Population Health Improvement Plan for Obesity, West Tennessee Region
University of Memphis
School of Public Health

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Definition of the Problem

Adult Obesity Prevalance

Percent of Adults BMI > 30

Location

Benzon County  Carroll County  Chester County  Decatur County  Dyer County  Fayette County  Gibson County  Hardeman County  Hardin County  Haywood County  Henderson County  Henry County  Lake County  Lauderdale County  Madison County  McNairy County  Obion County  Shelby County  Tipton County  Weakley County  Tennessee  US
Definition of the Problem

Percent of Children Overweight or Obese

Location

Benton County
Carroll County
Chester County
Crockett County
Decatur County
Dyer County
Fayette County
Gibson County
Hardeman County
Hardin County
Haywood County
Henderson County
Henry County
Lake County
Lauderdale County
Madison County
Macon County
Obion County
Shelby County
Tipton County
Weakley County
Tennessee
United States
Definition of the Problem

Definition of the Problem

Percentage of the Population That is Physically Inactive

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### BRFSS: Body Mass Index Variable, Tennessee, 2013

Data was weighted using _LLCPWT_.

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Summary

• Overall, almost 70% of Tennesseans are overweight or obese.
• Mildly higher risk of overweight and obesity among:
  • Men
  • African Americans
  • Ages 35-65 years
  • Lower education
  • Yearly income of <$75,000
Process

• Stakeholders and Populations
  • Shelby County Health Department (SCHD)
  • West Tennessee Regional Health Department
  • Jackson-Madison Health Department
  • Blue Cross Blue Shield of Tennessee
  • Amerigroup
  • West Tennessee Healthcare
  • Church Health Center (community members and staff)
Process

• Meetings, calls, interviews and focus group
  • 2 meetings with health department representatives
  • 1 regional meeting with all West TN health departments represented
  • 4 conference calls
  • 8 key informant interviews
  • 1 focus group
  • 1 Regional Stakeholder meeting to review initial findings
• Local and regional health department health assessment and planning efforts were instrumental in identifying community needs, resources, and priorities related to population health
  • SCHD: 18 month MAPP partnership with participation of 100+ community stakeholders, 4 assessments, 2500+ survey respondents and focus group participants
  • Health Councils: 20 county health councils have been actively engaged in reviewing health statistics, identifying health priorities and developing strategies for addressing health issues
  • All 21 counties identify obesity as a priority
Process

• Data Sources
  • BRFSS
  • 2015 Drive Your County to the Top 10: Accelerating Action Towards Improving County Health (TN Department of Health)
  • County Health Council Profiles
  • Madison County Community Health Needs Assessment
  • Shelby County Community Health Assessment Report
  • Shelby County Community Health Improvement Plan
  • Hospital discharge data (requested)
  • Coordinated School Health BMI data (requested)
Process

• What we learned
  • The health of a community needs to be factored into all policies
  • It’s important to assess and understand the unique needs and resources in each community
  • It’s essential to engage broad representation from the local community in establishing a common goal and developing strategies that have collective impact
Goals

• Developing the goals
  • All 21 counties identify addressing Obesity as a priority
  • Goals and strategies developed at the local level based on the identified needs and resources in their communities were used to inform the development of goals for the West Tennessee Region PHIP
Initial Recommendations

• Recommendations to achieve population health improvement
  • General recommendations
    • The state must recognize and support local efforts
    • The state should ensure timely provision of individual-level data needed for the development of targeted goals and recommendations
    • Need collaboration, coordination, communication
    • Empower local communities
    • Constant evaluation is critical
Initial Recommendations (cont.)

- Community recommendations
  - Provide access to healthy food in low-income neighborhoods
  - Ensure safety in public parks
  - Interventions should be convenient (where people go on a regular basis; not out of the way)
  - Provide healthier school lunches/timing of lunches
  - Educate individuals on healthy choices to empower them
Initial Recommendations (cont.)

• **Healthcare recommendations**
  • Provide opportunities for individuals to know their risk levels
    • Expos
    • Screenings
    • Case management for those at risk
  • When funding for rural areas, combine counties to hire staff for greater impact
  • Turn to hospitals for medical focus for clinically obese
  • Health systems collaborate in community health councils
  • Identify opportunities for physical activity in rural communities
  • Solutions have to come from the people
  • There has to be a personal commitment to health
  • Have to make healthy choices easy to establish behaviors
Recommendations (cont.)

- **Public Health recommendations**
  - Push collective impact
  - Have decision-makers at table
  - Advocate for policies to promote health (location of stairs)
  - Identify best practices from other Southern states
  - Joint use agreements (e.g., school space)
  - Resolve “Turf issues” by identifying common goals
  - Partner with business/community (“you’ve got a dog in the fight”)
  - Youth focus to engage parents
  - Environmental support for healthy behaviors:
    - Reduce access to sugary beverages
    - Make the healthy choice the easy choice
    - Point of prompt (“there’s a water fountain in 50 steps”)
Recommendations (cont.)

• **Insurer recommendations**
  • Need greater consistency and wider range of educational activities in community
  • Establish role models in community
  • Need more education re: physical/mental health
  • Meet people where they are
    • Schools
    • Churches
    • Mobile Units
Financing

• Cost savings strategies
  • Combine interventions in several rural communities (staff saving)
  • Engage business community
  • Push collective efforts for greater impact (reduce fragmentation; turf wars)

• Potential grants
  • NIH/CDC
  • State
  • Foundations

• Identify resources
  • Best practices in other Southern states
  • Schools of Public Health (behavior; epid; environ; evaluation)
  • Data to identify priority intervention areas
Final Recommendations

General recommendations

• The state must recognize and support local efforts
• The state should ensure timely provision of individual-level data needed for the development of targeted goals and recommendations
• Data: develop statewide system for BMI- make it more accessible
• Focus on local control; tailor initiatives to local communities (encourage local ownership and empowerment)
• Need collaboration, coordination, communication
• Constant evaluation is critical
• Utilize expertise of Schools of Public Health to assist communities with grant applications/evaluation
Goal areas

• **Primary Prevention**
  • Utilize high impact, low effort intervention modalities
  • Make the healthy choice the easy choice!
  • Has to be convenient
  • Consume fewer calories; eat (rather than drink) the ones you do
  • Burn more calories through exercise
  • Point of prompt
  • Increase **safety** of parks/walking trails by partnering with community coalitions, non-traditional partners, police
  • Defaults for healthy eating as the easy choice
    • Healthy school lunch (provide optimal timing to promote healthy eating)
    • Access healthy food in low-income neighborhoods
    • Programs like “Green Machine” to provide mobile food access
    • Partner with businesses to open grocery stores in food deserts
Policy

• Use schools as after-hours community centers for exercise in rural communities
• Joint use agreements with schools (elementary & middle, as well as high schools) and churches (consider liability issues and insurance as barriers; offer options to overcome)
• Statewide policies and campaign to fight consumption of large volumes of sugar-sweetened beverages
• Collaboration between TDOT, ECD, and Health
• Need legislative buy-in with local policymakers
• Post No Child Left Behind - educational reform giving states more control of curriculum
  • to bring back PE and Home Economics in schools
  • learn about these things in the context of life decisions
  • provide education each year to reinforce healthy lifestyles
Dissemination recommendations

- Tailor recommendations to each county/local area
- Avoid “one size fits all”
- West TN is going to be more difficult (least progressive)
- Resources are going to be different
- The state should help identify and reduce barriers via policy (e.g. school liability, policing walking groups)
- Identify and reduce barriers as part of the plan
Potential Sources for Funding

Recommended Actions

Cost Saving Strategies
• Combine interventions in several rural communities (staff saving)
• Engage business community
• Push collective efforts for greater impact (reduce fragmentation; turf wars)

Identify Resources
• Best practices in other Southern states
• Faculty of Schools of Public Health can provide assistance (behavior; epid; environ; evaluation)
• Data to identify priority intervention areas
Grants and Sources of Revenue

- NIH/CDC
- State
- Foundations
- At the state level, the Departments of Health, Transportation, and Commerce should collaborate in RFA’s to promote health in all policies
- Make RFA’s regional to enhance effective use of resources
- Joint signing agreement with City Council and Mayor to encourage buy-in and financial support
Thank you...

- Jeff Ockerman, Tennessee Department of Health, Division of Health Planning
- Christina Hartlage, Tennessee Department of Health, Division of Health Planning
- Amy Collier, Angela Moore, Cynthia Nunnally, David Sweat, Janet Shipman, Reginald Bernard (Shelby County Health Department)
- Chanda Freeman, Dr. Shavetta Conner, Marilyn Barnes, Myrtle Russell (West Tennessee Regional Health Department)
- Chelsea Brandon, Kim Tedford (Jackson Madison County Regional Health Department)
- Tarsha Hubbard (Amerigroup)
- K. Shanea’ Carrawell (Blue Cross Blue Shield)
- Dr. Vicki Lake (West Tennessee Healthcare)
- Lisa Carson, Kevin Roehl (Church Health Center)
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- University of Memphis, Lambuth Campus