

## 8 - Healthy Eating and Physical Activity Program

**1. Program Area:**

COMMUNITY SERVICES

**2. Identify agencies and departments involved.**

Health Care Agency (HCA)

**3. Is the Strategic Priority new or previously identified in earlier Strategic Financial Plan; if previously identified, what has changed and why.**

This is a previously identified strategic priority. Despite not being funded for FY 2006-07, Public Health Services (PHS) was able to implement some portions of the Phase I plan by utilizing existing resources. However, much remains to be done for Phase I, and Phase II (community) interventions cannot start without new funding.

**4. Provide a description of the project/program - what it is and what it will achieve.**

The Health Care Agency (HCA) proposes to implement a comprehensive, multi-staged healthy eating and physical activity program to reduce the prevalence of overweight and obesity in Orange County. The target populations for this program will consist of community members, schools, worksites, and service providers. An evidence-based approach that focuses on raising community awareness, educating the public and providers, building a treatment infrastructure, and effecting changes in community organizations will be utilized. The program will complement the efforts of existing community coalitions working on policy, advocacy and environmental changes to improve healthy eating and physical activity. Expected outcomes include: 1) increased community awareness of the importance of healthy eating and physical activity; 2) positive changes in knowledge, attitudes and behaviors related to healthy eating and physical activity among community members; 3) increased numbers of healthcare providers following evidence-based/best-available practice guidelines for the management of overweight and obesity and of those at risk for these conditions; 4) the provision of free or low cost treatment services for overweight children through contracted community providers; 5) increased capacity of community organizations to implement changes leading to healthy eating and increased physical activity; and 6) a system to monitor the prevalence of overweight among children and teens and overweight and obesity among adults as well as their levels of healthy eating and physical activity.

In Orange County, the percentage of overweight children ages two to five has increased from 16.3 percent in 2001 to 17 percent in 2002. Similarly, the percentage

of overweight children ages five to twenty has increased from 19.7 percent in 2001 to 21.1 percent in 2002 (Children and Families Commission of Orange County, 2004). This is significant since overweight and obesity acquired during childhood and adolescence may persist into adulthood and increase the risk for chronic diseases, including diabetes type 2, cardiovascular disease and hypertension (The Surgeon General's Overweight in Children and Adolescents, 2000, cited in Children and Families Commission of Orange County, 2004). Approximately half (50.2 percent) of Orange County adults were overweight or obese in 2003 (California Health Interview Survey, 2003).

Poor diet and physical inactivity were the second leading actual cause of death in the United States in the year 2000, approaching smoking as the number one actual cause (Mokdad, Marks, Stroup & Gerberding, 2004). Eating too many calories and not getting enough physical activity result in an energy imbalance, and are contributing factors for overweight and obesity (USDHHS, 2001). Overweight and obesity increase the risk for hypertension, dyslipidemia (high levels of cholesterol or triglycerides), type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems and some cancers (USDHHS, 2005). Since 41 percent of Orange County deaths in 2001 were from cardiovascular and hypertensive diseases and diabetes (California Department of Health Services, 2004), addressing poor diet and physical inactivity is of vital importance in reducing morbidity and mortality.

To help reduce the prevalence of obesity and overweight, the Centers for Disease Control and Prevention (CDC) recommends that teens engage in vigorous physical activity three or more days per week for 60 or more minutes per occasion. Similarly, adults (ages 18 and older) should engage in moderate/vigorous physical activity for at least 30 minutes per day on most days of the week (United States Department of Health and Human Services, 2005). However, approximately four in ten (39 percent) of Orange County teens (ages 12-17) do not engage in vigorous physical activity three or more days per week for 60 or more minutes per occasion; and approximately one fourth (25.3 percent) of Orange County adults (ages 18+) do not engage in moderate/vigorous physical activity at all (California Health Interview Survey, 2001). Additionally, in 2003-2004, only 30.4 percent of fifth graders, 36.5 percent of seventh graders and 34.5 percent of ninth graders met the minimum fitness standards in all six areas of the Physical Fitness Test in Orange County (California Department of Education, 2005). The CDC further recommends that both teens and adults eat five or more servings of fruits/vegetables daily. However, 58.8 percent of children (ages 2-11) (California Health Interview Survey, 2003), 59 percent of teens (ages 12-17), and 47.9 percent of adults ate fewer than five servings of fruits/vegetables daily in Orange County (California Health Interview Survey, 2001).

Phase I – Building the Capacity of HCA Programs (Years 1-4): The proposed intervention is based on the Social-Ecological Model (McElroy, Bineau, Steckler & Glanz, 1988) and the Spectrum of Prevention (Cohen & Swift, 1999). The Social-Ecological Model is a theoretical framework for understanding the multiple factors that influence behavior. The model posits that interventions that are designed to impact more than one sphere of influence are more effective (California Department of Health Services, 2001). The Spectrum of Prevention provided a foundation for developing this multifaceted program. The Spectrum identifies six levels of intervention that encourage practitioners to move beyond a primarily educational or individual skill-building approach to a more community-wide, systems change focus. These six domains include: 1) strengthening individual knowledge and skills, 2) promoting community education, 3) educating providers, 4) fostering coalitions and networks, 5) changing organizational practices, and 6) influencing policy and legislation.

Phase II – Community Interventions (Years 2-10): In Year 2, and in collaboration with the Nutrition and Physical Activity Collaborative, the program will conduct an assessment of community-based organizations, healthcare and other selected service providers, and community members to: 1) establish a baseline for raising community awareness about the issue, 2) establish a baseline for the capacity of healthcare providers and community organizations for promoting healthy eating and physical activity, and 3) determine the best alternatives for providing free or low cost treatment services for overweight children. The program will also assess and support existing efforts for improving the built environment for physical activity and for improving the availability of healthy foods County-wide.

Based on the results of this assessment, in Years 3-10, program staff and contracted providers will develop, implement and evaluate a number of evidence-based interventions that may include but would not be limited to: informational outreach activities; point of decision prompts; provider-based counseling; community-wide and targeted awareness campaigns; social support interventions in community settings; worksite programs for promoting healthy eating, physical activity and breastfeeding; advocacy training for community leaders and parents working on environmental changes; partnerships with local restaurants and stores to improve healthy food choices; the development and promotion of a clearinghouse of population-specific resource materials; and peer education (promotora) programs. In addition, a network of free or low cost treatment service providers for overweight children will be established in collaboration with community providers.

All Scope-of-Work interventions will include process evaluation (e.g. counts of activities performed), and most will also include impact evaluation measures (e.g. pre and post measures). In addition, increases in organizational capacity will be evaluated using the stages of change model as a measurement tool. Treatment

services for overweight children will be evaluated by the prospective follow-up of patient BMI measurements and self-reported healthy eating and physical activity improvements. Patients will be followed beyond program completion to assess sustained improvement over time as compared to standard counseling without a treatment referral. The program epidemiologist will be responsible for overall data management and reporting. In addition to managing the program data, the epidemiologist will monitor and provide reports to staff on Orange County indicators for children, teen and adult Body Mass Index, healthy eating, and physical activity reports from the Orange County Health Needs Assessment, California Health Interview Survey and relevant program-specific data (e.g. CHDP, Healthy Families, etc.).

**5. Identify personnel - will the program/project require additional staffing? If so, estimate number of positions by classification.**

- 1 Epidemiologist
- 2 Health Educator
- 1 HCA Program Supervisor I
- 1 Information Processing Technician
- 1 Program Evaluation Spec, HCA
- 1 Public Health Nutritionist I

**6. Identify one-time costs (e.g. equipment purchase).**

Please refer to the attached spreadsheet for cost information.

**7. Identify potential funding sources (e.g., State, Federal, General Fund, fees).**

Net County Cost

Please refer to the attached spreadsheet for funding information.

**8. Identify community awareness (stakeholders).**

HCA staff currently participates in various community coalitions working to address overweight and obesity in the County. As mentioned earlier, if funded, the proposed HCA Healthy Eating and Physical Activity Program will complement the efforts of these groups. It is expected that these collaborative will strongly support the proposed HCA program as it includes services previously identified as service gaps in their strategic plans. The existing high level of collaboration will provide a strong foundation for ensuring the program's success.

**9. Is this program/project mandated or discretionary?**

Discretionary

**10. Identify implementation period if funding were available.**

During FY 2007-08

<b>8 - Healthy Eating and Physical Activity Program</b>											
	<b>FY 06-07</b>	<b>FY 07-08</b>	<b>FY 08-09</b>	<b>FY 09-10</b>	<b>FY 10-11</b>	<b>FY 11-12</b>	<b>FY 12-13</b>	<b>FY 13-14</b>	<b>FY 14-15</b>	<b>FY 15-16</b>	<b>FY 16-17</b>
<b>I. Cost</b>											
One-Time Costs											
1809 Minor Controlled Equipment	0	58,000	0	0	0	0	0	0	0	0	0
<b>Agency One-Time Cost Total</b>	<b>0</b>	<b>58,000</b>	<b>0</b>								
Total Cost											
Salaries & Benefits	0	437,956	444,040	454,872	462,696	470,952	470,952	470,952	470,952	470,952	470,952
Services & Supplies	0	188,007	835,231	835,462	835,700	835,945	836,197	836,197	836,197	836,197	836,197
<b>Agency Ongoing Cost Total</b>	<b>0</b>	<b>625,963</b>	<b>1,279,271</b>	<b>1,290,334</b>	<b>1,298,396</b>	<b>1,306,897</b>	<b>1,307,149</b>	<b>1,307,149</b>	<b>1,307,149</b>	<b>1,307,149</b>	<b>1,307,149</b>
<b>Agency Cost Total</b>	<b>0</b>	<b>625,963</b>	<b>1,279,271</b>	<b>1,290,334</b>	<b>1,298,396</b>	<b>1,306,897</b>	<b>1,307,149</b>	<b>1,307,149</b>	<b>1,307,149</b>	<b>1,307,149</b>	<b>1,307,149</b>
<b>II. Non-General Fund Revenue</b>											
No Revenue	0	0	0	0	0	0	0	0	0	0	0
<b>Agency Revenue Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>III. General Fund Requirement</b>	<b>0</b>	<b>625,963</b>	<b>1,279,271</b>	<b>1,290,334</b>	<b>1,298,396</b>	<b>1,306,897</b>	<b>1,307,149</b>	<b>1,307,149</b>	<b>1,307,149</b>	<b>1,307,149</b>	<b>1,307,149</b>
<b>IV. Staffing</b>											
Epidemiologist	0	1	1	1	1	1	1	1	1	1	1
HCA Program Supervisor I	0	1	1	1	1	1	1	1	1	1	1
Health Educator	0	2	2	2	2	2	2	2	2	2	2
Information Processing Tech	0	1	1	1	1	1	1	1	1	1	1
Program Evaluation Spec,HCA	0	1	1	1	1	1	1	1	1	1	1
Public Health Nutritionist I	0	1	1	1	1	1	1	1	1	1	1
<b>Agency Position Total</b>	<b>0</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>

**Recommend \$500,000 per year for five years for a total of \$2.5 million NCC, contingent upon a match of outside funds.**