

# Framework for Creating a Community Plan to Target Obesity

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



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## Webinar Objectives



- Describe various obesity plans, initiatives and resources within Illinois
- Identify data for assessing a local community's obesity problem
- Describe the Social Ecological Model and how to apply it when developing a local obesity plan



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## Webinar Objectives

- Identify where to find evidence-based programs and interventions for obesity prevention and reduction
- Understand the importance of monitoring and evaluating obesity prevention initiatives



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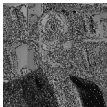
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## Presenters






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



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



**Jeff Sunderlin**, Program Manager  
YMCA-USA Healthier Communities Initiative  
Statewide Pioneering Healthier Communities




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IPLAN Administrator  
Illinois Department of Public Health  
Division of Health Policy

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Springfield, IL 62761

Phone: 217.782.0848  
Tom.Szyrka@illinois.gov






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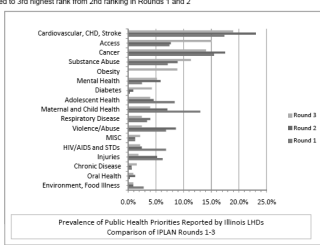
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**IPLAN Priorities:**  
How Obesity has increased over time.




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

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

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



Prevalence of IPLAN Priorities Reported by Illinois LHDs  
Comparison of IPLAN Rounds 1-3




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## Rationale and Reality



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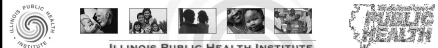
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## Scope of the Problem Statewide (Data)

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

2008 State Obesity Rates									
State	%	State	%	State	%	State	%	State	%
Alabama	31.4	Illinois	26.4	Montana	23.9	Rhode Island	21.5		
Alaska	26.1	Indiana	26.3	Nebraska	26.6	South Carolina	30.1		
Arizona	24.8	Iowa	26.0	Nevada	25.0	South Dakota	27.5		
Arkansas	28.7	Kansas	27.4	New Hampshire	24.0	Tennessee	30.6		
California	23.7	Kentucky	29.8	New Jersey	22.9	Texas	28.3		
Colorado	18.5	Louisiana	28.2	New Mexico	25.2	Utah	22.5		
Connecticut	21.0	Maine	25.2	New York	24.4	Vermont	22.7		
Delaware	27.0	Maryland	26.0	North Carolina	29.0	Virginia	25.0		
Washington DC	21.8	Massachusetts	20.9	North Dakota	27.1	Washington	25.4		
Florida	24.4	Michigan	28.9	Ohio	28.7	West Virginia	31.2		
Georgia	27.3	Minnesota	24.3	Oklahoma	30.3	Wisconsin	25.4		
Hawaii	22.6	Mississippi	32.8	Oregon	24.2	Wyoming	24.6		
Idaho	24.5	Missouri	28.5	Pennsylvania	27.7				



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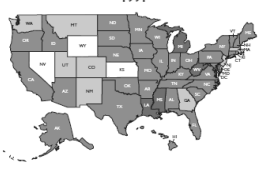
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### OBESITY TRENDS\* AMONG U.S. ADULTS BRFSS, 1991 and 2006-2008 Combined Data (\*BMI >30, or about 30 lbs overweight for 5' 4" person)

1991



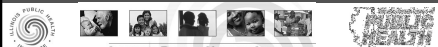
2006-2008 Combined Data



No Data  
  <10%  
  ≥10% and <15%  
  ≥15% and <20%  
  ≥20% and <25%  
  ≥25% and <30%  
  ≥30%

Source: Behavioral Risk Factor Surveillance System, CDC.

From CDC



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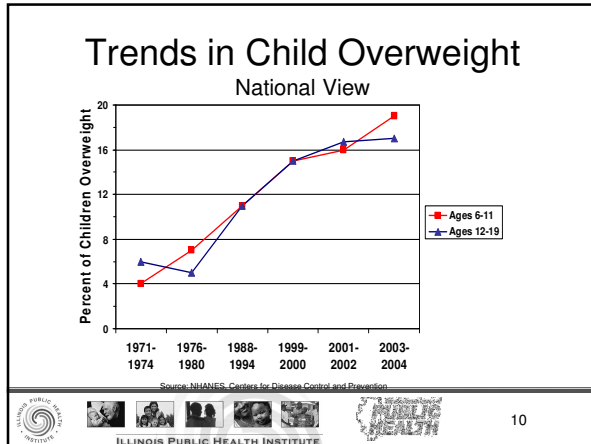
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### Child Overweight in Illinois

- Illinois - 10<sup>th</sup> in the nation for children in the 85<sup>th</sup> percentile of BMI or above (35%)
- Illinois 4<sup>th</sup> for 95<sup>th</sup> percentile of BMI or above (21%)
- Recent research suggests high rates of children moving into 99<sup>th</sup> percentile and above

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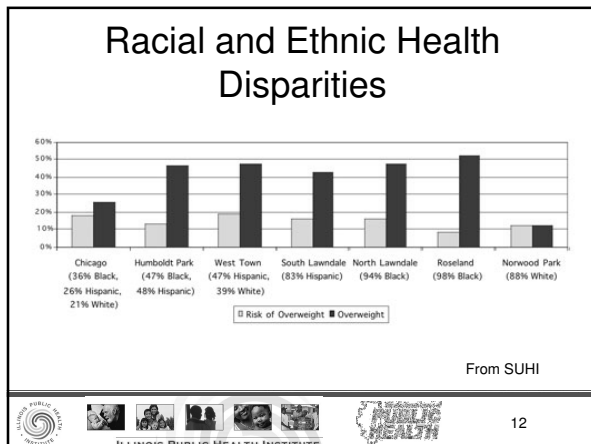
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### Gaps in Prevalence Data

- Not enough data!
- Not locally specific!

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### Impact of the Problem Statewide

- Being overweight and obese puts people at increased risk for many health problems including
  - Coronary heart disease      - Type 2 diabetes
  - Certain cancers                - Hypertension
  - Dyslipidemia                    - Stroke
  - Liver/Gallbladder disease    - Sleep apnea
  - Respiratory/osteoarthritis/gynecological problems
- Overweight and obesity-related diseases cause premature death

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- The economic costs associated with treating these diseased is substantial and increasing, accounting for more than 9% of total heath care costs
- Obese people suffer more injuries and disabilities and have more non-productive work days in total, creating a loss of earnings for Illinois employees and loss of productivity for Illinois employers
- Research shows that 27% of health care charges for adults over age 40 are associated with people being physically inactive, overweight, or obese

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# Social Ecological Model for Obesity Prevention



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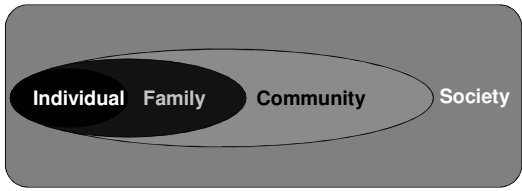
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# Addressing Childhood Obesity

An ecologic approach is required



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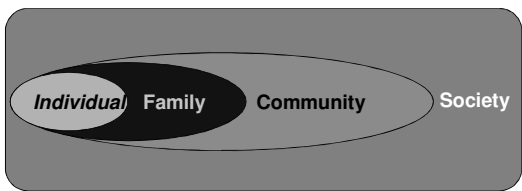
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# Addressing Childhood Obesity

An ecologic approach is required



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## Individual Level Factors

- **Prenatal factors**
  - Weight at pregnancy and weight gain
- **Early growth**
  - Rapid in early months and <2 years increases risk
- **Breast feeding reduces risk**
- **Taste, attitudes, food preferences**
- **TV viewing (affects calorie intake)**
- **Enjoyment of physical activity (fine and gross motor skills, strength)**
- **Sleep**
  - Less sleep, higher weight
- **Psychology/Temperament**

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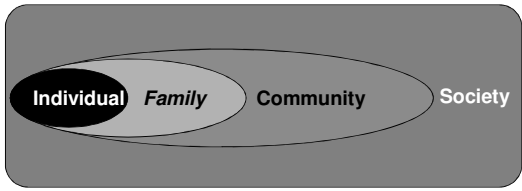
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## Addressing Childhood Obesity

An ecologic approach is required



The diagram consists of four nested ovals. The innermost oval is labeled 'Individual'. The next level out is 'Family'. The third level is 'Community'. The outermost oval is 'Society'. All ovals are contained within a larger rounded rectangle.

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## Family Influences

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

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## Addressing Childhood Obesity

An ecologic approach is required

The diagram consists of a large gray rounded rectangle containing four nested ovals. From left to right, the ovals are labeled: Individual (black), Family (dark gray), Community (medium gray), and Society (light gray).

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## Community Influences

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

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## Addressing Childhood Obesity

An ecologic approach is required

The diagram consists of a large gray rounded rectangle containing four nested ovals. From left to right, the ovals are labeled: Individual (black), Family (dark gray), Community (medium gray), and Society (light gray).

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## Societal Influences

- Food side:
  - Corn subsidies: cheap corn oil, corn meal, corn syrup
  - Policies re: school, WIC
  - Zoning and taxation re: food outlets
    - Groceries, restaurants, farmers' markets, street vending
  - Marketing that promotes food of low nutritional value
- Activity side:
  - Sidewalks, bike lanes, traffic flow
  - Safety in parks, on streets
- Management of weight and co-morbidities:
  - What is done by health providers
  - What is covered by health insurance

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## Convening Stakeholders

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## Who is the Convener?

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## Identifying Local Resources

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



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## Standard Hurdles

- What's In it for Me? WIIFM
- Hasn't This Been Done Before? BTDT
- Not Giving up My Market Share



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## Creating "Dream Teams" to Tackle Obesity

- Key Stakeholders: CBOs, Faith-Based Institutions, Family, Caretakers. School. Worksite, Health System, Media, Government, Industry, Mental health providers, City Planners...who else?
- Does your team REFLECT your community?
- Selling Point to Attract Them/Rally Point to Draw Them In



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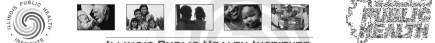
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**Assessing Your  
Community's Obesity  
Problem**

*Please note that Webinar  
recording has a slight 30 second  
delay on recording at this point.  
Recording will resume on it's own.  
Please be patient.*

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**Youth Risk Behavior Survey  
(YRBS)**

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

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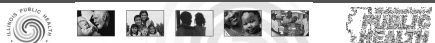
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**Youth Risk Behavior Survey (YRBS)**

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

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### Youth Risk Behavior Survey (YRBS)

For more information or assistance:  
Child Health Data Lab  
Jennifer Cartland, PhD, Director  
Children's Memorial Research Center  
Chicago, IL [www.chdl.org](http://www.chdl.org)  
312-573-7772  
[jcartland@childrensmemorial.org](mailto:jcartland@childrensmemorial.org)



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### Illinois Behavioral Risk Factor Surveillance Survey (BRFSS)

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



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### Illinois Behavioral Risk Factor Surveillance Survey (BRFSS), cont.

#### Benefits

- County level risk factor data
- Uses standardized procedures and questionnaire
- Uses adequate sample size
- Weighted data



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### Illinois Behavioral Risk Factor Surveillance Survey (BRFSS), cont.

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

Bruce Steiner, BRFSS Program Coordinator  
([bruce.steiner@illinois.gov](mailto:bruce.steiner@illinois.gov))

Gayle Blair, BRFSS Data Coordinator  
([gayle.blair@illinois.gov](mailto:gayle.blair@illinois.gov))

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### Body Mass Index (BMI)--- School Physical Examination

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

[http://www.idph.state.il.us/pdf/cert\\_child\\_health05.pdf](http://www.idph.state.il.us/pdf/cert_child_health05.pdf)

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

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### Healthy Smile Healthy Growth

- An assessment that collects oral health screening data and the heights and weights for nearly 7000 IL 3<sup>rd</sup> graders every 5 years.
- First assessment 2003-2004
- Just completed 2<sup>nd</sup> assessment (2009) and data being analyzed

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### Healthy Smile Healthy Growth

- 2003/ 2004 results revealed that 39% of IL 3<sup>rd</sup> graders are overweight or obese.
- Rural IL = 36%
- Chicago = 44%
- <http://www.idph.state.il.us/HealthWelfare/oralhhth/HealthySmiles.pdf>
- IDPH, Division of Oral Health, at 217-785-4899

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### Other Data

- Physical education assessments
  - Check w/local schools for fitness testing results (Fitnessgram)
- School-based Health Clinics for WIC
  - 39 centers statewide that are staffed by Medical Professionals and perform school health exams, health education, etc.
- CDC data and statistics:  
<http://www.cdc.gov/obesity/data/index.html>

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### Environmental Scan

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

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## Environmental Scan

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

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



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## Other Areas to Consider

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



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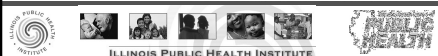
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## Asset Mapping

- Planning process that identifies and mobilizes the skills, talents, resources and other assets in your community toward a specific effort.
  - What are the strengths?
  - What is already in place and working?
  - What is growing?
  - Who is committed to this effort?
  - Who can champion the efforts?
  - Etc.



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## Prioritizing Efforts/Maximizing Resources



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## Build Locally off of Emerging Local, State and National Efforts

- State Health Improvement Plan (SHIP) Priority(Policy and Action)
- IPLAN Priority with many LHDs
- State Obesity Plan (objectives)  
[http://www.idph.state.il.us/HealthWellness/IL\\_Existing\\_State\\_Plan.pdf](http://www.idph.state.il.us/HealthWellness/IL_Existing_State_Plan.pdf)
- New Funding Streams: ARRA



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## Prioritization Processes

- Analyze Assessment Data and Information to identify cross-cutting themes, priority populations/areas, opportunities, strengths to build upon etc.
- Work with formal prioritization process to remove individual agendas taking over.
- Resources: The Public Health Memory Jogger, IPLAN APEX-PH



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## Planning Interventions to Target Obesity



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## Cross-Cutting Risk Factor Programs (no silos)

- Integrated Chronic Disease Programs
- Continuity of Care - Comprehensive
- Closing the Loop
- Funding Streams can be Prohibitive to Break Outside of Mold and Silos are the Major Funding Streams Right Now



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## Types of Interventions

- Primary Prevention vs. Secondary
- Educational Programs (nutrition, physical activity, safe weight loss options...)
- Physical Activity Opportunities
- Local Policy
- School Policy
- Worksite Programs and Policy
- Social Marketing/ Public Awareness/Health Communication
- Environmental Change



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## Resources for Best Practices




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### Robert Wood Johnson (RWJ) Foundation Center to Prevent Childhood Obesity: *Reverse Childhood Obesity*

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Robert Wood Johnson Foundation Center to Prevent Childhood Obesity

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About Us
Childhood Obesity
Reversing the Epidemic
News & Events
Resources & Tools
The Network
Stay Informed

**About Us**

What We Do  
Our Strategy  
Leadership  
Contact Us

**About Us**

The Robert Wood Johnson Foundation Center to Prevent Childhood Obesity is a national organization dedicated to reversing the childhood obesity epidemic by changing public policies and creating healthier environments in schools and communities. The center helps to shape and coordinate the efforts of policy makers, advocates and community organizations by identifying and promoting the most promising obesity prevention strategies and supporting the nationwide movement to improve local and physical activity environments.




**WHO WE ARE**

The center is formed by the work of national leaders in childhood obesity prevention, public policy and social justice and directed by the Arkansas Center for Health Improvement (ACH), in an strategic partnership with PolicyLink. ACH is a nonpartisan, independent health policy center based in Little Rock. The organization was instrumental in developing and implementing Arkansas Act 120 of 2003, one of the nation's first successful statewide obesity prevention programs. PolicyLink, a research and action institute that advances economic

**Email Alerts**

Click here to subscribe

<http://www.reversechildhoodobesity.org/content/about-us>




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### National Governors Association (NGA): *Shaping a Healthier Nation: Successful State Strategies to Prevent Childhood Obesity*



<http://www.nga.org/Files/pdf/0909HEALTHIERGENERATION.PDF>




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**Centers for Disease Control and Prevention (CDC)  
Recommended Community Strategies and Measures to  
Prevent Obesity in the Future**



**MMWR**  
Recommendations and Reports  
July 26, 2009 / Vol. 58 / No. 30

**Recommended Community Strategies and Measurements to Prevent Obesity in the United States**




Reported by  
Laura Kettel Khan, PhD<sup>1</sup>  
Kathryn Ishak, MS, MPH<sup>2</sup>  
Dana K. Rennie, PhD<sup>3</sup>  
Kerem Gokdemir, MA<sup>1</sup>  
Ann Lacey, MPH<sup>1</sup>  
Jasik Kakani, MPH<sup>1</sup>  
Rose Zan, MPH<sup>1</sup>

<sup>1</sup>Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, CDC  
<sup>2</sup>CDC Foundation, Atlanta, Georgia  
<sup>3</sup>UCF, Orlando, Florida, Georgia

**Summary**

Approximately two thirds of U.S. adults and one fifth of U.S. children are obese or overweight. During 1999–2004, obesity prevalence among U.S. adults doubled, and recent data indicate an estimated 25% of U.S. adults are overweight/obese (BMI ≥ 25.0–30.0), with 14% who are obese (BMI ≥ 30.0), including nearly 50% who are severely obese (BMI ≥ 40.0). The prevalence of being overweight among children and adolescents increased substantially during 1999–2004, and approximately 17% of U.S. children and adolescents are overweight (defined as at or above the 85th percentile of the sex-specific BMI for age growth charts). Even after these increases, the risk for many chronic diseases (e.g., heart disease, type 2 diabetes, certain cancers)...

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

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**Institute of  
Medicine (IOM):  
Local Government  
Actions to Prevent  
Childhood Obesity**



[http://www.iom.edu/~media/Files/Report%20Files/2009/  
ChildhoodObesityPreventionLocalGovernments/local  
%20govts%20obesity%20report%20brief%20FINAL%20for%20web.a](http://www.iom.edu/~media/Files/Report%20Files/2009/ChildhoodObesityPreventionLocalGovernments/local%20govts%20obesity%20report%20brief%20FINAL%20for%20web.a)

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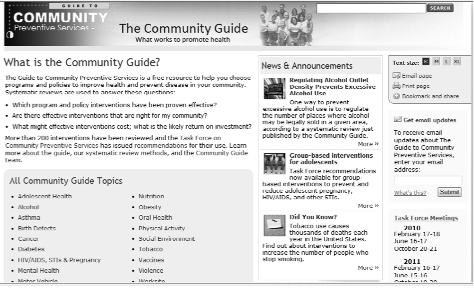
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**CDC Guide to Community Preventative Services**



**COMMUNITY**  
The Community Guide  
What works to promote health

**What is the Community Guide?**  
The Guide to Community Preventative Services is a free resource to help you choose programs and policies to improve health and prevent disease in your community. Systematic reviews are conducted to answer these questions:




- Which programs and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost, what do they return on investment?

More than 200 interventions have been reviewed and the 144 that our Community Preventative Services has issued recommendations for their use. Learn more about the guide, our systematic review methods, and the Community Guide team.

**All Community Guide Topics**

- Adolescent Health
- Alcohol
- Asthma
- Birth Defects
- Cancer
- Diabetes
- HIV/AIDS, STD, & Pregnancy
- Mental Health
- Nutrition
- Obesity
- Oral Health
- Physical Activity
- Sexual Behavior
- Tobacco
- Vaccines
- Violence

<http://www.thecommunityguide.org/index.html>

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## Emerging Efforts

- Illinois Local Food, Farm and Jobs: Growing the Illinois Economy which can be found online at [www.foodsfarmsjobs.org](http://www.foodsfarmsjobs.org)
- *Have Illinois Children Been Left Behind?* Model Farm-to-School Programs Correlated with Illinois by Josephine Lauer Washuk, October 11, 2007



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## Cultural Implications and Adaptations

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

*One size doesn't fit all!*



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## Monitoring and Quality Improvement



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## Process Evaluation

- Provider competence
  - Currency of knowledge
  - Adequacy of technical skill
- Program adequacy
  - Structure
  - Content
  - Reach
  - Fidelity to theory/plan

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## Illinois QI Learning Collaborative: Preventable Risk Factors for Chronic Disease

### Recorded Monthly Webinars By Content Experts and QI expert

Check IPHI's Website for materials and resources  
<http://iphionline.org>  
Check the IPLAN Website for Webinars.  
<http://app.idph.state.il.us/Resources/training.asp?menu=3>

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## Evaluating Your Obesity Initiatives

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## Impact Evaluation

- Impact are the ultimate health objectives of an intervention.
  - Reduced BMI in the population; reduced percentages of people in high BMI categories
  - Reduction in morbidity and mortality associated with obesity
- Impact are often the longest-term and hardest to change effects we desire.



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## Outcome Evaluation

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



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## Evaluation Resources

- IPHI has offered training in the following areas:
- ✓ Developing Logic Models
  - ✓ Developing Outcome Measurement Plans
  - ✓ The Basics of Program Evaluation

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



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**Resources**

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

<http://iphionline.org>

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The slide features a computer monitor icon, a printer icon, and a stack of books icon. The footer includes the Illinois Public Health Institute logo, a row of small images, and the text 'ILLINOIS PUBLIC HEALTH INSTITUTE' and 'Public Health'.

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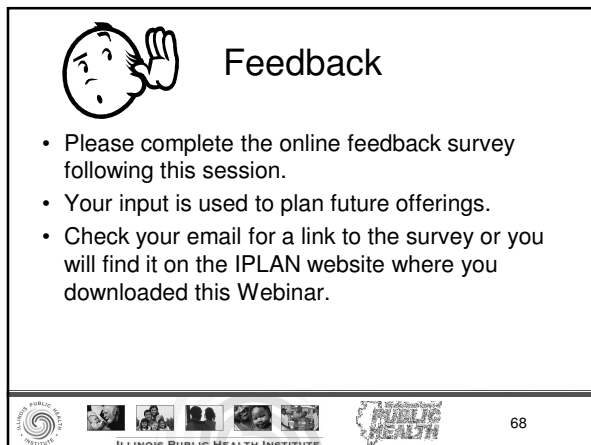
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**Feedback**

- Please complete the online feedback survey following this session.
- Your input is used to plan future offerings.
- Check your email for a link to the survey or you will find it on the IPLAN website where you downloaded this Webinar.

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The slide features a cartoon character icon with a hand raised. The footer includes the Illinois Public Health Institute logo, a row of small images, and the text 'ILLINOIS PUBLIC HEALTH INSTITUTE' and 'Public Health'.

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**Q and A**

Join us for a live Q and A session with the presenters on December 21<sup>st</sup> from 2:30 – 3:00 PM.

Dial - 877.411.9748  
Enter Passcode – 3467868#

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If you have training or technical assistance follow-up needs, contact:  
*Laurie Call,*  
Director  
Center for Community Capacity Development, IPHI  
[Laurie.Call@iphionline.org](mailto:Laurie.Call@iphionline.org)



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