



Nutrition, Physical Activity and Obesity

Michigan Strategic Planning Meeting
October 13-14, 2009
Genoa Woods Conference Center
Brighton, Michigan

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Project Officer
Division of Nutrition, Physical Activity and
Obesity



Strategic Planning Process

- Mission, Goals and Objectives
- Planning Tools
- Six Target Areas
- Partners and Partnerships
- Settings
- Disparities
- Socio-ecological approaches



Goals and Objectives

- Mission – Healthy Michigan's) (Lifestyle)
- Goals –incorporate six target areas
- Objectives- (SMART)
 - Health disparities
 - Data/Surveillance
- Strategies/Methods

Program Impact Objectives

- Increase the number, reach and quality of policies and standards set in place to support healthful eating and physical activity in various settings.
- Increase access to and use of environments to support healthful eating and physical activity in various settings.
- Increase the number, reach and quality of social and behavioral approaches that complement policy and environmental strategies to promote healthful eating and physical activity.



Planning Tools

- DNPAO State Plan Index
- Other State Plans (Chronic Diseases- Diabetes, Cancer Control, Heart Disease and Stroke, Healthy Communities, Achieve and etc.

Principle Target Areas

- Increase breastfeeding initiation, duration, and exclusivity
- Increase physical activity
- Increase consumption of fruits and vegetables
- Decrease consumption of sugar sweetened beverages
- Reduce consumption of high energy dense foods
- Decrease television viewing



Partners/Partnerships

- Nutrition
- Physical Activity
- Departments of Education, Transportation, Natural Resources, Environmental Health, Parks and Recreation, Housing, CDC and Agriculture
- Community-based organizations
- Food industry (grocers, restaurants, beverage, markets)
- Growers, Farmer markets, food policy

Partners/Partnership

- Health Care Providers
- Early Child Care/Day Care
- Seniors/Seniors Programs
- Media
- Foundations
- Schools/Universities
- City Planners
- Minority Health Organizations

Settings for the Prevention and Control of Obesity

- Community
- Medical
- School
- Work Site



Community Settings

- Faith-based
- Child care
- After school
- Restaurants
- Grocers/markets
- Recreational facilities



Program Philosophy

1. Long term
2. Social change
3. Health disparities
4. Policy and environmental changes
5. Social Ecological Model
6. Social marketing planning approach
7. Evidence-based portfolio (policies and intervention strategies)
8. Partnerships and resources

Program Philosophy

1. Commit to long-term
accomplishments



Shifts in Food Practices in the US

- Increased caloric intake when eating out
- Increased consumption of soft drinks
- Continued low consumption of fruits and vegetables
- Reduced frequency of family meals



Breastfeeding Trends



- 74% of U.S. infants are breastfed at birth; 43% at 6 months
- Only 32% of infants are exclusively breastfeeding at 3 months of age; 12% at 6 months

Shifts in Food Environments

- Increased portion size
- Increased media advertising
- Increased availability of energy-dense foods
- Increased cost of fruits and vegetables



Program Philosophy

2. Address factors
needed for social
change



Elements Common to Social Movements

- Identify a “crisis”
- Base strategies on sound science and many disciplines
- Identify the economic cost of unhealthful behaviors
- Use coalitions to move efforts forward

Elements Common to Social Movements

- Use media advocacy
- Involve all levels of government
- Raise public awareness and support for community programs
- Use policy and environmental change to sustain systemic changes

Program Philosophy

3. Decrease health
disparities



Forming and maintaining diverse partnerships is critical:



- Develop a system for receiving input from diverse stakeholders to aid in the identification and elimination of disparities
- Collaborate and coordinate with state and local partners that have access to and have well-developed and established relationships with specific populations with disparities

Forming and maintaining diverse partnerships is critical:



- Capitalize on existing initiatives at the state and local levels
- Utilize community competent approaches in interventions, taking into account communities' culture, context, history, and geography

Program Philosophy

4. Emphasize policy and environmental changes



Making Healthy Choices Easier

Individual

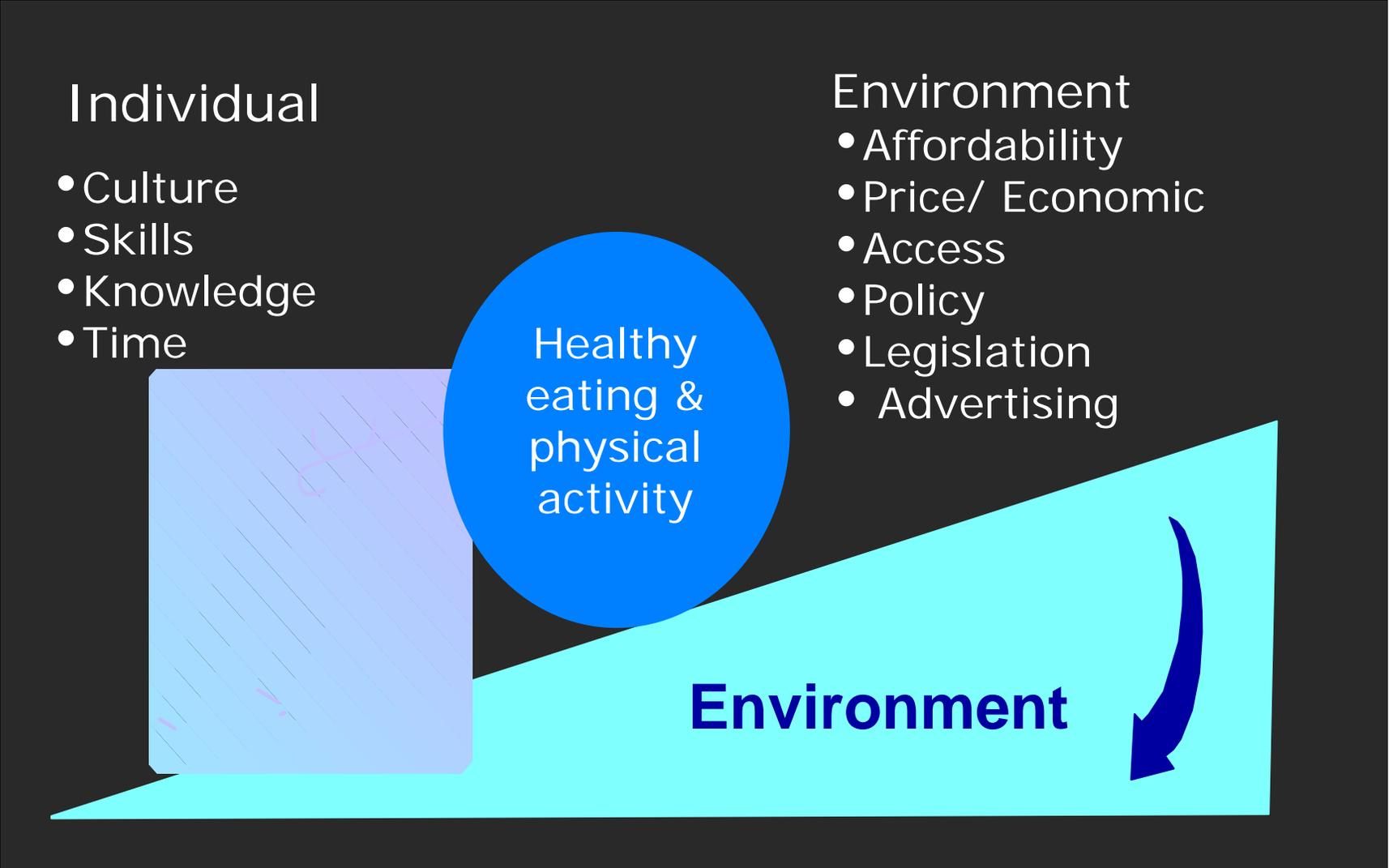
- Culture
- Skills
- Knowledge
- Time

Environment

- Affordability
- Price/ Economic
- Access
- Policy
- Legislation
- Advertising

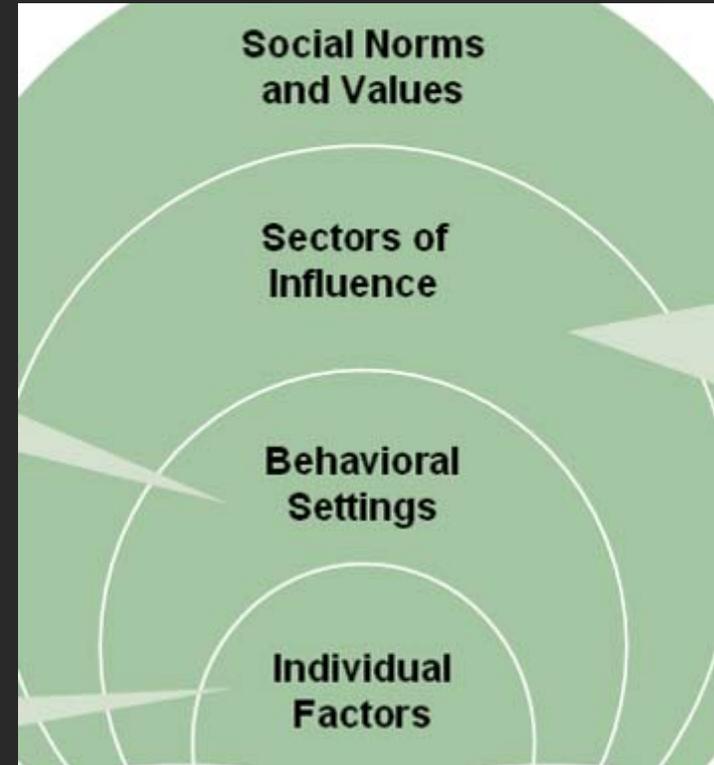
Healthy
eating &
physical
activity

Environment

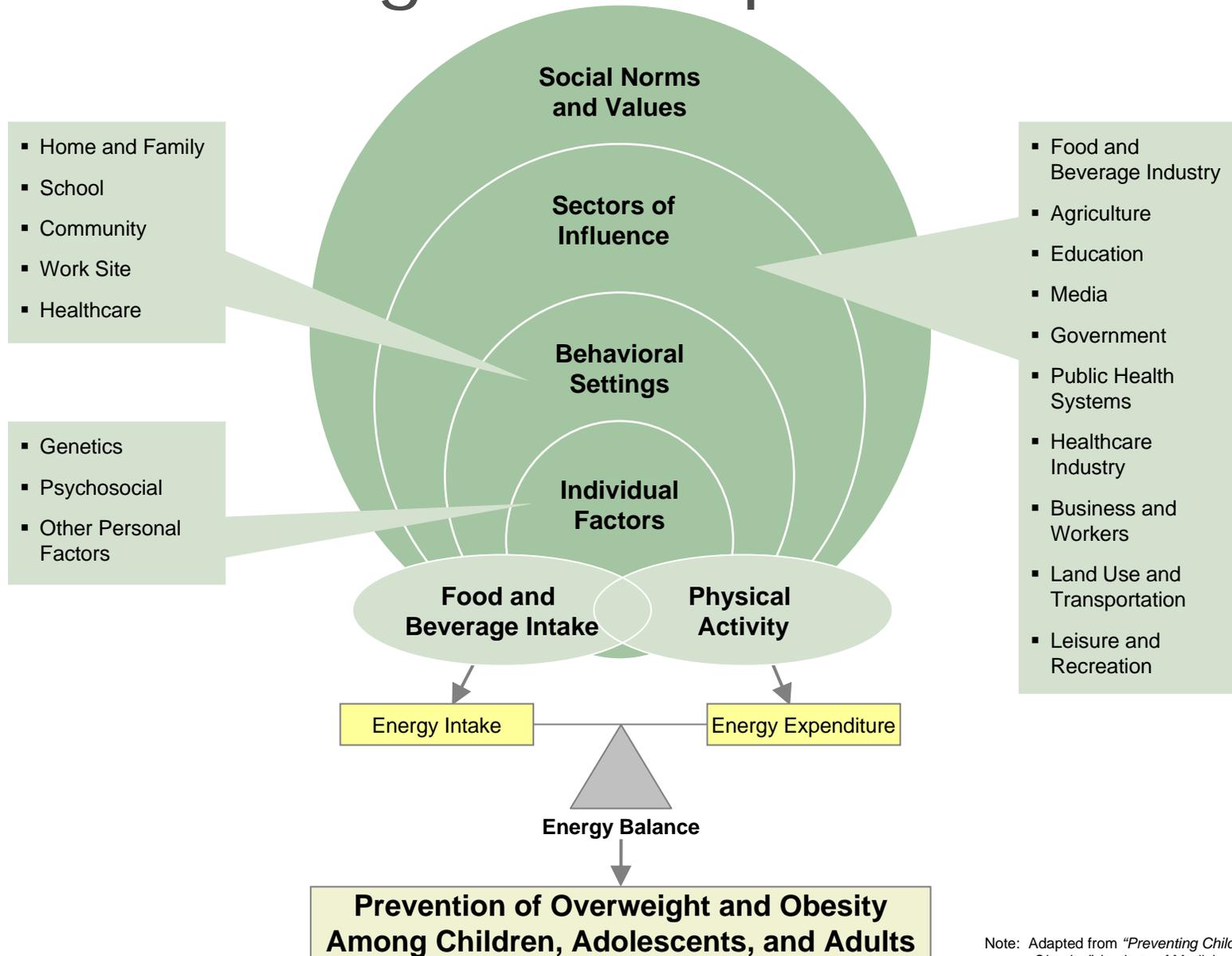


Program Philosophy

5. Use Social
Ecological Model to
design state plan
and activities

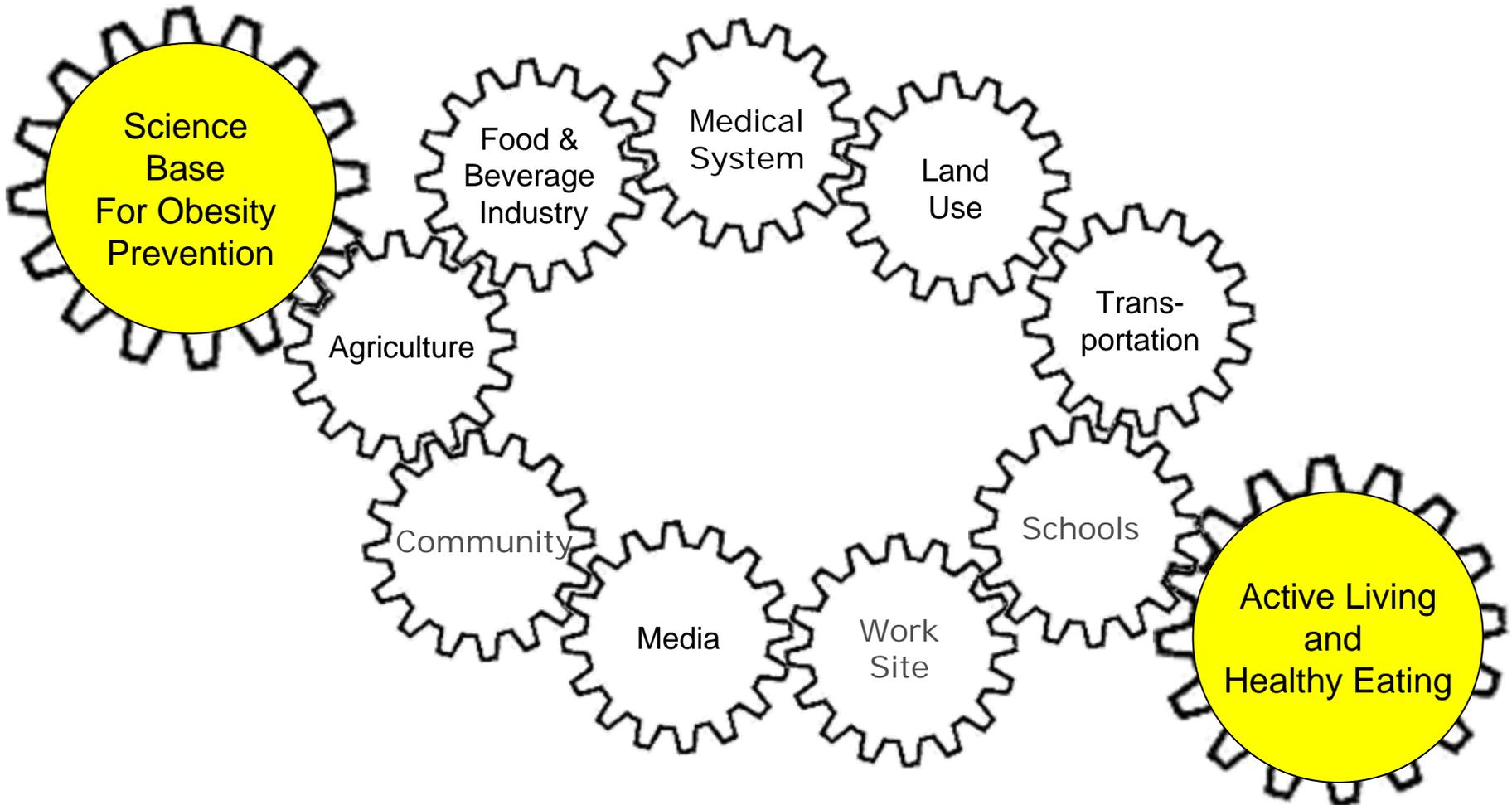


The Ecological Perspective



Note: Adapted from "Preventing Childhood Obesity." Institute of Medicine, 2005.

Obesity Prevention Requires All Sectors of Influence Working Together



Promoting Health Equity by Eliminating Health Disparities

Building Capacity to Achieve Equity in Health

Michael Sells MSPH, CHES

Program Development and Evaluation Branch
Division of Nutrition Physical Activity and Obesity
National Center for Chronic Disease
Prevention and Health Promotion



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Objectives

Participants will become familiar with:

- CDC/DNPAO's approach to health disparities and health equity
- Working definitions
- A description of the increased focus on health equity
- Suggested criteria for identifying strategies
- DNPAO's process/steps



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CDC's Health Protection Goals

CDC is committed to achieving true improvements in people's lives by accelerating the impact of positive health practices and reducing health disparities...

Healthy People in Every Stage of Life

All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.

Healthy People in Healthy Places

The places where people live, work, learn, and play will protect and promote their health and safety, especially those people at greater risk of health disparities.

Source:

www.cdc.gov/osi/goals/



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Health Equity Initiative for DNPAO

Mission:

To achieve health equity in physical activity, nutrition, and healthy weight across the United States and abroad through the elimination of health disparities.

Goal:

to achieve health equity by developing and sustaining the capacity and resources of DNPAO to reduce and eventually eliminate disparities in nutrition, physical activity and obesity among different segments of the population in collaboration with the NCCDPHP, as well as internal and external partners.



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Definitions

Health Disparities (working definition):

Health Disparities are preventable differences in the burden of disease and disability, or in lack of opportunities to achieve optimal health.



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Health Disparities by:

- **Geographic Location**
- **Gender**
- **Race**
- **Education**
- **Income**
- **Age**



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Definitions (Cont.)

Health Equity (working definition):
Health equity is the fair distribution of health determinants, outcomes, and resources to individuals and communities, regardless of social standing resulting in optimal health for all members of society.

Source:
CDC Health Equity Workgroup



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Definition (Cont.)

Social Determinants of Health:

Social determinants of health, also referred to as the root causes, are life-enhancing resources whose distribution across populations effectively determines length and quality of life.

Source:

Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health



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Definitions (cont.)

Environmental Determinants of Health: (Micro and Macro)

- **Micro-environments** are defined as environmental settings where groups of people meet and gather.
- Examples of micro-environments are: homes, schools, work places, supermarkets, bars and restaurants, other recreational facilities and neighborhoods.
- **Macro-environments** include the broader, more anonymous infrastructure (sectors) that may support or hinder health behaviors.
- Examples of macro-environments are: the town planning, the transport infrastructure, the health system, how products are marketed and distributed and the media.

Source: Wendel-Vos, W., et al. (2007) **Potential environmental determinants of physical activity in adults: a systematic review.** *Obesity Reviews* 8, 425–440.

Why Focus On Health Equity?

“Healthy People 2010 recognizes that communities, States, and national organizations will need to take a multidisciplinary approach to achieving health equity — an approach that involves improving health, education, housing, labor, justice, transportation, agriculture, and the environment, as well as data collection itself.”

Source: Metzler M. Social determinants of health: what, how, why, and now. *Prev Chronic Dis* 2007;4(4).

Criteria for identifying Health Disparities

- The strategy targets one or more of the following indicators: low income, racial/ethnic minority group(s); persons with less than or equal to high school diploma; rural or urban geographic locations; and persons with disabilities.



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Criteria for identifying Health Disparities (Cont.)

- It has been culturally adapted for use by a specified population who is experiencing health disparities (i.e.- Spanish translation and use of “plain language”).
- The strategy has been evaluated or piloted in the specified disparate population.

Sources:

State Nutrition, Physical Activity and Obesity Program's Technical Assistance Manual and FOA; Healthy People 2010 Indicators; and DNPAO Health Equity Workgroup



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Process/Steps

1. Establish capacity and/or infrastructure
2. Inventory of existing activities
3. Identify the disparities with data
4. Strategic planning
5. Prioritize activities
6. Baseline data for evaluation
7. Final strategic plan
8. Implement activities

Source:
CDC's Division of Nutrition Physical
Activity and Obesity



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Recommended Tools and Resources

- Social Determinants of Health Maps
http://www.cdc.gov/dhdsp/library/maps/social_determinants.htm
- Community Health Resources Site
http://apps.nccd.cdc.gov/dach_chaps/Default/index.aspx
- Promoting Health Equity...Workbook
<http://www.cdc.gov/nccdphp/dach/chaps/pdf/SDOHworkbook.pdf>
- Smart BRFSS: City and County Data
<http://apps.nccd.cdc.gov/BRFSS-SMART/>
- The Guide to Community Preventive Services
<http://www.thecommunityguide.org/index.html>
- REACH US Website <http://www.cdc.gov/reach/>



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Thank You!

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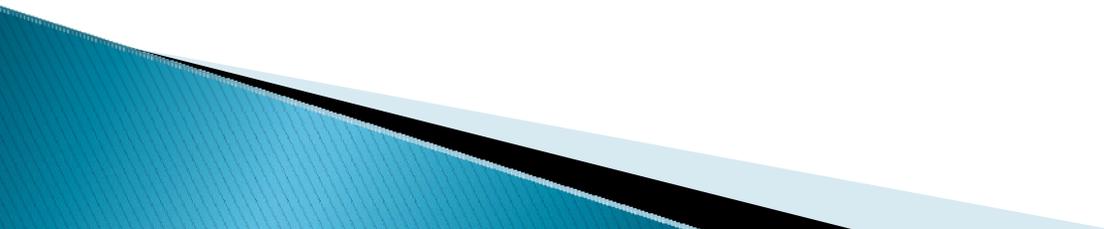
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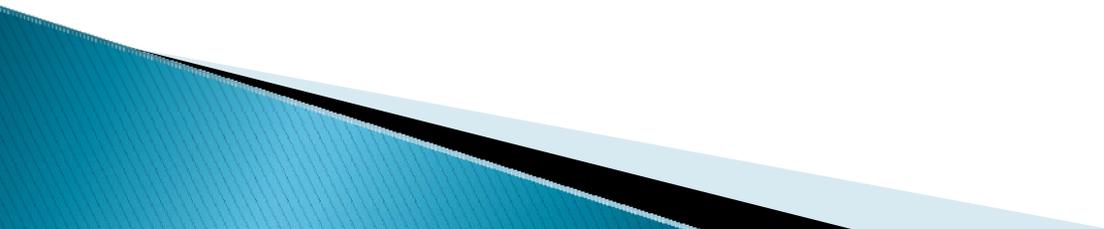
Michigan Obesity State Plan, 2010–2015

Strategic Planning Meeting
October 13–14, 2009
Denise Cyzman, MS, RD
Cyzman Consulting

VMOSA

- ▶ **V**ision
 - ▶ **M**ission
 - ▶ **O**bjectives
 - ▶ **S**trategies
 - ▶ **A**ction Plans
- 

Vision: Where we want to be!

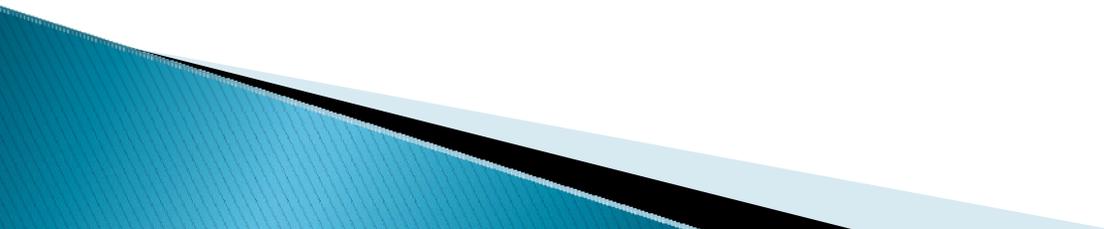
- ▶ Reflects dream or ideal
 - ▶ Long-term
 - ▶ Clear
 - ▶ Concise
 - ▶ Positive
 - ▶ Should mobilize and inspire
 - ▶ Dream big – not “easy” to attain
- 

Vision: Where we want to be!

Draft Statements

- ▶ A Michigan where regular physical activity, healthful eating, and healthy weight are part of everyone's life
 - ▶ Michigan = Communities with healthy eating habits and active lifestyles
 - ▶ All Michiganders will have access to physical activity and healthful foods to maintain a healthy weight and be free of obesity-related diseases
- 

Mission Statement: Here and Now

- ▶ **Primary Purpose (we exist to....)**
 - ▶ **Primary Clients or Customers**
 - ▶ **Core Services**
 - ▶ **Key Outcomes (determining our success)**
- 

Mission Statement: Here and Now

Draft Statements

- ▶ To make healthy foods and active lifestyles accessible to all of Michigan's diverse populations to reduce obesity and overweight and eliminate related health disparities
 - ▶ To promote policy, environmental and lifestyle changes that increase healthy eating and physical activity to prevent and reduce obesity and related chronic diseases in Michigan
 - ▶ To decrease the prevalence of overweight and obesity and reduce the burden of obesity related diseases by improving healthy eating and increasing physical activity
- 

Goals

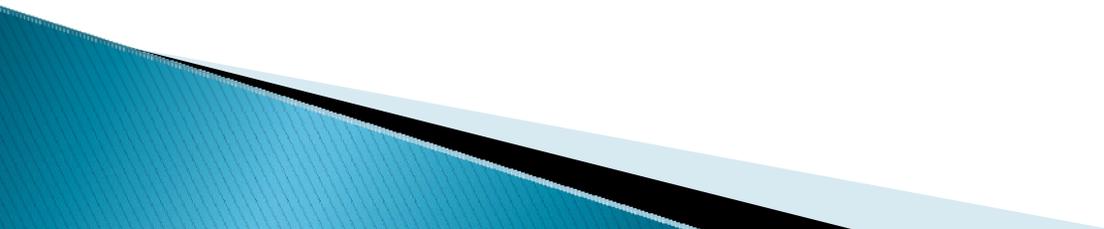
- ▶ Are long-term, generally achievable in 8–10 years
 - ▶ Link disease burden to activities and actions
 - ▶ Focus on state–desired outcomes that are measurable
 - ▶ Focus on statewide desired changes
 - ▶ Populations of special interest could be specified
- 

Goals

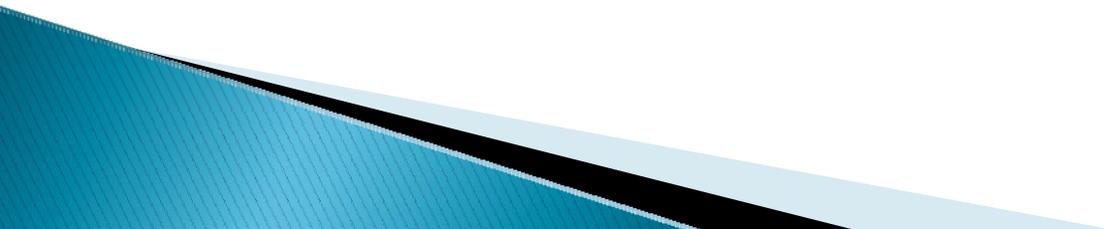
Draft Goals

- ▶ Stop the increase in the proportion of adults and children who are overweight and obese.
- ▶ Reduce rates of obesity related chronic diseases with particular emphasis on ethnic disparities.
- ▶ Increase lifelong physical activity and healthy eating.

(Targets to be proposed by MDCH at a later date)



Long-Term Objectives

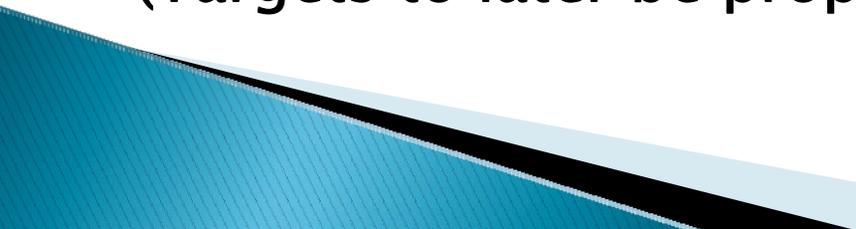
- ▶ Should lead to the realization of the goals
 - ▶ Ambitious and broad
 - ▶ Usually focusing on changing health status indicators
 - ▶ Built on the achievement of short-term and intermediate objectives
- 

Long-Term Objectives

Draft Objectives

- ▶ Increase policies and environments to support physical activity and healthy eating, including breastfeeding.
- ▶ Increase the percentage of children and adults who consume healthy foods and are physically active.
- ▶ Improve the capacity of the healthcare system to prevent, detect and manage overweight and obesity.

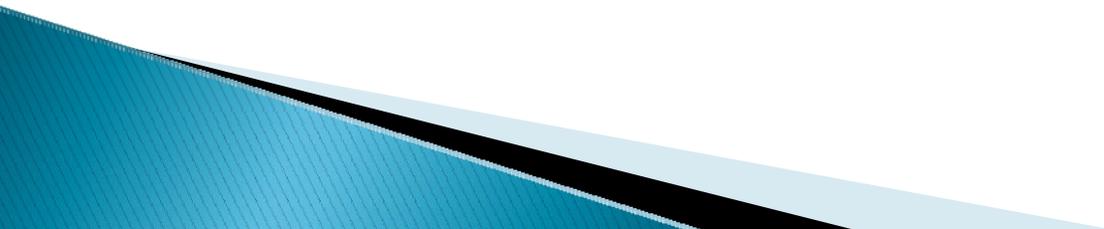
(Targets to later be proposed by MDCH)



SWOT Analysis

- ▶ **S**trengths
- ▶ **W**eaknesses
- ▶ **O**pportunities
- ▶ **T**hreats

Purpose: Reveal positive forces that work together and potential problems that need to be addressed or, minimally, recognized.



SWOT Analysis – Modified Approach

Positives

- ▶ Strengths
- ▶ Assets
- ▶ Resources
 - Human
 - Financial
 - Physical
- ▶ Opportunities
- ▶ Policies
- ▶ Activities and Processes
- ▶ Prospects
- ▶ Past Experience

Negatives

- ▶ Weaknesses
- ▶ Limitations
- ▶ Restrictions
- ▶ Threats
- ▶ Challenges
- ▶ External Factors
 - Economy
 - Demographics
 - Legislation and Policy
- ▶ Unfulfilled need
- ▶ Regulations
- ▶ Environmental Threats

Overweight and Obesity in Michigan

2009 Surveillance Report

*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

October 2009

Outline

- Introduction to Obesity
- Data and Key Findings from the Report
 - Obesity
 - Physical Activity
 - Nutrition
 - Breastfeeding

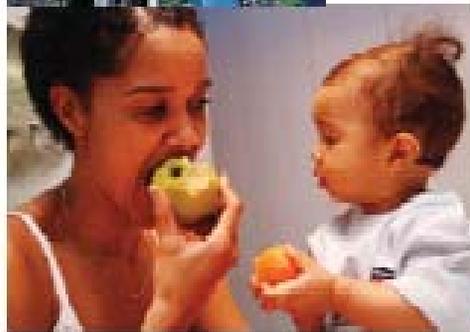
Introduction

- Overweight and obesity have been shown to increase the risk of certain chronic diseases and other health problems such as coronary heart disease, stroke and diabetes.
- The prevalence of obesity in Michigan has risen over 65% among adults since 1995.
- Public health approaches are needed that can create change for populations and can help make health choices easy, affordable, and available.

6 Priority Areas

- The CDC DNPAO Program identified six principal target areas critical to the prevention of obesity:
 - Increase physical activity.
 - Increase consumption of fruits and vegetables.
 - Increase breastfeeding initiation, duration and exclusivity.
 - Reduce the consumption of high energy dense foods.
 - Decrease the consumption of sugar sweetened beverages.
 - Decrease television viewing.

Obesity



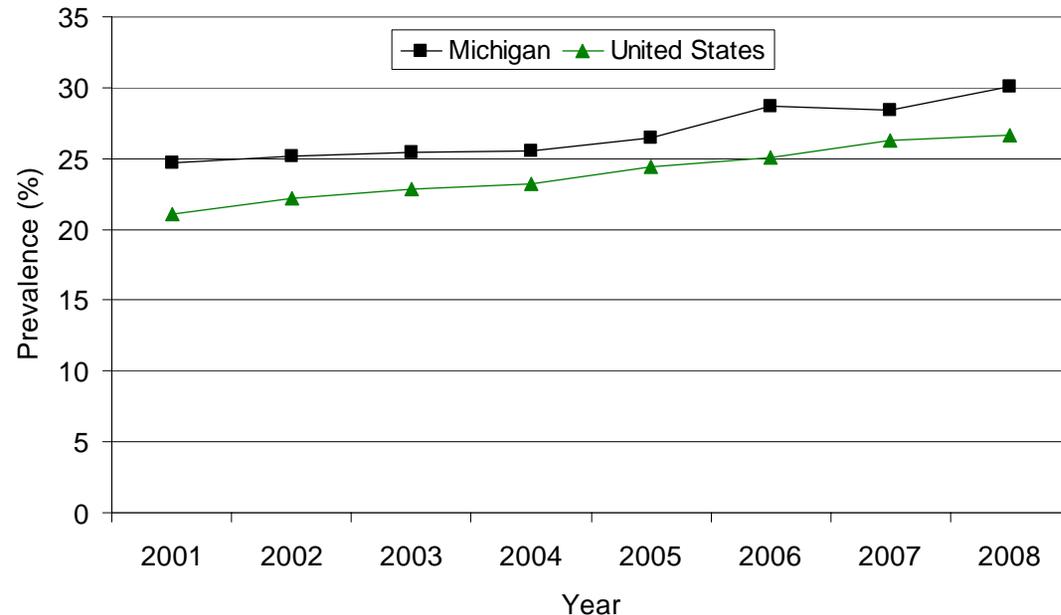
Obesity-Adults

Body mass index chart for adults, age 20 and over	
BMI	Weight Status
<18.5	Underweight
18.5-24.9	Healthy Weight
25.0-29.9	Overweight
≥30.0	Obese

Source: CDC, Department of Health and Human Services.

Obesity-Adults

Prevalence of obesity among adults, 18 and over, in Michigan and the United States, 2001-2008



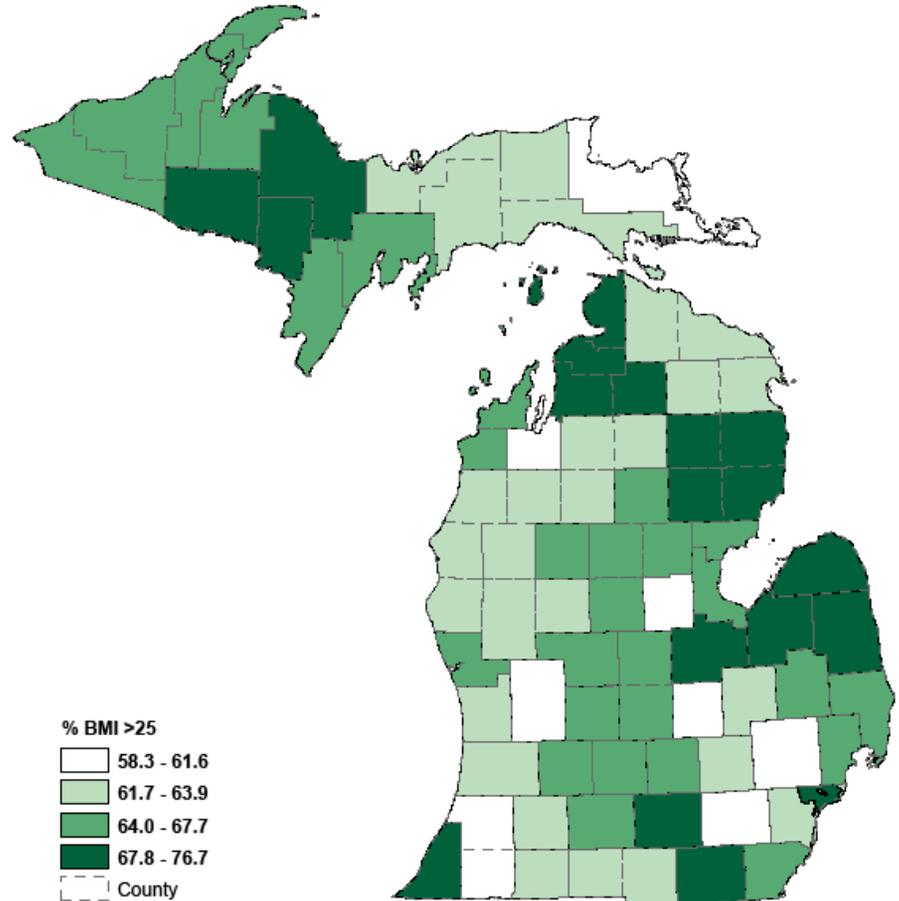
Source: Michigan Behavioral Risk Factor Survey

- Michigan had the 8th highest prevalence of obesity in the United States with 30.1% of adults, 2008.
- In 2008, 65.3% of Michigan adults were either overweight or obese; 35.2% were overweight.
- Blacks had a significantly higher obesity rate (39.8%) than whites (28.8%).

Overweight and Obesity - Adults

- The state prevalence for overweight and obesity between 2005 and 2007 was 63.9%.
- Twenty-seven local health departments were above this.
- Marquette (76.7%) had the highest prevalence and Shiawassee (58.3%) had the lowest.

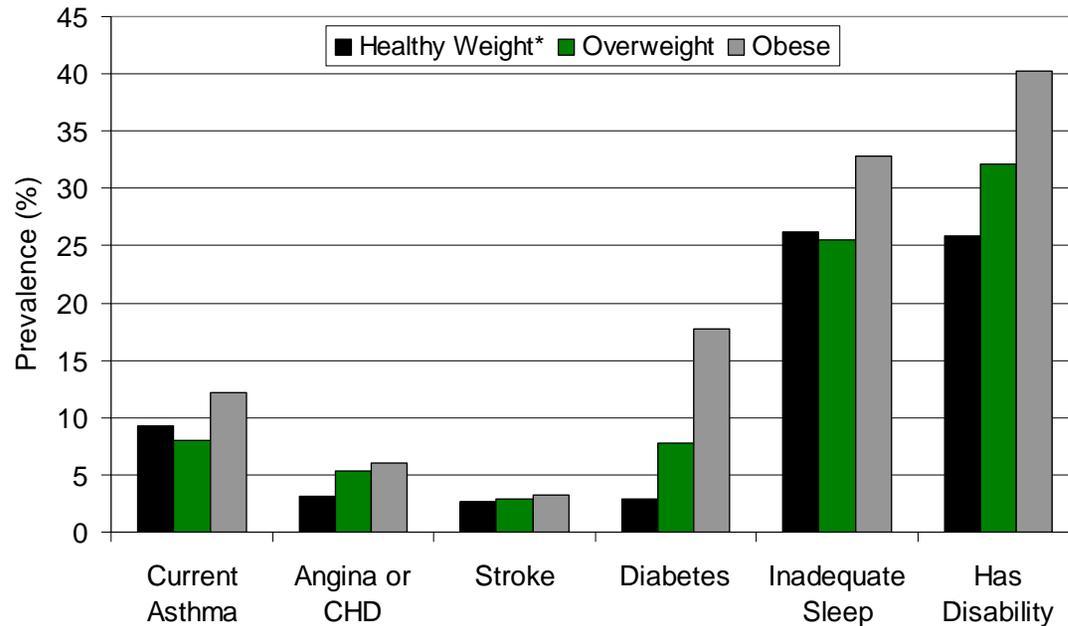
Prevalence of overweight and obesity among adults, 18 and over, in Michigan by local health department jurisdictions, 2005-2007



Source: Michigan Behavioral Risk Factor Survey

BMI and Chronic Disease

Prevalence of health conditions among adults, 18 and over, by weight status in Michigan, 2008



- Obese adults had a higher prevalence of:
 - arthritis
 - high blood pressure
 - high cholesterol
 - asthma
 - coronary heart disease
 - stroke
 - heart attack
 - diabetes

Source: Michigan Behavioral Risk Factor Survey

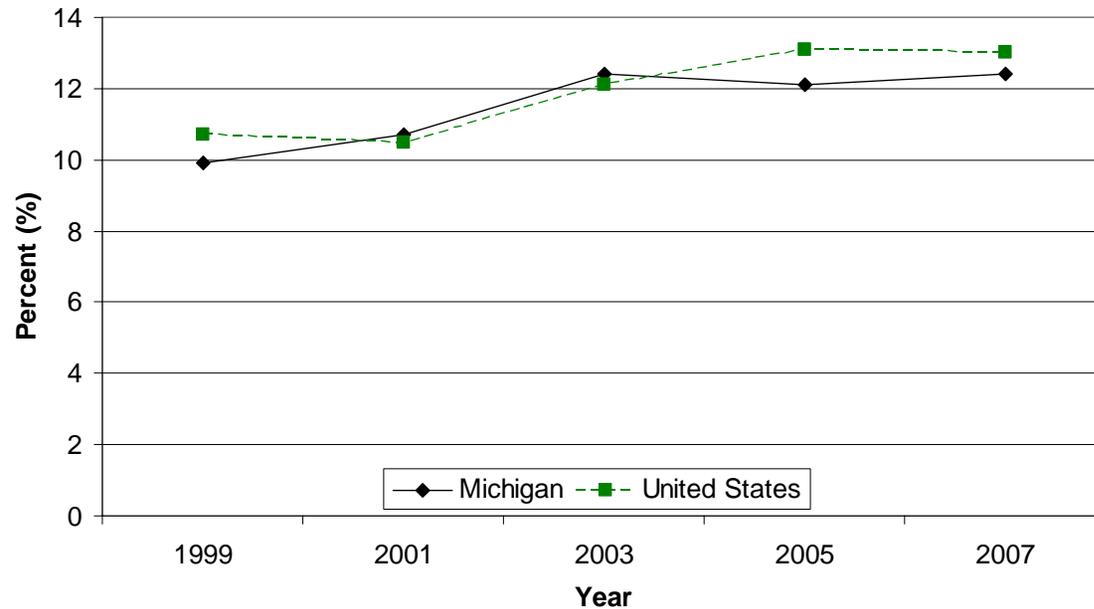
Obesity-Youth

Body mass index chart of children, ages 2 to 19 years	
Percentile of Age/Sex	Weight Status
<5 th	Underweight
5 th - 84 th	Healthy Weight
85 th - 94 th	Overweight
≥95 th	Obese

Source: CDC, Department of Health and Human Services.

Obesity-Youth

Prevalence of obesity among youth, grades 9 through 12, in Michigan and United States, 1999-2007



- In 2007, 28.9% of Michigan youth were either overweight or obese;

- 16.5% were overweight and
- 12.4% were obese

- Black youth had a higher obesity rate (18.5%) compared with white youth (11.2%).

Source: Michigan Youth Risk Behavior Survey

Physical Activity



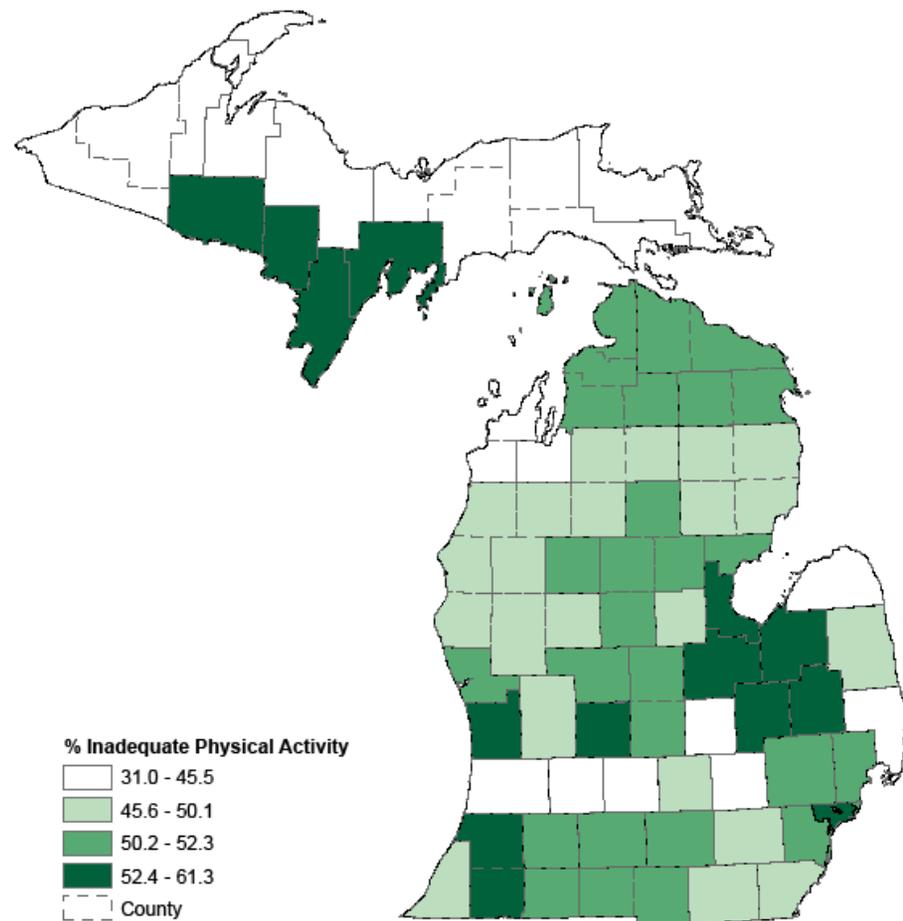
Physical Activity-Adults

- The prevalence of inadequate physical activity in Michigan from 2005 to 2007 was 50.1%.

- More than half of adults in 23 local health department areas were not meeting the physical activity recommendations.

- Van Buren-Cass Local Health Department had the highest prevalence of inadequate physical activity (61.3%) and Luce-Mackinac-Alger-Schoolcraft Local Health Department had the lowest or best (31.0%).

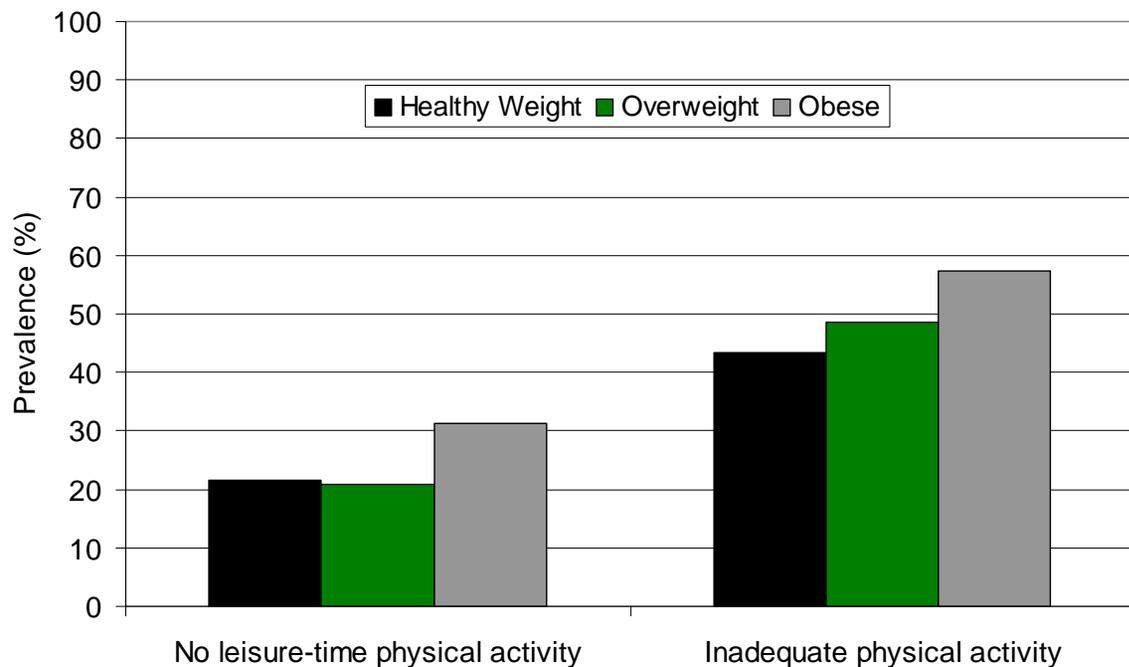
Prevalence of inadequate physical activity among adults, 18 and over, in Michigan by local health department jurisdictions, 2005-2007



Source: Michigan Behavioral Risk Factor Survey

Physical Activity-Adults

Prevalence of no leisure-time physical activity or inadequate physical activity, among adults, 18 and over by weight status in Michigan, 2008.



- Michigan adults who were obese reported significantly more inadequate physical activity and no leisure-time physical activity compared with adults that reported a BMI that was normal or overweight.

Source: Michigan Behavioral Risk Factor Survey

Physical Activity-Youth

Prevalence of not achieving 60 minutes of physical activity five or more days in the past week, among youth grades 9 through 12 in Michigan and the United States, 2007.

Measure	Prevalence (%) Michigan	Prevalence (%) United States
Total	56.0	65.3
Gender		
Male	47.3	56.3
Female	64.5	74.4
Race/Ethnicity		
Black	59.0	68.9
White	54.2	63.0
Hispanic	60.9	69.8

Source: Michigan Youth Risk Behavior Survey

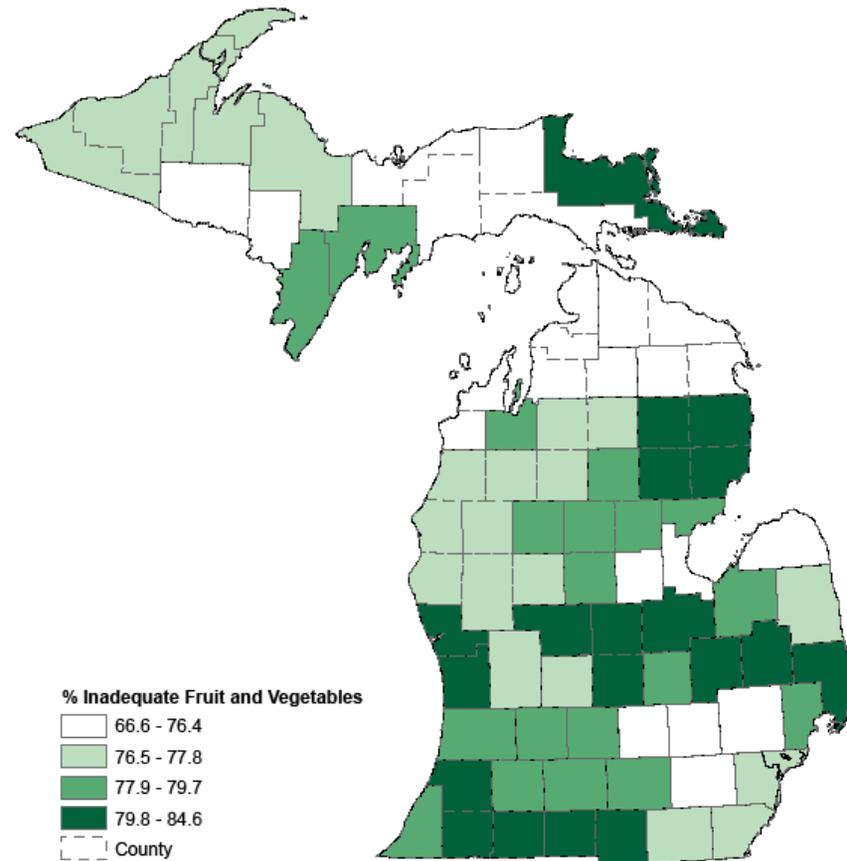
Nutrition



Nutrition-Adults

- The prevalence of inadequate fruit and vegetable consumption in Michigan from 2005 to 2007 was 77.8%.
- More than 75% of adults in 38 of the 45 local health department areas reported inadequate fruit and vegetable consumption.
- Muskegon Local Health Department had the highest reported inadequate fruit and vegetable intake (84.6%) and Benzie-Leelanau Local Health Department had the lowest (66.6%).

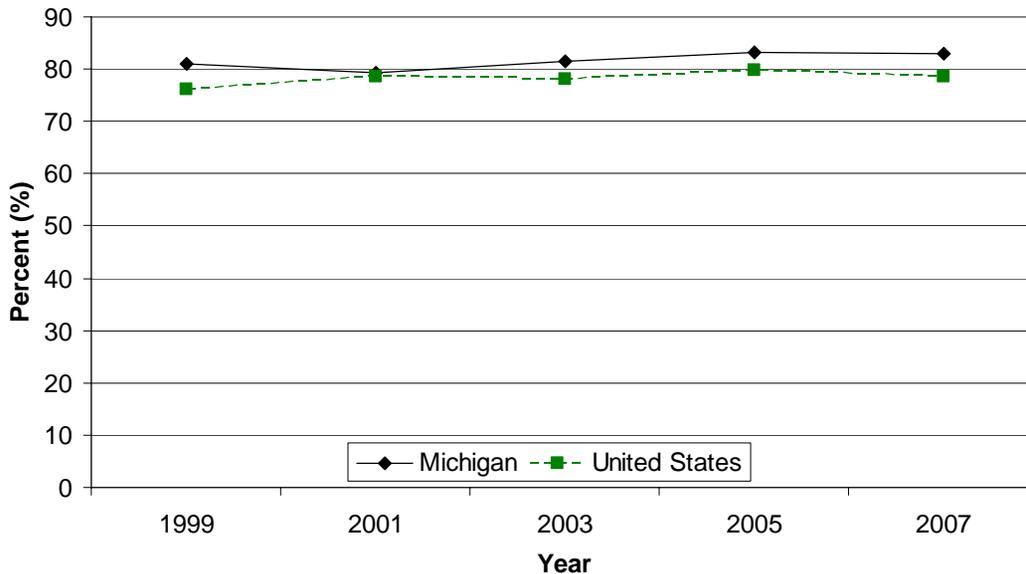
Prevalence of inadequate fruit and vegetable consumption among adults, 18 and over, in Michigan by local health department jurisdictions, 2005-2007



Source: Michigan Behavioral Risk Factor Survey

Nutrition-Youth

Prevalence of inadequate fruit and vegetable consumption among youth, grades 9 through 12, in Michigan and United States, 1999-2007



Source: Michigan Behavioral Risk Factor Survey

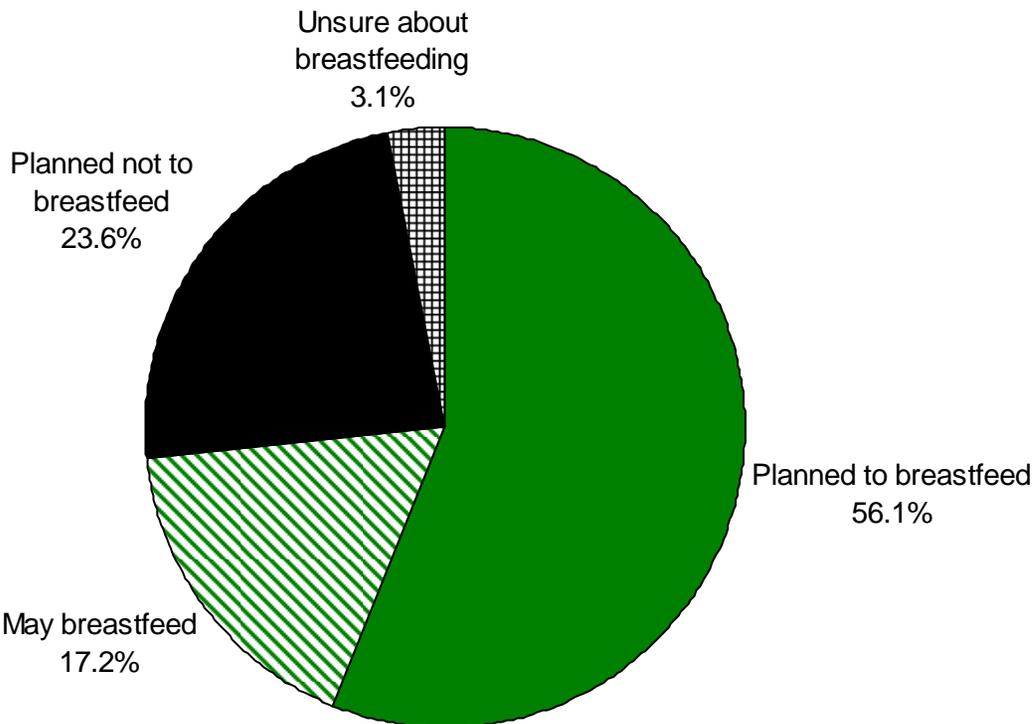
- The prevalence of Michigan youth that haven't met the minimum recommendations for fruits and vegetables fluctuated from 81.0% in 1999 to 83.0% in 2007.
- Consumption among Michigan youth was similar among blacks (78.3%), Hispanics (82.1%) and whites (83.9%).
- There was no difference between females (83.6%) and males (82.3%), 2007.

Breastfeeding



Breastfeeding

Pre-delivery breastfeeding plans, Michigan 2006



Source: Michigan Pregnancy Risk Assessment Monitoring System

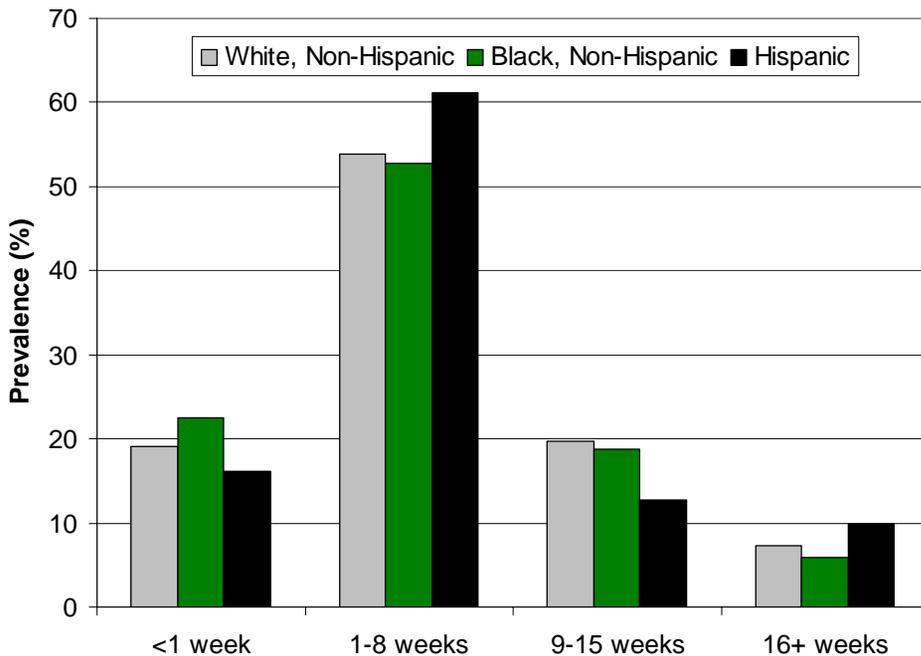
In 2006, 56.1% of women planned to breastfeed and an additional 17.2% thought they might breastfeed.

The prevalence of women who reported they thought they were going to breastfeed prior to delivery increased with educational attainment.

In 2006, 81.7% of women reported that during at least one of their prenatal care visits a health professional spoke with them about breastfeeding their baby.

Breastfeeding

Breastfeeding duration among women who breastfed for longer than a week, but discontinued before surveyed, by maternal race/ethnicity, Michigan 2006



Source: Michigan Pregnancy Risk Assessment Monitoring System

- In 2006, Michigan women who breastfed for longer than a week, but discontinued before being surveyed, on average breastfed for 6.8 weeks.

- Breastfeeding duration did not significantly vary by race/ethnicity.

- Women with a college degree or higher breastfed their infants for the longest period (7.6 weeks).

Questions?

The *Overweight and Obesity in Michigan: Surveillance Report* is available electronically at:

- www.michigan.gov/preventobesity
- www.michigan.gov/cvhepi

Overweight and Obesity in Michigan: Surveillance Report



2009

Resources

- CDC-Obesity
 - www.cdc.gov/obesity
- Risk Factor Data by Community
 - www.michigan.gov/brfs