## **Appendix N – Reduce Rates of Chronic Disease**

Mississippi has a public health crisis. In 1996, 19.8% of the adult population was obese. By 2013, the obesity prevalence in our population had increased to 35.2%. If the tide is not changed, the percent of obesity in our population will reach over 50% by 2024. Obesity is a root cause of most chronic illnesses. Therefore, it is the role and obligation of Public Health to inform and educate Mississippians about this threat to their health just as it does when there is a threat of pandemics and epidemics. The consequences of obesity are Type 2 diabetes, heart disease, arthritis, stroke, and dementia. Currently in Mississippi, 1.1 million adults and 126,000 children are obese; many of whom already show signs of chronic illnesses. Unnecessary suffering is being caused by obesity, which is mainly driven by sedentary lifestyles and unhealthy eating habits. According to the CDC, 75% of total health care expenditures are associated with treating chronic diseases. If Mississippians reduce their BMI rates to lower levels and achieve an improved status of health, the state could save over $13 billion annually in unnecessary health care costs.

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| APPENDIX N : Mississippi State Community Scorecard – 2016  PRIORITY AREA #3: Reduce Rates of Chronic Disease | | | | | | | |
| GOAL | S TRATEGIC  O BJECTIVE | M EASURE | BASELINE | T ARGET | C RITICAL A CTIO NS  INTERVENTION STRATEGIES | ORGANIZATION/  LEAD PERSON | S TATUS  R/Y/G |
| 3.1  Decrease obesity rates through the promotion of healthy lifestyles | 3.1.1  Increase the percent of youth ages 17 and under who engage in 60 minutes of daily physical activity | • Percentage of students in grades 9-12 who achieve 1 hour or more of moderate-and/or vigorous-intensity physical activity daily  Data Source: YRBS | 2013:  25.9% | 2019:  28.5% | **Establish and/or enhance school, community, and home environments that support physical activity**   1. Use data collected by MDE to assess implementation of physical activity requirements for the Healthy Students Act among schools, including capacity by May 2017. 2. Identify databases that track and monitor the number of youth ages 2 to 5 that engage in physical activity by December 2016. 3. Establish 10 new Mayoral Health Councils who will promote: shared use agreements and complete streets by December 2016. | 1. Estelle Watts, Office of Healthy Schools, MDE 2. Dr. Lei Zhang, Office of Health Data and Research, MSDH 3. Dr. Victor Sutton, Office of Preventive Health, MSDH |  |
| APPENDIX N : Mississippi State Community Scorecard – 2016  PRIORITY AREA #3: Reduce Rates of Chronic Disease | | | | | | | |
| GOAL | S TRATEGIC  O BJECTIVE | M EASURE | BASELINE | T ARGET | C RITICAL A CTIO NS  INTERVENTION STRATEGIES | ORGANIZATION/  LEAD PERSON | S TATUS  R/Y/G |
|  |  | * Percentage of municipalities that offer opportunities for organized physical activity   Data Source: Office of Preventive Health | 2013:  25.9% | January 2020:  28.5% | 1. Conduct an environmental scan to determine the number and location of shared use agreements, organized sports, and complete streets by December 2016 2. Create and implement an educational awareness campaign to decrease screen time by December 2016 3. Provide four educational messages on physical activity and nutrition in parents and kids magazines to promote awareness of physical activity and nutrition by May 2017 | 1. Tiffani Grant, Office of Preventive Health, MSDH 2. Liz Sharlot, Office of Communications, MSDH 3. Liz Sharlot, Office of Communications, MSDH |  |
| APPENDIX N : Mississippi State Community Scorecard – 2016  PRIORITY AREA #3: Reduce Rates of Chronic Disease | | | | | | | |
| GOAL | S TRATEGIC  O BJECTIVE | M EASURE | BASELINE | T ARGET | C RITICAL A CTIO NS  INTERVENTION STRATEGIES | ORGANIZATION/  LEAD PERSON | S TA T U S  R/Y/G |
| 3.1  Decrease obesity rates through the promotion of healthy lifestyles | 3.1.2  Increase the percent of adults ages 18-64 who engage in at least 150 minutes of weekly moderate intensity physical activity | * Percentage of adults ages 18 and older who achieve at least 150 minutes a week moderate-intensity aerobic physical activity or 75 minutes a week of vigorous-intensity aerobic activity (or an equivalent combination)   Data source: BRFSS | 2013:  37.4% | 2019:  39.0% | **Establish and/or enhance community and worksite environments that support physical activity**   1. Establish 10 new Mayoral Health Councils who will promote: shared use agreements, complete streets, and built environment supports by December 2016 2. Conduct an environmental scan to determine the number and location of shared agreements, organized sports, and complete streets by December 2016 3. Identify, adapt and disseminate, and promote a Congregational Health Ministry Toolkit for Mississippi churches to promote physical activity by December 2016 4. Share and translate Mississippi obesity research findings by December 2016 5. Engage 25 by 25 physician partnership who seek to: reduce physical inactivity by 10% and maintain the prevalence (no further increase) of diabetes and obesity by December 2016 | 1. Dr. Victor Sutton, Office of Preventive Health, MSDH 2. Tiffani Grant, Office of Preventive Health, MSDH 3. Cassandra Dove, Office of Preventive Health, MSDH 4. Dr. Dan Jones, UMMC Center for Obesity Research 5. Mary Jane Coleman (interim), Office of Health Promotion and Health Equity, MSDH |  |

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| GOAL | S TRATEGIC  O BJECTIVE | M EASURE | BASELINE | T ARGET | C RITICAL A CTIO NS  INTERVENTION STRATEGIES | ORGANIZATION/  LEAD PERSON | S TA T U S  R/Y/G |
| 3.1  Decrease obesity rates through the promotion of healthy lifestyles | 3.1.3  Decrease the percentage of students in grades 9-12 who consume fruits and vegetables less than 1 time daily | * Percentage of students in grades 9-12 who consume fruit less than 1 time daily * Percentage of students in grades 9-12 who consume vegetables less than 1 time daily   Data Source: YRBS | 2013:  51.1  44.8 | 2019:  46.0  40.3 | **Establish and/or enhance school, community, and home environments that support access to healthy food options**   1. Use data collected by MDE to assess implementation of nutrition requirements for the HSA among schools, including capacity by May 2017 2. Identify databases that track and monitor the consumption of nutritious foods and beverages among youth ages 2 to 5 by December 2016 3. Establish 10 new Mayoral Health Councils who will promote: SNAP benefits at established farmers markets and establishing farmers markets by December 2016 4. Provide resources and tools to school health councils on health food options within all school settings and functions *(Farm to School, School Gardens, and Health Concession Stand Options)* by December 2016 | 1. Estelle Watts, Office of Healthy Schools and Office of Child Nutrition, MDE 2. Donna Speed, State Nutritionist, MSDH 3. Dr. Victor Sutton, Office of Preventive Health, MSDH 4. Estelle Watts, Office of Healthy Schools, MDE |  |

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| GOAL | S TRATEGIC  O BJECTIVE | M EASURE | BASELINE | T ARGET | C RITICAL A CTIO NS  INTERVENTION STRATEGIES | ORGANIZATION/  LEAD PERSON | S TA T U S  R/Y/G |
| 3.0  Decrease obesity rates through the promotion of healthy lifestyles | 3.1.4  Decrease the percentage of adults ages 18 and older who report consuming fruits and vegetables less than one time daily | * Percentage of adults ages 18 and older who report consuming fruit less than one time daily. * Percentage of adults ages 18 and older who report consuming vegetables less than one time daily.   Data source: BRFSS | 2013:  49.9%  30.6% | 2019:  44.9%  27.5% | **Establish and/or enhance community and worksite environments that support access to health food options**   1. Establish 10 new Mayoral Health Councils who will promote: SNAP benefits and established farmers markets and establishing farmers markets by December 2016 2. Identify, adapt and disseminate, and promote a Congregational Health Ministry Toolkit for Mississippi churches to promote access to healthy foods by December 2016 3. Conduct healthy food preparation workshops for SNAP and WIC recipients by December 2016 | 1. Dr. Victor Sutton, Office of Preventive Health, MSDH 2. Cassandra Dove, Office of Preventive Health, MSDH 3. Dr. David Buys, Mississippi State Extension |  |

**Status will be reviewed using a stoplight approach as follows:**



**COORDINATING CO-CHAIRS:**

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**PARTNERS AND STAKEHOLDERS:**

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