

Community/Environmental Approach
DoD/VA Obesity CPG Toolkit Development Working Group

We, the Obesity CPG Toolkit Development Working Group, believe sustained solutions to overweight and obesity reach beyond the patient in the clinical setting.

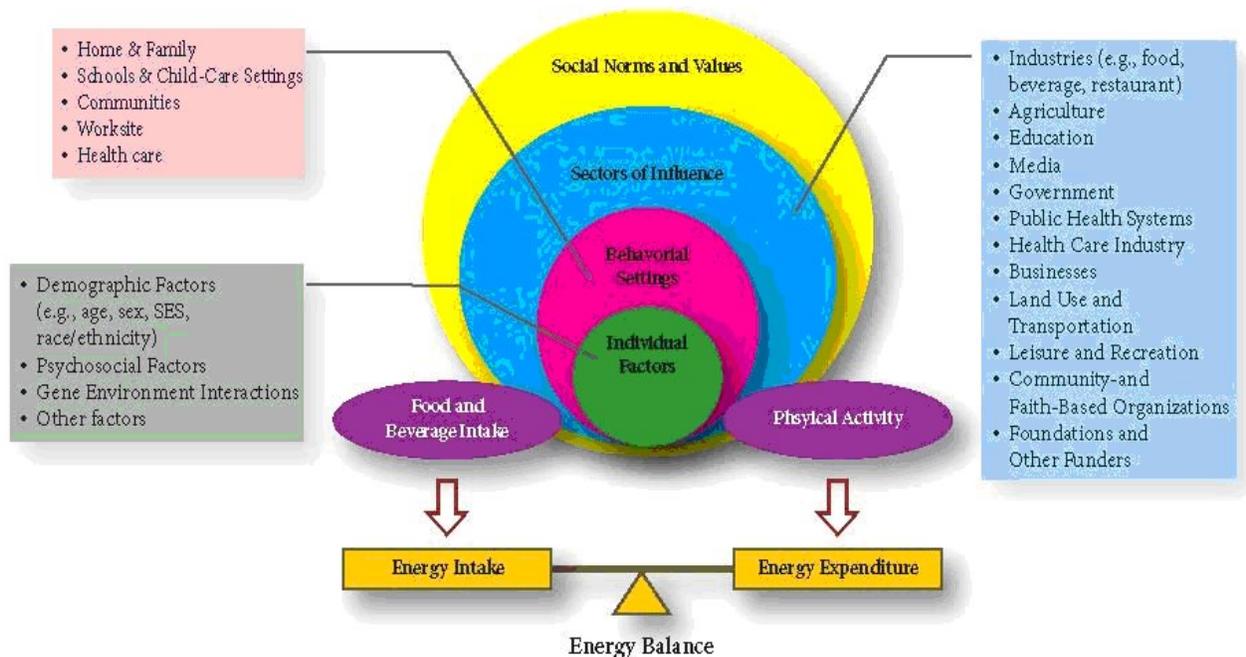
“While obesity can be attributed to individual characteristics, interactions with the larger social, cultural, and environmental contexts in which individuals live have a powerful influence and must be targeted to reinforce individual positive health behavior and to promote a culture of health. Individual behavior change is difficult to achieve without addressing the context in which people make decisions.” (“Texas Obesity Policy Portfolio 2006” by the Texas Department of State Health Services, Center for Policy and Innovation, p 7-8, <http://www.dshs.state.tx.us/cpi/documents/obesityportfolio.pdf>)



http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/se_model.htm

“The social-ecological model, which is made up of five interdependent spheres, is used to understand the factors which support or hinder positive health behavior. In addition to the individual sphere the model includes interpersonal, institutional, community, and public policy influences. The social-ecological model suggests that changes in individual characteristics are affected not only by personal factors (e.g., age gender, genetic profile, values) but also by interactions with the larger social, cultural, and environmental contexts in which they live (e.g., family, school, community, physical environment).” (“Texas Obesity Policy Portfolio 2006” by the Texas Department of State Health Services, Center for Policy and Innovation, p 7-8, <http://www.dshs.state.tx.us/cpi/documents/obesityportfolio.pdf>)

Comprehensive Approach for Preventing and Addressing Childhood Obesity



“Texas Obesity Policy Portfolio 2006” by the Texas Department of State Health Services, Center for Policy and Innovation, p 8, <http://www.dshs.state.tx.us/cpi/documents/obesityportfolio.pdf>

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“This model illustrates that behavioral settings including homes, schools, worksites, and communities have a direct effect on individual health behavior and suggests that individual-level intervention needs to be supplemented with population-level intervention. Sectors of influence such as food industries, agriculture, education, media, government, public health, health care, land use, transportation, leisure and recreation, are identified as leverage points for changing the course of the obesity epidemic. These leverage points can be modified through policy development to establish health social norms and beliefs, thus helping individuals maintain positive health-behavior change. The Texas Obesity Study Group chose the IOM model and the social ecological model as focal points because they address the multiple influences of the obesity epidemic, thereby recognizing the obesity epidemic as a complex, multi-factorial problem requiring multiple policy options, which touch every setting and sector where we live, work, play, pray, and go to school.” (“Texas Obesity Policy Portfolio 2006” by the Texas Department of State Health Services, Center for Policy and Innovation, p 7-8, <http://www.dshs.state.tx.us/cpi/documents/obesityportfolio.pdf>)

Not only does the IOM adopt this model, but “each state funded by the CDC Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases uses the Social-Ecological Model to more fully understand the obesity problem in that state. This model serves as a reminder to look at all levels of influence that can be addressed to support long-term, healthful lifestyle choices.” (http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/se_model.htm)

We, the Obesity CPG Toolkit Development Working Group, feel to effectively reduce the obesity burden, all of the spheres directly and profoundly affect the propensity toward overweight and obesity within our military, VA, beneficiary population, and population at large. Any efforts to address such a pervasive issue effectively within our communities will require sustained and evidence-based interventions addressing social-ecological and environmental efforts from all stakeholders, to include patients, health care teams, DoD/VA leadership, and community members and leaders. As such, tools to address these needs must be a critical component of the DoD/VA Overweight and Obesity CPG toolkit, extending beyond the reach of the clinic.