Health 360°: Obesity Agency Stakeholder Meeting

August 23, 2017

Oklahoma Department of Mental Health and Substance Abuse Services

Hope Room 1 &2

Terry Cline, PhD

Secretary of Health and Human Services

WELCOME AND INTRODUCTION

Julie Cox-Kain

Deputy Secretary of Health and Human Services

SESSION 1:
REVIEW OF HEALTH 360°

Meeting Agenda

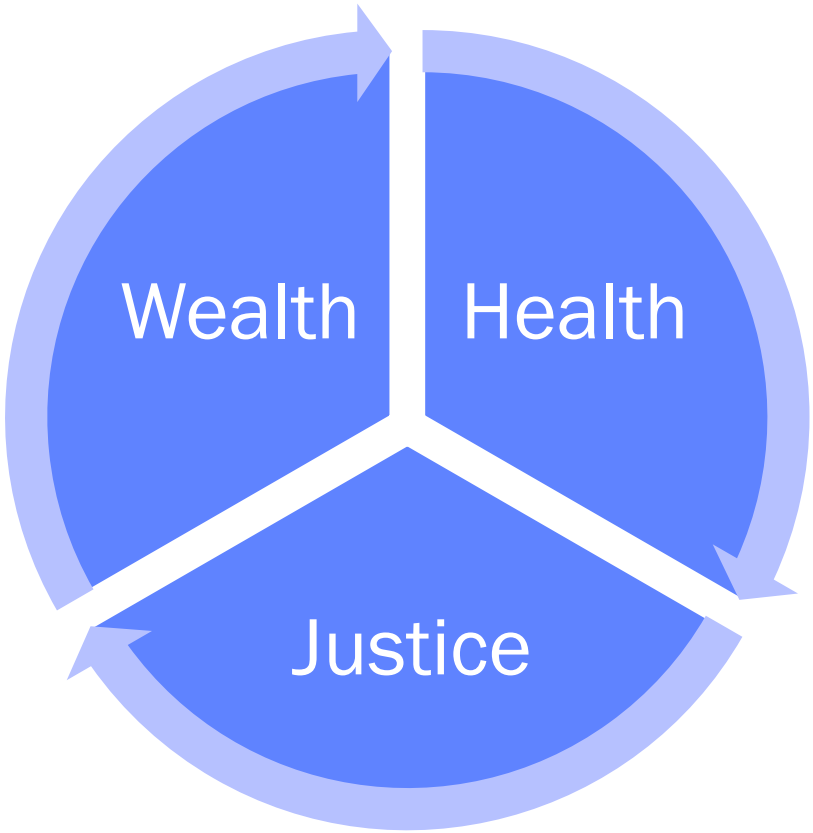
- Welcome and Introduction
- Review of Health 360°
- Presentation of Compendium, Scoring Process, and Expert Panel Recommendations
- Discussion of Statewide Considerations
- Time/Resource Allocation Activity
- Small Group Discussion: Recommendations for Improvement
- Small Group Report-Out
- Agency Packets and Next Steps

Meeting Objectives

- Review the Health 360° project efforts
- Review the Health 360° compendium and evidence base
- Review statewide inventories for obesity
- Identify high level recommendations
- Facilitate discussion around addressing recommendations

What is Health 360°?

- Governor's health improvement initiative
- Requires a multi-agency collaborative approach
- Works toward common set of health outcomes
- Uses Health in All Policies Approach (HiAP)



Health in All Policies

- Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision making across sectors and policy areas
- Recognizes health is created by a multitude of factors beyond healthcare and beyond the scope of traditional public health activities

Sectors (Factors) that Impact Health

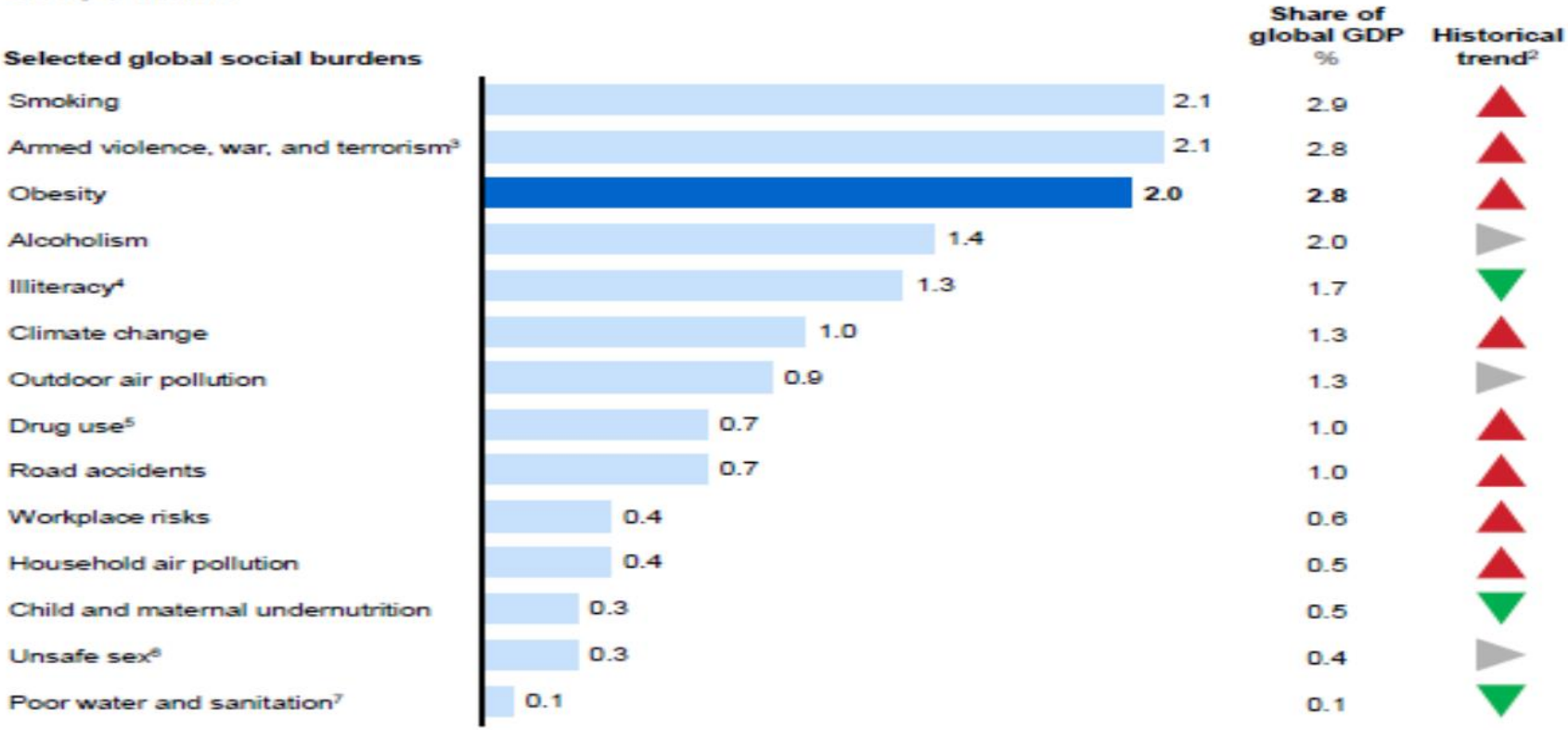
- Transportation
- Food and Agriculture
- Housing
- Economic Development
- Education
- Workplaces
- City Planning & Development
- Water
- Tourism & Recreation
- Nutrition and Health

Top Global Social Burden Generated by Humans

Obesity is one of the top three global social burdens generated by human beings

Estimated annual global direct economic impact and investment to mitigate selected global burdens, 2012[1]

GDP, $ trillion



Phases of Work

- Establish Priority Health Topics
- Create Program and Policy Inventory
- Compare Inventory to Evidence Base
- Recommend Improvements
- Action Plan through HiAP or Existing Process

Oklahoma Health 360

Healthy Citizens and Strong Families
Julie Cox-Kain Deputy Secretary of Health and Human Services

Life expectancy ⟷ **Healthy Life Expectancy** ⟷ **Years of Potential Life Loss**

Process for Evaluation of Health Priority Areas

HEALTH PRIORITY AREA(S) TBD

Access

1) MEASURE: Burden, Investment, Performance
2) SYNTHESIZE: Evidence-based Practice
3) ASSESS: Inventory State Assets
4) ANALYZE: Review Program Fidelity

Wellness

1) MEASURE: Burden, Investment, Performance
2) SYNTHESIZE: Evidence-based Practice
3) ASSESS: Inventory State Assets
4) ANALYZE: Review Program Fidelity

Prevention

1) MEASURE: Burden, Investment, Performance
2) SYNTHESIZE: Evidence-based Practice
3) ASSESS: Inventory State Assets
4) ANALYZE: Review Program Fidelity

Social Stability

1) MEASURE: Burden, Investment, Performance
2) SYNTHESIZE: Evidence-based Practice
3) ASSESS: Inventory State Assets
4) ANALYZE: Review Program Fidelity

Recommendations

What is the best investment to improve health?

Refer to Health In All Policies/ HIA Team:
- HHS Team
- Education
- Correction
- Transportation
- Public Safety
- OMES
- Workforce

Refer to OHIP and/or Other Workgroup

Refer to Quality Improvement

Agency Collaboration or New Action

John Friedl

Manager of Physical Activity and Nutrition

SESSION 2: COMPENDIUM, SCORING TOOL, AND EXPERT PANEL RECOMMENDATIONS

Evaluation Process for Obesity Efforts

Compendium of Evidence

-Identify obesity-related programs and policies

-Evaluate existing evidence base and best practices

Evaluation of Oklahoma Efforts

-Inventory obesity-related efforts in Oklahoma state agencies

-Assess based on compendium findings

-Evaluate on fidelity and internal evaluation measures

Subject Matter Expert Input

-Receive input on statewide efforts from obesity subject matter experts

-Develop recommendations to improve obesity outcomes based on evidence base and existing efforts

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Compendium of Evidence-Based Obesity Efforts

- Review of existing literature on obesity-related programs and policies
- Identified programs and policies were evaluated using a scoring matrix
  - Adapted from the Missouri Foundation for Health
- Each compendium item was categorized and received an overall score based on several scoring categories

Descriptive Compendium Categories

- **Bucket** – topic area assignment
  - Access, Wellness, Prevention, or Social Stability
- **Age**
  - Infant
  - Child
  - Adolescent
  - Adult
  - Older Adult
  - Combination of age groups

Descriptive Compendium Categories

- Social Ecological Level
  - Where is the impact?

Compendium Scoring

- Recommendation Score

  Based on the body of evidence, how highly recommended is this program/policy? Is there consensus on the recommendation?

- Evidence Score

  Based on type and quality of the study, replication of the study with consistent results, and additional support from other types of studies

Compendium Scoring

- Disparity Score

  Based on how the program/intervention is likely to increase, decrease, or provide no change in disparities related to obesity

- Reach Score

  Percentage of the population that is being served by the program/intervention

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Statewide Inventory Scoring

- Each state agency provided an inventory of all of their programmatic and policy initiatives related to obesity
- Each initiative/program was assessed for alignment with the evidence-based programs and best practices for addressing obesity identified in the compendium
- Inventories were scored based on their alignment to each category in the compendium

Inventory Scoring Categories

- Fidelity Score

  Based on the degree of exactness with which a program/policy/intervention is copied or reproduced, and how closely the design aligns with the evidence base.

- Internal Evaluation Score

  Based on how and with what frequency an agency examines the worth, merit, or significance of the inventory item.

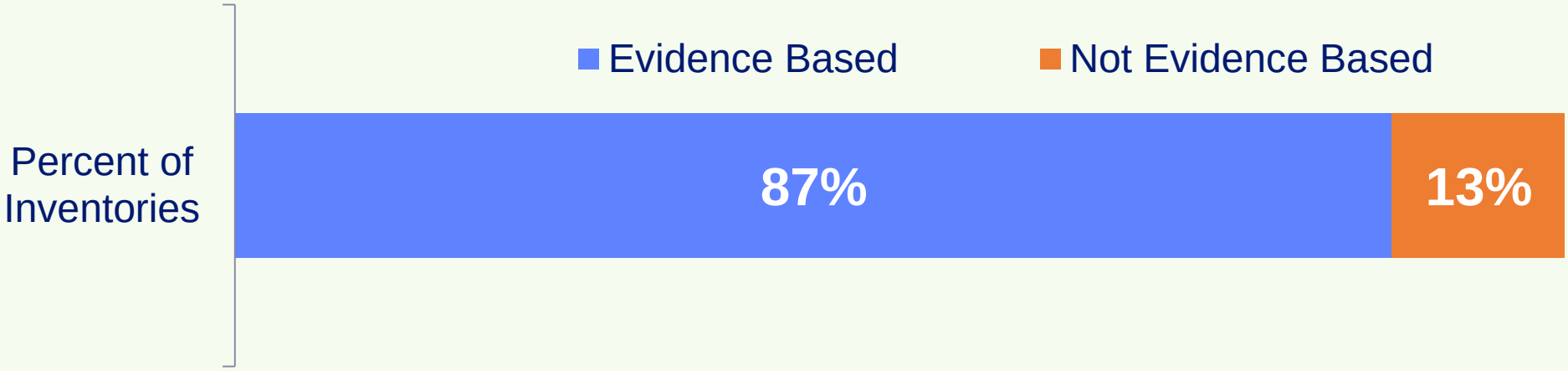
Inventory Scoring Categories

- Project Effectiveness Measures Score

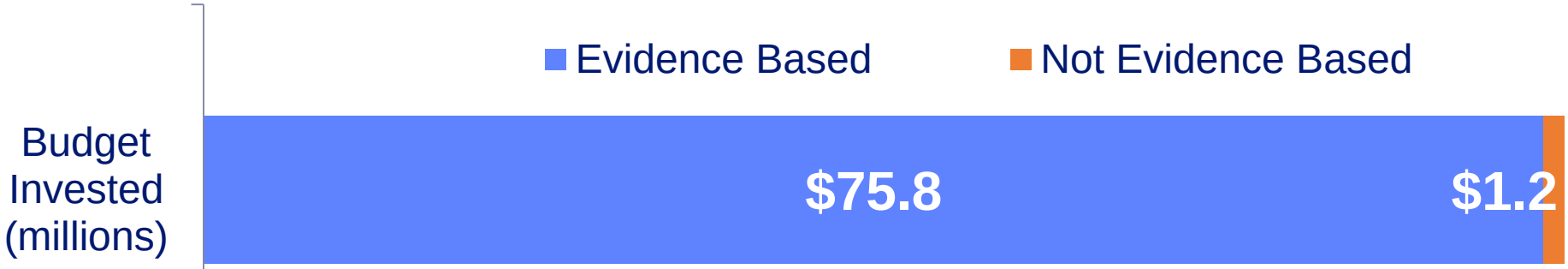
  Based on the direction of effect on public health outcomes, evidence source, and context. Ineffective interventions or programs are those that consistently show null or adverse effects; show evidence of effectiveness but lack plausibility across one or more of the following criteria: reach, feasibility, sustainability, benefits, and costs.

Findings from State Agency Inventory Evaluation

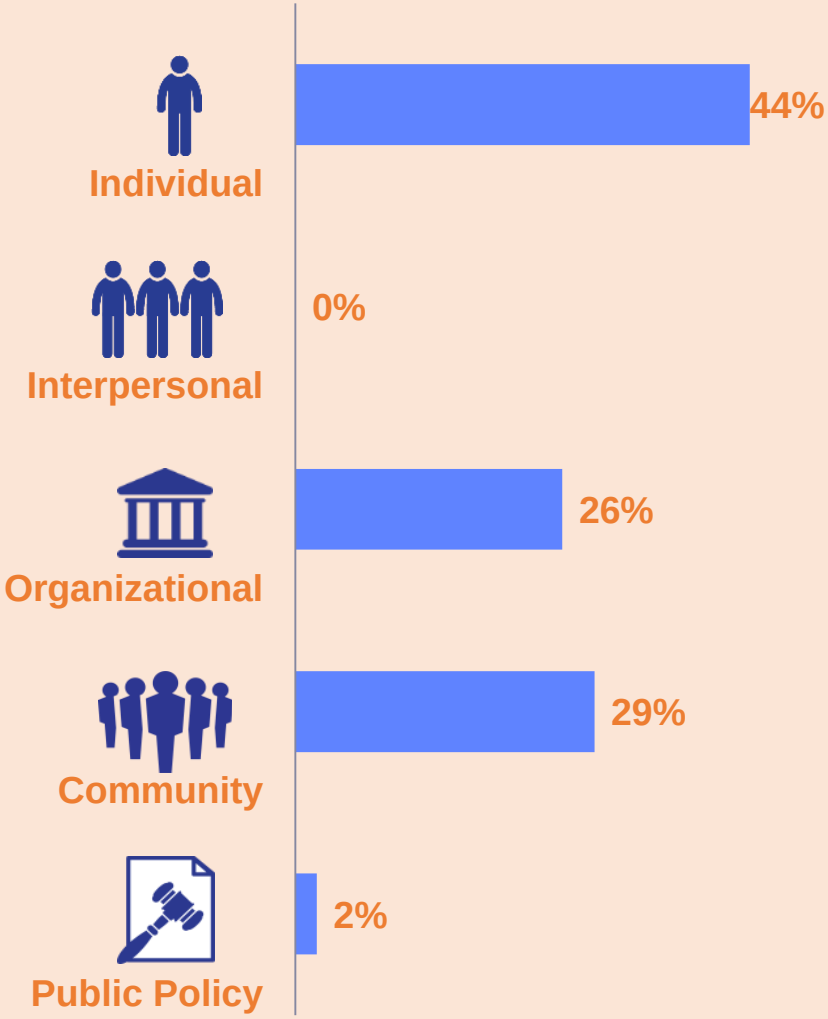
A majority of the inventories align with **evidence based** obesity programs.



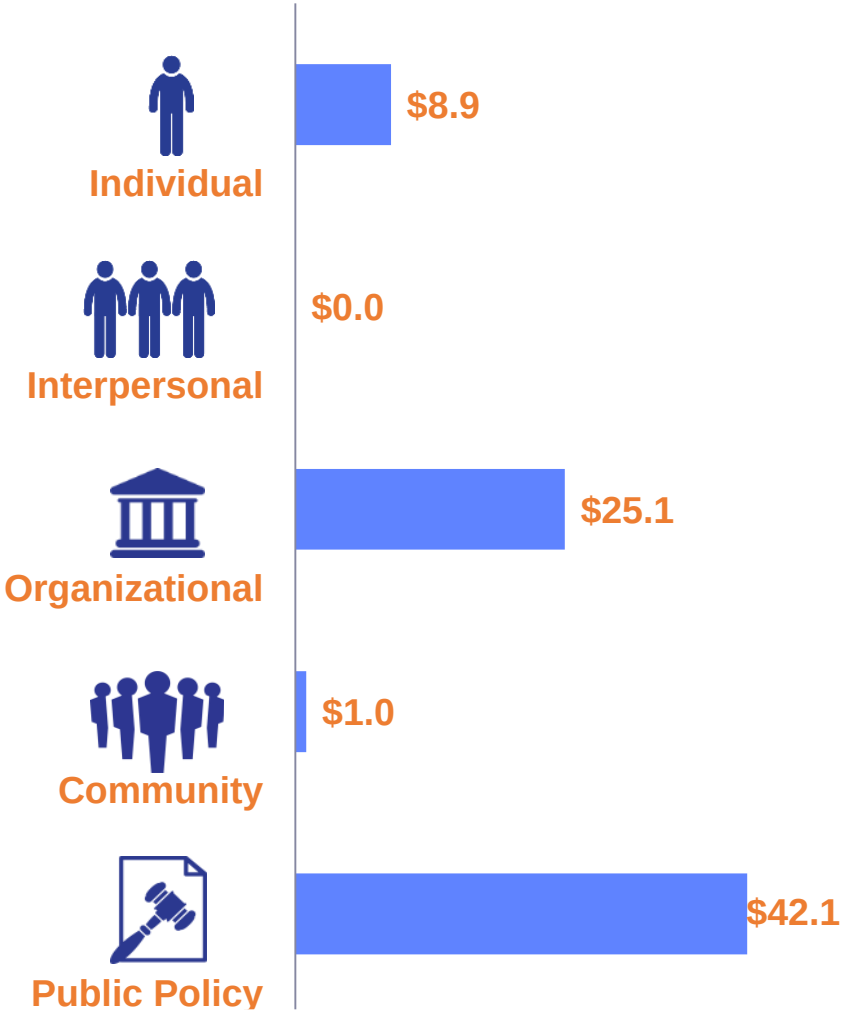
The largest portion of the budget is spent on the **evidence based** obesity programs.



A majority of the inventories are focused on the **individual** level.



Public policy level programs use the largest portion of the budget.



The **average scores** of the inventories by area are displayed below.

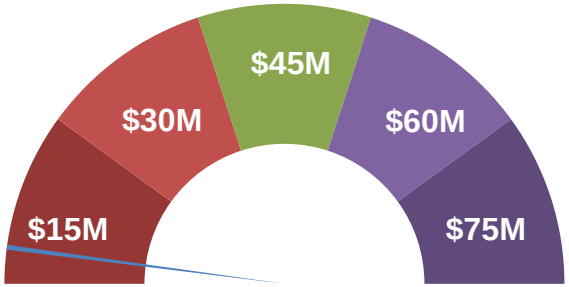
Composite Scores

Average statewide inventory score

68%

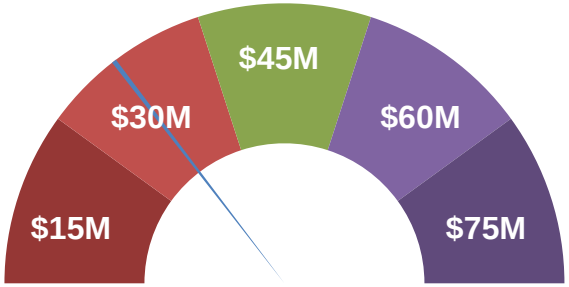
Range of statewide scores

25%-92%



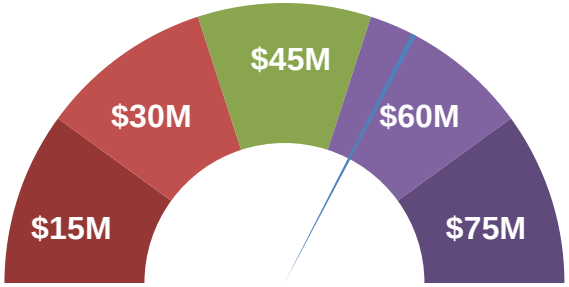
Low Scoring Inventories
(50%-66%)

Inventories with low scores spent an average of **$4.4M** on obesity programs.



Mid Scoring Inventories
(67%-79%)

Inventories with mid scores spent an average of **$22.5M** on obesity programs.



High Scoring Inventories
(80%-92%)

Inventories with high scores spent an average of **$50.2M** on obesity programs.

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Programmatic Recommendations

- Develop and fund a multi-component worksite obesity prevention program for state employees.

- Develop food service guidelines that are consistent with obesity prevention and reduction standards for all individuals being served.

Programmatic Recommendations

- Set funding benchmarks for Safe Routes to School Funding.
- Increase state and local level supports for Safe Routes to School programming.

State-Level Considerations

- Increase early childhood based programs and policies to increase physical activity.
- Build in strong evaluation measures to ensure documented success of programs and identify areas for quality improvement.
- Ensure fidelity of program or policy to more closely align with best practice standards.

State-Level Considerations

- Strengthen integration across all sectors to improve programming and interventions aiming at policy, system, and environment in the early childhood setting.

- Strengthen infrastructure to target disparate populations with obesity specific programming and policies.

State-Level Considerations

- Focus on longer term policy, systems, and environmental interventions and reduce the number of single time events/programs.
- Closely monitor budget for programs targeting obesity to allow for cost analysis of state spending toward obesity.
- Improve collaborations across all governmental sectors, especially non-traditional health partners.

Julie Cox-Kain

SESSION 3: DISCUSSION OF STATEWIDE CONSIDERATIONS

Large Group Discussion – Questions to Consider

- Based on evidence presented:
  - What do you notice?
  - What do you think is missing?
  - What recommendations do you have?

Colleen Flory

Director, Statewide Performance Office, OMES

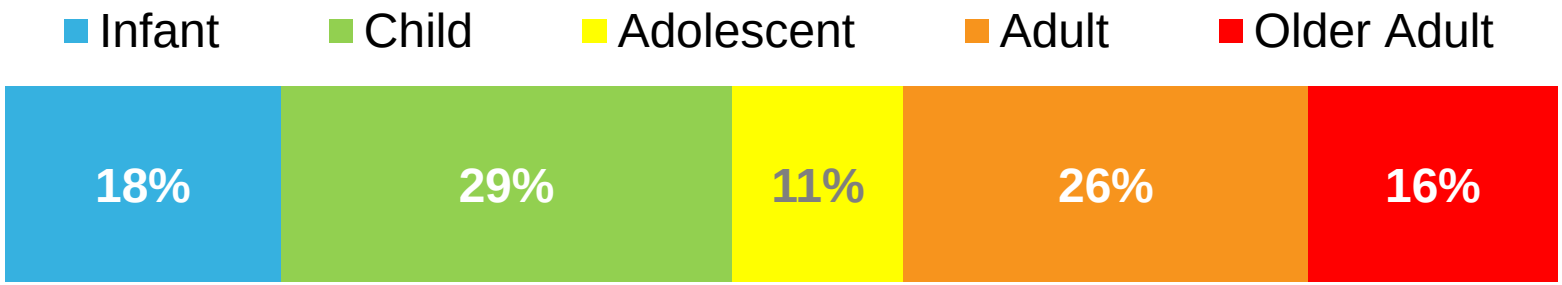
SESSION 4:
TIME/RESOURCE ALLOCATION ACTIVITY

Time/Resource Allocation

What percentage of our resources/time should we spend on different sections of the lifespan to reduce and prevent obesity?

Time/Resource Allocation

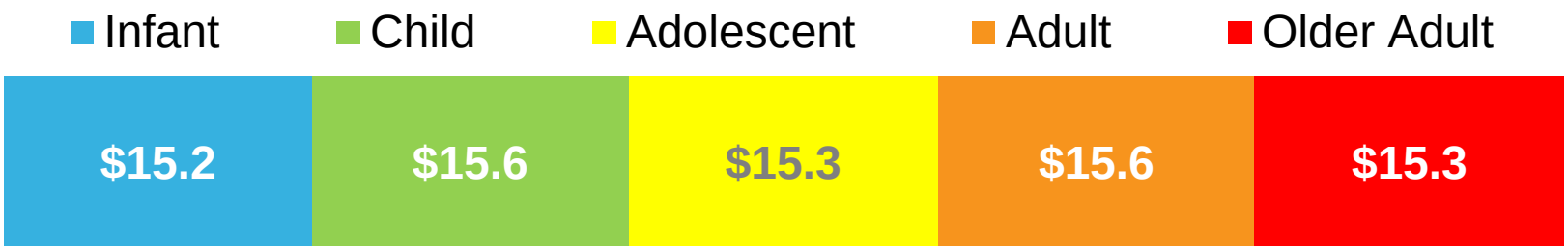
A majority of the inventories address the **child** and **adult** population.



Percent of Inventories

Time/Resource Allocation

The budget is spent relatively evenly across **all ages** of the population.



Budget Investment (millions)

BREAK (10 MINUTES)

Office of Partnership Engagement Facilitators, OSDH

SESSION 5: SMALL GROUP DISCUSSION: RECOMMENDATIONS FOR IMPROVEMENT

Bucket Definitions and Examples

1) **ACCESS:** the timely use of personal health services to achieve the best health outcomes. (Institutes of Medicine, 1993).
   - Health Coaching (ODMHSAS)
   - Bariatric Surgery (EGID)

2) **WELLNESS: (PRIMARY PREVENTION):** methods to avoid occurrence of disease either through eliminating disease agents or increasing the resistance of disease. (Institutes of Medicine, 2009).
   - Safe Routes to School (ODOT)
   - Worksite Wellness (OHCA)

Bucket Definitions and Examples

3) **PREVENTION (SECONDARY PREVENTION):** methods to detect and address an existing disease prior to the appearance of symptoms. (Institutes of Medicine, 2009).
   - Inmate Health Education (DOC)
   - Diabetes Education Classes (County Health Departments)

4) **SOCIAL STABILITY:** the range of life structure and reliable routine that is protective against further situational hazards and helps maintain connections with social resources and societal expectations. The construct is commonly assessed as the product of steady social circumstances within a defined set of domains, e.g., housing, employment, social ties, sufficient income, and lack of imprisonment. (Journal of Urban Health, 2011).
   - Women, Infants, and Children (OSDH)
   - Summer Lunch Programs (County Health Departments)

Break into Bucket Groups

- Choose a Bucket Group (10-12 per group)

    1) Access

    2) Wellness

    3) Prevention

    4) Social Stability

Develop Recommendations

1) **REVIEW** definitions, programs and data provided with your group facilitator

2) **Facilitated Discussion:** Overall for the programs in your Bucket determine recommendations in 5 areas

Facilitated Discussion:

a) Impact and Frequency
   i. Define what a high impact program looks like (reaching and influencing many people/occurring frequently, in specific intervals)
   ii. Define what a low impact program looks like (reaching and influencing few people/occurring once, or infrequently)

b) Cost Effectiveness
   i. What does a cost effective program look like? What are the components of a cost effective program?
   ii. Are there programs or pieces of programs that seem duplicated, or have duplication of effort?
   iii. What should we be doing that we are not doing?

c) Stakeholders
   i. Who is missing from the discussion today?
   ii. Who has the decision-making authority/responsibility?

d) Disparities and Gaps
   i. How can disparities and gaps be addressed?
   ii. What is the best way to address disparities?

e) Policy and Regulations
   i. Should regulations or laws change to make an impact? At what level?
   ii. Are there specific regulations or policies that need changed?

SESSION 6:
SMALL GROUP REPORT-OUT

Julie Cox-Kain

SESSION 7: AGENCY PACKETS AND NEXT STEPS

Next Steps

- Pick up agency packets (available on your way out)
- Packets include:
  - Agency program inventory scores
  - Agency summaries
  - Considerations
- Review your packets with agency leadership

Next Steps

- OSDH will follow up with agencies to answer questions
- Results from inventories and stakeholder feedback gathered today will be compiled into a report that will be presented to all stakeholders and Governor Fallin
- Contact:

  OSDH Center for Health Innovation and Effectiveness

  Alisha Harris

  (405) 271-9444 ext. 52548

  AlishaHe@health.ok.gov

Next Steps for HiAP

- Consider current agency programs/policies and what can be done to make impacts and improvements on obesity

- Agency leadership can work collaboratively to discuss how they can make a collective impact on obesity through policy and program review and changes