Building Healthy Communities

Through Policy, Systems, and Environmental Changes

Public Health Funding

Centers for Disease Control and Prevention (CDC)

- Fall 2009: DHHS/CDC announced American Recovery and Reinvestment Act (ARRA) Funding ("Communities Putting Prevention to Work")
  - $120 Million available to states
  - Address population-based policy, systems and environmental change strategies for obesity, nutrition, physical activity and tobacco prevention
  - IDHW received funding in March 2010
    - Two-year funding cycle

American Recovery and Reinvestment Act – Prevention Funding

- Idaho's ARRA/CPPW Physical Activity component: Complete Streets policies
- Subcontract with Idaho Smart Growth
  - Establish community-led Active Living Task Forces (ALTFs) in five pilot communities
  - Assess community needs and support advocacy efforts for adoption of complete streets policies
  - Integrate health into the planning process

CDC Healthy Communities Program

- Healthy Communities | Idaho
- Objective:
  - Reduce morbidity and premature mortality associated with chronic disease
  - Eliminate health disparities
- Idaho's Goal: Link Health with Planning
  - Engaging experts from health and planning sectors
  - Create new ways to plan healthy environments

Health - By the Numbers

One number…

- One number may determine how long you live and how good you feel
  - It's not your weight
  - It's not your cholesterol count
  - In fact, this number may help determine those, too

It's your address

* Policy Link/The California Endowment. *Why place matters: building a movement for healthy communities.* 2007

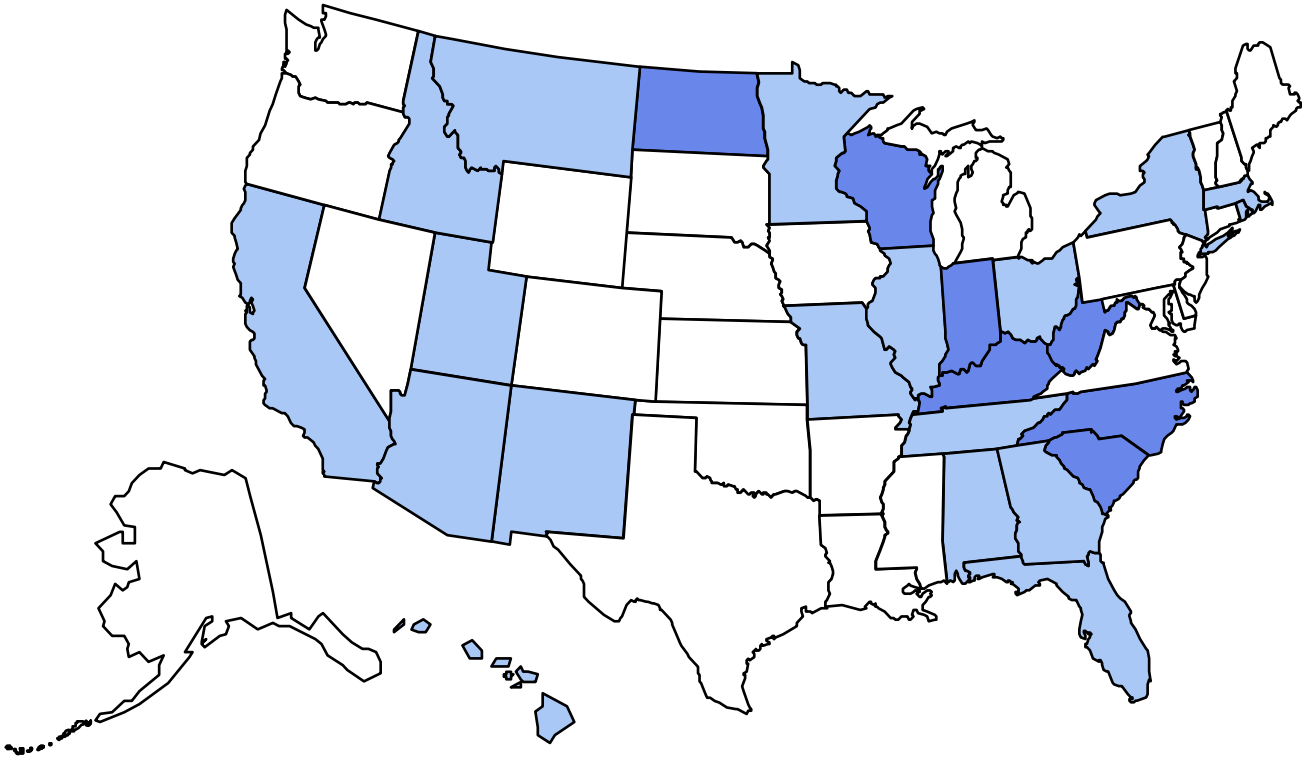
Place Matters…

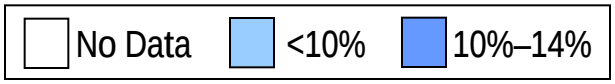
- Where we live, learn, work and play has a profound impact on our health

- Our zip code is more important to how healthy we are than genetic code

Obesity Trends* Among U.S. Adults
BRFSS, 1986

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)





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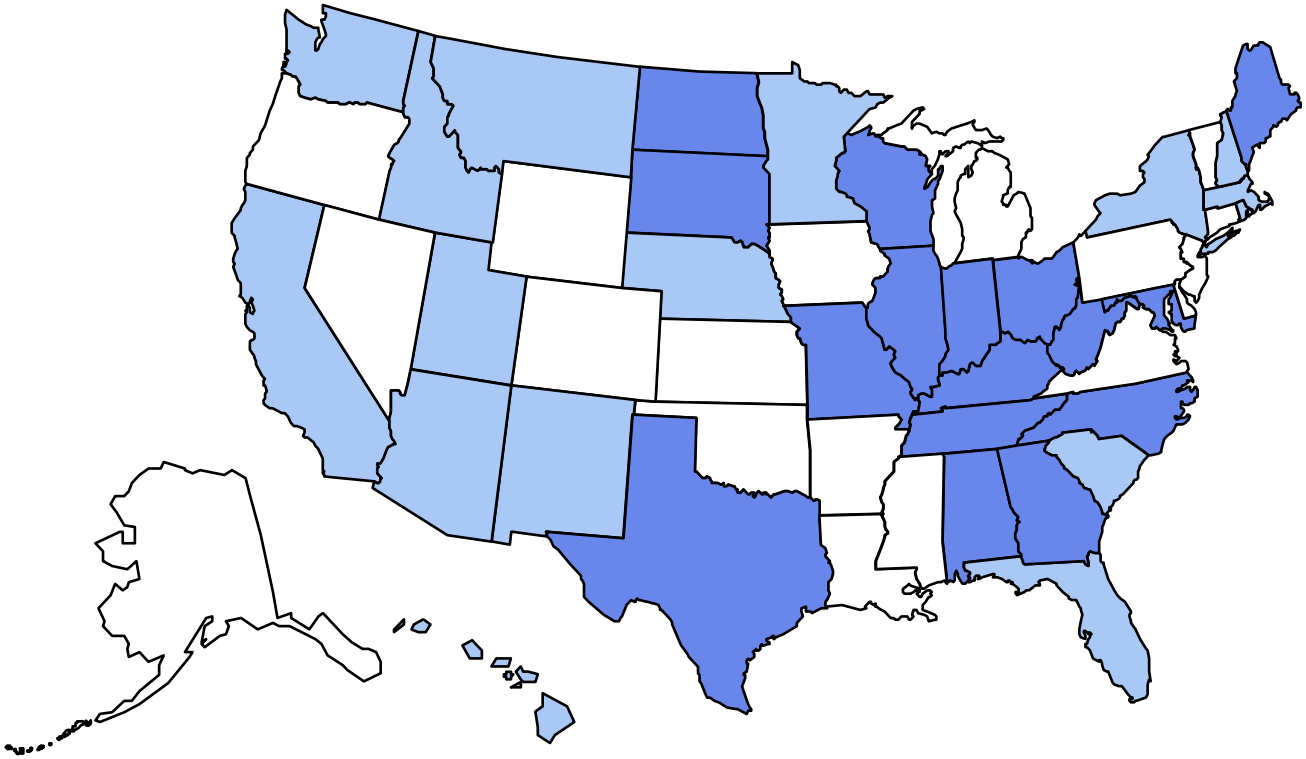
Obesity - Body Mass Index (BMI) 30 or higher

BMI: A measure of an adult’s weight in relation to his or her height, specifically the adult’s weight in kilograms divided by the square of his or her height in meters.

Obesity Trends* Among U.S. Adults
BRFSS, 1987

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)

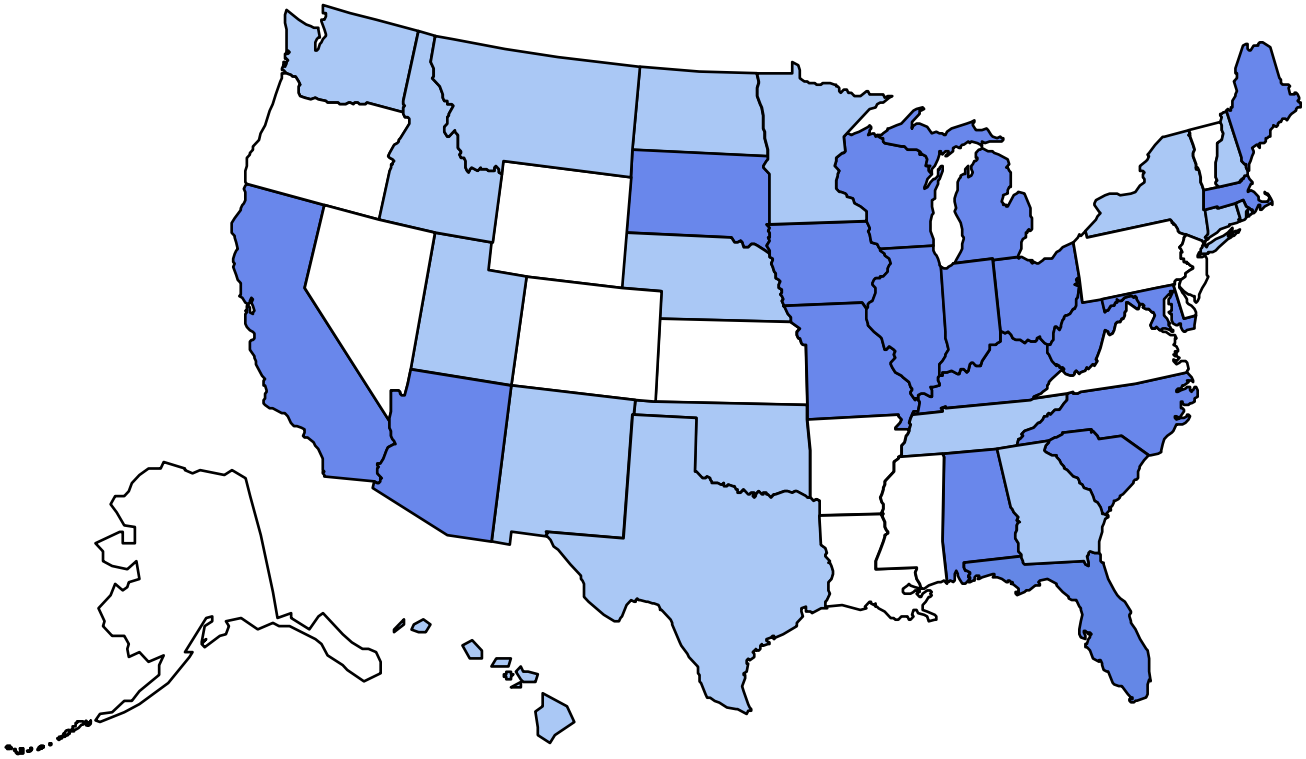


No Data | <10% | 10%–14%

IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 1988

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



No Data | <10% | 10%–14%

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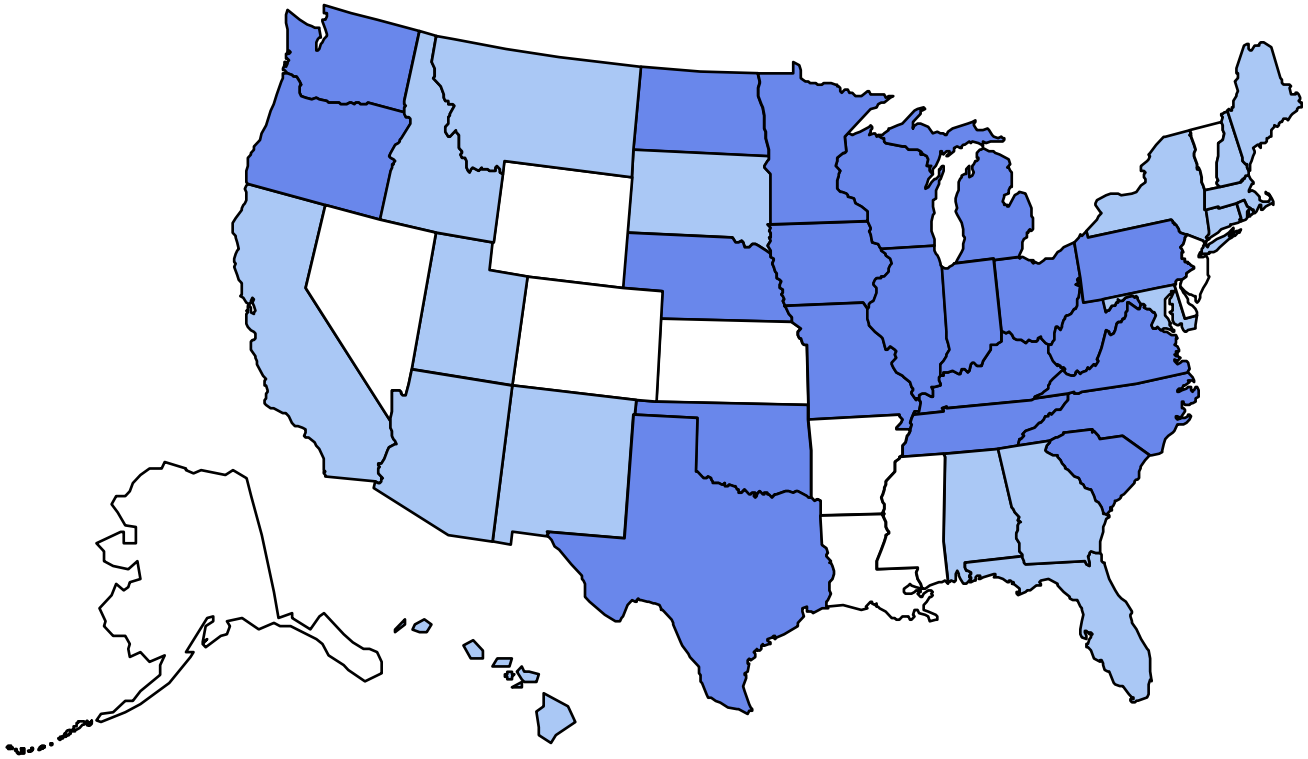
Obesity Trends* Among U.S. Adults
BRFSS, 1989

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

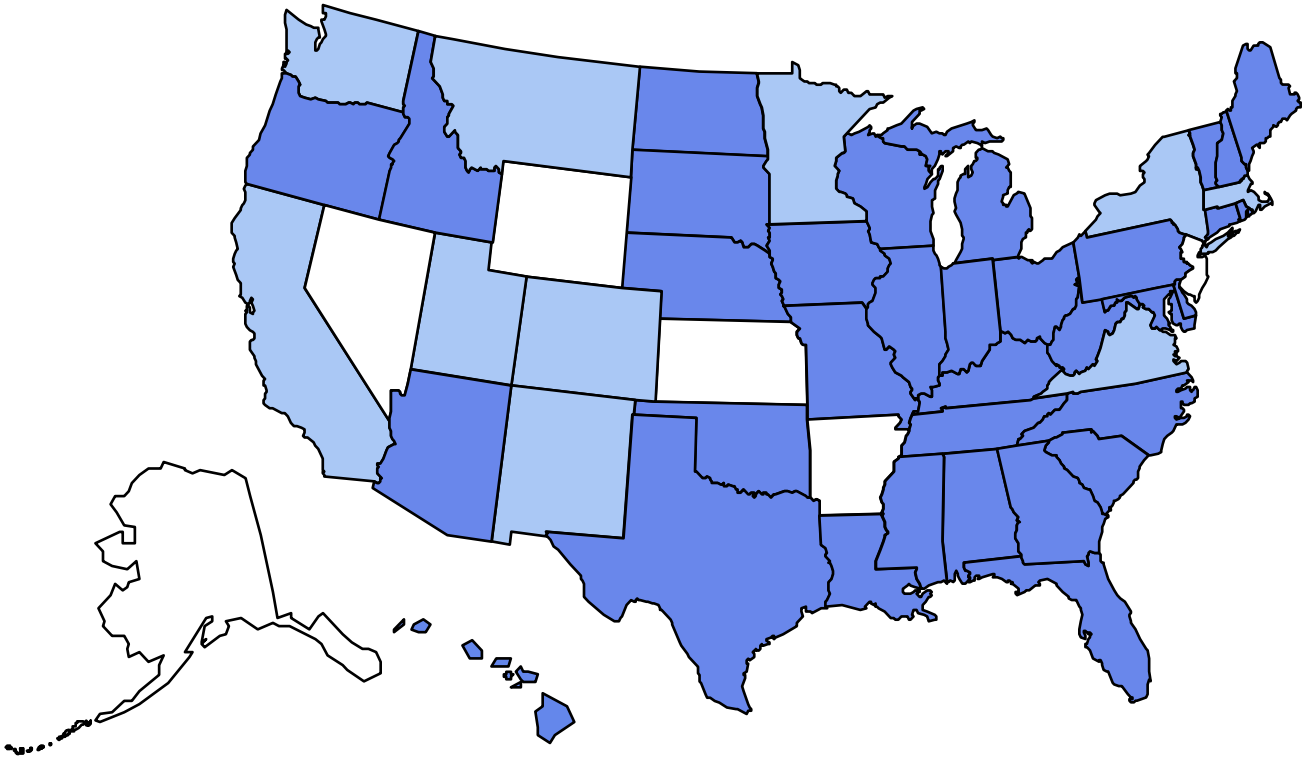


No Data | <10% | 10%–14%

IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 1990

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



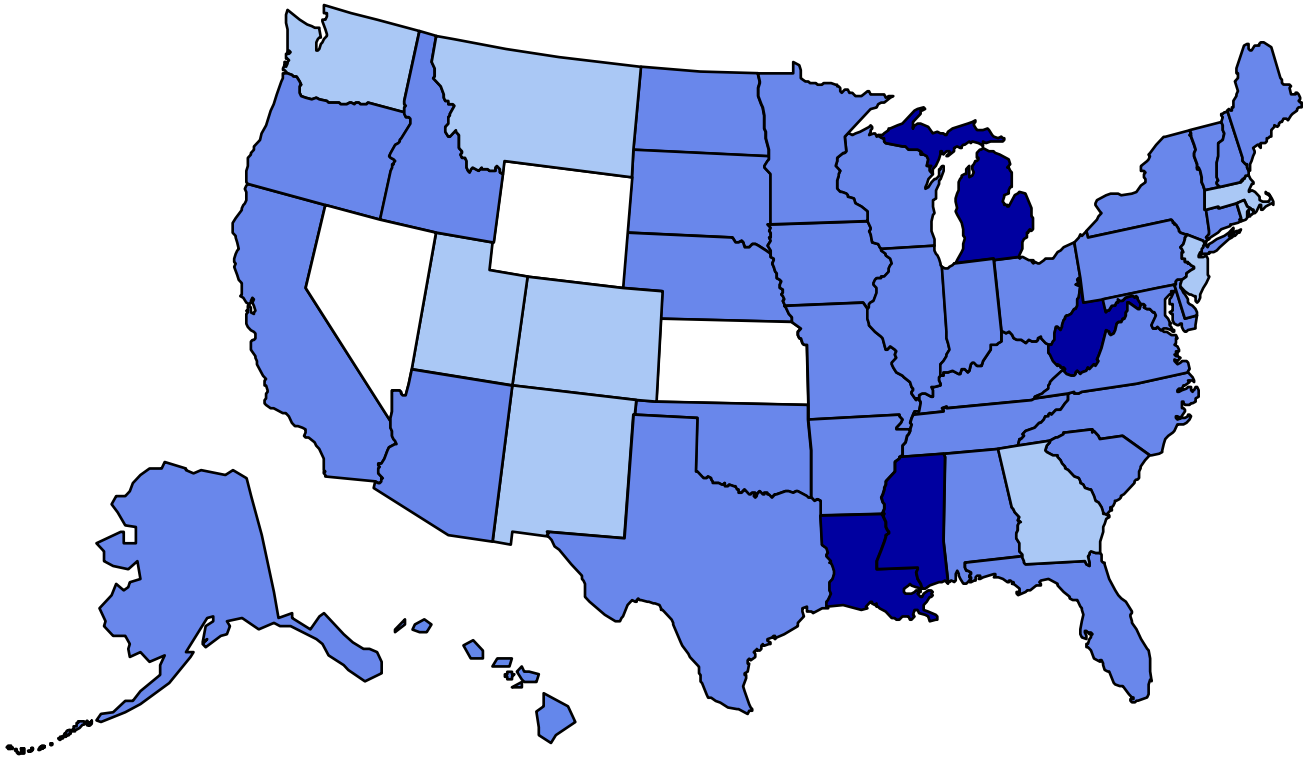
No Data | <10% | 10%–14%

IDAHO DEPARTMENT OF HEALTH & WELFARE

CDC

Obesity Trends* Among U.S. Adults
BRFSS, 1991

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

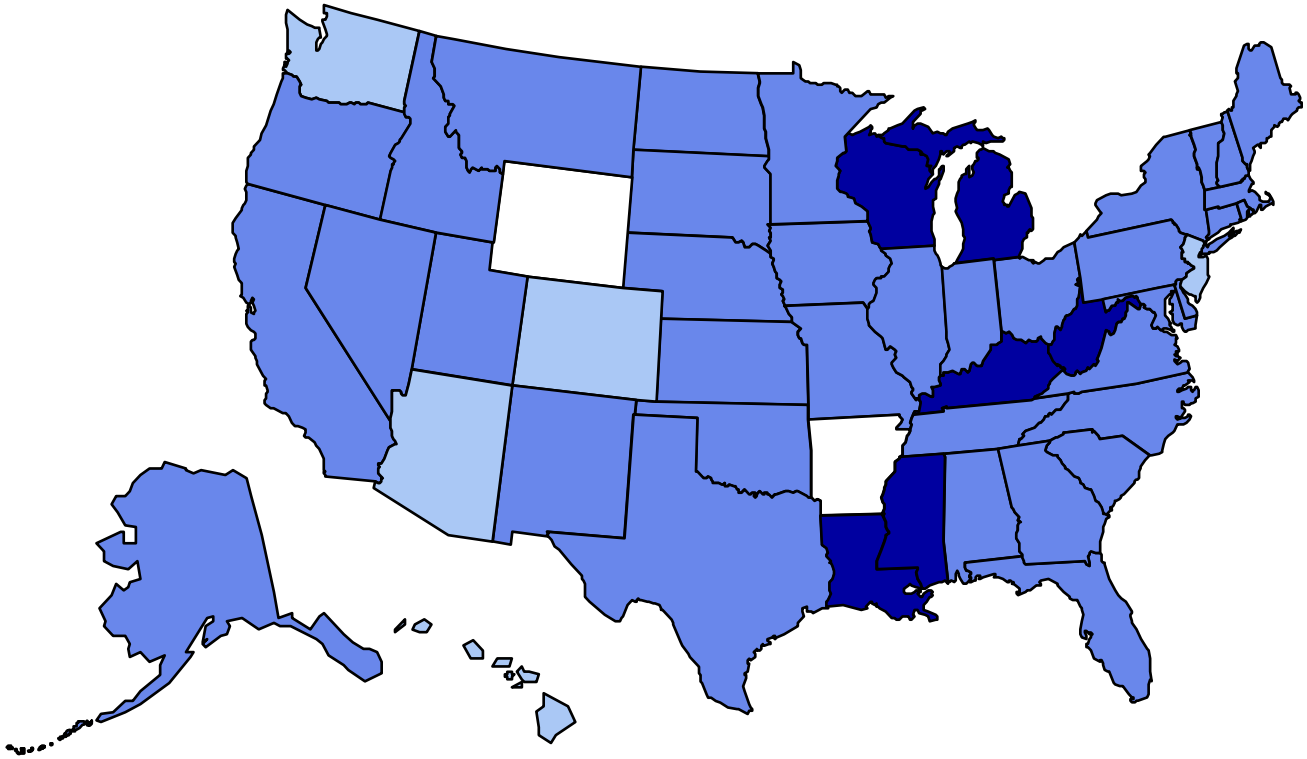


No Data | <10% | 10%–14% | 15%–19%

IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 1992

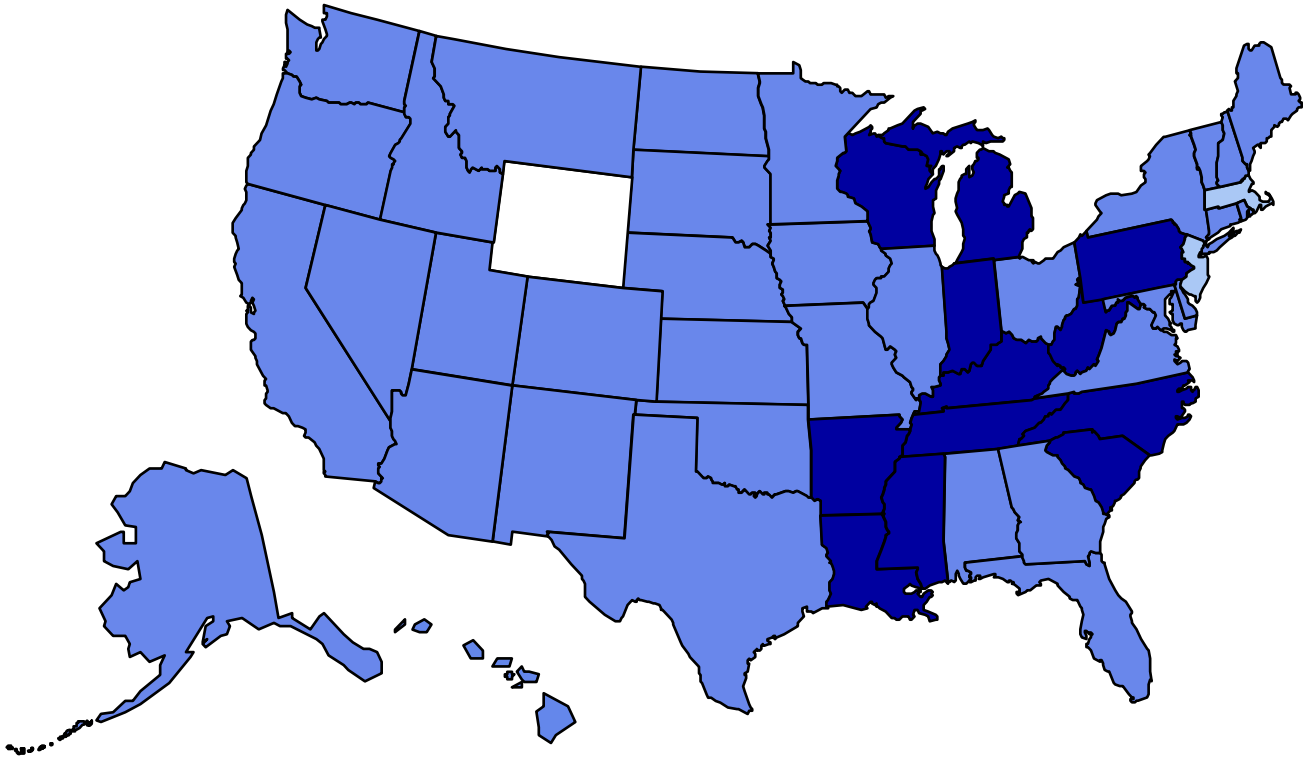
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 1993

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



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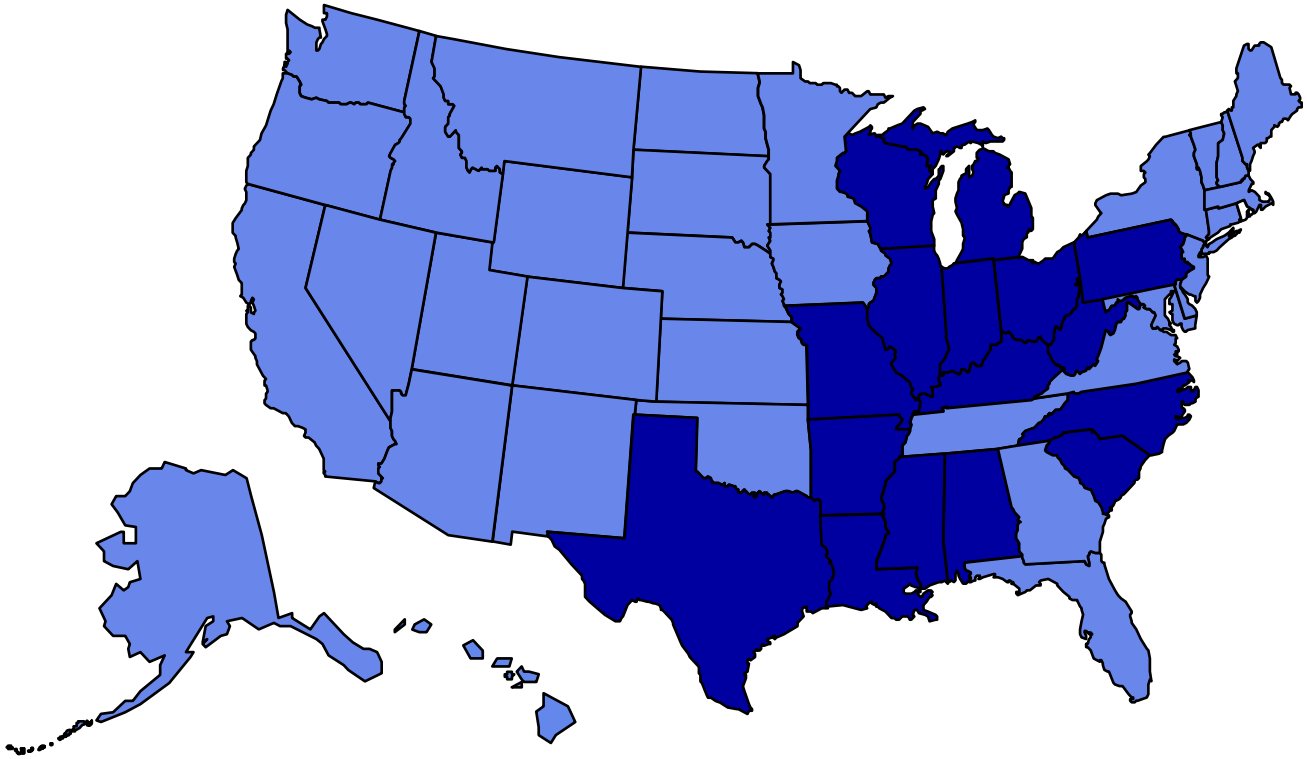
IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 1994

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



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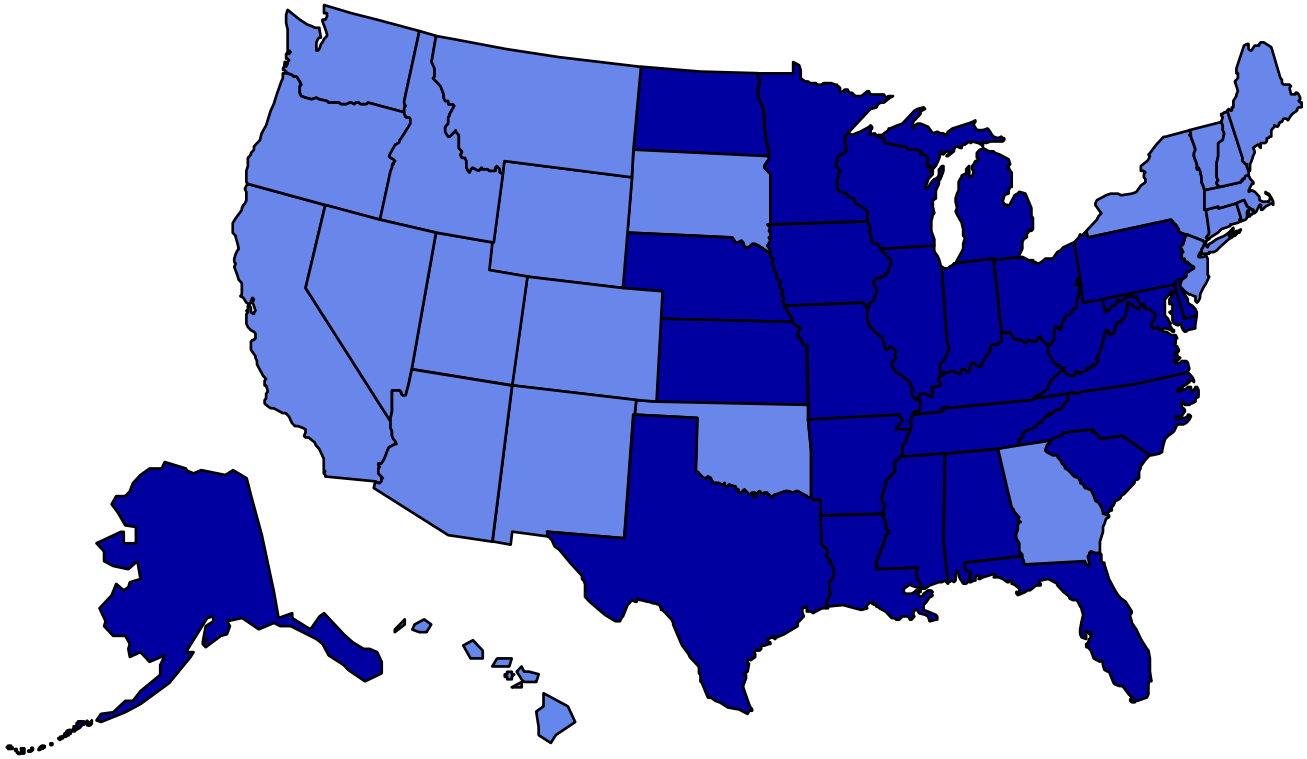
IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 1995

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



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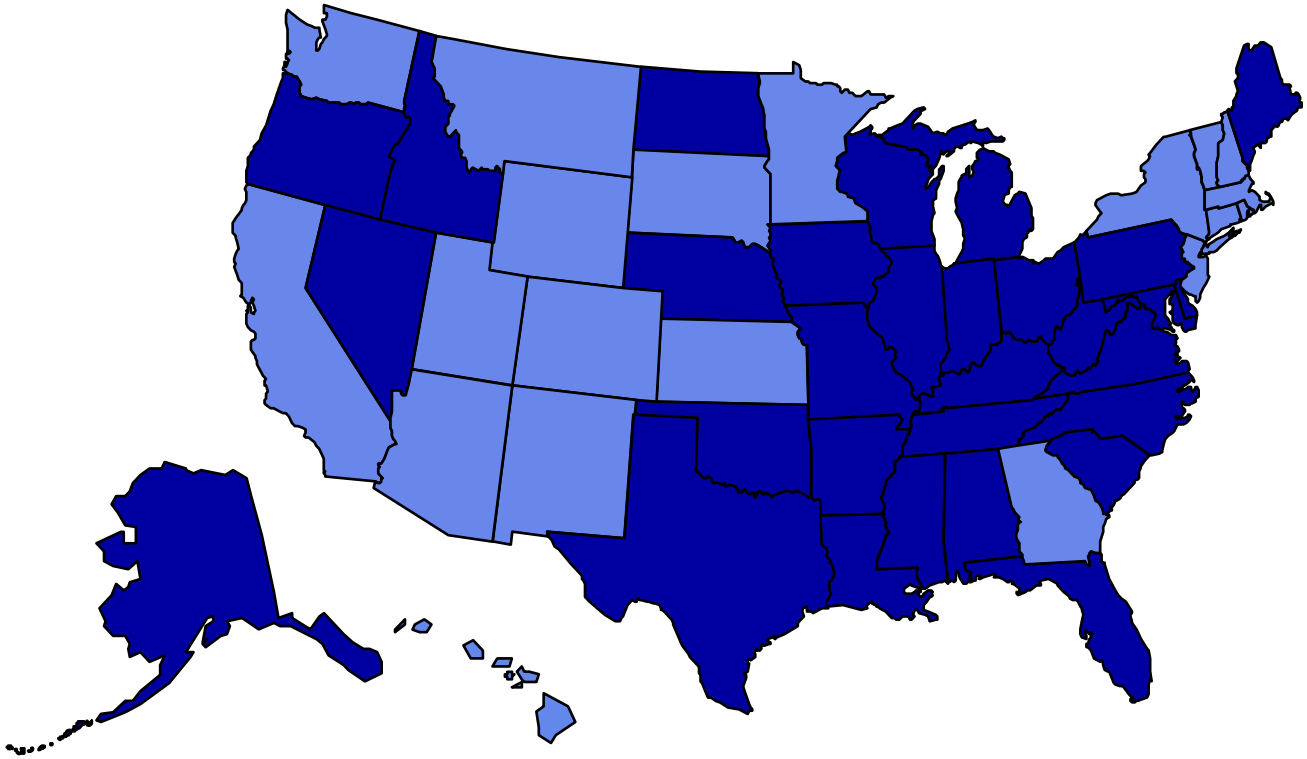
IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 1996

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



No Data | <10% | 10%–14% | 15%–19%

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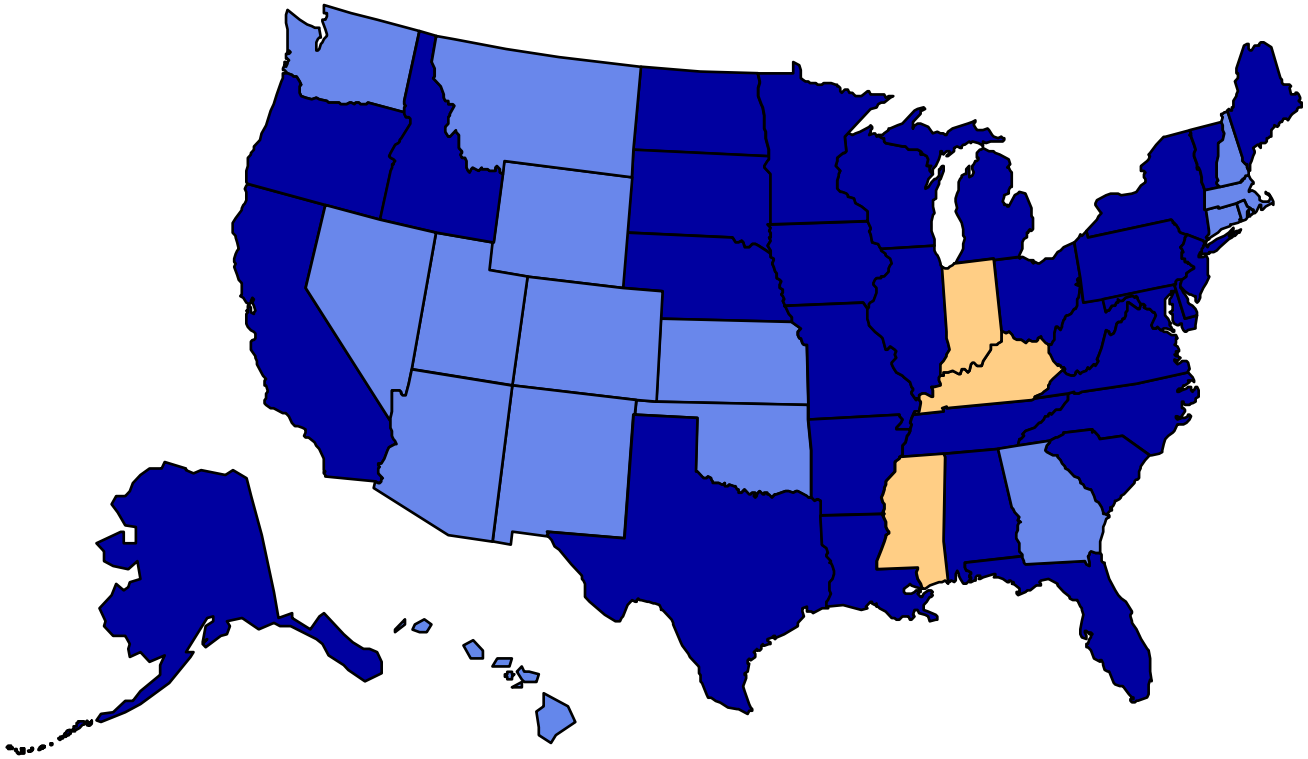
Obesity Trends* Among U.S. Adults
BRFSS, 1997

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

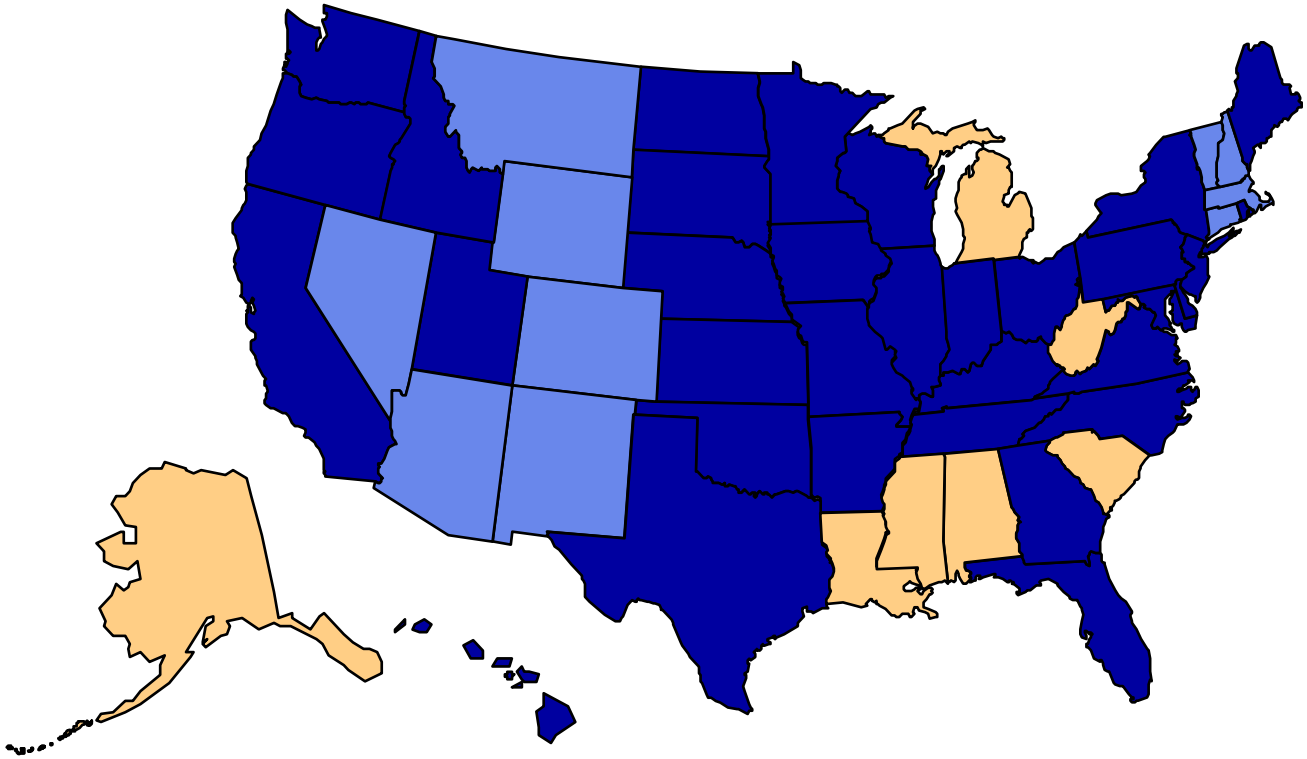


No Data | <10% | 10%–14% | 15%–19% | ≥20%

IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 1998

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

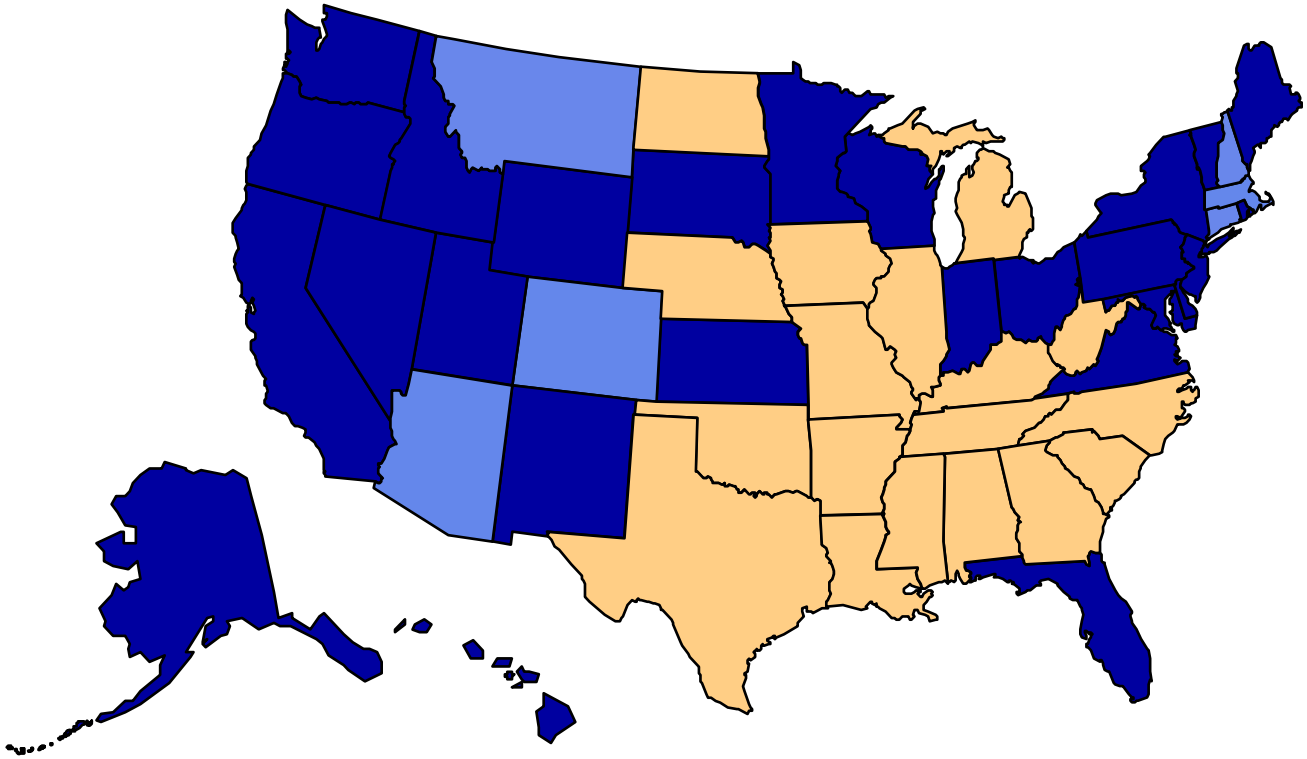


No Data | <10% | 10%–14% | 15%–19% | ≥20%

IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 1999

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

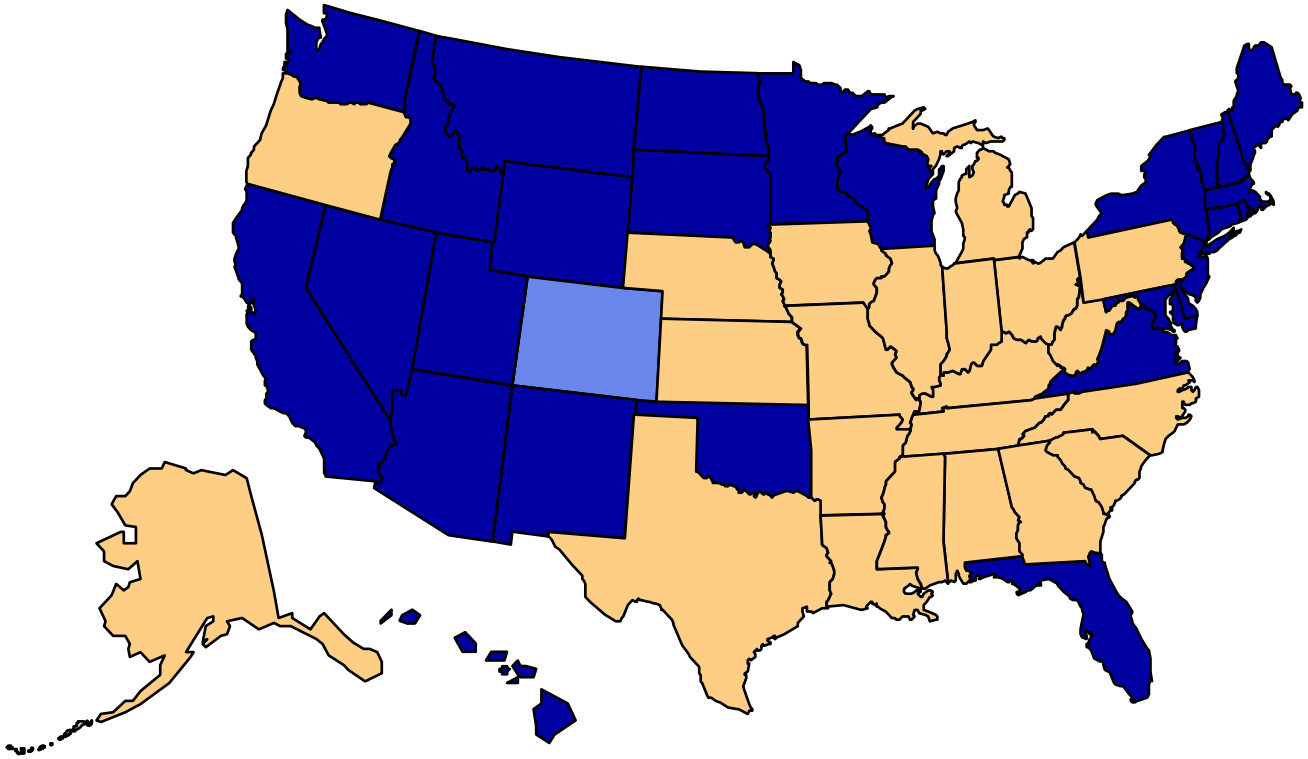


No Data | <10% | 10%–14% | 15%–19% | ≥20%

IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 2000

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)

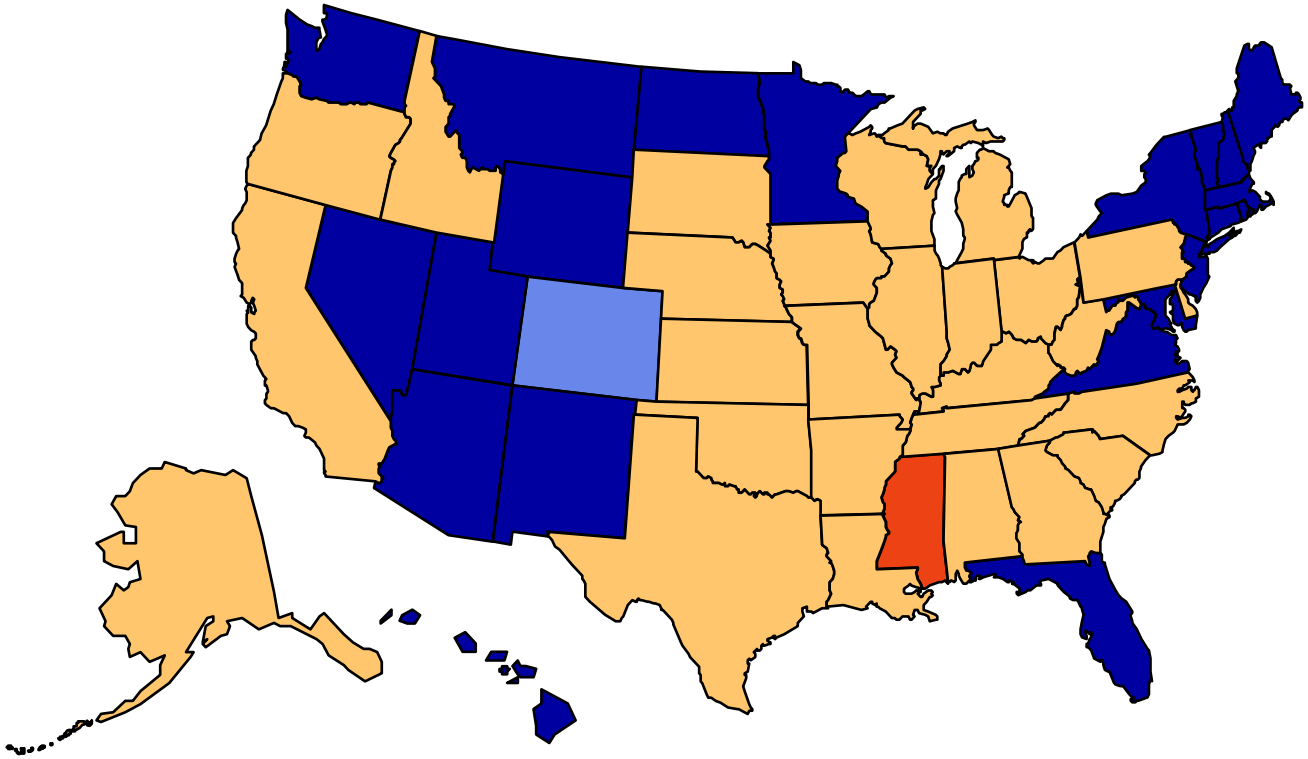


No Data | <10% | 10%–14% | 15%–19% | ≥20%

IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 2001

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)

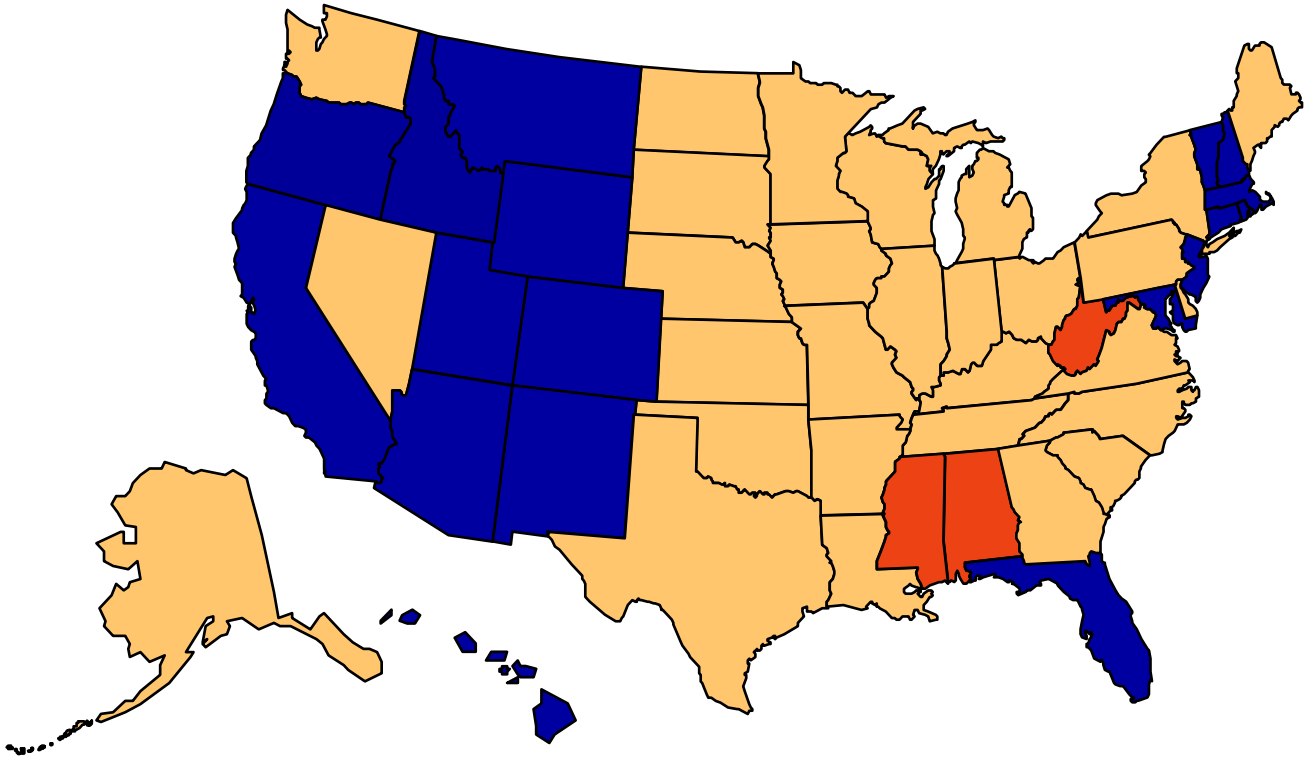


No Data | <10% | 10%–14% | 15%–19% | 20%–24% | ≥25%

IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 2002

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)

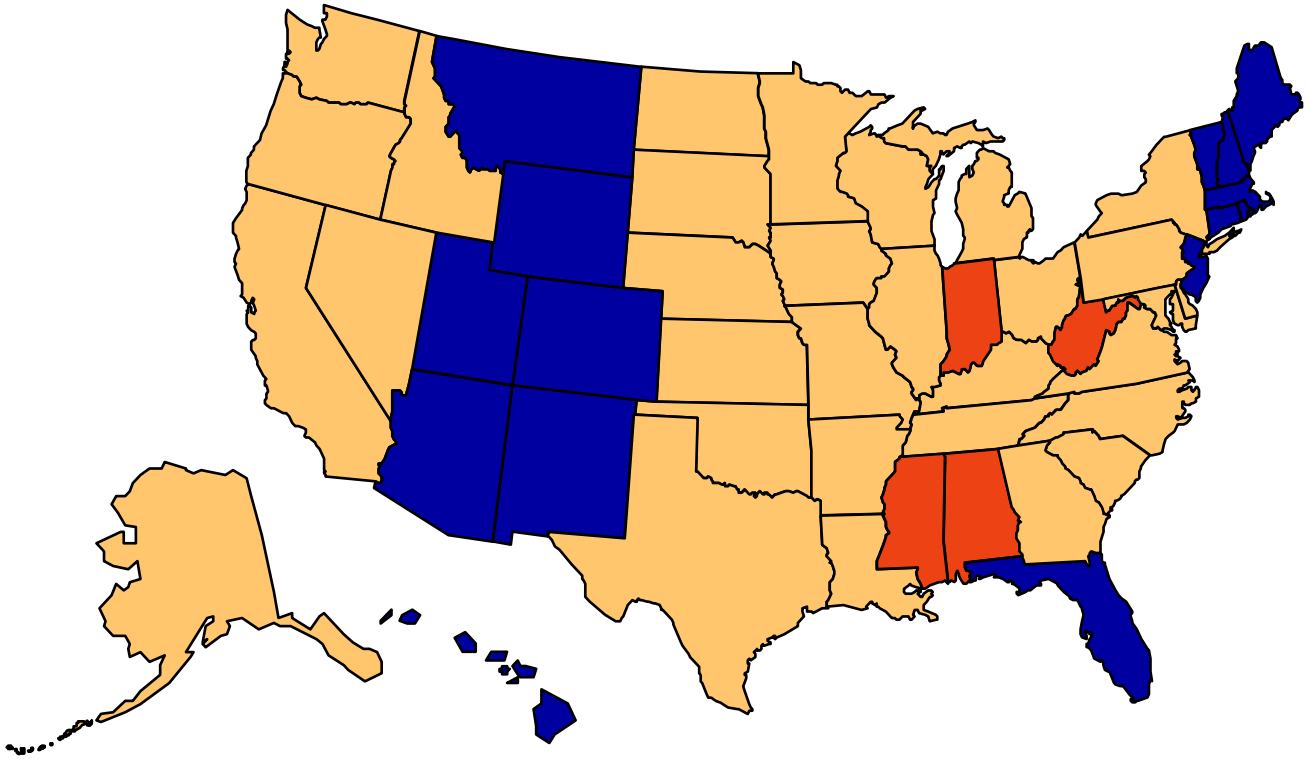


No Data | <10% | 10%–14% | 15%–19% | 20%–24% | ≥25%

IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 2003

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



No Data | <10% | 10%–14% | 15%–19% | 20%–24% | ≥25%

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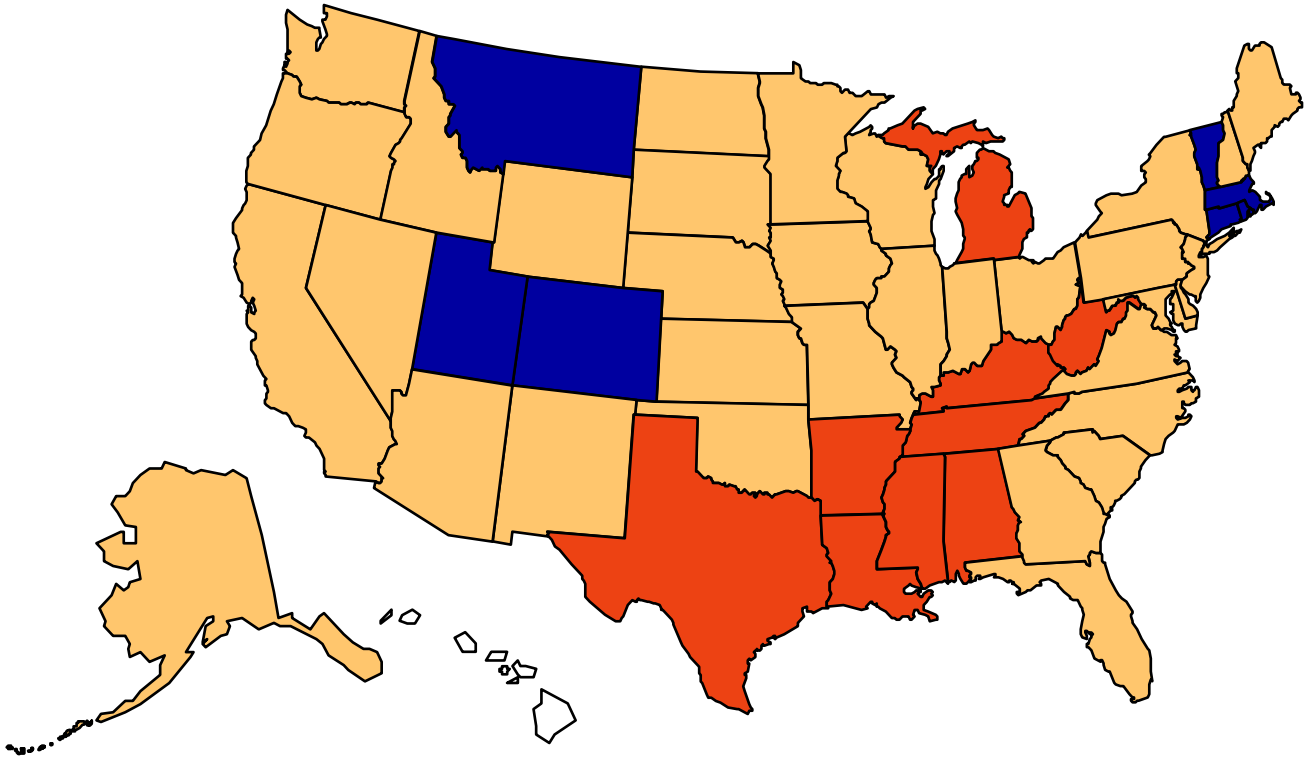
Obesity Trends* Among U.S. Adults
BRFSS, 2004

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)

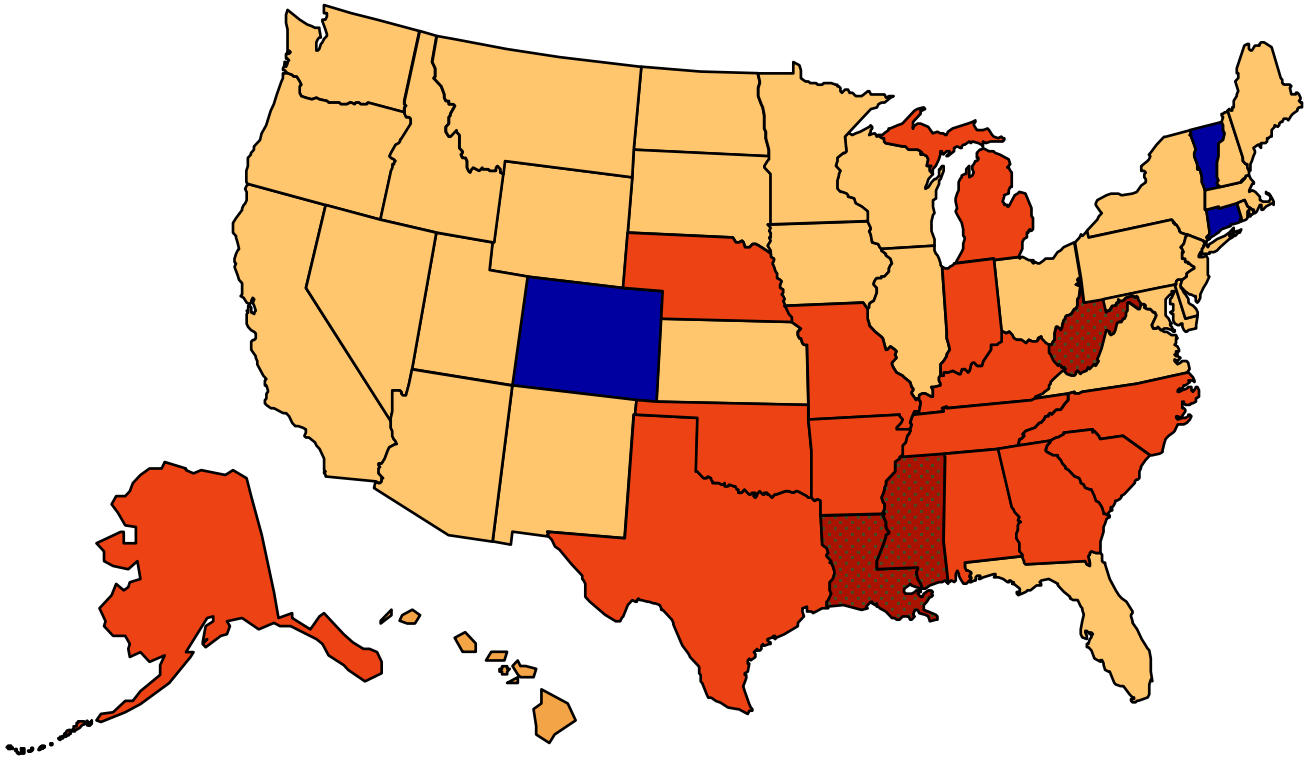


No Data | <10% | 10%–14% | 15%–19% | 20%–24% | ≥25%

IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 2005

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)

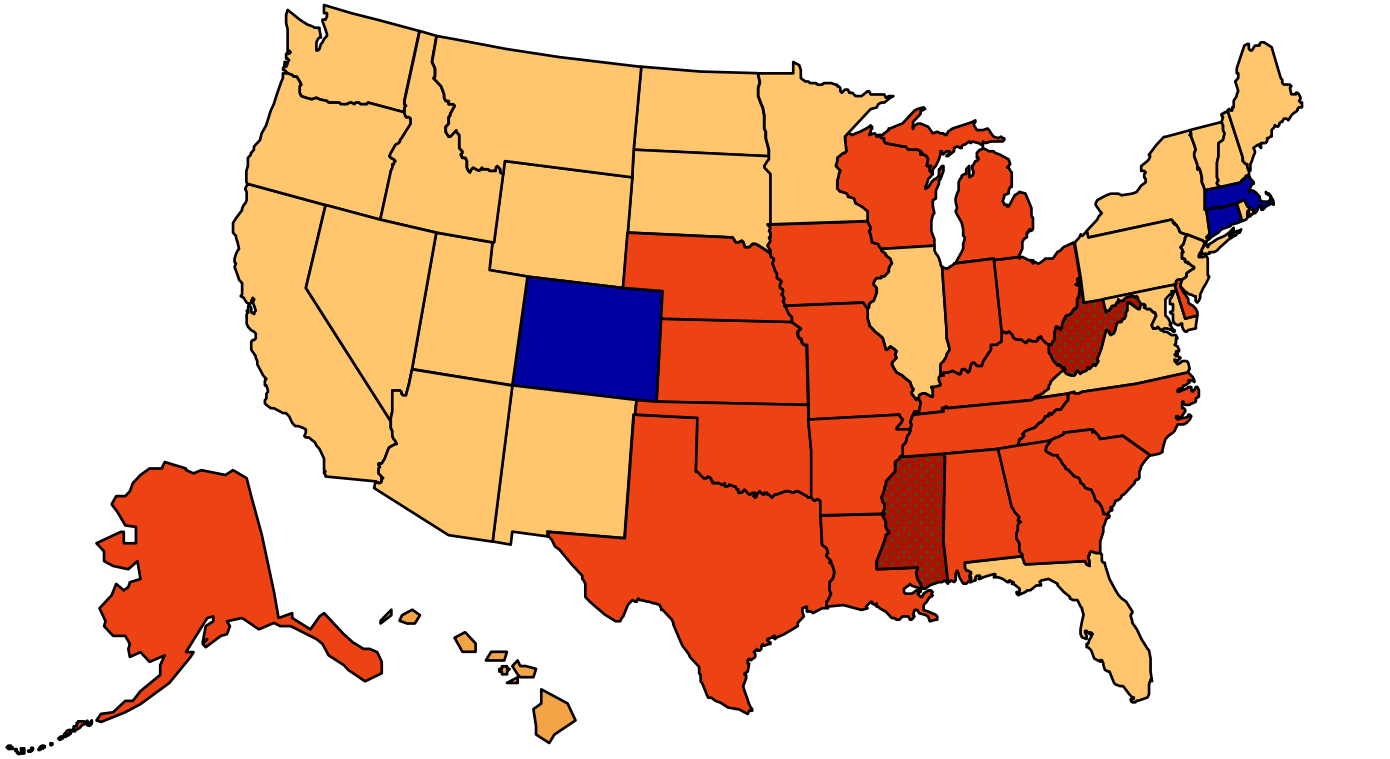


No Data | <10% | 10%–14% | 15%–19% | 20%–24% | 25%–29% | ≥30%

IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 2006

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



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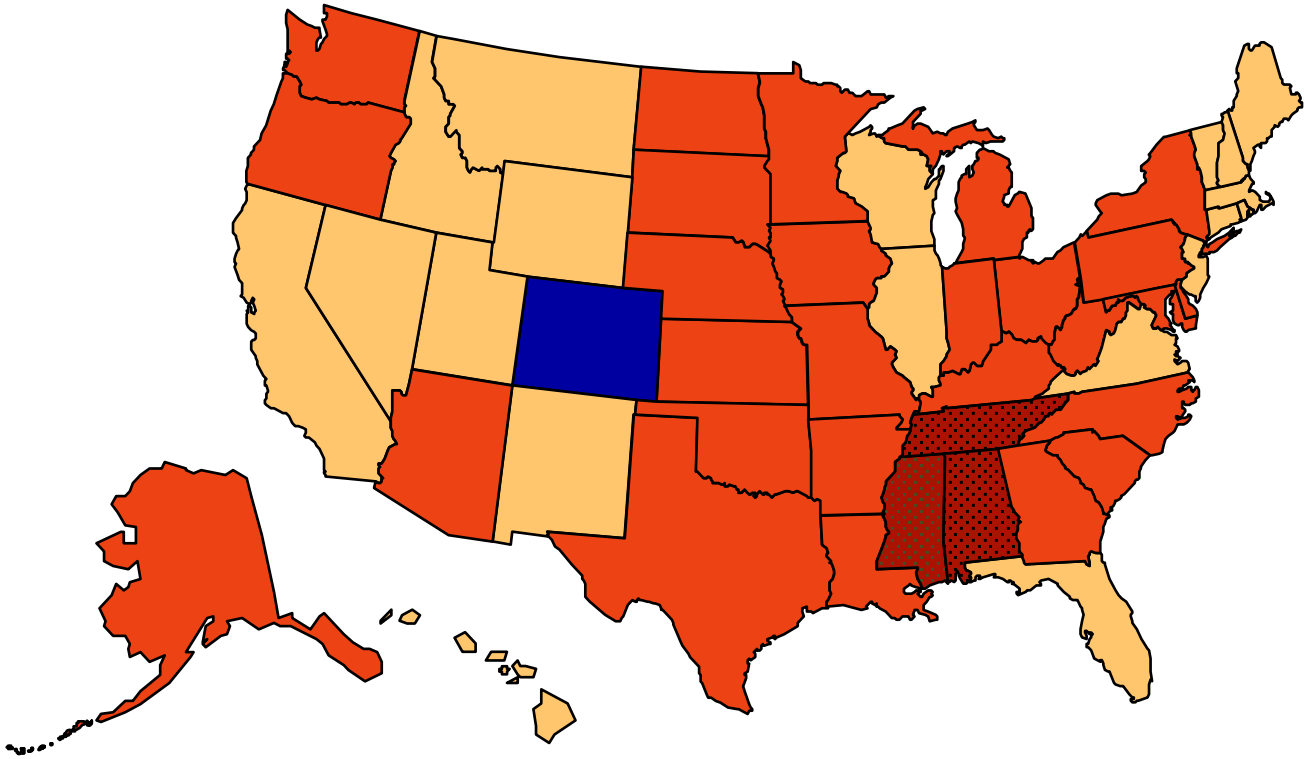
Obesity Trends* Among U.S. Adults
BRFSS, 2007

(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)



No Data | <10% | 10%–14% | 15%–19% | 20%–24% | 25%–29% | ≥30%

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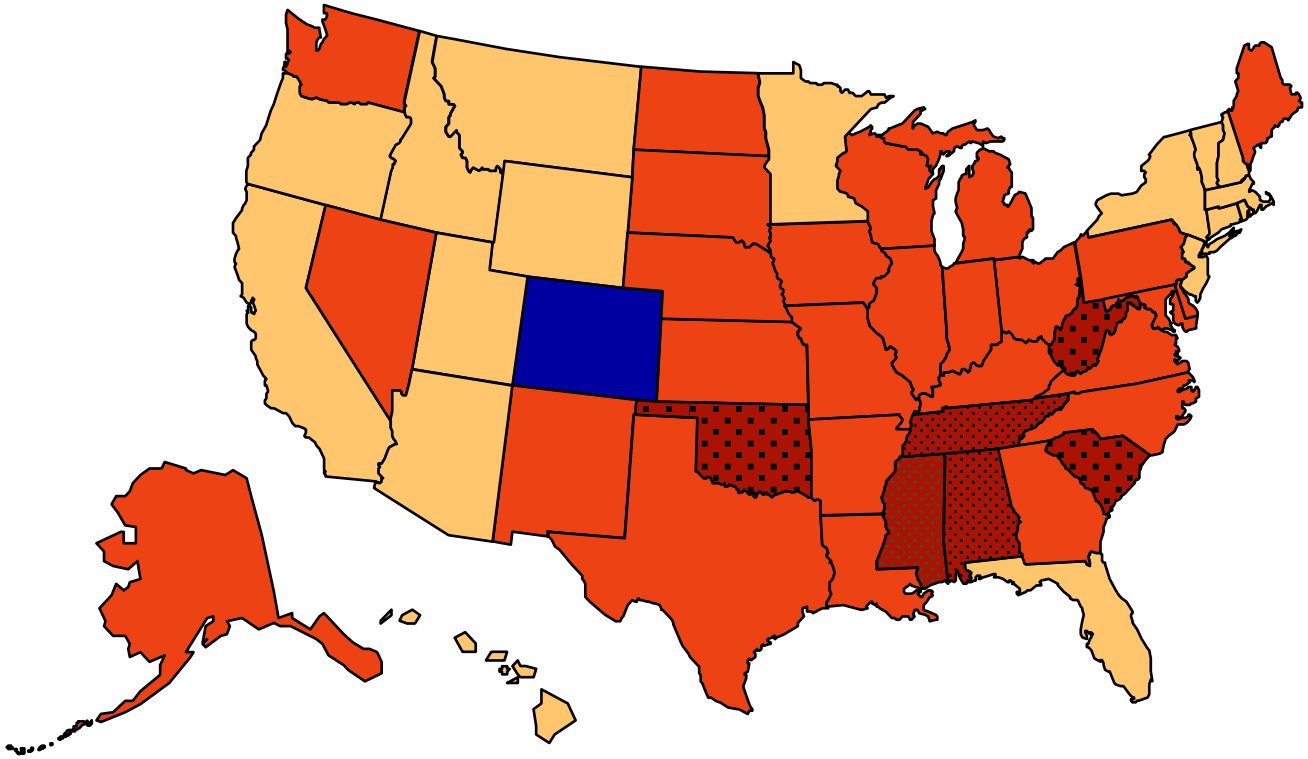
Obesity Trends* Among U.S. Adults
BRFSS, 2008

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)



No Data | <10% | 10%–14% | 15%–19% | 20%–24% | 25%–29% | ≥30%

IDAHO DEPARTMENT OF HEALTH & WELFARE

Obesity Trends* Among U.S. Adults
BRFSS, 2009

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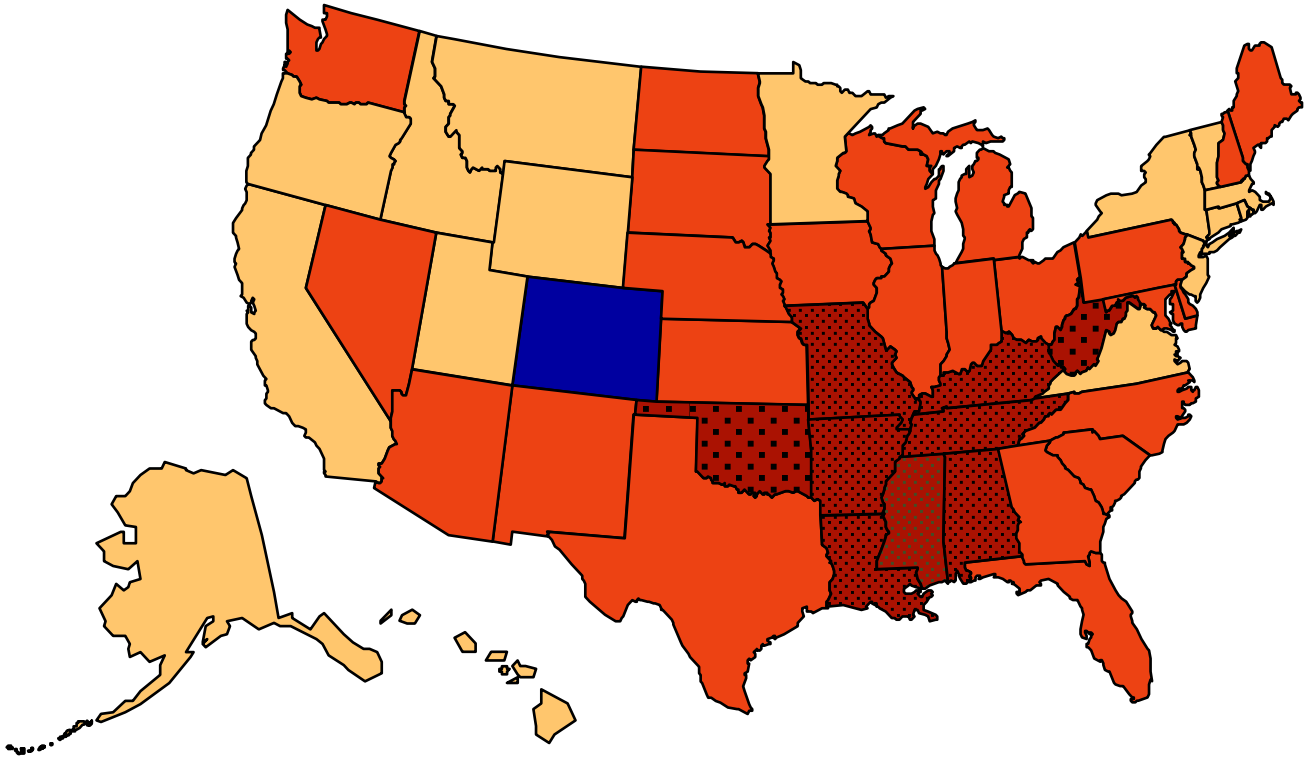

62% of Idahoans are overweight or obese

No Data | <10% | 10%–14% | 15%–19% | 20%–24% | 25%–29% | ≥30%

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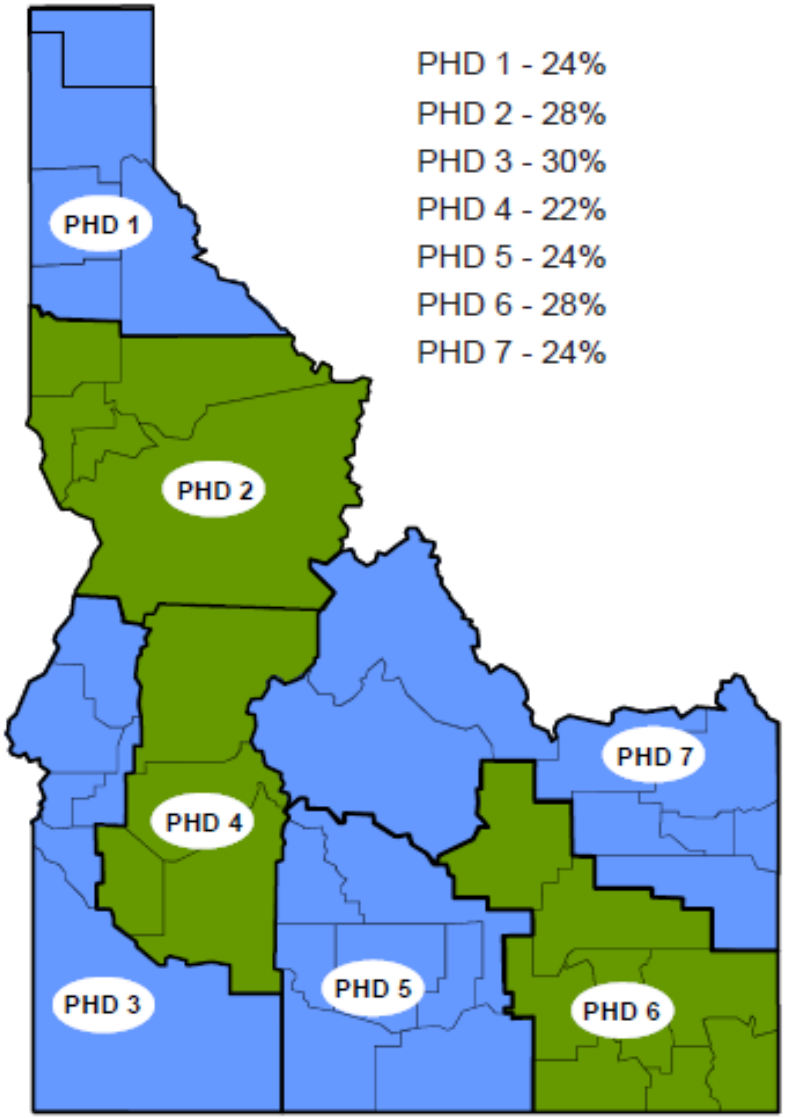
Idaho Health

(2007-2009 aggregated rates)

- Direct healthcare cost of obesity in Idaho - $324 million per year
- If Idaho's obesity rate was held at today's level (approx. 25%), the savings could be as much as $932 million in 2018

Figure 20. Idaho Public Health District - Adult Obesity Rates



Idaho BRFSS, Bureau of Vital Records and Health Statistics

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Transportation and Community Design Affect Health

- More than 60% of U.S. adults do not achieve the recommended 30 minutes of daily physical activity[1]
- Childhood obesity has more than tripled[2]
- In 2009, 46% of Idaho high school students did not achieve the recommended 60 minutes daily[3]
- Sedentary lifestyle is responsible for more than 200,000 deaths each year[4]

1. U.S. Source: BRFSS, Centers for Disease Control and Prevention
2. Centers for Disease Control and Prevention. Healthy Youth! http://www.cdc.gov/healthyyouth/obesity/
3. Idaho YRBS. 2009
4. *U.S. Surgeon General report on Physical Activity and Health*

Transportation and Community Design Affect Health

- In 2009, 13% of kids ages 5 to 18 walked or biked to school versus 42% in 1969[1]
- Up to 25% of morning traffic is created by parents driving kids to school
- In 2009, pedestrian deaths were the third leading cause of unintentional injury deaths among Idaho children age 1 to 14 years[2]

1. National Center for Safe Routes to School. http://www.saferoutesinfo.org/ask_a_question/answer.cfm?id=4271

2. CDC, National Center for Injury Prevention and Control, Office of Statistics and Programming. Web-based Injury Statistics Query and Reporting System (WISQARS). Online at http://www.cdc.gov/injury/wisqars/

Contributing Factors to Obesity

- Sedentary Lifestyle
  - Urban sprawl
  - Community design
  - Transportation
  - Occupational physical inactivity
  - Leisure time

- Changing Food Consumption
  - Change in food supply – subsidies, convenience foods
  - Increase portion sizes
  - Eating out
  - Advertising and price

Chronic Disease

- Overweight and obesity are associated with diabetes, high cholesterol, high blood pressure, stroke, heart disease, arthritis, some cancers, and depression
- Chronic diseases are responsible for 7 of 10 deaths and account for 75% of the nation's health spending
- Studies estimate the U.S. medical cost of obesity may be as high as $147 billion per year

Safety

- Factors that correlate with increased pedestrian risk for accidents:
  - Lower SES
  - Age
  - Impaired physical ability
  - Lack of infrastructure
  - Poor connectivity/accessibility

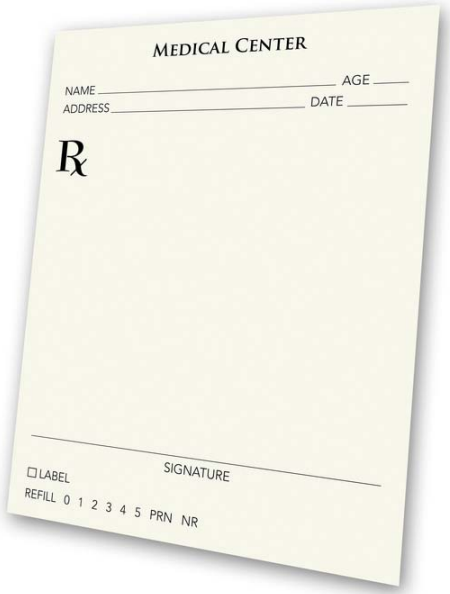
The Public Health Approach

A New Path to Healthier Communities

Traditional Approach: Individual Health Behavior Change

- Individual behavior change through:
  - **Education** – diet seminars, brown bag lunches, pamphlets, doctors visits
  - **Awareness** – media campaigns, health fairs, doctors visits
  - **Early Intervention –**

    Medications, screenings, early detection



The challenge to this approach...

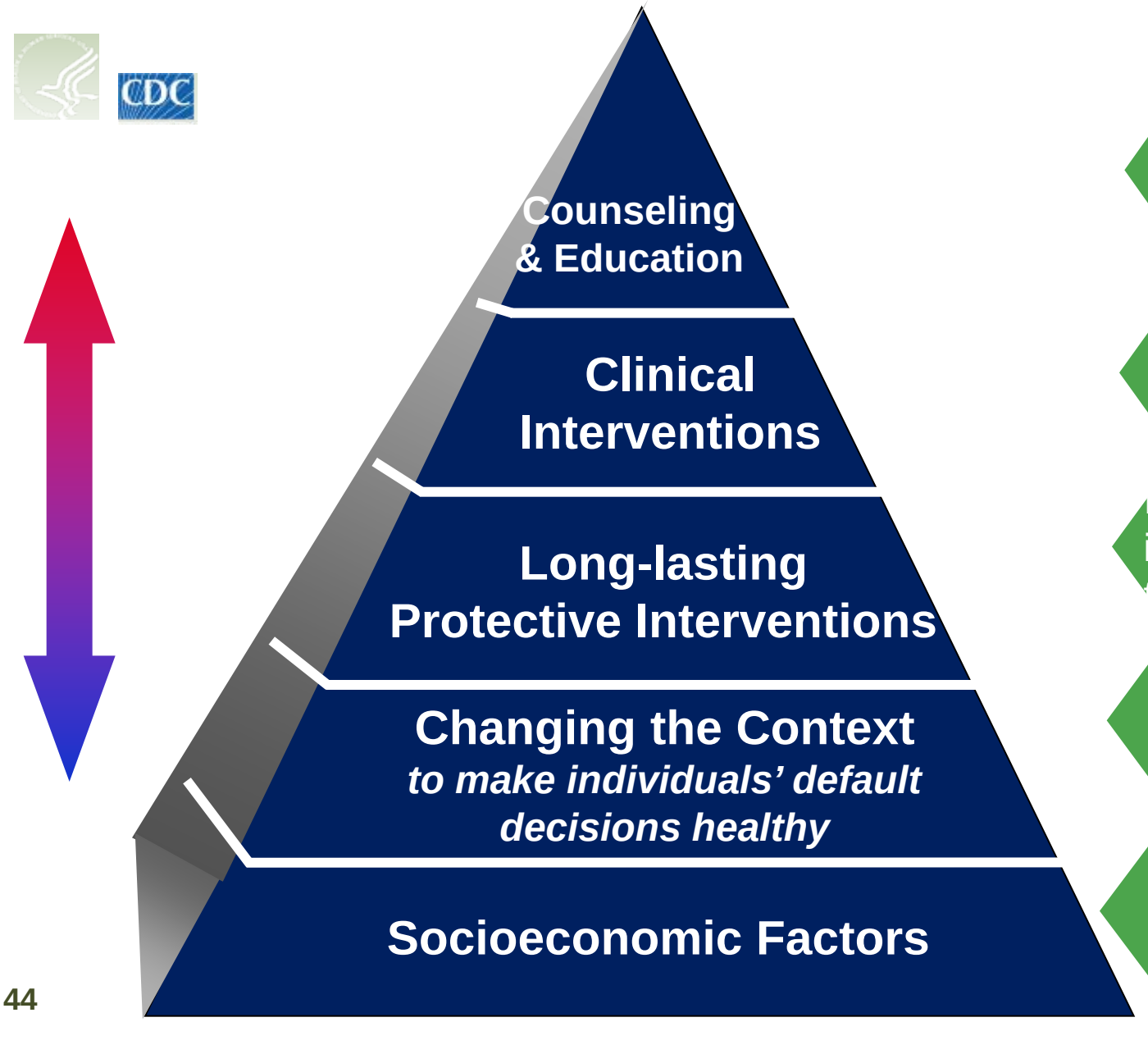
- Knowledge alone does not alter behavior
- Individual behavior is determined largely by the social and physical environment in which we live

~ Institute of Medicine

“It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural and physical environments conspire against such change.”


FOOD - EXIT 59
BURGER KING
TACO BELL
SHONEY'S
McDonald's
Kentucky Fried Chicken
WENDY'S

Factors that Affect Health



CDC-Recommended Strategies to Improve Physical Activity

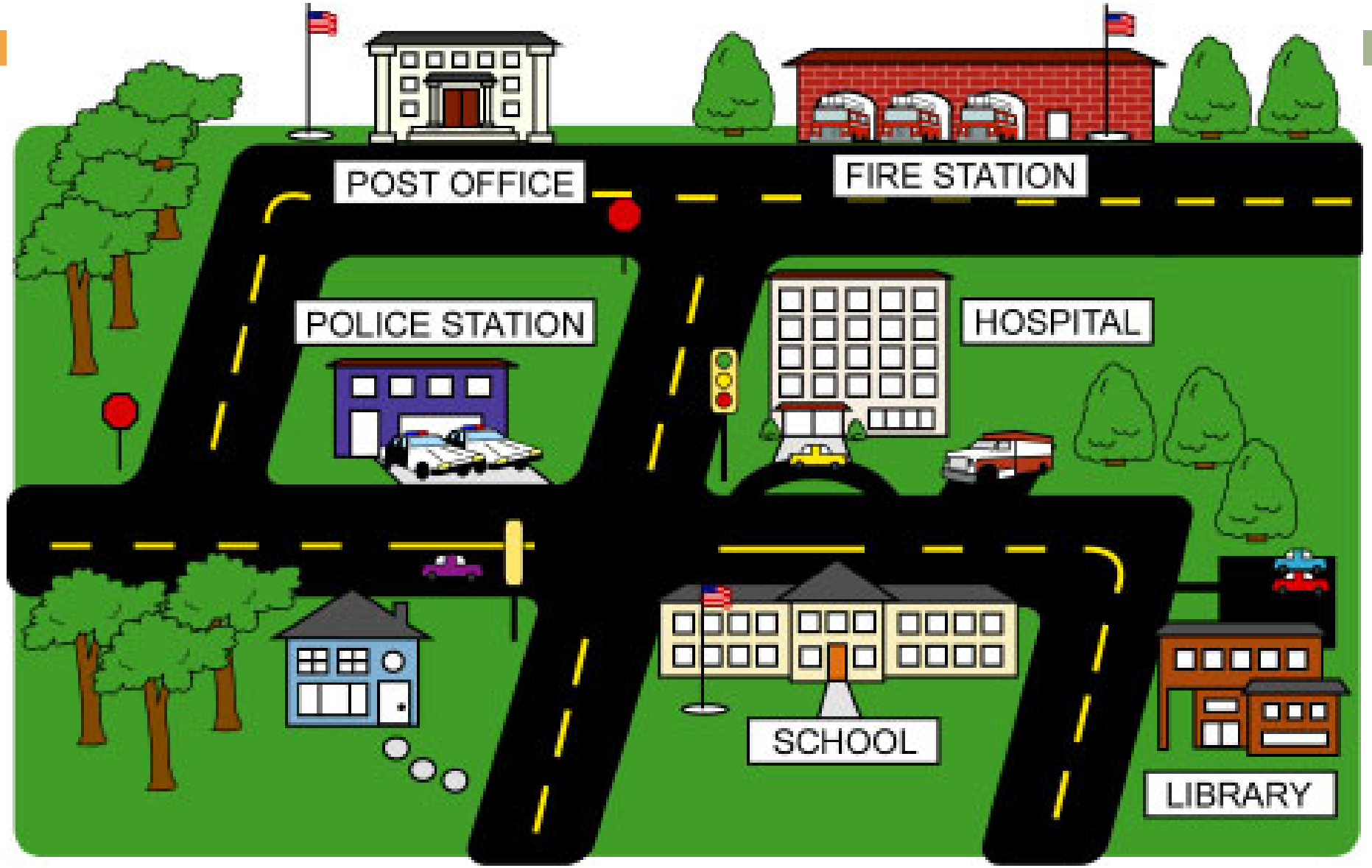
1. **Improve access to outdoor recreation facilities**

2. Enhance infrastructure supporting bicycling and walking

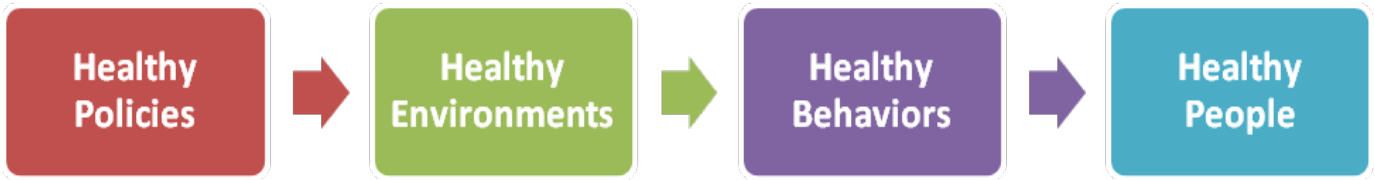
3. Support locating schools within easy walking distance to residential areas

4. Improve access to public transportation

5. Zone for mixed-use development

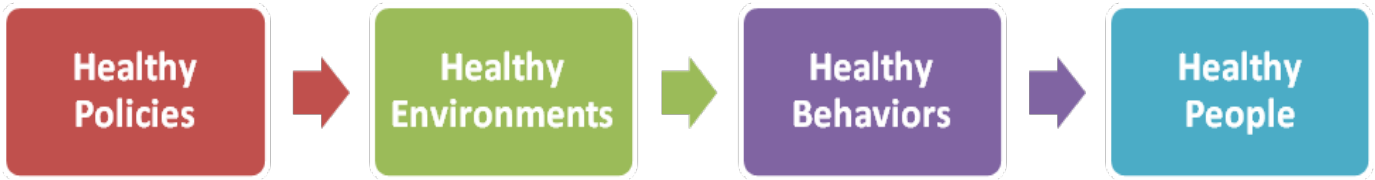


6. Enhance personal/traffic safety in areas where people are or could be physically active



Policy, Systems and Environmental Change Strategies for planning and land use

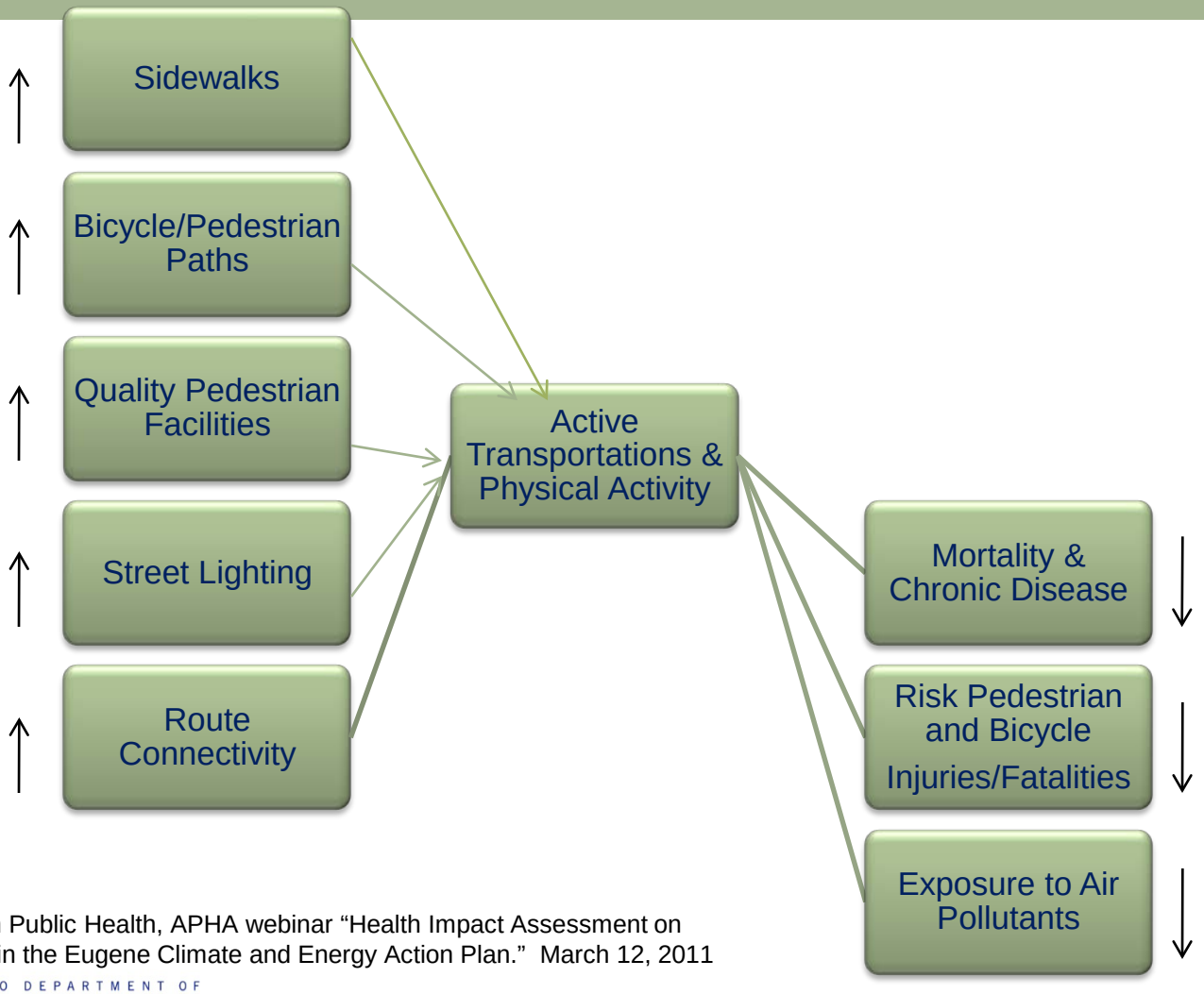
- Policy change improving the built environment
  - Update Master Plan, Bike/Ped plan
  - Mixed land use design
  - Complete streets/Living streets
  - Walking trails/bike paths
  - Transit-oriented development
  - Smart growth



- Systems changes promoting a healthier environment
  - Changes at Code level
  - Changes in planning process
- Environmental changes promoting a healthier environment
  - Build/enhance sidewalk systems/walking paths
  - Install bike racks
  - Green space/parks
  - Community gardens

From: Michelle Eichinger, MS / Physical Activity, Nutrition, and Obesity Prevention Program Administrator / Delaware Division of Public Health

Ped/Bike Infrastructure & Health



Heidi Guenin, Upstream Public Health, APHA webinar "Health Impact Assessment on Transportation Policies in the Eugene Climate and Energy Action Plan." March 12, 2011

Promoting Active Living

- Active living integrates physical activity into daily routines

- The design of our communities can make it easier for people of all ages and abilities to be active

Active Living By Design: http://www.activelivingbydesign.org/about-albd

In partnership, public health and planning professionals can:

- Share resources, data, and expertise
- Foster collaboration, public engagement and support in the planning process
- Identify at-risk populations and prioritize projects to improve the environment for most vulnerable
- Ensure that all Idahoans have access to the same choices and opportunities for a healthy lifestyle

Questions?

Katie Frith Lamansky, CHES
Idaho Dept of Health & Welfare
Physical Activity & Nutrition Program
Phone: 208-334-4951
Email: LamanskK@dhw.idaho.gov