Intervention for Prevention: A Comprehensive Guide to Healthy Food Decision Making

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Introduction & Background

• According to the CDC National Health Statistics for 2011, heart disease, stroke, and diabetes were among the Top 10 leading causes of death in the United States.
• Most of these diseases are associated with hypertension, obesity, and hyperlipidemia, which are largely preventable and can be adequately managed with proper diet and exercise.
• Obesity has been linked to the increased consumption of fast food by Americans.
• More than one-third of American adults are obese.
• During 2007–2010, fast food was consumed the most by adults aged 20-39, non-Hispanic blacks, or obese.
• Non-Hispanic blacks also consumed the more calories from sugar than their non-Hispanic White and Hispanic counterparts.
Obesity Trends* Among U.S. Adults
BRFSS, 1985

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1990
(*BMI ≥30, or ~30 lbs. overweight for 5’4” person)

No Data  <10%  10%-14%

[Map showing obesity trends across the United States with states colored in different shades representing different obesity percentages]
Obesity Trends* Among U.S. Adults
BRFSS, 1991
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1995

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1997
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

New Category Added!
Obesity Trends* Among U.S. Adults
BRFSS, 2000

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2001

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2004
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2005

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

New Category Added!
Obesity Trends* Among U.S. Adults
BRFSS, 2006
(*BMI ≥30, or ~ 30 lbs. overweight for 5’4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2007

(*BMI ≥30, or ~ 30 lbs. overweight for 5’4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2008
(*BMI $\geq 30$, or $\sim 30$ lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults

BRFSS, 2009

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2010
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Methodology

- Obesity Statistics for Davidson County, Tennessee, and the U.S were comparatively collected for analysis.
- Fast-food restaurant data was also researched for these areas.
Results

- Ranked 17th highest Obesity rates in the U.S.
- 51% Fast Food restaurants
- 10% of population has limited access to healthy food
- 17% African American
- UNHS sees 37.4% Minority Population
## Results

<table>
<thead>
<tr>
<th>U.S. LEADING CAUSES OF DEATH, 2010</th>
<th>TOTAL DEATHS</th>
<th>DEATH RATE***</th>
<th>STATE RANK*</th>
<th>U.S. RATE**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Heart Disease</td>
<td>14,582</td>
<td>217.4</td>
<td>6th</td>
<td>179.1</td>
</tr>
<tr>
<td>2. Cancer</td>
<td>13,593</td>
<td>195.7</td>
<td>5th</td>
<td>172.8</td>
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<tr>
<td>3. Chronic Lower Respiratory Diseases</td>
<td>3,551</td>
<td>52.7</td>
<td>9th</td>
<td>42.2</td>
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<tr>
<td>4. Stroke</td>
<td>3,205</td>
<td>48.7</td>
<td>5th</td>
<td>39.1</td>
</tr>
<tr>
<td>5. Accidents</td>
<td>3,539</td>
<td>54.9</td>
<td>8th</td>
<td>38.0</td>
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<tr>
<td>6. Alzheimer’s Disease</td>
<td>2,440</td>
<td>38.5</td>
<td>2nd</td>
<td>25.1</td>
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<tr>
<td>7. Diabetes</td>
<td>1,687</td>
<td>24.7</td>
<td>10th</td>
<td>20.8</td>
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<tr>
<td>8. Kidney Disease</td>
<td>983</td>
<td>14.8</td>
<td>27th</td>
<td>15.3</td>
</tr>
<tr>
<td>9. Influenza/Pneumonia</td>
<td>1,352</td>
<td>20.5</td>
<td>3rd</td>
<td>15.1</td>
</tr>
<tr>
<td>10. Suicide</td>
<td>943</td>
<td>14.6</td>
<td>17th</td>
<td>12.1</td>
</tr>
</tbody>
</table>
Discussion

• The results of this data affirms the importance of prevention through early intervention.
• Patient education may be an effective way to help raise awareness about healthy eating.
• UNHS patient health status statistics should be investigated for rates of diabetes, stroke, hypertension, heart disease, and hyperlipidemia.
• Patient consumption of fast-food data should also be collected.
Recommendations

- Patient education in the waiting room on making Healthier Food Choices. [Play Video]
Conclusions

• Lack of healthy eating is the root of many chronic diseases.
• Increased fast-food consumption has contributed to our obesity epidemic.
• Obesity is costly for our healthcare system and reduces quality of life.
• Patient education can help make them aware of the harms of fast-food and its ill consequences.
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References


