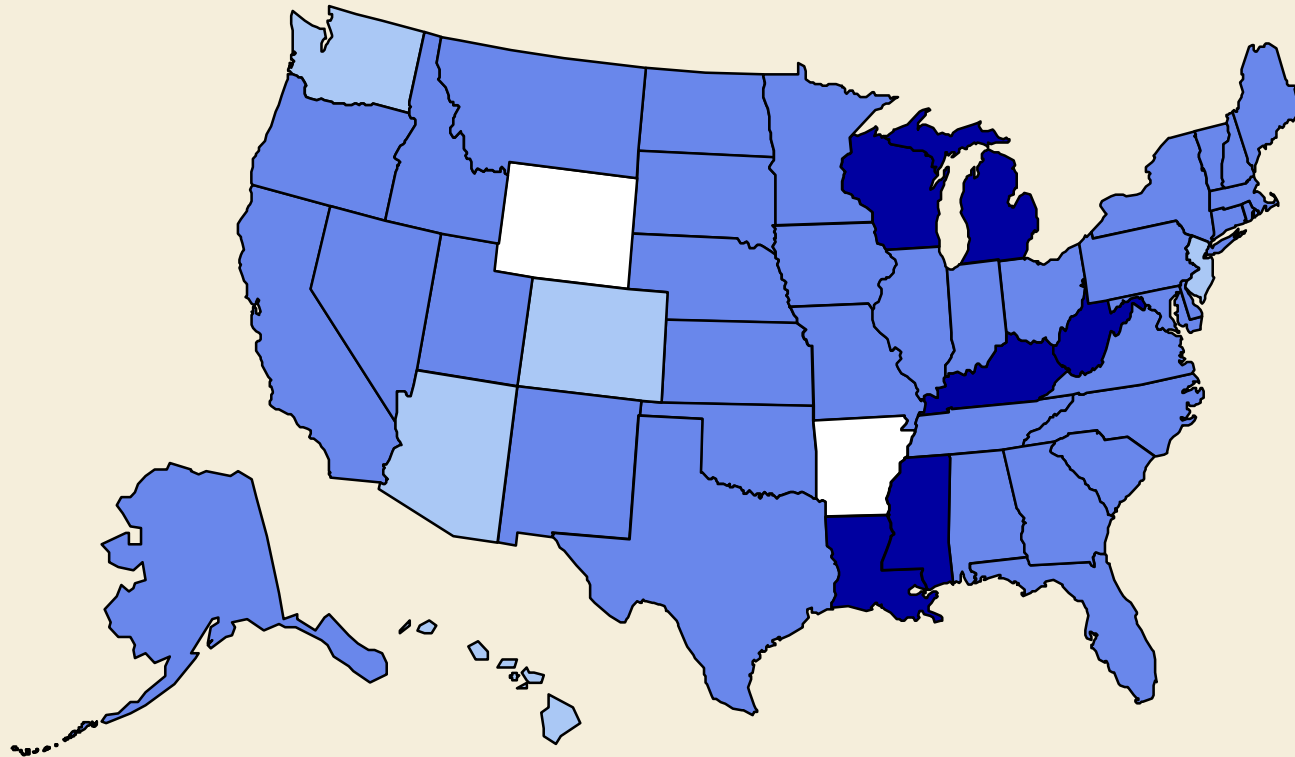
15-19% appears first time.



Obesity Trends* Among U.S. Adults

BRFSS, 1992

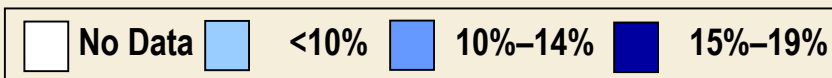
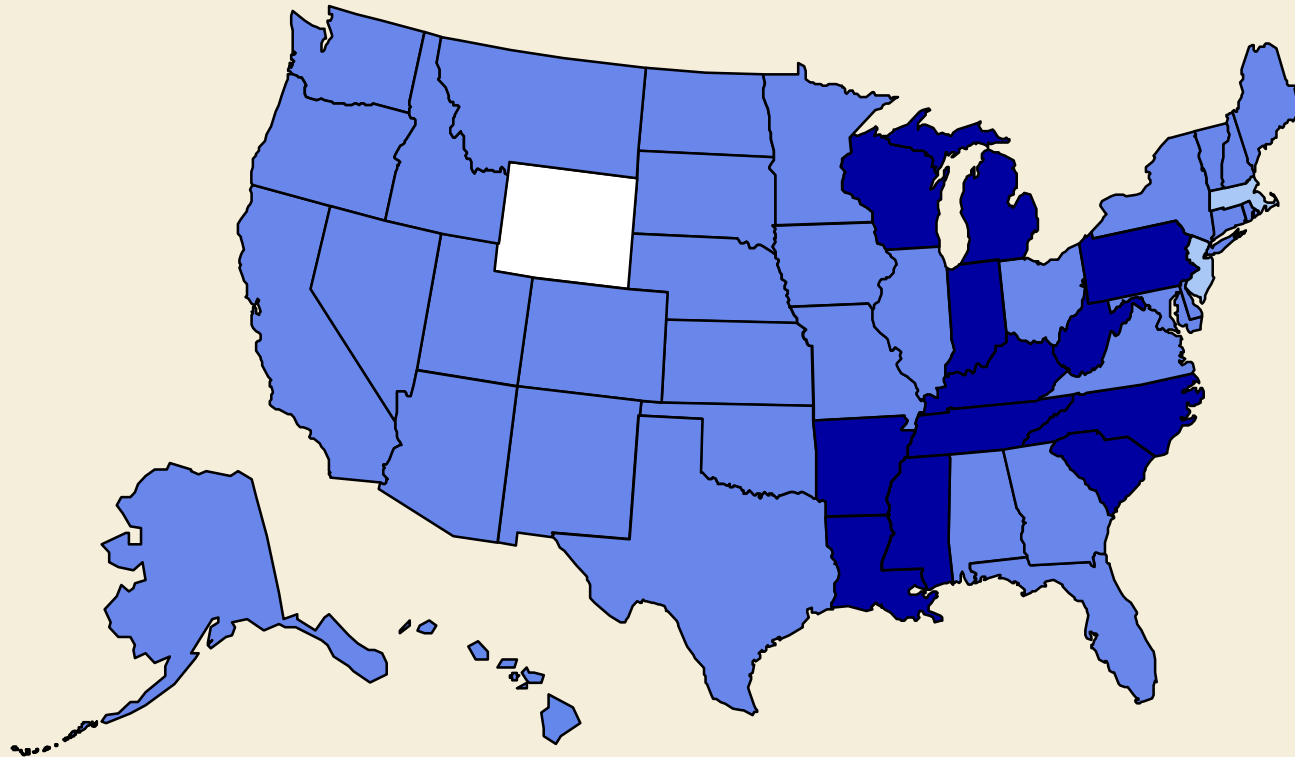
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Obesity Trends* Among U.S. Adults

BRFSS, 1993

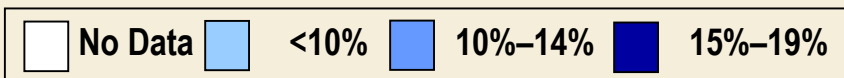
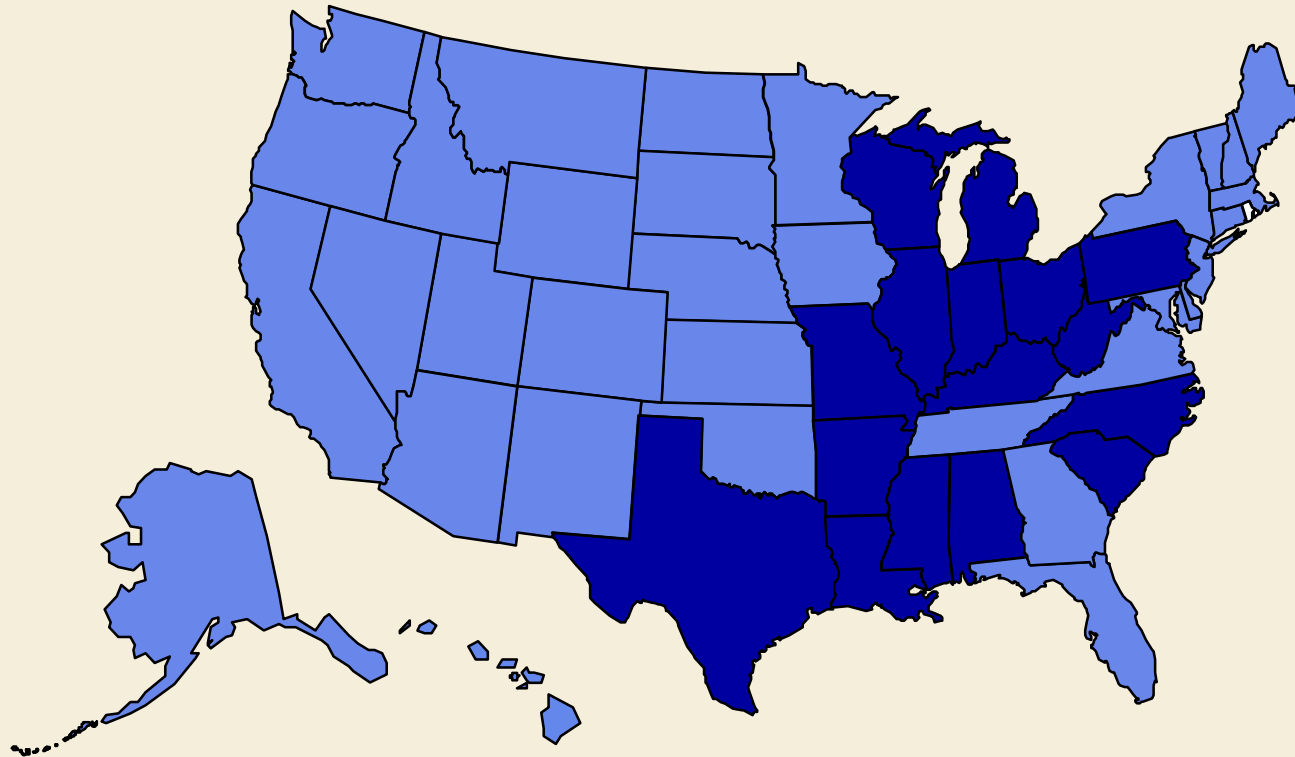
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Obesity Trends* Among U.S. Adults

BRFSS, 1994

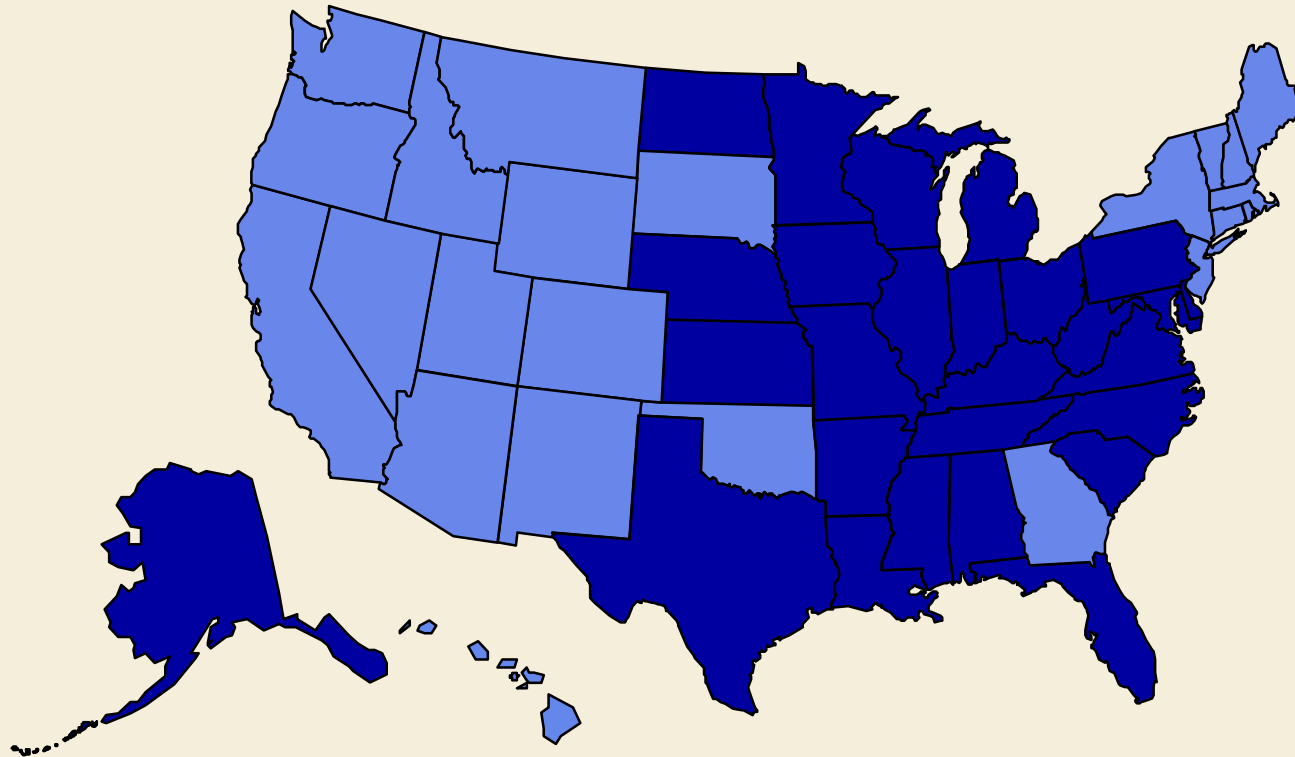
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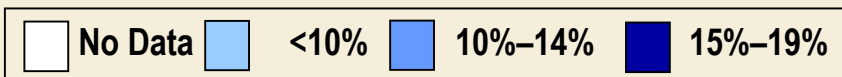
Obesity Trends* Among U.S. Adults

BRFSS, 1995

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



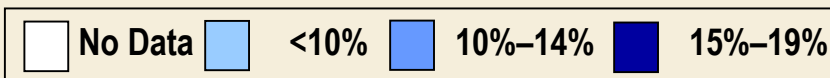
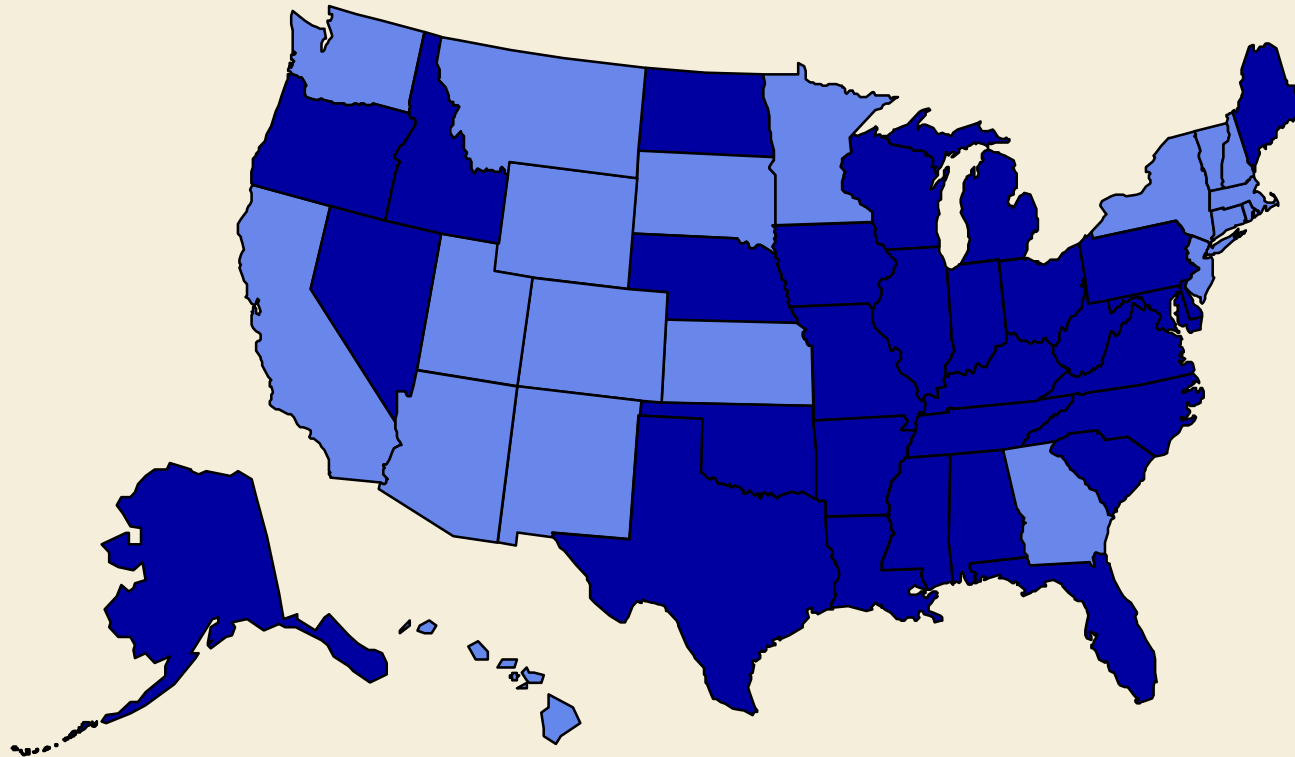
½ US states in
15-19%



Obesity Trends* Among U.S. Adults

BRFSS, 1996

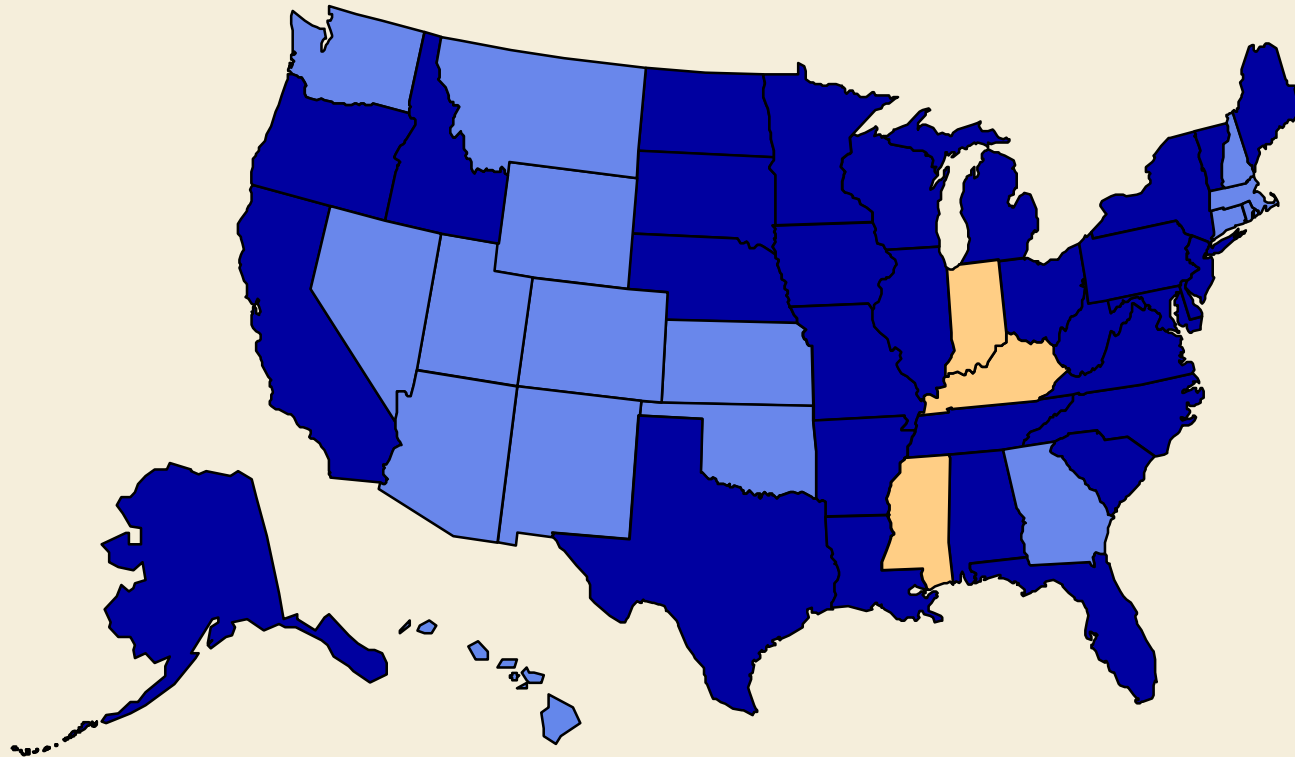
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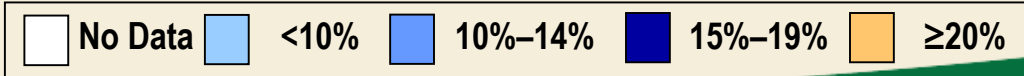
Obesity Trends* Among U.S. Adults

BRFSS, 1997

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



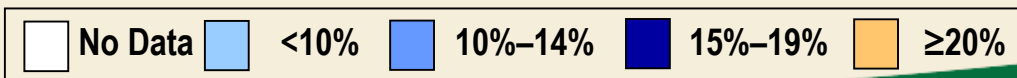
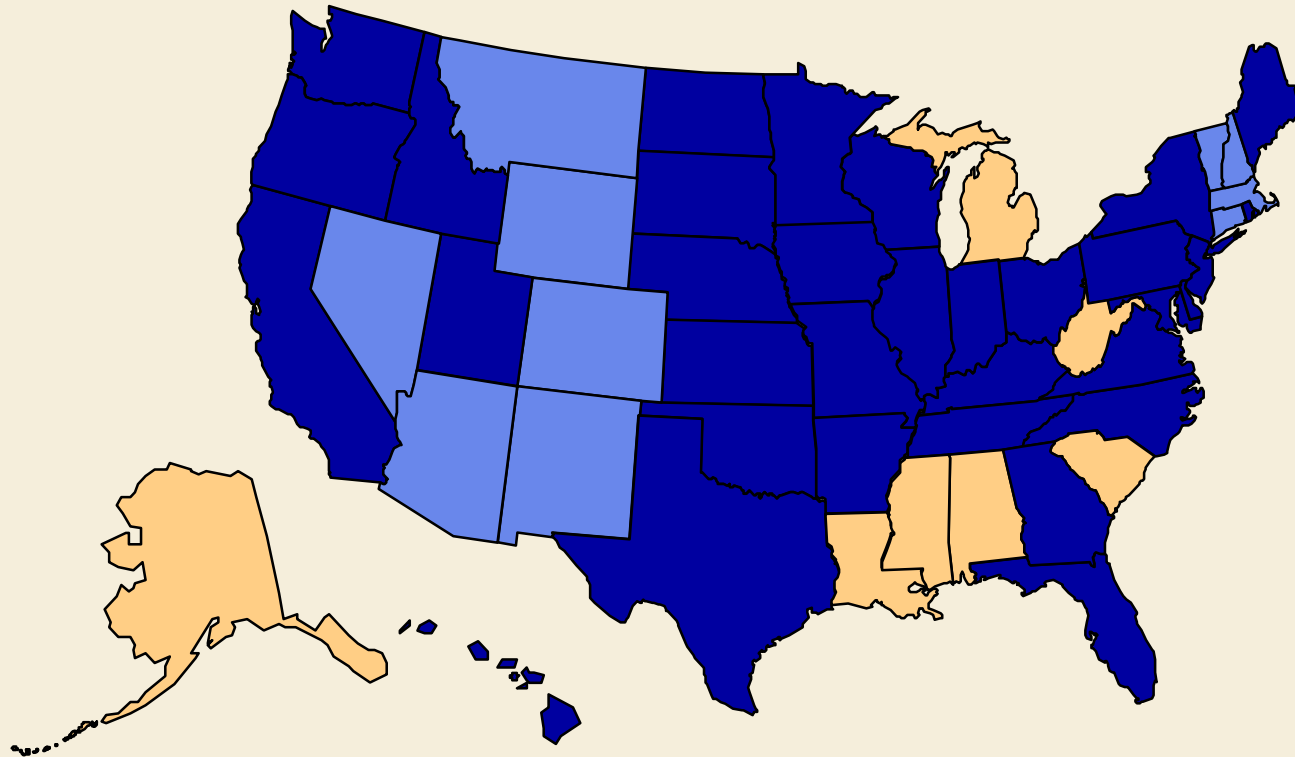
20% appears first time.



Obesity Trends* Among U.S. Adults

BRFSS, 1998

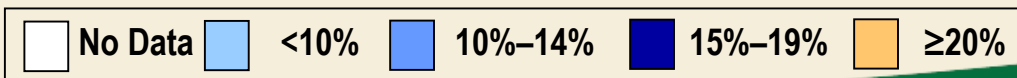
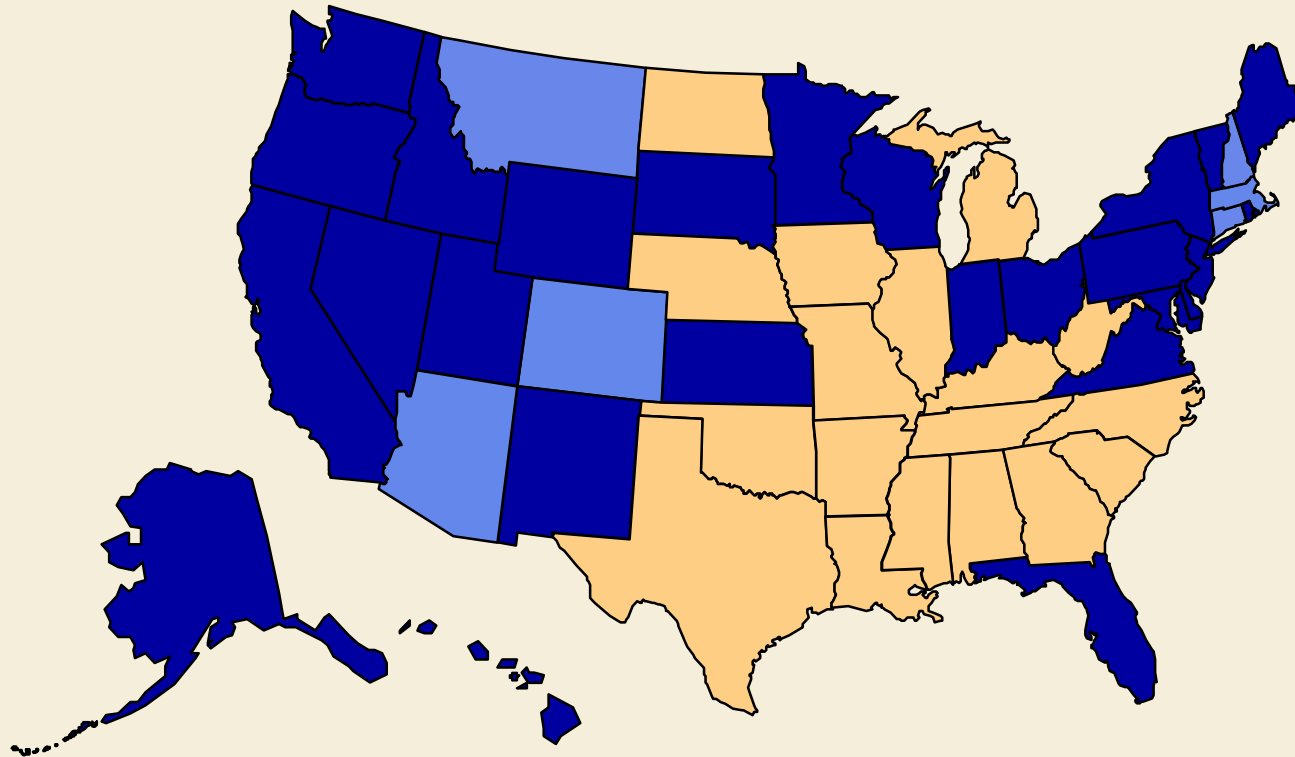
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults

BRFSS, 1999

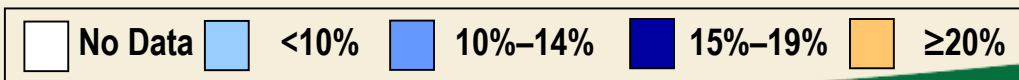
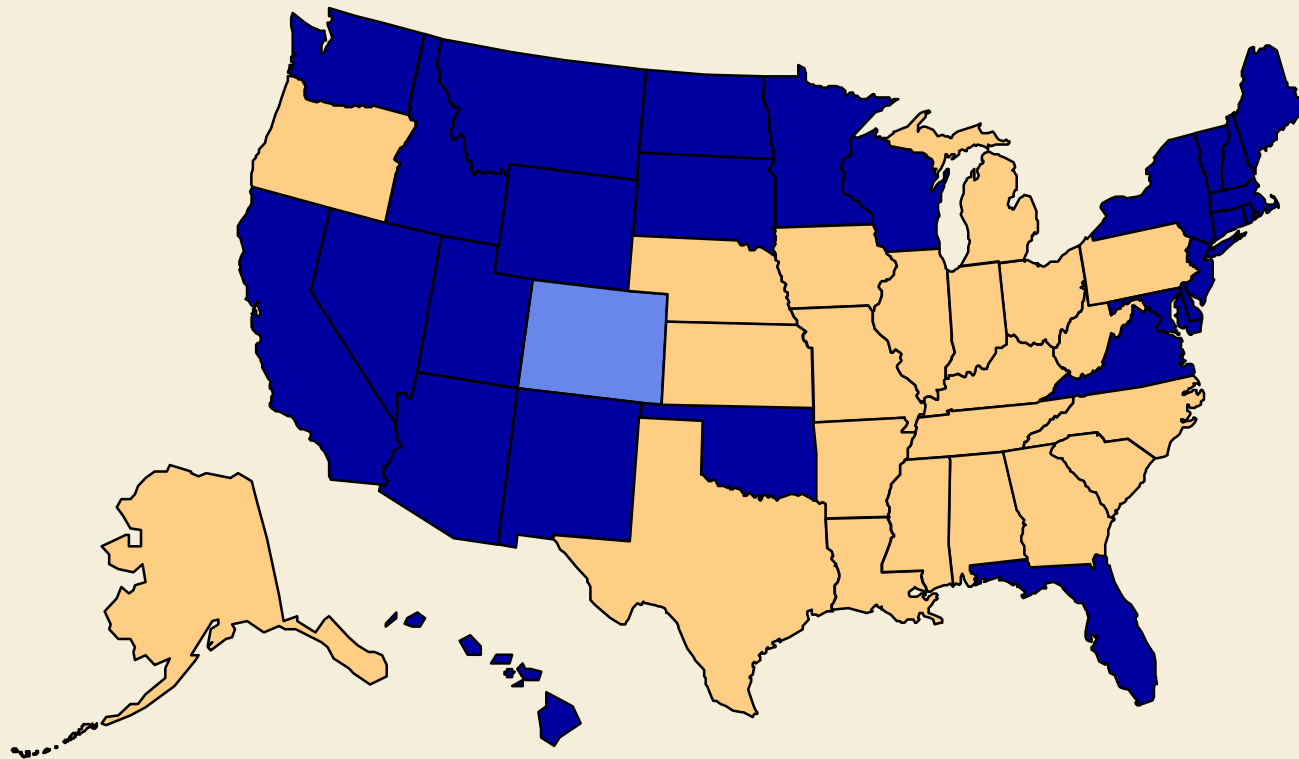
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults

BRFSS, 2000

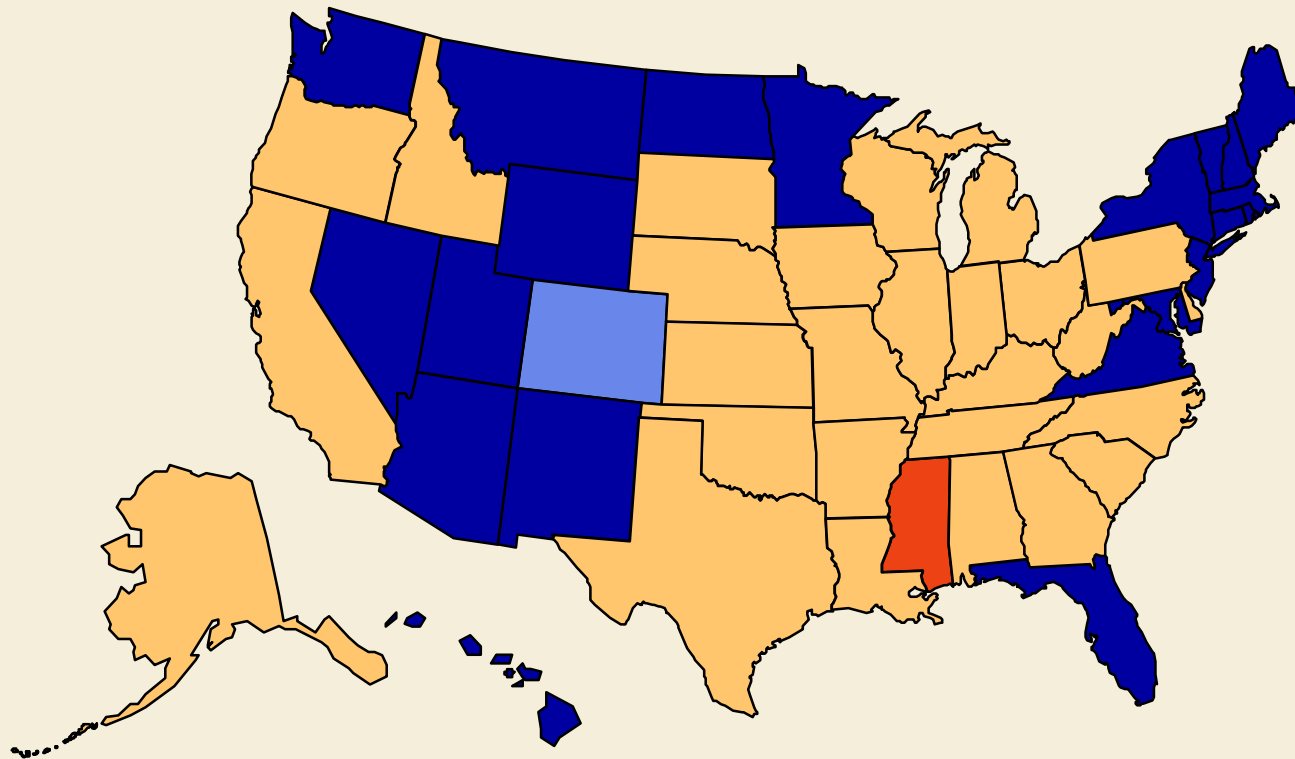
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults

BRFSS, 2001

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



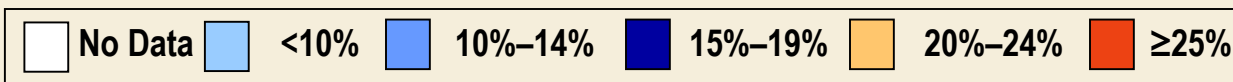
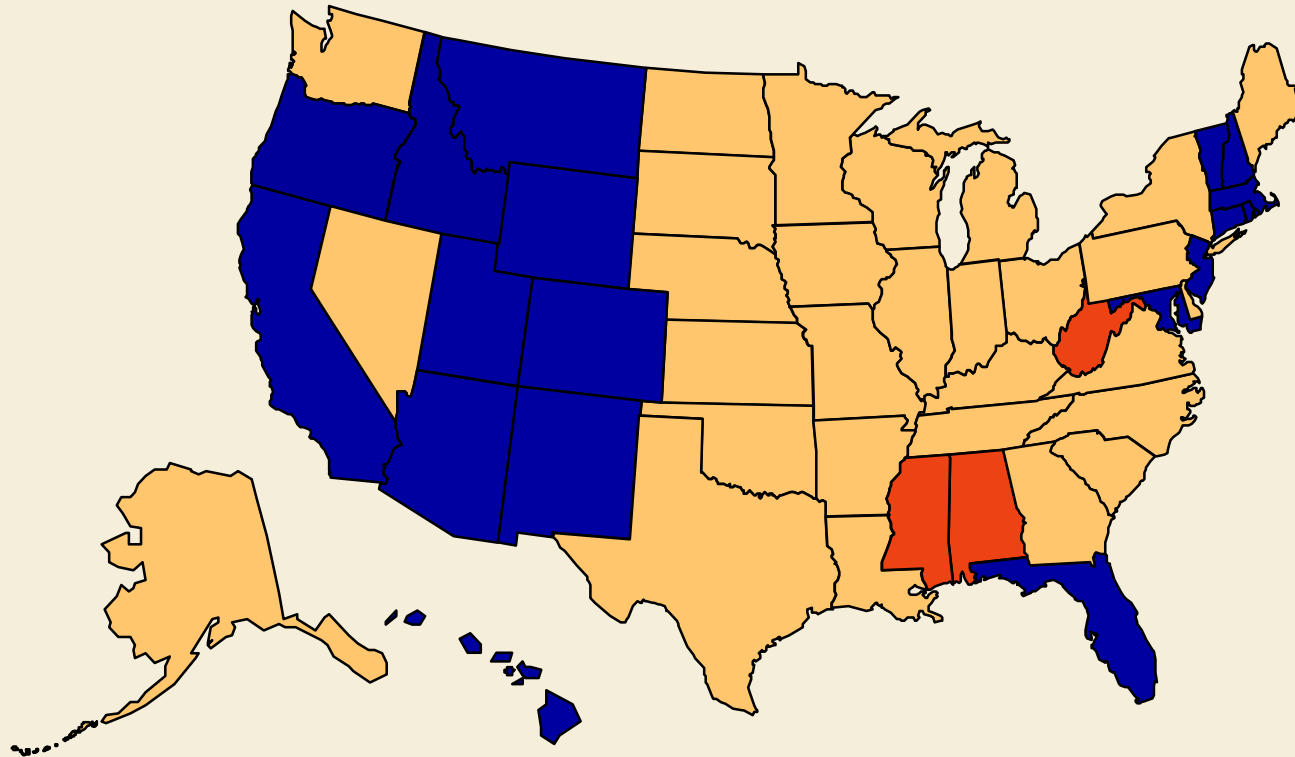
25% appears first time.



Obesity Trends* Among U.S. Adults

BRFSS, 2002

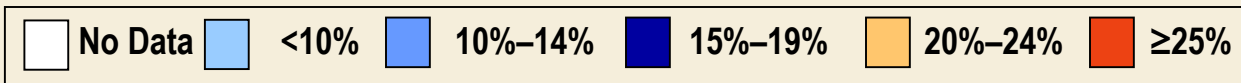
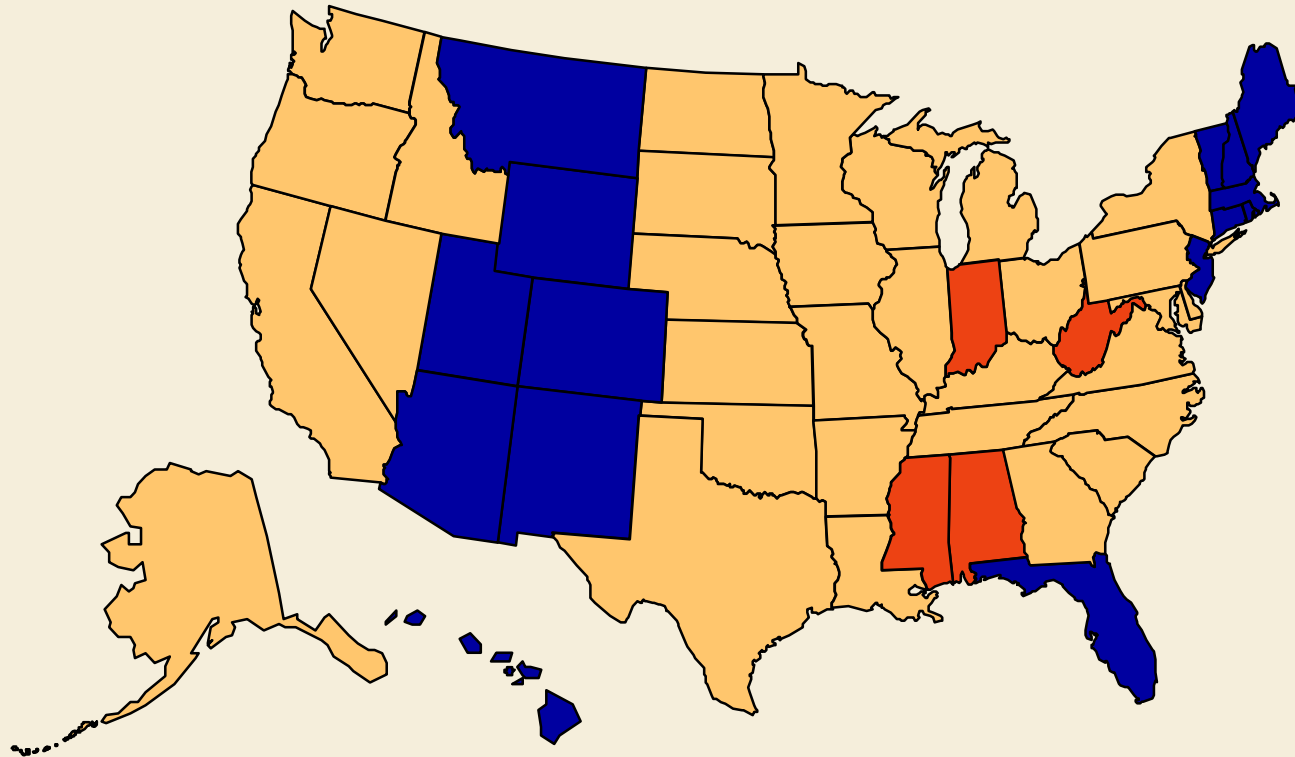
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults

BRFSS, 2003

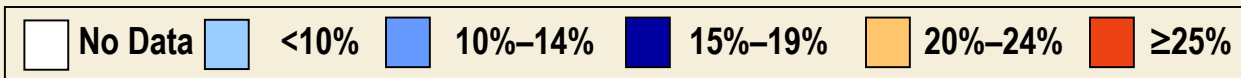
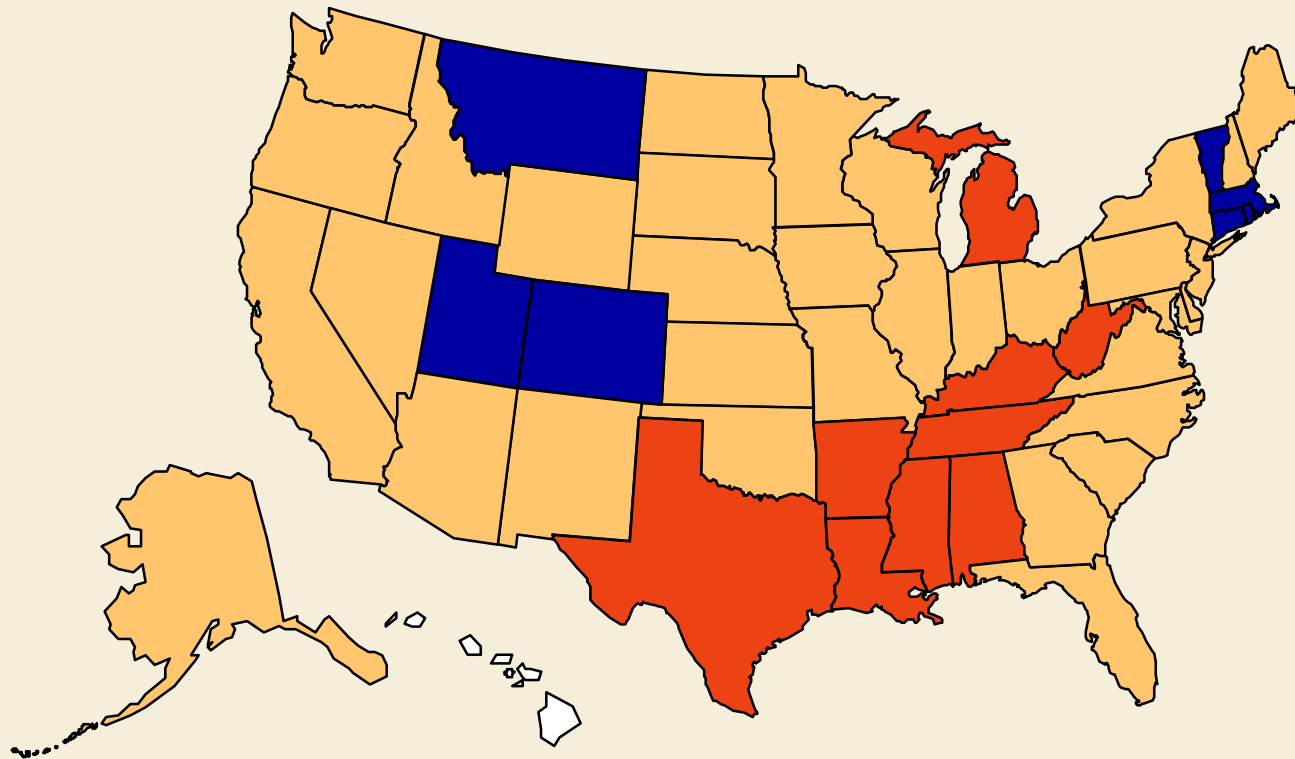
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Obesity Trends* Among U.S. Adults

BRFSS, 2004

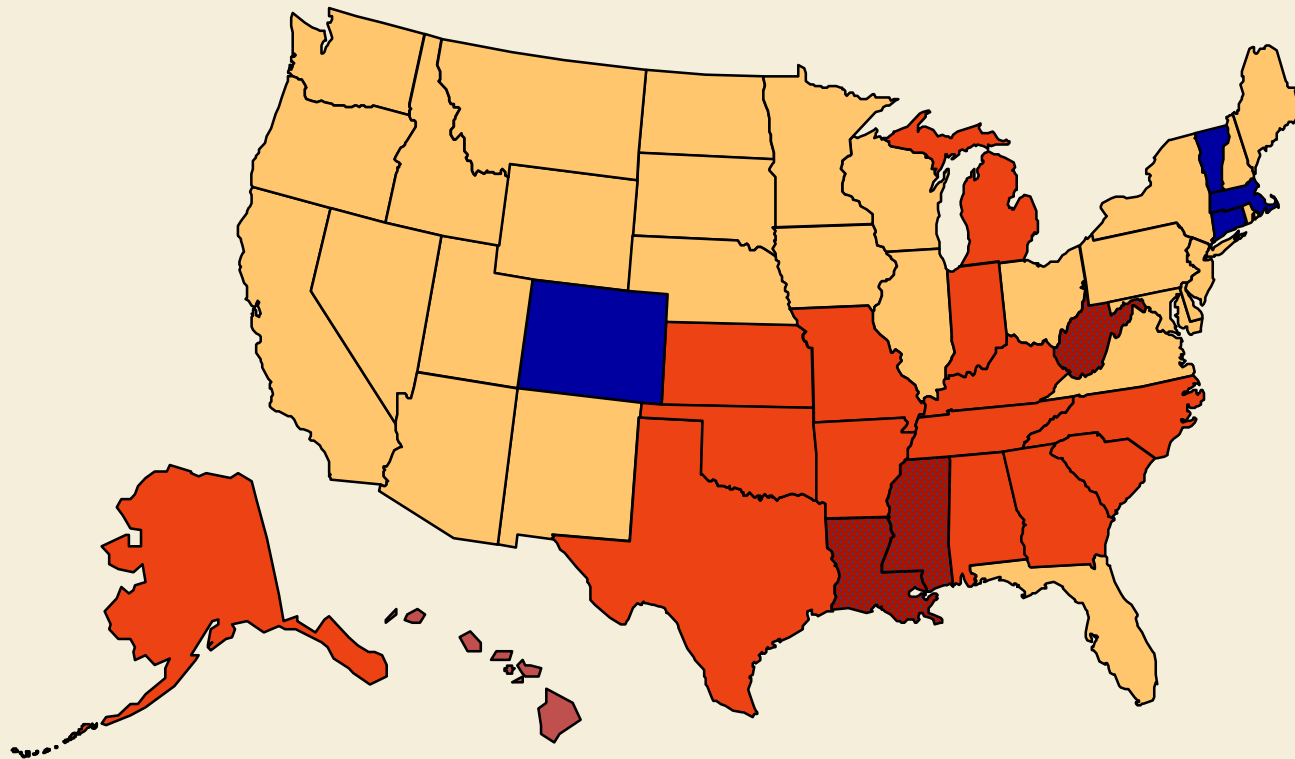
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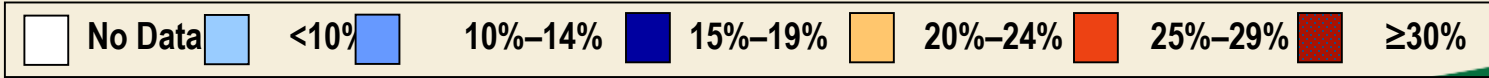
Obesity Trends* Among U.S. Adults

BRFSS, 2005

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



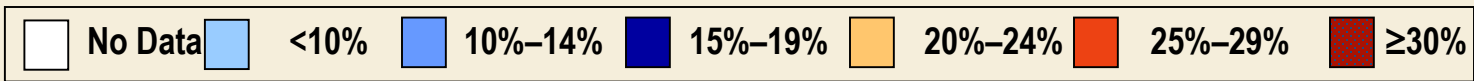
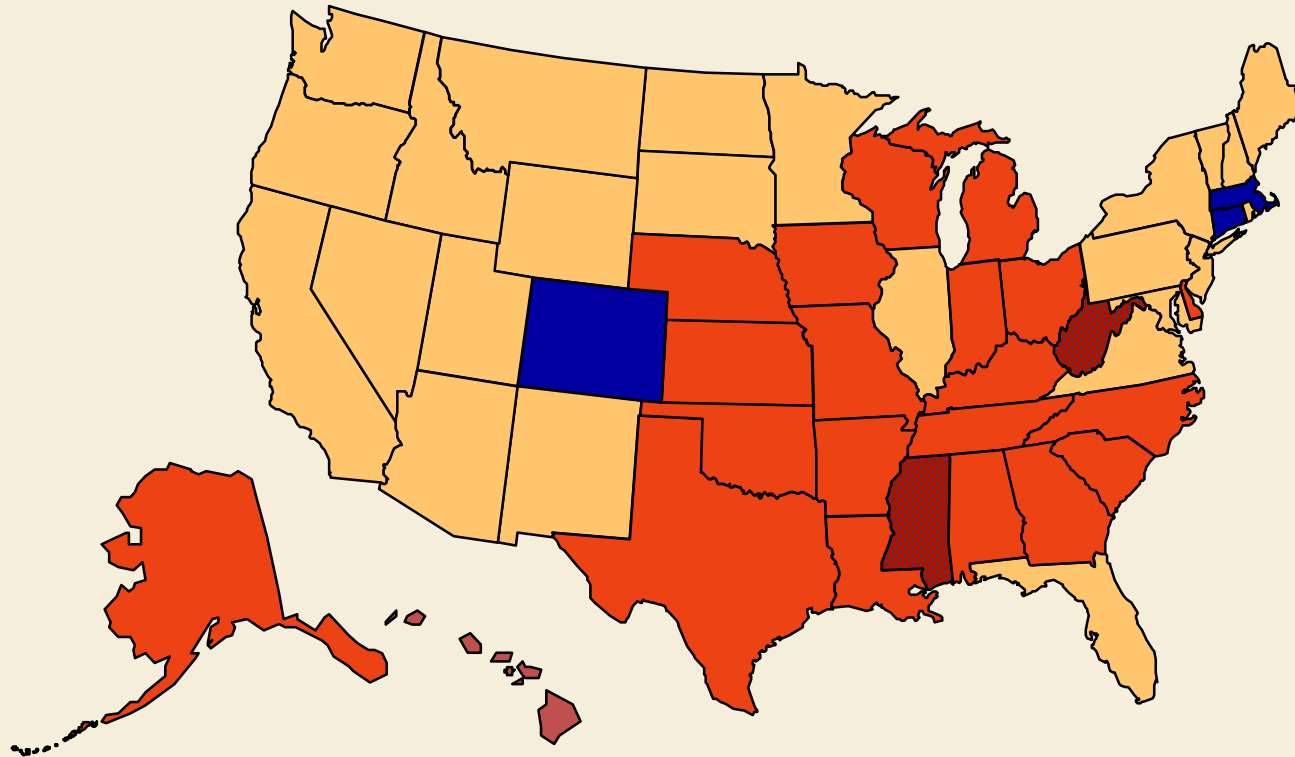
30% appears first time



Obesity Trends* Among U.S. Adults

BRFSS, 2006

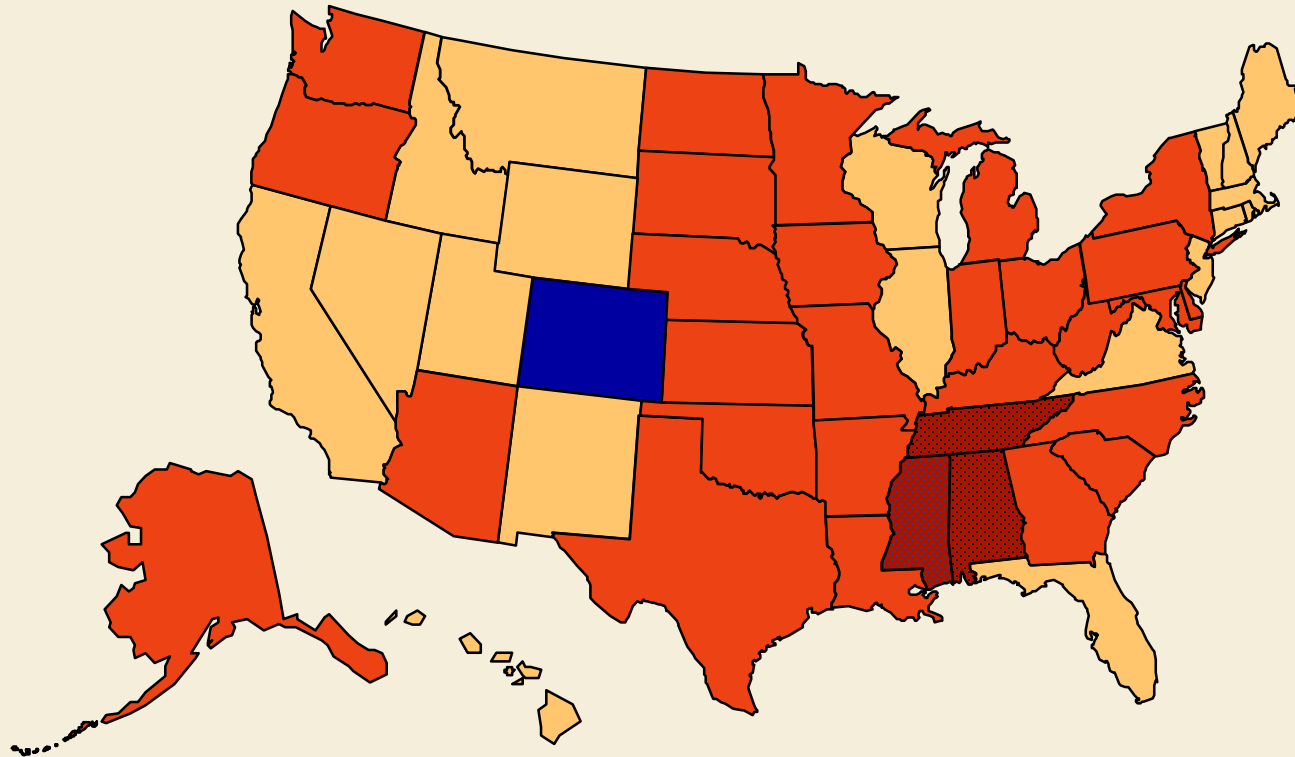
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults

BRFSS, 2007

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



1/2 US states in
25-29%

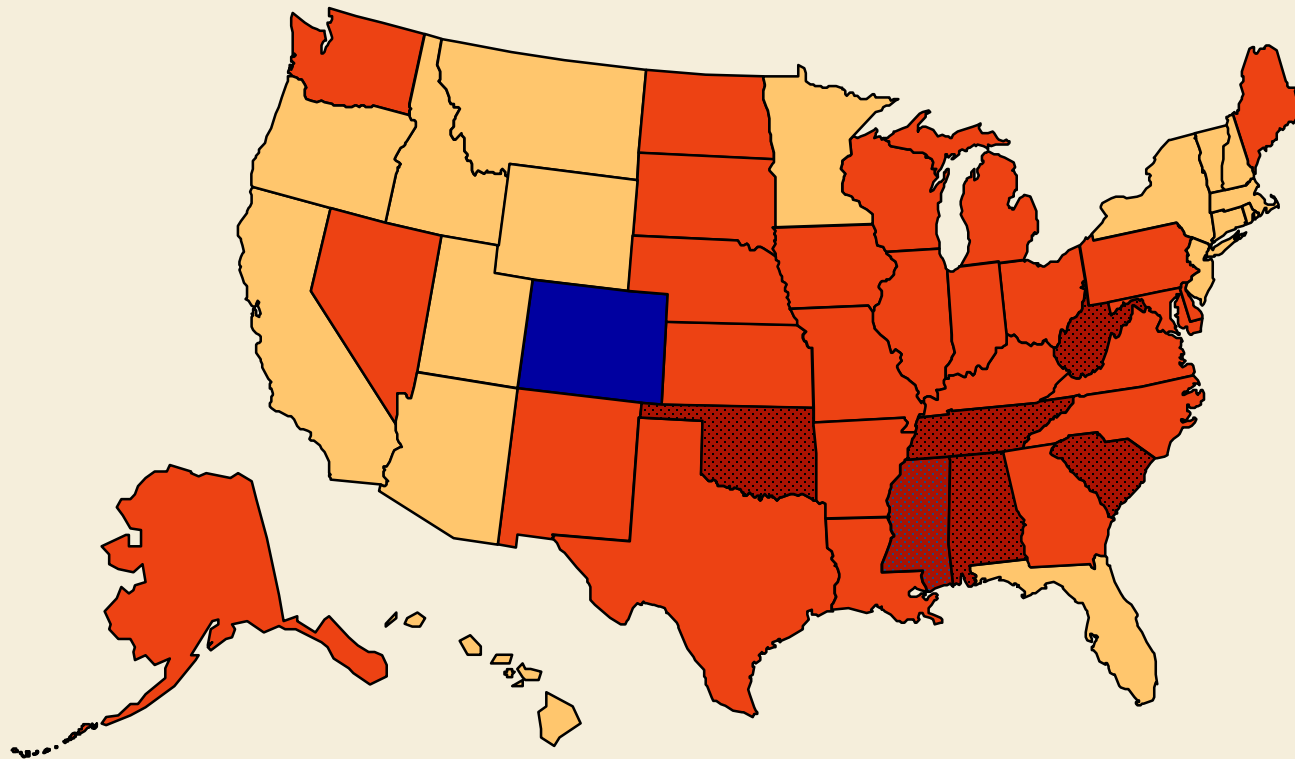
No Data <10% 10%-14% 15%-19% 20%-24% 25%-29% $\geq 30\%$



Obesity Trends* Among U.S. Adults

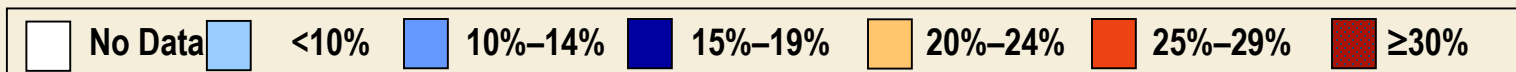
BRFSS, 2008

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



In 25 years, we doubled obesity rates

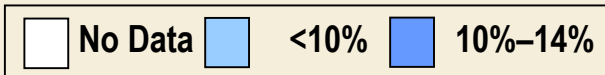
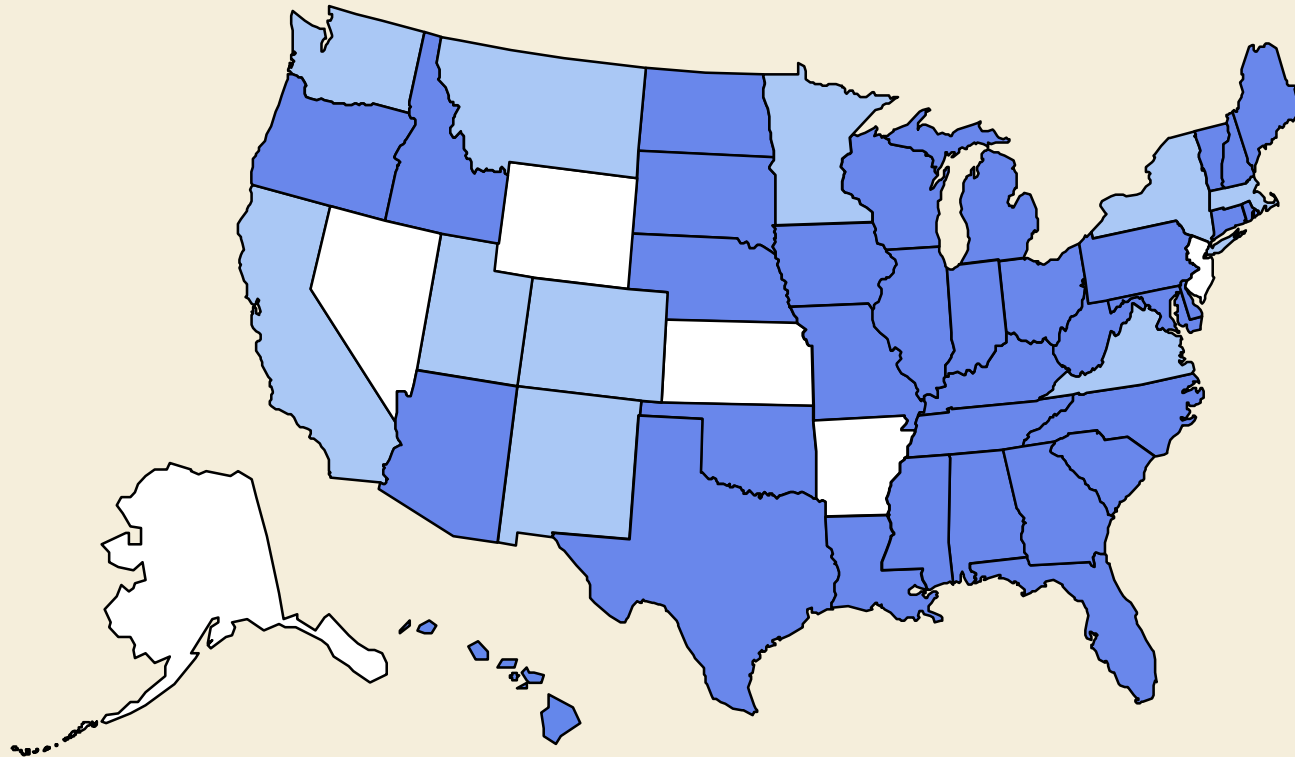
Today, 37% is the norm
(1 in 3 adults)



Obesity Trends* Among U.S. Adults

BRFSS, 1990

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Why?

Childhood Obesity can mean Lifetime Obesity

While fat cells replenish every 8 years, fat cell *numbers* are established in childhood. An overweight child, once grown, has higher fat cell counts, making it harder to keep weight off in adulthood.



Different Times Different Habits

Less than 13% of children walked/biked to school in 2004.

~

A daily 15 min. walk to school & back burns 300 calories/week (~2 desserts).



Why?

Causes of Childhood Obesity



Food advertising aimed at children



Increased frequency of eating away from home



Large portion sizes



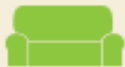
Community environments that inhibit active living



Over consumption of sugar sweetened beverages



Increased screen time



Declines in overall physical activity, both before and after school hours



Increased availability of low-cost, high calorie, refined grains, and added sugars



Decreased physical education and recess time at school



Community Based Health Initiatives

Why. Snoqualmie, Region & US

What. Community Health Initiatives

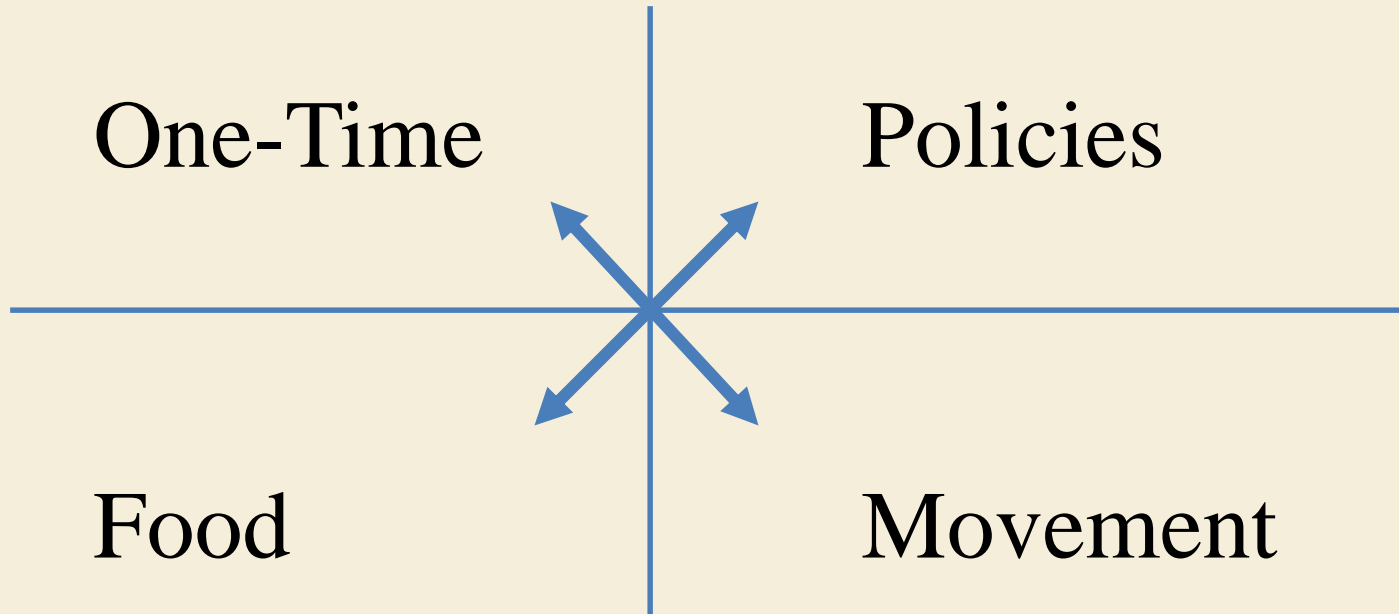
- Cities vs. Schools vs. Public Health

(Direct vs. Indirect Control)

- Built Environment
- Policies



Built Environment



Built Environment

One-Time

Policies

Food



Movement

Removed Parks vending machines

- ↓ sugary beverages
- One-time (not policy)



Built Environment

One-Time

Policies

Added Community Garden req.

Food



City of Snoqualmie
2012 Open Space, Parks and Recreation



City of Snoqualmie Parks & Recreation Department
www.ci.snoqualmie.wa.us/Departments/ParksRecreation.aspx

Type of Facility	Standard
Adult Baseball	1/5,000
Basketball Ct.	1/2,000
Tennis Court	1/2,000
Skate Park	1/12,000
Community Garden	3 plots/ 1,000

Built Environment

ORDINANCE NO. 1092

AN ORDINANCE AMENDING THE SNOQUALMIE, MUNICIPAL CODE TO ADOPT A "COMPLETE STREET" POLICY SO THAT ALL TRANSPORTATION PROJECTS INCLUDE SAFE AND APPROPRIATE FACILITIES FOR PEDESTRIANS, BICYCLISTS, TRANSIT USERS, AND PERSONS OF ALL ABILITIES

WHEREAS, walking and bicycling are non-motorized travel modes that enhance health and community wellness through physical activity and help to reduce air pollution; and

WHEREAS, a variety of users compete to share limited roadway space including motor vehicles, bicycles and pedestrians, and



Municipal Code to be entitled "Complete Streets" and to read as follows:

Policies

Complete Streets Ordinance
Requires street redevelopment =
accessible to all.

Movement

- Sidewalks
- Curb Ramps (*wheelchairs, strollers, walkers*)
- Bicycles



Built Environment

One-Time

Do you aim for a policy, or target a specific project?

(School walking route or park?)

Policies

- ❖ Sidewalks cost ~\$1,000 = 1 foot.
- ❖ Avg. 300' block = \$300,000
- ❖ Snoq. downtown 500' long
(raised concrete w/curb & gutter)

Movement Funding Options

- ❖ State DOT Complete Streets
- ❖ Pervious Pavement sidewalks
(State Dept. of Ecology)



Built Environment

- Select priorities (2-3)
- Meet City Staff
- Show up & advocate
- Avoid burn-out



Built Environment

“Walking School Bus” Programs

Promote Farmers Markets

Joint-Use Agreements (Schools)

Recess before Lunch

Fast Food Zoning Restrictions

Park Improvements

“Green City” (Forterra Program)

Walk-to-School Routes

Require Drinking Fountains

Request SNAP & WIC acceptance

Food Desert Assessments

Improve Trail Connections

Public Safety Assessments

Food Retailer Partnerships

Cafeteria Re-Design/Food Options

Bike/Ped Plan (Multimodal LOS)

Mixed-Use Zoning

Sharrow Streets





Thanks!

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