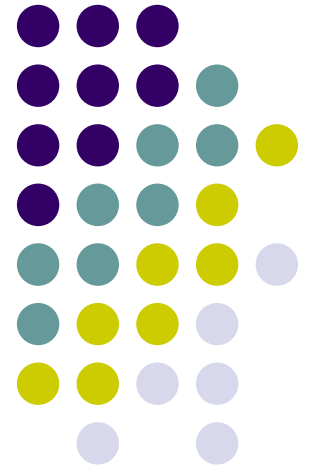


LAPEER COUNTY HEALTH SUMMIT

September 21, 2011



Community Stakeholders Taking Action





Lapeer County Health Behaviors

- Poor diet and exercise habits (BMI >30): ranked 70 of 82 Michigan Counties for 2011*
- Lapeer County: 32% (Michigan 31%; National benchmark 25%)*

● * County Health Rankings, 2011



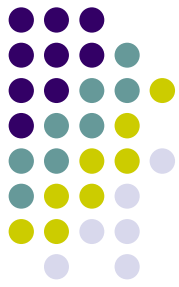
Lapeer County Health Behaviors

Lapeer County WIC Participants (ages 2-5)	Obese	Overweight	Total
2007	12.8%	17.2%	30%
2006	11.0%	15.2%	26.2%
2005	13.1%	15.8%	28.9%

Leading Causes of Death Lapeer County 2009*



Cause of Death	Lapeer	Michigan
Heart Disease	224.3	206.5
Cancer	201.5	181.9
Chronic Lower Respiratory Diseases	55.5	45.1
Stroke	51.4	39.9



Physical Inactivity

- Leading contributor to disability and death
- Accounts for 22% of heart disease, 18% of osteoporotic fractures, 12% of diabetes and hypertension and 5% of breast cancer*

● * Colditz GA. Economic costs of obesity and inactivity. Med Sci Sports Exerc 1999;31

What do we know from past efforts and research?



- The Task Force on Community Preventive Services is a 15-member non-Federal Task force supported by the Centers for Disease Control and Prevention (CDC). CDC scientists review the effectiveness of health care interventions for the Task Force that then makes recommendations to the public health community and health care delivery organizations.
- The Task Force conducted a systematic review to evaluate the effectiveness of various approaches to increasing physical activity. Approaches are rated as: strongly recommended, recommended or insufficient evidence.

Task Force Findings



The Task Force uses the terms below to describe its findings:

- **Recommended**

The systematic review of available studies provides strong or sufficient evidence that the intervention is effective.

- The categories of “strong” and “sufficient” evidence reflect the Task Force’s degree of confidence that an intervention has beneficial effects. They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.

- **Recommended Against**

The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.

- **Insufficient Evidence**

The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does **NOT** mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.

Evidence-Based Interventions to increase physical activity in communities*



- Informational Approaches
- Behavioral and Social Approaches
- Environmental and Policy Approaches

* American Journal of Preventive Medicine 2002;22

Informational Approaches:

Focus on increasing physical activity by providing information that will motivate and enable people to change behavior and to maintain change over time.



Communitywide campaigns:	Large-scale campaigns that promote physical activity on a community-level basis (may include messages via media, support groups, education, community events)	Strongly recommended
Point-of-decision prompts	Motivational signs placed by elevators to encourage people to use nearby stairs	Recommended
Mass media campaigns	Designed to increase knowledge and change attitudes (do not include other components of Communitywide campaigns)	Insufficient Evidence
Classroom-based health education	Health education classes that provide information and skills related to decision making (no PE)	Insufficient Evidence

Behavioral and Social Approaches

Increase physical activity by teaching behavioral skills and structuring the social environment in ways that provide support



School-based PE	Modify curricula to increase the amount of time students spend in moderate to vigorous activity in PE classes (more time and/or more time spent in vigorous activity)	Strongly recommended
Social support in community settings	Focus on changing physical activity through building, strengthening and maintaining social networks (new social networks or existing)	Strongly recommended
Individually-adapted health behavior change programs	Program tailored to individual's interests, preferences and readiness for change	Strongly recommended
College-based health education and PE		Insufficient evidence
Family-based social support	Attempt to change behavior through increased support of family members	Insufficient evidence
Classroom-based health education	Focused on reducing TV viewing and video game playing	Insufficient evidence



Designed to help people adopt healthier behaviors

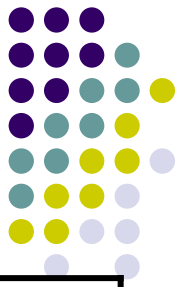
- Creation of or enhanced access to places for physical activity combined with informational outreach activities (strongly recommended)
 - Not aimed at individuals, but affect entire populations
 - Studies show that the availability of exercise equipment in the home and the proximity and density of places for physical activity within neighborhoods are associated with physical activity levels

Nutrition and Obesity



- Nutrition among the U.S. population needs improvement.
- 63% of the adult population is overweight or obese ([CDC](#)) .
- Fewer than 25% of Americans eat fruits and vegetables 5 or more times per day ([CDC](#)) .
- In 2008, the annual healthcare cost of obesity in the US was estimated to be as high as 147 billion dollars a year*

*Finkelstein EA, Trogon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: payer-and service-specific estimates. Health Aff (Millwood). 2009 Sep-Oct;28(5):w822-31.



Obesity Prevention

Behavioral interventions to reduce screen time (time in front of a computer monitor, TV) Includes: behavioral, educational, “turn off TV challenge”	Recommended
Mass media interventions to reduce screen time (educational/attitudinal)	Insufficient Evidence
Technology-supported interventions (computer or web apps) To reduce weight To maintain weight loss	Recommended Recommended
Worksite programs (behavioral/social, educational, and/or environmental/policy interventions)	Recommended
School-based programs	Insufficient Evidence

Task Force Conclusions



- School and worksite settings are both places where children or adults spend substantial time
- School settings can pose some concerns regarding the potential for stigmatization of children; recommend increasing physical activity; including noncompetitive sports and reducing sedentary activities (TV)
- Recommends combination nutrition and physical activity programs in the worksite setting

Community Campaigns (Example)



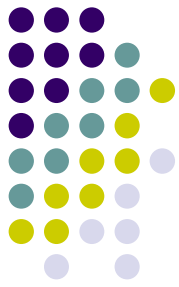
- Portland, Maine March into May
- 10 week activity improvement program
- <http://www.marchintomay.org/march-into-may.php>
- *Support.* MIM is a community based program (worksites, organizations, and schools), team building and social support make it more likely that you will continue to be active even after the program ends. March into May also focuses on changing the spaces you spend time in to help you be more active.

Flexibility. MIM is based on the Stages of Change. This means we realize that your fitness levels and interests in being physically active are different than other peoples. Because the program considers your different wants and needs, it helps you start at a place that's right for you and then moves you forward from there. Plus you don't need any fancy gym equipment or special gadgets. You just do what you love to do. This means anyone can participate and be successful!

Getting more out of life

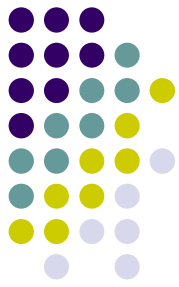
Each year participants report increased energy, improved nutrition, weight loss, and reduced stress as a result of increased physical activity. Companies who have participated in the past have also reported improved office morale.

Fit City Challenge: Tyler, TX



**"Making Tyler a FIT CITY one step, one bite
and one health-conscious decision at a
time"**

<http://fitcitytyler.com/>



Contact Information

- Power point presentation:
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