

# West Virginia Healthy People 2020: Goals to Prevent Obesity and Related Chronic Diseases

## Partnerships

West Virginians will need to work together to make the greatest impact on improving health outcomes. Each of us can model and promote healthy behaviors and advocate for healthy environments where we live, work, play and pray. All organizations have a role in promoting healthy environments that change the context for health. Working comprehensively together will help enhance a culture of health.

## Goal #1: Decrease the Prevalence of Obesity

**1. A.** - Decrease the prevalence of obesity among West Virginia adults from 35.7% to 35.0% by 2020 (BRFSS 2014)

### Objectives for Adults

**1. A.1** Increase the consumption of five or more servings of fruits and vegetables daily among West Virginia adults from 9.8% to 10.3% by 2020 (BRFSS 2013)

**1. A.2** Increase the average number of servings of fruits and vegetables per day among West Virginia adults from 2.9 to 3.5 by 2020 (BRFSS 2013)

**1. A.3** Decrease the prevalence of daily consumption of sugar-sweetened beverages among West Virginia adults from 40.1% to 36.0% by 2020 (BRFSS 2013)

**1. A.4** Increase the prevalence of leisure-time exercise among West Virginia adults from 71.3% to 75.0% by 2020 (BRFSS 2014)

**1. A.5** Increase the prevalence of adults who meet the 2008 Physical Activity Guidelines for Americans from 12.7% to 14.0% by 2020 (BRFSS 2013)

### Objectives for Youth

**1.B.** - Decrease the prevalence of obesity among West Virginia high school students from 15.6% to 14.0% by 2020 (YRBS 2013)

**1.B.1** Increase the prevalence of consumption of five or more servings of fruits and vegetables per day among public high school students from 21.1% to 30.0% by 2019 (YRBS 2013)

**1.B.2** Decrease the prevalence of daily consumption of soda or pop among West Virginia high school students from 38.0% to 30.0% by 2019 (YRBS 2013)

**1.B.3** Increase the prevalence of daily physical activity for at least 60 minutes among public high school students from 31.0% to 45.0% by 2019 (YRBS 2013)

**1.B.4** Increase the prevalence of participation in a daily physical education class among public high school students from 30.7% to 40.0% by 2019 (YRBS 2013)

**1.B.5** Decrease the prevalence of obesity (BMI >95th percentile) among public high school students from 15.6% to 13.0% by 2019 (YRBS 2013)

**1.B.6** Increase the prevalence of healthy weight among public high school students from 68.9% to 72.0% by 2019 (YRBS 2013)

**1.B.7** Increase the percentage of infants ever breastfed from 59.3% to 64% by 2020 (NIS 2011)

**1.B.8** Increase the percentage of infants breastfed exclusively at six months from 12.2% to 17% by 2020 (NIS 2011)

## Goal #2: Improve Key Chronic Disease Indicators

### Objectives for Adults

**2.1** Decrease the prevalence of prediabetes in adults from 9.8% to 9.0% by 2020 (BRFSS 2014)

**2.2** Decrease the prevalence of diabetes in adults from 14.1% to 13% by 2020 (BRFSS 2014)

**2.5** Decrease the prevalence of high blood pressure in adults from 41.0% to 40% by 2020 (BRFSS 2013)

**2.6** Decrease the prevalence of cardiovascular disease in adults from 14.1% to 13% by 2020 (BRFSS 2014)

## Strategies to Achieve Goals to Prevent Obesity and Related Chronic Diseases

### Public Health Policies

Comprehensive policies based on supporting evidence and existing best practices can improve the overall health of a population. Policies such as those regarding transportation, housing, schools, early care and education, and other areas make it easier for people to have access to healthy foods and physical activity opportunities.

### Strategies Supporting Public Health Policies

- Support regulations to promote breastfeeding
- Increase the number of statewide multi-level school physical education and physical activity policies adopted by the state
- Increase the number of state level school recess policies adopted by the state
- Support community food development systems (community food hubs, Farm to Table, Farm to School, Farmer's Markets, community gardens, etc.)
- Increase built environment/grassroots support to promote healthy behaviors and community policy changes
- Enact policies and regulations to support insurance coverage for patient counseling and self-management programs and CDC recognized lifestyle change programs (i.e., National Diabetes Prevention Program and others)

- Provide incentives for healthcare provider practices to implement evidence-based guidelines for chronic disease management and prevention
- Increase the number of Medicaid recipients with diabetes who have Diabetes Self-Management Education as a covered benefit
- Increase budgets that fund high-priority population health initiatives that implement obesity prevention and control strategies
- Support state tobacco policy initiatives

### Communities

Prevention of disease starts in our communities and at home, not just in the doctor's office. For example, businesses and employers can adopt practices to encourage their workforce to increase physical activity and reduce pollution (e.g., workplace flexibility, rideshare incentives and telecommuting options).

### Strategies Supporting Prevention and Health Promotion Efforts

- Support and promote breastfeeding
- Promote breastfeeding using evidence-based curriculums, especially during home visits
- Increase the number of Early Child Education centers that develop and/or adopt policies to increase physical activity
- Increase the number of Early Child Education centers that develop and/or adopt policies to implement food service guidelines/nutrition standards, including sodium (cafeterias, vending, snack bars)
- Provide evidence-based professional development/technical assistance to schools and administrators on physical education policies and physical activity
- Provide evidence-based professional development/technical assistance to schools and administrators on creating a healthy school nutrition environment
- Support and strengthen school nutrition environments
- Increase the number of worksites that develop and/or adopt policies to increase physical activity
- Increase the number of worksites that develop and/or adopt policies to implement food service guidelines, including sodium (cafeterias, vending, snack bars, etc.)
- Increase redemption rates for Farmer's Market Nutrition Program among WIC recipients
- Increase built environment/grassroots support to promote healthy behaviors and community policy changes
- Increase awareness of self-management programs (National Diabetes Prevention Program, Chronic Disease Self-Management Program, Everyone with Diabetes Counts, etc.)
- Increase the number of Diabetes Self-Management Education programs (American Diabetes Association, American Association of Diabetes Educators, Diabetes Self-Management Programs, Everyone with Diabetes Counts, etc.)
- Increase the number of persons with prediabetes who enroll in the National Diabetes Prevention Program

- Increase the number of persons enrolled in the National Diabetes Prevention Program who achieve 5-6% weight loss (CDC Diabetes Prevention Recognition Program)
- Increase the proportion the West Virginia adults who are watching or reducing sodium or salt intake
- Increase budgets that fund high-priority population health initiatives that implement obesity prevention and control strategies

## Healthcare Systems

Obesity is one of the biggest drivers of preventable chronic diseases and healthcare costs in West Virginia. Currently, estimates for these costs range from \$1.4 – \$1.8 billion per year. It is predicted at current rates, by 2018, costs to West Virginia for healthcare due to obesity and related conditions will reach \$2.4 billion.

While healthcare systems bear many of the costs of obesity, these systems are in a unique position to help prevent obesity and influence health behaviors. Doctors and other members of team-based care (pharmacists, nurses, and self-management educators, etc.) offer personal, reliable and well-regarded sources of health information and are in a position to influence healthy behaviors.

### Strategies Supporting Access to Comprehensive, Integrated Healthcare

- Increase the number of baby-friendly hospitals
- Offer evidence-based healthcare provider training for breastfeeding
- Offer certified lactation training to healthcare providers
- Increase the number of healthcare practice policies to measure body mass index/waist hip circumference
- Increase the number of healthcare providers who advise/counsel patients on weight management and risk factors for obesity
- Increase the proportion of healthcare systems with practice policies to record physical activity as a vital sign
- Increase healthcare provider referrals for their patients to places to be physically active and places where access to fruits and vegetables are available
- Increase the number of persons enrolled in the National Diabetes Prevention Program who achieve 5-6% weight loss (CDC Diabetes Prevention Recognition Program)
- Increase healthcare provider referrals for their patients to participate in self-management programs such as American Diabetes Association; American Association of Diabetes Educators; Diabetes Self-Management Programs; Everyone with Diabetes Counts, etc.)
- Decrease the proportion of persons with diabetes with A1c >9
- Increase the number of patients who have been advised by their healthcare provider to reduce sodium consumption
- Increase the proportion the West Virginia adults who are watching or reducing sodium or salt intake
- Increase the proportion of patients with high blood pressure in adherence to medication regimens

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- Increase proportion of patients with high blood pressure that have a self-management plan
- Increase proportion of adults with high blood pressure who have achieved control
- Increase the proportion of healthcare systems that utilize team-based care
- Offer evidence-based healthcare provider training on chronic disease management and prevention
- Offer evidence-based healthcare provider training on implementation of practice-based protocols to implement referral processes to community resources (physical activity venues, fruit and vegetable access, self-management programs, etc.)
- Create a centralized chronic disease registry
- Increase budgets that fund high-priority population health initiatives that implement obesity prevention and control strategies

For more information about obesity and related chronic diseases, please contact the Division of Health Promotion & Chronic Disease at (304) 356-4193 or visit our website: [www.wvchronicdisease.org](http://www.wvchronicdisease.org).