

# Reducing Obesity and Obesity-related Chronic Conditions

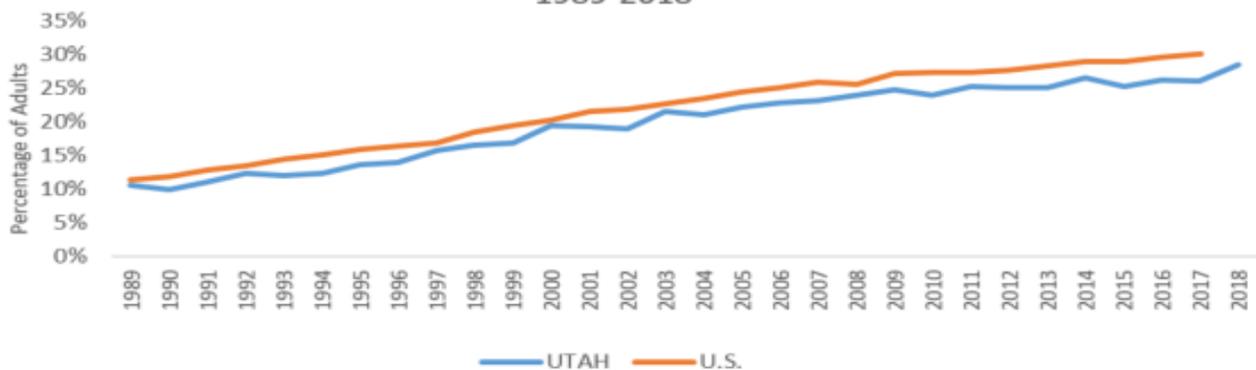
Workgroup Co-chairs: Rebecca Fronberg and Pam Goodrich

## Data Updates

Since 2000, the age-adjusted proportion of Utah adults who were obese has increased dramatically, from 19.5% in 2000 to 28.4% in 2018 (See figure below; Behavioral Risk Factor Surveillance System, 1989-2018). There were variations by subpopulations. The highest rates of obesity were seen for

adults aged 50–64. The Native Hawaiian/Pacific Islander and the American Indian/Alaskan Native populations had significantly higher rates than the overall state rate, 52.3% and 40.9%, respectively, in 2018. Low income and low education were also associated with higher rates of obesity.

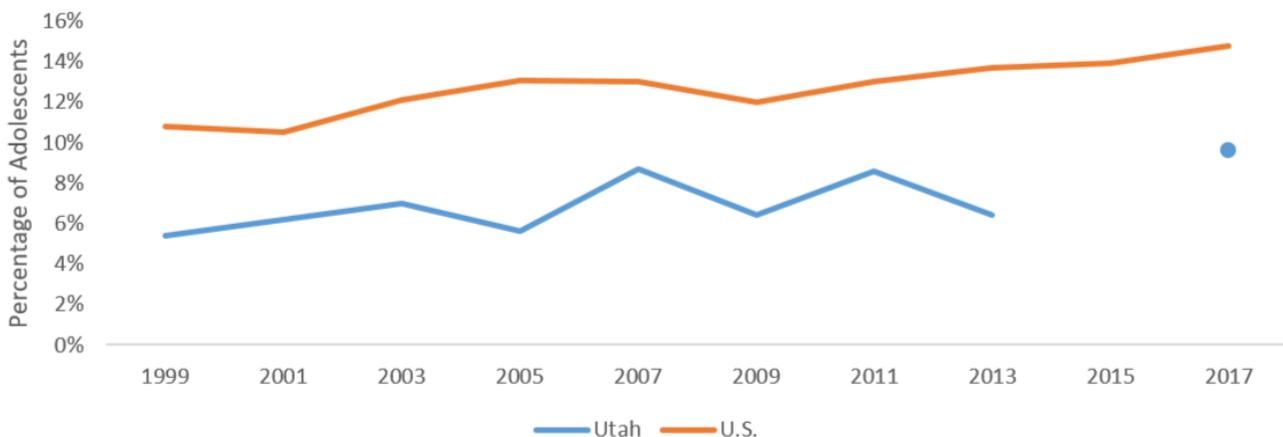
Age-Adjusted Percentage of Adults Who Are Obese, U.S. & Utah 1989-2018



Adolescents are at risk for obesity as well. The adolescent obesity rate for Utah (9.6% in 2017) is lower than the U.S. rate (13.9% in 2015) (See figure below; Youth Risk Behavior Survey 1999-2017; 2015 Utah data not available). In 2017, Utah males were more than twice as likely as females to be obese (13.9% compared to 5.3%). Adolescent obesity rates also varied by race and ethnicity. Non-Hispanic White youth had an obesity rate of 8.0%, compared to Hispanic youth (14.2%), and non-Hispanic non-White youth (16.4%).

The percentage of younger children who are obese has increased, too. In 2018, 10.6% of elementary students in Utah were obese. From 1994 to 2018, the percentage of obese third-grade boys increased from 6.0% to 12.1%. The percentage of obese third-grade girls increased more slowly over the same time period. In 1994, 6.0% of third-grade girls were obese. In 2018, the percentage had risen to 8.3% (Elementary School Height and Weight Measurement Project 2018).

Percentage of Adolescents (Grades 9-12) Who Were Obese, U.S. & Utah 1999-2017



The Utah Department of Health Healthy Living through Environment, Policy, and Improved Clinical Care (EPICC) Program works in schools, worksites, communities, healthcare, and childcare to promote healthy lifestyles in Utah. The EPICC Program works with local health departments to address priority populations including those disproportionately affected by chronic diseases and the risk factors that cause them, have a high prevalence of overweight or obesity, limited access to healthy foods, or which do not obtain adequate physical activity. Emphasis is placed on areas with high rates of poverty, racial/ethnic minorities, and populations living in rural/urban areas.

In the prior State Health Improvement Plan, the focus areas for this health priority included:

- Educating schools and school districts about incorporating physical activity for students for health and educational benefits
- Promoting healthy family meals

This plan is focused on facilitating a culture of wellness within worksites while maintaining all of the other efforts currently underway to address obesity concerns.

## Goals, Objectives, Measures, and Strategies

**Goal:** Reduce Utah obesity rates by facilitating a culture of wellness within worksites by June 30, 2020 in the state of Utah.

**Objective:** By June 30, 2018, data on 60 worksites will be collected to determine needs for moving from “good” to “better” to “best” ranking.

**Measure:** Number of worksites that complete the online worksite assessment

**Baseline:** 0 worksites as of June 2017

**Target:** 60 worksites by June 30, 2018

**Current:** 121 worksites as of September 2019

**Strategy:** Using a standardized assessment tool, collect data on worksites that need assistance with moving from “good” to “better” to “best” ranking and creating a culture of wellness within their organization.

Accomplishments:

- Additional worksites have completed the assessment since the last update, for a total of 85 worksites.
- The focus is shifting to following up with worksites who have completed the assessment, providing resources for improvement, and identifying champions/mentors.

**Objective:** By October 1, 2018, wellness resources will be provided to 20 employers through personal contact.

**Measure:** Number of employers that received wellness resources

**Baseline:** 0 employers as of June 2017

**Target:** 20 employers by October 1, 2018

**Current:** 46 employers as of September 2019

**Strategy:** Provide wellness resources to employers.

Accomplishments:

- Resources compiled and posted to <http://choosehealth.utah.gov/worksites.php> (July 2017)
- Developed and distributed a Worksite Wellness Toolkit, available at [http://choosehealth.utah.gov/documents/pdfs/Worksites/uhip-o\\_worksite\\_wellness\\_toolkit\\_final.pdf](http://choosehealth.utah.gov/documents/pdfs/Worksites/uhip-o_worksite_wellness_toolkit_final.pdf)
- The comprehensive worksite wellness program, Work@Health®, developed by CDC and NACDD, is being delivered to worksites, as requested.
- UDOH staff are being trained as Master Trainers for Work@Health® and will be able to train other workgroup members and local health department staff to deliver the program to worksites in their respective areas.

**Objective: By June 30, 2019, at least five representatives from agencies/businesses that have a successful wellness program will be recruited to act as wellness champions.**

**Measure:** Number of representatives identified as wellness champions

**Baseline:** 0 representatives as of June 2017

**Target:** 5 representatives by June 30, 2018

**Current:** 20 representatives as of September 2019

**Strategy:** Increase the capacity of worksites to improve wellness scores by providing mentors, champions, and educational opportunities.

**Accomplishments:**

- Potential mentors were identified out of the 2018 Worksite Wellness Award recipients.

**Objective: By March 31, 2019, a mentor model is available to help 15 businesses move from good to better or better to best on assessment.**

**Measure:** Number of businesses benefitting from mentor model

**Baseline:** 0 businesses as of June 2018

**Target:** 15 businesses by June 30, 2019

**Current:** 0 businesses as of September 2019

**Strategy:** Increase the capacity of worksites to improve wellness scores by providing mentors, champions, and educational opportunities.

**Accomplishments:**

- A subcommittee was formed and is working on developing a mentor model.

**Objective: By June 30, 2020, at least 40 worksites will have data from three annual assessments documenting improvement.**

**Measure:** Number of worksites completing three assessments

**Baseline:** 0 worksites as of June 2017

**Target:** 40 worksites by June 20, 2020

**Current:** 0 worksites as of September 2019

**Strategy:** Reassess on an annual basis to document improvements in worksite wellness.

**Accomplishments:**

- No update at this time

## Available Services/Resources

### Obesity—Adults

Utah Department of Health, Healthy Living through Environment, Policy and Improved Clinical Care (EPICC)  
<http://www.choosehealth.utah.gov>

Utah Worksite Wellness Council  
<http://utahworksitewellness.org>

Making the Healthy Choice the Easy Choice, The Utah Nutrition and Physical Activity Plan 2010–2020  
[http://choosehealth.utah.gov/documents/pdfs/U-PAN\\_State\\_Plan.pdf](http://choosehealth.utah.gov/documents/pdfs/U-PAN_State_Plan.pdf)

Centers for Disease Control and Prevention  
<https://www.cdc.gov/obesity/index.html>

National Heart, Lung, and Blood Institute (NHLBI) Obesity Education Initiative  
<https://www.nhlbi.nih.gov/about/org/oei>

The State of Obesity: Better Policies for a Healthier America  
<http://healthyamericans.org/report/115/>

The Surgeon General's Call to Action to Prevent and Decrease Overweight & Obesity  
<https://www.surgeongeneral.gov/library/calls/>

Behavioral Risk Factor Surveillance System  
<http://www.cdc.gov/brfss/>

Trust for America's Health  
<http://healthyamericans.org/reports/stateofobesity2017>

### Obesity—Minors

Action for Healthy Kids Program  
<http://www.actionforhealthykids.org/>

Utah Department of Health  
<http://choosehealth.utah.gov/preK-12.php>