Keeping Students Healthy: Promoting physical activity and healthy eating in VT schools
Objectives

- Review Vermont data: opportunities ("Healthiest State") and challenges
- Share Vermont’s approach to comprehensive health reform
- Integrate health reform and obesity prevention plan ("Fit and Healthy Vermonters")
- Discuss *specific* school-based activities
We’re #1

TO OUR HEALTH!

Vermont ranks first in national report
“Smoking has dropped to 16.8 percent of the population, obesity is rising at a slower rate than in the rest of the country and few Vermonters lack health insurance.”
The Health Status of Vermonters

2008
Healthy Vermonters 2010

- Behaviors, Environment & Health
  - Physical activity/nutrition
  - Tobacco use
  - EtOH/drug use
- Providing for Better Public Health
  - Access to health care
  - Maternal/child health
  - IZ/Infectious disease
  - Oral health
  - Mental health

- Chronic Diseases and Health Conditions
  - Heart disease/stroke
  - Cancer: breast, cervical, colorectal, lung, prostate, skin
  - Diabetes
  - Respiratory disease
  - Arthritis/osteoporosis
  - HIV, AIDS, STDs, Hep C
The Vermont Department of Health

Overweight among Children
As measured by % of children age 2-5 in WIC Program who are at 95th percentile of BMI

Goal: 5%
The Vermont Department of Health

Childhood Obesity Trend

Trends in Overweight (>95th Percentile of BMI) among 2-5 Year Olds - Vermont (WIC population) and U.S. (PedNSS)
Overweight & Screen Time
% of 9th-12 graders who are overweight, by hours of leisure time per day spent in front of a TV or computer screen, 2005

Goal: 8%

7% Fewer than 2 hours
10% 2–4 hours
17% 5 or more hours
Daily Physical Education
% of 8th-12 graders who have gym every school day, 2005
(30 minutes of moderate physical activity 5+ times/week)

Goal: 35%
VT Adults
22% Obese
37% Overweight
Diabetes and Obesity

Numbers in the US Diagnosed with Diabetes* and Percent of US Adults who are Obese**, 1990 - 2007

* National Health Interview Survey (NHIS), 1980-2002.  Note: 90-95% of all diagnosed cases are type 2.  Between 1996 and 1997, a change in wording of the survey question accounts for the steeper increase in prevalence.

**Behavioral Risk Factor Surveillance System (BRFSS) 1990 - 2007, Median state percent of obese residents

Source: Centers for Disease Control and Prevention.  Compiled by Jason Roberts, Public Health Analyst, Vermont Diabetes Prevention and Control Program
Where we are headed

“... poor diet and physical inactivity may soon overtake tobacco as the leading cause of death.”

The lifetime risk of diabetes for a child born in the United States in the year 2000 is 1 in 3.

“...For the first time in two centuries, the current generation of children in America may have shorter life expectancies than their parents”

Actual Cases of Death in the United States, 2000, JAMA, March 10, 2004–Vol 291, No. 10
N Engl j med 352;11-New York Times March 17, 2005
JAMA 2003 October 8;290(14):1884-1890
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Vermont Blueprint for Health

Vermont’s Plan for Better Management and Prevention of Chronic Illnesses across All Payers and Providers

- **Vision:** Vermont will have a standardized statewide system of care that improves the lives of individuals with and at risk for chronic conditions.

**The Blueprint:**
- Statewide system based on the Chronic Care Model
- Public-private collaborative
- Recognizes role of the patient and community
- Chronic care management across all payers and providers
What is the Blueprint?

Public Health Policies, Systems, Environment

Community
  Resources and Policies
  Self-Management Support

Health System
  Health Care Organization
  Delivery System Design
  Decision Support
  Clinical Information Systems

Supportive Environment
  Informed, Activated Patient
  Productive Interactions
  Prepared, Proactive Practice Team

Improved Outcomes-Healthier People

Adapted from the chronic care model which is used by permission of "Effective Clinical Practice."
The Vermont Department of Health

Primary Care PCMH
- Docs
- NPs
- Staff

Community Care Team (CCT)
- e.g. NP, RN, MSW, Dietician,
  Behavior Specialist,
  Community Health Worker,
  VDH Public Health Specialist

Referrals & Communication

Vermont Health Information Platform (VITL)

Support for evidence based public health, prevention, & policy

Vermont Prevention Model

**Structures, Policies, Systems**
Local, state, federal policies and laws, economic and cultural influences, media

**Community**
Physical, social and cultural environment

**Organizations**
School, work, faith based organizations, Rules, regulations, and policies

**Relationships**
Family, peers, social networks, associations

**Individual**
Knowledge, attitudes, beliefs
Prevention Strategies for Obesity

- Menu labeling
- Built environment (rail trails)
- Community gardens
- Changes in school cafeteria selections (Farm to School)
- Running/bike/hiking clubs
- Weight control programs
- Increased awareness
- Health care provider recommendation

Source: Vermont Department of Health
The Vermont Department of Health

- 2003—Launch of the Blueprint
- 2004—Planning
- 2006—Statutory Endorsement
- 2007—Medical Home Integrated Pilots in Statute
- 2005—Initial two pilot Hospital Service Areas (Diabetes Focus)
- 2006—Four new Hospital Service Areas (Diabetes Focus)
- Healthier Living Workshops
- Community Physical Activity Grants
- 2008 - Integrated Medical Home Pilots (all chronic conditions + prevention)
Opportunities for Prevention
Improving health, cutting costs

Progression of chronic conditions

Healthy “Normal”
“Pre-disease” Or High Risk

Uncomplicated Disease
Complicated Disease

Onset ↑ Onset ↑ Progression ↑ Death

Recovery ← Improvement ←

Fit and Healthy Vermonters
(prevention of obesity)

Vermont Blueprint for Health
(prevention of complications)
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What has changed?
How can we change?
Vermont’s Obesity Prevention Plan

**Vision**—All Vermonters will live in communities that enable them to make healthy food choices and lead physically active lives.

**Mission**—Statewide partners work together to encourage lifelong healthy eating and physical activity by:

- developing community partnerships
- planning, implementing, and evaluating targeted interventions
- creating policy and environmental changes
We need to make physical activity and healthy eating the easier, more convenient choice.
Vermont’s Nutrition and Physical Activity Plan for Obesity Prevention

- Areas of Impact
  - Agencies
  - Health Care
  - Communities
  - Worksites
  - Schools
  - Early Childcare
  - Breastfeeding
  - Individuals and Families
Agency Partnerships and Projects

- State Nutrition Action Plan Committee
- Safe Routes to School Coalition
  - Dept. of Transportation, Education, & Health
- Healthy Eating Guidelines for Worksites
  - Dept. of Health, Agriculture
- School Wellness Policy Guidelines
  - Dept of Education, Health, Agriculture
  - VT Dietetics Association
  - VT Campaign to End Childhood Hunger
  - VT Heart Association
Promoting Healthy Weight in Primary Care
Evidence-based assessment, prevention and treatment of obesity in primary care settings

- **Provider Tools**
  - Pediatrics
  - Adults

- **Practice Based Pilot Projects**

- **Work group**
  - Inventory reimbursement and coding
  - Research other efforts
  - Recommend ways to ensure payment policies support best practices.
Community Plans

- Develop comprehensive plans that identify and prioritize community needs related to healthy living.
  - Blueprint Community Profiles
  - CHAMPPPS Community Grants
  - State Level Training and Technical Assistance

Emphasize policy and environmental changes
Community Health and Wellness Grants

- CHAMPPS (Coordinated Healthy Activity, Motivation, and Prevention Programs) grant program

- Technical assistance provided by state level leadership
Healthy Worksites

- Public & Private Partnership
- Statewide Conference
- Governor’s Council
- Worksite Wellness Awards

- Vermont Worksite Wellness Resource
  - Healthy Eating Guidelines for Worksites
  - Support for nursing mothers
  - Strategies for small, medium and large employers
Early Childcare

- Licensed Childcare Providers
  - Nutrition and physical activity policies
  - Nutrition and physical activity programs
- Activities
  - Fit WIC activity guide
- Community Coalitions
  - Providers
  - Parents
Breastfeeding

- Mother and Community Education
- Health Care and Insurers
- Baby Friendly Hospitals
- Employer Support
- Peer Counseling
Family and Individual Projects

- Governor’s Fit and Healthy Kids Challenges
  - Move More
  - Eat More Colors
  - Turn it Off!
- Eat for Health
- Get Moving Vermont
Objectives

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Schools

- School Wellness Policies
  - Coordinated School Health teams
  - Healthy Schools Resource: Nutrition and Physical Activity
  - Training and Technical Assistance

- Programs
  - Farm to School Grants
    - Act 145
  - Safe Routes to School

- Create Partnerships
  - Link to health care providers, parents
The Vermont Department of Health

Nutrition Guidelines for Schools
Updated VT nutrition policy guidelines for all foods sold outside federal reimbursable school meals program

- Collaborative effort
- Technical assistance and support to schools
  - Fit and Healthy Schools Resource
  - Alliance for a Healthier Generation
  - VDH school liaisons
- Goal-Statewide adoption by 2011
Who says we're not producing well-rounded students.
Safe Routes to Schools

Two levels of funding:

- **Non-infrastructure – 4 “Es”**
  - Education
  - Encouragement
  - Enforcement
  - Evaluation

- **Infrastructure – changes to the physical environment –**
  - Sidewalk or street improvements
  - Striping to mark cross walks
  - Traffic calming - speed bumps
Safe Routes to Schools

Grants

- Non-infrastructure grants
  - 3 rounds
  - 74 schools

- Infrastructure grants
  - 1 round
  - 22 schools
Vermont Farm to School

- Act 145 Farm to school bill
  - Mini Grants
  - Training & Technical Assistance
- Partners:
  - Agency of Agriculture
  - Department of Health
  - Department of Education
  - Vermont FEED (Food Education Everyday)
AAP-VT Healthy People 2010 Grant

- **Purpose**: Connect AAP-VT members and schools/communities to support health ed in obesity prevention/treatment in school-aged children
- **6 community meetings**: HCP’s, school nurses, VDH staff ("school liaisons")
- **Activities**: nutrition, physical activity, assessments, other
How do we achieve success?

Change Behavior

and

Change the Environment
The Vermont Department of Health

Explorers—then and now

Samuel de Champlain
Web Address:

- www.healthvermont.gov