

MISSISSIPPI STATE DEPARTMENT OF HEALTH

OBESITY

Action Plan

2016

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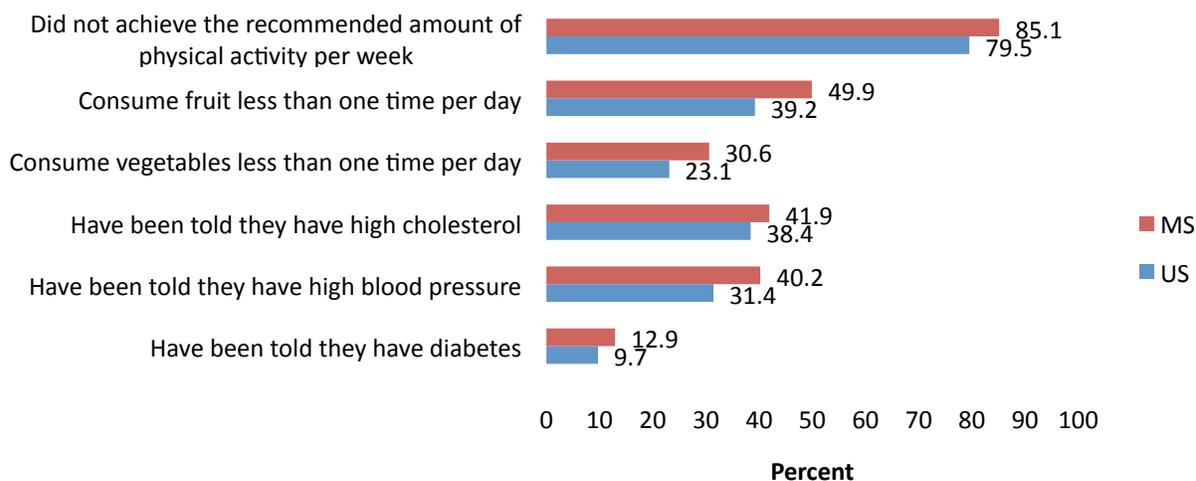
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A. The Scope of Obesity in Mississippi

According to the Centers for Disease Control and Prevention (CDC), more than half of all Americans live with a preventable chronic disease, and many such diseases are related to obesity, poor nutrition and physical inactivity. Mississippi (MS) at 35.5% has the third highest rate of adult obesity in the nation preceded by West Virginia (35.7%) and Arkansas (35.9%). Adult obesity in MS has increased dramatically over the past 15 years, up from 23.7% in 2000 and from 15.0% in 1990; and is expected to increase significantly in the next 20 years (*State of Obesity: Better Policies for a Healthier America, 2015*). *The F as in Fat: How Obesity Threatens America's Future*, a report from Trust for America's Health and the Robert Wood Johnson Foundation, suggests MS's obesity rate could reach 66.7% by 2030 (2012).

According to the 2013 Behavioral Risk Factor Surveillance System (BRFSS) survey, many MS adults are overweight or obese and are not practicing healthy behaviors. Chart 1 demonstrates risk factors and their comparisons between MS and the U.S. for obesity.

Chart 1: Mississippi and United States Adult Prevalence Comparisons of Obesity Risk Factors, BRFSS, 2013



Obesity in MS affects children (ages 2 -5 years) and youth (ages 6 to 17 years). However, MS does not have a statewide data monitoring system to track overall population trends in childhood obesity. Data from the Supplemental Nutrition Program for Women, Infants and Children (WIC) show the prevalence of obesity in children aged 2 to 5 years is a staggering

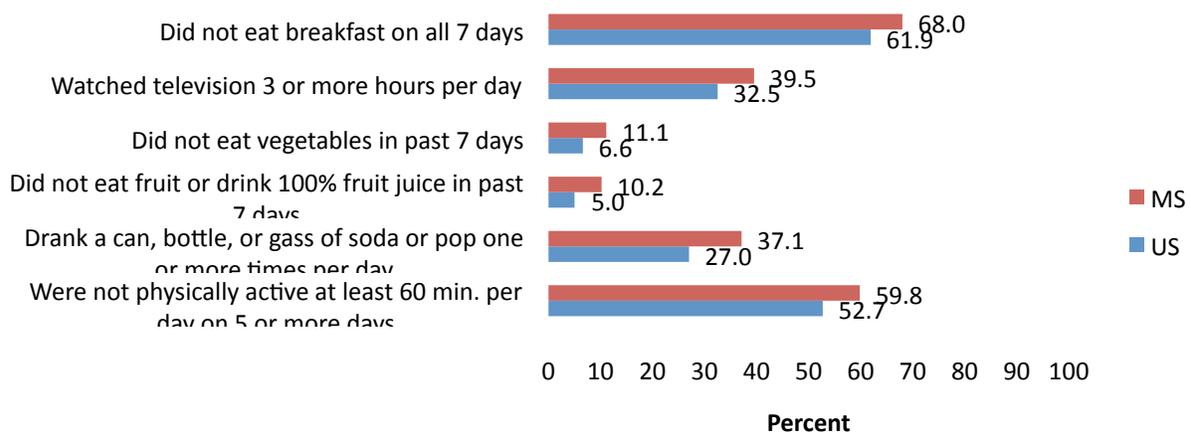
27.4%. The Child and Youth Prevalence of Obesity Surveys (CAYPOS, 2013) also revealed that over forty percent of school-aged children and youth in MS are either overweight or obese. Table 1 describes the obesity epidemic among this population.

Table 1-Prevalence of Overweight and Obese Students from Kindergarten to 12th Grade, Mississippi 2013

	All Grades (K-12)	Elementary (K-5)	Middle School (6-8)	High School (9-12)
% Overweight	18.2	16.0	21.6	19.3
% Obese	23.6	22.0	27.3	23.5
% Overweight & Obese (Combined)	41.8	38.0	48.9	42.8

High rates of obesity cause great concern because overweight/obese children and youth have an increased chance of becoming overweight/obese adults. The 2013 Youth Risk Behavior Surveillance Survey (YRBSS) reveals that younger Mississippians are engaging in unhealthy lifestyles. The prevalence of obesity risk behaviors among the youth influences the widespread obesity and chronic conditions within the adult population. Chart 2 demonstrates the prevalence of unhealthy behaviors among the youth in MS.

Chart 2: Mississippi and United States Youth Prevalence Comparisons of Obesity Risk Factors, YRBSS, 2013



Overweight and obese children are at an increased risk for developing heart disease, type 2 diabetes, high blood pressure and cancer. Additionally, they suffer disproportionately from

health conditions such as sleep apnea, asthma, and psychosocial effects' including decreased self esteem, negative body image and depression (*National Conference of State Legislatures, Childhood Obesity Legislation*, 2013). According to the *Still Too Fat Fight* report, childhood obesity is a national security issue, with 1 out of 4 young adults unable to serve due to excess body weight (2012). "Because of the increasing rates of obesity, unhealthy eating habits and physical inactivity, we may see the first generation that will be less healthy and have a shorter life expectancy than their parents," -Richard H. Carmona, M.D., M.P.H., F.A.C.S, former US Surgeon General, 2004.

Equally important is the fact that obesity is compounded by the state's high rate of child poverty, low rate of family educational attainment and historical social and political challenges. Likewise among adults, the prevalence of overweight and obesity prevalence is coupled with other socio-demographic and economic indicators such as gender, race and income that creates disadvantages for the risk of the early onset of chronic diseases and health conditions such as coronary heart disease, hypertension, type 2 diabetes, stroke, cancer, arthritis, dyslipidemia (or high cholesterol/high triglycerides), and depression. It is a vicious cycle.



Because the root of obesity is complex, occurring at varying economic, social, environmental and individual levels in MS and the US in general; multiple strategies are needed for successful prevention efforts. National, state and local policy, systems and environmental change

strategies that promote and support healthy eating, active living and smoke free air on the population level are considered ideal and sustainable. These strategies make healthy choice the easy choice as well as engage and mobilize multiple partner sectors including government agencies, businesses, communities, schools, child care, health care and worksites. Table 2 represents the relationship of socio-demographic and economic indicators and rates of obesity.

Table 2: Obesity Prevalence - 2013 BRFSS				
	Obesity		95% C.I.	
	Frequency	Percent	LL	UL
Overall	746,901	35.1	33.5	36.7
By gender				
Female	393,245	36.4	34.3	38.5
Male	353,657	33.8	31.2	36.3
By race				
White	395,651	31.1	29.1	33.1
Black	319,852	42.5	39.5	45.6
Other	27,365	30.5	21.9	39.0
By income (\$)				
<15,000	154,901	41.2	37.0	45.3
15,000-24,999	162,427	40.7	36.8	44.5
25,000-34,999	81,421	32.5	27.6	37.4
35,000-49,999	88,625	35.0	30.2	39.8
50,000+	178,039	31.4	28.5	34.4
By education				
Less than H.S.	157,103	38.7	34.4	42.9
H.S. or G.E.D.	246,980	38.2	35.2	41.2
Some post-H.S.	225,968	32.7	29.7	35.7
College graduate	116,601	30.6	27.7	33.4
By age				
18-24	66,256	23.4	18.1	28.8
25-34	126,335	34.9	30.3	39.6
35-44	136,299	38.9	34.5	43.3

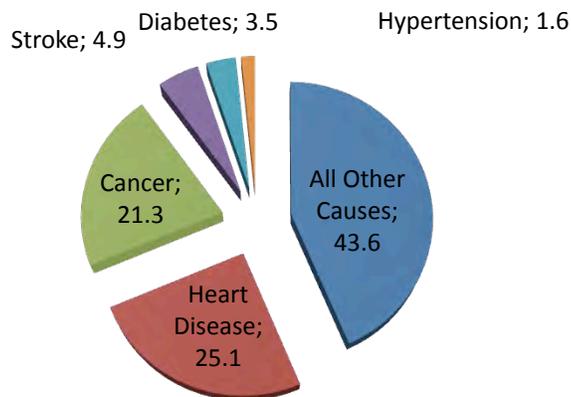
	45-54	174,540	46.2	42.4	50.0
	55-64	130,003	36.7	33.5	39.9
	65+	113,468	28.2	25.8	30.6
By public health district	I	87,558	41.3	36.0	46.6
	II	90,662	34.2	29.2	39.2
	III	54,706	38.1	32.9	43.2
	IV	60,945	36.4	31.4	41.4
	V	142,717	32.8	28.5	37.0
	VI	60,696	36.0	30.7	41.2
	VII	42,814	35.8	30.7	40.9
	VIII	78,112	35.9	31.1	40.7
	IX	112,305	33.9	29.8	37.9

Source: 2013 Mississippi BRFSS, CDC

In MS, over half of all deaths were attributed to chronic diseases in 2013 (MS State Department of Health Vital Statistics). Of the 30,736 Mississippians who died, over 56% died from the following chronic diseases:

- 25.1% died from heart disease
- 21.3% died from cancer
- 4.9% died from stroke
- 3.5% died from diabetes mellitus
- 1.6% died from hypertension

Causes of Death (All Ages), Mississippi, 2013



A report from *F as in Fat: How Obesity Threatens America's Future* suggests over the next 20 years, Mississippi's obesity rate could contribute to 415,353 new cases of type 2 diabetes; 814,504 new cases of coronary heart disease and stroke; 751,568 new cases of hypertension; 487,642 new cases of arthritis and 111,069 new cases of obesity related cancer (2012). The next figure depicts the percent of obesity by county with darker colored representing between 46.0% - 65.9% obesity prevalence.

B. Financial Impact of Obesity

Health care costs range from \$147 billion to \$210 billion annually or 21% of the total national health care spending. Per capita, medical cost for individuals with obesity is \$2,741 higher than those of normal weight. Researchers at the Harvard School of Public Health estimate that if obesity trends continue, obesity related medical costs could rise by \$43 to \$66 billion each year in the U.S. by 2030 (*The Medical Care Cost of Obesity: An Instrumental Variables Approach, 2010*).

Obese adults have an increased rate of absenteeism due to illness over normal weight employees. A 2010 study conducted by Duke University reported that the cost of obesity among U.S. full-time employees is an estimated \$73.1 billion dollars. In determining this estimate, three investigative factors were considered: employee medical expenditures, lost productivity on the job due to health problems (presenteeism), and absence from work (absenteeism). Presenteeism accounted for as much as 56% in the case of female employees and 68% in the case of male workers.

A 2007 analysis conducted by Duke University Medical Center showed that obesity also increased employers' costs associated with workers' compensation claims—for example, the cost of workers' compensation insurance, which all employers are required to carry. In addition, the analysis found that obese employees filed twice the number of workers' compensation claims and lost thirteen times more work days from injuries and illness than did non-obese workers.

According to the MS Center for Obesity Research, there is a 40% increase in medical costs per year in an obese person over a non-obese person. In 2008, MS spent \$925 million in health care costs directly related to obesity and if this trend continues; it is estimated that obesity related health care costs will be \$3.9 billion in 2018 (Retrieved from: https://www.umc.edu/Administration/Centers_and_Institutes/Mississippi_Center_for_Obesity_Research/Obesity_in_Mississippi.aspx). If body mass index (BMI) were lowered by 5%, MS could save 6.9% in health care costs, which would equate to savings of \$6.12 trillion by 2030 (*F*

as in Fat: How Obesity Threatens America's Future, 2011). The number of MS residents that would be spared from developing new cases of major obesity-related diseases includes:

- 86,347 people could be spared from type 2 diabetes,
- 66,897 from coronary heart disease and stroke,
- 56,741 from hypertension,
- 35,176 from arthritis, and
- 4,795 from obesity-related cancer

C. Benefits of Implementation

Research and case studies from around the world provide convincing evidence that health promotion is effective. Health promotion strategies can develop and change lifestyles and have an impact on the social, economic and environmental conditions that determine health.

According to the CDC, by fostering transparency and public accountability in health promotion, individuals can derive economic benefits from improved health that includes:

- Increased well-being, self-image, and self-esteem,
- Improved coping skills with stress or other factors affecting health,
- Improved health status,
- Lower costs for acute health issues,
- Increased access to health promotion resources and social support, and
- Improved job satisfaction

In 2011, the American Heart Association published a review that concluded that most cardiovascular disease can be prevented or delayed with a combination of direct medical care and community based prevention programs and policies. The key finding of this review found the following:

- Every \$1 spent on building biking trails and walking paths could save approximately \$3 in medical expenses.
- Every \$1 spent in wellness programs, companies could save \$3.27 in medical costs and \$2.73 in absenteeism costs.

- Interventions to help improve nutrition and activity showed improvements in just one year and had a return of \$1.17 for every \$1 spent.
- Participants in community-based programs who focused on improving nutrition and increasing physical activity had a 58% reduction in incidence of type 2 diabetes compared with drug therapy, which had a 31% reduction.

Per CDC, community efforts should focus on healthy eating and physical activity in multiple settings to undo the obesity epidemic. These settings include hospitals, early care and education, worksites, schools, and food service.

It is also proven that time and money spent on employee health is a worthwhile investment. A healthier workplace can help control healthcare costs as, over time, costly serious illness are prevented and existing ones are better managed. Workplace wellness increases overall employee productivity, as well as employee satisfaction and retention (Investing in Health, 2008).

The MSDH obesity efforts are coordinated through the Division of Nutrition, Physical Activity, and Obesity (DNPAO) within the Office of Preventive Health. The DNPAO is funded solely by a grant from CDC and was established to increase nutrition quality, increase physical activity levels among adults and children, and decrease the prevalence of obesity in MS. While the program is appreciative of the funds it receives from CDC, it is limited to implementing only the activities outlined in the CDC-approved work plan. To address other identified needs for obesity prevention and management across the state, program staff must rely on partners who may or may not have the resources to meet these needs.

D. Coordination of Efforts

Partnerships and collaboration are crucial to building capacity and leveraging resources towards prevention and control of obesity in MS. The CDC not only encourages collaboration, but has made it a key strategy in many funding opportunity announcements. The MSDH, Division of Nutrition, Physical Activity and Obesity (DNPAO) has forged partnerships internally and at the

local, regional, state and national levels to successfully implement obesity strategies and activities. Internal collaborations, within MSDH, include the Heart Disease and Stroke Prevention Program, Diabetes Prevention and Control Program, MS Delta Health Collaborative, State Employee Worksite Wellness Program, Comprehensive Cancer Control and Prevention, Coordinated Chronic Disease Prevention and Health Promotion, Women, Infants and Children, Injury and Violence Prevention, Office of Health Data and Research, Vital Records/Statistics, Office of Tobacco Control, Office of Health Disparity Elimination, Child Care Licensure, Nutrition Services and Communications. Coordination across these programs includes the utilization and sharing of staff and resources to manage, control and/or prevent obesity and its complications. Externally, the DNPAO collaborates with the MS Department of Education (MDE), MS Department of Finance and Administration (MDFA) and the MS Department of Rehabilitation Services (MDRS) to implement healthy nutrition, vending and physical activity policies.

The Mississippi State Department of Health, DNPAO also partners with the Office of Women, Infants and Children (WIC) program and other state agency worksite wellness champions to assist with implementing a lactation room policy within their agencies. WIC and DNPAO partner with the Mississippi Breastfeeding Coalition, Mississippi Perinatal Quality Collaborative and national partners to increase access to breastfeeding friendly environments throughout MS.

The DNPAO partners with the Blue Cross and Blue Shield State and School Employees' Health Insurance Plan which is managed by the Office of Insurance in the MDFA to implement the State Employee Wellness Program. In partnership with the MDRS, DNPAO established a healthy catering and vending initiative to be encouraged and adopted within worksites. The MDRS organizes the vendors, who are members of the MS Randolph-Sheppard Blind Vendors Association (MRSBVA), which manages food service operations in state owned facilities. These operations include full-service cafeterias, snack bars and food and drink vending machines. The Mississippi Blind Vendors Association has converted over ninety-five percent of all state agency vending machines to include *Fit Pick* snack selections, a vending machine program that helps

consumers make healthier choices, as well as distribution of educational materials to all state worksite wellness champions which aid in the campaign promotion process.

The MSDH DNPAO will promote physical activity and nutrition among early care and education programs by continuing to partner with MSDH Division of Child Care Facilities Licensure and Nutrition Services, the MS Department of Education's Office of Child Nutrition, and the MS Department of Human Services' Office of Early Childhood Care and Development. Early care and education providers have been trained on The Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC) and additional evidence based trainings. In addition, DNPAO collaborated with the Mississippi Child Care Facilities Licensure to revise child care center regulations pertaining to physical activity and nutrition policies according to national standards.

The DNPAO will continue to collaborate with The Partnership for a Healthy Mississippi and the Mississippi Food Policy Council to assist with establishing and strengthening policies for increased access to healthy foods and beverages. The MSDH DNPAO currently partners with Alcorn State University (ASU) Cooperative Extension Program, the Health and Wellness Coalition, and other key stakeholders to implement nutrition activities that include developing cooperatives to support the establishment of farmer's markets; and acquiring, building, preserving, and protecting community gardens across the state to increase access to healthy foods in schools, communities and worksites. Furthermore, MSDH is partnering with the MS Department of Agriculture and Office of WIC to increase farmers' markets in food deserts by assisting with building infrastructure for communities to develop and sustain farmers' markets.

The MSDH partners with the MDE to implement evidence based coordinated school health efforts that promote physical activity and healthy eating. The MSDH Safe Routes to School program within the Division of Injury and Violence Prevention promotes safe walking and biking to and from school and implements shared use agreements between school districts and communities across the state. MSDH and MDE have also coordinated efforts to provide professional development to school staff, technical assistance and mini-grant opportunities to schools to support successful implementation of nutrition and physical activities.

E. Obesity Action Plan

Goal 1

Improve state and local capacity and support to address physical activity and healthy eating across the lifespan in MS.

Strategy 1-1: The Division of Nutrition, Physical Activity, and Obesity will coordinate the following programs and activities to increase physical activity and healthy eating in MS.

- Encourage counties and municipalities to establish and coordinate Health and Wellness Coalitions that coordinate and implement programs and activities in their communities.
- Provide the coalitions with needed resources and technical assistance.
- Secure funds for MSDH to provide physical activity incentive grants to schools and communities.
- Promote public and private partnerships to increase access to healthy eating and physical activity programs.
- Encourage development, maintenance, redevelopment and equitable access to public green spaces, including parks, community gardens, greenbelts, and trails, as well as recreational facilities in all neighborhoods that increase the opportunity for physical activity for all community members.
- Adopt and implement “walkable” community policies and build paths and trails with optimal trees and green space to provide safe and convenient travel options for walking, bicycling, or using assistive devices such as wheelchairs.
- Develop a state mandate for insurers to provide incentives for maintaining a healthy body weight and include screening, treatment, and obesity preventive services in routine clinical practice and quality assessment measures.
- Provide technical assistance and funds to schools and communities to establish shared use agreements.

Strategy 1-2: The Division of Nutrition, Physical Activity, and Obesity will assess needs and develop and disseminate resources to aid state and local decision makers.

- Conduct a comprehensive, statewide "needs assessment" for public investment in new or improved facilities for physical activity, such as pedestrian walkways, off and on road bike trails and parks; education programs and materials for schools and communities and access to healthy food options in workplaces, schools, neighborhoods, and communities.
- Develop searchable online guides on all available public and private obesity prevention and treatment programs in MS and regularly update these guides. Include local wellness policies developed by local education agencies that comply with Federal Law, as well as obesity prevention programs and resources made available by food companies and related organizations.
- Encourage state agencies to pursue available grant funds and equipment donations to support initiatives.

- Increase available resources (e.g. marketing campaigns, education materials, funding) to initiate opportunities for increased physical activity in the communities and schools. Revise and support existing legislation to focus on the promotion of physical activity.
- Develop and disseminate resources (e.g. education materials, nutrition and physical activity supplies) targeted specifically to child care providers that promote and support physical activity and healthy eating.

Strategy 1-3: Introduce, modify and utilize health-promoting food and beverage retailing and distribution policies.

- Recommend legislation to direct state and local tax and financial incentives such as flexible financing or tax credits, streamlined permitting processes and zoning strategies, as well as cross-sectoral collaborations to enhance the quality of local food environments; particularly in low-income communities.
- Link incentives to public health goals in ways that give priority to stores that also commit to health-promoting retail strategies (e.g., through placement, promotion, and pricing).

Strategy 1-4: Promote physical activity in early care and education (ECE) settings and include obesity prevention in professional development for ECE personnel and staff.

- Provide recommendations and sponsor seminars and training for preschool providers about effective methods to promote physical activity during the program day.
- Include preschool programs in wellness policies and programs developed by local educational agencies.
- Provide technical assistance for the development of physical activity action plans and wellness policies.
- Provide targeted conferences and training sessions for ECE teachers and administrators on obesity prevention.
- Provide in-service school programs to educate teachers and auxiliary staff about overweight and obesity.
- Recognize ECEs that have policies and practices that promote obesity prevention.

Goal 2

Develop an intergenerational, culturally sensitive public awareness campaign on preventing obesity through healthy choices and physical activity.

Strategy 2:1 Create and deliver a statewide public awareness campaign that is culturally competent, target at risk population and frames a common prevention message.

- Actively engage a broad array of stakeholders in the design and dissemination of the campaign.
- Enlist support for the campaign from local media, businesses, community groups, and health care professional organizations.
- Develop and distribute a series of television, radio, and print public service announcements and materials for the campaign.

- Deliver the common prevention message to Mississippi's diverse populations, particularly those at high risk of obesity, in a manner that addresses cultural perceptions by developing culturally competent and linguistically appropriate key messages.
- Conduct an ongoing evaluation of the effectiveness of the media campaign.

Strategy 2-2: Increase involvement of health care professionals in obesity prevention activities across all ages, ethnic and socio-economic groups.

- Encourage healthcare professionals to routinely track BMI and discuss the results with patients.
- Provide health care professionals with materials and resources for distribution, such as CDC guidelines, charts, tracking tools, and protocols, to guide decision making for obesity prevention.
- Develop community-wide health campaigns or add a nutrition and physical activity component to existing events and recruit healthcare systems and providers as co-sponsors.

Strategy 2-3: Increase knowledge in communities regarding the obesity epidemic; height and weight standards, nutrition choices for healthy eating by distributing and/or developing educational materials on healthy behaviors and obesity prevention for the general public.

- Educate Mississippians on the basic causes of obesity.
- Develop public service announcements.
- Educate consumers and providers on how to read and interpret food labels.
- Convene community meetings in senior centers, medical centers, hospitals, community colleges and universities.
- Form a speaker's bureau of fitness and nutrition experts and other health care professionals.
- Develop a "Train the Trainers" program to support the speaker's bureau.

Goal 3

Increase workplace awareness of the obesity issue and increase the number of worksites that have environments that support wellness, including weight management, healthy food choices, physical activity, and lactation support.

Strategy 3-1: Increase the number of healthy food choices available to employees in all appropriate worksite venues.

- Promote healthy food choices in employee cafeterias by providing sample menus and recipes.
- Offer trainings on healthy food preparation practices to cafeteria employees.
- Encourage cafeterias to focus on product, price and placement of healthy food choices.
- Encourage the adoption of healthy catering guidelines for food served in staff meetings and agency sponsored events.

Strategy 3-2: Increase the number of agencies that encourage physical activity.

- Encourage employers to provide extended breaks and lunch hours in order to permit employees to engage in physical activity.
- Encourage partnerships with companies that supply exercise equipment and devices; such as pedometers.
- Encourage worksites to provide employees with subsidized or reduced rate memberships in gyms, health clubs, community recreation centers, or wellness days off.
- Encourage worksites to make available opportunities such as on-site facilities, gyms, stair wells, walking trails, walking routes, etc. for physical activity.

Strategy 3-3: Increase the number of worksites that offer lactation support programs for employees.

- Encourage worksites to comply with legislation for facilities that support breastfeeding employees to express and store milk.
- Provide grants, fiscal incentives, and other recognition for worksites that make alterations to accommodate breastfeeding employees or on-site child care facilities.

Goal 4**Increase support for the promotion of healthy eating and physical activity within Mississippi's health care system and among health care professionals.****Strategy 4-1: Educate health care professionals on etiology and physiology of obesity in order to recognize, prevent and treat obesity.**

- Encourage health care professionals to adopt standards of practice (evidence based or consensus guidelines) for prevention, screening, diagnosis and treatment of overweight and/or obese children, adolescents and adults that will help them to achieve and maintain a healthy weight, avoid obesity-related complications, and reduce the psychosocial consequences of obesity*.
- Provide physicians and other health care professionals with regular continuing education on preventing, recognizing and treating obesity.
- Develop regionally based resource directories to facilitate referrals to professionals for prevention and treatment of obesity.

For more information on the role of health care professional in obesity, see the 2013 AHA/ACC/TOS Guidelines for the Management of Overweight and Obesity in Adults.

Strategy 4-2: Increase the support in the healthcare setting for new mothers to begin breastfeeding upon delivery and to continue breastfeeding exclusively for six months.

- Assess and monitor hospital policies and practices related to breastfeeding initiation.
- Provide incentives and/or recognition to hospitals with the highest exclusive breastfeeding rates per socio-demographic population, as well as to hospitals that observe the "Ten Steps to Successful Breastfeeding" practices.
- Monitor hospital activities that promote breastfeeding such as documentation of breastfeeding care and referral to community lactation.

- Provide health care professionals with educational workshops that focus on the benefits of exclusive breastfeeding for the first 6 months and continued breastfeeding for the first year and beyond.
- Develop and distribute materials that promote exclusive breastfeeding for the first 6 months and continued breastfeeding for the first year and beyond for distribution by physicians' offices and other primary health care settings.

Strategy 4-3: Increase the number of insurers and other third party payers that cover medical and other services that prevent and treat obesity.

- Educate payers and policy makers on the etiology and physiology of obesity with a focus on the health consequences so that obesity is viewed as a priority health issue.
- Support reimbursement for nutrition counseling as a preventive measure and as a treatment for obesity.
- Educate providers regarding the treatment for obesity which will result in cost savings, as well as the recognition that reimbursement for obesity prevention and education services increases the likelihood of individuals maintaining a healthy weight.

Expected Outcomes

1. Increased awareness among Mississippians of the burden of obesity.
2. Increased number of stakeholders engaged in coordinated effort to impact obesity in Mississippi.
3. Increased access to healthy foods and beverages.
4. Increased intake of fruits, vegetables and whole grains.
5. Increased access to places for adults and children to participate in physical activity.
6. Increased participation in physical activity among adults and children.
7. Increased number of healthcare providers aware of obesity prevention treatment guidelines and activities.

Benchmarks (Healthy People 2020)

1. Increase the proportion of adults who are at a healthy weight.
2. Reduce the proportion of adults who are obese.
3. Reduce the proportion of adults who engage in no leisure time activity.
4. Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination.
5. Increase the number of States that have State-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines for Americans.

F. Budget

To adequately address obesity in Mississippi, a greater investment is required to facilitate a lasting impact. The obesity action plan focuses on three priorities which includes healthy eating, physical activity and healthy weight. The goal of this action plan is to provide high-level strategies that focus on changing behaviors that often lead to overweight or obesity. The strategies and goals highlighted in the obesity action plan are intended to outline key examples of best and promising strategies for reducing overweight and obesity in Mississippi, while encouraging collaboration, coordination and the maximization and utilization of resources. The funding requested will allow MSDH to begin to close identified gaps in staff and data and build a greater capacity to define and adequately address obesity and other chronic diseases across our great state.

Goal 1**\$3,000,000****Improve state and local capacity and support to address physical activity and healthy eating across the lifespan in MS.**

- A. Funding will support implementation efforts related to the Obesity Action Plan including education, training, coalition building, and systems change.
- B. The Obesity Action Plan includes supporting local communities and coalitions to implement evidence based interventions, conducting trainings, collecting data and developing and maintaining a web-based obesity resource directory which would be available to providers and the public. Small grants and incentives for partners, schools and local communities will be a key feature of this goal.

Goal 2**\$2,100,000****Develop an intergenerational, culturally sensitive public awareness campaign on preventing obesity through healthy choices and physical activity.**

- A. Develop statewide obesity health communication and marketing campaigns including a special focus on education and marketing to at risk populations.
- B. Provide outreach and information to Mississippians on obesity prevention and develop a “train the trainers” program to support a speaker’s bureau.

Goal 3**\$1,500,000**

Increase workplace awareness of the obesity issue and increase the number of worksites that have environments that support wellness, including weight management, healthy food choices, physical activity, and lactation support.

- A. Provide education, training and incentives to worksites that have environments that support obesity prevention.

Goal 4

\$2,600,000

Increase support for the promotion of healthy eating and physical activity within Mississippi's health care system and among health care professionals.

- A. Work with health care providers to implement systems of referral for obesity prevention.
- B. Provide outreach and information to health care providers regarding obesity prevention.
- C. Provide incentives to hospitals that support breastfeeding practices.
- D. Develop education materials that promote exclusive breastfeeding.

Goal 5

\$750,000

Assure a sustainable obesity prevention infrastructure and workforce.

- A. Funding for obesity personnel to include a nurse, registered dietitian, physical activity specialist, obesity coordinator and evaluator.

Total

\$9,950,000



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