Soldier Medical Readiness Campaign Injury Prevention/Human Performance Optimization Education Series

Healthy Weight Campaign Informational Brief

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(UNCLASSIFIED)
BRIEFING OUTLINE

PURPOSE: To provide an overview of the USAPHC Healthy Weight initiatives.

1. Introduction to USAPHC and the public health approach
2. USAPHC Healthy Weight Strategic Initiatives
3. 4 Healthy Weight Strategic Issues
4. Highlight/Discussion of Current Projects
NOTE: Installations specified in parentheses represent the command group location, not units conducting short or long-term split operations, e.g. HQ, PHCR-North, and PHCR-Pacific.

* USAPHC commanding general dual-hatted as the Functional Proponent for Preventive Medicine

** Executive agencies receive administrative support from USAPHC, but the Army surgeon general oversees them
AIPH Organizational Structure

Army Institute of Public Health
(Aberdeen Proving Ground, Md.)

Environmental Health Engineering (EHE) Portfolio
- Entomological Sciences
- Water Supply Management
- Surface Water & Waste Water
- Hazardous & Medical Waste
- Ground Water & Solid Waste
- Air Quality Surveillance
- Operational Noise

Epidemiology & Disease Surveillance (EDS) Portfolio
- Professional Medical Education
- Injury Prevention
- Disease Epidemiology
- Behavioral & Social Health Outcomes

Health Promotion & Wellness (HPW) Portfolio
- Army Public Health Nursing
- Army Wellness Centers
- Behavioral Health Operations
- Health Promotion Operations
- Public Health Assessment

Health Risk Management (HRM) Portfolio
- Health Risk Communication
- Environmental Health Risk Assessment
- Deployment Environmental Surveillance
- Global Threat Assessment
- Environmental Surveillance Integration

Occupational & Environmental Medicine (OEM) Portfolio
- Army Hearing Program
- Tri-Service Vision Conservation & Readiness
- Environmental Medicine
- Occupational Medicine
- Surety Medicine

Occupational Health Sciences (OHS) Portfolio
- Radiofrequency / Ultrasound
- Laser/Optical Radiation
- Health Physics
- Industrial Hygiene Field Services
- Industrial Hyg. Medical Safety Management
- Health Hazard Assessment
- Ergonomics

Toxicology (TOX) Portfolio
- Toxicity Evaluation
- Health Effects Research

Veterinary Services (VET) Portfolio
- Clinical Veterinary Medicine
- Food Protection

Ms. Amy Cowell/MCHB-IP-HPH/410-417-2847 (UNCLASSIFIED)
Primary Prevention...
Focusing “UPSTREAM”
before anyone goes over the waterfall
The Army does a great job of training Soldiers to survive in hostile environments...
...but as a nation we have done a poor job of teaching our population how to survive a toxic environment!
Does the environment support wellness?
THE PUBLIC HEALTH PROCESS

STEP 1
Identification of Problems (Surveillance)

EXPOSURE

STEP 2
Determination of Causes, Risk Factors/Behaviors

DETECTION

STEP 3
Systematic Review of Interventions

RESPONSE

STEP 4
Implementation of Programs and Policies

STEP 5
Evaluation and Monitoring

*SAdapted from a surveillance and prevention model; Am J Prev Med 2000; 18(S) p.82
Army Healthy Weight Campaign: Reason For Action

- Family Member and Retiree BMI is an AMEDD BSC metric

- Nearly two thirds of Army family members and retirees (FM-RRET) identified as overweight or obese

- $1.1 billion estimated annual cost of to the TRICARE Prime Program to treat overweight and obesity

Source: CDM data Jan-Dec 2010, based on last recorded ht/wt.
Army Healthy Weight Campaign: Reason For Action

- Clinical data show that 68% of Soldiers have a BMI greater than 25, classifying them as overweight (48%) or obese (20%) over the period of 2010-2011.
- Surveys conducted among three operational Army brigades in 2010-2011 indicated that 46% of Soldiers in these units were overweight and 13% were obese, according to national standards.
- Studies have shown that BMI has increased over time among both recruits and Soldiers in operational units, approximately proportionate to increases seen in the general U.S. population.
PHC Strategic Initiatives Related to Obesity

- National Prevention Strategy Task Force
- AR 600-9 Workgroup
- Army Wellness Centers
- Soldier Medical Readiness Campaign
- HPRR Program Review
- Army MOVE! Evaluation
- DoD Obesity Task Force
Vision
An Army Family leading the Nation in Achieving and Maintaining a Healthy Weight.

Mission
To achieve healthy weight in the Army Family by creating healthy environments and facilitating healthy behavior change.
One Strategic Approach to Achieve Healthy Weight

Surveillance
- Optimize Surveillance System

Clinical
- Improve Clinical Screening, Prevention and Treatment

Community
- Enhance Community Prevention

Supporting Efforts
- Information Management
- Continuous Monitoring & Evaluation
- Training and Development
- Policy Development
- Research and Innovation
AMEDD Balanced Score Card

IP 5.1 (Linked to CS 1.2 PHC) % of family members and retirees who are at a healthy weight

**Metric Info**

- **Description:** Reflects the percentage of Active Duty Family Members, Retirees and Retired Family Members who are at a healthy weight. Measures the patient's Body Mass Index and reflects the last patient appointment in Military HRFs. Population is AD/Ret, Ret Ret HH 17 and older. Data source: AMH IA Clinical Data Hart, Semi Annual(CY) data pull. The goal of this measure is to reach the HP 2020 target by 2018 (10% improvement in proportion of Adults at a healthy weight).

- **Type:** Linked Metric
- **Calendar:** Semi-Annual
- **Metric ID:** 352494
- **Weight:** 50%

**Source Metric:** CS 1.2 (Linked to PHC CS 1.2) (Linked to IP 5.1 MEDCOM) % of family members and retirees who are at a healthy weight

- **Owners:** Ms. Amy Cowell, Ms. Laura Miltvalsky, Mr. Paul Pletruslaik
- **Updaters:** Ms. Amy Cowell, Mr. Joseph B. Heuser, Mr. Paul Pletruslaik
  - * Able to update Threshold values

**Historical Performance**

- Actual: 30.11%
- Score: 3.69
- Red Threshold: 30%
- Green Threshold: 31%
Population Weight Status (%BMI) by RMC

Healthy Weight Overall Target >34%

<table>
<thead>
<tr>
<th>RMC Command</th>
<th>AD Family Members</th>
<th>Retiree Family Members</th>
<th>Retirees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Healthy Weight BMI: 18.5-24.9</td>
<td>Obese BMI: &gt;30</td>
<td>Healthy Weight BMI: 18.5-24.9</td>
</tr>
<tr>
<td>ERMC</td>
<td>42</td>
<td>29</td>
<td>38</td>
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<tr>
<td>NRMC</td>
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<td>WRMC</td>
<td>36</td>
<td>29</td>
<td>31</td>
</tr>
<tr>
<td>Overall</td>
<td>38</td>
<td>29</td>
<td>31</td>
</tr>
</tbody>
</table>

Healthy Weight Issue: Surveillance

• **Objective:** Optimize surveillance capability to report on AD & FM-RET data to inform Healthy Weight policy and initiatives.

• **Initiatives:**
  – BMI Screening Policy Memos
  – Soldier Fitness Tracker
  – Health behavior data
  – Community data to include:
    – Creating Active Communities and Healthy Environments (CACHE toolkit)
    – Community Needs Assessment
Healthy Weight Issue: Community

• **Objective:** Standardize and strengthen prevention initiatives to create healthy environments and support healthy lifestyles.

• **Initiatives:**
  – Increase number and strength of Community Health Promotion Council (CHPC) on installations Army wide
  – Develop evidence-based guidelines, regulations, and tools to guide installations in the implementation of effective Healthy Weight strategies
  – Ensure Healthy Weight initiatives meet minimum standards of evidence-based public health practice
  – Determine need for evidence-based programs
  – Increase collaboration between community agencies to streamline Healthy Weight efforts
Creating Active Communities & Healthy Environments (CACHE) Toolkit

A number of leading organizations in health and nutrition, including the World Health Organization, the Institute of Medicine, the International Obesity Task Force, and the Centers for Disease Control and Prevention, “have identified environmental and policy interventions as the most promising strategies for creating population-wide improvements in eating, physical activity, and weight status” (Glanz et al., 2005 p.330).
The Built Environment

Where people live, work, and play affects their health

• The built environment includes all of the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure).

Local policies and the physical environment influence daily choices that affect our health—and our weight (Bell & Rubin, 2007).

• Families living in neighborhoods that are zoned exclusively for residential use must drive to work and school because it is too far to walk.
• Communities that lack full-service grocery stores and neighborhood food markets have less access to fresh fruits and vegetables.
The food environment is

- The physical presence of food that affects a person’s diet,
- A person’s proximity to food store locations,
- The distribution of food stores, food service, or any physical entity by which food may be obtained, or
- A connected system that allows access to food.

….also known as the community food environment, nutritional food environment, or local food environment.
Model of Community Nutrition Environments

Policy → Environmental → Individual → Behavior

- **Government & Industry Policies**
  - Government Policies
  - Industry Policies

- **Community Nutrition**
  - Type & location
  - Food outlets
  - Stores, restaurants
  - Accessibility
  - Hours of operation
  - Drive-through

- **Consumer Nutrition**
  - Available healthy options
  - Price, promotion, placement
  - Nutrition information

- **Organizational Nutrition**
  - Home
  - Work
  - School
  - Other

- **Sociodemographics**
  - Psychosocial Factors
  - Perceived Nutrition Environment

- **Media Advertising**
  - Information Environment

- **Nutrition Environment**
  - Eating Patterns
In 2008, New York City became the first major city in the United States to set nutrition standards for all foods sold or served in city agencies, including schools, senior centers, homeless shelters, child care centers, afterschool programs, correctional facilities, public hospitals, and parks. The standards require city agencies to include two servings of fruits and vegetables in every lunch and dinner, phase out deep frying, lower salt content, serve healthier beverages, and increase the amount of fiber in meals (New York City Mayor's Office, 2008).
The m-NEAT is a new tool that was recently adopted from the Navy’s Choose Healthy Options for Wellness (CHOW) and is being implemented across the joint services.

M-NEAT is an assessment of an installation’s environment and policies related to promoting and supporting healthy eating within the workplace, public facilities, restaurants, food store and school settings.

The m-NEAT is designed to assist health promotion professionals, food operators, commanding officers and other stakeholders in collecting actionable information to support decision making and strategic planning.
The built environment can promote increased physical activity through design elements such as:

- Neighborhoods that people can walk easily around and to key facilities such as schools, shops and public transportation
- Provision of walking and cycling facilities (e.g. foot paths and bikeways)
- Facilities for physical activity (e.g. swimming pools, playgrounds)
- Activity centers with a variety of land uses
- Transportation infrastructure and systems, linking residential, commercial, community and business areas.
Promoting Active Communities (PAC) Tool

- A tool created by the Michigan Department of Community Health (MDCH) to identify and reward cities and towns for their efforts to become ‘active living communities’.

- Active living communities are places where it is easy to integrate physical activity into daily routines.

- PHC has worked with MDCH and Army master planning SMEs to adopt the tool for use at Army installations.

- Installations can use the PAC to evaluate their built environments, polices, and programs related to promoting and supporting physical activities.
Benefits of using the CACHE

- **Recognition.** Participating in the pilot demonstrates the installations commitment to wellness, community announcements increase awareness among community residents about the community’s vision and assets related to active living.

- **Planning.** Personalized community reports enhance the community planning process by describing strengths and potential for improvements. Installations can compare their results to installations across the enterprise.

- **Partnerships.** Local leaders develop new partnerships and enhance existing partnerships as a result of working together to complete the assessment. Creation of working group to continually address issues identified by CACHE.

- **Monitoring.** Installations can use their results as baseline to monitor progress.
Conducting the CACHE will require collaboration

- DPW
  - Master Planning
  - Operations & Maintenance
  - Transportation
  - Real Property management
- MWR
  - Rec
  - Transportation
  - Recreation Facilities Management
  - Food Service Manager
  - CYSS
  - Food Service
- ACS
- Housing
- USAPHC
- DeCA
- AAFES
  - Food operations
  - Shoppette

Before

After
Using the CACHE

- **The CACHE Toolkit** is designed for easy use by any Community Health Promotion Council workgroup or health promotion proponent.

- Toolkit includes all materials necessary to conduct the assessments, brief results and develop a local action plan.

- Interested Installations should identify a CACHE POC to lead the initiative.

- PHC staff is available for technical assistance and encourage installation collaboration and feedback on their experience.
Healthy Weight Issue: Clinical Care & Treatment

• **Objective:** Improve the identification, clinical care and management of overweight and obese patients to increase healthy behaviors and healthy weight in the AD & FM-RET population.

• **Initiatives:**
  – Increase clinical BMI screening and documentation
  – Increase use of Clinical Practice Guidelines
  – Improve provider knowledge of available resources
  – Develop and evaluate a standardize Army Weight control program
  – Increase collaboration between Clinical and Community
  – Identification of Evidence Based Programs (Triple P)
Army MOVE! Evaluation: Background

- **Army Weight Control Program**
  - A comprehensive and Standardized Structured Weight Control Program, was highlighted as an Army Family Action Plan (AFAP) Issue at the February 2011 AFAP GOSC Conference.
  - AFAP Issue #662 recommends all Soldiers placed on the Army Weight Control Program to complete a comprehensive and standardized structured weight control program.

- **Army MOVE! program background**
  - adopted from VA’s MOVE!
  - No formal evaluations or regular monitoring
  - AIPH conducted an assessment of Army MOVE! providers to:
    - Assess the experiences of Army MOVE! facilitators
    - Inform the development of the revised program
Army MOVE! Evaluation

• Key Findings
  – Instructors believe Army MOVE! is useful, but are limited in the extent to which they implement the program to fidelity.
  – Sustainability is highly unlikely without significant modifications and efforts to standardize.

• Key Recommendations
  – Increase facilitator training
  – Increase Soldier participation
  – Centralized collection of metrics
  – Program revisions
  – Standard templates
  – Increase staffing

• Revised Program Elements
  – Multi-tiered, multidisciplinary, and individually tailored
  – Choice of individual or group based care
  – Eight group sessions offered weekly on a rolling schedule (six required)
  – Two individual appointments with dietitians
  – Weekly weight measurements and waist circumferences collected and centrally stored
  – Monthly contact with participants for three months following program completion
  – Metric collection three and six months following program completion
**Objective:** Improve collaboration across commands using strategic communication, coordination and continuous evaluation.

**Initiatives:**
- USAPHC is across services to coordinate efforts
- USAPHC is developing an obesity prevention educational campaign to target active duty pre-retirement.
  - Communication Campaign with BAH
Hot items

• CACHE Pilot & Evaluation
• HPRR Review
• Army MOVE!
• Healthy Weight Communication Campaign
• Obesity Deep Dive
Questions?
POCs

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