chronic disease notes & reports

VOLUME 9, NUMBER 2
Fall 1996

Commentary: Delivering the Good News About Physical Activity

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Physical activity improves our health and the quality of our lives. Yet here we are more than midway through the final decade of this century, and more than 60 percent of our population still is not getting enough physical

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Surgeon General's Report Links Physical Activity and Health

At a White House press conference on July 11, 1996, the Department of Health and Human Services released *Physical Activity and Health: A Report of the Surgeon General,* produced by the Centers for Disease Control and Prevention along with the President's Council on Physical Fitness and Sports. This benchmark publication, which has been compared to the landmark 1964

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Vice President Al Gore refers to his copy of Physical Activity and Health: A Report of the Surgeon General as he addressed a packed press conference in front of the White House. His wife Tipper Gore, likewise a proponent of physical activity, looks on.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

The Nation's Prevention Agency
CDC 50 1946 1996
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Commentary

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activity. Reasons for such high levels of inactivity may include a belief in an exercise culture that requires sweat, toil, and pain in exchange for better wellness and an overall lack of knowledge among the public about the benefits of physical activity and, conversely, the harms of physical inactivity.

The publication of the landmark document, *Physical Activity and Health: A Report of the Surgeon General*, delivers a new message: regular, moderate-intensity physical activity confers important health benefits, similar to those provided by regular vigorous activity. It reduces the risk of dying from coronary heart disease; it reduces the risk of developing diabetes, colon cancer, and hypertension; it improves mental health; and it helps older persons maintain function and independence.

Gaining these and other benefits does not require adhering to or discarding a vigorous exercise program, but rather it involves finding ways to work more activity into our daily lives as a counterbalance to the technological advances, from elevators to remote controls, that make it easier to be sedentary.

Walking, stretching, gardening, washing the car, cleaning the house, and taking the stairs are examples of some of the simple ways to get moving and increase our daily activity. So, too, are recreational pursuits such as dancing, playing volleyball, or bicycling. Of course, aerobics classes, weight lifting, distance running, and team sports are fine too—they just are not for everyone. (See the chart on page 3 for examples of various moderate-intensity physical activities.)

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A core message from *Physical Activity and Health: A Report of the Surgeon General* is that regular, moderate physical activity is a vital part of a healthy lifestyle. This message may help motivate the American people to become more active. Hence, part of our efforts, in addition to continuing to perform and encourage more research into the link between physical activity and good health, involves delivering this good news with our constituents.

CDC already has been working in partnership with key agencies and organizations to promote physical activity through its National Physical Activity Initiative, a comprehensive public health approach to physical activity, which is profiled in this special issue of *Chronic Disease Notes & Reports*.

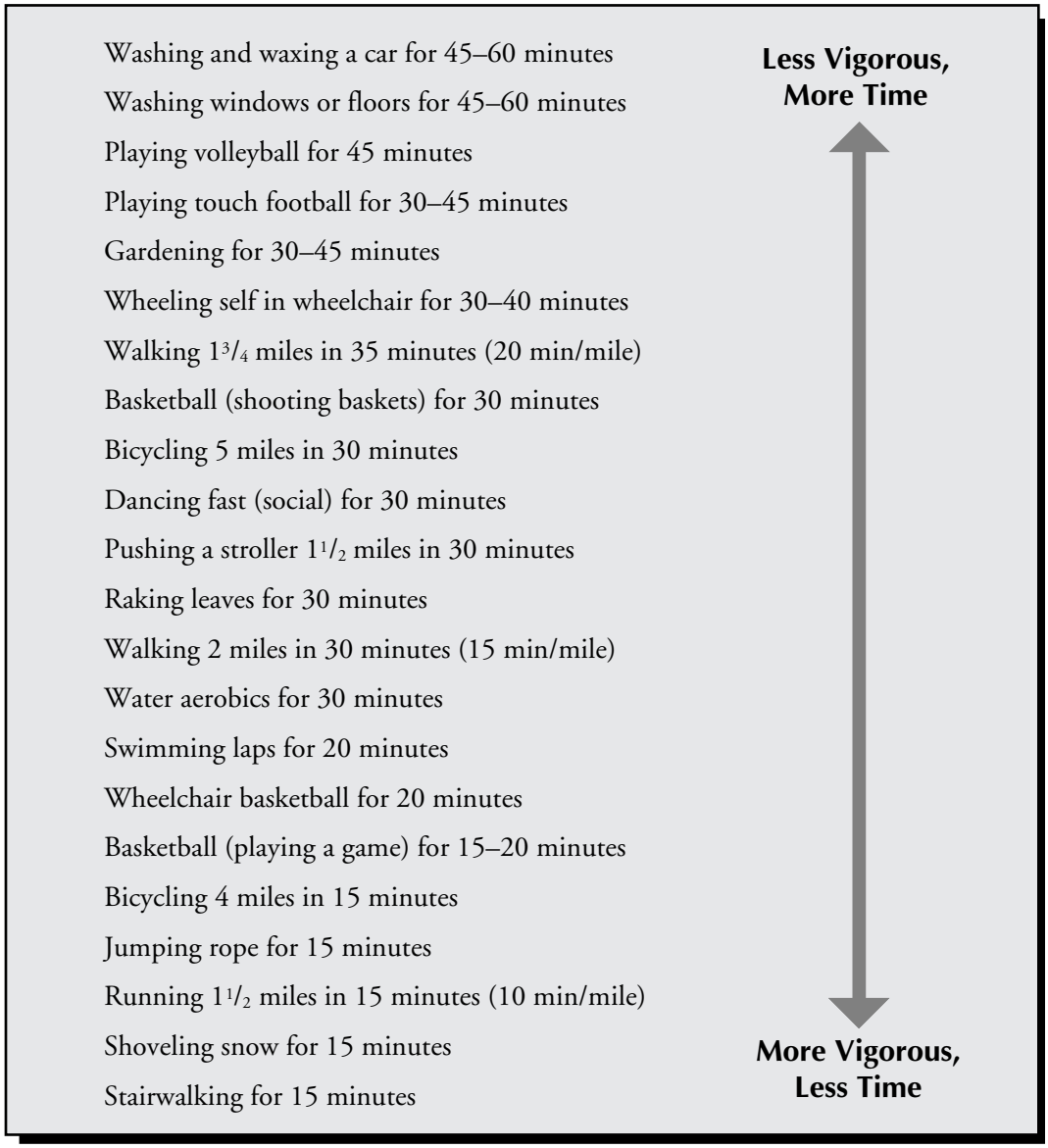
CDC also works with 14 prevention centers to further collaborative research in several priority areas, including physical activity, related to preventing chronic diseases. The Cross-Cultural Activity Participation Study, described in an accompanying story, is specifically designed to study how physical activity affects the health status of special populations.

Another article profiles 10 exemplary programs—all of which were represented at the national press conference for the release of *Physical Activity and Health*—that focus on teaching diverse audiences the benefits of being physically active and ways to maintain such a lifestyle.

I am excited about this dynamic opportunity we have to make a significant contribution to improve the health and well-being of all Americans by delivering this good news about physical activity. We here at NCCDPHP look forward to hearing about your ideas, initiatives, and interventions to get America moving.

Moderate-Intensity Physical Activity: Ways to Get Moving Today

As the examples listed in the box show, a moderate amount of physical activity* can be achieved in a variety of ways. People can select activities that they enjoy and that fit into their daily lives. Because amount of activity is a function of duration, intensity, and frequency, the same amount of activity can be obtained in longer sessions of moderately intense activities (such as brisk walking) as in shorter sessions of more strenuous activities (such as running).†



**A moderate amount of physical activity is roughly equivalent to physical activity that uses approximately 150 Calories (kcal) of energy per day, or 1,000 Calories per week.*

†Some activities can be performed at various intensities; the suggested durations correspond to expected intensity of effort.

At the July press conference for the release of the first ever Surgeon General's report on physical activity, Audrey F. Manley, MD, MPH, Surgeon General (Acting), cites physical inactivity as one of the greatest health risks facing Americans. Vice President Al Gore and Donna E. Shalala, PhD, Secretary of Health and Human Services, also addressed the crowd.

Surgeon General's Report

▸ ***Continued from page 1***

report on the health risks of smoking, brought together the scientific evidence that physical activity is good for your health and a sedentary lifestyle contributes to chronic disease and disability. One of the report's major conclusions is that moderate activity helps to combat the risk of developing heart disease, diabetes, high blood pressure, colon cancer, and various other diseases and conditions.

At the press conference, Vice President Al Gore said, "Today's report is both an alarm clock and a road map. It sounds an urgent wake-up call about the risks of our couch-potato culture." Far too many Americans lead sedentary lifestyles. In her address, Audrey F. Manley, MD, MPH, Surgeon General (Acting), noted that more than 60 percent of U.S. adults don't exercise regularly, and 25 percent aren't active at all. Somewhat surprising, too, is the large number of younger Americans who are inactive, according to Donna E. Shalala, PhD, Secretary of Health and Human Services, who said that "almost 15 percent of young people aren't physically active at all."

The report should be seen as a call to action for the entire country, and should be translated into policies and programs at the national, state, and local levels. As Secretary Shalala said, "We face a great public health challenge."

Physical Activity Becomes a Focal Point

Many NCCDPHP staff worked intensely for five months to complete the report so that it could be issued before the 1996 Summer Olympic Games. During this time, final editing, clearances, production, and printing were all accomplished at an accelerated pace. James S. Marks, MD, MPH, Director, NCCDPHP noted that "teamwork helped us move heaven and earth to meet our deadline because this important message could not wait."

The report is considered the cornerstone of CDC's National Physical Activity

Initiative. As Dr. Manley noted at a recent CDC awards ceremony for staff involved in the report's production, "For more than a century, the Surgeon General of the United States has focused the nation's attention on important health issues. *Physical Activity and Health: A Report of the Surgeon General* is the first and most comprehensive synthesis of the research in physical activity. This national call to action for our country and citizenry to become more active is the foundation for building physical activity programs in the coming decades. This historic report not only has moved the field of physical activity forward but also in new directions. One beneficial effect of this report is that it has the ability to change our thinking on physical activity much as the Surgeon General's first report on smoking and health published in 1964 changed our thinking about tobacco."

"Physical activity research has long been a neglected stepchild of scientific research, but this report will give this important field a much-needed boost," said Steven N. Blair, PED, Director of Research and Director, Epidemiology and Clinical Applications, The Cooper Institute for Aerobics Research, Dallas, Texas, Senior Scientific Editor for the report. "Already the field is changing in just these few months," he added. "Although it is important to see physical activity become a focal point within the Department of Health and Human Services, it is also vital to see this field's importance become elevated in the public and academic sectors if we are to keep this initiative going."

Claire V. Broome, MD, Deputy Director, CDC, echoed this notion, saying "This report will not reach its full potential until we make it the rallying cry for physical activity programs."

Widespread Interest Apparent

"Requests for copies of the report and interest in related materials confirms that this Surgeon General's report has indeed caught the interest of more than just the public health community," according to Elizabeth S. Howze, ScD, CHES, Associate Director for Health Promotion, Division of Nutrition and Physical Activity, NCCDPHP. More than 7,000 copies of the full report are in the hands of constituents and partners, the Government Printing Office has sold all of its initial stock and is reprinting the full report, the Internet website for the report had more than 18,500 confirmed hits since it was posted in mid-July, and 250,000 copies of the related materials—an Executive Summary, At-A-Glance, and factsheets—are in the hands of health professionals from a spectrum of disciplines who requested it.

According to Dr. Blair, physical activity researchers and professors plan to use the text in classrooms, which should elevate the level of training for future researchers in the physical activity and health field.

The Fitness Products Council of the Sporting Goods Manufacturers Association, an association of some 140 companies that manufacture exercise equipment, has recently set up a coalition to help Americans improve their health by including more physical activity in their lives. Such involvement by the private sector further underscores the widespread interest in the findings of this Surgeon General's report.

Gregg Hartley, Vice President for Marketing and Development, Sporting Goods Manufacturers Association, and Executive Director, Fitness Products Council, said that "having a Surgeon General's report equating fitness with health creates a good platform for our industry to participate in efforts to increase the fitness levels among persons everywhere."

To order *Physical Activity and Health: A Report of the Surgeon General* or any of the related publications, see the order forms on pages 21–22. To view or download the report and selected ancillary publications from the Internet, set your browser to http://www.cdc.gov/nccdphp/sgr/sgr.htm.

"This national call to action for our country and citizenry to become more active is the foundation for building physical activity programs in the coming decades."

CDC's National Physical Activity Initiative Aims to Get America Moving

Now one year old, the Centers for Disease Control and Prevention's National Physical Activity Initiative (NPAI) is off—pardon the wordplay—and running. Unfortunately, the same cannot be said for a large percentage of our population: nearly 60 percent of American adults fail to exercise regularly and 25 percent of American adults and 15 percent of young persons are inactive. According to James S. Marks, MD, MPH, Director, NCCDPHP, CDC, "Such a large degree of physical inactivity creates a significant public health burden of chronic disease and disability in the United States and is associated with more than 250,000 deaths annually."

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That CDC is seriously committed to this initiative is underscored by its annual financial allocation of more than $3 million to support the NPAI. The initiative, which follows traditional public health approaches and applies them to physical activity, is structured around seven key components:

- Program research and development.
- Public information and education.
- Professional education.
- Development of policy and environmental guidelines.
- Promotion of partnerships.
- Coordination and leadership.
- Surveillance and evaluation.

The most visible result to come from the initiative at this point is the publication of *Physical Activity and Health: A Report of the Surgeon General* (see page 1). Other key activities, however, also demonstrate that it is off to a swift start.

Reorganization Backs up CDC's Commitment

Reorganization within NCCDPHP has resulted in the creation of the Division of Nutrition and Physical Activity, which "indicates a clear organizational focus on physical activity," according to Frederick Trowbridge, MD, Director, Division of Nutrition and Physical Activity. "Moreover, we now have an opportunity to address the dual health risks of physical inactivity and poor diet together in many of our program initiatives," he added.

There is still much to learn regarding how best to promote physical activity. "We are not yet at the point where we are with tobacco—we don't yet know what activities and interventions work best," explained Michael Pratt, MD, MPH, Medical Epidemiologist, Physical Activity and Health Branch within the new division. "We want to learn what strategies work with promoting physical activity among adults, children and adolescents, and special populations. For instance, we may learn that environmental interventions work better than policy ones or that barriers to activity have as much influence as behavioral changes," Dr. Pratt added.

"With the publication of the Surgeon General's report on physical activity and health and the creation of this division, we have the potential to leverage a place at the table for physical activity at the state level as a way to prevent many of the underlying causes of morbidity and mortality."

Research, Health Communications Shape Messages

Integral to CDC's commitment to physical activity is health communications activities, coordinated through the Nutrition and Physical Activity Communications Team

(NuPAC), located in NCCDPHP's new Division of Nutrition and Physical Activity. Activities of NuPAC have included the following:

- Analyzing media coverage of *Physical Activity and Health: A Report of the Surgeon General.*
- Conducting research among inactive adults to determine consumer perspectives about physical activity.
- Carrying out a nutrition and physical activity demonstration project in worksites through the American Association of Health Plans, a managed care trade organization.
- Advising staff within the Division of Nutrition and Physical Activity on health communications.
- Developing a marketing kit on physical activity and health for state and national partners.

Frederick Fridinger, DrPH, CHES, Acting Team Leader, NuPAC, said that a number of consumer messages relevant to the finding from the Surgeon General's report are being developed. For instance, he said that one such message, "Life is short, so is 30 minutes," succinctly frames the issue of physical activity and health. This slogan will be the focal point of CDC communications during the rest of 1996 and through 1997.

Professional Education Boosts Physical Activity

Professional education, another key aspect of the CDC National Physical Activity Initiative, was highlighted at the second annual Physical Activity and Public Health Research Seminar. An eight-day course on research directions and strategies targeted postdoctoral personnel and a four-day course on community interventions focused on public health practitioners.

Steven N. Blair, PED, Director of Research and Director, Epidemiology and Clinical Applications, The Cooper Institute for Aerobics Research, Dallas, Texas, believes such training is vital "to spur more research in academic centers to increase the amount of research accorded physical activity and to move such research in more varied directions."

Jessica Wright, RN, MPH, CHES, Cardiovascular Program Manager, Health Promotion, West Virginia Bureau of Public Health, was among those practitioners at the course on community interventions. She believes that such professional education helps "you learn how vital it is to get your agenda about physical activity on other people's agendas" because this area is not yet in the forefront. She stressed the need to not "lapse into the type of tunnel vision that can hamper health promotion efforts but to instead look sideways at opportunities to obtain funding and resources."

"No one ever argues about the need to fund and support children's immunization programs, but physical activity programs, which in fact do protect against chronic diseases, are not yet accorded this degree of acceptance by policymakers," according to Ms. Wright. She also advocates developing a national plan to help us with the "how-to" component of reaching our physical activity goals, such as those in *Healthy People 2000.*

Setting the PACE for Health Providers

To help health care providers counsel their patients to be more physically active, researchers from CDC and San Diego State University developed the Physical Activity Counseling and Evaluation Project (PACE), a low cost, efficacious physical activity counseling protocol for physicians, nurses, and other health care providers. Project PACE has demonstrated that physician-based physical activity counseling can increase levels of walking among patients who receive behaviorally appropriate counseling. The entire PACE process requires only 2 to 5 minutes of interaction with a health care provider.

"No one ever argues about the need to fund and support children's immunization programs, but physical activity programs, which in fact do protect against chronic diseases, are not yet accorded this degree of acceptance by policymakers."

Standardized counseling protocols tailor the message to different patient needs. "Getting out of Your Chair" motivates those who are uninterested in physical activity to consider it seriously; "Planning the First Step" designs a physical activity program for those interested in starting; and "Keeping the PACE" instructs patients on how to maintain their active lifestyle.

CDC, other governmental agencies, and voluntary and professional organizations—including the American College of Sports Medicine, American Medical Association, and several managed care organizations—are working together to promote widespread acceptance of PACE into clinical practice.

Other CDC NPAI-based activities include collecting data through the Behavioral Risk Factor Surveillance System and the Youth Risk Behavior Survey to monitor physical activity trends and conduct epidemiologic research; supporting school physical activity and physical education through comprehensive school health programs currently in 13 states; and developing a resource handbook, *Promoting Physical Activity: A Guidebook for Community Action,* for professionals and volunteers interested in promoting physical activity in schools, worksites, and communities.

Also, 10 national organizations were awarded grants to promote regular, moderate-intensity physical activity. (See sidebar, starting on this page, for more details about these 10 grantees.)

"We feel that the publication of *Physical Activity and Health: A Report of the Surgeon General* has laid the scientific foundation for us to build exciting, creative activities to promote physical activity among the American people," said Becky H. Lankenau, DrPH, Acting Branch Chief, Physical Activity and Health Branch, Division of Nutrition and Physical Activity, NCCDPHP. "The National Physical Activity Initiative will provide a clear focus for CDC's efforts to promote physical activity and provide opportunities for us to apply our scientific and technical knowledge to help our various partners, including states, national organizations, and professional associations, promote physical activity," she added.

(Note: See page 11 for a brief profile of the CDC Director's Challenge, a worksite physical activity promotion that grew from the NPAI.)

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10 National Physical Activity Programs Awarded Grants to Promote Physical Activity

To help promote regular, moderate-intensity physical activity, CDC awarded grants to 10 national organizations, which will use this funding to establish or expand partnerships with other organizations having similar missions and to target specific constituencies to become more physically active.

Association of Asian Pacific Community Health Organizations (AAPCHO)

AAPCHO is a national, nonprofit membership association of community health centers that serve Asian and Pacific Islander communities. Founded in 1987, its mission is to improve the health status of Asian and Pacific Islander communities within the United States and its territories, with special focus on the medically underserved.

National Physical Activity Initiative (NPAI) focus: AAPCHO intends to develop and carry out a national multilingual awareness campaign to promote the importance and benefits of physical activity among Asians and Pacific Islanders with special focus on limited- and non-English speaking persons.

Association of State and Territorial Chronic Disease Program Directors

ASTCDPD is a nonprofit organization and foundation that has been providing state and national leadership in developing programs for the prevention and control of chronic diseases and related risk factors since 1988.

With ASTCDPD as the lead organization, the Association of State and Territorial Directors of Health Promotion and Public Health Education and the Association of State and Territorial Public Health Nutrition Directors, affiliates of the Association of State and Territorial Health Officials banded together to form A Project to Promote Partnering on Physical Activity (APPPPA).

NPAI focus: APPPPA intends to lay groundwork for a nationwide campaign to increase the adoption of regular, moderate physical activity by training its constituencies and other national partners, and to develop and distribute "How To" guides to organizations so they can develop a physical activity program that will incorporate the CDC-American College of Sports Medicine (ACSM) recommendations.

Green Thumb, Inc.

Green Thumb, Inc., a national nonprofit organization, is the country's oldest and largest provider of employment and training services to low-income individuals aged 55 years and older. Established in 1965, Green Thumb is funded primarily by Title V of the Older Americans Act to administer the Senior Community Service Employment Program (SCSEP) in predominantly rural areas of 44 states and Puerto Rico. SCSEP participants are placed in community service assignments at nonprofit or public agencies.

NPAI focus: Green Thumb intends, through its Senior Health And Physical Education Upswing Program (SHAPE UP), to educate a large number of primarily rural low-income older residents about the benefits of moderate physical activity on health, independence, and longevity.

National Association for Sport and Physical Education (NASPE)

NASPE is the largest of six national associations within the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD). The Alliance provides support services for the activities of the constituent associations. NASPE is a nonprofit professional organization that develops and supports programs of quality in sport and physical activity that promote healthy behaviors to enhance well-being.

NPAI focus: NASPE and the American School Health Association (ASHA) plan to conduct a series of workshops to increase the number of individuals who engage in lifetime physical activities in school districts and communities that receive training in applying physical activity guidelines, physical education standards, and physical activity advocacy strategies.

National Coalition for Promoting Physical Activity (NCPPA)

AAHPERD, ACSM, and the American Heart Association joined forces in July 1994 to form NCPPA. This collaborative partnership strives to help all Americans understand that physically active lifestyles benefit their health and their quality of life. Its long-term goal is to educate Americans about the health benefits of physical activity, and to motivate more of our citizens to embrace physically active lifestyles.

NPAI focus: NCPPA will help to focus—and keep attention on—the messages from *Physical Activity and Health: A Report of the Surgeon General* among professionals, the public, and policymakers. The program's two initiatives are to develop a nationwide health communication campaign ("An Exercise in Health") to inform and motivate the American population about physical activity, and to create a grassroots liaison and collaboration network ("Active Unification") to work with interested and relevant organizations.

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)

COSSMHO is a national Hispanic group dedicated to improving the health and well-being of the nation's Hispanic communities. The Edward R. Roybal Institute for Applied Gerontology, designated as a Hispanic Center of Excellence on Applied Gerontology, serves the multiethnic and multicultural aging populations with educational and community service projects.

NPAI focus: COSSMHO and the Edward R. Roybal Institute for Applied Gerontology intend to establish the "Physical Activity Promotional Campaign for Elderly Hispanic Women" in three phases: developing a physical activity promotional brochure, designing physical activity programs, and testing and distributing promotional materials.

National Council on the Aging, Inc. (NCOA)

NCOA—a private, nonprofit organization—serves as a resource for education and training, research and development, and community service and employment programs. Founded in 1950, NCOA has a broad national membership of professionals, volunteers, and organizations who work with, for, and on behalf of older persons. Health promotion has been a major focus since 1984.

NPAI focus: NCOA intends to develop, produce, and distribute a kit for service providers in the aging network on promoting moderate-intensity physical activity among older adults, and a brochure *To Your Health! Stay Active* in both English and Spanish.

National Recreation and Park Association (NRPA)

NRPA, a national not-for-profit organization with more than 24,000 professional, citizen, and other members, provides high-quality, accessible recreation and park opportunities for all persons.

NPAI focus: NRPA will enact a comprehensive outreach, education, and programming strategy to promote increased physical activity levels among individuals, communities, and institutions through local park and recreation systems, services, and coalitions.

The Links Foundation, Inc.

The Links Foundation, Inc., the charitable arm of The Links, Inc., was established in 1980 to increase African-American women's ability to respond to community needs and to secure and hold funds for programs and activities in the public interest.

NPAI focus: The Links intends to promote lifetime physical activity (particularly walking) among the African-American population, to encourage members to promote lifetime physical activity among children and youths, to institutionalize exercise into its health and wellness programs, and to encourage its members to reach at-risk populations with health and wellness messages.

Wellness Councils of America (WELCOA)

WELCOA is a national nonprofit organization that promotes healthier lifestyles for all Americans, especially in the workplace. WELCOA functions as the umbrella organization over a nationwide network of locally affiliated Wellness Councils that serves corporate members and their employees. WELCOA also acts as a national clearinghouse and information center on corporate health promotion.

NPAI focus: WELCOA intends to develop and distribute a national incentive campaign called "HealthTrip" to companies of all sizes and in all industries throughout the country. "HealthTrip" is a relatively easy to conduct year-long, health education campaign and incentive program that educates participants about the health benefits of physical activity and provides programming ideas.

CDC Director's Challenge Offers Plausible Worksite Model

CDC's National Physical Activity Initiative is reflected in its own corporate culture, most clearly through the CDC Director's Challenge. Briefly, this challenge, issued by CDC Director David Satcher, MD, MPH, on the 50th anniversary of the agency, succeeded in getting about 65 percent of CDC's employees to agree to set physical activity goals for a 50-day period and to keep track of their progress and report results at the midpoint and end.

Michael Pratt, MD, MPH, Medical Epidemiologist, Physical Activity and Health Branch, NCCDPHP, cited the CDC Director's Challenge to employees as the type of program that not only would help motivate employees "in a state health department and other agency settings to be more active but also potentially could influence policy by demonstrating to policymakers that it's possible to change behaviors." Dr. Pratt said that the CDC Director's Challenge is "important as a worksite pilot for changing the behavior of employees that others can use. Although this type of program is relatively labor intense, it doesn't require adding new staff and resources."

One key point of the challenge, as characterized by Dr. Satcher, is that "physical activity is not something that you need a gymnasium for or membership in a club that costs $1,000 a year." He also said that "The worksite is one of the best, and also one of the most underused, places to promote physical activity and other kinds of health activities such as diet and nutrition."

"Physical activity is not something that you need a gymnasium for or membership in a club that costs $1,000 a year."

David Satcher, MD, MPH, Director, CDC, shown at the July press conference for the release of Physical Activity and Health: A Report of the Surgeon General, challenged the agency's employees to set physical activity goals in a successful, low-cost worksite health promotion campaign during spring 1996.

Exemplary Programs Encourage Moderate Physical Activity

During the recent press conference for the release of *Physical Activity and Health: A Report of the Surgeon General*, representatives from 10 exemplary physical activity programs attended the proceedings. We recently contacted these programs to find out more about how the groundswell of interest in the new model of physical activity that stresses the benefits of regular, moderate activity has affected them. A thumbnail description of each follows.

Blackfoot School District Community Wellness Program

The Blackfoot School District Community Wellness Program—the first such program in Idaho—targets school district employees living in or near the rural Idaho community of Blackfoot. An educational program about health and wellness laid the foundation for physical activity interventions based on goal setting, incentives, an employee walking program, and the accumulation of "physical activity miles"—a standard for measuring a variety of physical activities, including walking, gardening, bicycling, and swimming. This program illustrates how employers can provide supportive worksite environments and policies, and opportunities for employees to incorporate moderate physical activity into their daily lives.

"Moderate exercise prevents illnesses, it doesn't cause strains and injuries, and it is user friendly."

Brinton Jefferis, an elementary school teacher who also volunteers his time as Director of the District Wellness Program, explained that the recently released Surgeon General's report supports "our bottom line, which has always been that moderate-intensity exercise, along with a healthy low-fat diet, is the key to health and well-being."

"Moderate exercise prevents illnesses, it doesn't cause strains and injuries, and it is user friendly. Athleticism is not the issue, a point we were able to capitalize on through the attention we received as a result of being at the press conference for *Physical Activity and Health: A Report of the Surgeon General*," he added.

For more information, contact Mr. Brinton Jefferis, Elementary Physical Education Teacher and Director, District Wellness Program, Blackfoot School District, 460 York Drive, Blackfoot, ID 83221; (208) 785-8832; fax (208) 785-8809.

City of Portland: Reclaiming Our Streets Task Force

In recent years, Portland, Oregon, has been recognized by government and private organizations as the most pedestrian and bicycle-friendly city in the United States. In its revitalization, multiple-lane waterfront highways have been converted into parklands, downtown streets have become pedestrian, bicycle, and mass-transit-only areas, and vacant and abandoned lots have been transformed into community parks and shopping areas. This effort illustrates how city government, local organizations, and community residents can work together to address the environmental and policy barriers that inhibit a populationwide transition to an active lifestyle.

The publication of the Surgeon General's report on physical activity "reaffirms that we are, and have been, heading in the right direction by providing facilities for people to exercise," Marc Zolton, Assistant to the Commissioner of Transportation, Bureau of Traffic Management, Portland, told *cdnr*. "For example, we provide bike lanes and parking for commuters—and we know that even 10 minutes of biking per day three or four times a week is good for you and the environment," he added. "I think these messages about the benefits of moderate-intensity physical activity should provide more impetus for the public to use these facilities," Mr. Zolton noted.

He also pointed out that the attention now being drawn to physical activity and health should be a boost for those who work in developing or modifying policies that provide opportunities for people to exercise.

For more information, contact Mr. Marc Zolton, Assistant to the Commissioner of Transportation, Bureau of Traffic Management, 1120 SW 5th Avenue, Portland, OR 97204; (503) 823-4686; fax (503) 823-4040.

Families in Good Health Program

Families in Good Health works with Southeast Asian, Cambodian, Laotian, and Hmong communities in Long Beach, California, to promote physical activity through community gardens, traditional dance classes, and employee health and fitness programs. The program is currently working to remove barriers to accessing physical activity opportunities by collaborating with city government, the Long Beach Police Department, the YMCA, the California Pool for the Handicapped, and Buddhist temples.

Lillian Lew, Director, explained that working with these communities requires debunking notions that "exercise is just something you do at the gym and something that requires 30 minutes of intense aerobic activity. We have already been stressing the value of moderate-intensity activity, and we are now using the messages from the Surgeon General's report to deliver this idea with some official clout."

Many of these people, she noted, came from societies where people would strive not to exercise because of a belief that the well-to-do should lead a life of as much leisure as possible. "Then they come to America, and we are telling them to start exercising for their health."

Approaches such as working in a community garden have gotten more people physically active in these communities. "Plus we can also teach them about nutrition at the same time," Ms. Lew added. A novel idea that the program is pursuing is to have messages promoting the physical activity messages from the Surgeon General's report added to videotapes that are dubbed for community members to watch in their native languages.

For more information, contact Ms. Lillian Lew, Director, Southeast Asian Health Project, St. Mary's Medical Center, 411 East 10th Street, Suite 207, Long Beach, CA 90813; (310) 491-9100; fax (310) 491-9824.

HEP Project (Health Education and Physical Fitness Project for Older Adults)

The HEP Project at George Mason University in Fairfax, Virginia, is a physical activity program that is managed by older adults and offers activities that are safe, effective, and attractive to this population. The program reinforces the physical activity behaviors of older adults through activities such as skill building, health screening, and education seminars. The HEP Project illustrates how programs can respond to the physical activity, self-efficacy, and access issues unique to older adults.

"Our program has been operating since 1983, and we believe that physical activity is the next best thing to the fountain of youth," Bob Laurents, Chairperson from 1989 through 1995, told *cdnr*. "Yet we continue to need more people to become aware of our program and to avail themselves of its services."

"One of the messages from the recent Surgeon General's report—a little activity helps to improve health a lot—should motivate more elderly persons to become active," Mr. Laurents explained. "The validation that you don't have to do things that are hard on your joints or that seem intimidating to experience better health

1996 PREVENT CHRONIC DISEASES

Some of the representatives from 10 exemplary physical activity programs, and others who received individual recognition, gathered for a photograph during last summers press conference.

and maintain independence is important, especially for older adults."

For more information, contact Brett Wright, PhD, Director, Department of Health, Fitness, and Recreational Resources, George Mason University, Fairfax, VA 22030-4444; (703) 993-2064; fax (703) 993-2025.

Hoover High School

At Hoover High School located in the inner-city of San Diego, California, students have helped to successfully develop a 2,800 square foot fitness center at the school that is open to students, school staff, and the community when the school day is over. This program created partnerships between high school staff and students, the school's food service, the California Governor's Council on Physical Fitness and Sports, the fast food industry, and the local community. Hoover High School's program reflects how opportunities can be created for adolescents and young adults to be physically active with their friends, peers, and family in a safe and enjoyable environment.

Ernest Smith, Vice Principal of Hoover High School, explained that "we are trying to convince kids that everyone needs to be fit—but not necessarily athletic," a concept that ties in with the research documented in *Physical Activity and Health: A Report of the Surgeon General.*

The fitness center at the school is the cornerstone in the quest for greater fitness. "In the past, students in physical activity classes would rotate through a certain sport for a specified number of weeks. Now we also teach warm-up activities, conditioning, and fitness, which are moderate intensity. One day each week, students work on their conditioning as it relates to certain sports and activities," Mr. Smith said.

This program also brings in a speaker once a month to address voluntary student assemblies on various aspects of health and

well-being. "During different months, we have featured the military's strongest man, a nutrition expert, and an aerobic steps trainer; each session delivers a different message about physical activity and health and each session attracts a slightly different audience from the students."

For more information, contact: Mr. Ernest Smith, Vice Principal, Hoover High School, 4474 El Cajon Boulevard, San Diego, CA 92115; (619) 283-6281; fax (619) 280-5837.

Hollenbeck Youth Center

The Hollenbeck Youth Center provides adolescents and young adults in high-risk, inner-city neighborhoods with health, physical activity, and sports programs in a safe environment. Incorporated in March 1972, this East Los Angeles facility has reached 5,000 youths, the majority of whom are Latino, with a variety of sports and physical activity programs with the primary goal of violence prevention—keeping youths from gang and criminal activities by involving them in education and recreation. In 1992, Daniel Hernandez, the Executive Director, received the Healthy American Fitness Leaders Award for his work with this program. Juan Romero, Coordinator of the Youth Advocacy Program was himself a participant in the Hollenbeck Youth Center in his youth.

In addition to the center's emphasis on physical activity, "we educate kids so that they can, in turn, educate their parents," Mr. Romero said. "One of our messages, which is also in the Surgeon General's report, is that you don't have to play basketball, lift weights, or run. You can benefit from a variety of activities such as waxing the car, walking the dog, or working in the garden."

He noted that this program is planning to translate into Spanish some of the accompanying publications such as the fact sheets and the At-A-Glance that were developed along with *Physical Activity and Health: A Report of the Surgeon General.*

For more information, contact Mr. Juan Romero, Coordinator, Youth Advocacy Program, 2015 East 1st Street, Los Angeles, CA 90033; (213) 263-4989; fax (213) 264-1619.

National Disabled Veterans Winter Sports Clinic

The National Disabled Veterans Winter Sports Clinic in Grand Junction, Colorado, is open to all veterans with spinal cord injuries, amputations, neurological conditions, and visual impairments. The Sports Clinic has helped to improve not only the physical stamina of members of its targeted population, but also their mental health and self-esteem, enabling people with chronic, disabling conditions to discover that there is life after disability. In 1991, Mr. Sandy Trombetta, the founder of the clinic, received the Healthy American Fitness Leaders Award for his outstanding work with disabled veterans.

"As a recreational therapist, I am very excited by the key message from this report: moderate activity contributes to health and wellness," Mr. Trombetta told *cdnr*. "The spin is not 'no pain, no gain' but getting more people to be active during their leisure time, which is great. Moreover, this concept validates what we have experienced firsthand here in our work with the Department of Veterans Affairs, namely that recreational leisure-time activity leads to improved quality of life, a point that our society as a whole seems to have missed," he explained.

"We are already incorporating the information from this report to let people realize how simple it is to improve their fitness," he said. A new, week-long program will showcase moderate activities such as walking, low-impact aerobics, and stretching and recreational activities such as volleyball and horseshoes interspersed with educational sessions about fitness and nutrition. Mr. Trombetta added that "Outside of those with severe disabilities,

disabled persons are not for the most part sick—they benefit from physical activity and proper nutrition just like the rest of the population—and we must cultivate the proper attitude toward fitness and nutrition among disabled persons, too."

For more information, contact Mr. Sandy Trombetta, Department of Veterans Affairs Medical Center, 2121 North Avenue, 11K, Grand Junction, CO 81501; (970) 244-1314; fax (970) 244-7726.

Sisters Together

The Sisters Together Campaign is a pilot health education research program that focuses on preventing weight gain to help minimize the risk of developing heart disease, diabetes, and certain types of cancer among young black women, aged 18 to 35 years, in the Boston-area communities of Roxbury, Dorchester, and Mattapan. A variety of creative programs are used to increase physical activity and healthful eating. Sisters Together is a collaboration of the National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health; the New England Medical Center; Harvard School of Public Health; and Tufts University School of Nutrition Science and Policy.

"Our message centers on incorporating physical activity into your daily life through accessible, attractive means," Kelley Chunn, Media Relations for Sisters Together, explained. "We promote convenient, cost-effective ways to get more exercise such as taking the stairs, doing housework, gardening, and even dancing."

She emphasized, however, that "we primarily focus on walking for exercise, developing walking groups, and encouraging women to take on the responsibility of being a group leader." An educational pamphlet that explains how to get started, how to stretch, how to form and maintain walking groups, and other tips is provided to participants. In addition, Ms. Chunn said, the program offers wellness programs, cooking demonstrations, and community walks.

Ms. Chunn acknowledged that while the Surgeon General's report "helps bring attention to what we are doing and supports our emphasis on moderate activity, we are still going about our work as a grassroots, partner-based effort."

For more information, contact Ms. Kelley Chunn, Media Relations, Sisters Together, New England Medical Center, P.O. Box 427, Boston, MA 02111; (617) 524-8529; fax (617) 524-1365.

"Outside of those with severe disabilities, disabled persons are not for the most part sick—they benefit from physical activity and proper nutrition just like the rest of the population—and we must cultivate the proper attitude toward fitness and nutrition among disabled persons, too."

Union Pacific Railroad Company

As a founding member of the Wellness Councils of the Midlands, which is part of the network of such councils that falls under the umbrella of the Wellness Council of America, in 1981, the Union Pacific Railroad Company developed a model program to encourage other employers to provide opportunities for employees to incorporate moderate physical activity into their daily lives by providing supportive worksite environments and policies.

The Union Pacific Railroad Company worksite wellness program, which was started in 1987, targets the company's 35,000 employees, the majority of whom are blue-collar workers. In several company locations where health promotion facilities are not available, old railroad cars have been converted and equipped as rolling fitness centers for use by employees.

Joe Leutzinger, PhD, Manager, Health Promotion Program, noted three ways that the key findings from *Physical Activity and Health: A Report of the Surgeon General* are being incorporated into the operations of this large worksite wellness program.

"First, we use the report to show how employees can be physically active by doing their daily activities, such as taking the baby for a walk or working in their

yards and gardens," he said. "This notion that daily activity contributes to our fitness level is something that people intuitively know and tend to buy into it readily."

Second, Dr. Leutzinger explained that this revised model of activity motivates more people to become active. "As you can imagine, we have a large core group of people who are intense exercisers; people who run races every weekend, for example. But many other employees don't see themselves as being that athletic and would tend not to exercise because of the misconception that only vigorous activity was beneficial."

Third, these findings "provide the basis for making it clear that physical inactivity is a risk factor for various health problems, so we can broaden our basis for advocating physical activity among our employees by showing them the implications of a sedentary lifestyle," he noted.

For more information, contact Joe Leutzinger, PhD, Manager, Health Promotion Program or Dennis E. Richling, MD, Medical Director, Health Promotion Program, Union Pacific Railroad Company, 1416 Dodge Street, Room 101, Omaha, NE 68179-0101; (402) 271-5814, fax (402) 271-5858

Zuni Wellness Program

This wellness program, which targets Zuni tribal members in Zuni, New Mexico, was started in 1983 as a diabetes prevention program and now incorporates a wide range of community-based physical activity programs. In a variety of locations throughout the community, tribal members lead weekly aerobic and physical activity classes for young adults and adolescents, older adults, and persons with disabilities. Through its physical activity components, the Zuni Wellness Program is working to reduce the risk of dying prematurely in general, and of coronary heart disease, high blood pressure, colon cancer, and noninsulin-dependent diabetes mellitus in particular.

"For years, we have been encouraging people to become more active, to start with walking, and to try other fitness activities as they become comfortable," Carlton Albert, Director, Zuni Wellness Center, said. "This Surgeon General's report on physical activity confirms that our approach works, and now others are interested in what we are doing," he added.

Getting community members to devote even 10- to 15-minute segments to exercise, Mr. Albert noted, contributes to wellness. "But we are also trying to encourage them to visit our exercise facilities and see what we offer. We even have modified workouts for persons with physical disabilities and limitations." He cited a special interest in working with younger children "so that we can get and keep them active. We see a real boost in positive self-awareness among those who are physically active."

For more information, contact Mr. Carlton Albert, Director, Zuni Wellness Center, P.O. Box 308, Zuni, NM 87102; (505) 782-2665; fax (505) 782-2232.

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Prevention Centers Tackle Barriers to Physical Activity

CDC's academic partnerships for prevention research, the Health Promotion Disease Prevention Research Center Program (See *cdnr* Fall 1993), marks a decade of achievement this year. This national network for applied research now integrates the resources of 14 academic centers, all committed to research on priority health risk behaviors that compromise the quality of life.

Although almost all the prevention centers devote at least some resources to studying physical activity, the research theme at the University of South Carolina (USC) prevention center focuses exclusively on the health promotion aspects of physical activity. The center's director, Caroline Macera, PhD, highlights one particular project in progress.

"The Cross-Cultural Activity Participation Study (CAPS) is designed to advance knowledge about how physical activity can positively affect the health status of selected populations," Dr. Macera said. "Concern for vulnerable populations, community involvement, and collaboration are goals of all prevention center programs."

CAPS is a joint project with the University of New Mexico's (UNM) prevention center, directed by Sally Davis, PhD. The two directors concur that CAPS, which is also a community prevention study supported by a unique collaboration between the Women's Health Initiative of the National Institutes of Health and the prevention centers program, achieves all three program goals.

"Most surveys were of men and asked about heavy-intensity sports and conditioning activities, which most women don't do."

Measuring Relevant Activities

CAPS aims to characterize the physical activity patterns of black and American Indian women aged 40 years or older.

"National data consistently show that the prevalence of sedentary behavior is higher among women than men—particularly women of Hispanic, black, or American Indian origin," said Barbara Ainsworth, PhD, MPH, CAPS' principal investigator at USC. "What's more, the rates of coronary heart disease, diabetes, and obesity, for example, are highest among women in these racial and ethnic groups, and these conditions can be ameliorated by physical activity."

But the researchers found that survey instruments were needed that reflected the physical activities in which women in the target populations were likely to be involved. "Most surveys were of men and asked about heavy-intensity sports and conditioning activities, which most women don't do," Dr. Ainsworth explained. "Even the surveys designed to measure physical activity among women have not been widely circulated or used by major studies, nor have they necessarily reflected the daily lives of the women to be interviewed."

To begin developing culturally sensitive surveys, the prevention centers brought together an expert panel that discussed the issues of physical activity among minority women, elderly women, and women in general, and issues of physical activity intervention studies. "Many programs have encouraged physical activity, but no instruments are sensitive for measuring the change in activity over time," Dr. Ainsworth added.

In developing new questionnaires, the researchers discarded questions about scuba diving and mountain climbing, for example, questions that not only may have been irrelevant to women of specific cultures but may have resulted in the misclassification of women as sedentary because of their lack of participation in a given set of activities. Then CAPS researchers pilot tested potential new surveys among black and American Indian women. Their comments were incorporated into how the surveys were worded, and the women thereby gained a voice in how the surveys were refined. The new surveys

attempt to account for elements of cultural heritage—for example, how the customs and cultures practiced in these immigrants native countries continue to influence them and how their current responsibilities may affect their level of physical activity.

But the surveys also attempt to account for all day-to-day activities. Vivian Heyward, PhD, CAPS' principal investigator at UNM said, "We are interested in total physical activity, not just leisure-time activity. For minority women, 'leisure' may connote 'relaxing,' and not involve activity at all. But many women are in active jobs and have family responsibilities that require physical activity. By broadening the questions beyond leisure-time activity we may collect information on a lot of activities, but ones that are done at a low level of intensity. We might use the data to show women how they could derive health benefits by reaching a moderate activity level."

The researchers acknowledge potential barriers to encouraging activity among minority women, many of whom are of low-socioeconomic status despite working multiple jobs. These women often say that they have no time to add activities. "We can't tell them to do one more thing," Dr. Ainsworth explains. "But maybe we could suggest taking the stairs instead of the elevator when arriving at a worksite, or walking rather than taking the shuttle between locations. If we understand more about how women perceive their daily lives, we can make realistic suggestions about how they can rearrange daily patterns to get more activity or more-intense activity into an ordinary day."

Dr. Heyward described the importance of learning about special activities integral to the lives of special populations as well. "For example, some Navajo and Pueblo Indian women engage in periods of sheep shearing and extensive food preparation and dancing on special feast days. Do these activities happen frequently enough to affect physical activity status? Do these women need a certain stamina and level of fitness to participate in these activities?"

To help answer these questions, the CAPS researchers enrolled 100 black and 100 American Indian women in the study. Extensive community relations during the recruitment phase encouraged many women to participate. In New Mexico, interpreters have been hired from pueblos and reservations, and in both states, issues of literacy and compliance have been addressed. The goal was to achieve a broad sample of varied educational attainment and income, residing in urban and rural areas. Women residing in senior citizen homes or participating in social and church groups are included.

Tracking Activity Will Help Tailor Recommendations

Participants remain in the study for six months and are visited by USC and UNM investigators once a month for a progress report. During the odd-numbered months, participants keep a four-day physical activity log book and simultaneously wear a pedometer and an accelerometer, methods that allow for objectivity in measures. Every month, participants also complete detailed recall surveys through which they describe all activities performed during the previous month.

Two questionnaires are being tested—one that asks about household, transportation, and work-for-pay activities and that allows assignment of kilocalorie scores, and one that includes just 7 to 10 items and yields a general index of activity. The latter is being developed for use in telephone surveys. Both surveys offer results that can be used to track progress toward achieving national physical activity goals.

CAPS results, however, have only begun to come in. Some baseline demographic data—such as the average weight of the participants—are available, but results from the first logs are just being coded. While the first phase of research continues, Dr. Ainsworth considers the program's potential.

"Women now aged 40 years or older grew up before the fitness revolution and

don't have a history of playing team sports or participating in high-intensity activities. These women are now approaching or are in middle age. But it isn't too late. We now have a better understanding of the importance of moderate physical activity and how it can improve health. Now, by learning more about these women, we can offer sound advice about how to achieve health benefits through daily and other planned activity," she explained.

Patricia Riley, CNM, MPH, Prevention Centers Program Director, NCCDPHP, noted that the largest percentage (36 percent) of program funds from the Women's Health Initiative support studies in physical activity. "This allocation reflects the importance of physical activity to health promotion and disease prevention. The collaboration between two universities at opposite ends of the country underscores the relevance of this work nationwide."

For further information, contact Barbara Ainsworth, PhD, MPH, Principal Investigator, CAPS, Department of Epidemiology and Biostatistics, Department of Exercise Science, School of Public Health, University of South Carolina, Columbia, SC 29208, (803) 777-6653, or Vivian Heyward, PhD, Principal Investigator, CAPS, Center for Exercise and Applied Human Physiology, University of New Mexico, Johnson Center, B143, Albuquerque, NM 87131, (505) 277-2658.

Surgeon General's Report on CDC's Website

The entire text of *Physical Activity and Health: A Report of the Surgeon General* has been posted as PDF files on CDC's Internet website. To access these files, set your browser address to http://www.cdc.gov/nccdphp/sgr/sgr.htm.

Physical Activity and Health: Program Inventory

Tell us about your physical activity programs. Photocopy and **fax** this form to (770) 488-5473, or **mail** it to CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity, Mail Stop K–46, 4770 Buford Highway NE, Atlanta, GA 30341-3724.

Name/Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail address: _____

Please check the appropriate responses that apply to your physical activity promotion/intervention and briefly describe your program's major activities.

Place of intervention: ❑ worksite ❑ school ❑ community ❑ health provider
❑ other: _____

Type of intervention: ❑ increasing knowledge ❑ enhancing skills
❑ building social support ❑ developing environmental policy
❑ other: _____

Overview of program goals and activities (use another sheet if needed): _____

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1996 Chronic Disease Conference Update

It is not too late to register for the Eleventh National Conference on Chronic Disease Prevention and Control, cosponsored by the Centers for Disease Control and Prevention and the Association of State and Territorial Chronic Disease Program Directors. The meeting runs from December 3–5, 1996, at the Hyatt Regency Hotel, in Phoenix, Arizona. Speakers, workshops, and poster sessions will highlight this year's theme, "Chronic Disease Prevention and Control: Building Healthier Communities Through Partnerships and Linkages."

Continuing Education Credits (CME, CEU, and CHES) will be available.

For more information or to register, contact Professional and Scientific Associates, 2635 Century Parkway, Suite 990, Atlanta, GA 30345-3112; (404) 633-6869; fax (404) 633-6477; E-mail psai@ccdod1.em.cdc.gov.

Melanoma Skin Cancer: Developing Strategies for Prevention

CDC, in collaboration with the American Academy of Dermatology, has initiated the National Skin Cancer Prevention Education Program to increase public awareness about skin cancer and help reduce the occurrence of and deaths associated with skin cancer. Goals of this program are to develop and distribute educational messages for children, their parents, and other caregivers; develop guidelines for school curricula; evaluate the utility and value of the ultraviolet index; and develop educational messages for health care providers.

"Sun Safety: Protecting Our Future," the third annual conference of the National Skin Cancer Prevention Education Program, cosponsored by CDC and the American Academy of Dermatology, will be held May 1–2, 1997, in New York City.

For more information about the program, contact Division of Cancer Prevention and Control, External Communications, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway, NE, Mail Stop K–64, Atlanta, GA 30341-3724; (770) 488-4751. For more information about the conference, contact Ms. Sandy Gordon, Communications Department, American Academy of Dermatology, (847) 330-0230, Ext. 340; fax (847) 330-8907.

CSPI Publishes *The 1% Or Less Handbook*

To help community and state organizations conduct campaigns aimed at switching to low-fat milk, the Center for Science in the Public Interest has developed *A First Step Toward Healthy Eating: The 1% Or Less Handbook*. Based on a successful seven-week community health campaign conducted in Clarksburg, West Virginia, (See *cdnr*, Summer 1996, p. 15) the 300-page handbook describes how to plan, carry out, and evaluate a communitywide health education campaign and offers information on working with community leaders, volunteers, health professionals, the media, schools, worksites, civic organizations, and religious groups. (Materials are also provided on disk in WordPerfect 5.1)

Copies of the *1% Or Less Handbook* are available for $65 from CSPI, 1% Or Less, 1875 Connecticut Avenue, NW, Suite 300, Washington, DC 20009-5728; (202) 332-9110.

Health Observances

- ***World AIDS Day*—December 1**
  American Association for World Health
  (202) 466-5883
- ***National Birth Defects Prevention Month*—January**
  March of Dimes Birth Defects Foundation
  (914) 997-4600
- **American Heart *Month*—February**
  American Heart Association
  (800) AHA-USA1
- ***National Children's Dental Health Month*—February**
  American Dental Association
  (800) 947-4746
  (312) 440-2593

Help Us Update Community Health Advisors Resources

NCCDPHP is updating its Community Health Advisors program resource directory and annotated bibliography, *Community Health Advisors: Models, Research, and Practice: Selected Annotations—United States*, Vol. I, 1994, and *Community Health Advisors: Programs in the United States—Health Promotion and Disease Prevention*, Vol. II, 1994. Programs that use community or peer health workers for delivering health-related interventions, services, or education, are eligible for inclusion in the third volume, which is scheduled to be released in summer 1997. This information will also be made available through the Chronic Disease Prevention File (CDP File), an NCCDPHP-produced CD-ROM, and as one of the subfiles of the Combined Health Information Database (CHID), a bibliographic database of health information and health promotion resources. The deadline for submissions to be included in Vol. III is January 1997.

For more information, contact J. Nell Brownstein, PhD, Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Mail Stop K–46, 4770 Buford Highway, NE, Atlanta, GA 30341-3724; (770) 488-5440.

The cdnr *staff welcomes articles, comments, and questions from readers. These should be addressed to Managing Editor, Chronic Disease Notes & Reports, Centers for Disease Control and Prevention, Mail Stop K–11, 4770 Buford Highway, NE, Atlanta, GA 30341-3724; (770) 488-5050; fax (770) 488-5095.*