



Health Trends Report (Chronic Disease)

Among the over 60 recommendations in the *Strategic Plan for the Prevention and Control of Overweight and Obesity in New England*, one that consistently resonates is in Chapter 8—Data For Action, Action Items: *Develop a biennial trends report of leading indicators related to obesity prevention and control, integrated with ongoing DHHS Region I health monitoring activities and present data in a simple, timely and useful manner for immediate program purposes, including process implementation data.*

Evidence-based health information is extremely important for the maintenance of improved health for our populations. There are ample data available through National Surveillance Systems used by states in USDHHS Region I (YRBSS, PEDNSS, NHANES, e.g.). An essential product of this prevention initiative will be a prototype biennial New England Health Trends Report that follows the status of ten key behavioral, social, and environmental determinants of health in the region. These indicators will be determined by a process involving a wide array of multi-sectoral expertise, of which there is an abundance.

There is no need to “reinvent wheels”—the following are two projects that offer a foundation for this initiative: 1. The Massachusetts Health Council’s Trends in the Determinants of Health (see attachment # 9, indicators taken from www.mahealthcouncil.org, Executive Summary), and 2. NECON/HSPH Trends Report (www.NECONinfo.org Healthy Weight Trends Report).

NECON has the capacity to transpose and fuse these formats into a regional document that will follow these risk factors biennially, While the indicators will be determined by a more extensive process, the following is suggested as *pro forma*:

1. Access to Care
2. Education (High School Dropout Rate)
3. Poverty
4. Adults who are Obese (BMI>30)
5. Adults who are physically active
6. Adolescents who are obese (BMI>95th percentile)
7. Adolescents who consume soda less than one time per day
8. Oral Health
9. Tobacco
10. Mental Health (stress, depression)

Once operable, the process will engage the region’s health care infrastructure, policymakers, legislators, and advocates in a sustained *prevention* dialogue. The *Trends Reports* will be incorporated in our presentations to the New England Governors’ Conference, will be disseminated at all conferences, and will frame the dialogue for a series of Health Action Forums at which, working collaboratively with others, we can aggressively address the challenges highlighted by the chronic disease risk factors that we have been following. This process will ensure the institutional memory necessary to sustain political will and serve as a health improvement model for New England, other regions, and the nation.