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## Welcome to Healthy People eLearning

Healthy People eLearning is an online educational resource designed to help students and health professionals learn how to reach our Nation's health goals. All educational offerings feature a case study of a community working to achieve Healthy People 2020 objectives and provide free [continuing education](#). Educational offerings will take participants beyond the data to explore the challenges, successes, and processes involved in creating and sustaining healthier communities.

You can also continue the conversation and problem-solve around what you learned with other students and health professionals in the [Healthy People eLearning LinkedIn subgroup](#).

Check this page regularly for announcements and new educational offerings.

### Latest Lessons and Events

Participate in the [Healthy People eLearning lesson](#), "Defining Success in a Systems Approach: The San Diego County Childhood Obesity Initiative." Find out how one community is using a cross-sector approach to address childhood obesity. Upon completion of this lesson, participants can receive [continuing education](#).

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## How To Obtain Free Continuing Education

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The Office of Disease Prevention and Health Promotion (ODPHP) partners with the Centers for Disease Control and Prevention (CDC) to offer free continuing education for Healthy People eLearning offerings. You will need to complete a brief post-test and evaluation to receive your continuing education or certificate of completion.

### Lesson: "Defining Success in a Systems Approach: The San Diego County Childhood Obesity Initiative"

**Course ID:** WB2059

**Course Date:** 3/22/2013

**Keywords:** Systems Approach, Childhood Obesity

Once you have completed this lesson, the following continuing education is available, free of charge, through the Centers for Disease Control and Prevention's (CDC) Training and Continuing Education Online system:

**Continuing Education Contact Hours in Health Education (CECH):** Sponsored by the Centers for Disease Control and Prevention, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designed for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 1 total Category I continuing education contact hours. Maximum advanced level continuing education contact hours available are 0. CDC provider number GA0082.

**IACET Continuing Education Units (CEU):** The CDC has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1760 Old Meadow Road, Suite 500, McLean, VA 22102. The CDC is authorized by IACET to offer 0.1 ANSI/IACET CEUs for this program.



# Today's Presentations

- I. Overview of Healthy People**  
*Emmeline Ochiai, ODPHP, HHS*
- II. State of the Science for Policy & Environmental Change**  
*Laura Kettel Khan, PhD, CDC, HHS*
- III. HRSA Healthy Weight Collaborative**  
*RADM Sarah Linde, MD, HRSA, HHS*
- IV. San Diego County Healthy Weight Collaborative**  
*Shaila Serpas, MD, Scripps Family Medicine*
- V. Sarasota, Florida Healthy Weight Collaborative**  
*Kari Ellingstad, MPH, Sarasota County Health Department*



# Learning Objectives

1. Describe Healthy People
2. Identify 3 resources for measuring policy and environmental change in obesity prevention
3. List 3 strategies or indicators of policy and environmental change in obesity prevention
4. Describe the Healthy Weight Collaborative
5. State 1 challenge to measuring policy and environmental change faced by a local community
6. State 1 opportunity for measuring policy and environmental change faced by a local community
7. Describe how individual based strategies can be linked to and scaled with larger population level policy and environmental strategies



# What Is Healthy People?

- Provides **science-based, 10-year national objectives** for improving the health of the Nation
- A **national agenda** that communicates a vision for improving health and achieving health equity
- Identifies **measurable objectives** with **targets** to be achieved by the year 2020
- Requires tracking of **data-driven outcomes** to monitor progress and to motivate, guide, and focus action



# Uses of Healthy People

- **Data tool** for measuring program performance
- Framework for **program planning and development**
- **Goal setting** and **agenda building**
- **Teaching** public health courses
- Benchmarks to **compare** State and local data
- Way to develop nontraditional **partnerships**
- **Model** for other countries



# Leading Health Indicators



**Access to Health Services**



**Clinical Preventive Services**



**Environmental Quality**



**Injury and Violence**



**Maternal, Infant, and Child Health**



**Mental Health**



**Nutrition, Physical Activity, and Obesity**



**Oral Health**



**Reproductive and Sexual Health**



**Social Determinants**



**Substance Abuse**



**Tobacco**



# Leading Health Indicators: Nutrition, Physical Activity, and Obesity

- Adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity (PA-2.4)
- Adults who are obese (NWS-9)
- **Children and adolescents who are considered obese (NWS-10.4)**
- **Total vegetable intake for persons aged 2 years and older (NWS-15.1)**



Nutrition, Physical Activity,  
and Obesity

Nutrition, Physical Activity,  
and Obesity



# HP 2020 Academy Community Obesity Prevention: WHAT is the Evidence?

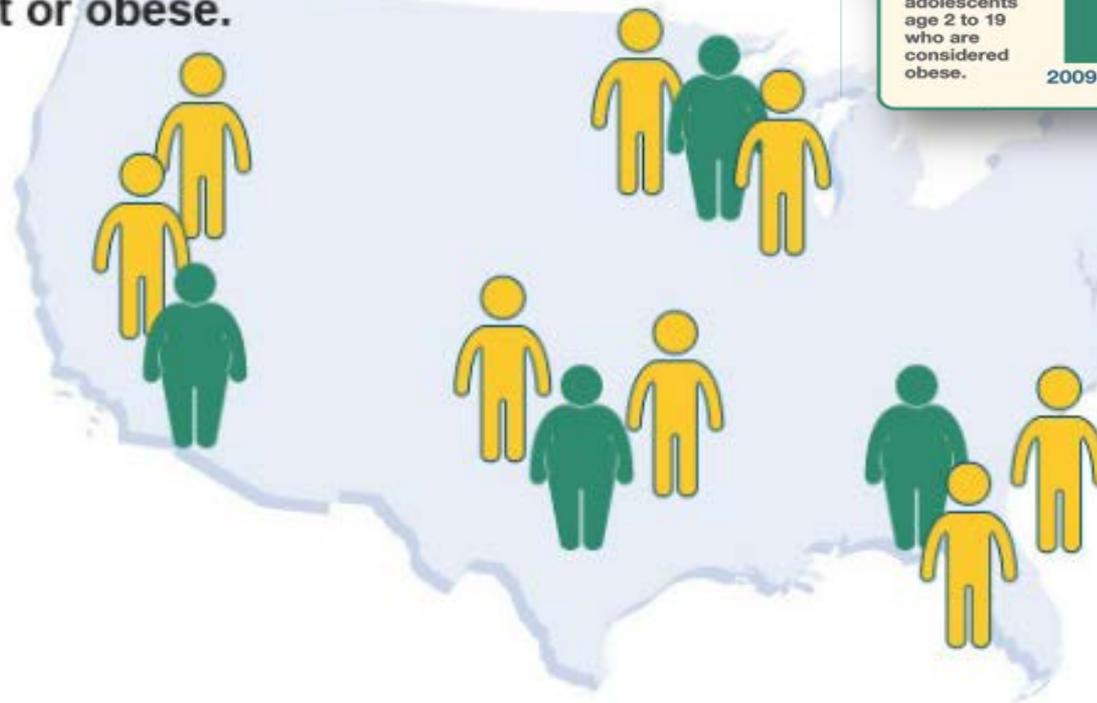
**Laura Kettel Khan, PhD**

Senior Scientist, Office of the Director  
Division of Nutrition , Physical Activity and Obesity  
July 24, 2013



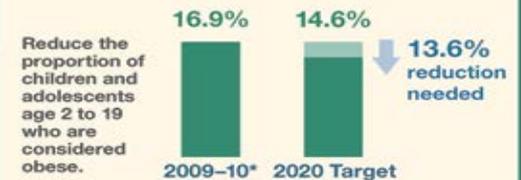
# Exploring the Issue: Rates of Childhood Obesity

Between 2007-2008,  
**1 out of 3 children**  
in the United States was  
overweight or obese.



## OBEISITY IN CHILDREN AND ADOLESCENTS

2020 Target: 14.6%



Source: [Ogden CL, Carroll MD, Curtin LR, et al. 2010a.](#)

# Exploring the Issue: Health Outcomes and Cost



These children are at a greater risk for **heart disease, diabetes, and other chronic diseases** including **cancer and arthritis**.

**Source:** [Centers for Disease Control and Prevention. 2012.](#)

# The Population-based Evidence is Weak

## □ Goal:

- Build the population-based evidence
  - Individual evidence is positive and negative – individual isn't/can't be the source of evidence (but that is what the politicians' want).

## □ Strategy:

- Link local multi-sector partners and scaling up to state/national efforts.

## High Priority Strategies & Indicators:

- ❑ Increase access to healthy foods and beverages by providing access to healthier food retail and farmers markets.
- ❑ Implement food service guidelines/nutrition standards where foods and beverages are available in priority settings, e.g. early child care centers and worksites.

## High Priority Strategies & Indicators (cont.):

- ❑ Implementing policies and practices that create supportive nutrition environments in schools, including:
  - establishing standards for all competitive foods;
  - prohibiting advertising of unhealthy foods; and
  - promoting healthy foods in schools, including those sold and served within school meal programs and other venues.
  
- ❑ Increase physical activity access and outreach by creating or enhancing access to places for physical activity which focus on walking combined with informational outreach and design streets and communities for physical activity.

**PROMISING EXAMPLES:**

# Hot Spots Around the Country States and Communities



- ★ California State
- ★ Mississippi State
- ★ New Mexico State
- ★ West Virginia State
- 📍 Anchorage, AK
- 📍 El Paso, TX
- 📍 Granville, NC
- 📍 Kearney, NE
- 📍 New York, NY
- 📍 Philadelphia, PA
- 📍 Vance, NC



## What We Are Doing

- ❑ **CDC/DNPAO Funding Opportunity Announcement 2013**
  - August 2013
  - Focus is healthy eating and active living
  - New emphasis is incorporating healthcare/clinical links
  
- ❑ **NCCOR**
  - Registry of Studies
    - Web page with all the current major evaluations of community based obesity prevention
  - Childhood Declines in Obesity: What's Working
    - Comparability of successful and unsuccessful sites

## Resources:

- ❑ **Centers for Disease Control and Prevention's:**
  - "Developing an Effective Evaluation Plan: Setting the course for effective program evaluation."
  - "National Center for Injury Prevention and Control, Injury Policy Evaluation Guide."
  - "Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide."



**Laura Kettel Khan, PhD**  
**LDK7@cdc.gov**

# **The Healthy Weight Learning Collaborative**

## **Using Quality Improvement to Prevent and Treat Obesity in Communities**

**Sarah R. Linde, M.D.**

**Rear Admiral, U.S. Public Health Service**

**Chief Public Health Officer**

**Health Resources and Services Administration**

**U.S. Department of Health and Human Services**

July 24, 2013

# HRSA Mission

**To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs**



# Access and Workforce



- Health Centers



- Maternal and Child Health



- Ryan White HIV/AIDS Program



- National Health Service Corps

# Access and Workforce (cont.)



- Workforce training
- Rural health care
- Federal organ procurement system
- Poison Control Centers
- 340B low-cost drug program

# Collaborate for Healthy Weight

Public Health



Community



Primary Care



Working Together

**March 2010**

Congress authorizes  
the Affordable Care  
Act

**October 2010-March 2013**

NICHQ launches  
Collaborate for Healthy  
Weight

**July 2010**

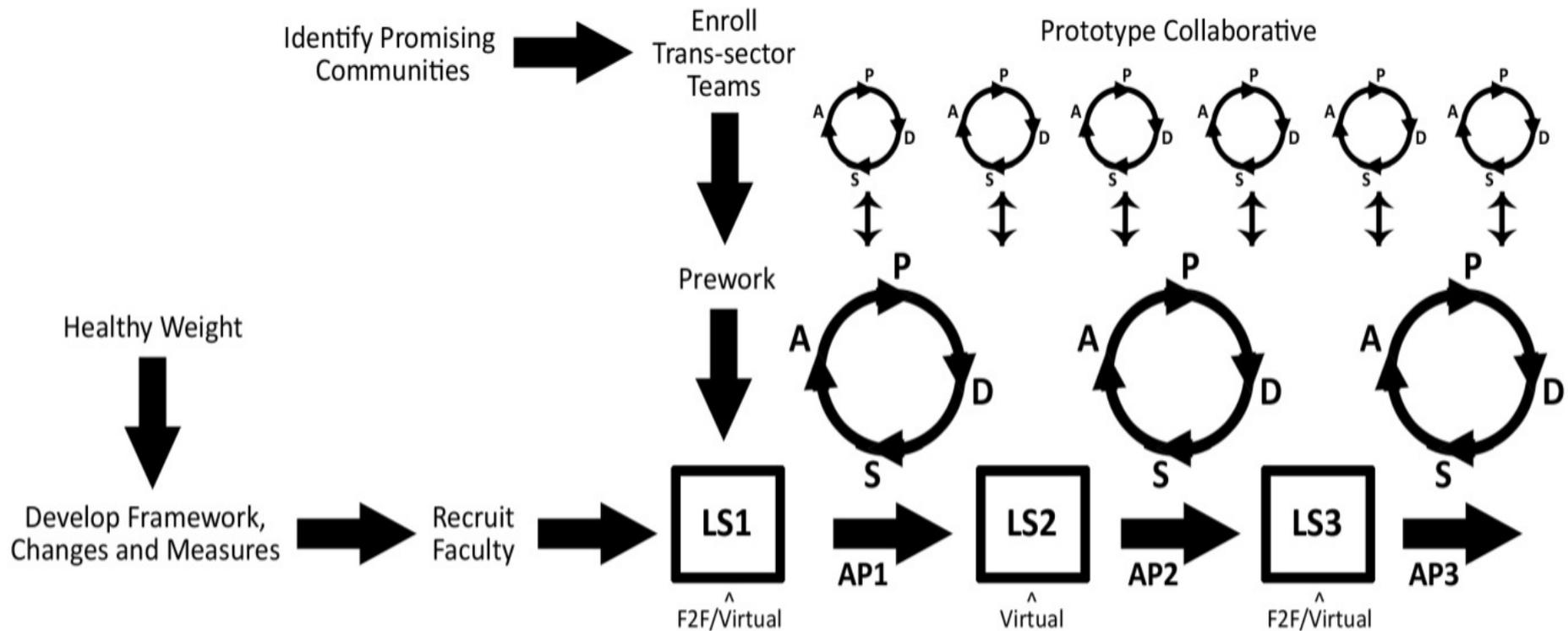
HRSA designs vision of Prevention  
Center for Healthy Weight

# The Healthy Weight Collaborative

- National quality improvement initiative
- Breakthrough Series Approach
- Multi-sector teams
- Evidence-based interventions
- Focus: prevention and treatment of obesity in children and families



# The Process of Improvement



LS: Learning Session  
 AP: Action Period  
 P-D-S-A: Plan-Do-Study-Act

**Supports:**  
 Email • Online Community • National & Regional Phone & Web Conferences  
 Monthly Team Reports • Assessments • Tools • Asynchronous Training

# Healthy Weight Collaborative

## Project Aims

- Establish **sustainable community-based partnerships** consisting of primary care, public health and community sector participants
- Implement and test selected **evidence-based and promising interventions** to achieve healthy weight and health equity

## Phased Approach

- Phase One:  
Ten teams, June 2011 - July 2012
- Phase Two:  
40+ teams, Dec 2011 - January 2013



Public Health



Community



Primary Care



Working Together

# Thank you!

<http://www.CollaborateForHealthyWeight.org>

**RADM Sarah Linde-Feucht, MD**  
**Chief Public Health Officer, HRSA**

**301-443-2216**

**[slinde@hrsa.gov](mailto:slinde@hrsa.gov)**

**<http://www.hrsa.gov>**

# San Diego Healthy Weight Collaborative



Team Leader

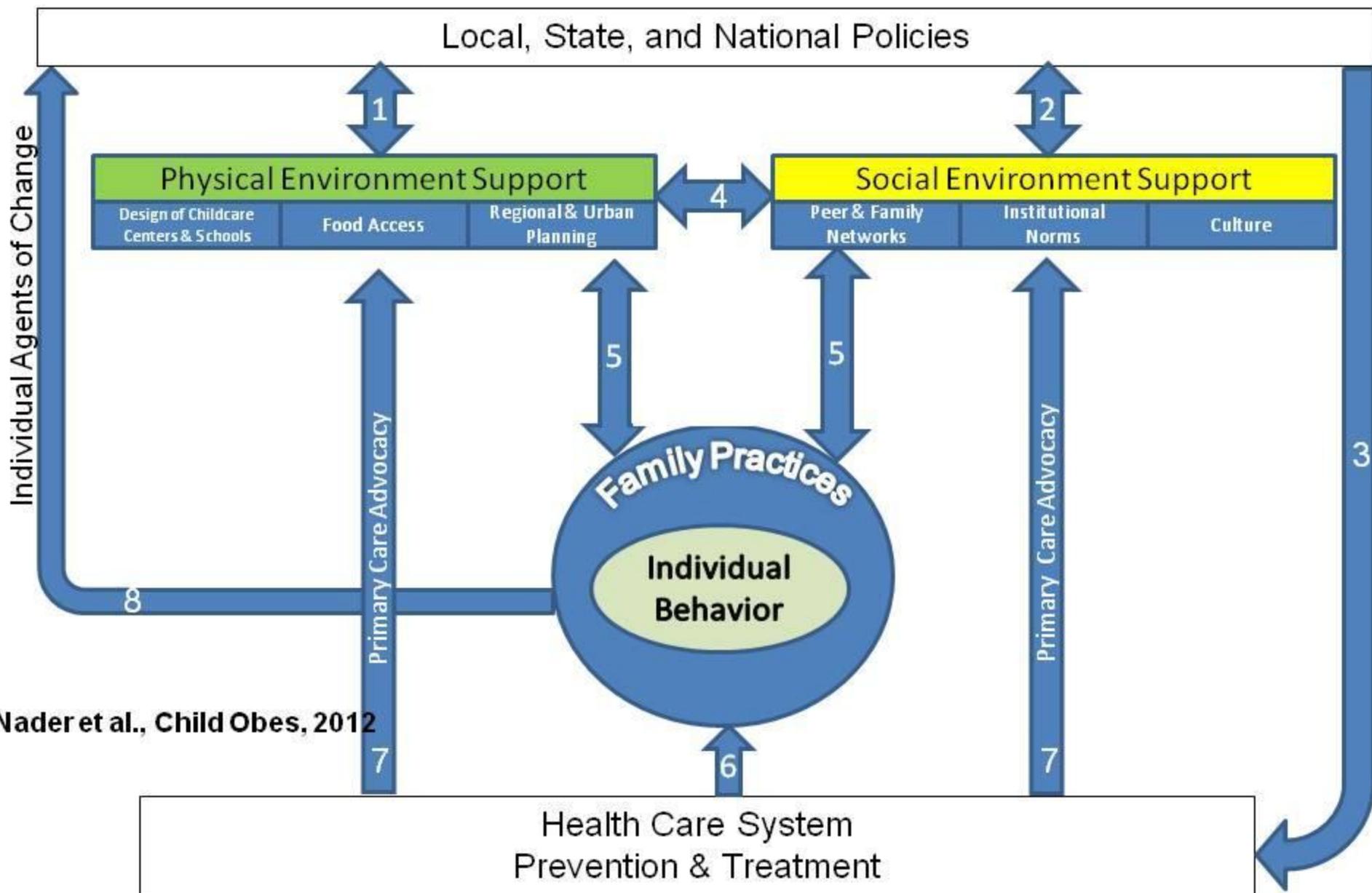
**Shaila Serpas, MD**

Associate Program Director

Scripps Mercy Family Medicine Residency Program

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



# Overview of SDHWC

- **Strategy 1:** Build an effective and sustainable collaborative team
  - **Strategy 2:** Disseminate a healthy weight message across multiple sectors
  - **Strategy 3:** Assess weight status and implement healthy weight plan across multiple sectors
  - **Strategy 4:** Implement policy changes to support healthy eating and physical activity
-

# Strategy 1

## Collaborating Agencies



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™  
California Chapter 3 - San Diego and Imperial Counties



COMMUNITY HEALTH  
IMPROVEMENT PARTNERS  
making a difference together



NICHQ  
National Initiative for Children's Healthcare Quality

COUNTY OF SAN DIEGO  
HHSA  
HEALTH AND HUMAN SERVICES AGENCY



healthy  
WORKS  
Paths to Healthy Living

SAN DIEGO COUNTY  
CHILDHOOD  
OBESITY  
INITIATIVE

Working Together to Shape a Healthy Future

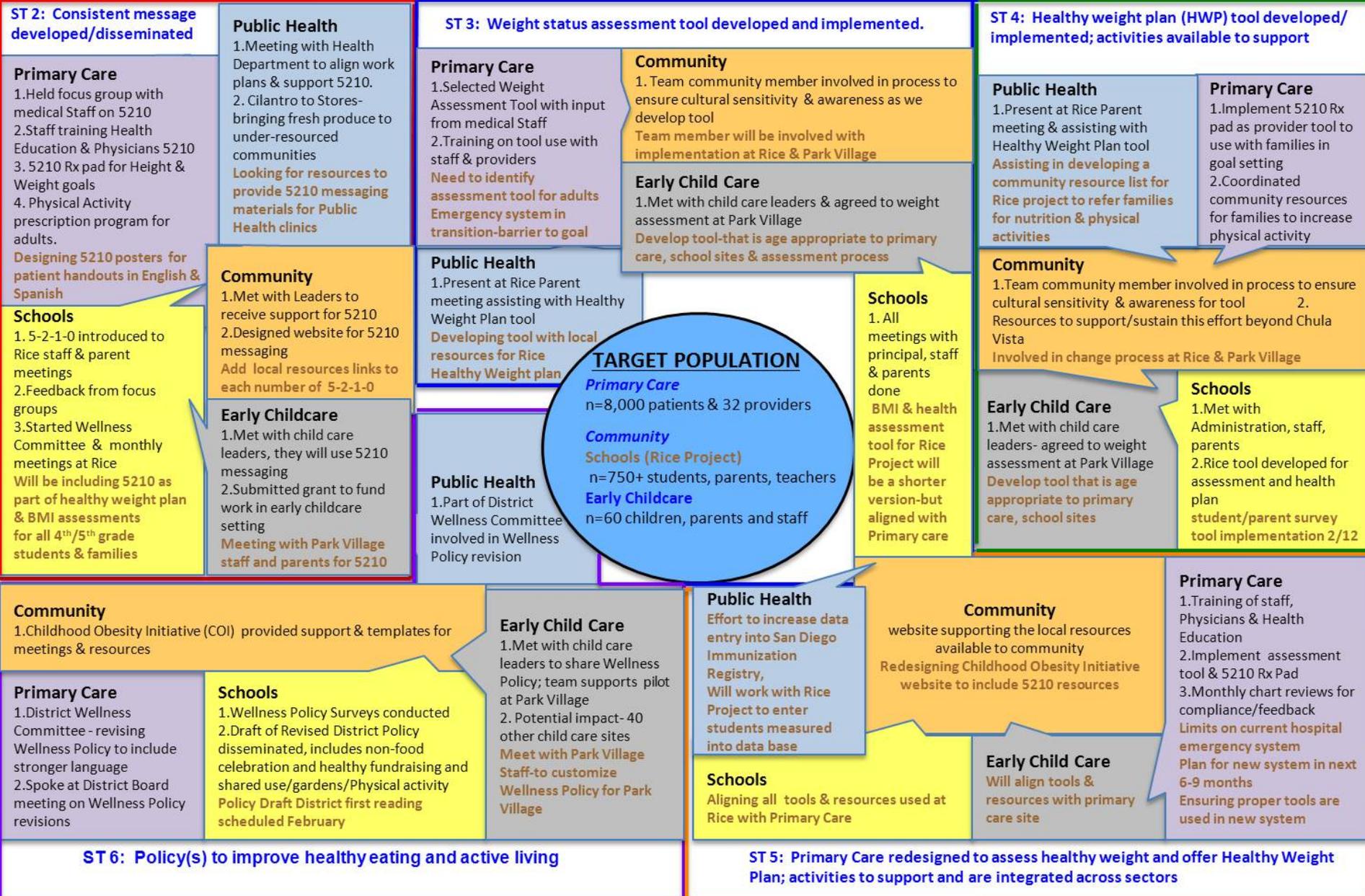


Scripps

# Characterize our Community

	Chula Vista Family Clinic	Elementary School	Early Childhood Education Center	West ChulaVista surrounding community
<b>Population at each site (2010)</b>	8,106 unduplicated patients were seen, generating 26,016 total encounters.	720 students and 30 staff members	30 children ages 2-5 years old	110,633 residents
<b>Socioeconomic level</b>	86% of patients live at or below 200% Federal Poverty Level and 27% of patients are uninsured	42.5% are classified as English Learners; 71.7% are considered socioeconomically disadvantaged	Families earn less than 70% of the state median income	Median household income is \$36,259  18% of families with children are living below poverty line.
<b>Demographics</b>	79% of patients are Latino	82.8% Latino, 6.8% White, 5% African American, 2.1% Asian, 1.7% Filipino	97% Latino 3% Asian	63% Latino 23%White 6%Asian 4%Black
<b>Obesity Rates</b>	N/A	44% of K-6th grade students were overweight/obese (2010)	N/A	N/A

# SAN DIEGO HEALTHY WEIGHT COLLABORATIVE STRATEGY MAPPING EXERCISE



# 5210 ¡Diario!

HÁBITOS SALUDABLES PARA COMUNIDADES SANAS

- 5** Porciones de frutas y verduras al día.
- 2** Horas ó menos de computadora y televisión al día.\*
- 1** Hora ó mas de actividad física todos los días.
- 0** Líquidos azucarados. Tome agua y leche baja en grasa.

\*Mantener computadora y televisión fuera de la recámara. No tiempo de pantalla antes de los 2 añ

[www.OurCommunityOurKids.org](http://www.OurCommunityOurKids.org)



This message is brought to you by The San Diego Healthy Weight Collaborative, an initiative committed to improving the health of Chula Vista and San Diego County by creating partnerships with health care, public health, schools, community organizations, and community members. Refer to [www.ourcommunityourkids.org](http://www.ourcommunityourkids.org) for more information. Adapted from the Let's Go! program in Maine

## Strategy 2 Disseminate HW message

**R** for Healthy Active Living

Name \_\_\_\_\_ Date \_\_\_\_\_

**Ideas for Living a Healthy Active Life**

- 5** Eat at least 5 fruits and vegetables every day.
- 2** Limit screen time (for example, TV, video games, computer) to 2 hours or less per day.
- 1** Get 1 hour or more of physical activity every day.
- 0** Drink fewer sugar-sweetened drinks. Try water and low-fat milk instead.

**My Goals (choose one you would like to work on first)**

Eat \_\_\_\_\_ fruits and vegetables each day.

Reduce screen time to \_\_\_\_\_ minutes per day.

Get \_\_\_\_\_ minutes of physical activity each day.

Reduce number of sugared drinks to \_\_\_\_\_ per day.

Patient or Parent/Guardian signature \_\_\_\_\_

Doctor signature \_\_\_\_\_

From Your Doctor

**American Academy of Pediatrics**  
DEDICATED TO THE HEALTH OF ALL CHILDREN

**Healthy Active Living**  
An Initiative of the American Academy of Pediatrics

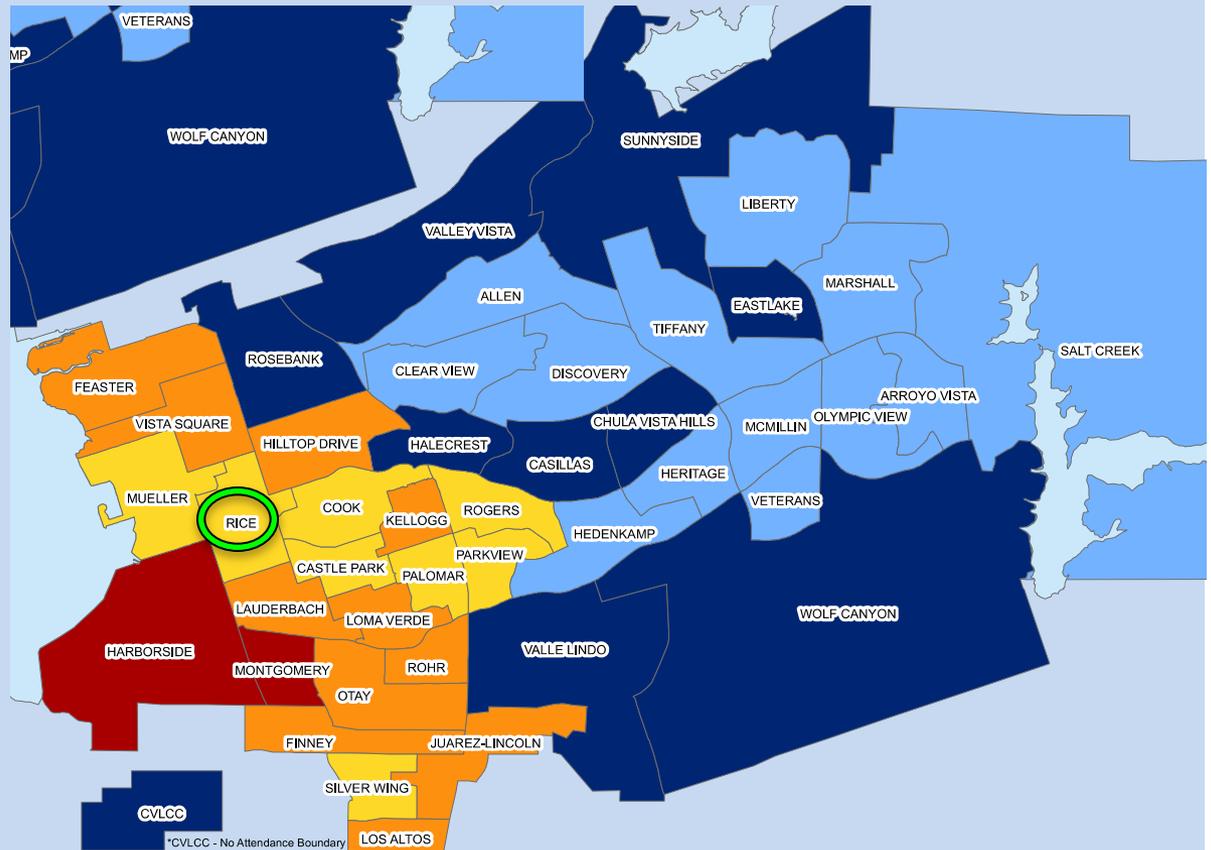
Media coverage  
is critical to  
disseminate the  
message



# Strategy 4 - Policy Changes

- Include multiple sectors in the process to support and develop wellness policies
  - Test elements of the wellness policy in small steps (i.e., one school)
  - Link the wellness policy with community wide activities, e.g., 5210 messaging
  - Collaborative involvement expands impact of wellness policy e.g., other communities in county adapting similar, wellness policies
-

# Student Obesity K-6<sup>th</sup> grade



10 - 14.99%
15 - 19.99%
20 - 24.99%
25 - 29.99%
30 - 39.99%

# Opportunities & Challenges

- Sustainability
- Measurement
- Funding
- Policy changes
- Implementation of policy changes
- Linking policy with environmental change



# Sarasota County Healthy Weight Collaborative



**Kari Ellingstad, MPH**

*Director, Community Health Improvement Partnership (CHIP)  
Team Lead, Sarasota County Healthy Weight Collaborative*



Wellbeing **lives** here!

[kari@chip4health.org](mailto:kari@chip4health.org)

[www.CHIP4health.org](http://www.CHIP4health.org)

[www.HealthySarasota.com](http://www.HealthySarasota.com)

# Participation in the Healthy Weight Collaborative helped our team organize for policy change.

- **Strategic framework.** Clear goals and objectives. Strategies defined enough to provide focus, flexible enough to be applied in different community contexts.
- **Small, multi-sector team.** 11 members max, four sectors represented.
- **Quality improvement focus.** It's okay to try something before it's perfect.
- **Learning collaborative approach.** "All teach, all learn." Capacity building.
- **Defined target population.** Enabling our team to collect data, measure change.
- **Clear measures and reporting structure.** Allowed our team to see progress.



# Strategy Map – “What strategies are we tackling in each sector?”

Aligning Strategies & Required Measures with Our Target Population			Target Population		
Strategy	Example	Measures <i>To be reported on monthly</i>	Child Health Clinic Clients 2-9 N= 2500	Emma E Booker Students 5-9 N=342	Child Care Centers Children 2-5 N=4940
2. Develop <b>consistent message</b> to promote healthy weight in the target population and disseminate it where they live, learn, work and play	5-2-1-0	% of target population reached by a healthy weight message that includes evidence-based recommendations	✓	✓	✓
3. <b>Assess current weight status</b> throughout the target population using standardized, evidenced-based health assessment protocols	Bright Futures Well Child template	% of target population whose weight has been assessed <i>(includes measurement of BMI and assessment of nutrition/physical activity behaviors)</i>	✓	✓	
4. Use a standardized template for a <b>healthy weight plan</b> that can be personalized to address the needs of the individuals within the target population	NICHQ Healthy Weight Plan	% of the target population who have been offered a healthy weight plan	✓	✓	
5. <b>Build capacity</b> to meet the needs of the target population in assessment, prevention, treatment and appropriate follow-up of healthy weight	Workflows, communication strategies, referral processes	Monthly report of activities, the need each addresses, and the sectors involved  % of patients who had an outpatient visit with PCP and evidence of BMI documentation and counseling for physical activity & nutrition	✓	✓	✓
6. Implement strategies for <b>improving the environment</b> to support promotion of healthy weight in the target population	Improve access to fresh fruits and vegetables in food desert	Monthly reports of progress on one new healthy eating and one new physical activity		✓	✓

# Make Your Goal EVERY DAY!



**Fruits & vegetables** - more matters!  
Eat fruits and vegetables at least 5 times a day. Limit 100% juice.



**Cut screen time** to 2 hours or less a day (TV, computers & video games).  
No screen time for kids under 2.



**Be physically active** at least 1 hour every day.



**No soda or sugar-sweetened sports or fruit drinks.** Instead, drink more water and non-fat or 1% milk.



Wellbeing lives here!

[www.healthysarasota.com](http://www.healthysarasota.com)

# Primary Care

- Healthy Weight Plan (HWP) and new assessment processes developed, piloted.
- HWP embedded into new EHR
- Evaluation: Early improvements in BMI among those who have completed a HWP
- Healthy Heroes group visits to address obesity

## Policy Target:

Expand/embed to processes to other primary care sites within the same FQHC

**SARASOTA**

### Healthy Weight Assessment/Plan

*Please complete blue sections only (A, B, C and D)*

**A. ASSESSING HABITS**

1. How many servings of **FRUITS OR VEGETABLES** does your child eat a day? \_\_\_\_\_
2. How many times a **week** does your child **EAT DINNER AT THE TABLE with the FAMILY**? \_\_\_\_\_
3. How many times a **week** does your child eat **BREAKFAST**? \_\_\_\_\_
4. How many times a **week** does your child **EAT TAKEOUT or FAST FOOD**? \_\_\_\_\_
5. How many **hours a day** does your child **watch TV, or sit and play video games**? \_\_\_\_\_ Yes No
6. Does your child have a **TV IN THE ROOM** where he/she sleeps? \_\_\_\_\_
7. On most days, how many **minutes** does your child spend in **ACTIVE PLAY?** (fast breathing, sweating) \_\_\_\_\_
8. How many 8 ounce servings of the following does your child **DRINK** a day? (An 8 ounce serving is the size of one cup)

100% Juice _____	Fruit/Sports Drink _____	Soda/punch _____
Whole Milk _____	Fat Free/Low Fat Milk _____	Water _____

**B. SETTING A GOAL / REVIEWING IDENTIFIED GOAL**

Are there goals that you are ready to try?  Other \_\_\_\_\_

- 5  Eat at least 5 servings of fruits/vegetables a day
- 2  Limit screen time (especially TV)
- 1  Get at least 60 minutes of physical activity every day
- 0  Avoid sugar-sweetened drinks (soda, sports drinks, punch, etc)

**C. PARENT / SCHOOL INFORMATION**

Parent/Guardian Name \_\_\_\_\_ (Print the name of the parent/guardian to be contacted for follow-up)

Parent Phone Number \_\_\_\_\_ Child's School \_\_\_\_\_

**D. ACHIEVING MY GOAL**

1. How important is it to me to make this change? (circle a number)

0	1	2	3	4	5	6	7	8	9	10
Not at all important										
Extremely important										

2. What might make it hard to achieve this goal (what are the barriers)? \_\_\_\_\_

3. Information or support I might need in accomplishing this goal: \_\_\_\_\_

**E. TREATMENT PLAN**

\_\_\_\_\_

\_\_\_\_\_

**F. COMMITMENT**

\_\_\_\_\_

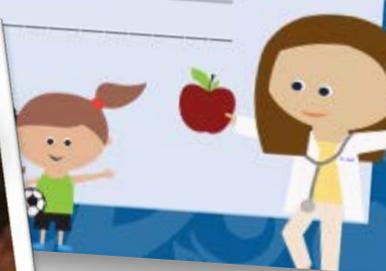
\_\_\_\_\_

Name: \_\_\_\_\_

**Rx: Dr. Good's Healthy Heroes**

Date / Time: \_\_\_\_\_

Location: \_\_\_\_\_



# Child Care

- Conducted Healthy Sarasota County Child Care Training in May 2012 and Jan 2013 .
- Educated more than 25 Child Care centers on ways to incorporate 5210 message into daily activities.
- Developed Healthy Sarasota County Child Care recognition process.

## Policy Target:

Centers created site-specific action plans focusing on policy and practice change. Action plans aligned with *Let's Move Child Care*.



The poster features a blue background with a pattern of leaves and circles. At the top, the text "HEALTHY SARASOTA COUNTY" is displayed in white and orange, with a stylized tree logo. Below this, the title "Child Care Training" is written in large white letters. Underneath the title, the word "Integrating" is written in a smaller font, followed by four icons: a green apple with the number 5, a blue square with the number 2, a yellow figure running, and a red circle with the number 0. Below these icons, the text "in the child care environment" is written. At the bottom of the poster, the dates "May 7 and 14, 2012" are listed. The bottom section of the poster contains several logos for partner organizations: Early Learning Coalition of Sarasota County, Sarasota County Health Department, CHIP Community Health Improvement Partnership, all faiths food bank, the Y, Collaborate for Healthy Weight, and LET'S MOVE! Child Care.

HEALTHY  
SARASOTA  
COUNTY

**Child Care Training**

Integrating

5 2 0

in the child care environment

May 7 and 14, 2012

Early Learning  
Coalition of Sarasota County  
Ready for Learning. Ready for Life!

HEALTH  
Sarasota County  
Health Department  
Part of a Healthier Future

CHIP  
Community Health  
Improvement Partnership

all faiths food bank™  
FIGHTING HUNGER IN OUR COMMUNITY

the Y

Collaborate  
for Healthy Weight

LET'S MOVE!  
Child Care



# Schools

- All elementary/middle school parents informed about 5210 message and all families offered a HWP.
- Developed Healthy Weight Plan for use in school setting
- Developed a 5210-focused Individualized Health Plan for School Nurses (for documenting process steps).
- Food & Nutrition Services incorporated message into their educational programming
- Healthy Sarasota County School recognition process developed.

## Policy Target:

Frame school-wide policy changes within context of HealthierUS School Challenge.



**Emma E. Booker Elementary**  
 2350 Dr. Martin Luther King, Jr. Way  
 Sarasota, FL 34237-8414 (813) 765-6450 Fax: (813) 321-6924

www.ebooker.hillsboroughschools.org  
 Dr. Elizabeth A. Anderson  
 Principal

Dear Emma E. Booker Parents and Families,

We are excited to announce that Emma E. Booker has teamed up with the Healthy Sarasota County Collaborative to promote healthy lifestyles. Guidelines are based on 5210, a message which emphasizes eating right and being physically active. The 5210 goals are:

5	Eat at least 5 servings of fruits and vegetables on most days
2	Reduce screen time to 2 hours or less every day
1	Participate in at least 1 hour or more of physical activity every day
0	No soda, sugary sweetened drinks or 100% juice

In today's world, we know that being active and eating right can be a challenge, but the benefits of improved health and well-being are worth the effort. Throughout the year, you will see that Emma E. Booker Elementary will be working hard to incorporate the 5210 messages into our daily activities.

What can you do? We encourage you to look at the Healthy Lifestyle Goal Word Bank on the back of this letter. If you are ready to work with your child on a 5210 goal, please complete the word bank and return it to school your child's teacher, drop it off in the school mailbox, or email it to [5210@ebooker.hillsboroughschools.org](mailto:5210@ebooker.hillsboroughschools.org). A school nurse will follow up to work with you and your child on the goal. If you have any questions, please contact the school nurse.



# Worksites

- Formed worksite wellness collaborative
- Will soon be launching initiative and recognition program
- Developed worksite wellness toolkit which focuses on practice and policy changes.

## Policy Targets:

Encourage adoption of healthy policy by local employers



# Community

- Supporting existing Community Health Action Team with identified goals to improve access to healthy foods.
- Helping sectors link to existing community resources.
- Food Summit helped prioritize policy targets and other solutions desired by the community.

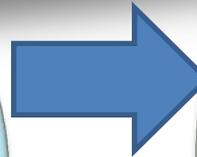


# Individual strategies can be scaled up with larger population level policy and environmental strategies



## STRATEGY

5210 message delivered in schools, child care centers, health centers, worksites



## OPPORTUNITY

Do policies support the message?

# Challenges in Measuring Policy Change: Policy adopted. Change implemented?



## Policy 1.3.1

Where appropriate, encourage the use of county parks for community gardens and farms, as well as farmers markets.



(Years, zoning changes)



- Full implementation of the policy doesn't happen overnight.
- Measurement approach should address key indicators related to adoption *and* implementation of the policy.
- What's the pathway from policy adoption to *successful* implementation?

**Little  
'p'**

**Partnerships**

**Processes**

**Practices**

**Programs**

**Politics**



**Big  
'P'**

**Policy change**



Wellbeing lives here!



**THE LATEST:**

NEW VIDEO: [Make 5210 Your Goal Every Day](#)

[HOME](#) | [ABOUT](#) | [NEWS](#) | [PARTNERS](#) | [CONTACT](#) | [JOIN OUR MAILING LIST](#)



**Get to Know 5210**

Simple daily goals for better health.  
Click to get started...



[Families](#)

[Schools](#)

[Child/After Care](#)

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# Questions & Answers

**If you have any questions you would like to pose to the presenters, please type it into the Q&A panel on the right of your screen. We will address as many questions as we can in the time allotted.**



# Healthy People 2020 Progress Review

## *The Burden of Infectious Diseases and Tuberculosis in the U.S. and Abroad*

**Tuesday, July 30 | 12:30PM EDT**

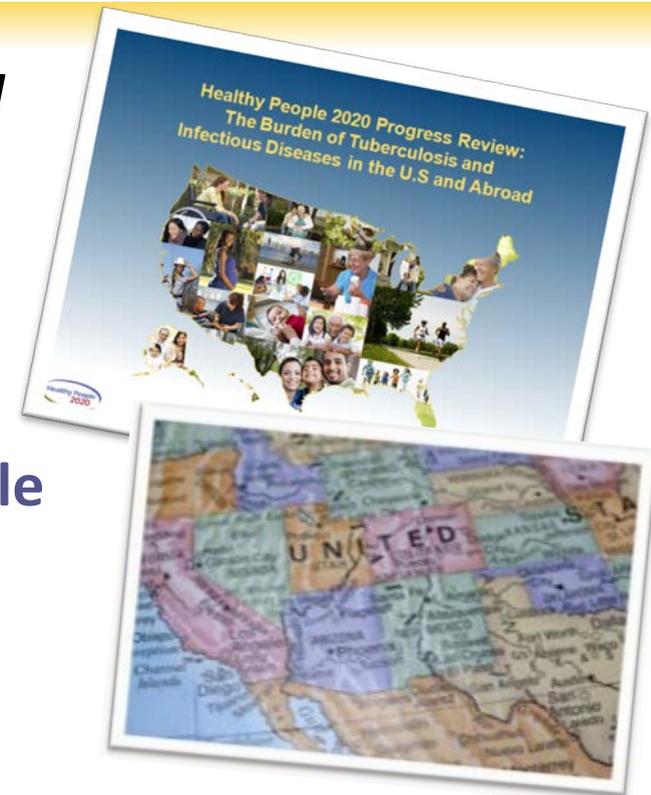
**Brought to you by the Healthy People  
Immunization and Infectious  
Diseases and Global Health  
workgroups.**

Learn about the impact global health has on the  
population in the U.S.

Hear from a community-based organization that is working to  
eliminate tuberculosis in hard to reach populations.

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# NUTRITION, PHYSICAL ACTIVITY, AND OBESITY

Many Americans do not eat a healthy diet and are not physically active at levels recommended to maintain proper health. This has contributed to an increase in adult and childhood obesity, which is particularly troubling as obesity puts individuals at increased risk for heart disease, stroke, and diabetes, all of which are among the leading causes of death.



## RELATED DISPARITIES



### PHYSICAL ACTIVITY IN ADULTS BY SEX

Males (24.6%, age adjusted) had a higher rate of meeting the current Federal physical activity guidelines than females (17.1%, age adjusted) in 2011.

### VEGETABLE INTAKE BY EDUCATIONAL ATTAINMENT

In 2001–04, college graduates on average consumed 1.0 cup equivalents of total vegetables per 1,000 calories per day (age adjusted), whereas persons with less than a high school education consumed 0.8 cup equivalents (age adjusted).



## TARGETS

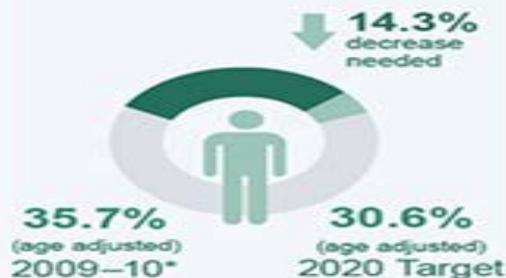
### PHYSICAL ACTIVITY

In 2011, 20.8% of adults aged 18 years and older met the current Federal physical activity guidelines for aerobic physical activity and muscle-strengthening activity.



### ADULT OBESITY

In 2009–10, 35.7% of adults aged 20 years and older were obese.



### OBESITY IN CHILDREN AND ADOLESCENTS

In 2009–10, 16.9% of children and adolescents aged 2 to 19 years were considered obese.



\* Target is based on a 4-year estimate, and the most recent (2009–2010) 2-year estimate will be replaced by a 4-year estimate later in the decade.

\*\* While the most recent data indicate that the target has been met, monitoring over the decade is important to ensure progress continues.

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