

WICOMICO COUNTY LOCAL HEALTH IMPROVEMENT COALITION

LOCAL HEALTH OBESITY ACTION PLAN 2015-2017

Submitted by: The Wicomico County Executive's Fitness Council

Background: Obesity prevention was identified by the Wicomico County Local Health Improvement Coalition as a priority concern for the County in 2009. In 2013, The Wicomico County Executive's Fitness Council (WCEFC) was charged with developing recommendations for obesity prevention and reduction among County residents. The Council was also asked to develop a plan that built on existing efforts to improve policy, achieve health equity and promote being active and eating healthy. Obesity prevention and reduction was selected as one of five local health priority areas because of its potential to improve several important health outcomes that affect County residents and demonstrate health disparities, including diabetes, hypertension, heart disease, stroke, cancer and behavioral health problems. Healthy eating and active living improve health status and enhance the quality of life and ability to be productive participants in society (students, employees, etc.) for individuals, families and communities.

Measures:

1a) Percentage of adults who are at a healthy weight (i.e. not overweight or obese) based on their Body Mass Index (BMI).

Data Sources and Definitions:

- Behavioral Risk Factor Surveillance Survey (BRFSS). Body Mass Index (BMI) determined through self-reported height and weight that is less than 25.0kg/m². (Source: SHIP)

2b) Proportion of adolescents who are at a healthy weight (i.e., not obese) based on their Body Mass Index (BMI). Obese children have a BMI that is equal to or above 95th percentile for their age and weight.

Data Sources and Definitions:

- Maryland Youth Tobacco Survey: The percentage of children who are obese are adolescents ages 12 to 19 attending public school who have a Body Mass Index (BMI) determined through self-reported height and weight) equal to or above the 95th percentile for age and gender. (Source: SHIP)

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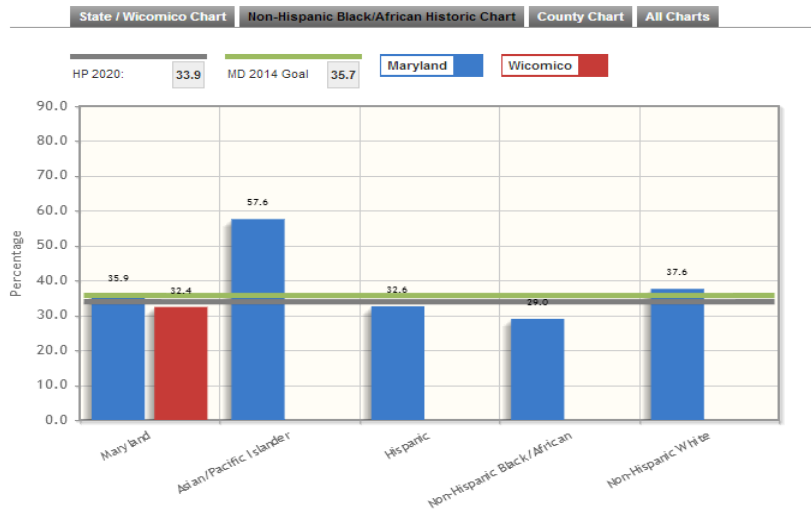
BASELINE DATA

	County Baseline 2011	County Update 2013	County 2017 Goal	MD 2014 Goal	MD Update 2013	Source
Percentage of adults who are at a healthy weight (not overweight or obese)	31%	32.4%	37%(20% increase from baseline)	35.7%	35.9%	BRFSS 2008 – 2010
Percentage of youth (ages 12-19) who are obese	15.1%	12.0%	11.3 (25% decrease from baseline)	11.3%	11.0%	MYTS 2008(baseline) 2010(update)

Adults Who Are A Healthy Weight

This indicator shows the percentage of adults who are at a healthy weight. Forty percent of heart disease, stroke, and diabetes can be prevented through maintaining a healthy weight. Healthy weight can aid in the control of these conditions if they develop.

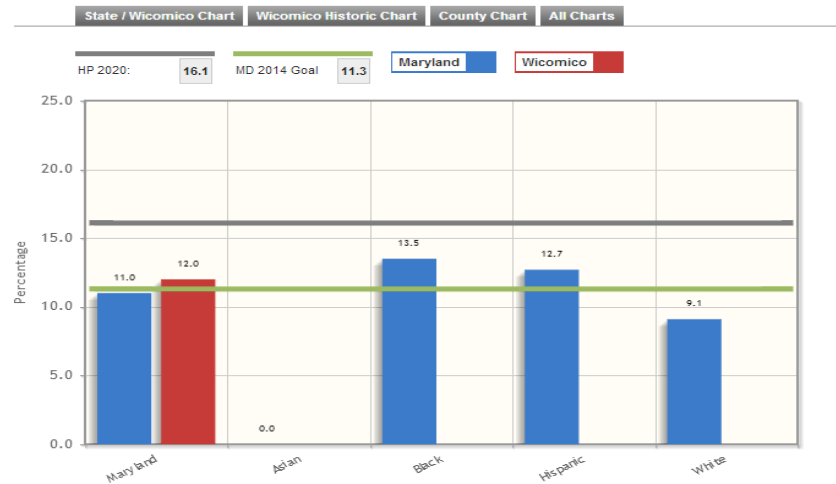
Measurement Period: State: 2013 County: 2011-2013



Children And Adolescents Who Are Obese

This indicator shows the percentage of children and adolescents who are obese. In the last 20 years, the percentage of overweight/obese children has more than doubled and, for adolescents, it has tripled. Overweight/obese children are at increased risk of developing life-threatening chronic diseases, such as Type 2 diabetes.

Measurement Period: 2013 (high school)



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GOALS

- 1) Increase the percentage of adults in Wicomico County who are at a healthy weight by 20% by 2017 (2010 baseline: 31%; 2017 goal: 37%).
- 2) Decrease the percentage of youth (ages 12-19) in Wicomico County who are obese by 25% by 2017 (baseline: 15.1%; goal: 11.3%)

In order to address these issue areas, the actionable strategies below were developed to meaningfully impact obesity related risk behaviors, health status and health outcomes for residents of Wicomico County within 3-5 years. Many organizations and government agencies in the County provide programs and services and implement policies to reduce and prevent obesity and improve health among County residents. These programs, services and policies provide a hopeful backdrop to the work of the Executive Fitness Council and provide a favorable environment for implementation of the Wicomico County Local Health Improvement Obesity Action Plan.

STRATEGIES

- A. Increase access to healthy foods.
- B. Enhance the built environment to support active living.
- C. Create a 'Community of Wellness' through community engagement.
- D. Increase physical activity and healthy eating in schools.
- E. Increase physical activity and healthy eating in early childcare settings
- F. Increase evidence based obesity management by hospitals and primary care providers.

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ACTION

STRATEGY A: INCREASE ACCESS TO HEALTHY FOODS.				
ACTION	WHO	Outputs	Intermediate Measures	End Measures
Review food deserts in Wicomico County and create maps to visual images.	WiCHD Shore Transit	Number of pantries & soup kitchens identified. Number of farmers markets identified. Number of supermarkets identified.	Percent of census tracts that are food deserts.	Obesity Prevalence at county and state level: 1) Self-reported BMI (BRFSS for adults and YRBS for adolescents/SHIP) 2) Obesity prevalence among Medicaid children (Medicaid data).
Review local bus routes and explore linkages between low income residential areas and supermarkets.	WEFC Shore Transit	Number of new linkages established.	Percent of census tracts that are food deserts.	
Conduct survey of the number of community gardens in Wicomico County.	WEFC	Number of existing community gardens. Number of new community gardens.	Percent of census tracts that are food deserts.	
Develop and incentivize a healthy restaurant designation program.	WEFC LORA	Number of restaurants providing calorie menu labeling and identifying healthy options on their menus (local data). Number of restaurants identified as 'Live Healthy Wicomico' restaurants.	Percent of menu labeling users (BRFSS).	

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Determine ways to familiarize families that receive public assistance and seniors on fixed income to access healthy foods via farmers' markets.	WEFC	Number of SNAP participants accessing food at farmers' markets (local data). Number of "Famers Market" guides distributed.	Number of farmers markets that report accepting WIC, SFMNP and SNAP (USDA); Number of farmers' markets per 1,000 population (USDA).	
STRATEGY B: ENHANCE THE BUILT COMMUNITY ENVIRONMENT TO SUPPORT ACTIVE LIVING.				
ACTION	WHO	OUTPUTS	INTERMEDIATE MEASURES	END MEASURES
Create walkable communities.	WEFC City of Salisbury WiCHD SHA PRMC	Number (or total miles) of walking paths (and bike lanes) established per population (local data). Number of walking surveys completed.	Percent of communities who walk or bike to work (ACS); Percent of adults running or walking for exercise. (BRFSS)	Obesity Prevalence at county and state level: 1) Self-reported BMI (BRFSS for adults and YRBS for adolescents/SHIP)
Adopt policies and implement practices to reduce overconsumption of sugary drinks such as provide free drinking water in public places, schools, worksites and recreation areas.	Board of Education Dept of Rec. Worksite partners	Number of schools/worksites providing free drinking water in school/worksite cafeteria as an alternative to high calorie drinks (local data).	Percent of adults/adolescents who do not drink sugar sweetened beverages (BRFSS and YRBS).	2) Obesity prevalence among Medicaid children (Medicaid data).

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Adopt policies and implement practices to promote environmental approaches that promote health and support and reinforce healthful behaviors in the workplace	WiCHD City of Salisbury Wicomico County Government	Number of businesses completing CDC Health ScoreCard. Number of new HMB businesses Number of businesses provided technical assistance. Number of new worksite wellness policies identified.		
STRATEGY C: CREATE A 'COMMUNITY of WELLNESS' THROUGH COMMUNITY ENGAGEMENT				
ACTION	WHO	OUTPUTS	INTERMEDIATE MEASURES	END MEASURES
Support and promote worksite (and/or community) wellness/group exercise programs.	PRMC WiCHD Worksite Partners	Number of programs offered and participants (Local data). Number of HMB Members in Wicomico County.	Percent of adults who are physically active (BRFSS/SHIP)	Obesity prevalence at county and state level: 1) Self-reported BMI (BRFSS for adults and YRBS for adolescents/SHIP) 2) Obesity prevalence among Medicaid children (Medicaid data).
Conduct review of Live Healthy Wicomico website and determine action steps for improvement and utilization.	WEFC	Create survey using Survey Monkey for members to provide open feedback about possible improvements to the website.	Survey report with recommendations to Fitness Council for improvement.	
STRATEGY D: Increase physical activity and healthy eating in schools.				

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ACTION	WHO	OUTPUTS	INTERMEDIATE MEASURES	END MEASURES
Increase the amount of physical activity in PE programs in schools that meets or exceeds the national standards.	Board of Education Cooperative Extension	Number of schools that meets or exceed the national standards of 150 minutes for elementary school and 225 minutes for middle school	Percent of adolescents who are physically active (YRBS); Percent of schools that require PE for students in any of grades 6-12 (CDC-State data only)	Obesity prevalence at county and state level: 1. Self-reported BMI (BRFSS for adults and YRBS for adolescents/SHIP)
Explore opportunity to engage parents and promote the importance of healthy eating and active living	Board of Education Cooperative Extension WiCHD Parks & Recreation YMCA	Number of outreach initiatives and messages to parents.	Percent of adolescents eating a healthy diet (YRBS); Percent of school provided parents and families with health information (CDC-State data only).	2. Obesity prevalence among Medicaid children (Medicaid data).
STRATEGY E: Increase physical activity and healthy eating in early child care settings.				
ACTION	WHO	OUTPUTS	INTERMEDIATE MEASURES	END MEASURES
Provide educational trainings to child care providers to help them incorporate age appropriate healthy eating and active lessons in their curriculum.	Cooperative Extension PRMC Lower Shore Early Childhood	Number of child care providers/programs trained/participated; Number of children served by trained providers/programs		Obesity prevalence at county and state level: 1. Self-reported BMI (BRFSS for adults and YRBS for adolescents/SHIP) 2. Obesity prevalence

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	Resource Center Wicomico Early Childhood Council			among Medicaid children (Medicaid data).
STRATEGY F: Increase evidence based obesity management by hospitals and primary care providers.				
ACTION	WHO	OUTPUTS	INTERMEDIATE MEASURES	END MEASURES
Increase the capacity of primary care providers to implement screening, prevention and treatment measures for obesity in children and adults through QI methods and other training approaches, reimbursement and payment incentives.	PRMC Three Lower Counties Health South Local Physicians	Number of participating physician practices Number of schools and primary care practices participating in 'severe obesity plan.'	Obesity related hospitalizations (HSCRC); Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents during office visits (NQF#0024) (MHCC, Medicaid)	Obesity prevalence at county and state level: 1. Self-reported BMI (BRFSS for adults and YRBS for adolescents/SHIP) 2. Obesity prevalence among Medicaid children (Medicaid data).