



State Plan for Prevention of Obesity and Related Chronic Diseases

Vermont Department of Health
Agency of Human Services

October 31, 2005

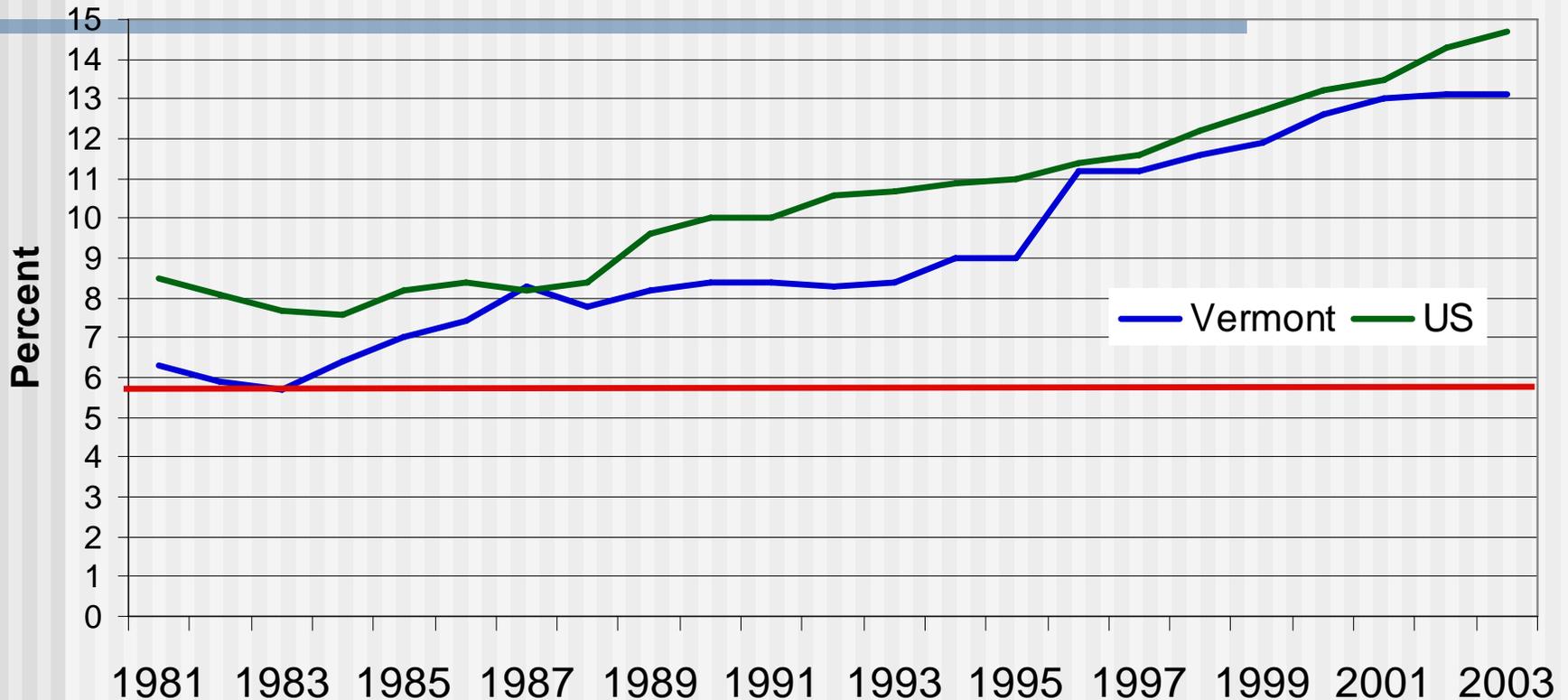
Obesity

- THE public health crises of the new century- human and financial costs
- Prevention and treatment of obesity and chronic illness are essential to health care reform

Health Care Reform

Health care reform starts with prevention of obesity and chronic illness.

Long Term Trends in Overweight Among WIC Participants Age 2–5 Years Vermont Statewide 1981 to 2003



Overweight: Children over age 2 whose Body Mass Index falls above the 95th percentile expected for age and gender. In a healthy, well nourished population, 5% of children are expected to be in this category.

Data Source: CDC 2003 Pediatric Nutrition Surveillance Report, Table 12, Summary of Trend. The data file includes all children whose height and weight were recorded by the participating programs during the report year.

Overweight among youth

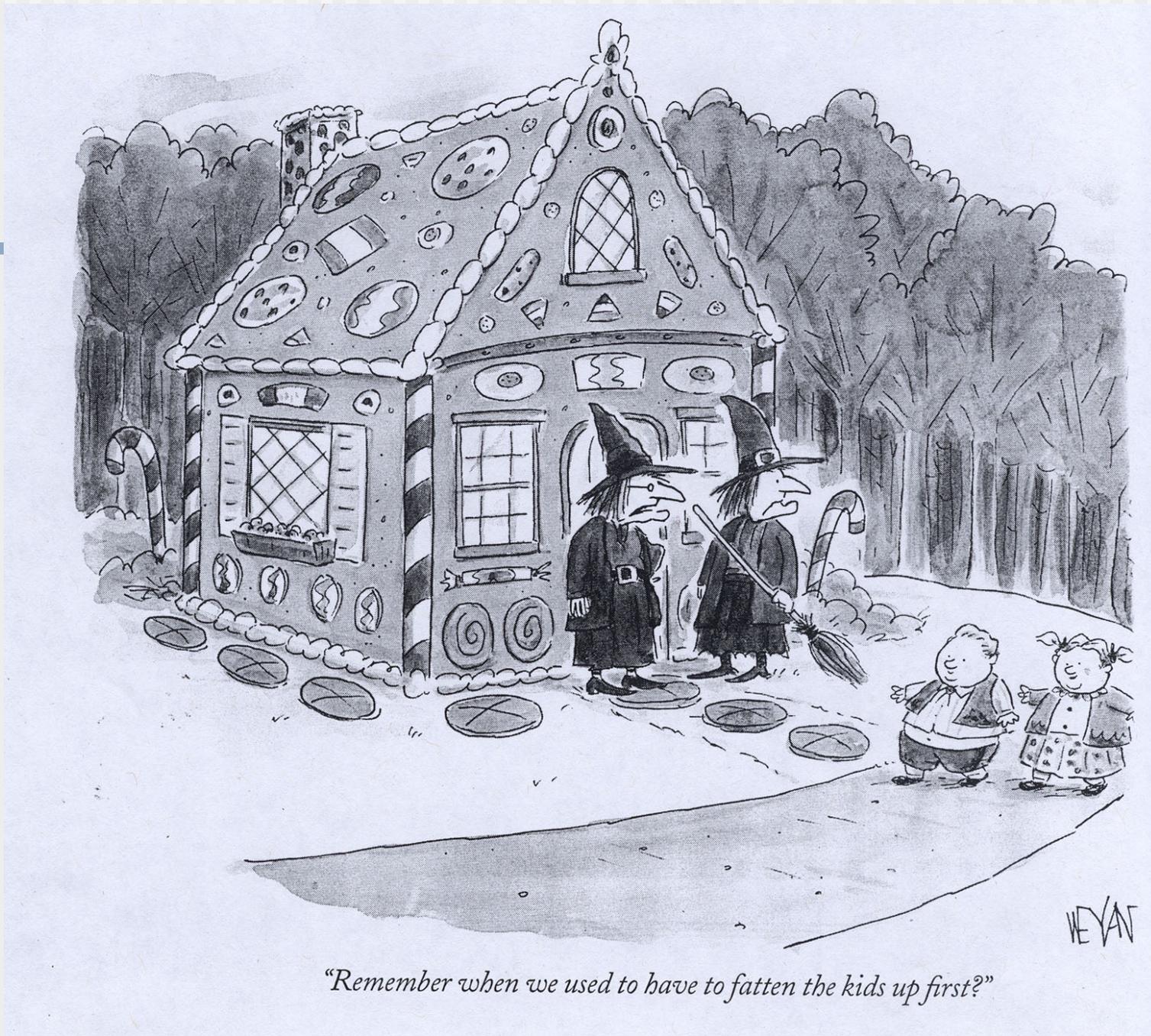
- 8–12th grade (self-report)

	Weight 85-94% BMI	Weight >95% BMI	Total at Risk & Overweight
1999	15%	8%	23%
2001	13%	10%	23%
2003	15%	11%	26%
2005	14%	10%	24%

Youth Physical Activity

Reports of students in grades 8–12

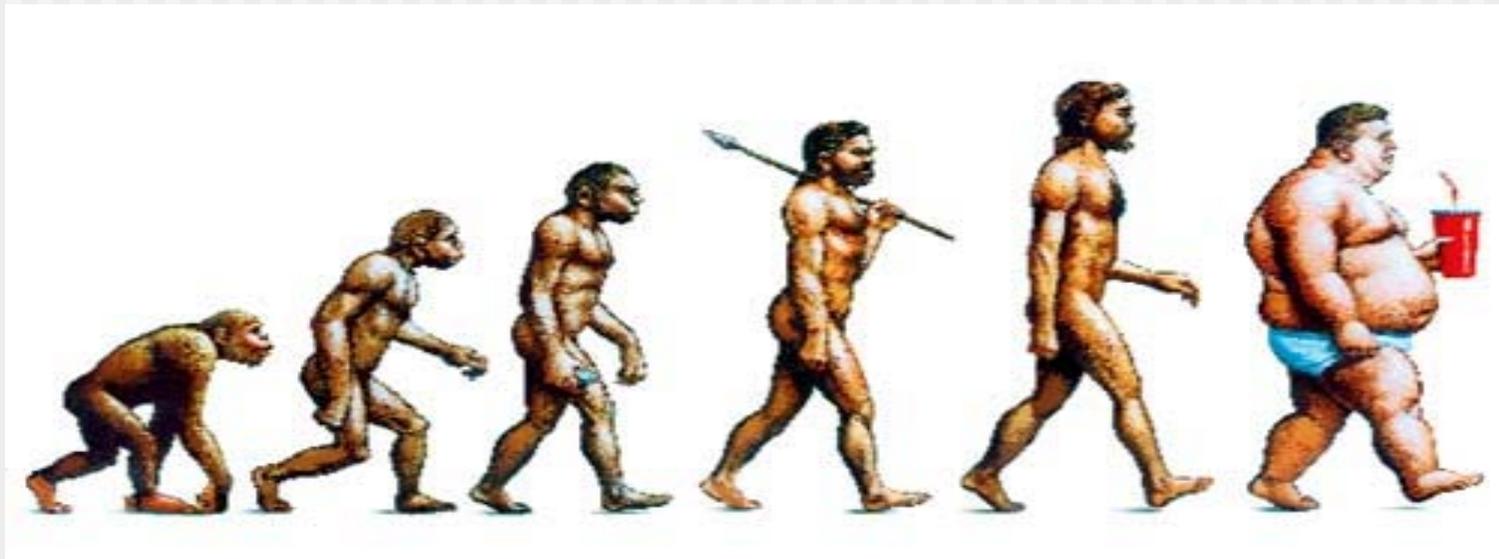
- Moderate Exercise 5 days per week: **26%**
- P.E. Class 5 times/week: **17%**
- TV or Computer **3+** hrs per day



"Remember when we used to have to fatten the kids up first?"

Vermont Adults

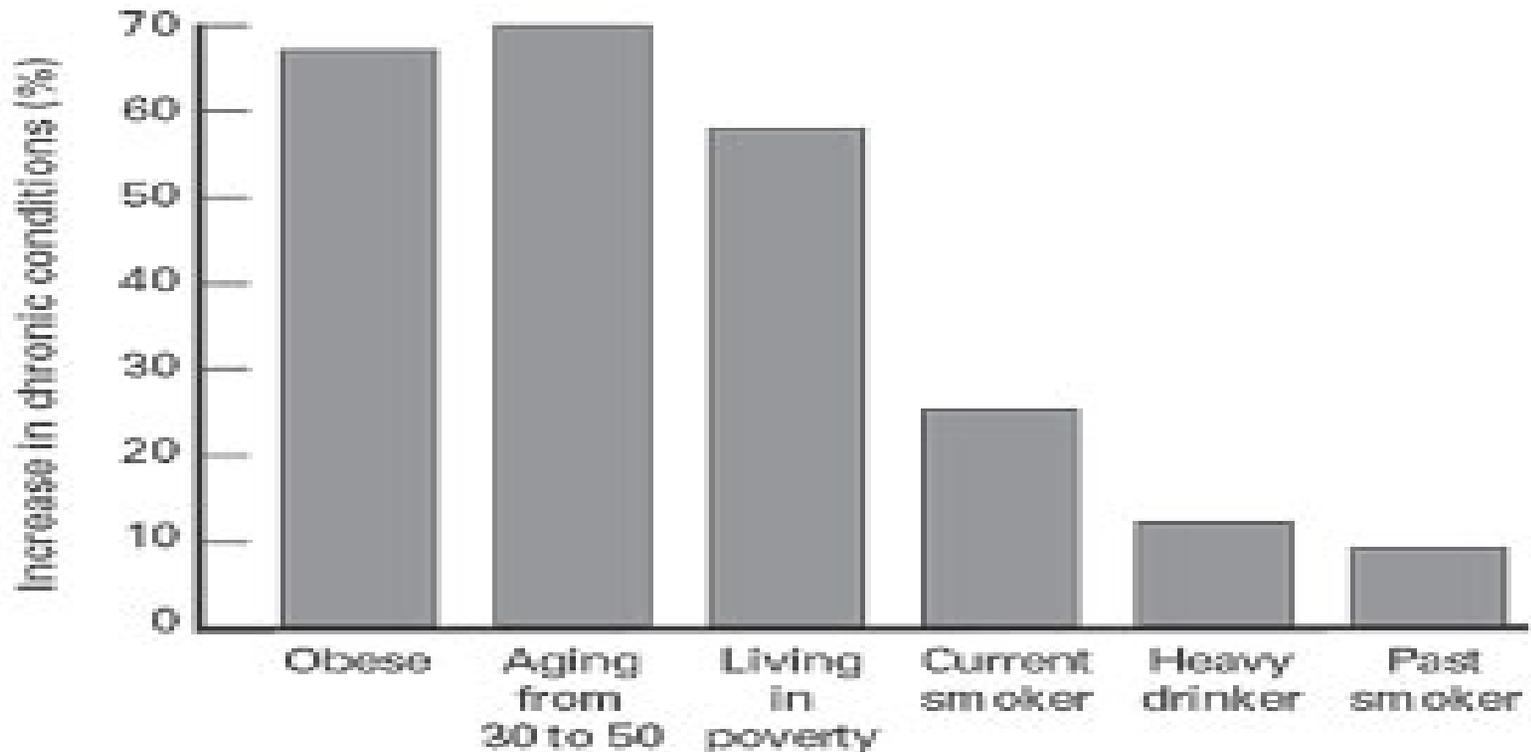
- 20 percent obese
- 36 percent overweight.



Human Costs of Obesity

- Poor diet and physical inactivity are the second leading cause of preventable deaths
- Obesity increases prevalence of at least 15 chronic diseases including:
 - type 2 diabetes, osteoarthritis, heart disease, stroke, high blood pressure, gallbladder disease and certain cancers
- Loss of 6 to 7 years life expectancy

Figure 1. Obesity Is Linked to a Significant Increase in Chronic Conditions



Baseline = comparable normal-weight individuals with no history of smoking or heavy drinking.

Sturm R. *Health Affairs*. 2002;21(2):245-253.

Public Health. 2001;115:229-295. Art3734 fig 1

Vermont Department of Health

Costs of Obesity

- Second leading cause of preventable death
- Leads to increased prevalence chronic diseases – illness, lost productivity, disability
- 83% of total health care spending is for chronic disease
 - Vermont annual medical expenses attributable to obesity ~\$141 million.
 - \$40 million spent on Medicaid population
- 31% of costs chronic disease directly attributable to obesity

Health Care Reform

Health care reform starts with prevention and effective management of obesity and chronic illness.

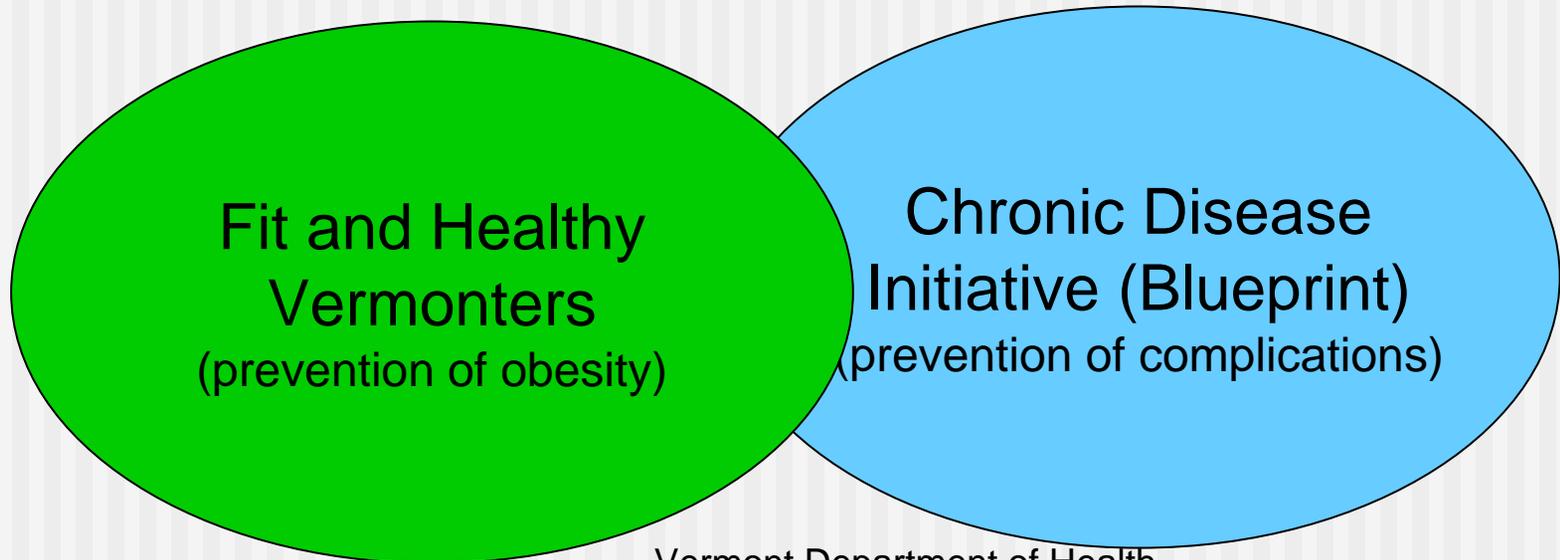
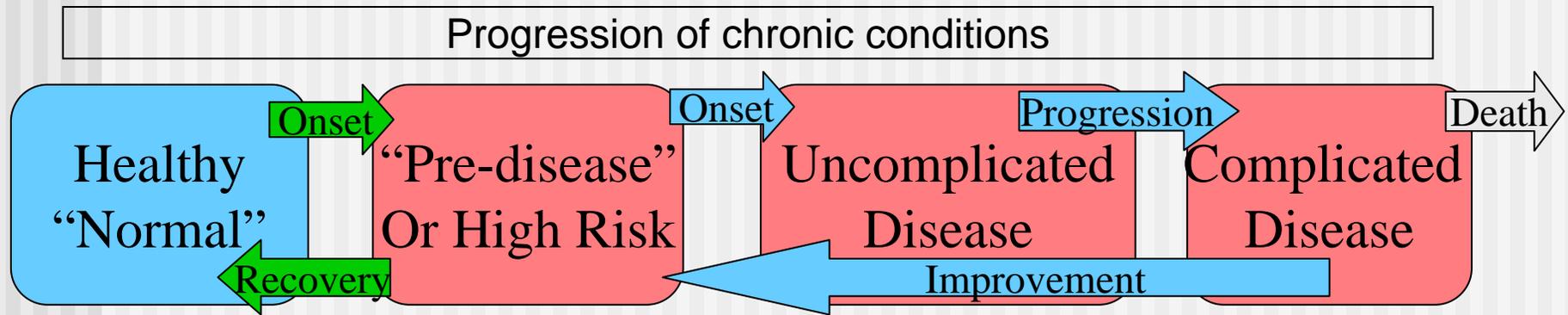
Public Health & Health Care

Linking through the BLUEPRINT

Examples of Risk Factors	BLUEPRINT Opportunities	Chronic Condition		
		Diabetes	CAD	Depression
Tobacco	Public Policy	✓	✓	✓
	Community	✓	✓	✓
Obesity	Self-Management	✓	✓	✓
	Information Systems	✓	✓	✓
Substance Abuse	Health Care Practice	✓	✓	✓
	Health Systems	✓	✓	✓

Vermont Blueprint for Health:

Preventing Disease, Improving Health, Reducing Costs



What needs to change?

- Obesity= too many calories in-too few out
- No Silver Bullet
- Comprehensive approach
 - Policy, Economic, and Environmental Change
 - Community, Family and Individual Behavior Change
 - Portion Control
 - Increased Activity
 - Reduced Sedentary Time
 - Increased Fruit and Vegetable Consumption
 - Increased Breastfeeding

“Changing behavior is like pushing a boulder up a slope, encouraging change is not enough—we need to work to reduce the slope”



Fit and Healthy Vermonters

- Vision—All Vermonters will live in communities that enable them to make healthy food choices and lead physically active lives.
- How—develop a systematic approach to preventing obesity modeled after:
 - Vermont's tobacco control program
 - Blueprint for health chronic care initiative

Fit and Healthy Vermonters

- Visible leadership and policy direction
- Age appropriate initiatives:
 - Comprehensive school health initiatives
 - Preschool, school age, teens, adults, seniors
- Community Initiatives
 - Built environment, transportation, recreation, programming
- Engage “non-traditional” partners

Governor's Leadership and Recognition

- Establish and Maintains high level focus
- Governors Walking Challenge AND his pedometer
- Fit and Healthy Kids, Fitness and Activity Events
- Governors Daylight Savings Challenge
 - 5-a-day activities, physical activity
 - Youth win a chance to walk with Gov. Douglas
 - Schools awarded for making the challenge part of their school day
- Support of Community programs:
 - Run Girl Run
 - SPARK-pilot project in after school programs
 - At the end of the program: a run with Gov. Douglas

Preschool – WIC

- Nutritional assessments
- Breastfeeding
- Fit WIC activity Kits
 - Promote parent child active play time
 - Decrease sedentary time
- WIC – Medical home project
 - WIC nutritionist in Peds/FP office



Schools

- **Model Wellness Policy (Vt Act 161)**
 - Develop by Departments of
 - Health and Education
 - and Agency of Agriculture
- **Coordinated School Health**
 - Creating teams
- **Safe Routes to School**
 - Walk to school day
 - Walking school bus



“School Related” Community Activities

- Vermont Out of School Time Network
- Safe Routes to School Projects
 - Education, encouragement, engineering, enforcement
 - Frequent walker cards
 - Walk to school days
 - Walking School Bus

Community Design Recreational Facilities Grants Program

- Administered by Buildings and General Services Dept.
- ~\$200,000 per year
- Vermont Capital Bill (State Funds)
- Requires 3:1 Community Matching Funds
- 2004, 80 grants to 60 communities
 - handicap ramp for swim center
 - gym renovation
 - Improvements for hiking trail, recreation centers
 - Equipment for elder fitness program
 - Pedometers for youth recreation program

Community Design: Transportation Enhancement Program

- Administered by the Agency of Transportation
- \$4 million per year
- Transportation Equity Act Funds (TEA-21)
- Vt Law: Preference to projects involving bicycle and pedestrian facility
- This year 40 community projects
 - Sidewalks
 - Trails
 - Bike/pedestrian paths
 - Lights and crosswalks
 - Bike Racks

Community Programming

- Partner with United Way 211
 - Inventory community activity and nutrition offerings
 - Populate 211 community service database
 - Information available to community members and health care providers
 - online
 - dialing 211

What else can be done?

- Employers
- Farmers, Grocers, restaurants, beverage distributors, food services, merchants
- Town planners, parks and recreation
- Private clubs, gyms, activities industry
- Non-profits, senior centers
- Faith based organizations
- Media, entertainment

Where do we go from here?

- Use the state plan as a road map
- Address obesity at multiple levels
- It will take each of us
- There is no silver bullet
- Thank you for work to date and in the future



Preventing Obesity in Vermont

**A Statewide Plan Engaging
Individuals, Organizations,
Communities, Government & Industry**

Draft plan available for comment on the Vermont Department of Health's Website www.healthyvermonters.info