Health and Wellness
The Junior League of Chicago
May 2018

Executive Summary

The Junior League of Chicago believes that the health and wellness of Chicago’s citizens is vitally important to our community and supports efforts to improve health and wellness in the following areas:

a. **Physical**: promoting access to healthy foods, physical activity and quality health care.
b. **Mental**: promoting stability in the midst of family transitions and access to mental health care.
c. **Social**: promoting access to safe after school activities and the arts.

As a league, we are committed to partnering with existing organizations working towards these goals, as well as advocating on behalf of these issues. This will not only improve the quality of living for Chicagoans, but will also reduce societal costs resulting from these issues.

Physical

**Accessibility** to healthy foods and safe recreation space is paramount. Healthy foods are often less accessible or even unavailable in certain communities. Although the number of Chicagoans living in areas without easy access to healthy, fresh foods has decreased by 21% since 2011, over 79,434 Chicagoans still live in areas considered to be food deserts. According to the Centers for Disease Control and Prevention (CDC), a food desert is an area that lacks access to affordable fruits, vegetables, whole grains, low-fat milk and other foods that make up the range of a healthy diet. To improve local accessibility to fresh foods, states like Pennsylvania and Nevada have employed tactics such as grants and tax incentives to encourage supermarket development in low income areas.

Further, beyond accessibility to healthy foods, the availability of safe spaces for children to play outside the home may be lessened by traffic or high crime. This is especially critical when sufficient physical activity is not available in schools. Communities from Texas to South Carolina to New Jersey have seen successes in increasing physical activity level, by implementing the Coordinated Approach to Child Health (CATCH) program, rooted in the CDC’s Whole School, Whole Community, Whole Child (WSCC) model.

Beyond access, the expense is often prohibitive. Healthy foods, such as fruits and vegetables, are more expensive than less nutritional, processed food. Between 1985 and 2010, the price of beverages sweetened with high-fructose corn syrup dropped 24 percent, while the price of fresh fruits and vegetables rose 39 percent over the same period. Further, people of limited economic resources often cannot afford to participate in organized sports, which helps to provide many children of means with the physical outlets they aren’t otherwise getting at school.
Children have also become more sedentary over time. Experts have attributed this inactivity, at least in part, to the increase in use of technology by children, including television and video games. Eight to 18-year-old adolescents spend an average of 7.5 hours a day using entertainment media, including TV, computers, video games, cell phones, and movies, and only one-third of high school students get the recommended levels of physical activity. There are also fewer opportunities for physical activity during the school day, although we’ve seen recent progress in Chicago, as Chicago Public Schools (CPS) increased physical education requirements across the district in Fall 2014. By lengthening the school day in Chicago schools, CPS instituted recess across the district for the first time in three decades.

The challenges to reversing these trends are especially difficult in minority and low-income neighborhoods. Not only do these communities have difficulty accessing healthy foods and safe recreation space, but the expense is often an added, and sometimes insurmountable, burden on families. The number of children in Illinois living in poverty has increased in recent years.

- According to the U.S. Census Bureau’s American Community Survey, in 2011, nearly 660,000 Illinois children lived in poverty, up from 600,000 in 2010 and 500,000 in 2000. Nearly 45% of children living in poverty are overweight or obese compared with 22% of children living in households with incomes four times the poverty level.
- Almost 40% of Black and Latino youth ages 2 to 19 are overweight or obese compared with only 29% of white youth.
- Obesity among children in the United States has remained flat - at around 17% - in 2003-2004 and 2011-2012. Obesity amongst pre-schoolers has declined 43% since 2003, measuring at 8% in 2012.

Although positive momentum has been realized in terms of poverty as well as the magnitude of food deserts in Chicago, more work needs to be done to overcome these barriers standing between low-income families and healthy foods & safe recreation.

The JLC’s Journey to Healthy Living Committee facilitates opportunities for and education about physical activity. All our external partners emphasize physical activity, as do two of our potential partners: Building a Healthier Chicago and Seven Generations Ahead.

Countless medical studies have concluded that being overweight or obese is correlated to a wide variety of medical ailments that can manifest in childhood and/or adulthood. According to the Center for Disease Control (CDC), children are considered overweight if their Body Mass Index (BMI) is at or above the 85th percentile but less than the 95th percentile for children of the same age and gender; children are considered obese if their BMI exceeds the 95th percentile for children of the same age and gender.

Not only is childhood obesity associated with significant health problems, but children who are overweight may face disadvantages in school and other endeavors. Further, obesity often continues throughout life and leads to other health problems.
The causes for the increase in childhood obesity are clear. **Over the past 30 years, children have been eating foods that are more caloric and lower in nutritional value while leading less active lifestyles**. This trend is even more pronounced in minority and low-income communities.

The issue of food intake is two-fold:

1) **The type of food being consumed by children today is less nutritious and contains more calories than food consumed in the past**. In particular, fast food consumption has increased significantly.
   
   
   i) In total, Americans consume 31 percent more calories than forty years ago—including 56 percent more fats and oils and 14 percent more sugars and sweeteners. The average American now eats fifteen more pounds of sugar per year than in 1970.
   
   ii) More than half of U.S. middle and high schools still offer sugary drinks and less healthy foods for purchase to students buying meals and snacks at school.

2) **The amount of nutritional, low-fat, low-calorie food consumed by children has decreased**.
   
   i) a. In 2007-2010, children did not meet recommendations for the amount of fruit and vegetables they should eat with 9 in 10 children not eating enough vegetables.

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### Mental

**Access to Family Stability Resources**

Research has shown that family structure trajectories and family instability can greatly influence an individual's life. Changes in family structure are associated with declines in children's wellbeing including declines in cognitive development, increases in behavioral problems, and declines in physical health. In order to effectively allocate private and public resources to fostering family stability and reducing inequalities in child development, policymakers must work to understand family transition as it relates to child development. The Chicago Department of Family and Support Services works with community partners to connect Chicago residents and families to resources that build stability and support their well-being.

The department provides direct assistance and administers resources to more than 300,000 Chicagoans each year via a citywide network of more than 300 community-based delegate agencies.

**Access to Mental Health Services**
Access to mental health services is an important aspect of emotional and physical wellbeing during a family transition or difficult time. However, nearly two-thirds of individuals with mental health illness go without treatment secondary to lack of access to services or to avoid the stigma of mental health illness among their community. Recent highlights to the opioid epidemic and gun violence in schools have brought more attention to the importance of mental health services along with federal and local funding for these resources.

Access to mental health services is highly dependent on insurance coverage and location of residents. The Illinois Department of Human Services is the authority within the state of Illinois to ensure those with mental health needs are able to be connected to the appropriate services.

The Illinois Department of Human Services website is:
http://www.dhs.state.il.us/page.aspx?item=29735

This website provides information for those in crisis or not emergent mental health situations. Additionally, access is made easy on this website through their detailed information of available services as well as an office locator to find the closest provider and offices.

Social

A child’s social health is crucial for forming relationships, exploring, and learning. According to the Center for Early Childhood Mental Health at Georgetown University, one in five children enter kindergarten with poor social health. Poor social health makes it difficult to make friends, creating feelings of stress and loneliness. Because it creates more feelings of stress and loneliness, poor social health can lead to poor mental and physical health. Social health, therefore, is a crucial aspect to one’s overall health.

“The arts can encourage and motivate kids in all aspects of their school lives, including teaching academic skills. When kids act out a story, discuss a painting, or perform a play, they improve their reading and writing skills. Noticing musical patterns and rhythms can help them with math because they’re organizing information quantitatively.”

Exposure to the arts helps children in their social development by exposing them to other cultures, new ways of thinking, of expressing themselves, and of communicating with others. Today, many schools are spending a great deal of time preparing students to take standardized tests, with little focus on the arts. The arts not only give kids a creative, expressive break in their school day, but also provide a multi-sensory approach to learning, incorporating three major learning styles: visual, auditory, and physical. Most people learn best through one of these three different styles.

Our Opportunity for Involvement

The JLC is already addressing health and wellness through multiple channels, and will work to increase that involvement by strengthening existing efforts as well as branching out into new activities and relationships.
Committees addressing nutritional needs include Kids in the Kitchen and Journey to Healthy Living.

**Kids in the Kitchen** partners with local community organizations, chefs and nutritionists to prevent childhood obesity by educating children and their parents about nutrition and healthy lifestyle choices through the preparation of healthy meals.

**Journey to Healthy Living** members work to improve the health of women and their families in the designated food desert of Chicago’s near west side by providing access to free fitness and nutrition classes and other wellness information.

In the Spring of 2017 the JLC started a partnership with the Children’s Advocacy Center to address the mental health and social needs of at-risk youth.

**Children’s Advocacy Center (CAC)** which serves at-risk youth who are victims of sex abuse through fun and educational events that foster familial bonding and offer support. Providing these children a sense of community is an important for the healing process and reduces susceptibility to human trafficking. Activities include self-esteem and team building, career night, financial advising, poetry, spaghetti dinner, music night, ice cream social for CAC attendees. Finally, victims of child sex abuse often come from a single parent family, having basic needs met through CAC’s Adopt a Family program alleviates family stress and aids in healing.

**Connecting Kids to the Arts** is a community council that partners with local organizations such as Ronald McDonald House and Rehab Institute of Chicago to provide art therapy for children in the hospital as well children living in homeless shelters.

In addition to our own community work, the JLC proposes deepening our work with external partners to strengthen community efforts towards reducing childhood obesity. External partners with a current or previous contact include:

**The Ounce**: Works to ensure quality care and resources for the first five years of children’s life, particularly those born into poverty. The organization addresses children’s intellectual, physical, social, and emotional development.

**American Heart Association**: Fights cardiovascular diseases and stroke by funding research, advocating for public health policies, and provide public health education, including CPR.

**CLOCC**: The Consortium to Lower Obesity in Chicago Children promotes healthy and active lifestyles for children. They further work to connect researchers, advocates and practitioners with children and their families.

**Healthy Schools Campaign**: Promotes a healthy environment, healthy food, and physical activity for school children.

Potential external partners without a previous relationship include:

**Farm to School**: Advocates for fresh, healthy, local food in schools by impacting purchasing practices and providing education.
Building a Healthier Chicago: A collaboration of the Chicago Medical Society, Institute of Medicine of Chicago, and Midwest Business Group on Health that seeks to make Chicago the healthiest place to live in America by supporting health organizations.

Slow Food Chicago: A volunteer group supporting food that is good for the consumers and producers, and for the planet.

Seven Generations Ahead: Promotes sustainability through efforts including obesity prevention and farm-to-school food.

Through the Advocacy committee, we will continue to contact these partners and develop specific plans to collaborate. Within the league, we will work to enhance coordination between committees including Advocacy, Project Development and Done in a Day, enabling us to collaborate with our external partners on an organizational level and offer the resources and support of each committee in its own area. We will also research new organizations and prospective partners with whom we can work to further our health-related goals.

Closing

Health and Wellness is a state of complete physical, mental, and social well-being. Junior League of Chicago is committed to supporting health and wellness by partnering with local organizations to support and uplift health equity in Chicagoland. By addressing the barriers to leading active lives, eating nutritious foods, accessing mental and health care, and social opportunities, we will impact Chicagoans today and will help lay a foundation of community support for generations to come.

Legislation

Below, is a list of current legislation related to Health & Wellness in the state of Illinois.


HB4208, Safe Schools/Healthy Learning. This bill amends the School Code. With respect to school discipline improvement plans, makes changes to how the State Board of Education determines the top 20% of school districts, when notification is given that a plan must be submitted, which school districts are required to submit a plan, the timeframe for school board approval of a plan and submission of that plan to the State Board, and when additional annual progress reports are required. Establishes the Safe Schools and Healthy Learning Environments Program and grants under the program. Sets forth requirements for grant applicants and provisions for the distribution of funds appropriated for the program. Requires the State Board of Education to issue a yearly report on the results of the program in cooperation with school districts participating in the program. Provides that the State Board may adopt rules necessary for the program. Effective July 1, 2018. House Sponsors include: Rep. Emanuel Chris Welch, Rep. Juliana Stratton, Rep. Linda Chapa LaVia, Rep. La Shawn K. Ford, Rep. Camille Y. Lilly, Rep. Deb Conroy, Rep. Kathleen Willis, Rep. Ann M. Williams, Rep. Sara

i http://www.cdc.gov/healthyyouth/obesity/facts.htm
ii http://www.cdc.gov/obesity/childhood/basics.html
iii http://www.cdc.gov/vitalsigns/childhoodobesity/index.html
iv http://www.cnn.com/2012/06/14/health/obesity-affect-school-performance/
v http://www.aboutourkids.org/articles/childhood_obesity_effects_physical_mental_health
vi http://www.thecommunityguide.org/obesity/index.html
vii http://www.aboutourkids.org/articles/childhood_obesity_effects_physical_mental_health
viii http://www.aboutourkids.org/articles/childhood_obesity_effects_physical_mental_health
x http://www.cdc.gov/obesity/childhood/problem.html
xii http://www.cdc.gov/obesity/data/childhood.html
xiv http://uncnews.unc.edu/2014/01/15/fast-food-major-cause-rising-childhood-obesity-rates/
xix http://www.ijbnpa.org/content/8/1/98
xxi http://www.cdc.gov/healthyyouth/physicalactivity/facts.htm
xxii http://cps.edu/Spotlight/Pages/spotlight534.aspx
xxxi http://www.cdc.gov/features/fooddeserts/
xxxii http://catchinfo.org/case-studies/