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Partnering to Better Address and Combat Health Disparities: using Leadership and Motivation

Jaime L. Pula, PhD, RDN
Divisional Dietitian – Mid-Atlantic

March 21, 2017

Disclosure Statement

- Dr. Pula has no relevant financial or nonfinancial relationships to disclose.

Registered Dietitian Nutritionist
Exercise Physiologist

Wellness Coordinator
Researcher

Lifestyle Coach
Nutrition Expert

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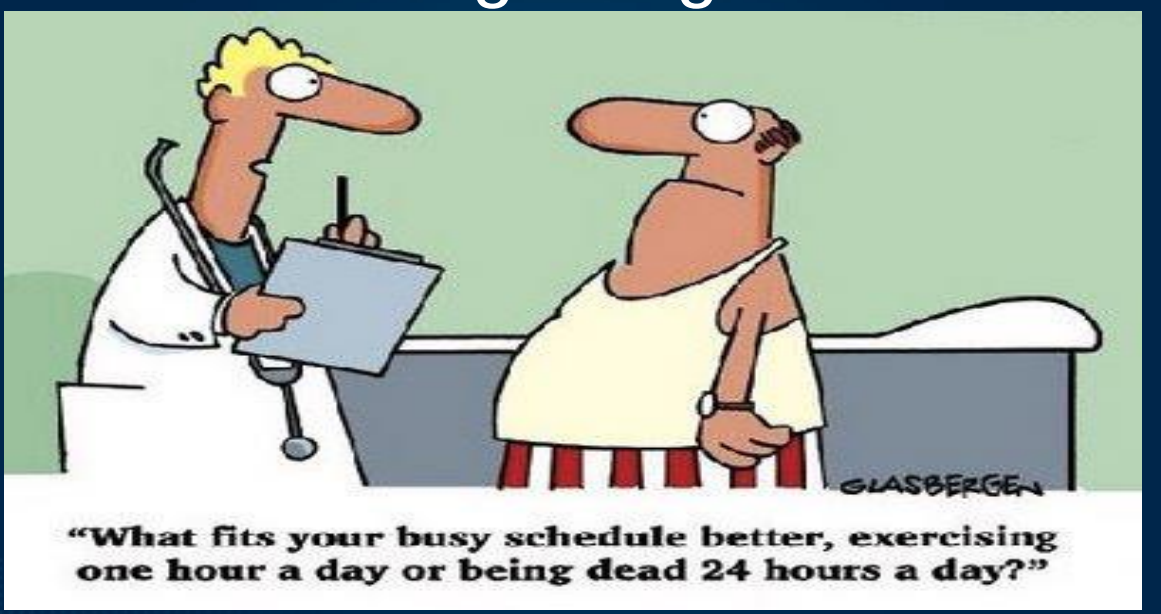
Clinical & Foodservice Beginnings



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Where Can I Find More Info?

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What Is Healthy People?

- A ***national agenda*** that communicates a vision for improving health and achieving health equity
- Creates a comprehensive ***strategic framework*** uniting health promotion and disease prevention issues under a single umbrella
- A set of science-based, ***measurable objectives*** *with* ***targets*** to be achieved by the year 2020
- Requires tracking of ***data-driven outcomes***

Healthy People: What is it?

- Comprehensive set of national 10-year health objectives
- Framework for PUBLIC HEALTH priorities and actions
- An evolving initiative:
  - 1979: Surgeon General's Report
  - 1980: Promoting Health, Preventing Disease
  - 1990: Healthy People 2000
  - 2000: Healthy People 2010
  - 2010: Healthy People 2020

Who is a Public Health Professional?

Newspaper headlines from around the world about polio vaccine tests (13 April 1955)

https://en.wikipedia.org/wiki/Public_health

- The science and art of preventing disease, prolonging life, and promoting human health through organized efforts and informed choices of society, organizations, public and private, communities, and individuals."

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Evolution of Healthy People

Target Year	1990	2000	2010	2020
Overarching Goals	Decrease mortality: infants–adults Increase independence among older adults	Increase span of healthy life Reduce health disparities Achieve access to preventive services for all	Increase quality and years of healthy life Eliminate health disparities	Attain high-quality, longer lives free of preventable disease Achieve health equity and eliminate disparities Create social and physical environments that promote good health Promote quality of life, healthy development, healthy behaviors across life stages
Number of Topic Areas	15	22	28	42
Number of Objectives	226	312	969	Approximately 1,200

SOURCE: *Healthy People 2010 Final Review.*

https://www.cdc.gov/nchs/data/hpdata2010/hp2010_final_review_slide_deck.pdf

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Key Features of Healthy People

- Addresses disease prevention and health promotion issues of national, public health significance
- Provides evidence-based objectives and targets
- Measures outcome via data over 10-year time span
- Motivates to promote positive health outcomes
- Encourages collaborative processes

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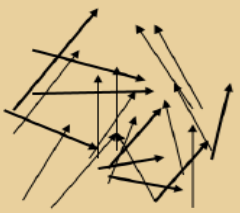
Strength of Healthy People

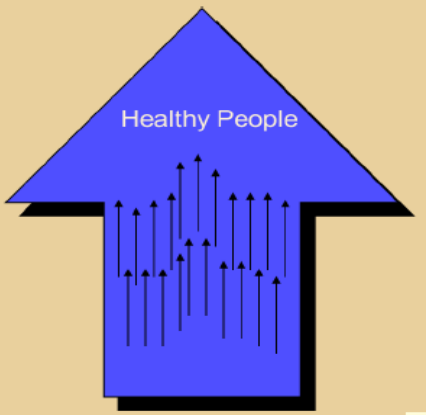
Aligns strategic public health goals and efforts across the nation

Non-aligned effort

Random acts of innovation



Aligned effort



SOURCE: http://www.healthypeople.gov.

https://www.cdc.gov/nchs/data/hpdata2010/hp2010_final_review_slide_deck.pdf

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Key players

- Office of Disease Prevention and Health Promotion (HHS/OS/OASH)
- Assistant Secretary for Health (HHS/OS)
- Federal Agencies (HHS and non-HHS)
- National Center for Health Statistics (HHS/CDC)
- State and Local Health Departments

SOURCE: http://www.healthypeople.gov.

https://www.cdc.gov/nchs/data/hpdata2010/hp2010_final_review_slide_deck.pdf

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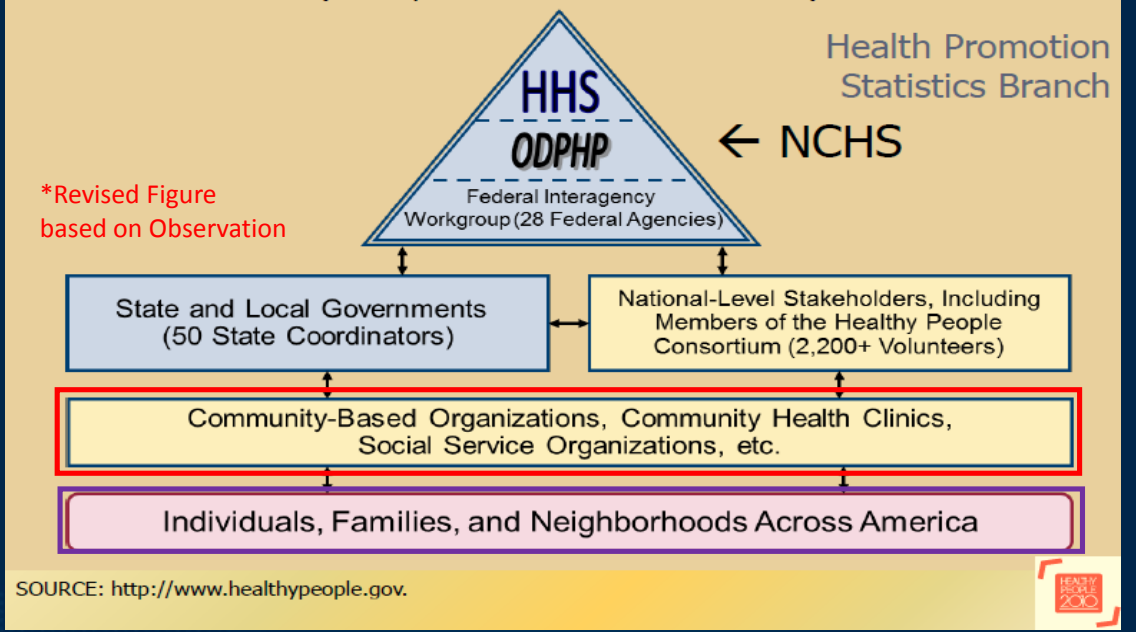
Stakeholders

Federally-led, stakeholder-driven process



SOURCE: http://www.healthypeople.gov.

https://www.cdc.gov/nchs/data/hpdata2010/hp2010_final_review_slide_deck.pdf

National Center for Health Statistics

- Serves as statistical advisor to HHS, Healthy People workgroups, and the Federal Interagency Workgroup
  - Healthy People, National Prevention Strategy, etc.
- Maintains comprehensive database of all Healthy People objective data
- Coordinates monitoring of Healthy People goals/objectives
- Develops research on measuring the overarching goals of Healthy People
- Develops analytic and graphical presentations to track Healthy People goals and objectives, including Progress Reviews

https://www.cdc.gov/nchs/data/hpdata2010/hp2010_final_review_slide_deck.pdf

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How stakeholders are using Healthy People

- Data tool for measuring program performance
- Framework for program planning and development
- Goal setting and agenda building
- Teaching public health courses
- Benchmarks to compare State and local data
- Way to develop nontraditional partnerships

SOURCE: http://www.healthypeople.gov.

https://www.cdc.gov/nchs/data/hpdata2010/hp2010_final_review_slide_deck.pdf

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2 Goals of Healthy People

- Goal 1: Increase the quality and years of healthy life
- Goal 2: Eliminate health disparities across:
  - Race and ethnicity
  - Gender
  - Education level
  - Income
  - Geographic location
  - Disability status
  - Sexual orientation

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Topic Areas

The Topic Areas of *Healthy People 2020* identify and group objectives of related content, highlighting specific issues and populations. Each Topic Area is assigned to one or more lead agencies within the federal government that is responsible for developing, tracking, monitoring, and periodically reporting on objectives.

1. Access to Health Services
2. Adolescent Health
3. Arthritis, Osteoporosis, and Chronic Back Conditions
4. Blood Disorders and Blood Safety
5. Cancer
6. Chronic Kidney Disease
7. Dementias, Including Alzheimer's Disease
8. Diabetes
9. Disability and Health
10. Early and Middle Childhood
11. Educational and Community-Based Programs
12. Environmental Health
13. Family Planning
14. Food Safety
15. Genomics
16. Global Health
17. Healthcare-Associated Infections
18. Health Communication and Health Information Technology
19. Health-Related Quality of Life and Well-Being
20. Hearing and Other Sensory or Communication Disorders
21. Heart Disease and Stroke
22. HIV
23. Immunization and Infectious Diseases
24. Injury and Violence Prevention
25. Lesbian, Gay, Bisexual, and Transgender Health
26. Maternal, Infant, and Child Health
27. Medical Product Safety
28. Mental Health and Mental Disorders
29. Nutrition and Weight Status
30. Occupational Safety and Health
31. Older Adults
32. Oral Health
33. Physical Activity
34. Preparedness
35. Public Health Infrastructure
36. Respiratory Diseases
37. Sexually Transmitted Diseases
38. Sleep Health
39. Social Determinants of Health
40. Substance Abuse
41. Tobacco Use
42. Vision

U.S. Department of Health and Human Services
Office of Disease Prevention and Health Promotion
ODPHP Publication No. B0132
November 2010
www.healthypeople.gov

Ten 'Leading Health Indicators' (LHIs)

Physical Activity
Moderate/vigorous physical activity among adults
Vigorous physical activity among adolescents

Overweight and Obesity
Obesity in adults
Obesity in children and adolescents

Tobacco Use
Cigarette smoking among adults
Cigarette smoking among adolescents

Substance Abuse
Adolescents not using alcohol or illicit drugs
Adults using illicit drugs
Adult binge drinking

Responsible Sexual Behavior
Condom use by sexually active unmarried persons
Adolescent sexual behavior

Mental Health
Suicides
Treatment of adults with depression

Injury and Violence
Deaths from motor vehicle crashes
Homicides

Environmental Quality
Exposure to ozone
Children's exposure to tobacco smoke at home
Nonsmoker exposure to tobacco smoke

Immunization
Fully immunized young children
Influenza & pneumonia vaccination of older adults

Access to Health Care
Persons with health insurance
Persons with a source of ongoing care
Hospitalizations for pediatric asthma
Early prenatal care

SOURCE: *Healthy People 2010 Final Review.*

https://www.cdc.gov/nchs/data/hpdata2010/hp2010_final_review_slide_deck.pdf

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The Impact of Services Provided by Allied Healthcare Professionals on Any Individual

*Revised Figure based on Observation

http://2012books.lardbucket.org/books/an-introduction-to-nutrition/section

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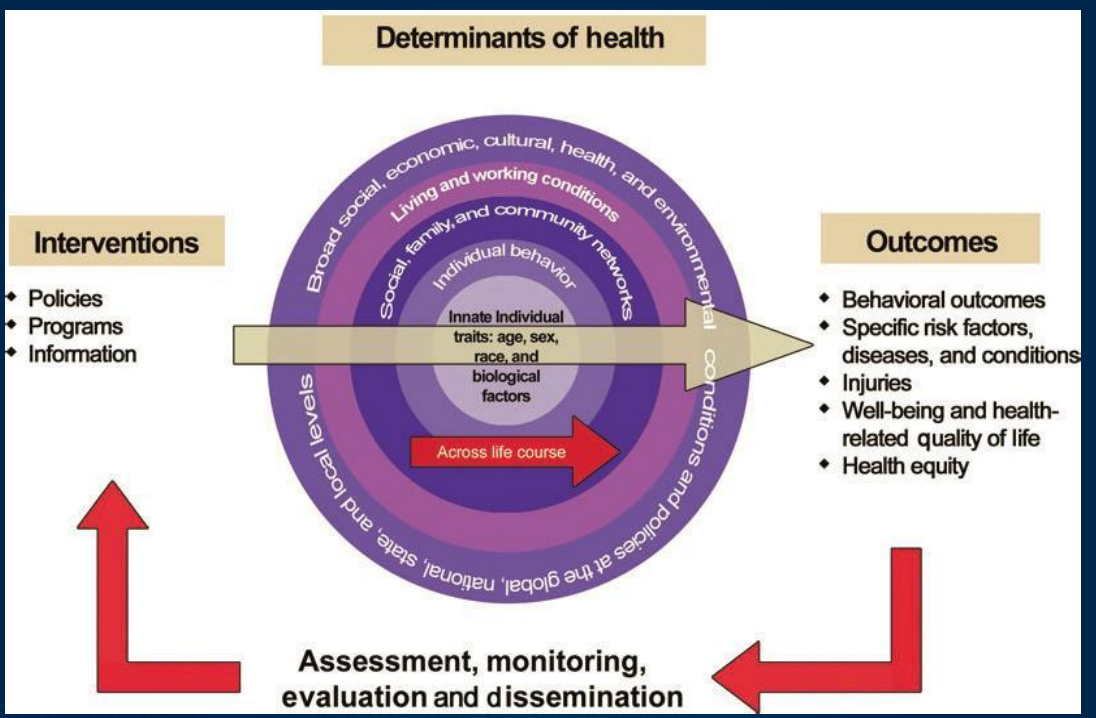

http://www.med.uottawa.ca/sim/data/Models/Healthy_people_2020.JPG

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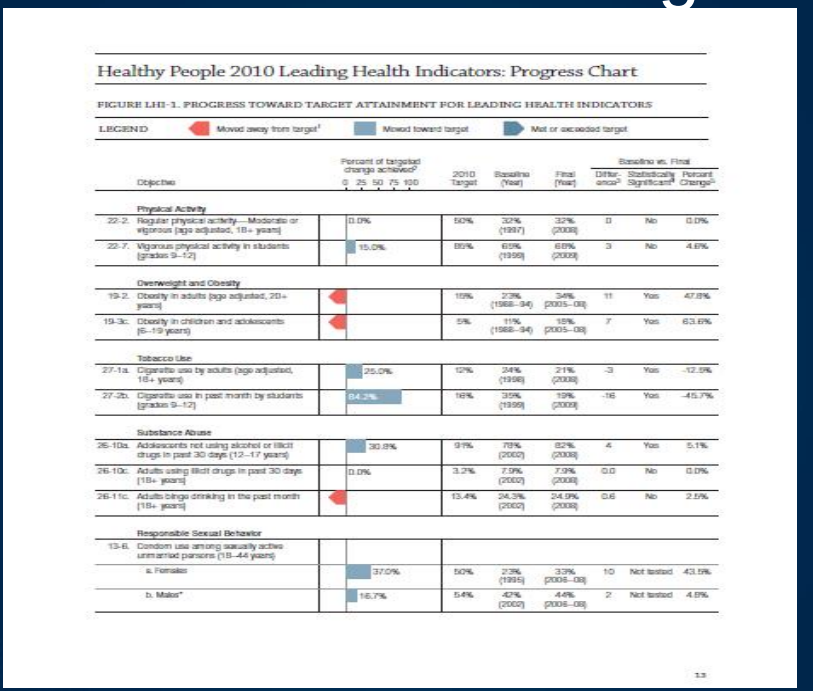
How Are We Doing?



Healthy People 2010 Leading Health Indicators: Progress Chart

FIGURE LHI-1. PROGRESS TOWARD TARGET ATTAINMENT FOR LEADING HEALTH INDICATORS

LEGEND: Moved away from target[1] | Moved toward target | Met or exceeded target

Objective	Percent of targeted change achieved[2] (0, 25, 50, 75, 100)	2010 Target	Baseline (Year)	Final (Year)	Baseline vs. Final: Difference[3]	Statistically Significant[4]	Percent Change[5]
Physical Activity							
22-2. Regular physical activity—Moderate or vigorous (age adjusted, 18+ years)	0.0%	50%	32% (1997)	32% (2008)	0	No	0.0%
22-7. Vigorous physical activity in students (grades 9–12)	15.0%	85%	65% (1999)	68% (2009)	3	No	4.6%
Overweight and Obesity							
19-2. Obesity in adults (age adjusted, 20+ years)		15%	23% (1988–94)	34% (2005–08)	11	Yes	47.8%
19-3c. Obesity in children and adolescents (6–19 years)		5%	11% (1988–94)	18% (2005–08)	7	Yes	63.6%
Tobacco Use							
27-1a. Cigarette use by adults (age adjusted, 18+ years)	25.0%	12%	24% (1998)	21% (2008)	-3	Yes	-12.5%
27-2b. Cigarette use in past month by students (grades 9–12)	84.2%	16%	35% (1999)	19% (2009)	-16	Yes	-45.7%
Substance Abuse							
26-10a. Adolescents not using alcohol or illicit drugs in past 30 days (12–17 years)	30.8%	91%	78% (2002)	82% (2008)	4	Yes	5.1%
26-10c. Adults using illicit drugs in past 30 days (18+ years)	0.0%	3.2%	7.9% (2002)	7.9% (2008)	0.0	No	0.0%
26-11c. Adults binge drinking in the past month (18+ years)		13.4%	24.3% (2002)	24.9% (2008)	0.6	No	2.5%
Responsible Sexual Behavior							
13-8. Condom use among sexually active unmarried persons (15–44 years)							
a. Females	37.0%	50%	23% (1995)	33% (2006–08)	10	Not tested	43.5%
b. Males*	16.7%	54%	42% (2002)	44% (2006–08)	2	Not tested	4.8%

https://www.cdc.gov/nchs/images/healthy_people/hp_final_review_chartbook_screen05.jpg

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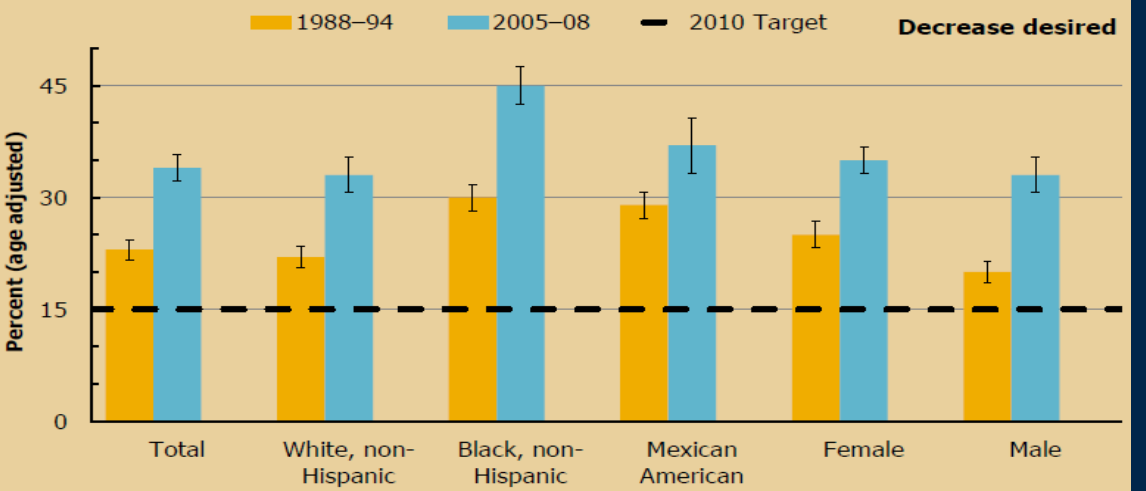
Adult obesity, 1988–94 and 2005–08



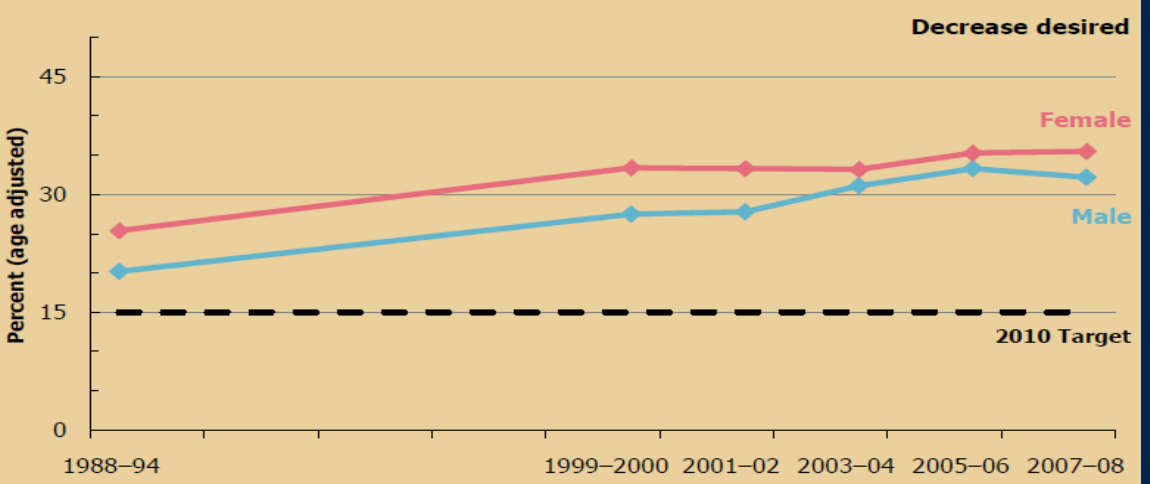
NOTES: Data are for the proportion of adults aged 20 and over who are obese and are age adjusted to the 2000 standard population. Obesity is defined as body mass index (BMI) ≥ 30.0. Respondents were asked to select only one race prior to 1999. For 1999 and later years, respondents were asked to select one or more races. For all years, the categories black and white include persons who reported only one racial group. Persons of Mexican-American origin may be of any race.

I = 95% confidence interval.

Obj. 19-2

SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Adult obesity, 1988–2008



NOTES: Data are for the proportion of adults aged 20 and over who are obese and are age adjusted to the 2000 standard population. Obesity is defined as body mass index (BMI) ≥ 30.0.

SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Obj. 19-2

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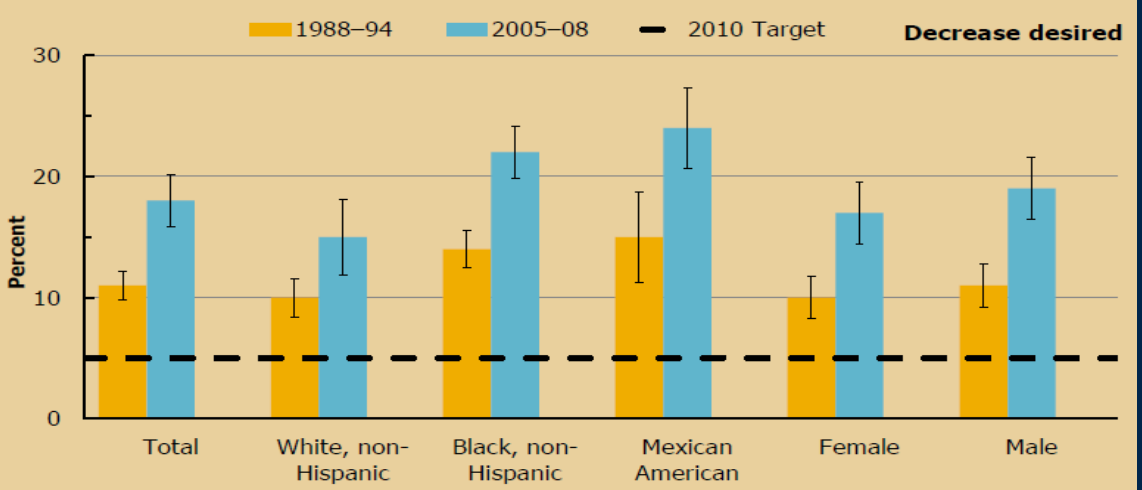
Child and adolescent obesity, 1988–94 and 2005–08



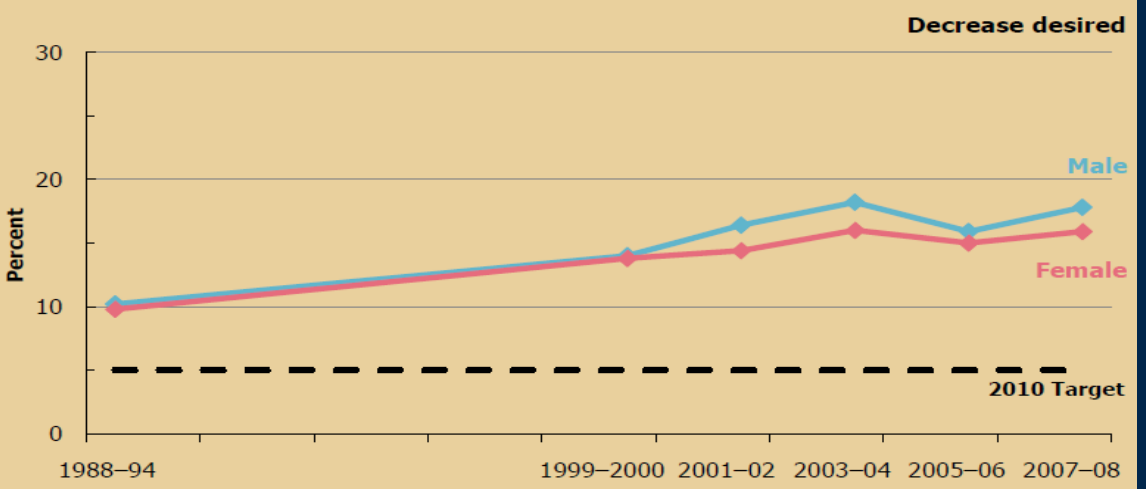
NOTES: Data are for children and adolescents aged 6–19 years who are overweight or obese. Overweight is defined as body mass index (BMI) ≥ gender- and age-specific 95th percentile from the 2000 CDC Growth Charts for the United States. Respondents were asked to select only one race prior to 1999. For 1999 and later years, respondents were asked to select one or more races. For all years, the categories black and white include persons who reported only one racial group. Persons of Mexican American origin may be of any race.

I = 95% confidence interval.

Obj. 19-3c

SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Child and adolescent obesity, 1988–2008



NOTES: Data are for children and adolescents aged 2–19 years who are overweight or obese. Overweight is defined as body mass index (BMI) ≥ gender- and age-specific 95th percentile from the 2000 CDC Growth Charts for the United States.

SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Obj. 19-3c

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"Jar Parents of Obese Kids Out of a State of Denial that their Children (have) a Problem"

~ The Georgia Children's Health Alliance

Carroll, M., 2012

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Addressing Childhood Obesity: The Role of School-Based Health Centers

- "***I weighed more than the scale could actually measure. The scale could only go up to 350 lbs. I was shocked, surprised, and scared***."

- At 385 lbs., Michigan high-school student Jonathan Miller sat in the back of the classroom on a bench because he couldn't fit in the desk. He could only buy his clothes from one store and worried about how he would fit into seats at social events.

Wright, 2011

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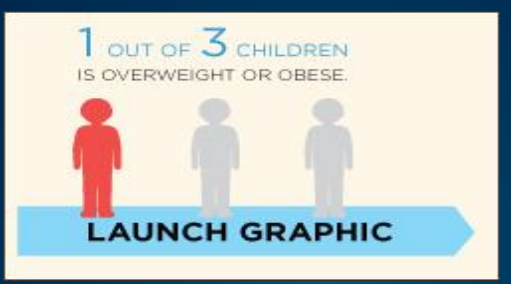
$190.2 Billion Dollars

- The annual cost of obesity-related chronic disease and disability
  - 2/3 of adults are overweight or obese
  - 1/3 of children are overweight or obese

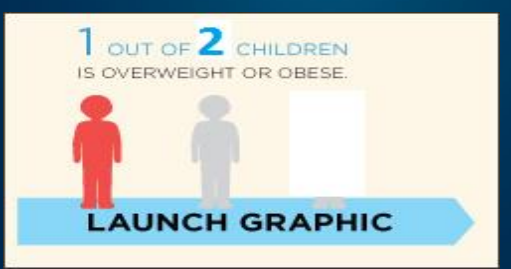
Institute of Medicine, 2012

Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation



National: >30%

Institute of Medicine, 2012



Paterson: ~50%

Revised Figure based on Observation

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- If unaddressed, what will obesity's effects on health, health care costs, and our productivity as a nation become?

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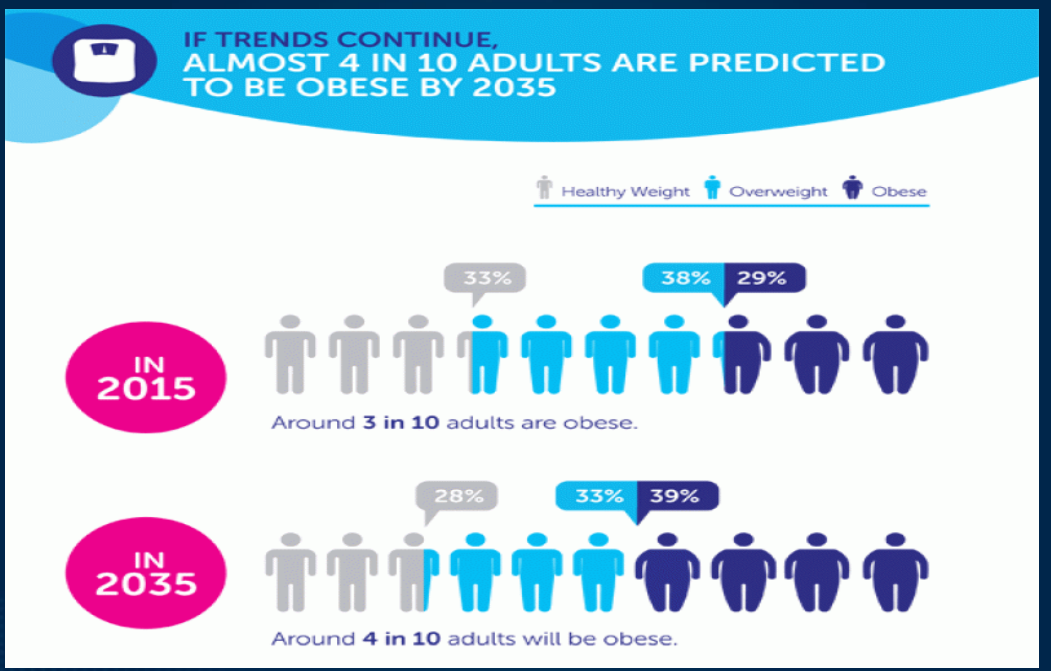
What Does This Mean To You?



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Development of a School-Based Wellness Program

R.U.S.H.
(Reaching Ultimate Student Health)
School-Based Wellness Program

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R.U.S.H. Gains State and National Recognition

Media Coverage
Oral and Poster Presentations

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Be Well! & Thrive™ and R.U.S.H. Educational Forum

Easter Seals New Jersey and St. Joseph's Children's Hospital (SJCH) request the honor of your presence at an Educational Forum on behalf of National Center on Health, Physical Activity, and Disability (NCHPAD) for Inclusive Health Coalition (IHC) Programs

September 23, 2014

St. Joseph's Regional Medical Center (SJRMC)
Main Lobby, Auditoriums 1, 2 and 3
5:00 p.m. to 7:00 p.m.

This information session is of great value to parents/ guardians, families (including siblings) and caregivers of people with disabilities and special needs – as well as nurses and all disabilities and healthcare service providers.

R.S.V.P. by: September 16, 2014 *to*
Jaime L. Pula, PhD, RD, Wellness Coordinator, at 973.754.3117; pulaj@sjhmc.org

Light refreshments will be served.

All-Inclusive Health & Wellness

Agenda

Introductions: William Copeck, RN, Representative, SJCH, SJRMC

Laura O'Reilly, RN, AVP, Health and Wellness, Easter Seals New Jersey, Personal Trainer and member of Developmental Disabilities Nurses Association, Creator of Be Well! & Thrive™ Inclusive Exercise

- About The NCHPAD IHC
- Be Well! & Thrive™ with Equality, Dignity and Independence Overview of Easter Seals New Jersey's Health and Wellness Programs throughout Service Lines
- Individuals with special needs taking charge of their own health
- Caregiver support

Jaime L. Pula, PhD, RD, Wellness Coordinator, SJCH, SJRMC

- R.U.S.H. (Reaching Ultimate Student Health) School-Based, Wellness Programs
- Inclusion of school-aged children and their parents (and community) in health, and nutrition and physical activity promotion activities

Heather Russell, MS, RD, Pediatric Outpatient Registered Dietitian, SJCH, SJRMC

- The importance of nutrition and physical activity for health across the lifespan for all people

www.StJosephsHealth.org • 877.757.SJHS (7547) • Sponsored by the Sisters of Charity of Saint Elizabeth

St. Joseph's Healthcare System - St. Joseph's Regional Medical Center, Paterson, NJ - St. Joseph's Wayne Hospital, Wayne, NJ - St. Joseph's Children's Hospital, Paterson, NJ St. Vincent's Nursing Home, Cedar Grove, NJ - Visiting Health Services of NJ, Inc., Totowa, NJ

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Synergistic Partnerships

Key to Optimize Successes

Inclusive Health Coalition (IHC)

National Center for Health, Physical Activity and Disability

Easter Seals New Jersey

St. Joseph's Healthcare System

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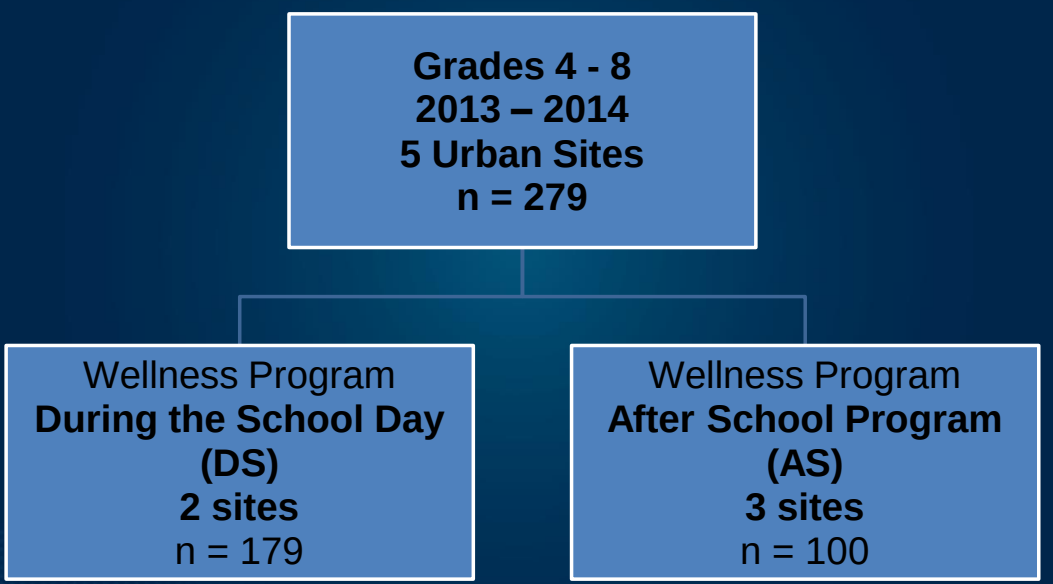
Schematics of Quasi Experimental Study Design



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Baseline Characteristics of Study Groups (n = 279)

Characteristics	Total	Percentage
Age		
9 - 11 YO	140	50%
12 - 14 YO	139	50%
Gender		
Male	137	49%
Female	142	51%
Ethnicity/Race		
Latino	194	69.5%
Black	72	26%
White	11	4%
Other	2	0.5%

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Pre- & Post-Measurements

- Initial & Final Medical Screens
  - Weeks 0, 6
    - Height
    - Weight
    - Body Mass Index (BMI)
    - Percentile BMI-for-Age
    - Body Fat %
    - Waist Circumference
    - Resting Heart Rate
    - Blood Pressure

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Height & Weight Collection

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BMI%-for-Age Based on Gender: Defined

- Used for boys and girls aged 2 to 20 years of age
- BMI = weight (kg) / height (m)2

Keys, et. al., 1972

- Adiposity or fat tissue varies with age and gender during childhood and adolescence
  - Not a direct measure of body fatness;
  - However, parallels direct measures
    - Underwater weighing
    - Dual energy x-ray

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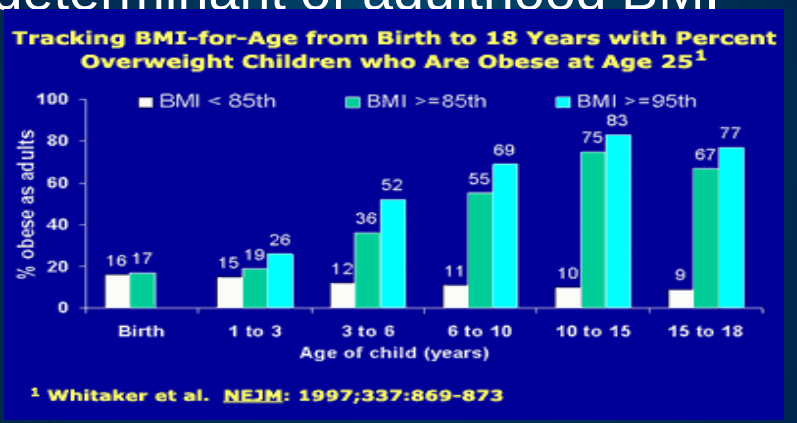
Why is BMI%-for-Age Important?

- BMI-for-age (based on gender) in childhood is a determinant of adulthood BMI



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~55% of ALL Students (Pre-Tx) were Overweight or Obese

Weight Status	R.U.S.H. School-Based Wellness Program	Percentage
All Obese Non-Obese	n = 279 152 127	100% 55% 45%
Male Obese Non-Obese	n = 137 75 62	49% 55% 45%
Female Obese Non-Obese	n = 142 77 65	51% 54% 46%

~ 50% of All Participants Can Expect Reduced BMI Scores Post R.U.S.H.

There is **No Difference** Between the Groups

BMI Scores	**Wellness Program School Day n = 179**	**Wellness Program After School Program n = 100**	**Percentage During/After**	**P-Value**	**Relative Risk**	**95% Confidence Interval**
All						
Reduced	82	56	46% / 56%	0.107	0.86	0.72 – 1.03
No Change	97	44	54% / 44%			
Male						
Reduced	36	24	40% / 50%	0.367	0.87	0.68 – 1.13
No Change	53	24	60% / 50%			
Female						
Reduced	46	32	51% / 62%	0.294	0.86	0.67 – 1.10
No Change	44	20	49% / 38%			

>90% of All Participants Can Expect Improved Anthropometrics Post R.U.S.H.

There is **No Difference** Between the Groups

Anthropometrics Weight, Body Fat%, BMI Score, BMI%-for-Age based on gender	Wellness Program School Day n = 179	Wellness Program After School Program n = 100	Percentage During/After	P-Value	Relative Risk	95% Confidence Interval
All						
Improved	167	92	93% / 92%	0.810	1.08	0.74 – 1.56
No Change	12	8	7% / 8%			
Male						
Improved	85	44	96% / 92%	0.451	1.32	0.65 – 2.67
No Change	4	4	4% / 8%			
Female						
Improved	82	48	91% / 92%	1.000	0.95	0.62 – 1.44
No Change	8	4	9% / 8%			

CCSP Field Day May 2014

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Grades K - 6

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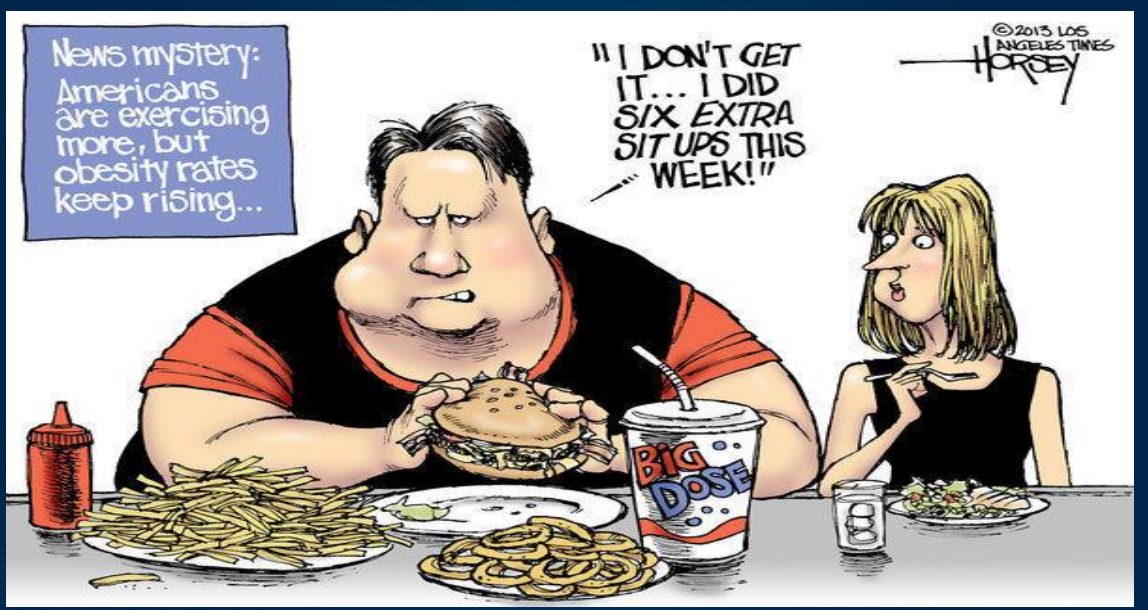
Corporate Wellness Initiatives

Winning Over Weight (WOW) – mimicked after the Biggest Loser

Healthcare SERVICES GROUP

SOLUTIONS • PERFORMANCE • RESULTS

When Exercise Just Isn't Enough



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Drink Water. Drink Water. Drink Water.

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SOLUTIONS • PERFORMANCE • RESULTS

Limit Sugar and Sweet Treats

- Omit juice, soda, lemonade, iced tea, fruit punch. Drink Water.
- Eat fruit for dessert.
- Offer dessert only on special occasions.
- Choose healthier cereals.
- Do not bring candy, juice, sodas, cake, etc. into the home.
- Try not to use sweet treats as a reward.

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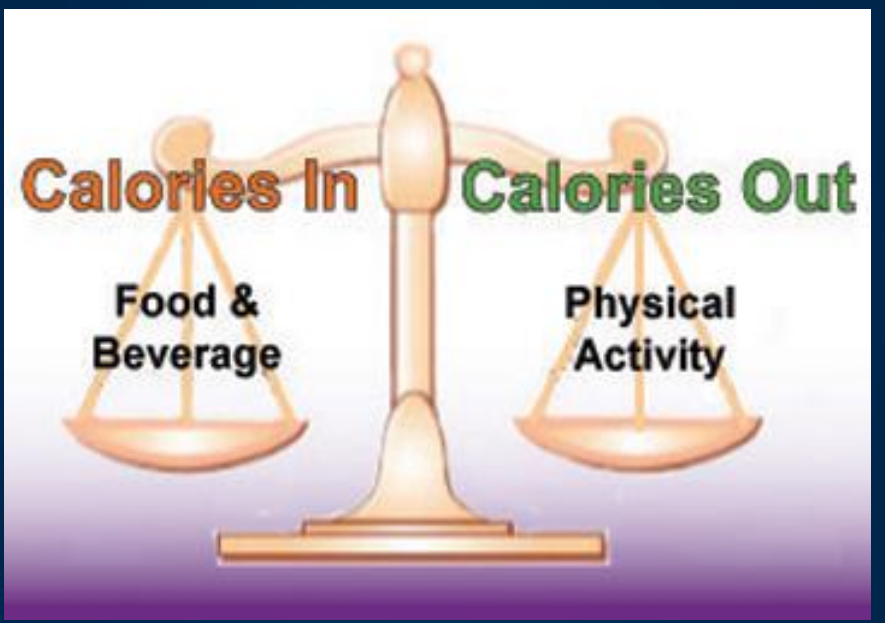
SOLUTIONS • PERFORMANCE • RESULTS

Calories In = Calories Out



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SOLUTIONS • PERFORMANCE • RESULTS

Encouraging Portion Control

- Prepare plates ahead of time.
- Do not encourage seconds.
- Read food labels for serving size.
- Teach how to measure out foods.
- Do not eat out of boxes or bags.
- Do not eat in front of the TV or computer.

Nutrition Facts

Serving Size 1 cup (228g)
Servings Per Container 2

Amount Per Serving	
Calories 250	Calories from Fat 110
	% Daily Value*
Total Fat 12g	18%
Saturated Fat 3g	15%
Trans Fat 3g	
Cholesterol 30mg	10%
Sodium 470mg	20%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protein 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

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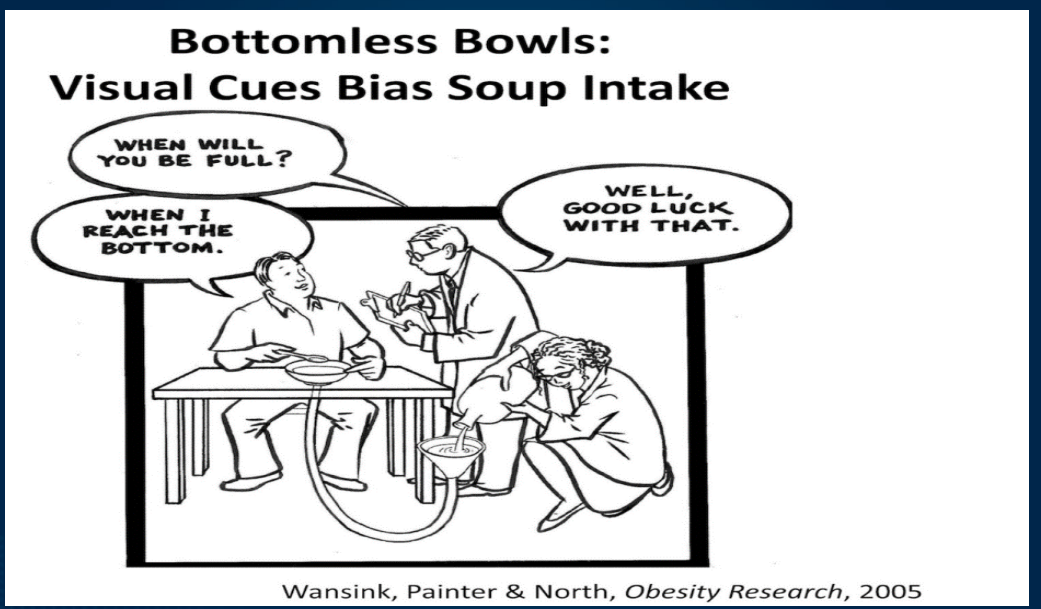
SOLUTIONS • PERFORMANCE • RESULTS

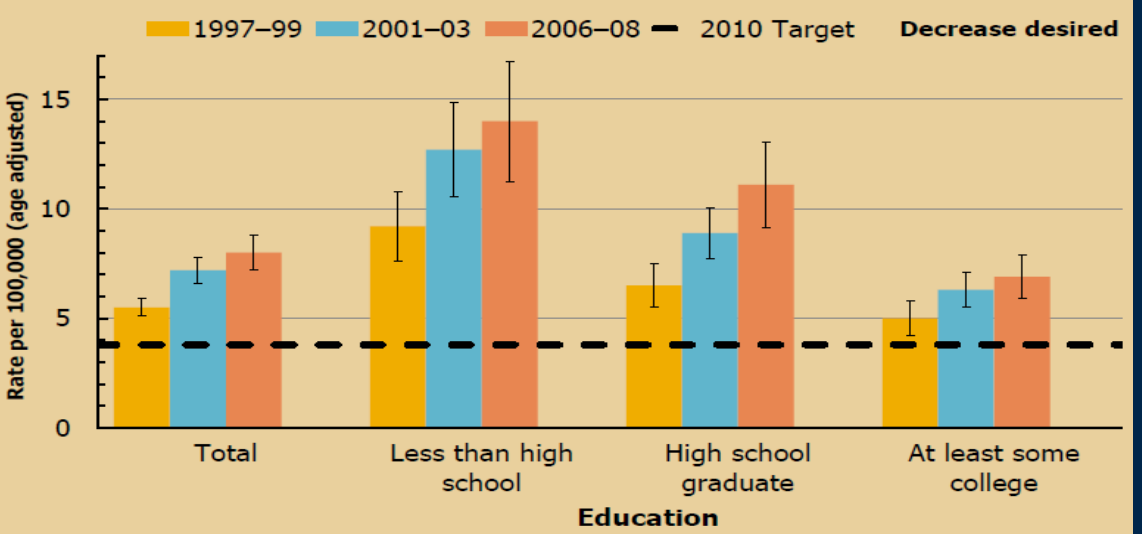
Encouraging Portion Control Continued



Healthcare SERVICES GROUP

SOLUTIONS • PERFORMANCE • RESULTS

New cases of diabetes, 1997–99, 2001–03, and 2006–08



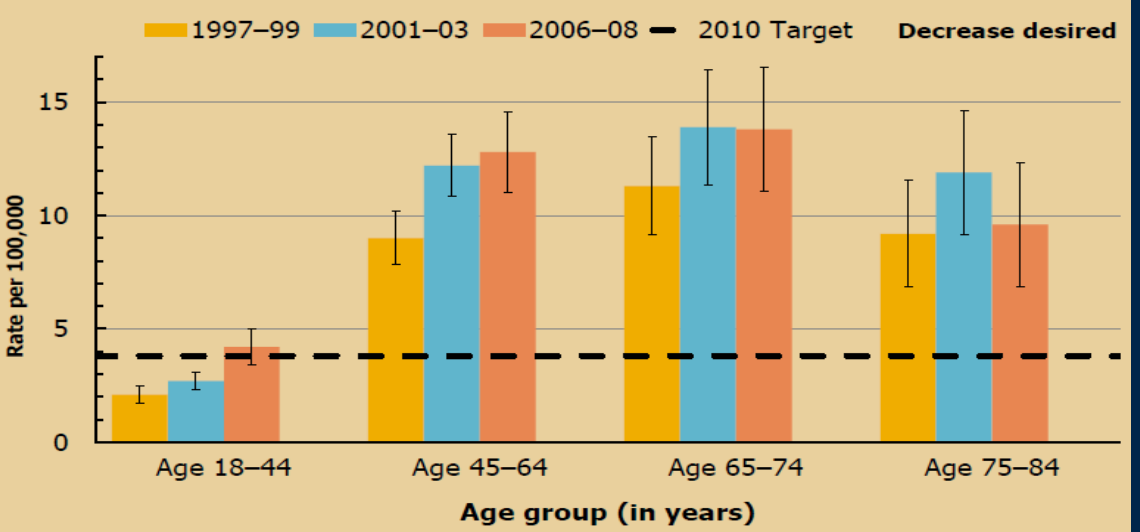
NOTES: Data are for new cases of diabetes in adults aged 18–84, are based on a 3-year average, and are age adjusted to the 2000 standard population. Data by education level are for persons aged 25–84.

I = 95% confidence interval.

SOURCE: National Health Interview Survey (NHIS), CDC, NCHS.

Obj. 5-2

New cases of diabetes, 1997–99, 2001–03, 2006–08 (cont.)



NOTE: Data are for new cases of diabetes in adults aged 18–84 and are based on a 3-year average.

I = 95% confidence interval.
SOURCE: National Health Interview Survey (NHIS), CDC, NCHS.

Obj. 5-2

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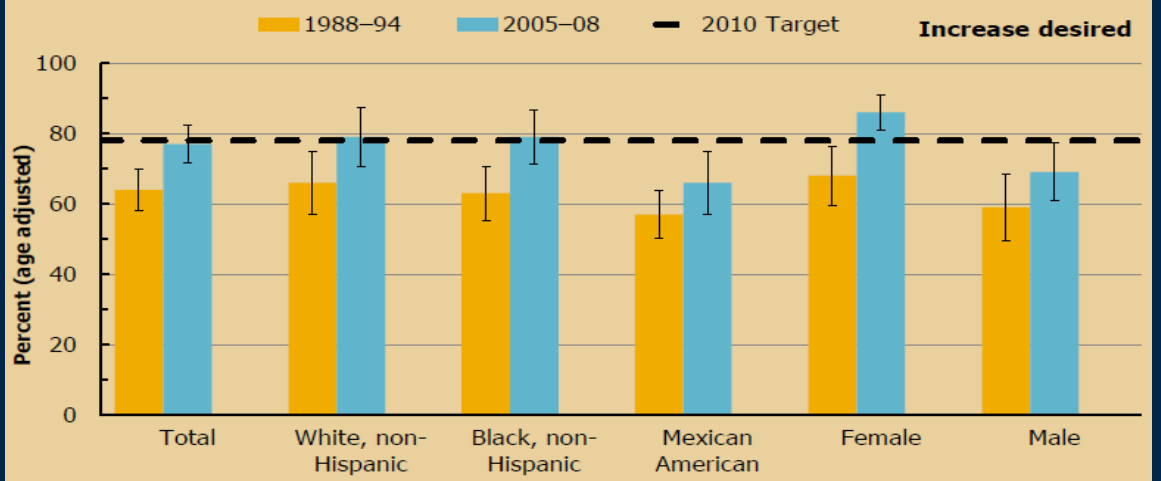
Adults with diagnosed diabetes, 1988–94 and 2005–08



NOTES: Data are the proportion of adults aged 20 and over with diagnosed diabetes and are age adjusted to the 2000 standard population. Respondents were asked to select only one race prior to 1999. For 1999 and later years, respondents were asked to select one or more races. For all years, the categories black and white include persons who reported only one racial group. Persons of Mexican American origin may be of any race.

I = 95% confidence interval.

Obj. 5-4

SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

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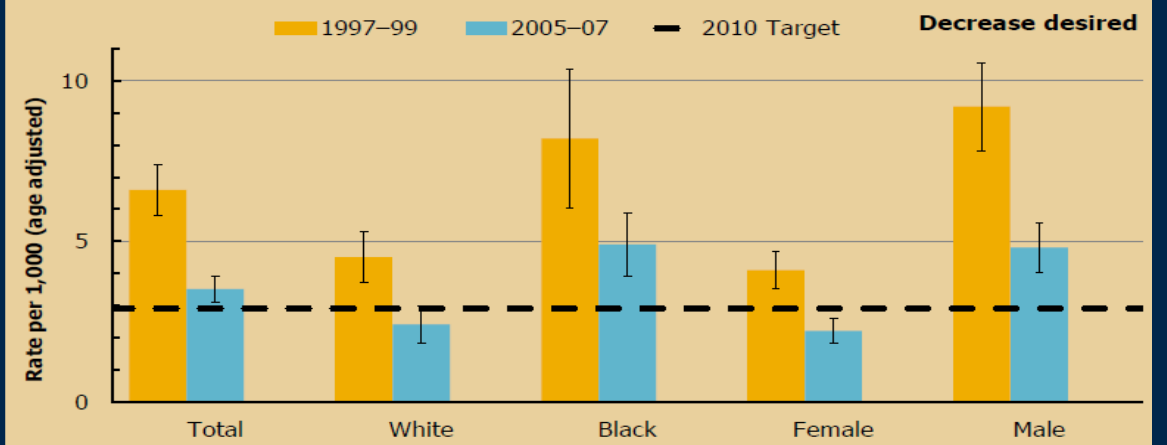
SOLUTIONS • PERFORMANCE • RESULTS

Lower extremity amputations, persons with diabetes, 1997–99 and 2005–07



NOTES: Data are for any amputation of lower limb among persons with diabetes, are based on a 3-year average, and are age adjusted to the 2000 standard population. For NHDS, only one race could be recorded prior to 2000. For NHIS, respondents reported one or more races yet identified one race as best representing them. For 1999 and later years (NHIS), and for 2000 and later years (NHDS), one or more races were reported. For all years, the categories black and white include persons who reported only one racial group, and include persons of Hispanic origin. For comparability with 1997–98 data, the selection of more than one race in NHIS was not used in 1999.
I = 95% confidence interval.

SOURCES: National Hospital Discharge Survey (NHDS), CDC, NCHS; National Health Interview Survey (NHIS), CDC, NCHS.

Obj. 5-10

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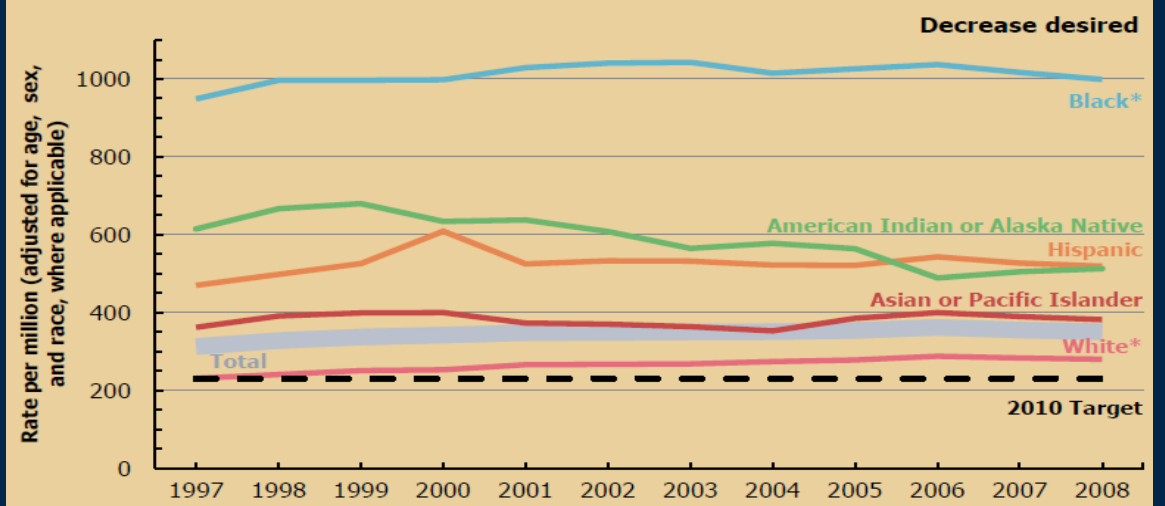
SOLUTIONS • PERFORMANCE • RESULTS

New cases of end-stage renal disease, 1997–2008



* Data for the non-Hispanic black and non-Hispanic white populations were not collected prior to 2000.

NOTES: Data are for new cases of end-stage renal disease and are adjusted for age, sex, and race, where applicable. For all years, only one race category could be recorded per person. The categories black and white include persons of Hispanic or non-Hispanic origin. Persons of Hispanic origin may be of any race.

SOURCE: United States Renal Data System (USRDS), NIH, NIDDK.

Obj. 4-1

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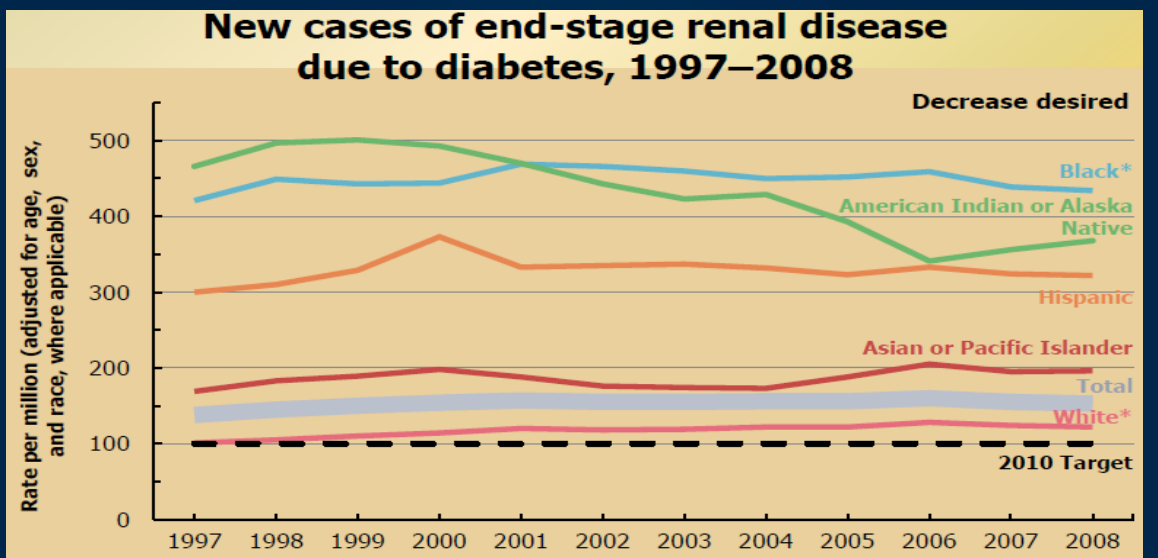
SOLUTIONS • PERFORMANCE • RESULTS



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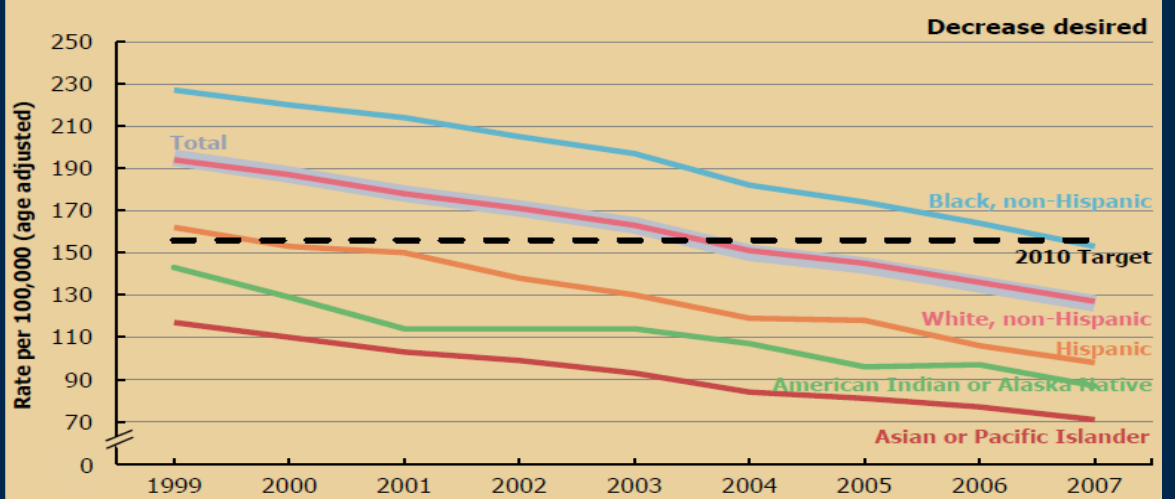
SOLUTIONS • PERFORMANCE • RESULTS

Coronary heart disease deaths, 1999–2007



NOTES: Data are for ICD-10 codes I20–I25 reported as underlying cause of death and are age adjusted to the 2000 standard population. Prior to 2003 only one race category could be recorded; recording more than one race was not an option. Beginning in 2003 multiple-race data were reported by some states; multiple-race data were bridged to the single-race categories for comparability. Persons of Hispanic origin may be of any race.

SOURCE: National Vital Statistics System—Mortality (NVSS-M), CDC, NCHS. **Obj. 12-1**

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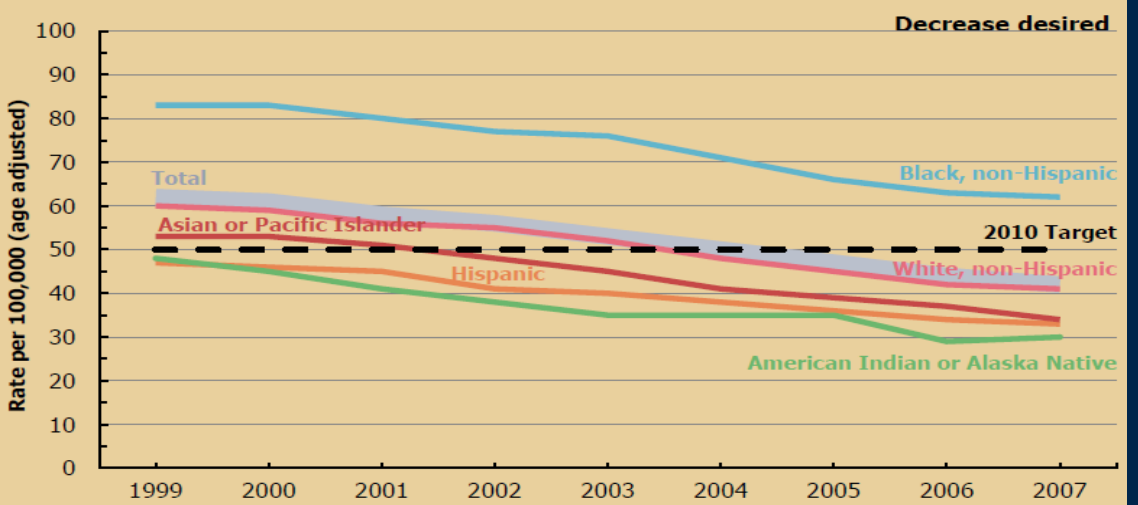
SOLUTIONS • PERFORMANCE • RESULTS

Stroke deaths, 1999–2007



NOTES: Data are for ICD-10 codes I60–I69 reported as underlying cause of death and are age adjusted to the 2000 standard population. Prior to 2003 only one race category could be recorded; recording more than one race was not an option. Beginning in 2003 multiple-race data were reported by some states; multiple-race data were bridged to the single-race categories for comparability. Persons of Hispanic origin may be of any race.

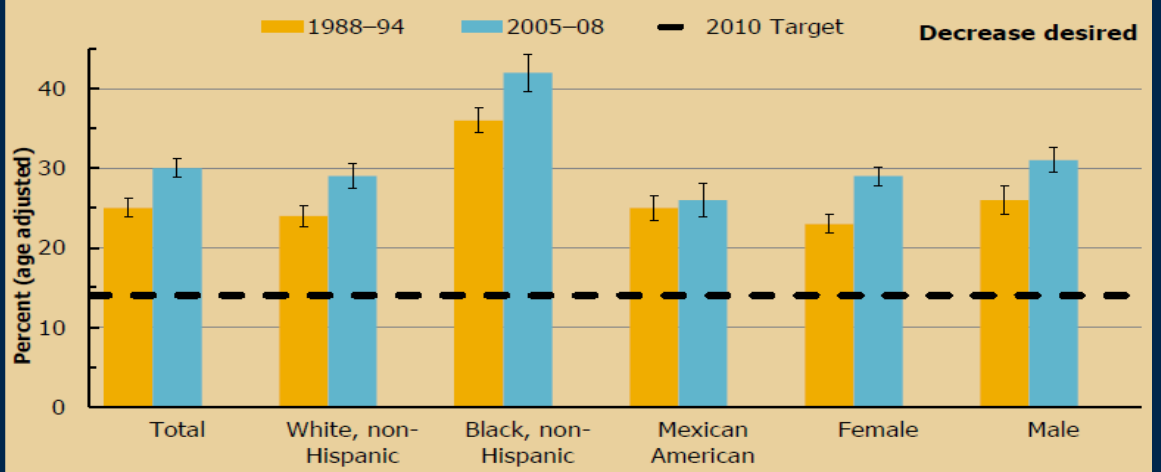
SOURCE: National Vital Statistics System—Mortality (NVSS-M), CDC, NCHS.

Obj. 12-7

Healthcare SERVICES GROUP

SOLUTIONS • PERFORMANCE • RESULTS

High blood pressure prevalence, 1988–94 and 2005–08



NOTES: Data are for the proportion of adults aged 18 and over with high blood pressure and are age adjusted to the 2000 standard population. High blood pressure is defined for adults as an average systolic blood pressure ≥140 mm Hg, an average diastolic blood pressure ≥90 mm Hg, or self-reported current use of blood pressure lowering medication. Respondents were asked to select only one race prior to 1999. For 1999 and later years, respondents were asked to select one or more races. For all years, the categories black and white include persons who reported only one racial group. Persons of Mexican American origin may be of any race.

I = 95% confidence interval.

Obj. 12-9

SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

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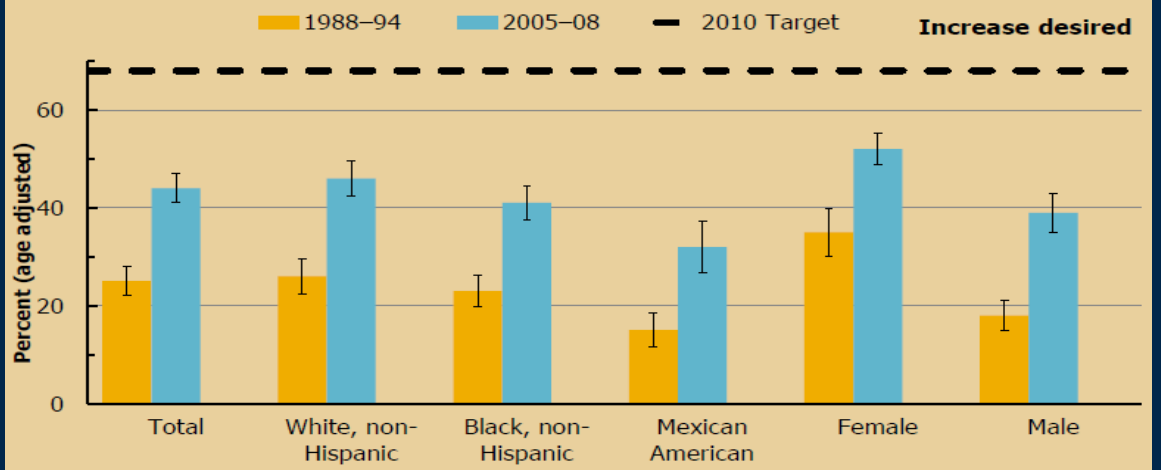
SOLUTIONS • PERFORMANCE • RESULTS

High blood pressure control, 1988–94 and 2005–08



NOTES: Data are for the proportion of adults aged 18 and over with a controlled blood pressure and are age adjusted to the 2000 standard population. Controlled blood pressure is defined as an average systolic blood pressure <140 mm Hg and an average diastolic blood pressure <90 mm Hg among adults with hypertension. Respondents were asked to select only one race prior to 1999. For 1999 and later years, respondents were asked to select one or more races. For all years, the categories black and white include persons who reported only one racial group. Persons of Mexican American origin may be of any race.

I = 95% confidence interval.

Obj. 12-10

SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

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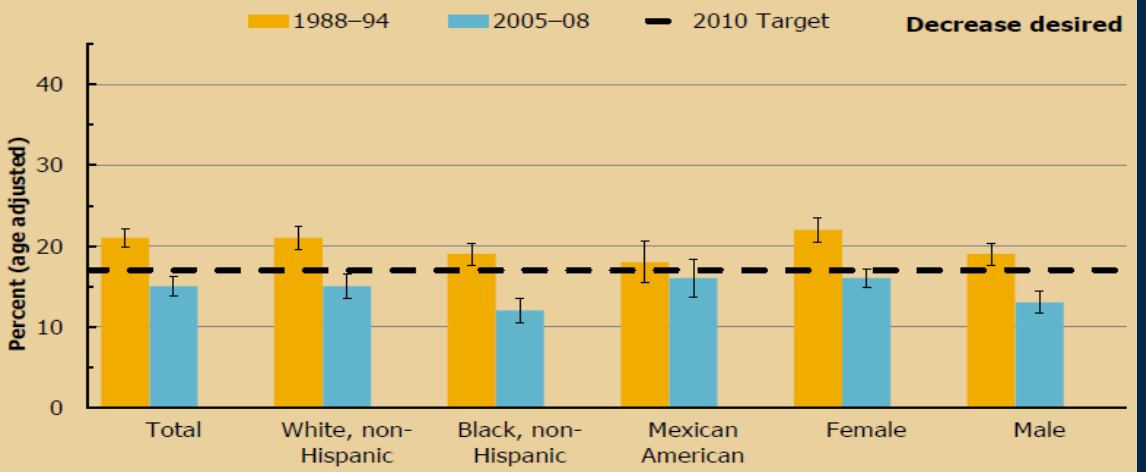
SOLUTIONS • PERFORMANCE • RESULTS

High cholesterol prevalence, 1988–94 and 2005–08



NOTES: Data are for the proportion of adults aged 20 and over with high cholesterol levels and are age adjusted to the 2000 standard population. High cholesterol level is defined as a total blood cholesterol of 240 mg/dL or greater. Respondents were asked to select only one race prior to 1999. For 1999 and later years, respondents were asked to select one or more races. For all years, the categories black and white include persons who reported only one racial group. Persons of Mexican American origin may be of any race.

I = 95% confidence interval.

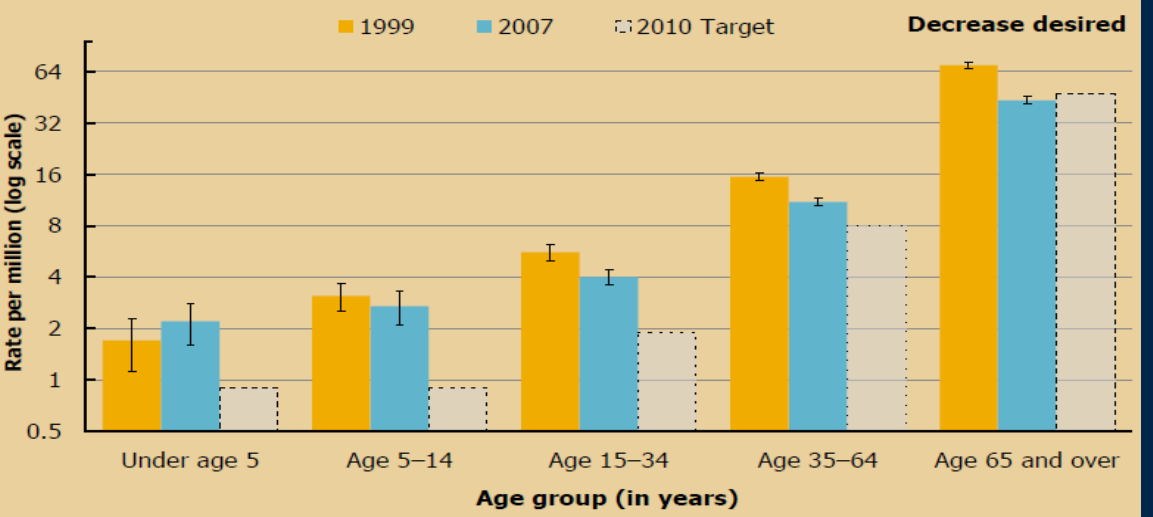
SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Obj. 12-14

Healthcare SERVICES GROUP

SOLUTIONS • PERFORMANCE • RESULTS

Asthma deaths, 1999 and 2007



NOTES: Data are for ICD-10 codes J45–J46 reported as underlying cause of death. Total number of deaths due to asthma (all ages combined) declined 26.0% between 1999 and 2007, from 4,657 deaths to 3,447 deaths.

I = 95% confidence interval.

Objs. 24-1a–e

SOURCE: National Vital Statistics System—Mortality (NVSS-M), CDC, NCHS.

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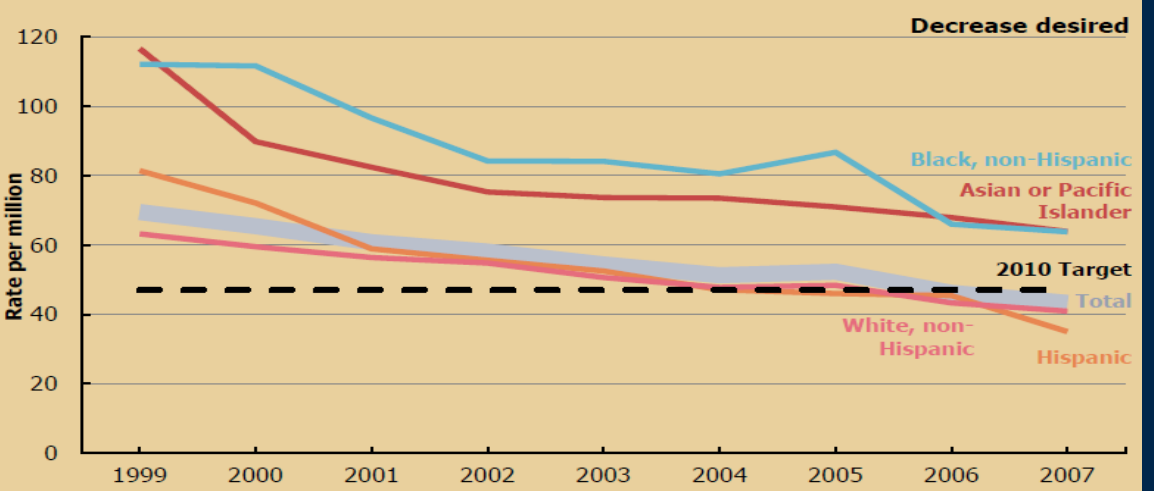
SOLUTIONS • PERFORMANCE • RESULTS

Asthma deaths, older adults, 1999–2007



NOTES: Data are for ICD-10 codes J45–J46 reported as underlying cause of death among older adults aged 65 and over. Only one race could be recorded prior to 2003. For 2003 and later years, one or more races were recorded. For all years, the categories black and white include persons for whom only one racial group was recorded. Persons of Hispanic origin may be of any race.

SOURCE: National Vital Statistics System—Mortality (NVSS-M), CDC, NCHS.

Obj. 24-1e

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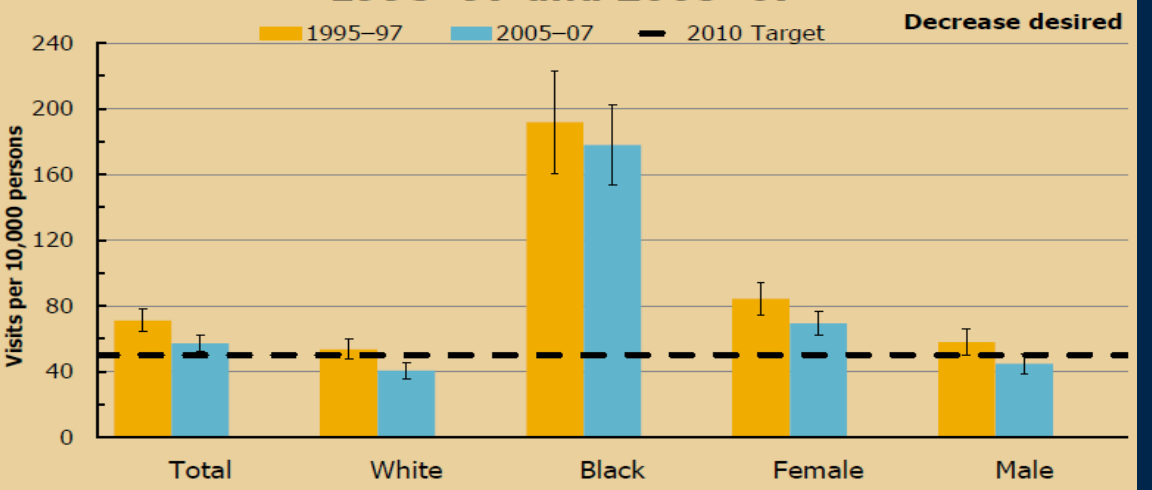
SOLUTIONS • PERFORMANCE • RESULTS

Asthma-related emergency department visits, 1995–97 and 2005–07



NOTES: Data are for visits to an emergency department by children and adults aged 5–64 years with a first-listed diagnosis of asthma (ICD-9-CM code 493). Only one race could be recorded prior to 1999. For 1999 and later years, one or more races were recorded. For all years, the categories black and white include persons for whom only one racial group was recorded, and include persons of Hispanic or non-Hispanic origin.

I = 95% confidence interval.

SOURCE: National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

Obj. 24-3b

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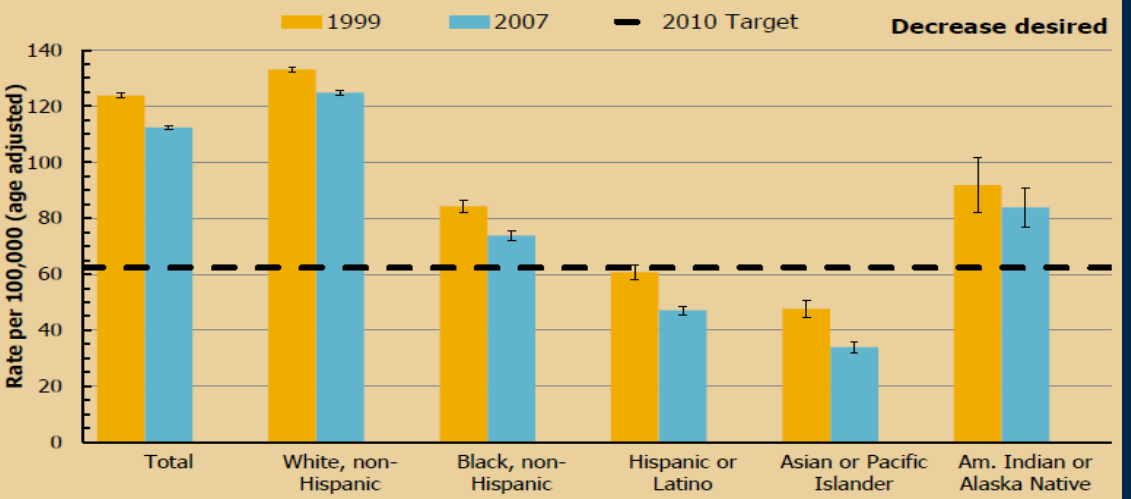
SOLUTIONS • PERFORMANCE • RESULTS

COPD deaths, 1999 and 2007



NOTES: Data are for ICD-10 codes J40–J44 reported as underlying cause of death among adults aged 45 and over and are age adjusted to the 2000 standard population. Only one race could be recorded prior to 2003. For 2003 and later years, one or more races were recorded. For all years, the categories black and white include persons for whom only one racial group was recorded. Persons of Hispanic origin may be of any race.

I = 95% confidence interval.

Obj. 24-10

SOURCE: National Vital Statistics System—Mortality (NVSS-M), CDC, NCHS.

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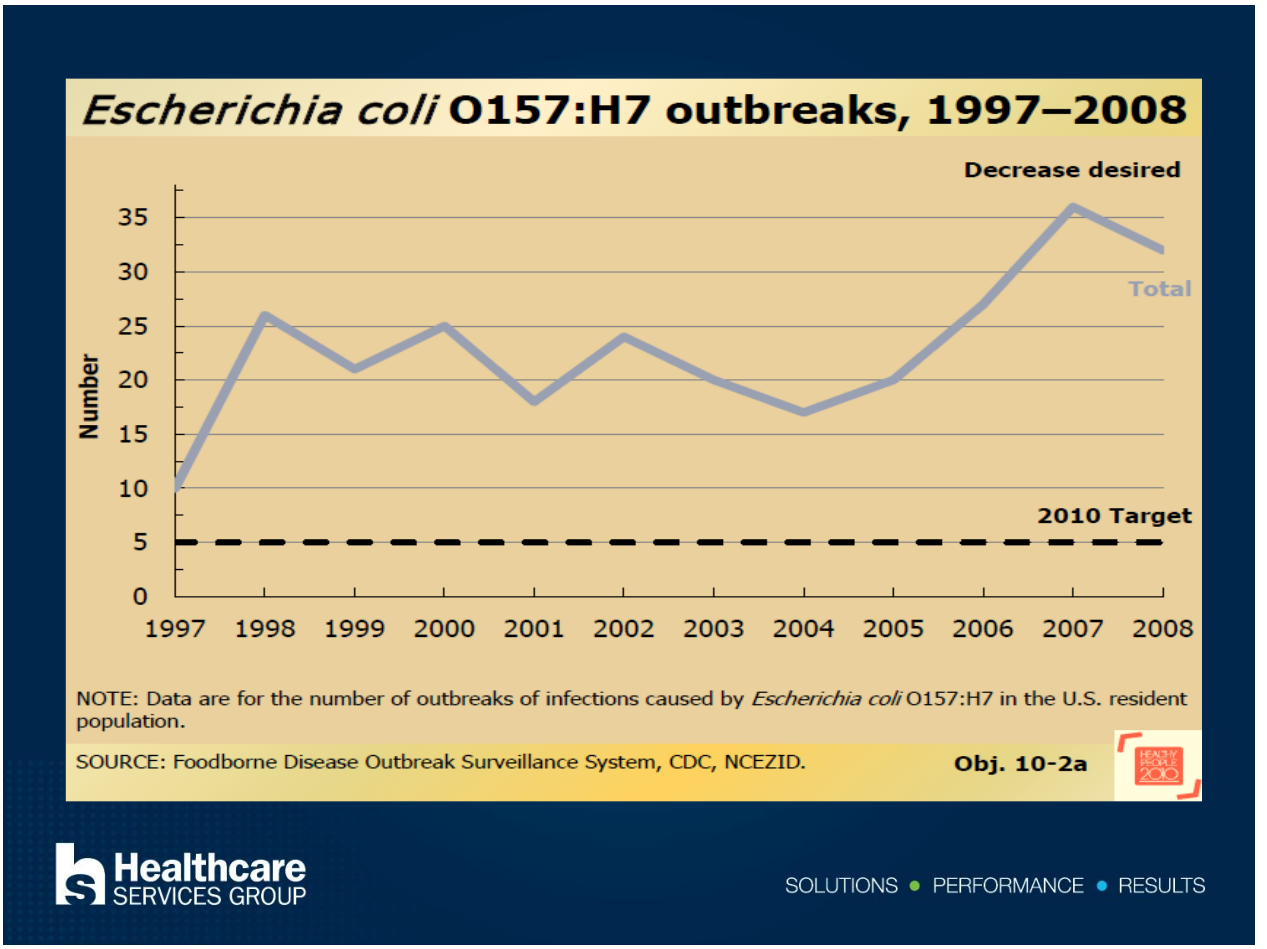
Escherichia coli O157:H7 outbreaks, 1997–2008
Decrease desired
Number
35
30
25
20
15
10
5
0
Total
2010 Target
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
NOTE: Data are for the number of outbreaks of infections caused by Escherichia coli O157:H7 in the U.S. resident population.
SOURCE: Foodborne Disease Outbreak Surveillance System, CDC, NCEZID.
Obj. 10-2a
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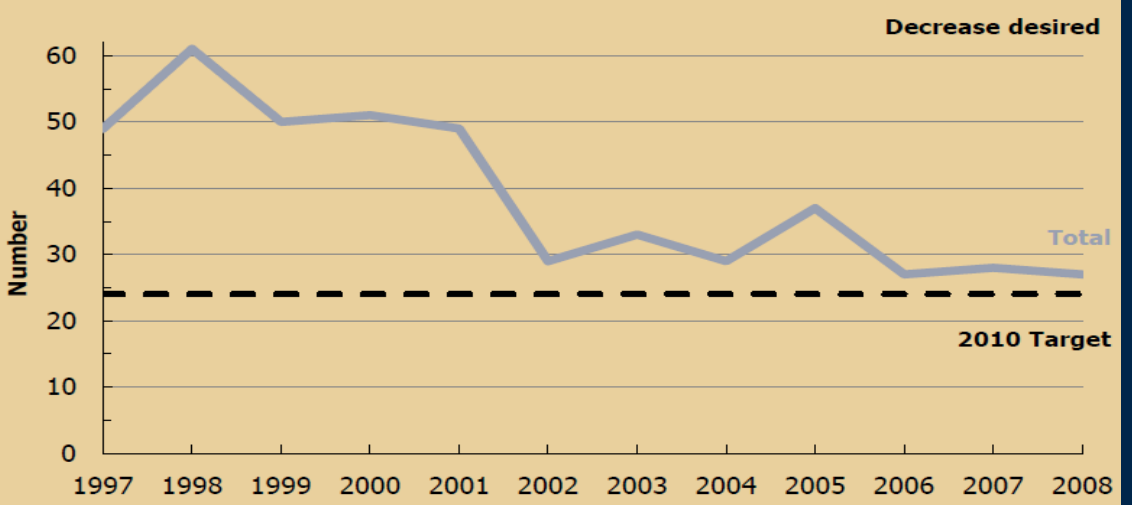
SOLUTIONS • PERFORMANCE • RESULTS

Salmonella serotype Enteritidis outbreaks, 1997–2008



NOTE: Data are for the number of outbreaks of infections caused by *Salmonella* serotype Enteritidis in the U.S. resident population.

SOURCE: Foodborne Disease Outbreak Surveillance System, CDC, NCEZID.

Obj. 10-2b

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SOLUTIONS • PERFORMANCE • RESULTS

Free Resources Available

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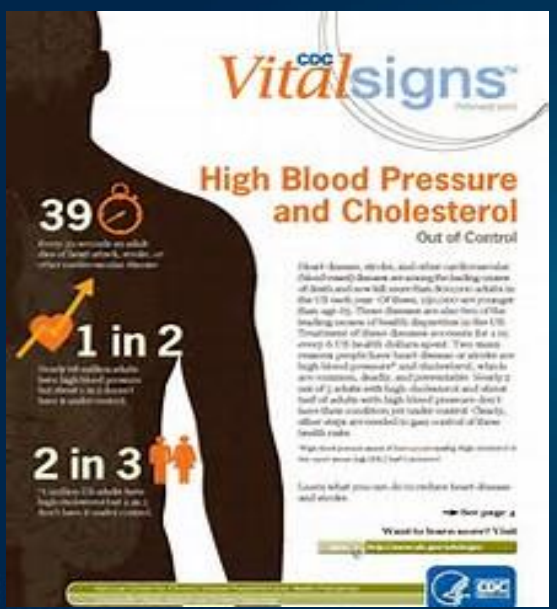
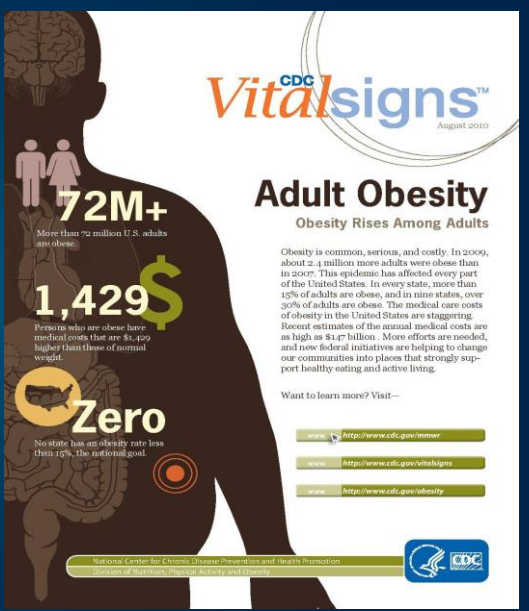
SOLUTIONS • PERFORMANCE • RESULTS

PREVENTABLE Chronic Disease





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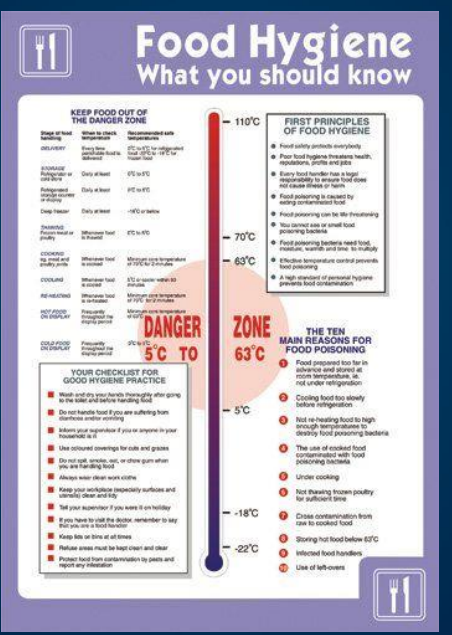
SOLUTIONS • PERFORMANCE • RESULTS

Safe Food Handling & Storing Practices are Imperative



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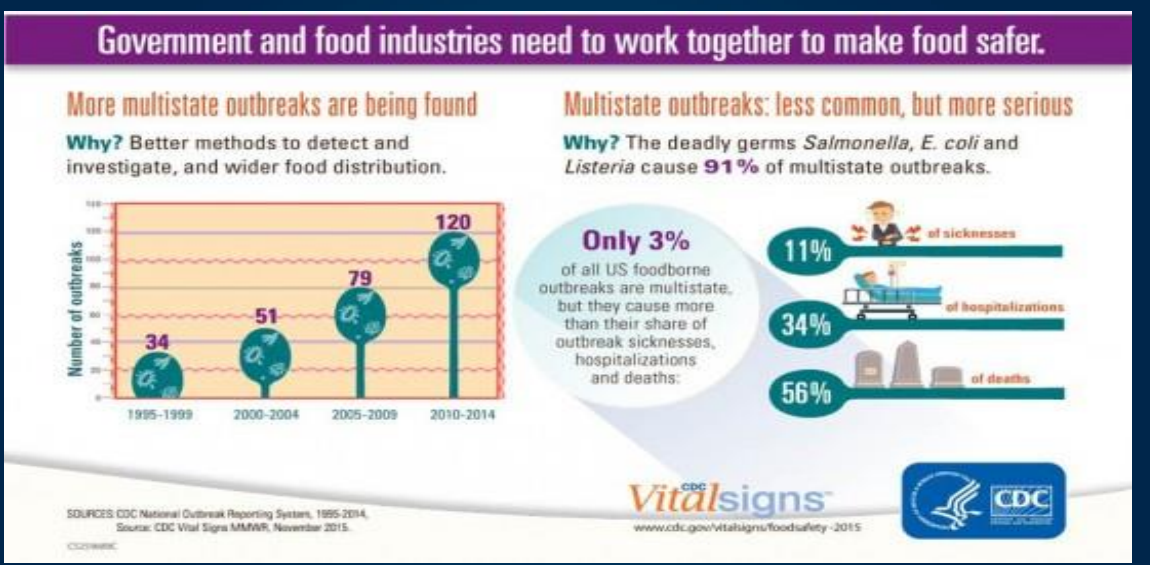
Food Safety Initiatives



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SOLUTIONS • PERFORMANCE • RESULTS

Handwashing Saves Lives - Remains Top Preventative Measure

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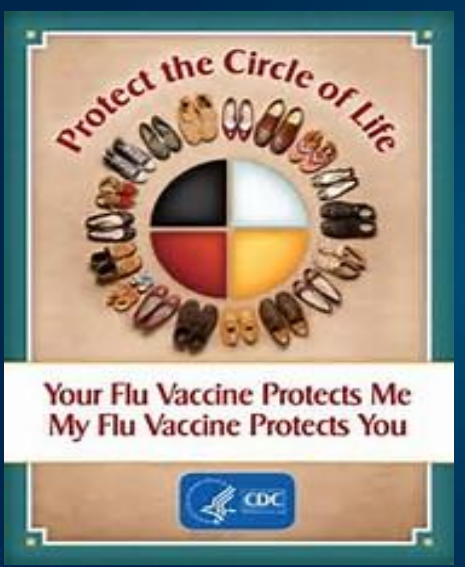
Vaccinations



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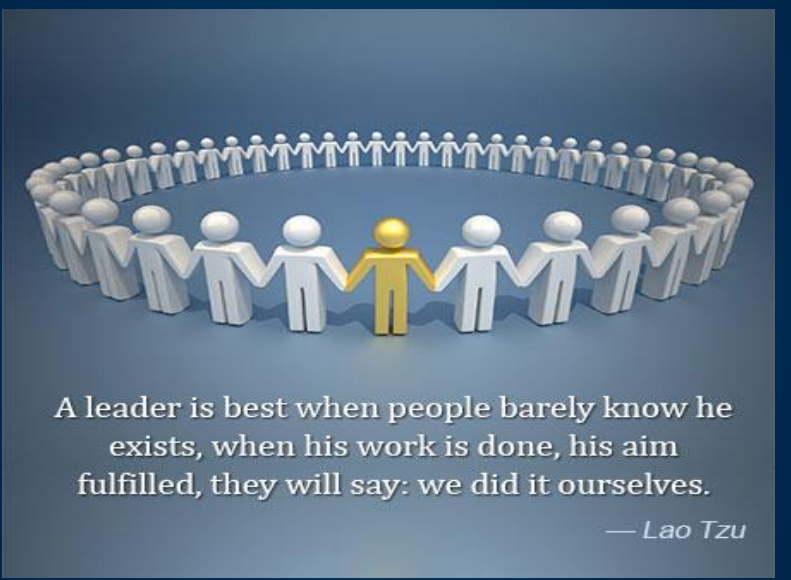
Leadership and Motivation



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SOLUTIONS • PERFORMANCE • RESULTS

Admiral David Satcher

- Surgeon General and Assistant Secretary for Health; dual offices from 1998-2001
  - "Tobacco use among U.S. racial/ethnic minority groups"
- Morehouse School of Medicine in Atlanta, GA at the Center of Excellence on Health Disparities

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SOLUTIONS • PERFORMANCE • RESULTS

Rear Admiral Sylvia Trent-Adams

- Deputy Surgeon General
  2014 to Present
- Advises and supports the Surgeon General regarding operations of the U.S. Public Health Service (USPHS) Commissioned Corps and in communicating the best available scientific information to advance the health of the nation.

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SOLUTIONS • PERFORMANCE • RESULTS

Leading in the Healthcare Setting

- Healthcare is a business, but the bottom line is not the end of the story
- Building a foundation for strong business practices requires learning over the career span

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Leading in the Healthcare Setting Continued

- Take the Initiative – Start Where You Are
- Preparing the way for change – recognize challenges as an opportunity for change
- Culture, behaviors, attitudes, and perceptions influences outcomes and impact

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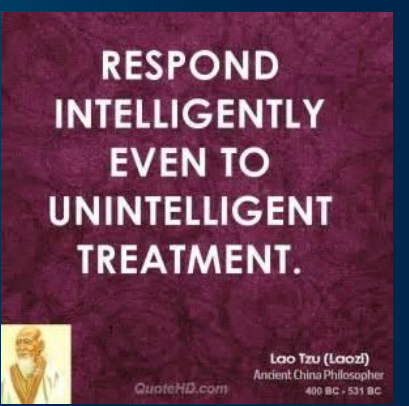
SOLUTIONS • PERFORMANCE • RESULTS

Executive Skillset

- Administrative excellence
- Management – people and tasks
- Budget – oversight and accountability
- Business acumen – professionalism
- Critical thinking
- Strategic mindset
- Clinical prowess
- Superior communication
  - written; and
  - verbal



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Portion Control Trivia

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SOLUTIONS • PERFORMANCE • RESULTS

Healthcare SERVICES GROUP

SOLUTIONS • PERFORMANCE • RESULTS

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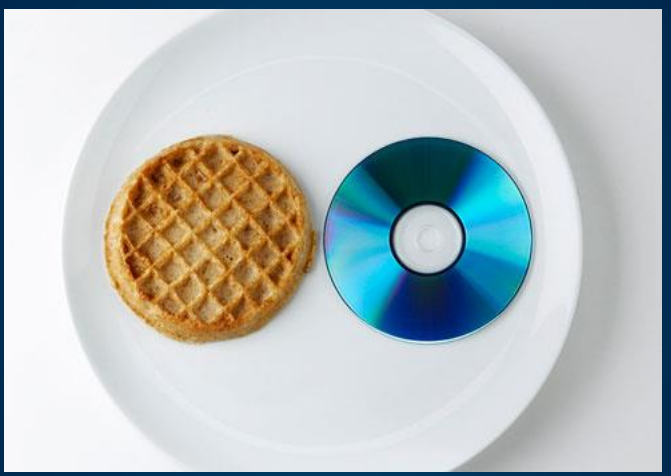
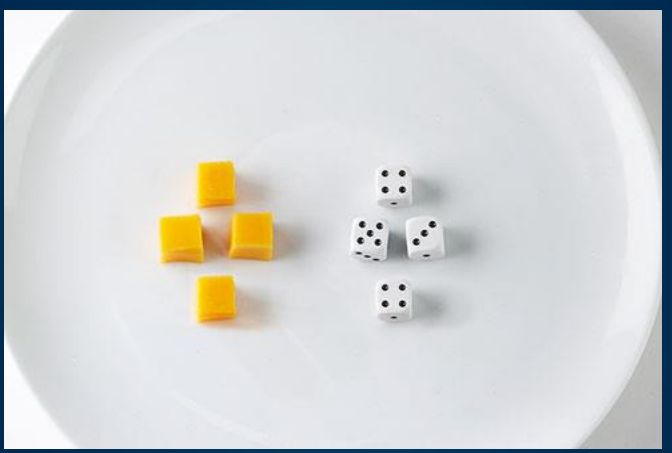
SOLUTIONS • PERFORMANCE • RESULTS



Healthcare SERVICES GROUP

SOLUTIONS • PERFORMANCE • RESULTS



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Possibilities

- Cardiorespiratory Unit
  - Dining Program
    - Diet Manual
    - Diet Extensions
    - Meal Patterns
    - Cooking Demonstrations
  - Exercise Component
    - Anthropometric Data Collection
    - Group Classes
- Employee Wellness Program

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THANK YOU to All of Our Public Health Professionals

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Questions?

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609.423.8000
Jaime.Pula@hcsgcorp.com

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