

Soldier Medical Readiness Campaign Injury Prevention/Human Performance Optimization Education Series

Healthy Weight Campaign Informational Brief



USAPHC

ARMY INSTITUTE OF PUBLIC HEALTH

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23 July 2012

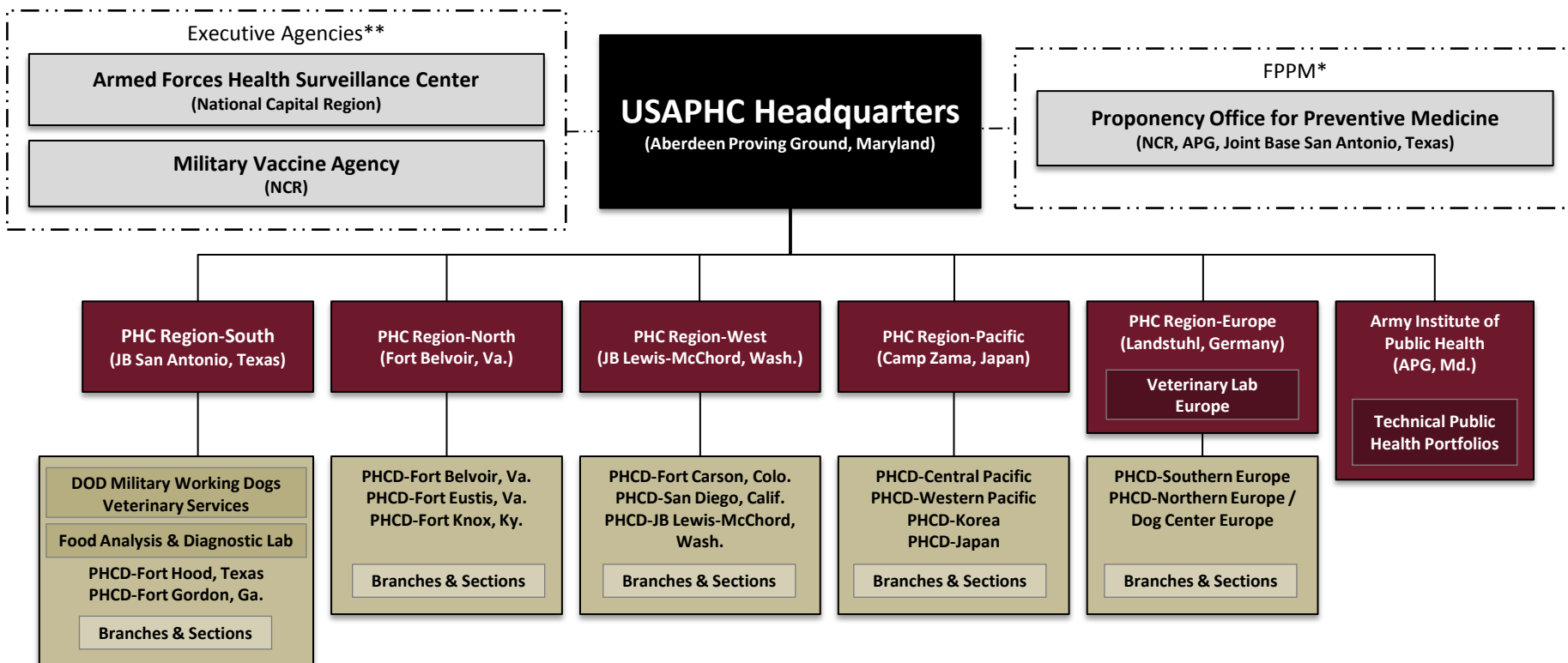
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BRIEFING OUTLINE

PURPOSE: To provide an overview of the USAPHC Healthy Weight initiatives.

1. Introduction to USAPHC and the public health approach
2. USAPHC Healthy Weight Strategic Initiatives
3. 4 Healthy Weight Strategic Issues
4. Highlight/Discussion of Current Projects

USAPHC Organizational Structure



NOTE: Installations specified in parentheses represent the command group location, not units conducting short or long-term split operations, e.g. HQ, PHCR-North, and PHCR-Pacific.

- * USAPHC commanding general dual-hatted as the Functional Proponent for Preventive Medicine
- ** Executive agencies receive administrative support from USAPHC, but the Army surgeon general oversees them

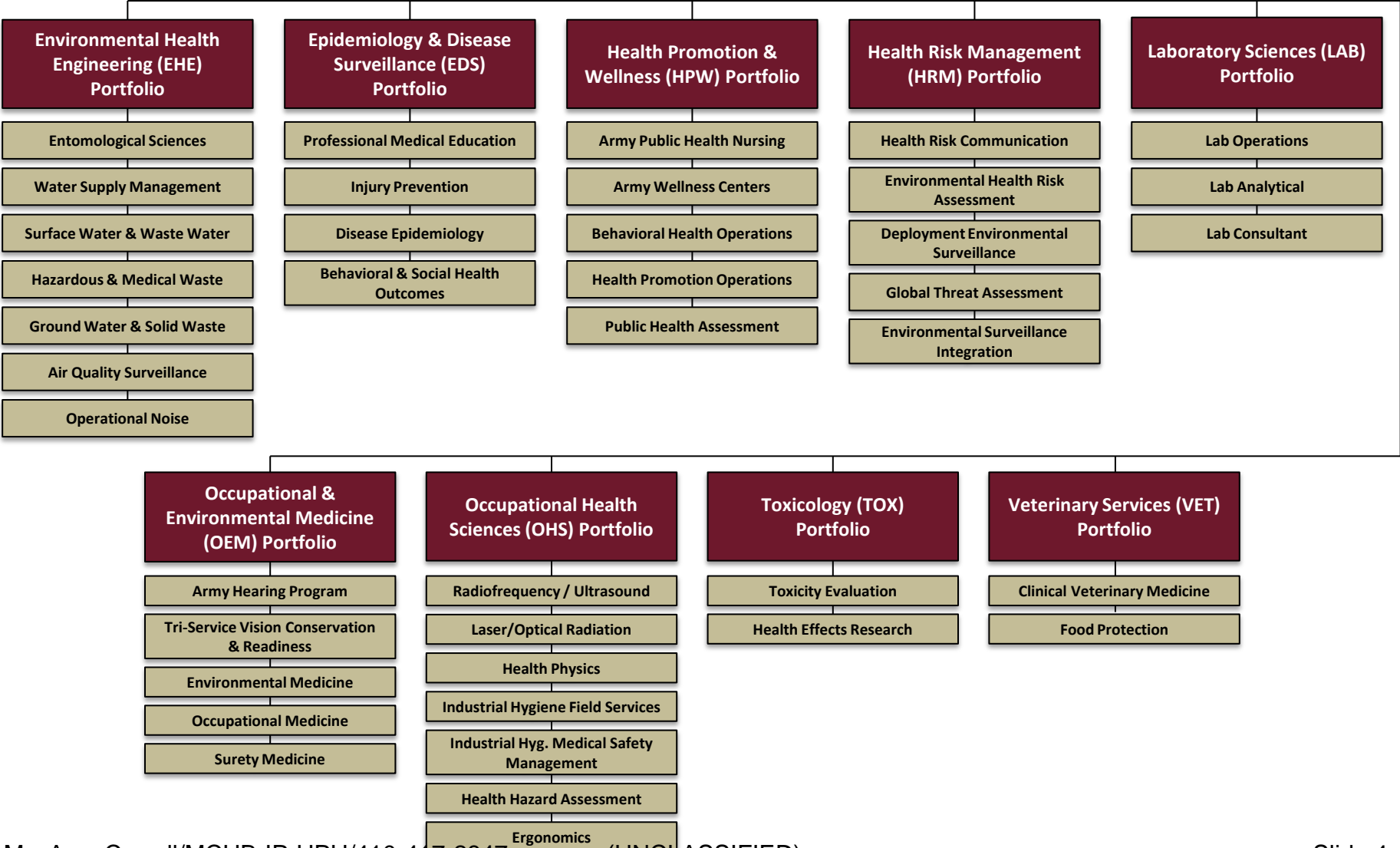
Color Legend – Level of PH Services	
Black	Major Subordinate Command (V)
Grey	Executive Agencies
Burgundy	Regional Command (IV)
Tan	VETSVC Area or Installation (I-III)



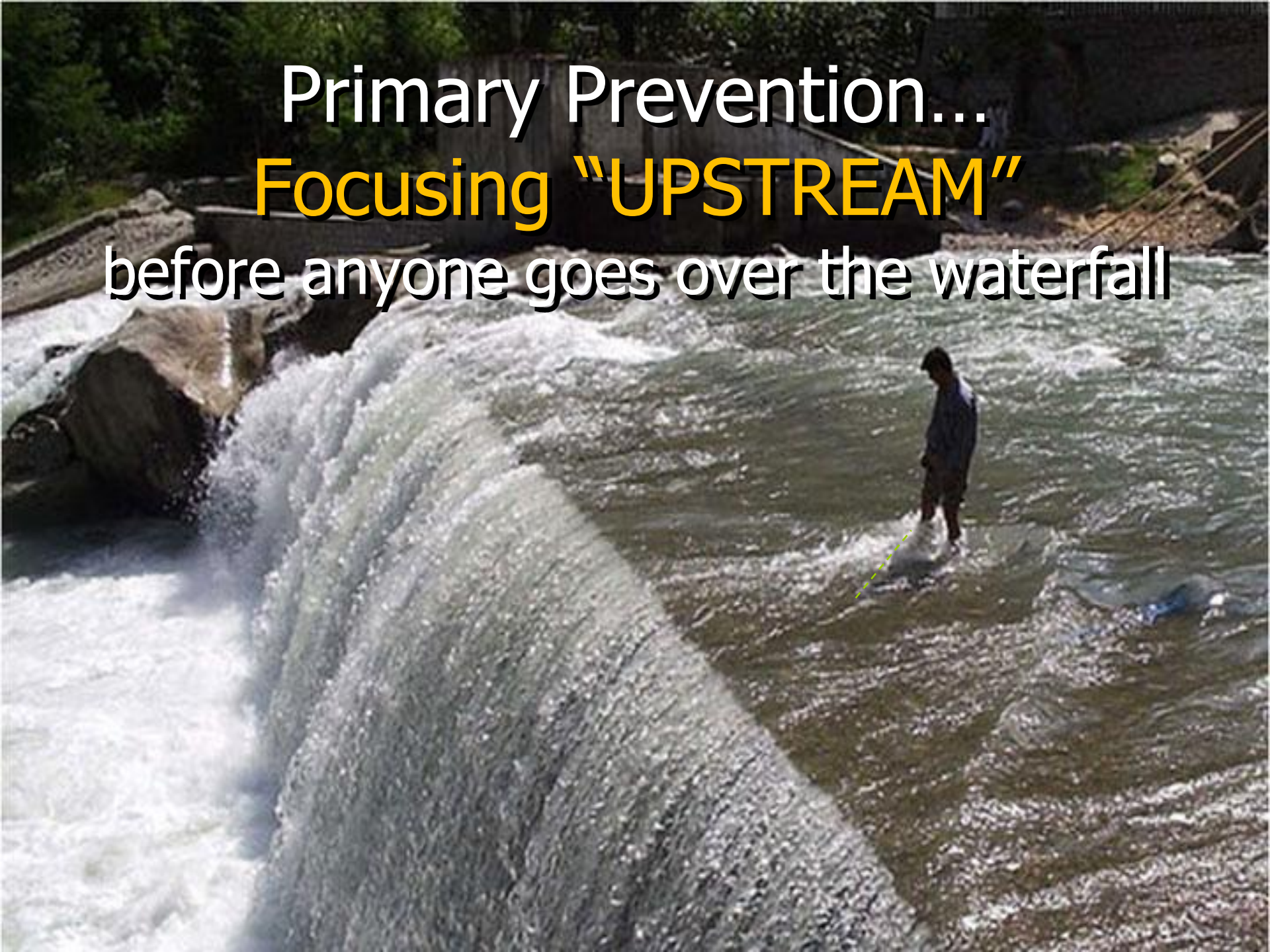
AIPH Organizational Structure



Army Institute of Public Health (Aberdeen Proving Ground, Md.)



Primary Prevention...
Focusing "UPSTREAM"
before anyone goes over the waterfall



The Army does a great job of training Soldiers to survive in hostile environments...



...but as a nation we have done a **poor** job of teaching our population how to survive a toxic environment!



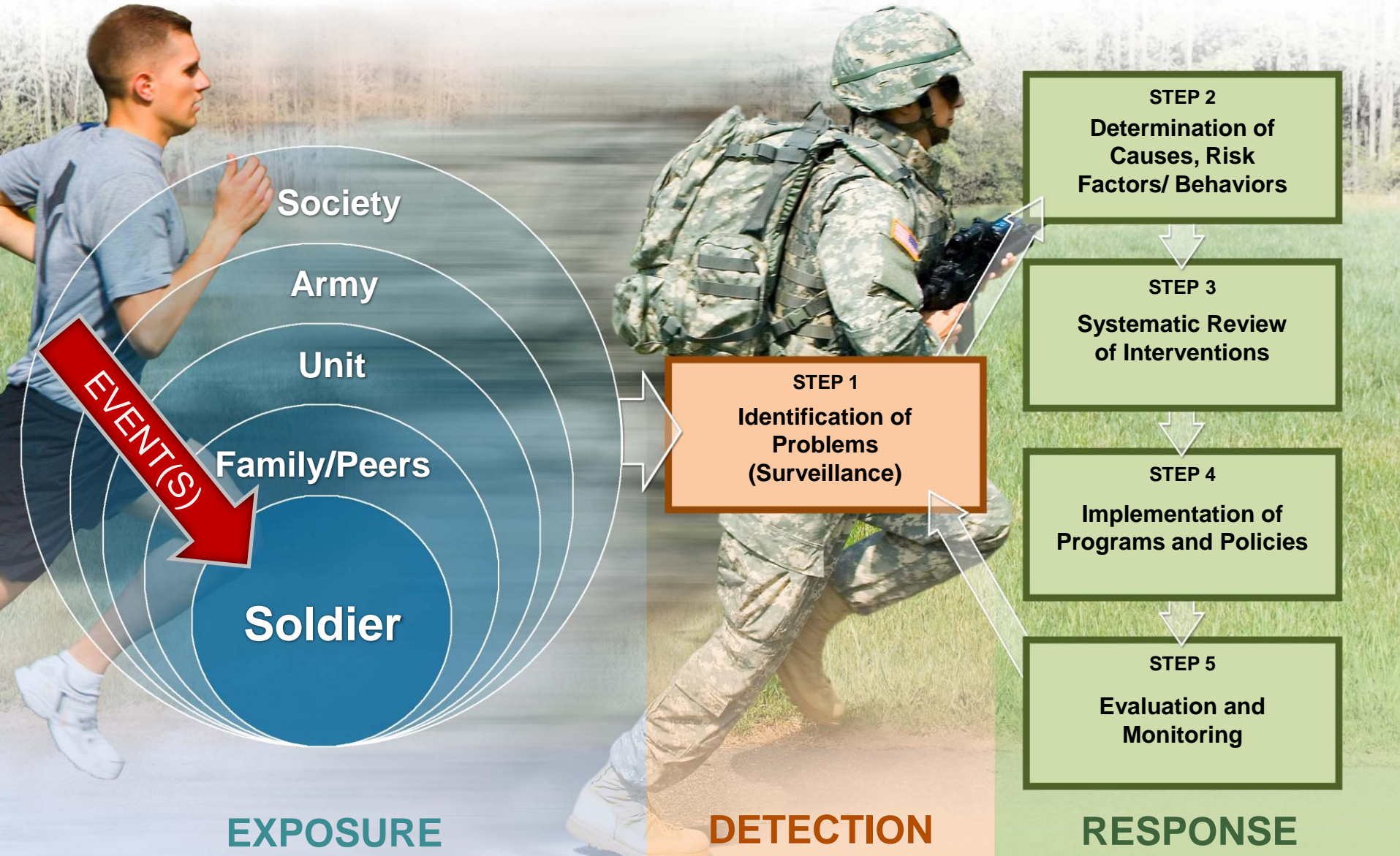


**Camp Ali Al Salem
Kuwait**

Does the environment support wellness?

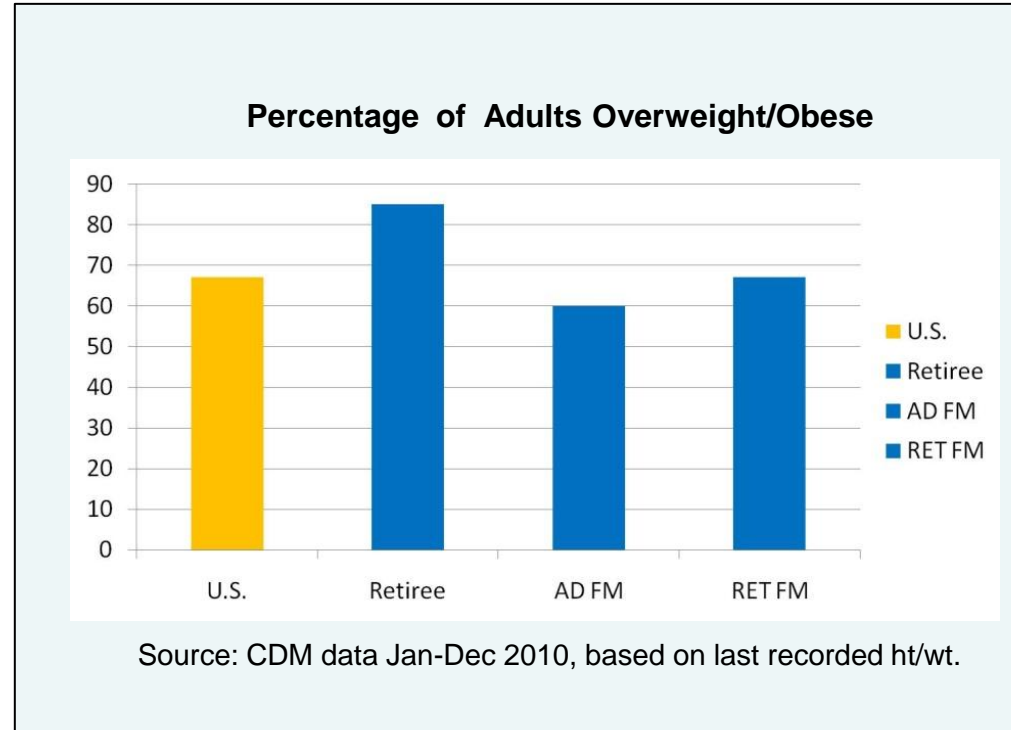


THE PUBLIC HEALTH PROCESS



Army Healthy Weight Campaign: Reason For Action

- Family Member and Retiree BMI is an AMEDD BSC metric
- Nearly two thirds of Army family members and retirees (FM-RET) identified as overweight or obese
- \$1.1 billion estimated annual cost of to the TRICARE Prime Program to treat overweight and obesity



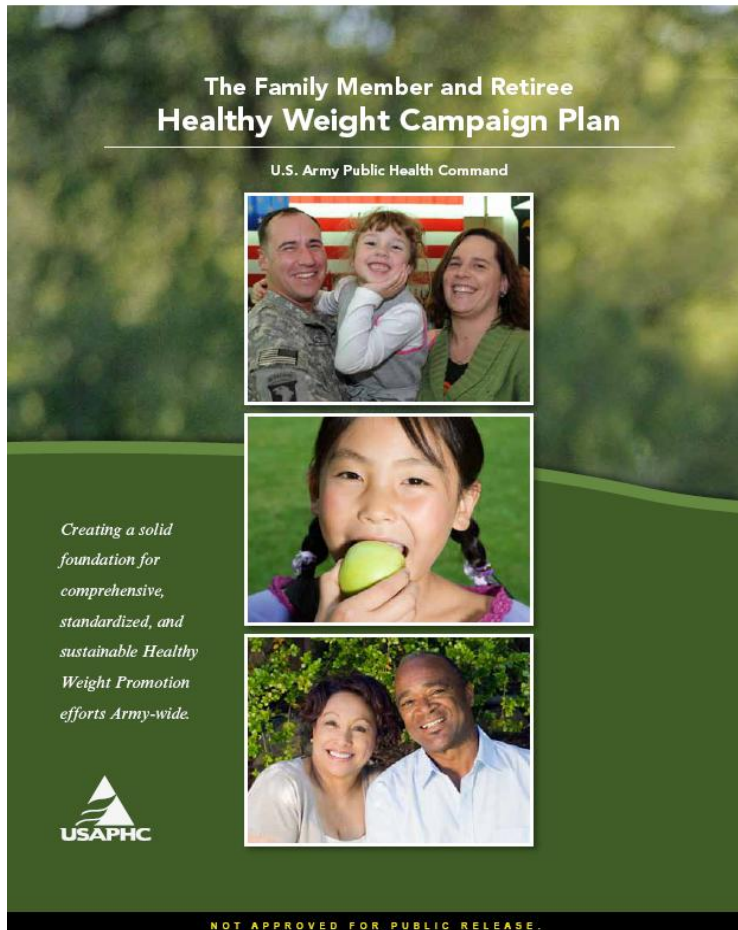
Army Healthy Weight Campaign: Reason For Action

- Clinical data show that 68 % of Soldiers have a BMI greater than 25, classifying them as overweight (48 %) or obese (20 %) over the period of 2010-2011.
- Surveys conducted among three operational Army brigades in 2010-2011 indicated that 46% of Soldiers in these units were overweight and 13% were obese, according to national standards.
- Studies have shown that BMI has increased over time among both recruits and Soldiers in operational units, approximately proportionate to increases seen in the general U.S. population.

PHC Strategic Initiatives Related to Obesity

- National Prevention Strategy Task Force
- AR 600-9 Workgroup
- Army Wellness Centers
- Soldier Medical Readiness Campaign
- HPRR Program Review
- Army MOVE! Evaluation
- DoD Obesity Task Force

Army Family Member and Retiree Healthy Weight Campaign



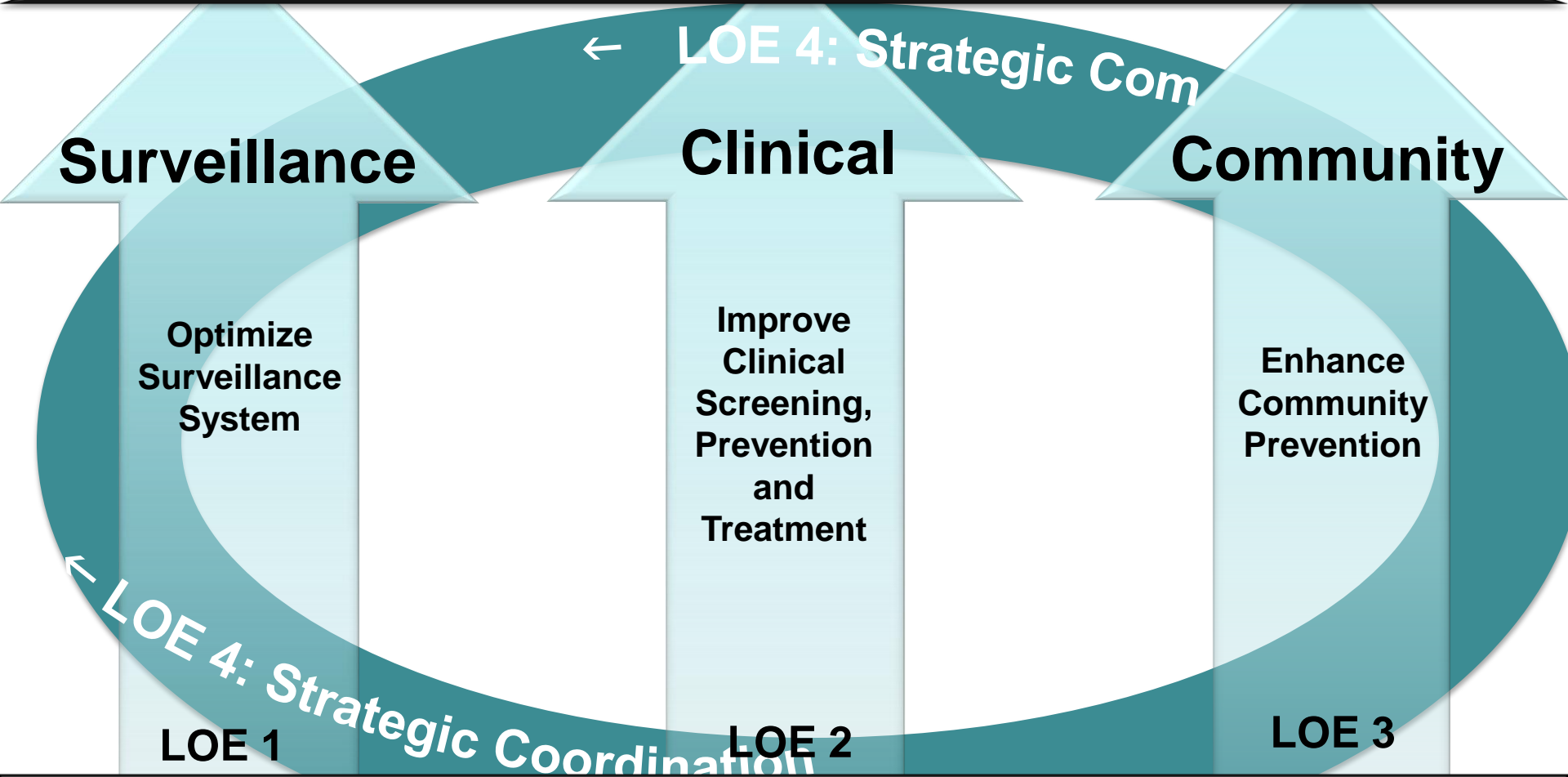
Vision

An Army Family leading the Nation in Achieving and Maintaining a Healthy Weight.

Mission

To achieve healthy weight in the Army Family by creating healthy environments and facilitating healthy behavior change.

One Strategic Approach to Achieve Healthy Weight



Supporting Efforts

- Information Management
- Continuous Monitoring & Evaluation
- Training and Development
- Policy Development
- Research and Innovation

AMEDD Balanced Score Card

IP 5.1 (Linked to CS 1.2 PHC) % of family members and retirees who are at a healthy weight



Edit Linked Metric

Metric Info

Description: Reflects the percentage of Active Duty Family Members, Retirees and Retiree Family Members who are at a healthy weight. Measures the patient's Body Mass Index and reflects the last patient appointment in Military MTFs. Population is ADFM, Ret, Ret FM 17 and older. Data source: AHLTA Clinical Data Mart. Semi Annual(CY) data pull. The goal of this measure is to reach the HP 2020 target by 2016 (10% improvement in proportion of Adults at a healthy weight).

Type: **Linked Metric**

Calendar: **Semi-Annual**

Metric ID: **352494**

Weight: **50%**

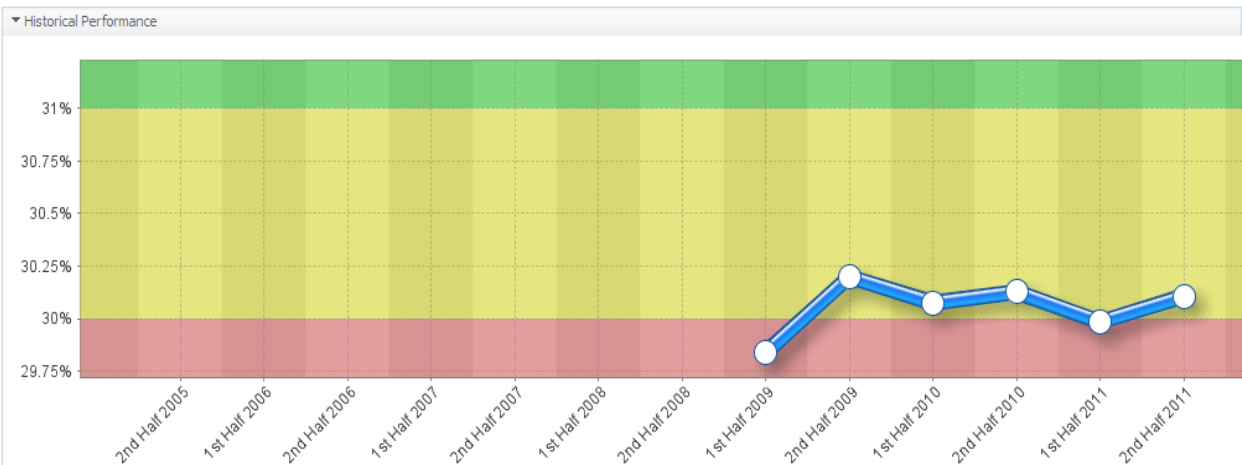
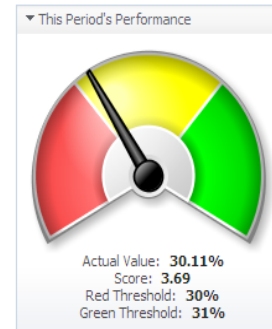
Source Metric: **CS 1.2 (Linked to PHC CS 1.2) (Linked to IP 5.1 MEDCOM) % of family members and retirees who are at a healthy weight**

Owners: **Ms. Amy Cowell, Ms. Laura Mitvalsky, Mr. Paul Pietrusiak**

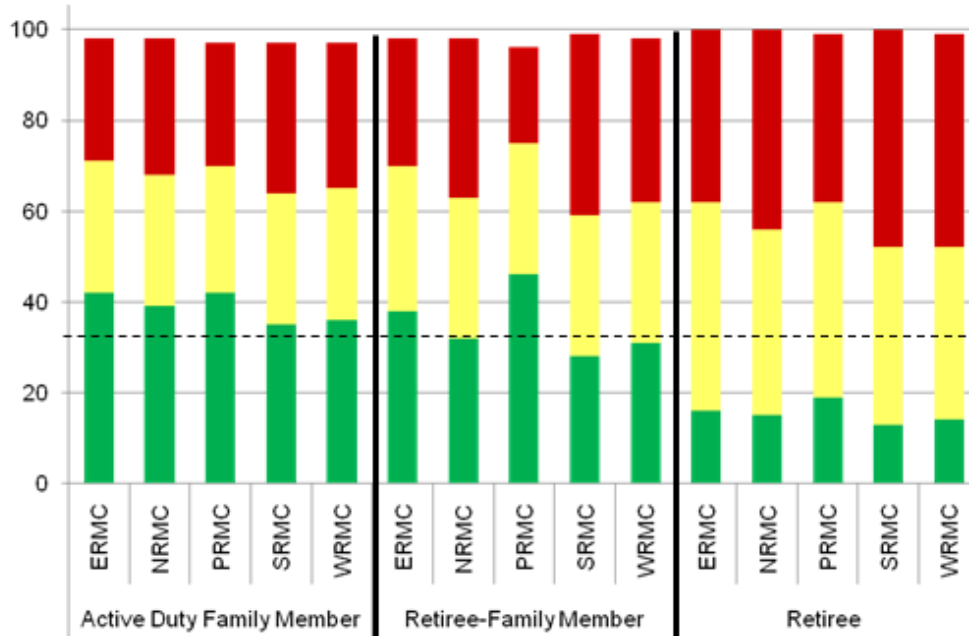
Updaters: *** Ms. Amy Cowell, * Mr. Joseph B. Houser, * Mr. Paul Pietrusiak**

* Able to update Threshold values

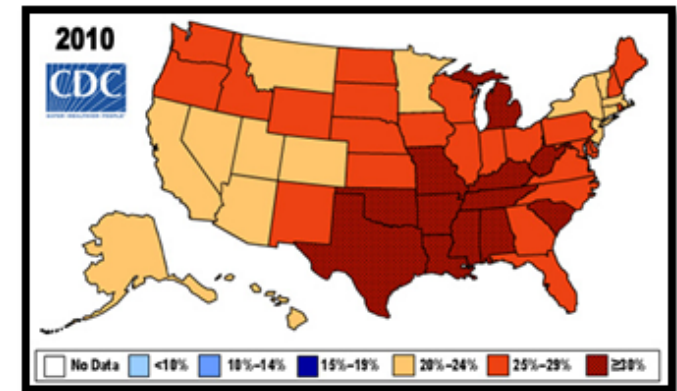
Modify Owners Modify Updaters



Population Weight Status (%BMI) by RMC



Healthy Weight Overall Target >34%



- Obese (BMI >30)
- Overweight (BMI 25-29.9)
- Healthy Weight (BMI 18.5-24.9)

RMC Command	AD Family Members		Retiree Family Members		Retirees	
	Healthy Weight BMI: 18.5-24.9	Obese BMI: >30	Healthy Weight BMI: 18.5-24.9	Obese BMI: >30	Healthy Weight BMI: 18.5-24.9	Obese BMI: >30
ERMC	42	29	38	28	16	46
NRMC	39	29	32	35	15	41
PRMC	42	28	46	21	19	43
SRMC	35	29	28	40	13	39
WRMC	36	29	31	36	14	38
Overall	38	29	31	31	14	40

Healthy Weight Issue: Surveillance

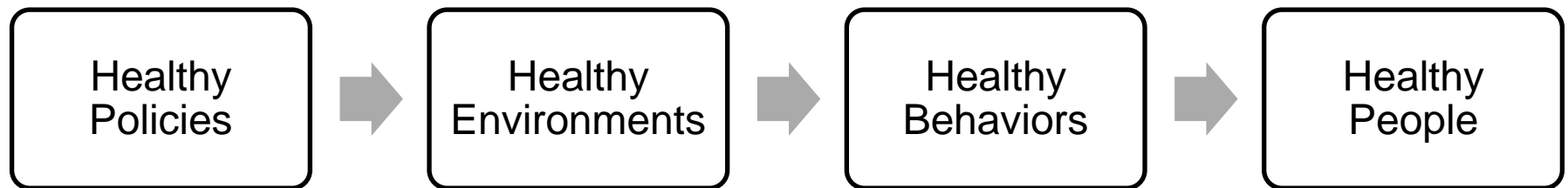
- **Objective:** Optimize surveillance capability to report on AD & FM-RET data to inform Healthy Weight policy and initiatives.
- **Initiatives:**
 - BMI Screening Policy Memos
 - Soldier Fitness Tracker
 - Health behavior data
 - Community data to include:
 - Creating Active Communities and Healthy Environments (CACHE toolkit)
 - Community Needs Assessment

Healthy Weight Issue: Community

- **Objective:** Standardize and strengthen prevention initiatives to create healthy environments and support healthy lifestyles.
- **Initiatives:**
 - Increase number and strength of Community Health Promotion Council (CHPC) on installations Army wide
 - **Develop evidence-based guidelines, regulations, and tools to guide installations in the implementation of effective Healthy Weight strategies**
 - **Ensure Healthy Weight initiatives meet minimum standards of evidence-based public health practice**
 - Determine need for evidence-based programs
 - **Increase collaboration between community agencies to streamline Healthy Weight efforts**

Creating Active Communities & Healthy Environments (CACHE) Toolkit

A number of leading organizations in health and nutrition, including the World Health Organization, the Institute of Medicine, the International Obesity Task Force, and the Centers for Disease Control and Prevention, “have identified environmental and policy interventions as the most promising strategies for creating population-wide improvements in eating, physical activity, and weight status” (Glanz et al., 2005 p.330).



The Built Environment

Where people live, work, and play affects their health

- The built environment includes all of the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure).

Local policies and the physical environment influence daily choices that affect our health—and our weight (Bell & Rubin, 2007).

- Families living in neighborhoods that are zoned exclusively for residential use must drive to work and school because it is too far to walk.
- Communities that lack full-service grocery stores and neighborhood food markets have less access to fresh fruits and vegetables.

The Food Environment

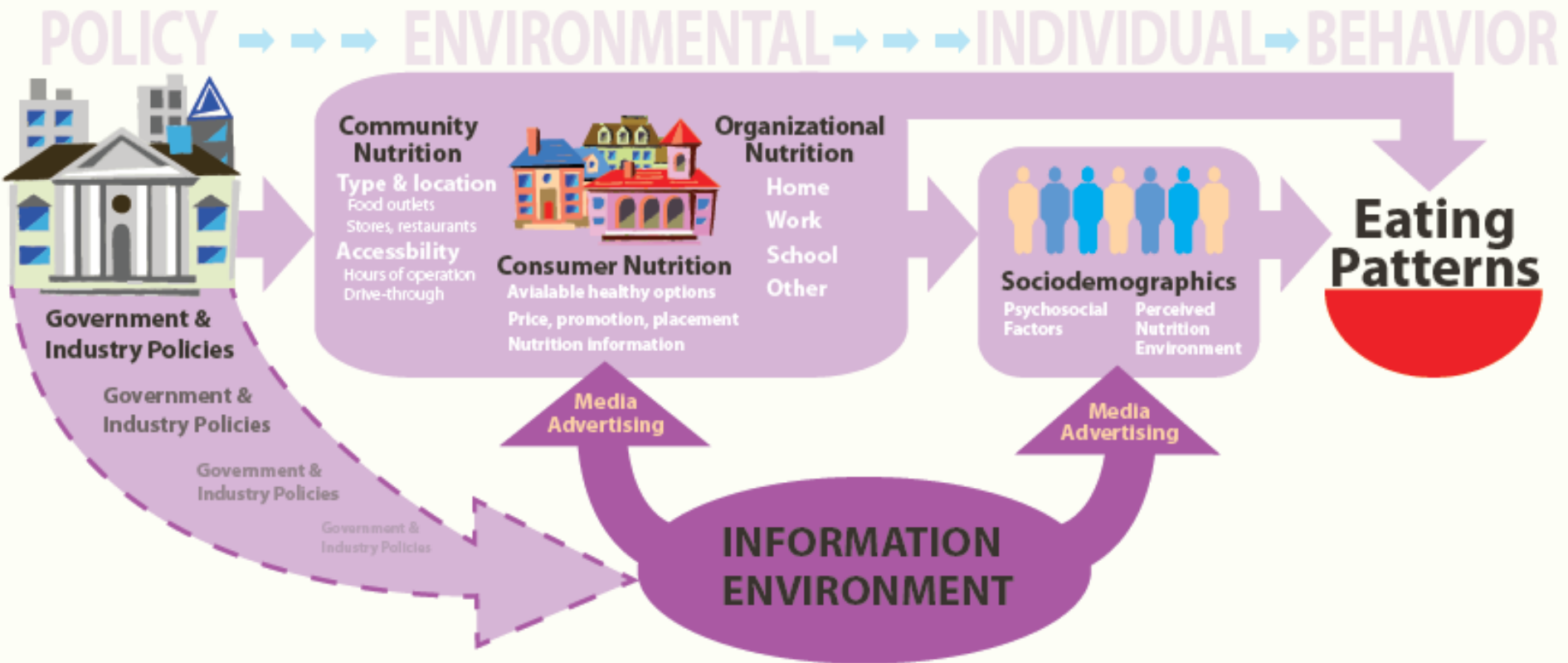
The *food environment* is

- The physical presence of food that affects a person's diet,
- A person's proximity to food store locations,
- The distribution of food stores, food service, or any physical entity by which food may be obtained, or
- A connected system that allows access to food

....also known as the community food environment, nutritional food environment, or local food environment.



Model of Community Nutrition Environments



Example of Changing the Food Environment

In 2008, New York City became the first major city in the United States to set nutrition standards for all foods sold or served in city agencies, including schools, senior centers, homeless shelters, child care centers, afterschool programs, correctional facilities, public hospitals, and parks. The standards require city agencies to include two servings of fruits and vegetables in every lunch and dinner, phase out deep frying, lower salt content, serve healthier beverages, and increase the amount of fiber in meals (New York City Mayor's Office, 2008).

Military Nutrition Environment Assessment Tool (m-NEAT)



- The m-NEAT is a new tool that was recently adopted from the Navy's Choose Healthy Options for Wellness (CHOW) and is being implemented across the joint services.
- M-NEAT is an assessment of an **installation's environment** and **policies** related to promoting and supporting **healthy eating** within the **workplace, public facilities, restaurants, food store and school settings**.
- The m-NEAT is designed to assist health promotion professionals, food operators, commanding officers and other stakeholders in collecting actionable information to support decision making and strategic planning.



The Built Environment and Physical Activity

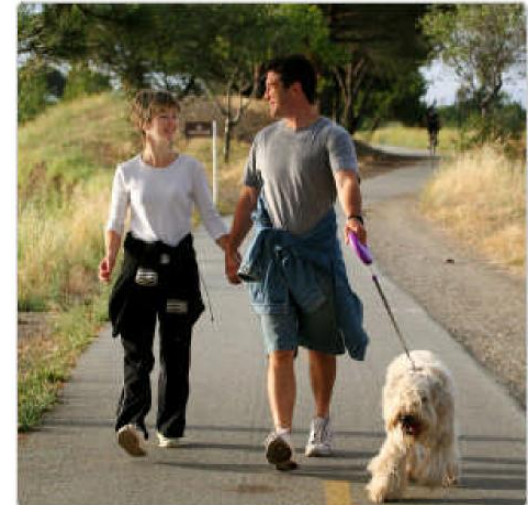
The built environment can promote increased physical activity through design elements such as:

- Neighborhoods that people can walk easily around and to key facilities such as schools, shops and public transportation
- Provision of walking and cycling facilities (e.g. foot paths and bikeways)
- Facilities for physical activity (e.g. swimming pools, playgrounds)
- Activity centers with a variety of land uses
- Transportation infrastructure and systems, linking residential, commercial, community and business areas.



Promoting Active Communities (PAC) Tool

- A tool created by the Michigan Department of Community Health (MDCH) to identify and reward cities and towns for their efforts to become 'active living communities'.
- Active living communities are places where it is easy to integrate physical activity into daily routines.
- PHC has worked with MDCH and Army master planning SMEs to adopt the tool for use at Army installations.
- Installations can use the PAC to evaluate their built environments, policies, and programs related to promoting and supporting physical activities.



Benefits of using the CACHE

- **Recognition.** Participating in the pilot demonstrates the installations commitment to wellness, community announcements increase awareness among community residents about the community's vision and assets related to active living.
- **Planning.** Personalized community reports enhance the community planning process by describing strengths and potential for improvements. Installations can compare their results to installations across the enterprise.
- **Partnerships.** Local leaders develop new partnerships and enhance existing partnerships as a result of working together to complete the assessment. Creation of working group to continually address issues identified by CACHE.
- **Monitoring.** Installations can use their results as baseline to monitor progress.

Conducting the CACHE will require collaboration

- **DPW**
 - Master Planning
 - Operations & Maintenance
 - Transportation
 - Real Property management
- **MWR**
 - Rec
 - Transportation
 - Recreation Facilities Management
 - Food Service Manager
 - CYSS
 - Food Service
- **ACS**
- **Housing**
- **USAPHC**
- **DeCA**
- **AAFES**
 - Food operations
 - Shoppette



Before



After

Using the CACHE

- **The CACHE Toolkit** is designed for easy use by any Community Health Promotion Council workgroup or health promotion proponent
- Toolkit includes all materials necessary to conduct the assessments, brief results and develop a local action plan
- Interested Installations should identify a CACHE POC to lead the initiative
- PHC staff is available for technical assistance and encourage installation collaboration and feedback on their experience

Creating Active Communities and Healthy Environments (CACHE)

HOME OVERVIEW IMPLEMENTATION M-NEAT PAC REFERENCE TOOLS

Creating Active Communities and Healthy Environments (CACHE)

The Creating Active Communities and Healthy Environments (CACHE) toolkit was created to provide Army leaders with targeted information to implement effective policy, systems, and environmental changes to ensure Army installations are healthy living communities that support physical activity and healthy eating.

Completing the CACHE toolkit, allows installations to:

- Assess the current physical activity and nutrition environment on Army installations
- Define improvement areas for local leaders to guide the implementation of policy, systems, and environmental changes around healthy living strategies
- Prioritize community needs to allow for optimal allocation of available resources

The toolkit consists of two main tools:

The Military Nutrition Environment Assessment (m-NEAT) Tool - An assessment of a community's environment and policies related to promoting and supporting healthy eating and the provision of access to healthy foods within the workplace, community, and school settings. It is a self-assessment tool (in the form of an Excel® spreadsheet). The assessment, which requires teamwork between community leaders and citizens, generates ideas for community improvements.

The Promoting Active Communities (PAC) Tool - An assessment that aims to help Army communities make changes to their policies, promotion strategies, and the physical design of their communities to make it easier for residents to be physically active.

It is a self-assessment tool (also in the form of an Excel spreadsheet) that enables communities to examine their policies, programs, and built environments. The assessment, which requires teamwork between community leaders and citizens, generates ideas for community improvements.

Also included in the toolkit:

- m-NEAT and PAC Background, Instruction Guide, and Frequently Asked Questions
- Resources and tools to assist with implementing changes to the nutritional and physical environment

In addition to guiding installation leadership, the strategic goal of the CACHE initiative is to develop a system of community surveillance of the physical activity and nutrition environments across Army installations in order to inform Army strategic planning.

FY 12/13 CACHE objectives are to:

- Collect completed PAC and the m-NEAT assessment tools from at least 10% of Army installations across the enterprise annually
 - Provide timely feedback on installation level action plans to 100% of communities completing the PAC and/or m-NEAT tools
 - Provide an annual description of overall trends in the physical activity and nutrition environment Army wide and provide recommendations for improvement

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Healthy Weight Issue: Clinical Care & Treatment

- **Objective:** Improve the identification, clinical care and management of overweight and obese patients to increase healthy behaviors and healthy weight in the AD & FM-RET population.
- **Initiatives:**
 - Increase clinical BMI screening and documentation
 - Increase use of Clinical Practice Guidelines
 - Improve provider knowledge of available resources
 - Develop and evaluate a standardize Army Weight control program
 - Increase collaboration between Clinical and Community
 - Identification of Evidence Based Programs (Triple P)



Army MOVE! Evaluation: Background

- **Army Weight Control Program**

- A comprehensive and Standardized Structured Weight Control Program, was highlighted as an Army Family Action Plan (AFAP) Issue at the February 2011 AFAP GOSC Conference.
- AFAP Issue #662 recommends all Soldiers placed on the Army Weight Control Program to complete a comprehensive and standardized structured weight control program.

- **Army MOVE! program background**

- adopted from VA's MOVE!
- No formal evaluations or regular monitoring
- AIPH conducted an assessment of Army MOVE! providers to:
 - Assess the experiences of Army MOVE! facilitators
 - Inform the development of the revised program

Army MOVE! Evaluation

- **Key Findings**

- Instructors believe *Army MOVE!* is useful, but are limited in the extent to which they implement the program to fidelity.
- Sustainability is highly unlikely without significant modifications and efforts to standardize.

- **Key Recommendations**

- Increase facilitator training
- Increase Soldier participation
- Centralized collection of metrics
- Program revisions
- Standard templates
- Increase staffing

- **Revised Program Elements**

- Multi-tiered, multidisciplinary, and individually tailored
- Choice of individual or group based care
- Eight group sessions offered weekly on a rolling schedule (six required)
- Two individual appointments with dietitians
- Weekly weight measurements and waist circumferences collected and centrally stored
- Monthly contact with participants for three months following program completion
- Metric collection three and six months following program completion

Healthy Weight Issue: Communication

- **Objective:** Improve collaboration across commands using strategic communication, coordination and continuous evaluation.
- **Initiatives:**
 - USAPHC is across services to coordinate efforts
 - USAPHC is developing an obesity prevention educational campaign to target active duty pre-retirement.
 - Communication Campaign with BAH



Hot items

- CACHE Pilot & Evaluation
- HPRR Review
- Army MOVE!
- Healthy Weight Communication Campaign
- Obesity Deep Dive

Questions?



POCs

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