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Who’s Leading the Leading Health Indicators?

- **Leading Health Indicators are:**
  - Critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses
  - Linked to specific Healthy People objectives
  - Intended to motivate action to improve the health of the entire population

1200 Healthy People objectives

LHIs are a subset of Healthy People objectives
Who’s Leading the Leading Health Indicators?

**Featured Speakers:**

- **Emmeline Ochiai** – Public Health Advisor, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services

- **Deborah A. Galuska, PhD, MPH** – Associate Director for Science, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

- **Karyl T. Rattay, MD, MS, FAAP** – Director, Delaware Division of Public Health, Delaware Department of Health and Human Services
Emmeline Ochiai, JD, MPH
Public Health Advisor, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services
Good nutrition, regular physical activity, and achieving and maintaining a healthy body weight are essential parts of a person’s overall health and well-being.

A healthy diet and regular physical activity can help people:

- Achieve and maintain a healthy weight
- Reduce the risk of heart disease and stroke
- Reduce the risk of certain forms of cancer
● During 2013-2016, more than one-third of adults (38.6%) were obese.

● Obesity is a major risk factor for health conditions and chronic diseases, including:
  ○ High blood pressure
  ○ High cholesterol
  ○ Diabetes
  ○ Heart disease and stroke
  ○ Osteoarthritis
  ○ Cancer
There are a number of factors that affect a person’s ability to eat a healthy diet, stay physically active, and achieve or maintain a healthy body weight.

Examples include:

- **Social factors** – knowledge/attitudes, societal and cultural norms, food assistance programs, food and agriculture policies
- **Environmental factors** – access to public transportation, availability of parks and trails, access to and availability of healthier food options
- **Individual (or personal) factors** – gender, age, race/ethnicity, education level, socioeconomic status, disability status
Nutrition, Physical Activity, and Obesity - Leading Health Indicators

- Adults meeting aerobic physical activity and muscle-strengthening objectives
- Obesity among adults
- Obesity among children and adolescents
- Mean daily intake of total vegetables
NOTES: — = 95% confidence interval. Data are for adults 18 years and over, except for education-level data that are for adults 25 years and over, who report light or moderate leisure time PA for at least 150 minutes per week or vigorous PA for 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing PA specifically designed to strengthen muscles at least twice per week.

Data are age adjusted to the 2000 standard population. Am. Indian/AK Native = American Indian or Alaska Native. Nat. Hawaiian/Other Pacific Isl. = Native Hawaiian or Other Pacific Islander. Black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Data for the single race categories are for persons who reported only one racial group. SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.
Meeting the Aerobic and Muscle-Strengthening PA Guidelines, Adults, 2016

NOTES: = 95% confidence interval. Data are for adults 18 years and over, who report light or moderate leisure time PA for at least 150 minutes per week or vigorous PA for 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing PA specifically designed to strengthen muscles at least twice per week. Health insurance data are for adults 18-64 years. Data, except for age groups, are age-adjusted to the 2000 standard population. Target is not applicable to age population groups.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Percent

NOTES: BMI was calculated as weight in kilograms divided by height in meters squared. Obesity defined as BMI≥30 kg/m² for adults and BMI≥age- and sex-specific 95th percentile on the 2000 CDC Growth Charts for 2-19 years. Data for adults are age adjusted to the 2000 standard population.

SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS.

Related Obs. NWS-9, 10.4
Decrease desired
Obesity, Adults, 2013–2016

NOTES: = 95% confidence interval. *Baseline: 2005–2008. Data are for the proportion of adults 20 years and over who are obese, defined as a BMI ≥ 30.0 kg/m². BMI was calculated as measured weight in kilograms divided by height in meters squared. Data are age adjusted to the 2000 standard population. Respondents were asked to select one or more races. The categories black, white, and Asian include persons who reported only one racial group and exclude persons of Hispanic origin. Persons of Hispanic origin may be of any race.

SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS.
From Science to Practice: Taking Action to Address Healthy People Objectives

Deb Galuska, MPH, PhD
Associate Director for Science
Division of Nutrition, Physical Activity and Obesity
CDC
Places Matter

- Early care and education
- Communities
- Schools
- Worksites
- Health care
DNPAO: Who We Are

We promote

- good nutrition, regular physical activity and a healthy weight
- for people of all ages
- in the places where they live, learn, work, and play

Good nutrition  Regular physical activity  Healthy weight
Starting Early: Infant and Youth

Work to improve:

- Breastfeeding supports in hospitals, worksites, and communities
- Knowledge of parents and health care providers about early child feeding recommendations
- Standards and practices in early care and education settings
- Implementation of recommendations for childhood obesity screening and treatment
Continuing Healthy Behaviors: Youth and Adults

- Improving access to healthy foods and beverages in the places they are served and sold
- Improving the design of communities to support physical activity
Science ...
The What
Combine interventions from two major categories:

- Modify built environment characteristics to make physical activity easier or more accessible.
- Connect “Activity-Friendly Routes” to “Everyday Destinations.”

Pedestrian or bicycle transportation systems

Land use and environmental design
Practice ...
The How
Funding Public Health Groups to Take Action
Preventing Chronic Diseases Across the Nation

- State Public Health Actions Program
- Racial and Ethnic Approaches to Community Health (REACH)
- High Obesity Program
- A Comprehensive Approach to Good Health and Wellness in Indian Country
Translating Science for Action
Translation Products: How- to- Guides

Series of documents on steps to take to change place-based food environments

- Assessment tools
- Step by step guidance
- Lessons from the field
- Tips for evaluation
Translation Products: Examples from the Field

Real-Word Examples Grid

- A list of real built environment changes
- Illustrates how changes align with the new Task Force recommendation
- A range of scale, cost, and complexity
Training for Action

- Subject matter experts and multidisciplinary teams
- Develop and implement plans for action
- Learn from the experts and from each other
Step It Up!
Action Institutes to Increase Walking and Walkability

May 3-6, 2015: Nashville, TN
Arkansas
Colorado
Indiana
Michigan
Montana
New Hampshire
Ohio
Oregon
Southwest Minnesota
Tennessee
Virginia
Wisconsin Fox Valley

April 26-28, 2016: Decatur, GA
Austin, TX
Chattanooga, TN
Des Moines, IA
Grand Island, NE
Grand Rapids, MI
Greenville, NC
Hartford, CT
Holland, MI
Knoxville, TN
Portland, ME

April 3-6, 2017: Decatur, GA
Cleveland, TN
Cook County, IL
Corridor, IA
Duluth, MN
Flint, MI
Mansfield, OH
Oahu, HI
Puget Sound Region, WA
Rochester, NY
Tulsa, OK
Providing Data to
Drive Action
Place Based Surveys

Worksite

- Workplace Health in America Survey
- Practices in a representative sample of worksites

Community

- Community-Based Policy and Environmental Supports for Healthy Eating and Active Living (CBOS)
- Practices in a representative sample of municipalities
3% of municipalities had food service guidelines

25% had a Complete Streets policy

42% had a shared use agreement

64% had comprehensive planning documents
Actions to address the highlighted Healthy People Objectives should consider the:

- Lifespan
- Role of places
- Integration of science and practice
DELAWARE: AN UNHEALTHY STATE

Health Outcomes

Source: America’s Health Rankings, 2015
DELAWARE: AN UNHEALTHY STATE

Behaviors and Other Determinants of Health

Source: America’s Health Rankings, 2015
Obesity Prevalence **Doubled** Among Delaware Adults Between 1990 & 2007

Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 1990-2007
Our Mission
To protect and promote the health of all people in Delaware

Our Vision
Healthy people in healthy communities

Our Values
Integrity · Respect · Participation · Accountability · Teamwork · Excellence

Improve Health
Minimize Risk

- Improve Health-Related Lifestyles
  - Reduce obesity
- Improve Access To Quality and Safe Healthcare
- Achieve Health Equity
  - Improve the health of minority populations
- Improve Performance
  - Implement a performance management system
  - Improve organizational culture

Emphasize population-based activities as core services

Strengthen the community-based public health system
"Impact Pyramid"
(Frieden, 2010)

- Increasing population impact
  (but often harder to implement)
- Education
- Clinical Interventions
- Long-term protective interventions
  Changing the environment/context to make healthy choices the default
- Changing socioeconomic conditions/factors

Source: Frieden, CDC
Governor’s Council on Health Promotion and Disease Prevention

- May 20, 2010, Delaware former Governor, Jack Markell, issued Executive Order 19 creating the Council
- Purpose was to advise the Governor on the development and coordination of strategies, policies, programs and other actions to **promote healthy lifestyles** and **prevent chronic disease**
- Council priorities:
  - Walking and biking
  - Healthy Beverages
  - Prevention of Youth Tobacco Initiation
  - Resource Development and Capacity
First State Trails and Pathways Plan

2. Build a world-class interconnected, non-motorized trails and pathway network.
3. Support the creation of local jobs related to bicycling, including construction, maintenance, cycling-related services and eco-tourism.
4. Link Delaware communities internally to support more sustainable local economies and externally expand the linkages between the state’s neighborhoods, towns and cities.
5. Support more healthy communities by providing safe and affordable active transportation choices.
Preliminary Land Use Service (PLUS)

- PLUS is a comprehensive state agency review process that evaluates land use and development applications for issues related to the following:
  - transportation, environment, historical preservation, safety, comprehensive planning and health.

- The process has a three-fold purpose:
  - Mitigate impacts of development;
  - Integrate state and local land use plans; and
  - Enhance collaboration of state agency officials with developers, and local representatives.
Delaware Plan4Health
An American Planning Association Project

- A grant from the American Planning Association to promote changes in the built environment to promote — physical activity and access to nutritious foods.
- Seeks to improve comprehensive land use plans to include considerations for health and equity
- The Coalition created land use, design and policy guidelines for planners and public health professionals seeking to increase access to healthy food and activity-friendly environments.
Healthy and Transit-Friendly Development Act

- Signed into law on May 5, 2016 by Governor Markell.
- Local governments and state department of transportation (DelDOT) can jointly designate “Complete Community Districts”
  - Requires local government to zone and plan for mixed use and higher density development.
  - Recommends DelDOT to prioritize investment in transit, walking and biking improvements
5-2-1-Almost None Campaign
Social Marketing Campaign to Improve Health

- Social marketing campaign targeting youth and families.
- Focused on simple concept of adding in more physical activity, more fruits and vegetables, less screen time, and less full-calorie beverages.
- Marketing messages in youth serving settings – schools and other organizations, website banners, and print media.
- Message resonated because the goals seemed reasonable and achievable and complemented other national messaging campaigns.
- Message integrated well with other public health efforts such as WIC, SNAP, and school-based activities.
Motivate the First State
A Public/Private Partnership to Promote Health

- A campaign created in 2015 that puts the power of healthy living to work for the greater good of people and communities.
- When people log healthy activities into an online social network they earn points and that moves funding to Delaware Charities.
- Conducted three small pilot projects
  - Local Government
  - Youth-serving Organizations
  - Faith-based Organizations
- Pilot results
  - 3,600 Participants
  - 680 thousand miles of distance activity
  - 182 million steps taken in 2017 alone
  - $75,000 moved to seven charities
    - Young Life, Fellowship Christian Athletes, Jewish Community Center, Urban Promise, YMCA, Boys & Girls Clubs, and Special Olympics
- Go to: www.MotivateTheFirstState.com
Organizational Culture Change

- Division of Public Health policies, programs and practices:
  - Annual Governor’s Cup Race and Walk
  - Walking Clubs & Health Support Groups
  - Active clothing policy to encourage physical activity
  - Stress Reduction/Fitness Center
  - Fitness Assessments and Health Risk Appraisal
  - Standing desks and desk-cycles/treadmills
  - Motivational signage in stairwells
  - Access to fresh drinking water
  - Lunchtime health promotion seminars
  - Supportive leadership
Percent of Delaware Adults Who Met CDC Guidelines for Physical Activity, 2015

- Met Aerobic Guidelines, 28.0%
- Met Both Guidelines, 20.2%
- Did Not Meet Guidelines, 41.7%
- Met Strengthening Guidelines, 10.1%

Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2015.

CDC Guidelines through 2009:
"30 minutes of "moderate" physical activity 5 or more days a week, or 20 minutes of "vigorous" activity 3 or more days a week."

Current CDC Guidelines:
150 or more minutes of aerobic activity per week.

Percent of Adult Delawareans

2001 2003 2005 2007 2009 2011 2013 2015
41.5% 43.8% 45.2% 47.9% 51.0% 48.5% 49.7% 48.5%

Change in methodology and changes in CDC guidelines break trend line.
Obesity has leveled off for past decade
Barriers and Challenges

- Lack of Resources
- Competing Priorities
Key Takeaways
● Find champions in high places
● Find champions in all places
● Seize opportunities
● Be persistent

Next Steps
● Stay the course with policy and environmental approaches
● Focus on geographic areas with the poorest related health outcomes
● Focus on physical activity in children
Roundtable Discussion

Please take a moment to fill out our brief survey
Total Vegetable Consumption, 2011–2014

HP2020 Target: 1.16

Cup equivalents per 1,000 calories

Total (baseline)¹
Total
Male
Female
Hispanic
Asian
Black
White
Family Income
(<100)), (100–199), (200–399), (400–499), (500+)
Age (years)
(2–18), (19–50), (51+)

Increase desired

NOTES: — = 95% confidence interval. *Baseline: 2003–2008. Data are for mean daily intake of cup equivalents of total vegetables per 1,000 calories by persons aged 2 years and older based on a single 24-hour dietary recall. Cup equivalents were calculated using the Food Patterns Equivalents Database (FPED), USDA/ARS. Except for age specific groups, data are age adjusted to the 2000 standard population. Respondents were asked to select one or more races. The categories Asian, black, and white include persons who reported only one racial group and exclude persons of Hispanic origin. Persons of Hispanic origin may be of any race.

SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS.
Learning and Growing: Healthy Development During Childhood and Adolescence

Tuesday, December 12, 2017 | 12:30 PM ET

Join us as we review the progress of Healthy People 2020 objectives in the Early and Middle Childhood and Adolescent Health topic areas.

Hear how a community-based program is working to improve health outcomes.

To register, visit: www.HealthyPeople.gov
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  ▪ Join the Healthy People 2020 Consortium
  ▪ Share how your organization is working to achieve Healthy People goals

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