New Hampshire Statewide Obesity Prevention and Control Planning Process Assessment

Summary of Results 2005

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Introduction

In June 2005, the New Hampshire Department of Health and Human Services (NH DHHS) conducted a statewide survey to assess and identify the need and interest in developing a *Comprehensive Statewide Obesity Prevention and Control Plan* (OPCP). An OPCP can assist in developing a statewide strategy and course of action to address the implications of overweight and obese individuals in New Hampshire. An immediate outcome of this initiative was the development of a comprehensive list of statewide obesity prevention efforts.

Approximately 1,000 surveys were distributed to worksites, community organizations, healthcare providers and schools. The survey response rate was 10%. Despite the low response rate, themes, feedback and comments were notably consistent, supporting an initial direction for the development of a more through state plan.

The survey was conducted with the understanding that many community partners have already been contacted or involved in other chronic disease prevention planning processes. The Diabetes Education Program has shared obesity prevention resources and needs as identified from their assessment. Similarly, the primary prevention component of the state cancer plan includes physical activity and obesity prevention strategies. The purpose of the obesity prevention and control survey was to determine interest in developing a comprehensive statewide plan; identifying and absorbing what is currently occurring and helping avoid duplication of prevention efforts statewide.

This particular assessment provides a foundation to help better understand the needs of healthcare providers, worksites, schools and community organizations working to control the rate of overweight and obesity among New Hampshire residents.

The Burden of Overweight and Obesity

In 2004, 57.7% of New Hampshire adults were overweight or obese and in 2003, 10% of New Hampshire students (grades 9-12) were overweight. Nationally, in 2004, 60.1% of adults were considered overweight or obese and in 2003, 13.5% of students (grades 9-12) were considered overweight. The burden of overweight and obesity is a growing public health concern for the state of New Hampshire. As stated in Healthy New Hampshire 2010 (HNH 2010), the state's disease prevention and health promotion agenda:

"Healthy eating and exercise patterns, established in childhood and maintained throughout life, result in higher quality of life and can prevent premature death and disability."

Moderate physical activity and a healthy diet reduce risks for high blood pressure, diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, and some types of cancer. Overweight and obese individuals contribute to increased medical expenses related to chronic disease as well as a host of complications and increased risk factors associated with being overweight or obese.

Dietary excesses and imbalances have replaced once commonplace nutrient deficiencies. Excesses coupled with inactivity have resulted in an alarming increase in the number of at risk for overweight and overweight children, and overweight and obese adults in the United States in the past decade. Overweight in children and adolescents is defined as $\geq 95^{th}$ percentile for BMI on National Center for Health Statistics growth charts. In adults, overweight is currently defined as a body mass index (BMI) ≥ 25, obesity is defined as a BMI ≥ 30. BMI (or body mass index) is a general population tool based on the correlation between the measurements of height and weight.

Physically inactive people are almost twice as likely to develop heart disease as people who engage in regular physical activity. Being overweight and inactive also increases an individual's risk for developing type 2 diabetes. Losing as little as 5% of an overweight individual's body weight can often prevent the onset of type 2 diabetes. Regular physical activity, especially important for people who have joint or bone problems, has been shown to improve muscle function, and may protect

The Burden of Overweight and Obesity, (continued)

against lower back pain. People with disabilities and certain health conditions, such as arthritis, are less likely to engage in moderate or vigorous physical activity than are people without disabilities, increasing the health disparity between populations with disabilities and those without.

Major decreases in vigorous physical activity occur during grades 9 through 12, and the decrease is more profound for girls than for boys. Because children spend much of their time in school, providing adequate and appropriate physical activity is important for the development of an active lifestyle. Also, reducing "screen time" at home is an important component of developing a healthy lifestyle.

An adequate intake of fruits and vegetables assures a nutrient dense and fiber rich, not calorie dense, diet. Unfortunately, children eat only half of the recommended five servings of fruits and vegetables a day. Educating school-aged children about nutrition is important for establishing healthy eating habits that last a lifetime. The US dietary guidelines, www.healthierus.gov/dietaryguidelines provide practical advice to help families achieve optimal nutrition.

> "What we should do is realize that the modern environment has changed for the worse in terms of promoting activity and good health. It will be up to each of us to adapt to this reality by finding new opportunities to become and stay active."
>
> (*David R. Bassett, PhD, FACSM, University of Tennessee, Knoxville, 2004)

Who We Surveyed and Why

A 13-question survey was distributed statewide to a variety of individuals, groups and organizations, to capture a broad range of respondents with various backgrounds. Respondents were grouped into 4 categories: worksites/businesses, healthcare professionals, community organizations and schools.

Healthcare and schools have traditionally had an interest in obesity prevention and control efforts, however the survey was also distributed to non-traditional groups who may have obesity prevention interests as well.

- **Worksites/Businesses:** In more recent years worksites/businesses have taken an interest in obesity prevention due to rising healthcare costs, employee absenteeism and an overall goal to help create a healthier workplace and in turn, healthier employees. On a national level, we are seeing positive results from worksite wellness interventions. Worksites/businesses can also provide an alternative avenue to reach low income and minority populations who often have limited access to health promotion efforts.
- **Healthcare Professionals:** Healthcare professionals play a key role in educating and informing patients about body mass index and the role of maintaining a healthy weight to reduce the risk for and prevent chronic disease. Recommendations made by healthcare providers also help motivate patients to develop long-term healthy lifestyle strategies.
- **Community Organizations:** Local programs can provide opportunities for healthful eating and physical activity, particularly for high-risk populations.
- **Schools:** The school setting provides opportunities for children and adolescents to receive education about healthy eating and physical activity and to practice what they learn both in and out of school. School wellness committees can serve to evaluate nutrition and physical activity policies and environments in school districts and make recommendations for improvements.

Non Traditional Partners

- **Parks + Recreation Facilities:** Parks and recreation departments and local recreation programs have an interest in coordinating, organizing and offering physical activity and healthy lifestyle programs. These programs and the resources they offer help serve populations who can benefit from recognizing local opportunities to engage in no and low cost physical activity programs for adults and children.
- **Regional/Statewide Planning:** The "built environment" refers to our man made surroundings that provide the setting for human activity. The built environment has the ability to influence physical activity behaviors and plays an important role in how we can create and access safe and appealing places for physical activity. Because of the role the built environment and community walkability plays in an individual's physical activity habits, the survey was distributed to professionals involved in the design, construction and planning of roadways, communities and municipalities.

Identified Priorities

We received a number of comments regarding identified priorities. These opinions were grouped into 'common themes.' Below are those themes most frequently identified.

- What outcomes/end-products would you like to see in a statewide OPCP?
  - a listing of 'who is doing what' in the State;
  - easily accessible + affordable physical activity/exercise options;
  - Livable-Walkable Communities (including bike + walking paths- SIDEWALKS!);
  - a plan developed and written by the "people of NH,"
  - statewide media awareness + education campaign;
  - ONE united message for nutrition + physical activity (currently too many mixed messages);
  - treatment;
  - measurable outcomes;
  - daily physical education in ALL schools;
  - identification of 'best practices';
  - decrease in overweight/obesity + chronic diseases;
  - evidence-based practices;
  - healthier school lunches/decreased 'junk food' in schools;
  - better data;
  - ALL groups talking/working together instead of independently.

> **"Adoption of healthy eating and healthy lifestyles!"**
> HR Administrator, Worksite, OPCP Survey Respondent

- Identify 'gaps'/missing pieces in obesity prevention efforts in your community or statewide.
  - lack of cohesion across the state;
  - lack of resources/funding;
  - need for more evidence-based research and effective strategies;
  - management of morbid obesity;
  - limited insurance reimbursement for dietary counseling (especially Medicaid/Medicare);
  - parent involvement;
  - healthcare professionals recognizing + ADDRESSING obesity with their patients;
  - parents as inadequate role models of healthy lifestyles for their children;
  - data gaps - especially for children;
  - unification of messaging – everyone working on their 'own thing' individually;

> "I think that the recycling programs offer some insight into what is possible. Twenty years ago, people thought 'recycling?' What is that and why would I do it? I think that there are programs that could be coordinated and foundations to promote the awareness of obesity/health to the people in NH. … I think there are other problems/issues (i.e. recycling OR tobacco) that have had some successes, and with review, could offer ideas and opportunities to copy or adapt to the obesity epidemic."
> Registered Dietitian, OPCP Survey Respondent

Organizational Responses

The survey was distributed to businesses/worksites, community organizations, healthcare professionals and schools. Total survey responses include:

- 40.2% - Healthcare professionals
- 31.1% - Community organizations (including state program staff)
- 15.2% - Schools
- 14.4% - Businesses/worksites

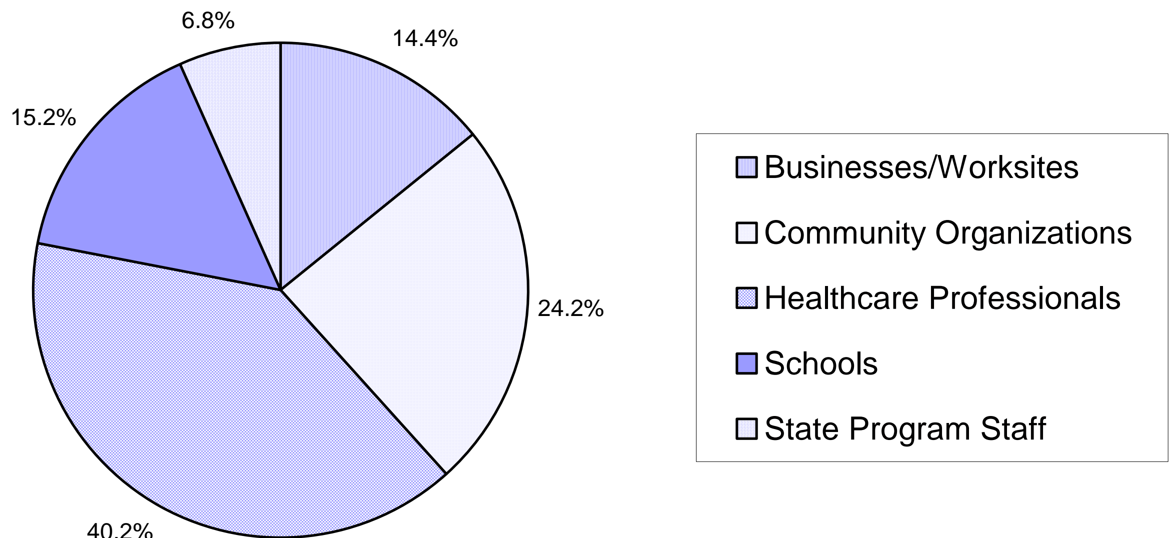
When asked if overweight/obesity was a **priority** for their organization, responses were as follows:

- 68.1% - Yes
- 5.3% - Important, but not the number one priority
- 26.5% - No

Respondents were asked if they are currently involved in obesity prevention efforts.

- 66.6% - Yes
- 31.0% - No (If no, does their organization plan to do more?)
  - 40.0% - Yes
  - 52.5% - No
  - 7.5% - Possibly/Unsure

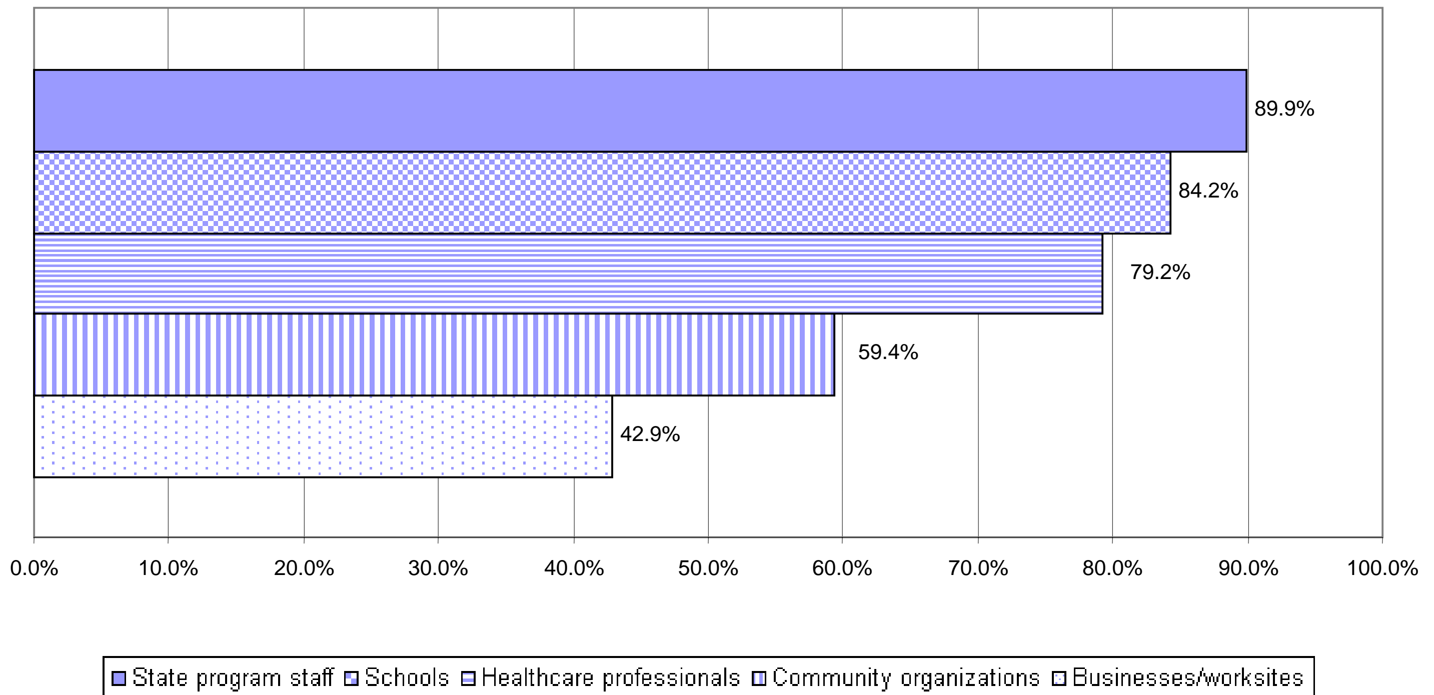
Response Rate by Organization



Organizational Responses, continued

Is overweight/obesity a priority for your organization?

<u>Yes</u>
89.9% - State program staff
84.2% - Schools
79.2% - Healthcare professionals
59.4% - Community organizations
42.9% - Businesses/worksites



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Overview of Obesity Prevention and Control Strategies

Respondents were asked to identify planned and current obesity prevention and control strategies (able to choose one or more answers).

- 28.8% - Behavior change
- 40.4% - Program coordination
- 54.8% - Strategies for specific audiences
- 55.7% - Distribute/develop program materials
- 18.2% - Other
- 89.4% - Nutrition education
- 86.5% - Physical activity interventions
- 17.3% - Policy/advocacy

The above referenced strategy areas are defined below. Some of these are definitions established by the Centers for Disease Control and Prevention while others are used broadly in the field of health education and health promotion.

- Behavior change: A declared objective; usually a health seeking behavior or the absence of it. Activities or interventions that help a person or a community to reflect upon their risk behaviors and change them to reduce their risk and vulnerability.

- Best practice: A technique or methodology that, through experience and research, has proven to reliably lead to a desired result.

  *As identified in survey responses, the following responded they were currently using best practices:

  89.9% - State program staff
  58.9% - Schools
  55.0% - Community organizations
  47.5% - Healthcare professionals
  33.3% - Businesses/worksites

- BMI (body mass index): A general population tool used to measure the relationship between an individual's height and weight. BMI is also used to identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems.

- Overweight (age 18+): An adult who has a BMI between 25 and 29.9.

- Obesity (ages 18+): An adult who has a BMI of 30 or higher.

Overview of Obesity Prevention and Control Strategies, continued

Definitions, continued

- Overweight (children ages 2-18): In children and teens, BMI (body mass index) is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children, also referred to as BMI-for-age, is gender and age specific. BMI-for-age is plotted on gender specific growth charts through CDC's National Center for Health Statistics. Overweight for children is defined as having a BMI-for-age greater than or equal to the 95th percentile.

- At risk for overweight (children ages 2-18): BMI-for-age which when plotted on National Center for Health Statistics growth charts is at the 85th to 95th percentile.

- Strategies for working with specific audiences: Groups of individuals who have similar characteristics such as 'at-risk', low-income, children, adults, seniors or another specific audience?

- Nutrition education: Instructing, teaching or coaching about healthy food choices such as appropriate serving sizes, nutrient dense foods, low-fat, low-sugar, low-calorie, whole grain or high fiber options.

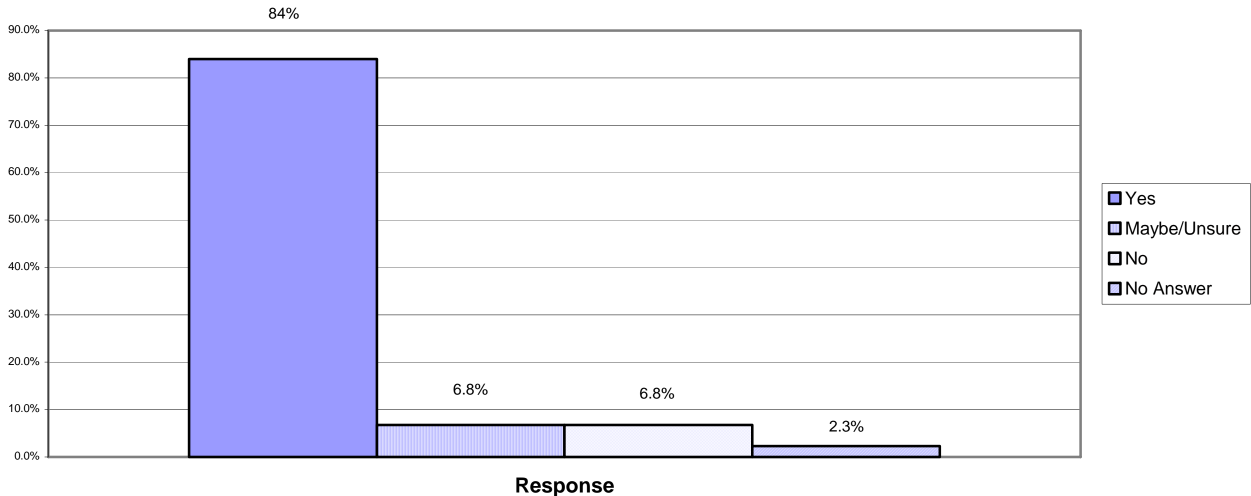
- Physical activity interventions: A deliberate process by which change is introduced into peoples' thoughts, feelings and behaviors regarding becoming more active. Does not necessarily have to reflect an organized sport or activity, but rather simple 'every day' choices or actions which helps decrease sedentary time.

- Distributed/developed program materials: Dissemination of materials to the community who's content includes healthy lifestyle choices, tips, ideas and news.

- Program coordination: Working with partners within organizations or on a community wide basis.

- Policy/advocacy: A plan or course of action, intended to influence and determine decisions, actions, and other matters.

Is There a Need for a Statewide Plan?



Is there a need for a statewide obesity prevention and control plan?

84.0% - Yes
6.8% - Unsure/Possibly
6.8% - No
2.3% - No Answer

If you were involved in a formalized planning process, how would you most like to participate? (choose one or more answers):

74.4% - Email/listserve
27.4% - Written/submitted comments
65.4% - One-day meeting
15.0% - Other

"Whatever it takes to get the job done!"
School Nurse, OPCP Respondent

Are you interested in participating in a formal statewide OPCP planning process?

40.2% - Yes
47.0% - Unsure/Possibly
12.1% - No
0.76% - No Answer

"Yes, Absolutely! This is a huge priority for me!"
Healthcare Professional, OPCP Survey Respondent

Are you interested in participating in a statewide obesity task force?

52.3% - Yes
8.3% - Unsure/Possibly
38.6% - No
0.8% - No Answer

"Definitely, this is very important to me."
Community Organization, OPCP Respondent

Need for Statewide Plan, continued

Response breakdown by organization

Yes

89.5% - Schools
88.7% - Healthcare professionals
87.5% - Community organizations
77.8% - State program staff
71.4% - Businesses/worksites

Are you interested in participating in an OPCP?

	Yes	Unsure/Possibly
Businesses/worksites	28.6%	4.8%
Community organizations	37.5%	15.6%
Healthcare professionals	51%	9.4%
Schools	52.6%	18.8%
State program staff	77.8%	N/A

How would you most like to participate?

(respondents were able to choose more than 1 answer, therefore the total of responses exceeds 100%)

Businesses/worksites
52.4% - Email
24% - Written/submitted comments
38.1% - One-day meeting
9.5% - Other

Community organizations
78.1% - Email
31.3% - Written/submitted comments
56.3% - One-day meeting
25% - Other

Healthcare professionals
75.5% - Email
20.8% - Written/submitted comments
58.5% - One-day meeting
9.4% - Other

Schools
80.0% - Email
15.8% - Written/submitted comments
58.0% - One-day meeting
10.5% - Other

State program staff
55.6% - Email
33.3% - Written/submitted comments
88.9% - One-day meeting
N/A - Other

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Conclusions

As evidenced by comments and responses to the statewide obesity assessment, there is broad support for an OPCP from the groups surveyed (schools, healthcare professionals, community organizations, businesses/worksites and state program staff). These groups also expressed concern that the planning process be executed efficiently, indicated by a strong interest in communication occurring electronically.

Respondents understand the impact of overweight and obesity on their population and have exhibited interest in working together to address the issues collaboratively.

In response to support for a statewide OPCP process, the next steps are to identify partnerships and resources to initiate the process identified in the survey.

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