

Reducing Obesity and Obesity-related Chronic Conditions

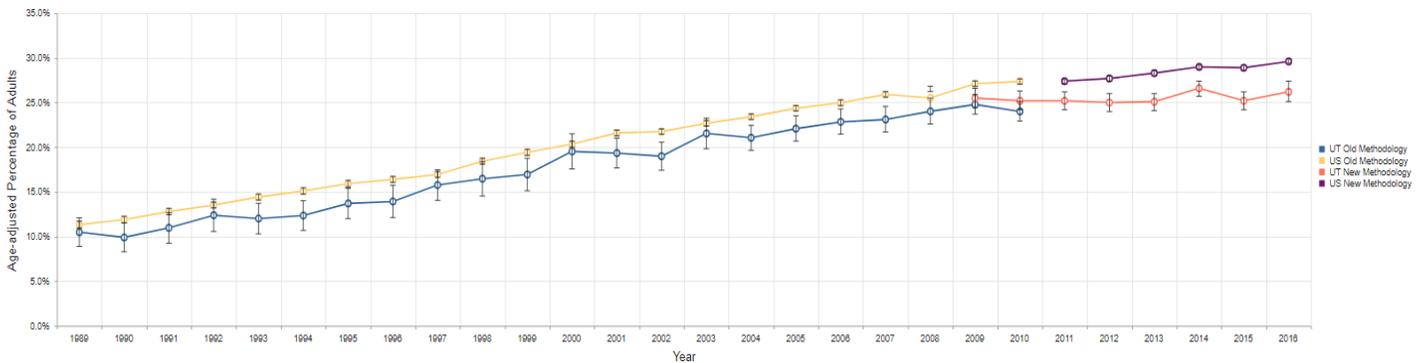
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Data Updates

Over the past 16 years, the age-adjusted proportion of Utah adults who were obese has increased dramatically, from 19.5% in 2000 to 26.2% in 2016. The highest rates of obesity were seen for adults aged 50–64. In 2016, the Native Hawaiian/Pacific Islander and the American Indian/

Alaskan Native populations had significantly higher rates than the state. An estimated 32.3% of Hispanic/Latino adults were obese, compared to 25.6% of non-Hispanic/Latino adults.

Adult Obesity, Utah and U.S., 1989-2016



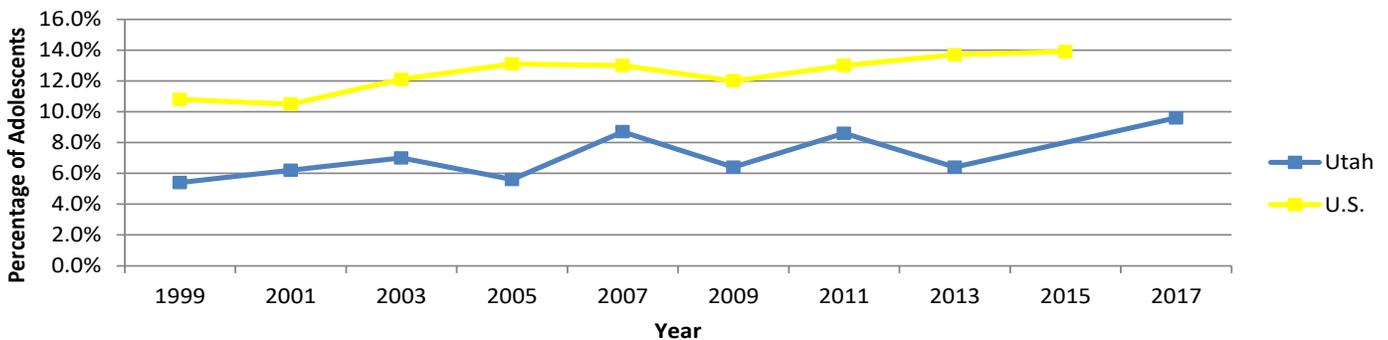
The percentage of obese children in Utah increased dramatically in the first decade of the century. From 1994 to 2010 the number of obese third grade boys increased by 97%, from 6.0% in 1994 to 11.8% in 2010. The percentage of obese third grade girls increased by 40% over the same time period. In 2010, 8.4% of third grade girls were obese compared to 6.0% in 1994. Childhood obesity in Utah seems to have leveled off since 2010. In 2016, 9.9% of third grade boys and 11.5% of girls were obese.

to be obese (13.9% compared to 5.3%). Adolescent obesity rates varied dramatically by race and ethnicity. According to the 2017 Prevention Needs Assessment, Pacific Islanders (29.1%), Native Americans (15.9%), and Hispanics (13.9%) in grades 8, 10, and 12 all had higher rates of obesity than the state rate (9.5%). White adolescents (8.1%) had lower rates than the state rate.

Among adolescents in 2017, 9.6 % of Utah youth in grades 9–12 were obese; boys were almost twice as likely as girls

The adolescent obesity rate nationally (13.9% in 2015) is considerably higher than the Utah rate (9.6% in 2017).

Percentage of Adolescents Who Were Obese, Grades 9-12, Utah and U.S.



The Utah Department of Health Healthy Living through Environment, Policy, and Improved Clinical Care (EPICC) Program works in schools, worksites, communities, healthcare, and childcare to promote healthy lifestyles in Utah. The EPICC Program works with local health departments to address priority populations including those disproportionately affected by chronic diseases and the risk factors that cause them, have a high prevalence of overweight or obesity, limited access to healthy foods, or which do not obtain adequate physical activity. Emphasis is placed on areas with high rates of poverty, racial/ethnic minorities, and populations living in rural/urban areas.

In the prior State Health Improvement Plan, the focus areas for this health priority included:

- Educating schools and school districts about incorporating physical activity for students for health and educational benefits
- Promoting healthy family meals

This plan is focused on facilitating a culture of wellness within worksites while maintaining all of the other efforts currently underway to address obesity concerns.

Goals, Objectives, Measures, and Strategies

Goal: Reduce Utah obesity rates by facilitating a culture of wellness within worksites by June 30, 2020 in the state of Utah.

Objective: By June 30, 2018, data on 60 worksites will be collected to determine needs for moving from “good” to “better” to “best” ranking.

Measure: Number of worksites that complete the online worksite assessment

Baseline: 0 worksites as of June 2017

Target: 60 worksites by June 30, 2018

Current: 85 worksites as of December 2018

Strategy: Using a standardized assessment tool, collect data on worksites that need assistance with moving from “good” to “better” to “best” ranking and creating a culture of wellness within their organization.

Accomplishments:

- Additional worksites have completed the assessment since the last update, for a total of 85 worksites.
- The focus is shifting to following up with worksites who have completed the assessment, providing resources for improvement, and identifying champions/mentors.

Objective: By October 1, 2018, wellness resources will be provided to 20 employers through personal contact.

Measure: Number of employers that received wellness resources

Baseline: 0 employers as of June 2017

Target: 20 employers by October 1, 2018

Current: 31 employers as of December 2018

Strategy: Provide wellness resources to employers.

Accomplishments:

- Resources compiled and posted to <http://choosehealth.utah.gov/worksites.php> (July 2017)
- Developed and distributed a Worksite Wellness Toolkit, available at http://choosehealth.utah.gov/documents/pdfs/Worksites/uhip-o_worksite_wellness_toolkit_final.pdf
- The comprehensive worksite wellness program, Work@Health®, developed by CDC and NACDD, is being delivered to worksites, as requested.
- UDOH staff are being trained as Master Trainers for Work@Health® and will be able to train other workgroup members and local health department staff to deliver the program to worksites in their respective areas.

Objective: By June 30, 2019, at least five representatives from agencies/businesses that have a successful wellness program will be recruited to act as wellness champions.

Measure: Number of representatives identified as wellness champions

Baseline: 0 representatives as of June 2017

Target: 5 representatives by June 30, 2018

Current: 20 representatives as of December 2018

Strategy: Increase the capacity of worksites to improve wellness scores by providing mentors, champions, and educational opportunities.

Accomplishments:

- Potential mentors were identified out of the 2018 Worksite Wellness Award recipients.

Objective: By March 31, 2019, a mentor model is available to help 15 businesses move from good to better or better to best on assessment.

Measure: Number of businesses benefitting from mentor model

Baseline: 0 businesses as of June 2018

Target: 15 businesses by June 30, 2019

Current: 0 businesses as of December 2018

Strategy: Increase the capacity of worksites to improve wellness scores by providing mentors, champions, and educational opportunities.

Accomplishments:

- A subcommittee was formed and is working on developing a mentor model.

Objective: By June 30, 2020, at least 40 worksites will have data from three annual assessments documenting improvement.

Measure: Number of worksites completing three assessments

Baseline: 0 worksites as of June 2017

Target: 40 worksites by June 20, 2020

Current: 0 worksites as of December 2018

Strategy: Reassess on an annual basis to document improvements in worksite wellness.

Accomplishments:

- No update at this time

Available Services/Resources

Obesity—Adults

Utah Department of Health, Healthy Living through Environment, Policy and Improved Clinical Care (EPICC)

<http://www.choosehealth.utah.gov>

Utah Worksite Wellness Council

<http://utahworksitewellness.org>

Making the Healthy Choice the Easy Choice, The Utah Nutrition and Physical Activity Plan 2010–2020

http://choosehealth.utah.gov/documents/pdfs/U-PAN_State_Plan.pdf

Centers for Disease Control and Prevention

<https://www.cdc.gov/obesity/index.html>

National Heart, Lung, and Blood Institute (NHLBI)

Obesity Education Initiative

<https://www.nhlbi.nih.gov/about/org/oei>

The State of Obesity: Better Policies for a Healthier America

<http://healthyamericans.org/report/115/>

The Surgeon General's Call to Action to Prevent and Decrease Overweight & Obesity

<https://www.surgeongeneral.gov/library/calls/>

Behavioral Risk Factor Surveillance System

<http://www.cdc.gov/brfss/>

Trust for America's Health

<http://healthyamericans.org/reports/stateofobesity2017>

Obesity—Minors

Action for Healthy Kids Program

<http://www.actionforhealthykids.org/>

Utah Department of Health

<http://choosehealth.utah.gov/preK-12.php>