

The 19th Annual Meeting of the Indiana Chapter of the American College of Cardiology



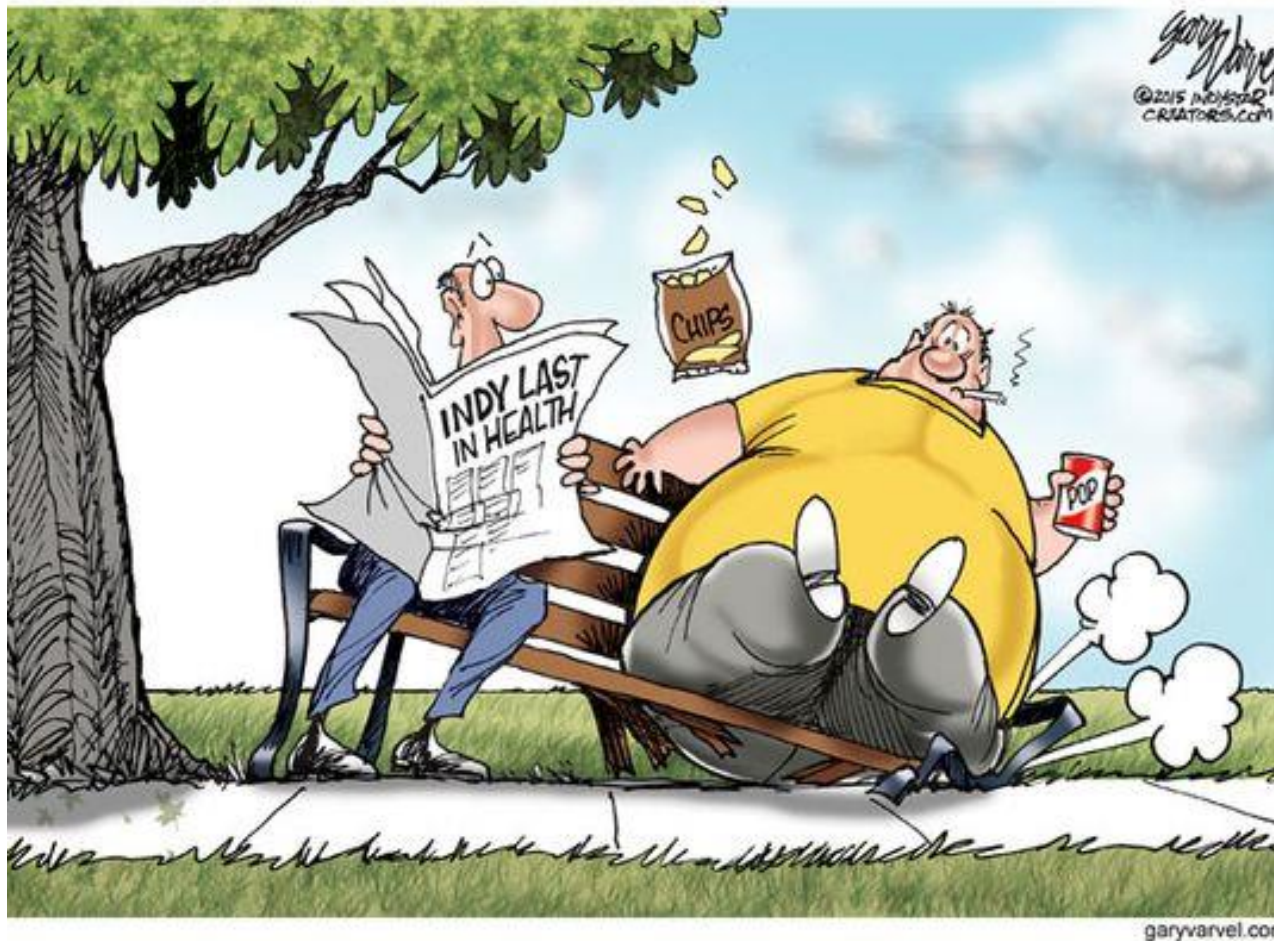
Community-Based Population Initiatives to Combat Childhood Obesity

Ron Gifford
Chief Executive Officer
Jump IN for Healthy Kids

Ron.Gifford@JumpINHealth.org

NO DISCLOSURES

Our Community Health Crisis



Negative Impact on Our Children

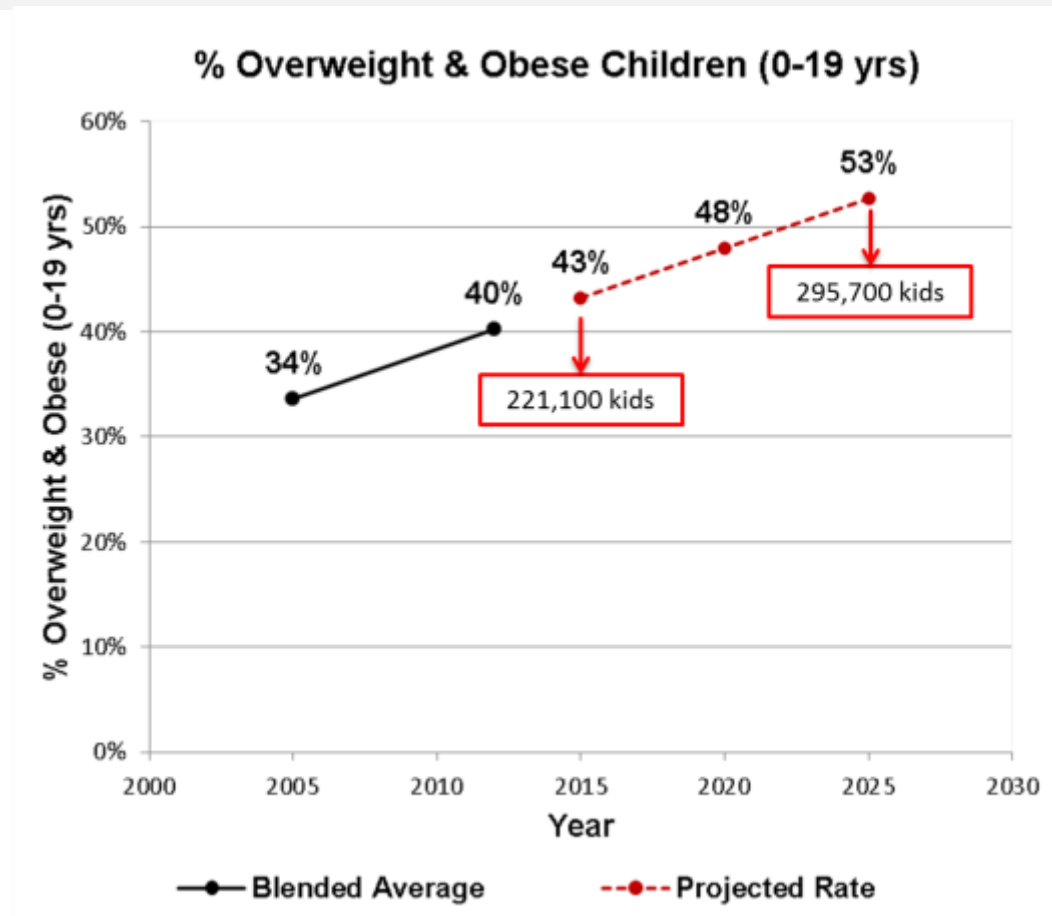
221,000 kids
in central Indiana are at
significantly higher risk of

Diabetes
Heart Disease
Cancer

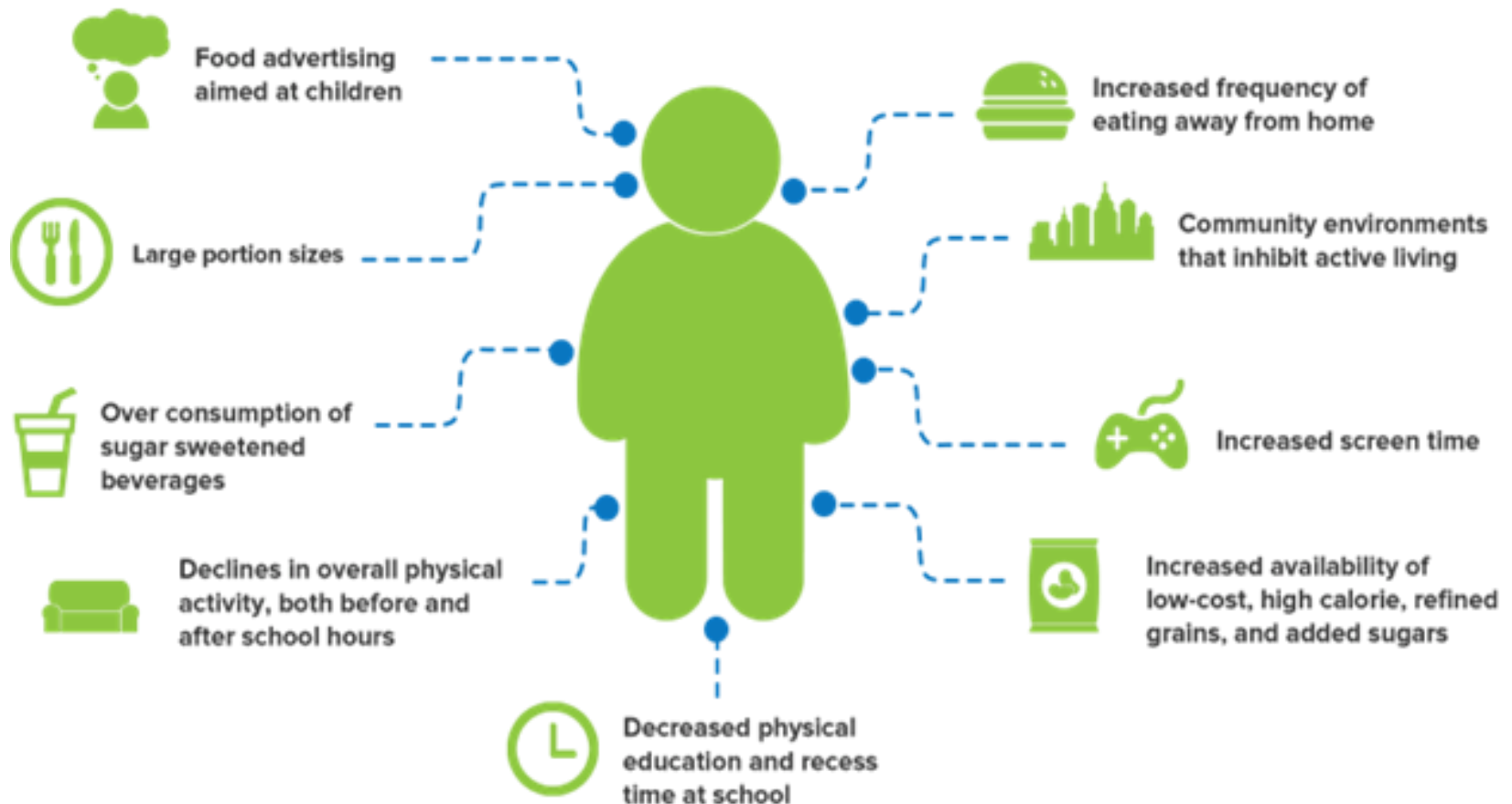
because they are at an
unhealthy weight

CDC, Behavioral Risk Factor Surveillance Survey; 2013
Census data

(10-year projections based on current data and
trend analysis in 8-county Indianapolis metro –
prepared by Marion County Public Health)



The Challenge: Numerous and Complex Factors of Obesity



JUMP IN FOR HEALTHY KIDS

Jump IN for Healthy Kids: A Community Response



- Initiated by CEOs of health care systems, major businesses and civic organizations
- Formal launch in 2014
- Community-wide leadership from civic, business, academic, nonprofit, health, and education sectors
- Created to convene, align and implement strategies and interventions

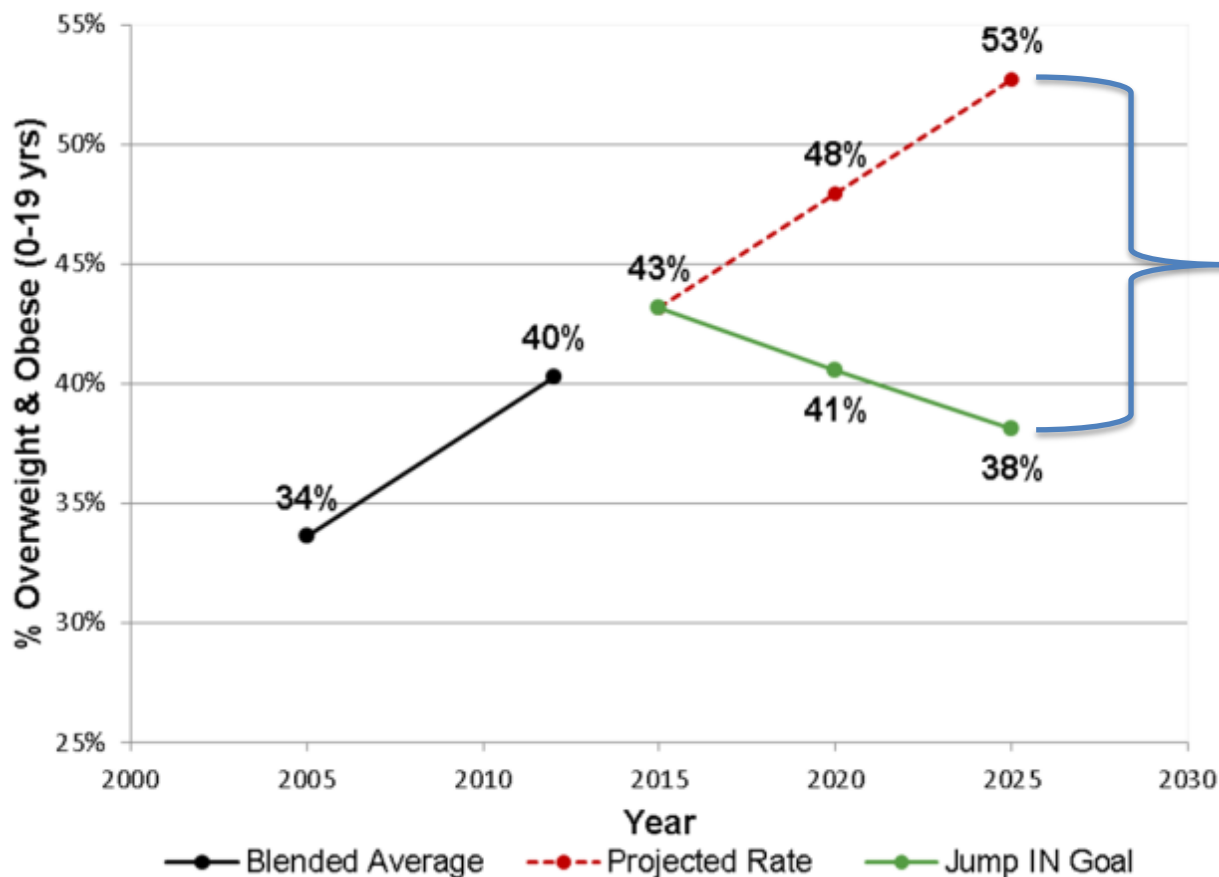
Vision: Make Indy a Place Where the Healthy Choice = Easy Choice

Ensure that children and their families have ***real*** opportunities to make healthy choices in a healthy environment.



Goal: Reduce Child Obesity Rate From a Projected 53% to 38% in 10 Years

% Overweight & Obese Children (0-19 yrs)



by 2025

12% reduction in
child obesity rate
by 2025

55,700

kids will avoid becoming

overweight

27,800 more kids
will be at
a healthy
weight

Jump IN Task Forces: Multi-Sector Strategies

Nutrition

**Physical
Activity**

**Employer
Wellness**

**Clinician
Training**

**Communication
and Public
Awareness**

**Public
Policy**

**Community
Based Pilots**

**Data
and
Analytics**

Sector-Specific Strategies/Interventions:

34 Nutrition Strategies

25 Physical Activity Strategies

STRATEGIES - INTERVENTIONS BY SECTOR
Phase 1/Phase 2

Schools

Nutrition

1. Increase the number of students who eat healthy school breakfasts, lunches and snacks offered in school.
2. Promote and implement age-appropriate, evidence-based nutrition education into the school curriculum.
3. Promote the development and adoption of best-practice guidelines for healthy snacks in the classroom, after-school vending, fundraising and concession sales.
4. Promote and enhance existing online resource centers and other technical assistance opportunities to provide schools access to nutrition and healthy eating resources (such as menus and recipes).
5. Create a best practice model to encourage and enable "farm-to-school" initiatives for schools, early care and education centers, and youth-serving programs, including the creation of local gardens, local purchasing, and related efforts.
6. Advocate for the establishment of statewide nutrition education standards in the schools.

Physical Activity

1. Integrate physical activity tied to course content into each class period.
2. Enhance after-school programs (including more intramural sports options) to provide additional opportunities for students to engage in moderate-to-vigorous physical activity.
3. Ensure that the PE curriculum focuses on lifetime physical activity.
4. Incorporate the FitnessGram® assessment tool into all PE classes.
5. Promote Safe Routes to School initiatives that support walking and biking to school.
6. Implement policies to provide that all elementary students have at least 30 minutes of daily moderated recess (per evidenced-based guidelines) that cannot be taken away as punishment.
7. Increase opportunities for parents and caregivers to participate in physical activity programs at school with their children where possible (before- or after-school programs, for example).
8. Increase education and engagement with parents and caregivers to promote physical activity outside of school.
9. Advance policy that restricts the increase of credit flexibility/waiver expansion.
10. Limit the use of on-line Physical Education to specific circumstances (e.g., for use by students with disabilities).
11. Implement policy change to increase the frequency of physical education to conform to evidence-based standards.

1

STRATEGIES - INTERVENTIONS BY SECTOR
Phase 1/Phase 2

Community-Based Initiatives

Nutrition

1. Advocate for the reauthorization of federal supplemental food programs.
2. Develop "healthy corner store projects" in underserved areas.
3. Expand the number of farmers markets in underserved areas.
4. Increase the number of farmer markets wherever located that accept SNAP, WIC and other food assistance programs.
5. Increase the number of community gardens in central Indiana.
6. Work in partnership with food retailers to incentivize, develop and expand full-service grocery stores and supermarkets in underserved communities.
7. Increase local food store marketing of healthy products across the spectrum of product, placement, price and promotion marketing strategies.
8. Develop community-based "nutrition hubs" (access, cooking classes, education and counseling).
9. Identify and promote community-based programs that provide healthy eating classes and nutrition education using a variety of community venues and communication channels.
10. Work with public venues to add and promote healthier food choices at affordable prices.
11. Identify and advocate for policy changes that provide additional affordable food resources to low income families.
12. Reduce and eliminate the advertising of unhealthy foods to children.
13. Increase the promotion of healthy food choices by restaurants and other prepared food vendors through efforts such as menu labeling, calorie counts and portion options.
14. Promote services and programs that support and sustain healthy eating behaviors.

Physical Activity

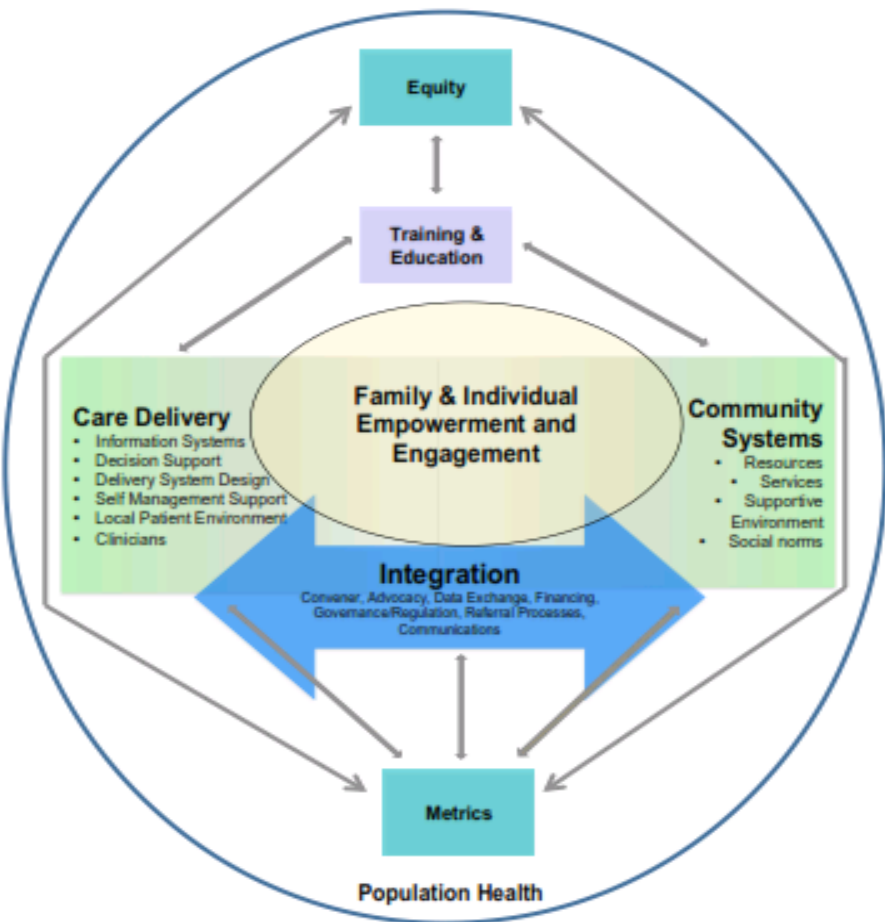
1. Support the adoption of active transportation policies, including Complete Streets and investment in the built environment (e.g., sidewalks, trails and greenways, bike paths, and mass transit).
2. Promote the development of additional and the improvement of existing neighborhood playgrounds and parks.
3. Align with the "Top 10" initiative to promote the use of shared use agreements to give children and families access to public facilities for physical activities.
4. Encourage health care providers to adopt and prescribe prevention and treatment strategies that optimize PA among their pediatric patients.
5. Enhance community capacity to provide additional programs, events, and other opportunities for children to engage in moderate to vigorous physical activity.

4

Implementing The Strategies:
Achieving Individual and Population-Health Outcomes

PLEDGES, PILOTS AND PATIENTS

A Framework for Integrated Clinical and Community Systems of Care (*Dietz, et al* *.)



“Clinical efforts will not succeed without complementary community systems that make healthier choices the default or easier option.”

- Patients cannot make healthy food choices without access to healthy food
- Patients cannot become physically active without access to safe places for physical activity

* *An Integrated Framework for the Prevention and Treatment of Obesity and Its Related Chronic Diseases*, Dietz, et al., Health Affairs 34, No. 9 (2015)

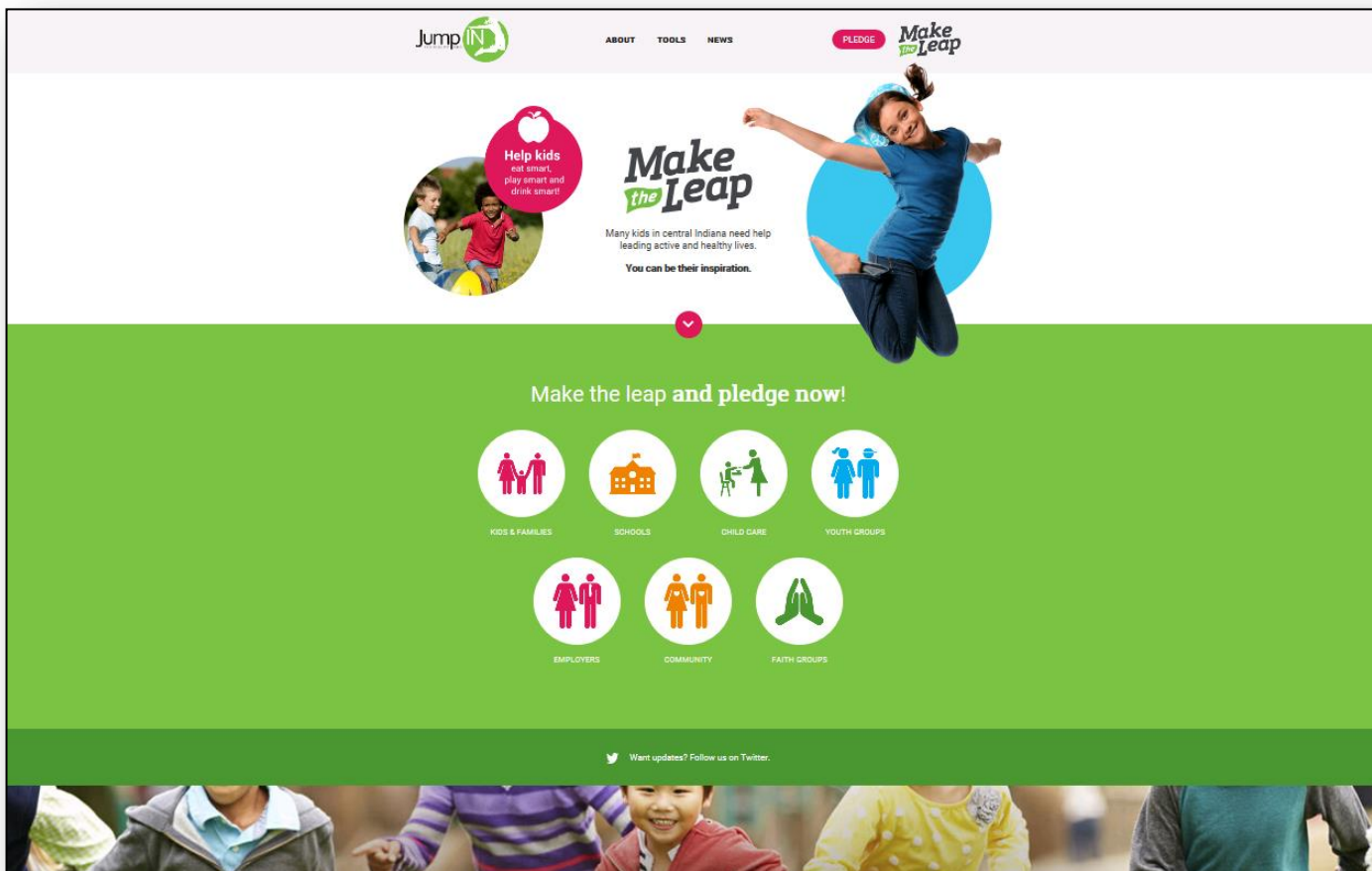
THE JUMP IN PLEDGE: POPULATION-BASED STRATEGIES

The Jump IN Pledge

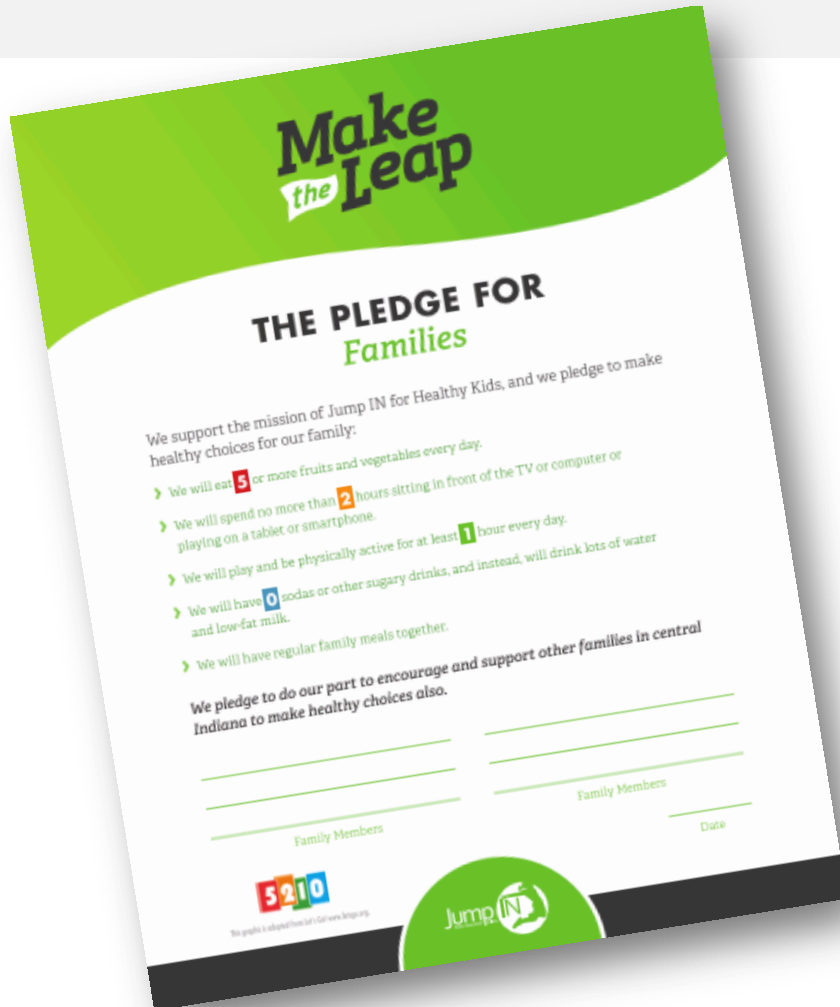


- Focus on 7 settings that influence children's eating and activity behaviors:
 - Families
 - Child Care Providers
 - Schools
 - Youth Organizations
 - Employers
 - Faith Groups
 - Community
- Goal:
 - “Do your part” to create healthy choices
 - Enable and inspire children & families to make healthy choices
 - Improve overall culture of health

www.JumpINPledge.org



Consistent Message for Families in All Settings




Consistent Themes Across All Pledges




- Serve healthy meals, snacks, and drinks
- Promote active play
- Teach healthy behaviors
- Encourage parents to promote healthy habits at home
- Model healthy behaviors

Online Tools and Resources

- Sector-specific tools and resources to implement pledge
- Focus on proven, evidence-based programs
- Emphasis on reach and effect of specific recommendations



[ABOUT](#)
[TOOLS](#)
[NEWS](#)

[PLEDGE](#)


[Kids & Families](#)
[Schools](#)
[Getting Started](#)
[Healthy Meals](#)
[Healthy Snacks](#)
[Active @ School](#)
[Smart About Health](#)
[Healthy @ Home](#)
[How's it Going?](#)

[Employers](#)
[Child Care](#)
[Youth Groups](#)
[Faith Groups](#)
[Community](#)

Partners

[500 Festival KidsFit](#)
[Change the Play](#)
[EnergyKrazed](#)
[Fuel Up to Play 60](#)
[Girls on the Run](#)
[Mighty Lotus](#)
[Monumental Marathon](#)
[Nine13 Sports](#)
[Playworks](#)
[Project 18](#)
[YMCA](#)

ACTIVE @ SCHOOL

> We will ensure that our students are physically active for at least 30 minutes during the school day.

According to the Centers for Disease Control and Prevention, students who are physically active tend to have better grades, school attendance, cognitive performance and classroom behavior. [\[report\]](#)

Schools can help their students become more active in many ways:

- Regular physical education classes
- Daily recess (with a focus on [active play](#))
- Brief classroom physical activity breaks
- Before and after school programs



These tools and resources will help you find the right mix of activities to ensure that your students participate in at least 30 minutes of moderate to vigorous physical activity during the school day.

Role Model

- [Keep kids active](#) at recess. Find best practice ideas [here](#), [here](#) and [here](#).
- Never withhold recess or PE class as a punishment.
- Offer classroom physical activity breaks during the school day. Get ideas from the NFL's [Fuel Up to Play 60 PA Breaks](#) or from the American Heart Association's [135 classroom PA break ideas!](#)
- Add or expand before-and-after-school programs to help your students stay active, especially when the weather makes it difficult to play outside.
- Partner with any of the organizations listed on the left or collaborate with a local fitness, yoga, or martial arts group to bring activity-based programs to your school.
- Use a curriculum like [Spark™](#) or [BOKS](#) to create a staff- or volunteer-run program at school.

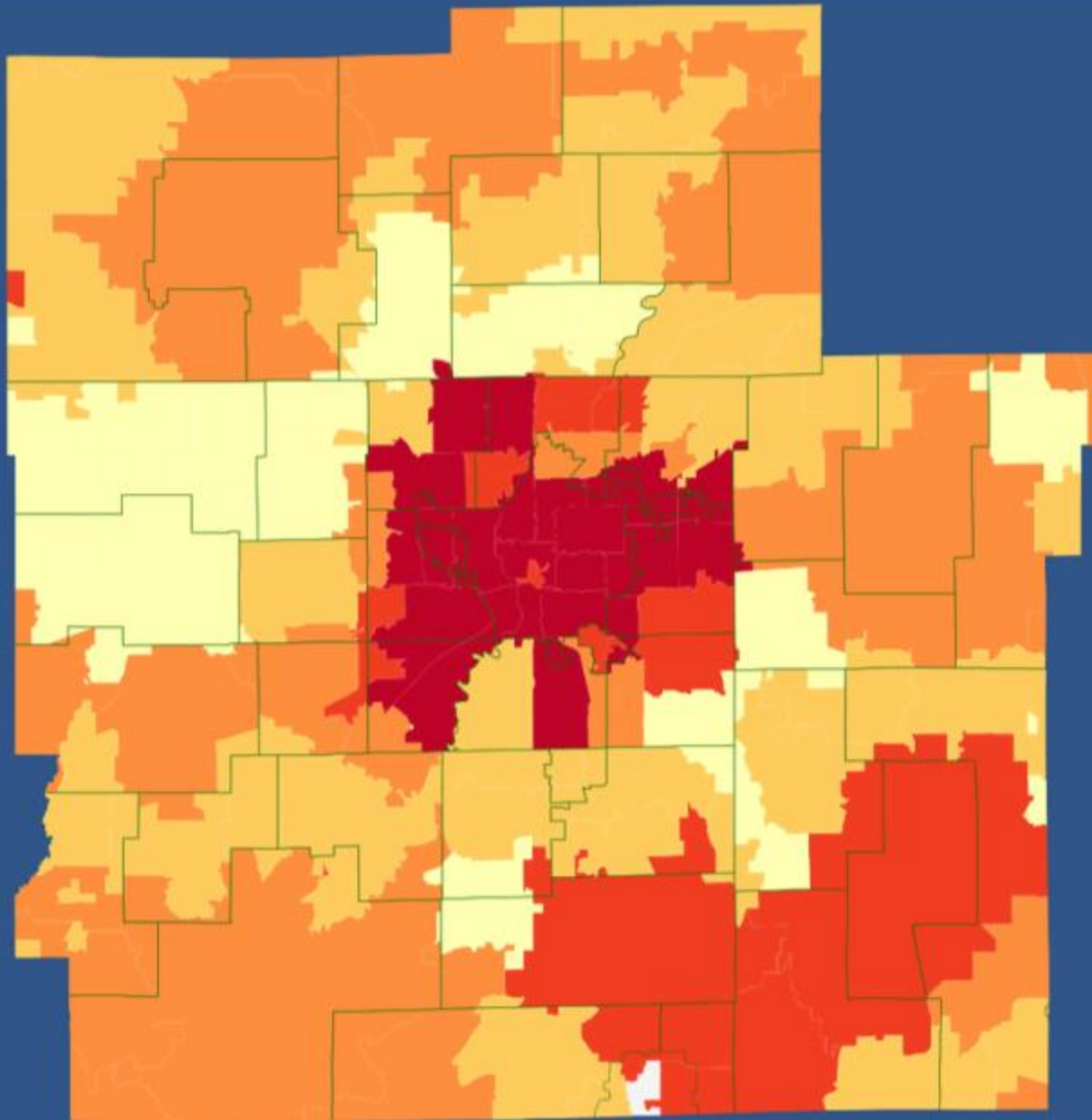
Leader

- Boost physical activity with moderated active recess. Groups like [PlayWorks](#) offer services, training, and tools that can assist.
- Incorporate physical activity into classroom content with curriculum from vendors such as [GoNoodle](#), [Activity Works](#), or [GeoMotionTV](#).

NEIGHBORHOOD PILOTS: COMMUNITY-FOCUSED STRATEGIES

Jump IN Childhood Overweight/Obesity Risk Index (v2)



Data source: American Community Survey
5-year estimates (2009-2013), US Census
Bureau, by ZIP Code Tabulation Area (ZCTA)

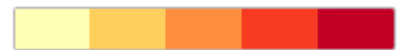
Compiled by: Jump IN for Healthy Kids

Map engine: cartoDB.com

 School districts

Lowest
risk

Highest
risk



Components of the index

Percent of population, Hispanic any race
(DP05)

Percent of population, non-Hispanic Black-
alone (DP05)

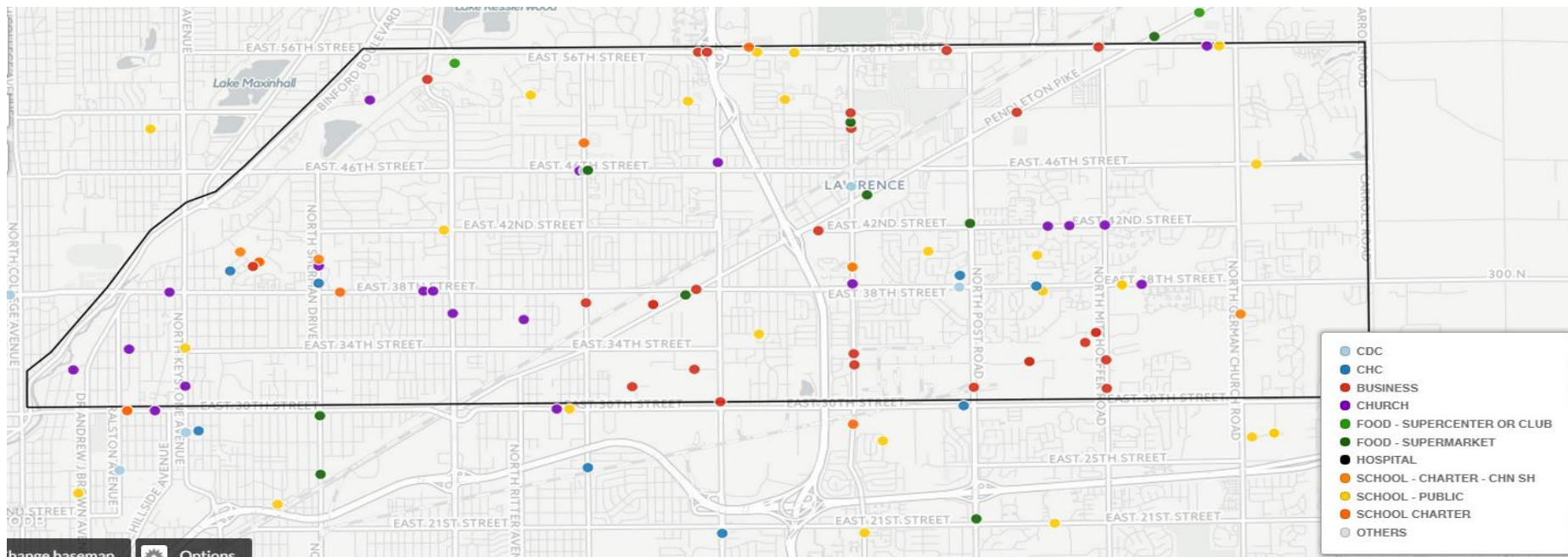
Percent of families with children <18 and
below 185% of FPL (from B17022)

Percent of children <18 covered by one
type of health insurance, Medicaid-or-
other-means-tested (B27010)

Percent of population with less than a
high-school diploma (from S1501)

Example of Potential Pilot Area

Looking for existing community development infrastructure as well as an established “community of interest” to undertake a comprehensive environmental pilot.



Desired Outcomes of Pilot Programs



CORE PRINCIPLES:

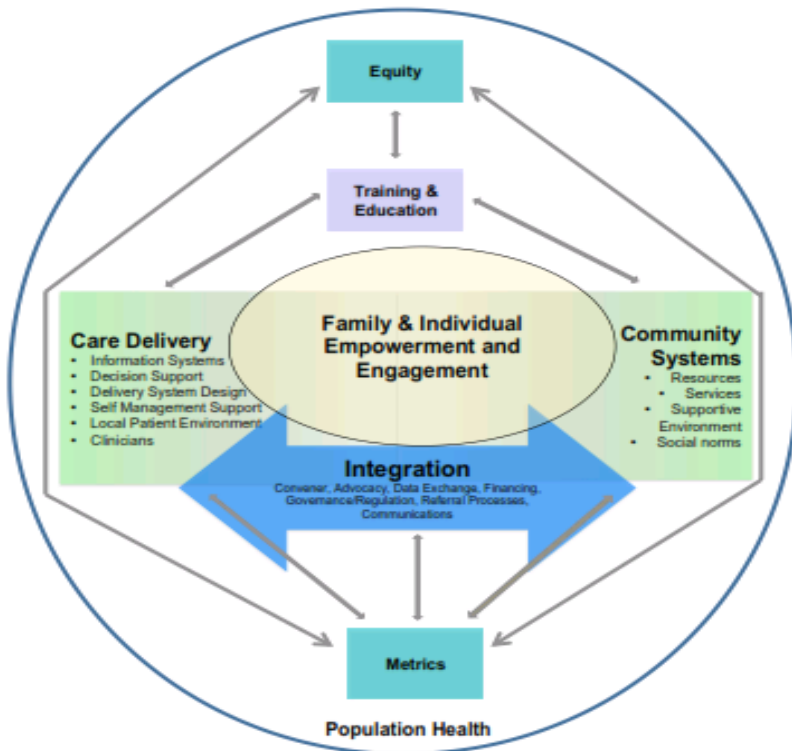
- Healthy places support healthy choices.
- Consistent messaging across sectors is essential
- Strategies are based on science and recommended by the medical community



- Create comprehensive environmental change in each community
- Evaluate effectiveness of specific strategies and interventions (including required “dose”)
- Determine scalability and sustainability of effective strategies
- Understand the integration of strategies through multiple settings
- Export learnings

PATIENT CARE: INTEGRATING CLINICAL INTERVENTIONS WITH SUPPORTIVE COMMUNITY SYSTEMS

Integrated Clinical and Community Systems of Care

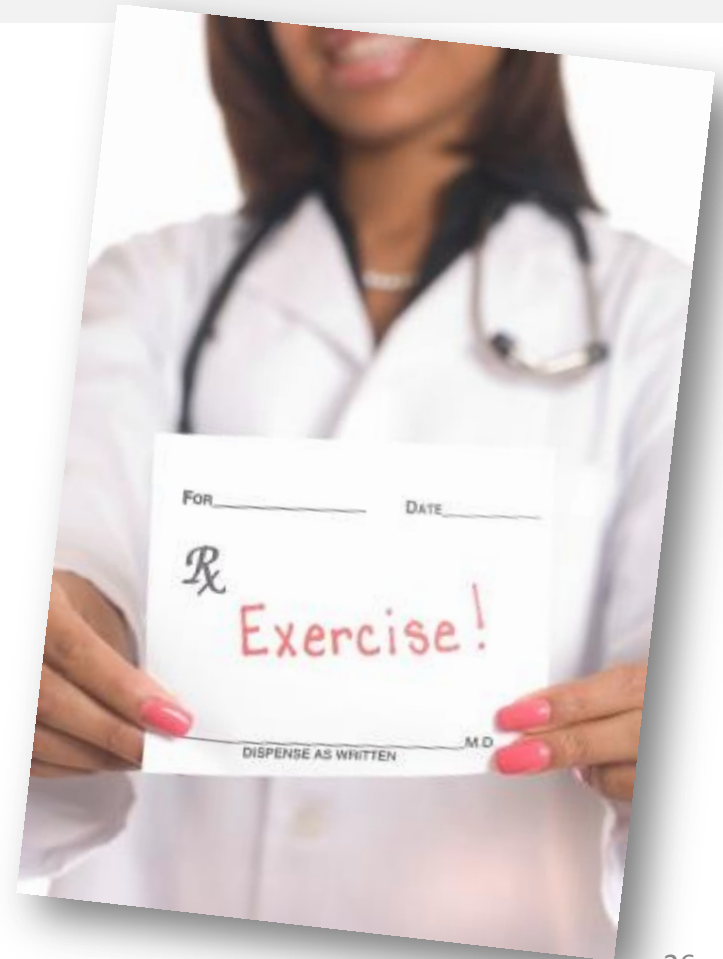


- “Effective care requires practitioners who can enable behavior change within and beyond medical treatment.”
- “[P]roviders can play a key role in referring patients to community programs and advocating and strengthening community nutrition and physical activity resources that complement and reinforce clinical strategies.”

* *An Integrated Framework for the Prevention and Treatment of Obesity and Its Related Chronic Diseases*, Dietz, et al., *Health Affairs* 34, No. 9 (2015)

Enhanced Clinician/Provider Training as a Component of an Integrated System of Care

- Continuing education program on obesity prevention and treatment
 - Nutrition and physical activity training
 - Behavior change strategies
 - Motivational interviewing techniques
- Provider toolkit
 - Pre-exam assessment tool and/or exam checklist for the office
 - Patient education materials
- Online resource site and/or referral information for community-based programs
 - Real time access to geographically-specific resources
 - www.ChooseHealthier.org app, e.g.



Concluding Remarks

