1.2: Decrease percentage of adults reporting fair or poor health from 15% in 2011 to 14% by 2017

Reported on October 17, 2016

OUTCOME MEASURE 1.2: DECREASE PERCENTAGE OF ADULTS REPORTING FAIR OR POOR HEALTH FROM 15% IN 2011 TO 14% BY 2017

DOH - John Wiesman
HCA - Dorothy Teeter
DSHS - Pat Lashway
Babette Roberts
Bill Moss

October 17, 2016
Outcome measure 1.2: Decrease percentage of adults reporting fair or poor health from 15% in 2011 to 14% by 2017

Background:

Percent Reporting Fair or Poor Health
Outcome measure 1.2: Decrease percentage of adults reporting fair or poor health from 15% in 2011 to 14% by 2017

Background:

Adults with less than $25,000 and those with a high school education or less were more likely to say their health was fair or poor.

Adults who identified as Hispanic, American Indian/Alaska Native, or Black were also more likely to say their health was fair or poor.

Outcome measure 1.2: Decrease percentage of adults reporting fair or poor health from 15% in 2011 to 14% by 2017

Background:

Factors impacting Population Health

- Multiple factors affect health
  - Genetics
  - The Environment
  - Access to Healthcare
  - Individual Behavior Patterns
  - Access to Quality Healthcare

http://www.cdc.gov/nchhstp/socialdeterminants/faq.html

Background: State Agency Partners

HealthCare Authority

Dorothy Teeter, Secretary
Health Care Authority

Department of Social and Health Services

Pat Lashway, Acting Secretary
Department of Social and Health Services

Babette Roberts, Director
Economic Services Administration

Bill Moss, Assistant Secretary
Aging and Long-Term Support Administration

Background:

HEALTH BEHAVIORS

The Department of Health focuses on improving health behaviors related to obesity and smoking:
- Physical Activity
- Nutrition
- Tobacco Use
Background:

HEALTH BEHAVIORS

The Department of Health focuses on improving health behaviors related to obesity and smoking:

- Physical Activity
- Nutrition
- Tobacco Use

Background:

Physical Activity

The 2008 Physical Activity Guidelines for Americans report strong scientific evidence that regular physical activity impacts:

<table>
<thead>
<tr>
<th>Children</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiorespiratory fitness</td>
<td>Coronary heart disease</td>
</tr>
<tr>
<td>Muscular fitness</td>
<td>Stroke</td>
</tr>
<tr>
<td>Bone health</td>
<td>High blood pressure</td>
</tr>
<tr>
<td></td>
<td>Type 2 diabetes</td>
</tr>
<tr>
<td></td>
<td>Breast cancers</td>
</tr>
<tr>
<td></td>
<td>Colon cancers</td>
</tr>
</tbody>
</table>
**Background:**

**Nutrition**

Adequate consumption of fruits and vegetables can:

<table>
<thead>
<tr>
<th>Prevent Cancer of the:</th>
<th>Reduce the risk of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth</td>
<td>Coronary heart disease</td>
</tr>
<tr>
<td>Pharynx/Larynx/Esophagus</td>
<td>Stroke and hypertension</td>
</tr>
<tr>
<td>Stomach</td>
<td>Cataract formation</td>
</tr>
<tr>
<td>Lung</td>
<td>Respiratory health</td>
</tr>
<tr>
<td>Colon/Rectum/Bladder/Cervix</td>
<td>Diverticulosis</td>
</tr>
</tbody>
</table>

**Background:**

**Tobacco use**

**Risks from Smoking**

Smoking can damage every part of the body:

- **Cancers**
  - Head or Neck
  - Lung
  - Leukemia
  - Stomach
  - Kidney
  - Pancreas
  - Colon
  - Bladder
  - Cervix

- **Chronic Diseases**
  - Stroke
  - Blindness
  - Gum infection
  - Aortic rupture
  - Heart disease
  - Pneumonia
  - Hardening of the arteries
  - Chronic lung disease & asthma
  - Reduced fertility
  - Hip fracture

By CDC - This file was derived from: Tobacco Use-CDC Vital Signs-September 2010.pdf, Public Domain, https://commons.wikimedia.org/w/index.php?curid=20852937
**Current State:** Healthy Weight in Washington

27.1% of adults are Obese

36.1% of adults are Overweight

**Data Source:** Behavioral Risk Factor Surveillance System (BRFSS)

---

**Current State:** Healthy Weight by Race

1.2.A.d: Increase percentage of persons with healthy weight among Native Hawaiians/Other Pacific Islanders from 33% in 2011 to 35% by 2016; American Indian/Alaska Natives from 21% in 2011 to 25% by 2016; Blacks from 23% in 2011 to 26% by 2016; Hispanics from 31% in 2011 to 33% by 2016

**Native Hawaiian/Pacific Islander Adults**

**American Indian/Alaska Native Adults**

**Black Adults**

**Hispanic Adults**
**Current State: Physical Activity**

18.1% of adults engage in no leisure-time physical activity

56.3% of adults engage in 150 minutes of aerobic activity per week

---

**Current State: Nutrition**

18.6% of Adults eat vegetables less than 1 time a day

36.6% of Adults eat fruit less than 1 time a day
**Strategies for Improvement:** Physical Activity and Nutrition

**Active living in communities.**
- Creating safe walking and biking paths in neighborhoods
- Designing streets that encourage walking and biking
- Starting programs like Safe Routes to School and walking school buses to help children walk to school.

**Healthy food in communities.**
- Help local corner stores stock healthier food and beverages
- Develop community gardens.
- Work with the Department of Agriculture get Washington grown healthy foods into schools.

---

**Current State:** Tobacco Use

1.2.A.e: Decrease percentage of adults who smoke cigarettes from 17% in 2011 to 15% by 2017

All Adults
Strategies for Improvement: Tobacco Use

Helping people quit
- *SmartQuit*, our new, free research-based Smartphone app to help people stop smoking.
- Maintaining the Washington Tobacco Quitline: 1-800-QUIT-NOW

Creating smoke-free places
- Increasing the percentage of comprehensive smoking bans in public housing.
- Educating communities about enforcing state law and the importance of smoke-free public places.

Legislation
- Vaping laws that passed last year are being implemented across the state.
- Legislation raising the legal age to purchase tobacco to 21 are again being proposed this year.

Good Health involves multiple factors

- Behavioral Patterns: 40%
- Genetic Predisposition: 30%
- Social Circumstances: 15%
- Environmental Exposure: 5%
- Healthcare: 10%
Stakeholder/Partner: HCA - Healthcare

Population Based Health Care: Achieving the Triple Aim

- Insurance Coverage
- Value-Based Payment Reform – from fee-for-service to total cost of care
- Reducing unwarranted variation and waste
- Leveraging intersection of community health and health care systems

Stakeholder/Partner: DSHS – Social Circumstances

Pat Lashway, Acting Secretary
Department of Social and Health Services

Bill Moss, Assistant Secretary
Aging and Long-Term Support Administration

Babette Roberts, Director
Economic Services Administration
Outcome measure 1.2: Decrease percentage of adults reporting fair or poor health from 15% in 2011 to 14% by 2017

**Stakeholder/Partner:** DSHS – Social Circumstances

---

**Nutrition Education and Outreach**

**Snap-Ed** programming is a 100% federally funded program that focuses on nutrition education and obesity prevention.

**Farmers Market Access Project** improves access to and the appeal of healthy foods.

**Health Outcomes Initiative** improves adult nutrition, physical activities and the environment.

**Older Youth** program engages youth to improve nutrition and active living.

---

**Stakeholder/Partner:** DSHS – Social Circumstances

---

**Senior Nutrition Programs: Foundation of Health**

In addition to healthy meals, **congregate nutrition** offers opportunities for social engagement, information on healthy aging and meaningful volunteer roles for seniors in their community.

We can provide a senior with **Meals on Wheels** for one year for roughly the same cost as one day in the hospital.*

**Senior Farmers Market** connects seniors and local farmers and provides fresh fruits and vegetables to individuals who cannot afford them otherwise.

Senior nutrition programs are cost-effective and keep individuals healthier for longer and engaged in their lives and communities.

---

*Meals on Wheels America Washington State Fact Sheet
**Stakeholder/Partner:** DSHS – Social Circumstances

**Wellness Education**

*Supporting individuals to be knowledgeable, engaged and empowered to achieve their own wellness and community living goals*

- Leverages existing client assessment data to develop wellness education materials customized to the individual needs and interests of each client
  
  - Newsletter format, translated into 17 languages
  - Topics include improving nutrition, accessing health care, adaptive exercise, fall prevention, smoking cessation, etc.

---

**Discussion Questions:**

- How can we build upon what has been started in the state to impact health?

- How could you see your agency getting, or staying, involved?