The Advancing Healthy Lifestyles Initiative: Community Capacity Building

Physical Activity, Nutrition, and Obesity Prevention Program

State of Delaware, Division of Public Health, Bureau of Health Promotion

April 19, 2021
Webinar housekeeping

/ To avoid background noise, all participants are muted upon entry
/ Participants on audio; presenters will be on video
/ We will take questions at the end. To ask a question, use the chat window in the bottom right corner
/ We will record the meeting and disseminate
/ If you having technical issues, please send the event producer/host a private message through the chat.
Webinar goals

/ Describe the burden of chronic disease risks among Delawareans and impact of COVID-19 pandemic
/ Highlight the Physical Activity Nutrition and Obesity Prevention (PANO) Program strategy
/ Introduce the Advancing Healthy Lifestyles Initiative
Icebreaker: Who is in our community?

/ Poll questions

1. How would you describe the type of agency or organization where you work?

2. How familiar are you with PANO’s work and activities?
The Physical Activity, Nutrition and Obesity Prevention Program (PANO): Mission

To provide goals and strategies for government, media, communities, health care providers, schools, and worksites to decrease overweight and obesity in Delaware
The PANO program: Strategy

- Create healthier individuals and communities across multiple initiatives
- Build capacity to address four targets
PANO prioritizes advancing health equity

Create programming that is:
- Targeted
- Equitable
- Sustainable
- Will yield improved long-term health impacts in the state

Source: Healthy People 2030, US Department of Health and Human Services, Office of Disease Prevention and Health Promotion
Social determinants influence obesity and COVID-19 risk

/ Social determinants increase risk of obesity and COVID-19

/ COVID-19 restrictions have exacerbated obesity risk

- Economic instability and food insecurity
- Limit opportunities for physical activity

State and National Context for PANO’s Work
How healthy is Delaware relative to the U.S.?

/ Delaware ranks:
- 21st for nutrition and physical activity
- 35th for obesity
- 36th for preventable hospitalizations

PANO: Obesity is a national health concern

/ High prevalence of obesity across the U.S.

/ Obesity is associated with several chronic conditions
- Diabetes
- Heart disease
- Stroke
- Some types of cancer

Source: Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data, 2019.
# Racial/ethnic disparities in adult obesity in U.S. and Delaware

<table>
<thead>
<tr>
<th>Race</th>
<th>U.S.</th>
<th>Delaware</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic Black</td>
<td>40%</td>
<td>38%</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>34%</td>
<td>37%</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>32%</td>
<td>34%</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data, 2019; Delaware Health and Social Services, Division of Public Health, BRFSS 2019.
High prevalence of inactivity and unhealthy diet in U.S. and Delaware

/ Physical activity and dietary differences observed by race/ethnicity

/ Social determinants influence opportunities for healthy eating and physical activity
PANO: Physical activity

// About half of all Americans meet physical activity recommendations

// Among Delaware residents:
  - Less than half get the recommended level of physical activity
  - About one quarter did not participate in any physical activity in the prior month

Source: Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data, 2019.
Racial/ethnic disparities in physical activity

Percentage of Delaware adults who do not participate in recommended levels of physical activity

- White: 44%
- Black: 58%
- Hispanic/Latinx: 56%

Source: Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data, 2019.
PAANO: Food security and nutrition

/ Food insecurity: limited access to sufficient nutritious food

/ In Delaware,
- About 10 percent of households are likely to be food insecure
- During COVID-19, estimated 50,000 more food insecure

Source: USDA, Household Food Security in the United States, 2005; Food Bank of Delaware, 2021
Racial/ethnic disparities in access to healthy food

Percentage of Delaware residents who consume less than one vegetable per day

- Hispanic/Latinx: 39%
- Black: 26%
- White: 17%

Source: Centers for Disease Control and Prevention, BRFSS Prevalence & Trends Data, 2019.
Impact of COVID-19 on social determinants of health

/ Pandemic has had detrimental effect on vulnerable populations
/ Has led to instability in food access, economic resources, and housing
/ Highlighted and exacerbated social inequalities in health

Food insecurity before and during COVID-19

For all racial/ethnic groups, at least 25% more households were food insecure during COVID-19 than the year before.

Economic instability during COVID-19

Total Population: 47%
- White: 42%
- Black: 53%
- Hispanic: 59%
- Asian: 47%
- Other Race: 56%
- 18 to 25: 57%
- 26 to 44: 52%
- 45 to 64: 52%
- 65+: 26%
- Female: 47%
- Male: 48%
- Kid in Household: 53%

Source: Kaiser Family Foundation
Housing instability during COVID-19

/ 28,000-40,000 renting households at risk of eviction in Delaware

/ 26-40% of renting households at risk

Source: National Low Income Housing Coalition, August 2020
Racial/ethnic minority populations are disproportionately impacted by COVID-19

Population size and COVID-19 incidence in U.S., March 2021

- **White**: US population 61, US COVID-19 incidence 30
- **Hispanic or Latinx**: US population 18, US COVID-19 incidence 26
- **Black**: US population 12, US COVID-19 incidence 16
- **Asian**: US population 5, US COVID-19 incidence 3

Source: The COVID Tracking Project.
Racial/ethnic minority populations are disproportionally impacted by COVID-19

Population size and COVID-19 incidence in Delaware, March 2021

Source: The COVID Tracking Project.
Racial/ethnic minority populations are disproportionately impacted by COVID-19.
Disparities contributing to flu outbreak in 2008

Differences in social position based on:
- Income
- Wealth
- Education
- Occupation
- Race/ethnicity

Disparities in exposure to influenza virus

Disparities in susceptibility to contracting influenza disease once exposed

Disparities in treatment once disease developed

Additive effects of multiple disparities

Unequal levels of illness and death

PANO’s Advancing Healthy Lifestyles Initiative
Goal: promote healthy lifestyles and improve health outcomes for all Delawareans

/ Build a transformed society and facilitator of the work, now and beyond the current health crisis

/ Meet the needs of Delaware’s population across the life course
Launching equity-driven approach in the context of COVID-19

/ Programming is targeted, equitable, and sustainable

/ Pillars support policy, systems, and environmental change
Advancing Healthy Lifestyles strategy

Policy, systems, and environmental change

Advancing health equity

PANO’s Advancing Healthy Lifestyles Initiative

Use of innovative, evidence-based models

Cross–sector collaboration
Policies, systems, and environmental change

Go beyond programming into systems that create the structures in which we work, live, and play.

- **Policies**: changes at the legislative or organizational level
- **Systems**: change made to the rules within an organization
- **Environment**: changes made to the physical, social, and economic conditions
Advancing health equity

/ DPH vision to work toward “health equity for all Delawareans, where everyone will achieve their full health potential”

- Attainment of highest level of health for all people
- Draw attention to the need for health equity, access to and quality of resources needed for health
Cross-sector collaboration

/ Collaborate across diverse sectors: health care, work sites, educational institutions and community

Team with public and private partners

Build on previous work in the state

Use action teams and learning collaborative
Use of dynamic and innovative, evidence-based models

/ Use frameworks and tools that leverage evidence
  - Action teams
  - Learning collaboratives
  - Workplace wellness plans

/ Implement evidence-based models
  - Implement interventions recommended by Healthy Lifestyles Subcommittee
  - Tailored to settings or “pillars” of the Advancing Healthy Lifestyle initiative
Advancing Healthy Lifestyles pillars

Planning  School  Community  Workplace
Action and strategic planning

/ Leverage recommendations of the Healthy Lifestyles Subcommittee
- Action plan (June 2021)
- Engage stakeholders
- Equity-focused approach

/ 5-year PANO strategic plan
Coordinated school health and wellness

Strategies:
/ Convene education stakeholders
/ Prioritize schools with greatest needs
/ Summer/Fall 2021: school action teams; mini-grants

Outcomes:
/ Healthy eating and healthy beverage consumption
/ Food service guidelines/nutrition standards in schools
/ Physical education and activity in early care and education
/ Population health and wellness programs in schools
Workplace/employee wellness

**Strategies**

- Formal workplace wellness program infrastructure for state employers
- Infrastructure for non-state employers
- Strengthened breastfeeding supports in the workplace

**Outcomes**

- Healthy eating and beverage consumption across all settings
- Health and wellness programs/platforms in worksites
- Access to breastfeeding friendly environments
Community Capacity Building
Next steps for community capacity building

/ Provide support for Healthy Lifestyle Subcommittee recommendations, such as:
- Enhance physical activity in schools
- Study sugar sweetened beverages
- Corner store initiative, including WIC supports
- SNAP-Ed programming
Healthy Schools Toolkit for asthma, tobacco prevention

Approach:

/ Develop Healthy Schools Toolkit with educational materials on lung health and tobacco education

/ Work with schools on asthma management plans, such as ALA’s Asthma Basics

/ Identify equity-focused approach and metrics to measure progress

Outcomes:

/ Improved knowledge of asthma and asthma management

/ Reduction in student tobacco use
Improve community access to healthy foods

Approach:
/ Healthy retail initiative
/ Engage with community to identify strategies to improve access to healthy foods in retail and agricultural settings
/ Communities include Dover, Harrington, and Seaford

Outcome:
/ Improved access to healthy foods for low-income individuals
Improve physical fitness and gross motor skills

Approach:

/ Build strength, build confidence, and improving coordination through swimming and creative play

/ Create a safe environment for individuals with developmental delays and disorders to engage in aquatic activities

/ Carefully monitor each individual’s progression towards mastery of water safety skills

Outcome:

/ Improved access to occupational health and physical activity to individuals with development delays and disorders
Mathematica’s role

/ Provide technical assistance to partners, including:

- Developing an action plan
- Creating a theory of change for planned intervention
- Applying equity focus to implementation and evaluation
Discussion Questions

/ What do you think are effective PSE strategies or interventions to engage additional community partners in order to sustain long-term outcomes around health and wellness?

/ What suggestions do you have around delivering culturally responsive health promotion and prevention that will contribute to eliminating health disparities within PANO priority areas?
Upcoming learning sessions:
- Culture of Health
- Promoting Equity for Health Now
- Valuing Voice in Health Promotion
- Evaluation Practices That Fit

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Thank you!