Framework for Creating a Community Plan to Target Obesity

Sponsored by:
The Illinois Department of Public Health
and
Illinois Public Health Institute
Center for Community Capacity Development
Webinar Objectives

• Describe various obesity plans, initiatives and resources within Illinois

• Identify data for assessing a local community’s obesity problem

• Describe the Social Ecological Model and how to apply it when developing a local obesity plan
Webinar Objectives

• Identify where to find evidence-based programs and interventions for obesity prevention and reduction

• Understand the importance of monitoring and evaluating obesity prevention initiatives
Presenters

**Dr. Adam Becker**, Executive Director
Consortium to Lower Obesity in Chicago Children (CLOCC)

**Angie Bailey**, Director of Health Education
Jackson County Health Department

**Jeff Sunderlin**, Program Manager
YMCA-USA Healthier Communities Initiative
Statewide Pioneering Healthier Communities
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IPLAN Priorities: How Obesity has increased over time.

Comparison of IPLAN Priorities - All Rounds
Sample Tables and Charts ao 08-13-09

Trends
*Increase in prevalence*
Access moved to 2nd ranked from 5th ranked (tied with three others) in Round 1 and 4th ranked in Round 2.
Substance Abuse moved to 4th ranked in Round 3 from 5th ranked in Round 1 (tied with three others) and 3rd ranked in Round 2.
Obesity is 4th highest ranked priority in Round 3, not reported in Rounds 1 and 2.
Diabetes moved to 6th ranked in Round 3 from 15th ranked in Round 1 and 14th rank in Round 2.
Misc category reported 57% infrastructure barriers (related to access and workforce).

*Decrease in prevalence*
Cancer moved to 3rd highest rank from 2nd ranking in Rounds 1 and 2.

![Graph showing prevalence of public health priorities](image-url)
Rationale and Reality
Scope of the Problem Statewide (Data)

Obesity in Illinois ranked among all the states (From CDC)

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OBESITY TRENDS* AMONG U.S. ADULTS
BRFSS, 1991 and 2006-2008 Combined Data
(*BMI >30, or about 30 lbs overweight for 5’4” person)

1991

2006-2008 Combined Data

Source: Behavioral Risk Factor Surveillance System, CDC.

From CDC
Trends in Child Overweight
National View

Source: NHANES, Centers for Disease Control and Prevention
Child Overweight in Illinois

- Illinois - 10th in the nation for children in the 85th percentile of BMI or above (35%)

- Illinois 4th for 95th percentile of BMI or above (21%)

- Recent research suggests high rates of children moving into 99th percentile and above
Racial and Ethnic Health Disparities

From SUHI
Gaps in Prevalence Data

- Not enough data!
- Not locally specific!
Impact of the Problem Statewide

• Being overweight and obese puts people at increased risk for many health problems including
  – Coronary heart disease - Type 2 diabetes
  – Certain cancers - Hypertension
  – Dyslipidemia - Stroke
  – Liver/Gallbladder disease - Sleep apnea
  – Respiratory/osteoarthritis/gynecological problems

• Overweight and obesity-related diseases cause premature death
• The economic costs associated with treating these diseased is substantial and increasing, accounting for more than 9% of total health care costs

• Obese people suffer more injuries and disabilities and have more non-productive work days in total, creating a loss of earnings for Illinois employees and loss of productivity for Illinois employers

• Research shows that 27% of health care charges for adults over age 40 are associated with people being physically inactive, overweight, or obese
Social Ecological Model for Obesity Prevention
Addressing Childhood Obesity

An ecologic approach is required
Addressing Childhood Obesity

An ecologic approach is required
Individual Level Factors

• Prenatal factors
  – Weight at pregnancy and weight gain

• Early growth
  – Rapid in early months and <2 years increases risk

• Breast feeding reduces risk

• Taste, attitudes, food preferences

• TV viewing (affects calorie intake)

• Enjoyment of physical activity (fine and gross motor skills, strength)

• Sleep
  – Less sleep, higher weight

• Psychology/Temperament
Addressing Childhood Obesity

An ecologic approach is required
Family Influences

- Income
- Food shopping patterns
- Transportation patterns
- Parental modeling of behavior
  - Eating, activity, screen time
- How limits are set
  - Best encourages child self-regulation
Addressing Childhood Obesity

An ecologic approach is required

Diagram showing the relationship between Individual, Family, Community, and Society.
Community Influences

- Access to healthy, affordable food
  - Retail
  - Institutions
  - Growing/Production
- Access to safe opportunities for physical activity
  - Park space
  - Community safety
  - Other facilities
- Culture and Cues
  - Community norms
  - Advertising and marketing
  - “Cues to Healthy Living”
Addressing Childhood Obesity

An ecologic approach is required
Societal Influences

• Food side:
  – Corn subsidies: cheap corn oil, corn meal, corn syrup
  – Policies re: school, WIC
  – Zoning and taxation re: food outlets
    • Groceries, restaurants, farmers’ markets, street vending
  – Marketing that promotes food of low nutritional value

• Activity side:
  – Sidewalks, bike lanes, traffic flow
  – Safety in parks, on streets

• Management of weight and co-morbidities:
  – What is done by health providers
  – What is covered by health insurance
Convening Stakeholders
Who is the Convener?
Identifying Local Resources

- What else is going on to target obesity/physical activity?
- Who is doing what? Is it working?
- Who could be doing something?
- Who has a stake in reducing obesity?
- Who has an opportunity to be part of the solution?
- Where are their opportunities for integrated chronic disease prevention programs?
Standard Hurdles

• What’s In it for Me? WIIFM

• Hasn’t This Been Done Before? BTDT

• Not Giving up My Market Share
Creating “Dream Teams” to Tackle Obesity

• Key Stakeholders: CBOs, Faith-Based Institutions, Family, Caretakers. School. Worksite, Health System, Media, Government, Industry, Mental health providers, City Planners…who else?

• Does your team REFLECT your community?

• Selling Point to Attract Them/Rally Point to Draw Them In
Assessing Your Community’s Obesity Problem

Please note that Webinar recording has a slight 30 second delay on recording at this point. Recording will resume on it’s own. Please be patient.
Youth Risk Behavior Survey (YRBS)

- School-based survey coordinated by the CDC
- 2009 version contains 87 questions
- Conducted nationwide and in Illinois
- Tracks trends in health risk behaviors among middle & high school students including unhealthy dietary behaviors, physical inactivity and overweight
Youth Risk Behavior Survey (YRBS)

- 2009 found that 11.4% of IL high school students (excluding Chicago) were obese.
- Many counties and communities also conduct on their own
- Illinois data can be found at: http://www.chdl.org/yrbs.htm
- National data can be found at: www.cdc.gov/HealthyYouth/yrbs/index.htm
Youth Risk Behavior Survey (YRBS)

For more information or assistance:
Child Health Data Lab
Jennifer Cartland, PhD, Director
Children’s Memorial Research Center
Chicago, IL  www.chdl.org
312-573-7772
jcartland@childrensMEMORIAL.org
Illinois Behavioral Risk Factor Surveillance Survey (BRFSS)

- State-based program
- Illinois adults 18 years of age and older
- Telephone survey
- County specific and Illinois data is available
- [http://app.idph.state.il.us/brfss/default.asp](http://app.idph.state.il.us/brfss/default.asp)
- [www.cdc.gov/brfss](http://www.cdc.gov/brfss) for data from various states
Illinois Behavioral Risk Factor Surveillance Survey (BRFSS), cont.

Benefits

- County level risk factor data
- Uses standardized procedures and questionnaire
- Uses adequate sample size
- Weighted data
Illinois Behavioral Risk Factor Surveillance Survey (BRFSS), cont.

IDPH - Illinois Center for Health Statistics
1-217-785-1064

Bruce Steiner, BRFSS Program Coordinator
(bruce.steiner@illinois.gov)

Gayle Blair, BRFSS Data Coordinator
(gayle.blair@illinois.gov)
Body Mass Index (BMI)--- School Physical Examination

- School physicals are required for grades K, 6, and 9.
- At minimum asks for the following obesity information:
  - Date of birth
  - Gender
  - Height
  - Weight
  - BMI (Body Mass Index)
  - blood pressure
  - Date of Exam

http://www.idph.state.il.us/pdf/cert_child_health05.pdf

Consortium to Lower Obesity in Chicago (CLOCC),
Christine Bozlak, Advocacy Program Manager
312-573-7741
Healthy Smile Healthy Growth

• An assessment that collects oral health screening data and the heights and weights for nearly 7000 IL 3rd graders every 5 years.

• First assessment 2003-2004

• Just completed 2nd assessment (2009) and data being analyzed
Healthy Smile Healthy Growth

• 2003/2004 results revealed that 39% of IL 3rd graders are overweight or obese.
• Rural IL = 36%
• Chicago = 44%
• [http://www.idph.state.il.us/HealthWellness/oralhlth/HealthySmiles.pdf](http://www.idph.state.il.us/HealthWellness/oralhlth/HealthySmiles.pdf)
• IDPH, Division of Oral Health, at 217-785-4899
Other Data

- Physical education assessments
  - Check w/local schools for fitness testing results (Fitnessgram)

- School-based Health Clinics for WIC
  - 39 centers statewide that are staffed by Medical Professionals and perform school health exams, health education, etc.

- CDC data and statistics:
Environmental Scan

• Goal is to get a comprehensive “birds eye” view of your community.
• Information gathering: formal and informal.
• Gather info on barriers and strengths/supports for reducing and preventing obesity specific to YOUR community.
• Helps you to identify key opportunities for environmental change strategies.
Environmental Scan

The CDC MAPPS Framework provides some good places to start with a scan:

- **Media** (local advertising, promotion of healthy choices, counter advertising for unhealthy choices etc.)
- **Access** (healthy food availability, school/work place options for food/drink, density of fast food options, policies and practices related to access, farm to home/institutions etc.)
- **Point of Purchase/Promotion** (local signage for healthy vs. not healthy items, product placement and attractiveness, menu labeling)
- **Price** (Cost of healthy vs. unhealthy items)
- **Social Support & Services** (Support of breastfeeding, safe routes to school etc.)
Other Areas to Consider

• Walkability of Community
  – What about in winter months?
• Access to Safe Play Areas/ Exercise Facilities
• School and Work Place Wellness Policy Issues
Asset Mapping

• Planning process that identifies and mobilizes the skills, talents, resources and other assets in your community toward a specific effort.
  – What are the strengths?
  – What is already in place and working?
  – What is growing?
  – Who is committed to this effort?
  – Who can champion the efforts?
  – Etc.
Prioritizing Efforts/Maximizing Resources
Build Locally off of Emerging Local, State and National Efforts

- State Health Improvement Plan (SHIP) Priority (Policy and Action)
- IPLAN Priority with many LHDs
- State Obesity Plan (objectives)
  http://www.idph.state.il.us/HealthWellness/IL_Existing_State_Plan.pdf
- New Funding Streams: ARRA
Prioritization Processes

• Analyze Assessment Data and Information to identify cross-cutting themes, priority populations/areas, opportunities, strengths to build upon etc.

• Work with formal prioritization process to remove individual agendas taking over.

• Resources: The Public Health Memory Jogger, IPLAN APEX-PH
Planning Interventions to Target Obesity
Cross-Cutting Risk Factor Programs (no silos)

- Integrated Chronic Disease Programs
- Continuity of Care - Comprehensive
- Closing the Loop
- Funding Streams can be Prohibitive to Break

Outside of Mold and Silos are the Major Funding Streams Right Now
Types of Interventions

- Primary Prevention vs. Secondary

- Educational Programs (nutrition, physical activity, safe weight loss options…)

- Physical Activity Opportunities

- Local Policy

- School Policy

- Worksite Programs and Policy

- Social Marketing/ Public Awareness/Health Communication

- Environmental Change
Resources for Best Practices
Robert Wood Johnson (RWJ) Foundation Center to Prevent Childhood Obesity: Reverse Childhood Obesity

http://www.reversechildhoodobesity.org/content/about-us
National Governors Association (NGA): Shaping a Healthier Nation: Successful State Strategies to Prevent Childhood Obesity

http://www.nga.org/Files/pdf/0909HEALTHIERGENERATION.PDF
Recommended Community Strategies and Measurements to Prevent Obesity in the United States

Reported by
Laura Kettel Khan, PhD
Kathleen Sobus, MS, MPH
Dana Kenner, PhD
Kenneth Goodman, MA
Amy Lowry, MPA
Jakub Kacirek, MPH
Susan Zaro, MPH

1Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, CDC
2CDC Foundation, Atlanta, Georgia
3ICF Macro, Atlanta, Georgia

Summary
Approximately two thirds of U.S. adults and one fifth of U.S. children are obese or overweight. During 1980–2004, obesity prevalence among U.S. adults doubled, and recent data indicate an estimated 33% of U.S. adults are overweight (body mass index [BMI] 23.0–29.9), 34% are obese (BMI ≥30.0), including nearly 6% who are extremely obese (BMI ≥40.0). The prevalence of being overweight among children and adolescents increased substantially during 1999–2004, and approximately 17% of U.S. children and adolescents are overweight (defined as at or above the 85th percentile of the sex-specific BMI for age growth charts). Being either obese or overweight increases the risk for many chronic diseases (e.g., heart disease, type 2 diabetes, certain...
Institute of Medicine (IOM): Local Government Actions to Prevent Childhood Obesity

http://www.iom.edu/~media/Files/Report%20Files/2009/ChildhoodObesityPreventionLocalGovernments/local%20govts%20obesity%20report%20brief%20FINAL%20for%20web.a
What is the Community Guide?

The Guide to Community Preventive Services is a free resource to help you choose programs and policies to improve health and prevent disease in your community. Systematic reviews are used to answer these questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

More than 200 interventions have been reviewed and the Task Force on Community Preventive Services has issued recommendations for their use. Learn more about the guide, our systematic review methods, and the Community Guide team.

All Community Guide Topics

- Adolescent Health
- Alcohol
- Asthma
- Birth Defects
- Cancer
- Diabetes
- HIV/AIDS, STIs & Pregnancy
- Mental Health
- Motor Vehicle
- Nutrition
- Obesity
- Oral Health
- Physical Activity
- Social Environment
- Tobacco
- Vaccines
- Violence
- Worksite

News & Announcements

- Regulating Alcohol Outlet Density Prevents Excessive Alcohol Use
  - One way to prevent excessive alcohol use is to regulate the number of places where alcohol may be legally sold in a given area, according to a systematic review just published by the Community Guide.

- Group-based interventions for adolescents
  - Task Force recommendations now available for group-based interventions to prevent and reduce adolescent pregnancy, HIV/AIDS, and other STIs.

Did You Know?

- Tobacco use causes thousands of deaths each year in the United States. Find out about interventions to increase the number of people who stop smoking.

http://www.thecommunityguide.org/index.html
Emerging Efforts

• Illinois Local Food, Farm and Jobs: Growing the Illinois Economy which can be found online at www.foodsfarmsjobs.org

• *Have Illinois Children Been Left Behind?* Model Farm-to-School Programs Correlated with Illinois by Josephine Lauer Washuk, October 11, 2007
Cultural Implications and Adaptations

• Best Practices may need cultural and local adaptations to fit your community.
• Individual based approaches may have fidelity instruments to ensure that the essential ingredients are delivered.
• Important to know your audience and your community.

One size doesn’t fit all!
Monitoring and Quality Improvement
Process Evaluation

• Provider competence
  – Currency of knowledge
  – Adequacy of technical skill

• Program adequacy
  – Structure
  – Content
  – Reach
  – Fidelity to theory/plan
Illinois QI Learning Collaborative: Preventable Risk Factors for Chronic Disease

Recorded Monthly Webinars By Content Experts and QI expert

Check IPHI’s Website for materials and resources
http://iphionline.org
Check the IPLAN Website for Webinars.
http://app.idph.state.il.us/Resources/training.asp?menu=3
Evaluating Your Obesity Initiatives
Impact Evaluation

• Impact are the ultimate health objectives of an intervention.
  – Reduced BMI in the population; reduced percentages of people in high BMI categories
  – Reduction in morbidity and mortality associated with obesity

• Impact are often the longest-term and hardest to change effects we desire.
Outcome Evaluation

• Outcome are those short-term or intermediate changes that we expect to lead to impact outcomes.
  – Knowledge
  – Attitudes
  – Stages of Change
  – Behaviors
Evaluation Resources

IPHI has offered training in the following areas:

- Developing Logic Models
- Developing Outcome Measurement Plans
- The Basics of Program Evaluation

To access training materials or seek consultation, visit the IPHI website under the Center for Community Capacity Development Tab. http://iphionline.org
Resources

Check the IPHI Website for a list of resource to support this Webinar.

http://iphionline.org
Feedback

- Please complete the online feedback survey following this session.
- Your input is used to plan future offerings.
- Check your email for a link to the survey or you will find it on the IPLAN website where you downloaded this Webinar.
Join us for a live Q and A session with the presenters on December 21st from 2:30 – 3:00 PM.  
Dial - 877.411.9748  
Enter Passcode – 3467868#
If you have training or technical assistance follow-up needs, contact:

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