

Reducing Obesity and Obesity-related Chronic Conditions

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Background

In just 15 years, the age-adjusted proportion of obese Utah adults increased from 15.8% in 1997 to 26.3% in 2014.

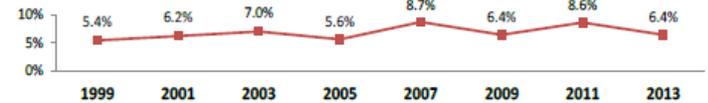
In the U.S. there has been more than a 300% increase during the past 38 years in the number of obese children aged

2 to 19 years (5.2% in 1971–74 and 16.9% in 2011–12).¹ An increase has also been observed in Utah between 1994 and 2010 with the number of overweight third grade boys and girls increasing by 97% and 40%, respectively.²

Figure: Percentage of Utahns Aged 18+ Who Were Obese by Year, 2009–2014



Figure: Percentage of Adolescents Who Were Obese in Utah by Year, 1999–2013



Goals, Objectives, Measures, and Strategies

Goal: Facilitate a culture of wellness within worksites 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.

Measure: Number of worksites that achieve “Worksite Elevated” status

Baseline: TBD

Target: 60 worksites

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

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

Measure: Number of employers that received wellness resources

Baseline: 0 employers

Target: 20 employers

Strategy: Provide wellness resources to employers.

Objective: By June 30, 2018, at least 5 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

Target: 5 representatives

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

Objective: By December 31, 2018, a mentor model is available to help 15 businesses will move from good to better or better to best on assessment.

Measure: Number of businesses benefitting from mentor model

Baseline: 0 businesses

Target: 15 businesses

¹ National Center for Health Statistics, Centers for Disease Control and Prevention. Prevalence of overweight among children and adolescents: United States, 1963–1965 Through 2011–2012. Accessed 12/14/2015 from http://www.cdc.gov/nchs/data/hestat/obesity_child_11_12/obesity_child_11_12.pdf.

² Utah Department of Health, Bureau of Health Promotion, Physical Activity, Nutrition and Obesity Program Height/Weight Measurement

Goals, Objectives, Measures, and Strategies (continued)

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

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

Measure: Number of worksites completing three annual assessments

Baseline: 0 worksites

Target: 40 worksites

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