3-4-50: A Primary Prevention Approach

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3 BEHAVIORS
- No Physical Activity
- Poor Diet
- Tobacco Use

4 DISEASES
- Cancer
- Heart Disease & Stroke
- Type 2 Diabetes
- Lung Disease

MORE THAN 50 PERCENT OF DEATHS IN VERMONT

LEAD TO
RESULT IN
Health Behaviors that Contribute to Chronic Disease

- Currently Smoke: 11% (Youth), 18% (Adults)
- Do NOT Get Recommended Physical Activity: 41% (Youth), 77% (Adults)
- Do NOT Eat 5 Servings of Fruits and Vegetables Per Day: 76% (Youth), 80% (Adults)

Data Source: 2016/2015 BRFSS and 2015 YRBS
Data are age-adjusted to the U.S. 2000 population
Health Behaviors that Contribute to Chronic Disease

- Do NOT Eat 5 Servings of Fruits and Vegetables Per Day^: 79% for Non-Low SES Adults, 89%* for Adults of Low SES
- Do NOT Get Recommended Physical Activity^: 38% for Non-Low SES Adults, 53%* for Adults of Low SES
- Currently Smoke^: 13% for Non-Low SES Adults, 37%* for Adults of Low SES

Data Source: BRFSS, 2015 and 2016

^Age-adjusted to the U.S. 2000 population
<table>
<thead>
<tr>
<th>Chronic Disease Diagnosis</th>
<th>Adults without a Disability</th>
<th>Adults with Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Disease (Asthma/COPD)</td>
<td>10%</td>
<td>26%*</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6%</td>
<td>18%*</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>5%</td>
<td>19%*</td>
</tr>
<tr>
<td>Cancer</td>
<td>6%</td>
<td>15%*</td>
</tr>
</tbody>
</table>

(*) notes statistical difference

Data Source: 2016 BRFSS
Risk Factors for Chronic Disease

- No Leisure Time Physical Activity:
  - Adults without Depression: 16%
  - Adults with Depression: 28%*

- Overweight:
  - Adults without Depression: 31%
  - Adults with Depression: 35%

- Obese:
  - Adults without Depression: 25%
  - Adults with Depression: 37%*

- Hypertension:
  - Adults without Depression: 24%
  - Adults with Depression: 31%*

- High Cholesterol:
  - Adults without Depression: 32%
  - Adults with Depression: 40%*

- Drink 1+ Sugar Sweetened Drinks/Day:
  - Adults without Depression: 16%
  - Adults with Depression: 20%

(*) notes statistical difference

Data Source: 2013, 2015 and 2016 BRFSS
^Age-adjusted to the U.S. 2000 population
3-4-50 Deaths Account for Majority of All Deaths

- Other Deaths: 44%
- 3-4-50 Deaths: 56%
- Diabetes: 3%
- Lung Disease: 6%
- Coronary Heart Disease/Stroke: 22%
- Cancer: 24%

Data Source: 2015 Vermont Vital Statistics (preliminary)
Cost of Chronic Disease in Vermont (in Billions)

Data Source: Center for Disease Control and Prevention Chronic Disease Cost Calculator
Factors that Affect Health

Factors that Affect Health

- Counseling & Education
  - Condoms, eat healthy, be physically active
  - Rx for high blood pressure, high cholesterol

- Clinical Interventions
  - Immunizations, brief interventions, cessation treatment, colonoscopy

- Long-lasting Protective Interventions
  - Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax

- Changing the Context
  - to make individuals’ default decisions healthy

- Socioeconomic Factors
  - Poverty, education, housing, inequality

Power in Consistent Message from All Sectors
**RISE VT**
*Embracing Healthy Lifestyles*
- Brings in clinical partners and hospital systems to **engage the public,** including individuals, employers, schools, childcare providers, and municipalities to provide opportunities in adopting healthier lifestyles.
- Engages people through traditional and social media.

**THRIVE**
*Building Thriving Communities Together*
- Uses an accountable community for health framework to **mobilize community leaders** and work collectively to improve community health outcomes.
- Includes partners from the health care system, social and community services, public health, local planning, and other sectors.

**3 → 4 → 50**
*VERMONT*
- Focuses on **environmental and policy strategies** with retailers, schools, municipalities, faith-based organizations, and worksites to promote population health.
- Examples include promoting physical activity by developing town plans that include Complete Streets, and healthy schools via Farm-to-School and Safe Routes to School.

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**All three efforts:**
- Recognize the importance of the **social determinants of health.**
- Engage partners – clinical and community -- in primary prevention.
- Seek to place data at the center of decision-making.
- Utilize somewhat **different strategies** of community engagement and mobilization.
- Differ in how they play out in each community based on existing relationships, community-identified needs and priorities from the Community Health Needs Assessments, and the readiness of community members to act.

[healthvermont.gov/prevent/3-4-50](http://healthvermont.gov/prevent/3-4-50)
75 partners from across the state have committed to taking steps to increase physical activity, improve nutrition, and decrease tobacco use.
Healthy steps for businesses

- Create a tobacco-free campus.*
- Provide refrigerators, microwaves and break areas.*
- Encourage and support employees to get 30 minutes of physical activity a day.*
- Make healthy foods more available.*
- Establish breastfeeding policies.^
- Creating a Healthier Worksite toolkit.
Healthy steps for schools and childcare settings

- Ensure schools meet Nutrition Standards.*
- Implement school-based gardening interventions.*
- Employ enhanced school-based physical education*.
- Get kids outside and moving for at least 30 minutes every day.^
- [School Wellness Policy Implementation](http://healthvermont.gov/3-4-50)
Healthy steps for municipalities

- Establish policies to prohibit smoking in designated public areas.*
- Design “complete” streets and roadways.*
- Build and maintain places where people can be active.*
- Make it easier for people to find healthy foods.
- [Healthy Community Design Resource](http://healthvermont.gov/3-4-50)
Barre Mayor Lucas Herring said he is honored, but not surprised, that Barre is the first community to achieve Gold Level status. “Our residents and businesses are committed to ensuring healthy programs are in place,” said Mayor Herring. “That’s why we met the Silver standard leading up to this year. I’m just hoping that the Health Department creates a Platinum level that we can aspire to!”

“Mt. Ascutney Hospital is helping to lead an Accountable Community for Health,” said Lord. That means bringing together partners from across the healthcare field with state agencies, local nonprofits, and others to integrate services, support prevention efforts like 3-4-50, and bolster education efforts. It’s part of our Hospital Strategic Plan, our Windsor HSA Community Collaborative, and it’s simply the right thing to do—for kids and our communities.”

Jay Peak’s Gold-level designation is the result of the resort offering more than a dozen wellness measures designed to enable employees to live a healthy life. In the last year alone the resort has rolled out three new programs. Last summer Jay Peak began a partnership with Berry Creek Farm, a local organic CSA in neighboring Westfield, to offer employees easy access to healthy food along with a monthly stipend to help offset a portion of food costs. Yoga and meditation classes became available to all employees last fall. Those three benefits were in addition to a suite of offerings that include free memberships to the resort’s fitness facility, biometric screenings, health fairs, healthy cooking classes and free alpine and Nordic season passes.

“Jay Peak’s Human Resources staff plans on working with officials from the Vermont Department of Health—the agency charged with managing the 3x4x50 initiative—on a new suite of offerings to be rolled out in the coming months.”

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DEPARTMENT OF HEALTH

Clinical & Community Strategies to Improve Adult BMI Screening and Follow Up

The following table highlights evidence-based strategies to improve adult BMI screening rates and follow up in clinical and community settings.

**ACO Measures: Core-20: Adult Weight Screening and Follow-Up**
Screen for obesity in adults 18 years or older. Patients with body mass index (BMI) of 30 or higher should be offered or referred to intensive, multicomponent behavioral interventions. Those with BMI of 25-30 should also be referred for nutrition and physical activity interventions.

<table>
<thead>
<tr>
<th>Clinical Approaches</th>
<th>Innovative Patient-Centered Care and/or Community Linkages</th>
<th>Community Wide Prevention Strategies</th>
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</table>
| Screen all adults for overweight or obesity.  
  - Calculate BMI using BMI calculator (available online).  
  - Use motivational interviewing to discuss BMI findings with patient. | Use motivational interviewing: Providers should be trained in these techniques to best assist patients.  
Provide referrals to community-based YMCA Diabetes Prevention Programs or one of the other self-management programs: MyHealthyVT.org | Support Healthy community design and food access projects that support physical activity and healthy eating. |
| For obese patients: Intensive, multicomponent behavioral interventions include the following:  
  - Behavioral management activities, such as setting weight-loss goals.  
  - Improving diet or nutrition and increasing physical activity.  
  - Addressing barriers to change.  
  - Self-monitoring.  
  - Strategizing about how to maintain a lifestyle change. | Adopt technology-supported multicomponent coaching or counseling interventions intended to reduce weight such as:  
  - apps to track food intake and physical activity  
  - supportive texts  
  - one-to-one counseling  
  - tracking of food intake and physical activity. | Promote increased healthy eating and physical activity option in worksites including:  
  - Use the Vermont Department of Health's "Creating a Healthier Workplace" resource to implement policies such as:  
  - health insurance coverage with no or low out-of-pocket costs for medications  
  - Healthy Food policies for meetings  
  - Increased healthy eating and physical activity options at worksites  
  - Worksites gardens  
  - Flex time for physical activity  
  - Paid time off for preventive screening  
  - Healthy food incentives ( Smoothie day, veggie platter)  
  - Aim for at least 30% healthy items in vending  
  - Include healthy choices at snack bars, cafeterias and events | Create or refer patients to social support interventions in community settings:  
  - Weight Watchers  
  - Curves  
  - TOPS (Taking off Pounds Sensibly) | Encourage increased availability of healthy foods |
How are we measuring progress?

- Vermont reduction in chronic disease & closing gap in chronic disease health disparities.
- Rates of tobacco use, poor nutrition & lack of physical activity among key groups are improving.
- Worksites, schools & towns across Vermont prioritize health through systems-level change.
More resources online: healthvermont.gov/3-4-50

- Data briefs by special populations
- Prevention Change Packets
- Guides and toolkits by sector
- Connect to existing State resources
- Sign-on forms to make a commit to 3-4-50