BUILDING HEALTHY COMMUNITIES
Through Policy, Systems, and Environmental Changes
Public Health Funding
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
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

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)

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 - Body Mass Index (BMI) 30 or higher
Obesity Trends* Among U.S. Adults
BRFSS, 1987

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1988

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1989

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1990

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1991

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1992

(*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, 1993

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1994

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1995

(*BMI \geq 30, or \sim 30 \text{ lbs. overweight for 5' 4'' person})*

No Data           <10%          10%–14%  15%–19%

[Map of the United States showing obesity trends]
Obesity Trends* Among U.S. Adults
BRFSS, 1997

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1998

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1999

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2000

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2001

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2002

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2004

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2005

(*BMI ≥30, or ~30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2006

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2007

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2008

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2009

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

62% of Idahoans are overweight or obese
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
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
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 1969¹
- 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 years²

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
“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.”

~ Institute of Medicine
Factors that Affect Health

Examples

- Eat healthy, be physically active
- Rx for high blood pressure, high cholesterol, diabetes
- Immunizations, brief intervention, cessation treatment, colonoscopy
- Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax
- Poverty, education, housing, inequality

Socioeconomic Factors

Changing the Context to make individuals’ default decisions healthy

Long-lasting Protective Interventions

Clinical Interventions

Counseling & Education
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
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?

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