

Institute of Medicine Roundtable on Population Heath Improvement

Department of Defense Efforts to Improve Population Health

19 September 2013



OVERVIEW

- Operation Live Well is the Defense Department's education, outreach and behavior change initiative designed to improve the health and wellbeing of members of the defense community.
- Operation Live Well aligns with the U.S. National Prevention Strategy, a comprehensive plan designed to help increase the number of Americans who are healthy at every stage of life, and aligns with the Military Health System Quadruple Aim.
- Operation Live Well is specifically tailored to the unique environments and circumstances of military service.
- Dr. Jonathan Woodson, the Assistant Secretary of Defense for Health Affairs, is the DoD lead for implementation of the National Prevention Strategy.



THE APPROACH

Operation Live Well brings together the resources and capabilities of the entire military community to focus on the best ways to promote health and wellness.

DoD also liaisons with other federal agencies and academia

Strategy:

- Encourage individuals to engage actively in every aspect of healthy living, including proper nutrition; exercise; improved mental health and resilience; and tobacco avoidance/cessation
- Provide information, educational tools and resources to promote personal health

Phases:

- Phase 1: An information, education, and outreach campaign for the entire defense community, including the Healthy Base Initiative starting in September 2013
- **Phase 2:** A rigorous process for evaluating and expanding those programs, services and tools that are shown to be most effective in supporting a healthy lifestyle
- Phase 3: Long-term effort that institutes *permanent* behavior change in which healthy living is the easy choice and social norm



The **Healthy Base Initiative** is a demonstration project that will inform Phase III. It features customized, local approaches in support of Operation Live Well at select military installations around the world

Objectives:

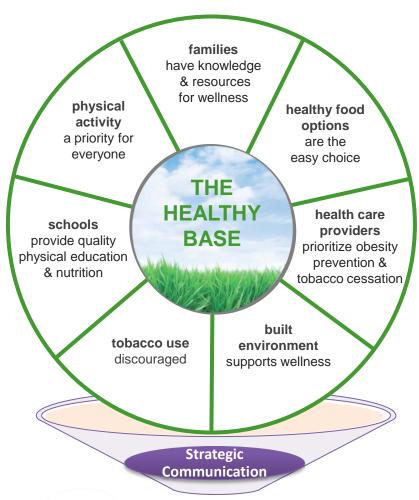
- Optimize health and performance
- Improve readiness and reduce health care costs
- Provide DoD framework for best practices that support the improvement of Population Health

Methods:

- Assess and measure Population Health Initiatives for effectiveness
- Focus on initiatives that improve nutritional choices, increase physical activity, promote healthy weight, and decrease tobacco use
- Enable installations to determine how best to allocate resources

Mr. Charles Milam, Principal Director for Military Community and Family Policy, is the DoD lead for implementation of the Healthy Base Initiative.





Key Partners

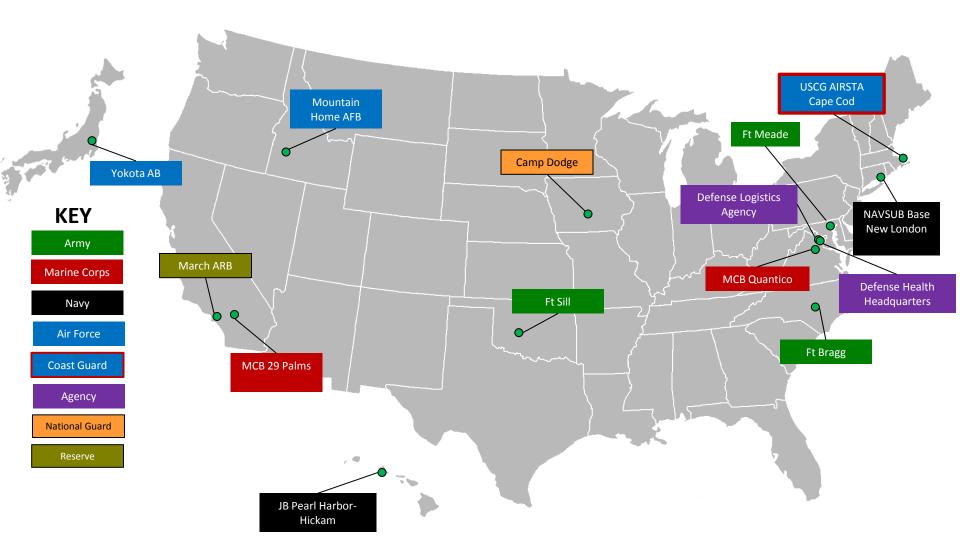
- On-base: Commanders; Health and medical experts;
 Commissaries and dining facilities; Education
 resources; Morale, welfare and recreation programs
- DoD-wide: Uniformed Service University of the Health Sciences, Military Community & Family Policy, Human Performance Resource Center, Services, Force Healthy Protection & Readiness, Service Public Health Centers, and Comprehensive Soldier & Family Fitness Program

Health in all Policies, Intersectoral and Cross-sectoral Collaborations

- Collaborates with military facilities, family programs, communities, schools and personnel. It engages every aspect of the military community.
- Creates partnering opportunities among the Services to combine resources for greater efficiency.
- Aligns DoD with other Federal agencies which have embraced the National Prevention Strategy.
- Engages with families and communities by asking for support and feedback.



Demonstration Sites
Start Date: Fall 2013



BIG ROCKS What we have found

- Food and Nutrition (Military Community and Family Policy led)
 - Food service portfolio requires major changes to provide healthful offerings
 - Will require significant engagement with major fast food chains and transformation of other on-installation offerings
 - Vending requires aggressive new strategy
 - Limited measurement capabilities currently in place
 - Majority of nearby off-base food options predominately less better-for-you, e.g., numerous fast food venues
- Active Living (Military Community and Family Policy led)
 - Well-equipped and convenient fitness centers
 - Robust Outdoor Recreation programs
 - PT during duty day strongly supported by leadership
 - Inconsistent data collection practices for management decision-making
 - Use of off-installation fitness centers for convenience



BIG ROCKS What we have found

- Schools (Military Community and Family Policy led)
 - Positive parent and community involvement and commitment
 - District and school administrators very helpful
 - Opportunities exist to increase physical activity during school day
 - Snacks served at school parties tend to be less healthy
 - Cafeteria layouts do not maximize choice architecture principles
- Children and Youth (Military Community and Family Policy led)
 - Menus in children/youth facilities USDA compliant and dietician approved
 - Food could be more tasty and attractive
 - Staff nutrition knowledge could be improved
 - Child and youth leaders
 - Do a great job at keeping kids active
 - Desire expanded curricula for nutrition
 - Vending machines/snack bars offer few healthy items



BIG ROCKS What we have found

Health and Wellness (Health Affairs led)

- Intersectoral and cross-sectoral health coalitions (with liaisons to surrounding community) may optimize resource utilization and overall health and readiness of population
- Manageable portfolio of measures reflecting health and readiness indicators presented by a simple dashboard can inform strategic community planning
- A web-based bridge to community resources (searchable by categories such as social services; disease management; and support and health/wellness opportunities) may improve the community's capacity to obtain and understand health information and access local services
- The value of dietician and clinical pharmacist may be underestimated

■ Tobacco (Health Affairs led)

 For the Active Service Member, health education should target impact on performance not just health. Education needs to address the "here and now" (largest cohort of tobacco users are 18-24 year-olds)



Way Ahead

Assessment Visits (April 2013 – October 2013)

Plan Installation Assessment Visit Advanced Information Request Briefing with Installation Leadership

Assessment by Focus Area

Briefing with Installation Leadership

Post-Site Visit Actions (October 2013 – October 2014)

Analysis of Key Assessment Findings Determine Appropriate Initiatives to Test Develop and propose Implementation Action Plans

Work with Installation to finalize Action Plan

- Identify Key Partners
- Gather base line metrics

Launch Selected Initiatives

- Collect data
- Assess and Analyze data
- Inform long term strategy



METRICS & OUTCOMES

Program Level

- Utilization
- Reach
- Effect

Aggregate Level

*Healthy Base Initiative (HBI) is the variable

- Assess change in behavior
- Biometrics
- Readiness
- Military Treatment Facility Utilization (Cost)
- Morbidity and Mortality (Long-term)



- * Stay connected with Operation Live Well
- Learn how to maintain a healthy lifestyle
- Use the #OLW hashtag to share information about healthy living



OLW Portal *militaryonesource.mil/olw*



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