

# Nutrition and Physical Activity



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# Connecticut



## Reaching Out, Enrolling More Women in Heart-Healthy Activities

### Public Health Problem

Nearly 65 million people in the United States have cardiovascular disease, and more than half of them are women, according to 2001 estimates from the American Heart Association. Cardiovascular disease is the nation's leading cause of death. In Connecticut, more than a third (10,560) of the state's 29,816 deaths in 2001 were due to cardiovascular disease; 55.4% of these cardiovascular disease deaths were among women. Some minority women are affected more by cardiovascular disease than other women. For example, African American women in Connecticut were hospitalized for cardiovascular disease at a higher rate (1,356 per 100,000) than were white women (1,229 per 100,000).

### Program Example

WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) projects across the country screen uninsured women for risk factors for heart disease and other chronic diseases, deliver nutrition and physical activity interventions, and provide referrals to medical care as needed. The Connecticut WISEWOMAN project wanted to enroll more uninsured women and encourage greater participation in the lifestyle intervention portion of the project, Stay Healthy for Life. The goal was to ensure that the project was using effective community outreach strategies for enrollment and to identify barriers that prevent women from engaging in heart-healthy lifestyle behavior changes. To achieve this goal, the project conducted focus groups with women in the Connecticut Breast and Cervical Cancer Early Detection Program who were eligible for WISEWOMAN services but chose not to participate in the program. Focus groups allowed project officers to understand respondent's attitudes, feelings, beliefs, and experiences. Women in the focus groups suggested strategies for how the WISEWOMAN staff could improve patient communication, health care provider outreach, and attendance in the lifestyle intervention activities. The staff used this information to refine outreach efforts and tailor messages for women in the targeted community.

### Implications and Impact

One community health center in Middletown, Connecticut, used the focus group feedback to promote outreach with affiliated health care staff in five satellite sites. As a result of the outreach, the number of enrollees in the WISEWOMAN project increased by 20–25%. Information from focus groups with participants from the targeted population can be used to improve a program's design and operation. The information from the Connecticut WISEWOMAN project is being shared with all the sites providing WISEWOMAN services to help them develop effective strategies for outreach activities and boost enrollment in the WISEWOMAN project.

### Contact Information

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## Promoting the Cardiovascular Health of Uninsured Women

### Public Health Problem

Heart disease is the leading cause of death among women in Iowa. Uninsured women can be especially vulnerable because they are less likely than insured women to have their blood pressure and cholesterol levels checked or to have information and skills on how to eat healthy foods and be physically active. Nearly half of Iowa's residents live in rural areas, which makes it challenging for them to access preventive health services. In addition, Iowa's population is aging more rapidly than populations in most other states, with nearly 30% of Iowa women being in the 40–64-year-old age-group targeted by the state's WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) Program. Iowa WISEWOMAN participants are at high risk for heart disease: more than 75% of the women screened are overweight or obese, 33% smoke cigarettes, and 40% have either high cholesterol or high blood pressure.

### Program Example

WISEWOMAN programs across the country provide additional preventive services to women already participating in the National Breast and Cervical Cancer Early Detection Program. States use this established system and other partnerships to screen women for risk factors for heart disease and other chronic diseases, deliver nutrition and physical activity interventions, and provide referrals to medical care as needed. Iowa WISEWOMAN staff, through a partnership with the Iowa State University Extension, have developed Iowa Care for Yourself, a 12-session health promotion program that includes healthy eating information based on the Dietary Approaches to Stop Hypertension diet trial. Each session is designed like a magazine, with multiple interactive segments including a featured topic, skill building, physical activity, goal setting, and healthy snacks. Extension nutrition and health field specialists are particularly well suited to deliver the Iowa Care for Yourself intervention because they have the knowledge and skills needed to discuss health topics, are familiar with the local populations' needs for health education, and have experience working in local community settings. Lifestyle intervention sessions are held in familiar, easy-to-access locations such as community centers and libraries.

### Implications and Impact

Cardiovascular disease screening and lifestyle interventions can improve the health of low-income women. Collaboration with health professionals in agencies such as the cooperative extension service can expand resources needed to carry out complex health promotion programs. Careful selection of persons and places to deliver the program can improve access to care for rural women and boost participation as well as the overall success of the program.

# Massachusetts

## Reaching Youth Through Health and Education Partnerships: 5-2-1 Go!

### Public Health Problem

One of every four Massachusetts high school students is overweight or at risk for becoming overweight, according to the state's 2001 Youth Risk Behavior Survey.

### Program Example

The Massachusetts Partnership for Healthy Weight has started integrating nutrition and physical activity messages at the individual, environmental, and local policy levels to promote healthy weight changes among children. For example, the partnership has developed 5-2-1 Go!, a school-based intervention in 13 public and parochial middle schools across the state. While attending math, science, language arts, social studies, and physical education classes, about 1,800 students in grades 6–8 learn knowledge and skills related to the 5-2-1 Go! messages: eat at least five servings of fruits and vegetables each day; reduce TV time to 2 hours or less a day; and participate in at least 1 hour of physical activity each day. In addition, schools conduct environmental scans using the School Health Index and search for opportunities to modify policies and practices in ways that will boost school support for healthy eating and regular physical activity. The Massachusetts Partnership for Healthy Weight also leads statewide efforts to encourage healthy eating and physical activity among students. For example, the partnership is promoting legislation to improve the nutritional content of foods offered to students via vending machines, a la carte, and school stores during the school day. To improve the school environment, the partners have launched educational activities as well as state funded minigrants that encourage schools to use assessment tools to create healthier environments that foster good nutrition and physical activity. Finally, the partnership supports state policy changes that would mandate daily physical education classes in schools and supports statewide media campaigns that promote the 5-2-1 Go! messages.

### Implications and Impact

Health and education partners are essential to making healthy school-based policy and environmental changes. Massachusetts schools involved in the 5-2-1 Go! project have begun to modify their nutrition policies to eliminate the use of food as a reward, set up healthy snack times, train new staff in healthy food choices and the importance of physical activity, prohibit access to food low in nutritional value, and make milk more available in schools.

### Contact Information

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# North Carolina

## Focusing Statewide Efforts on Healthy Children

### Public Health Problem

The prevalence of overweight rose by 36% among North Carolina's children aged 2–4 years, by 40% among children aged 5–11 years, and by 14% among adolescents aged 12–18 years between 1995 and 2000, according to data from the state's Nutrition and Physical Activity Surveillance System.

### Program Example

In North Carolina, Moving Our Children Toward a Healthy Weight: Finding the Will and the Way is a plan developed by the 100-member Healthy Weight Initiative (HWI) task force. The plan has been marketed to a broad group of stakeholders, who have made some of the plan's recommendations part of their own agendas. For example, the Health and Wellness Trust Fund Commission, which administers part of the tobacco settlement funds in North Carolina, established a \$9 million, 3-year obesity prevention grant program and based its request for applications on the HWI task force recommendations and the state's blueprints for policy and environmental changes to support physical activity and healthy eating. In addition, North Carolina Action for Healthy Kids selected two HWI recommendations as their objectives: policy standards for all foods available in schools and policies to establish adequate physical activity and physical education opportunities in schools. The HWI also includes efforts to promote the health of preschool children. For example, parents of preschool children, staff with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Child and Adult Care Food Program staff provided feedback to determine policy changes that would provide opportunities for more physical activity and healthy eating patterns for preschool children through WIC and child care. To support healthy environmental changes for preschool children, the Nutrition and Physical Activity Self Assessment for Child Care was developed and pilot tested in collaboration with the Center for Health Promotion and Disease Prevention at the University of North Carolina–Chapel Hill. Child care centers were assessed, and center staff members attended training sessions on nutrition, physical activity, and childhood overweight. North Carolina linked the HWI with the North Carolina Healthy Child Care Initiative to carry out the program, which aims to make healthy environmental changes in 19 child care centers in 6 counties. Finally, to support changes in interpersonal behaviors, HWI partnered with North Carolina Cooperative Extension, Eat Smart, Move More, and the WIC program to provide consistent physical activity and healthy eating messages to young children and their parents in preschools and clinics. HWI helped train 85 county teams, who received Color Me Healthy materials and are now training local child care center staff. Use of these materials in WIC programs is now being pilot tested in six counties.

### Implications and Impact

Continuous input from partners has made the North Carolina leadership plan more successful through every step of its development. Various partners already have stepped forward to carry out portions of the plan, expanding the reach of the state program beyond what it could have accomplished with its own resources. Involvement with partners has enhanced the preschool intervention's strength and its dissemination potential.

# Pennsylvania

## Supporting Environments to Promote Active Lifestyles and Healthy Food Choices

### Public Health Problem

Obesity has risen in Pennsylvania at an epidemic rate during the past 20 years. An estimated 60% of adults in this state are overweight or obese, and 24% of adults are physically inactive, responses from the 2002 Pennsylvania Behavioral Risk Factor Survey indicate. One study of Pennsylvania youth found that in 2001, 18% of young people were overweight, a percentage that is higher than the national average.

### Program Example

The Pennsylvania Department of Health worked with many public and private partners to develop the Pennsylvania Nutrition and Physical Activity Plan to Prevent Obesity and Related Chronic Diseases. The health department was the catalyst for the development of a statewide, multisector coalition, the Pennsylvania Advocates for Nutrition and Activity (PANA). PANA's mission is to build an environment to support and promote active lifestyles and healthy food choices through collaboration and coordinated communication. Using the statewide plan as a guide, PANA's efforts include education, advocacy, and evaluation to support the work of PANA's three major work groups. These groups aim to increase statewide capacity for designing healthy communities, mobilize schools and communities to adopt a coordinated approach for school health programs and services to support active lifestyles and healthy food choices, and prepare health care professionals to respond to the growing demand for prevention and treatment of overweight and obesity among young people. The Pennsylvania Department of Health and PANA have used existing networks and built partnerships in communities across the state. New funds supply resources to provide minigrants for training to offer a preschool curriculum. The funds also provide training that brings public health, community design, and development professionals together to learn how to communicate and create healthy community designs. In addition, the funds are used to coordinate a campaign to increase the number of school districts that put into place CDC's coordinated school health model.

### Implications and Impact

State, coalition, and community partnerships and resources are being mobilized to create a state where individuals, communities, and public and private entities share the responsibility for developing an environment that supports and promotes active lifestyles and access to healthy food choices. Because of new funding, more school districts are following CDC's coordinated school health model, more health care professionals are being trained to identify and treat overweight, and public health professionals and community design and development professionals are learning how they can work together to design healthy communities. Ongoing efforts are measuring the effectiveness of this plan.

### Contact Information

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# Washington



## Involving Communities When Planning for Prevention

### Public Health Problem

Nearly 60% of adults in Washington are either overweight or obese. The obesity rate among adults has increased by 127% from 1990 through 2002. More than one in five of Washington's high school students were overweight or at risk for becoming overweight in 1999.

### Program Example

Washington's Nutrition, Physical Activity, and Obesity Prevention Program addresses the obesity and overweight problem on multiple levels: individual, interpersonal, institutional and organizational, community, and public policy. Washington began its initiative by empowering a community to decide how it wanted to make its environment healthier. To develop policy and environmental efforts that promote nutrition and physical activity, the Washington Department of Health focused on Moses Lake, a small community in rural Washington. The health department convened experts to provide input into a state action plan that called for promoting good nutrition and physical activity through policy and environmental approaches. The health department and its partners, National Park Service and the University of Washington, then worked in the community to mobilize a group of citizens, organizations, and businesses to form the Healthy Communities Moses Lake Advisory Committee. The committee identified three priority projects from the state action plan and created a Healthy Communities Moses Lake Action Plan to Promote Nutrition and Physical Activity. The projects have included community gardens; support for breastfeeding; and creation of a series of paths for exercise, recreation, transportation, and tourism.

### Implications and Impact

Washington's efforts to build its capacity have shown how the process of community mobilization can activate members of a community to address nutrition and physical activity issues. Washington's experiences also illustrate that community members from different disciplines can work together to address community health and attract other state-based groups to invest in the community.