THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA


An investigation of ‘whole-of-community’ approaches to healthy weight promotion in the U.S.A.

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Signed: Dated:

Janet Dalby 7th September 2006
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EXECUTIVE SUMMARY

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Overweight and obesity affects approximately 67% of men and 52% of women in Australia. Furthermore, 23% of Australian children and adolescents are overweight. (Proietto & Baur, 2004) Research has identified links between obesity and diseases such as Type 2 diabetes, high blood pressure, high cholesterol, heart disease, sleep apnoea, polycystic ovary syndrome and liver disease. The physical, economic and emotional burdens of obesity are also widely acknowledged (Wadden, Brownell & Foster, 2002)

There is no single cause for obesity, and hence no simple solution. Whole-of-community, or multi-site, multi-strategy, cross-sector approaches have been effective in the fight against ‘big tobacco’. A similar approach has been recommended by obesity experts.

‘Healthy Weight 2008: a national action agenda for children and young people and their families’ (Australian Government Department of Health & Ageing, 2003), proposed coordinated, whole-of-community approaches to healthy weight promotion. It suggested settings through which action strategies could be developed, and applied, to provide multi-site, multi-strategy, cross-sector approaches to overweight and obesity prevention.

Healthy Weight Outback NSW evolved because of the overweight and obesity trends in the area in and surrounding Broken Hill. Strong community support for a whole-of-community demonstration project exists and the findings from my Churchill Fellowship have identified a range of settings and strategies which could be applied in this and other Australian communities.

The US strategies tackle a range of policy and environmental factors which impact obesity, and the whole-of-community approach empowers public, private and community-based groups and individuals to tackle specific issues in a coordinated manner. Social marketing strategies enable the communication of positive and consistent messages to encourage healthy eating and physical activity.

With the support of the Churchill Fellowship I visited Washington, Oregon, Colorado, New Mexico and New York states in the US. I studied the various strategies and actions being taken to prevent overweight and obesity and promote healthy weight. I studied primarily the programs being offered through state health departments, with funding from the Centres for Disease Control & Prevention. A range of other activities are taking place through community efforts and other funding sources. I was able to observe the linkages and collaborative efforts which exist in each state.
The findings in this report support a recommendation to instigate whole-of-community approaches and a range of strategies across settings and communities in Australia. Evaluation of such interventions can inform the development of an evidence-base for effective Australian interventions, and will facilitate future roll-out of successful initiatives. Conclusions drawn from my study tour and recommendations for Australia are included in Sections 5 and 6 of this report.

I must note that the incredible wealth of information collected during my Fellowship has made it impossible to consolidate into one report. As such it is my intention to produce a number of supplements to this report in the future.
ACKNOWLEDGEMENTS / FELLOWSHIP ITINERARY

I would like to sincerely thank all the organisations and individuals listed below for their time and commitment to sharing knowledge and experiences. A special thank you to Kyle Unland (Washington), John Chism (Oregon), Rachel Oys (Colorado), Lisa McNichol Gatan (New Mexico) and Kyle Restina (New York), who were instrumental in the planning of my itinerary. Without their support my Churchill Fellowship would not have been possible.

Washington (1st to 5th May 2006)

Organisations visited:
- Washington State Department of Health
- University of Washington
- Seattle & King County Department of Health
- Office of the Superintendent of Public Instruction
- Olympia High School
- Healthy Communities Project Committee, Moses Lake

Individuals met with:
- Kyle Unland, MS, RD, Obesity Prevention, Nutrition and Physical Activity Coordinator, Washington State Department of Health
- Amy Ellings, Nutrition Consultant, Chronic Disease Prevention Unity, University of Washington / Washington State Department of Health
- James Kissee, Physical Activity Specialist, Nutrition & Physical Activity Program, Washington State Department of Health
- Marilyn Sitaker, MPH, Epidemiologist, Cardiovascular, Diabetes, Nutrition & Physical Activity Section, Washington State Department of Health
- Molly Shaw, MPH, RD, CD, Program Manager, Centre for Public Health Nutrition, University of Washington
- Lynne Smith, PhD, MPH, RD, Information Specialist, Centre for Public Health Nutrition, University of Washington
- Erin McDougall, PhD, Program Manager, Healthy Eating and Active Living, Chronic Disease Prevention and Healthy Ageing, Seattle & King County Department of Public Health
- George Sneller, Director, Child Nutrition Services, Office of the Superintendent of Public Instruction
- Bette Brandis, RD, Program Supervisor, Office of the Superintendent of Public Instruction
- Paul Flock, Child Nutrition Supervisor, Child Nutrition Department, Olympia School District
- Laura Pennington, School Liaison / STEPS to a Healthier US Program, Public Health & Social Services Department, Personal Health Division, Thurston County
- Sally Goodwin, Executive Director, Moses Lake Business Association
- Dr Alec Brzezne, Breast Feeding Taskforce, Moses Lake Healthy Communities Project
• Joe Rogers, Trails Planning Team, Moses Lake Healthy Communities Project
• Gary Harer, Trails Planning Team, City of Moses Lake & Moses Lake Healthy Communities Project
• Dave Fourner, Community Gardens Project, City of Moses Lake & Moses Lake Healthy Communities Project
• Debe Nuss, Breast Feeding Taskforce, Moses Lake Healthy Communities Project
• Desiree McCulloch, Lifestyle Challenge (Worksites), Moses Lake Healthy Communities Project
• Lee Blackwell, Chair, Moses Lake Healthy Communities Project

Oregon (6th to 14th May 2006)

Organisations visited:
• Oregon Department of Human Services
• Oregon Research Institute

Individuals met with:
• John Chism, MSSA, Program Manager, Physical Activity, Nutrition & Arthritis Programs, Oregon Department of Human Services, Public Health Services
• David Hudson, MS, Worksite Intervention Technician, Physical Activity & Nutrition Program, Oregon Department of Human Services, Public Health Services
• K John Fisher, PhD, Research Scientist, Oregon Research Institute
• Fuzhong Li, PhD, Senior Research Scientist, Oregon Research Institute

Colorado (15th to 20th May 2006)

Organisations visited:
• State of Colorado, Department of Public Health & Environment
• Centres for Disease Control and Prevention

Individuals met with:
• Joan Brucha, Program Coordinator, Colorado Physical Activity and Nutrition Program, Prevention Services Division
• Claire Heiser, Public Health Nutritionist, Centres for Disease Control & Prevention, Atlanta, GA
• Lyn Almon, Health Advisor, Centres for Disease Control & Prevention, Atlanta, GA

Meeting attended:
• Basic Implementation States Networking Session, Tuesday, 16th May 2006: Discussing progress with state based programs and issues around evaluation, indicators, and interstate information sharing.
• Colorado Physical Activity and Nutrition Program Session, Tuesday, 16th May 2006: Taking the Obesity Prevention Program to the Next Level – an example from Colorado
  o 1.00pm – 1.20pm Welcome and update – Robin Hamre, CDC
1.20pm – 2.00pm  Colorado Physical Activity and Nutrition (COPAN) Program Overview – James Hill, PhD, UCHSC, Centre for Human Nutrition / Rachel Oys, JD, COPAN
2.00pm – 2.15pm  Roadmap to Healthy Eating and Active Living – COPAN staff
2.15pm – 2.45pm  Kaiser Permanente Thriving Communities Initiative – Corina Lindley, Kaiser Permanente Community Health Specialist / Michael Buchenau, Denver Urban Gardens Executive Director
3.00pm – 3.45pm  COPAN Program Area Roundtables

Conference attended:
- CDC Diabetes & Obesity Conference, 16th – 19th May 2006, The Adam’s Mark Hotel, 1550 Court Place, Denver, Colorado
  - Wednesday, 17th May 2006, 8.00am – 9.00am
    - The diabesity epidemic and our children
  - Wednesday, 17th May 2006, 9.00am – 10.00am
    - Poster Session and exhibits
  - Wednesday, 17th May 2006, 10.30am – 12.00pm
    - A natural history of community gardens in Denver, Colorado – Jill Litt
    - Understanding fruit and vegetable retail resources in urban and rural communities – Akiko Hosler
    - You are where you shop: residential neighbourhoods, BMI and grocery store locations – Sanae Inagami
    - You are who you know: residential neighbourhoods, BMI and social ties – Sanae Inagami
- Centres for Disease Control & Health Promotion, Wednesday, 17th May 2006, lunch time
  - Claire Heiser
  - Lyn Almon

- Wednesday, 17th May 2006, 1.30pm – 3.00pm
  - Policy and legislative actions for diabetes and obesity control
- Wednesday, 17th May 2006, 3.30pm – 5.00pm
  - YMCA Activate America: America’s leading provider of health and wellness responds to obesity and chronic disease – Katie Adamson
  - McDonald’s takes steps toward healthy menu options – Shana Patterson
  - Community impact on policy change: how grassroots efforts can make a difference – Deborah Fillman
- Thursday, 18th May 2006, 8.00am – 9.30am
  - Combating diabetes and obesity in African American and Latino Women
- Thursday, 18th May 2006, 9.45am – 11.15am
  - Community Mapping of physical activity and nutrition in Denver: guided workshops and GIS – Ian Bates
  - Diabetes Information Resource Centre (DIRC): using technology to communicate with stakeholders – Karen Black
• Connecticut’s healthy eating active living web-based resource toolkit – Sharon Mierzwa
• Using computer-assisted diabetes self management in primary care: lessons from four projects – Diane King
  o Friday, 19th May 2006, 8.00am – 9.30am
• Building evidence for a systems approach to improve healthy eating and physical activity environments – Diane Manuel
• Of systems and sanctuaries: rethinking “silos” in public health discourse – Lemyra DeBruyn
• Eat Healthy South Chicago: preliminary study of an environmental social marketing approach – Jose O Arrom
  o Friday, 19th May 2006, 9.45am – 11.15am
• Outreach, implementation, assessment, and evaluation of community coalitions for diabetes prevention – Tracy Vidinghoff
• Determining Washington’s progress towards state and national diabetes objectives – Marilyn Sitaker
• An innovative evaluation tool that supports data-based decision making for local and state programs – April Reese and Rosemary Ritzman
  o Friday, 19th May 2006, 11.15am – 12.00pm
• Where do we go from here? – William H Dietz, Michael Engelgau

New Mexico (21st to 25th May 2006)

Organisations visited:
• New Mexico State Department of Health
• Albuquerque Alliance for Active Living
• Envision New Mexico

Individuals met with:
• Lisa McNichol Gatan, Program Manager, Physical Activity & Nutrition Program for Healthier Weight, New Mexico Department of Health
• Joanne McEntire, Director, Albuquerque Alliance for Active Living
• Chenoa Bah Stilwell-Jensen, Community Outreach Coordinator, Envision New Mexico
• Suzanne Gagnon, Provider Outreach and Training Coordinator, Envision New Mexico
• Judith Edwards, Quality Improvement Specialist, Envision New Mexico

New York (26th May to 30th June 2006)

Organisations visited:
• New York State Department of Health
• BeActive New York State
• The City of New York, Department of Health & Mental Hygiene
• New York City Department of Education

Individuals met with:
• Kyle Restina, Coordinator, Obesity Prevention, Bureau of Health Risk Reduction, New York State Department of Health, Albany, NY
• Phil Haberstro, Project Officer, BeActive New York State, National Association for Health and Fitness, Buffalo, NY
• Sabrina Baronberg, Program Development Specialist, Physical Activity and Nutrition, Bureau of Chronic Disease Prevention & Control, The City of New York, Department of Health & Mental Hygiene
• Eric Pliner, Coordinator of Curriculum and Assessment, Office of Fitness & Physical Education, New York City Department of Education *
• Lori Rose Benson, Director of Fitness and Physical Education, New York City Department of Education *

I would like to acknowledge the Barrier Division of General Practice, (my former employer), whose Board had the foresight and vision to initiate and support the Healthy Weight Outback NSW effort. They were also extremely supportive of my application for the Churchill Fellowship. The University of Sydney, Centre for Remote Health Research, Broken Hill University Department of Rural Health, (my current employer), must also be acknowledged. As a key stakeholder in the Healthy Weight Outback NSW effort, they have supported my Fellowship application and accommodated my Fellowship tour.

• Note: Email contact was made with these officers, but due to timing issues relating to wind up of the school year, I was unable to meet directly with either of them. I did consult with Kyle Restina (New York State Health Department) and Sabrina Baronberg (New York City Department of Health & Mental Hygiene) and gained insight into Department of Education’s initiatives and involvement in the State’s physical activity and nutrition plans. Further contact was made upon my return from the USA, and information collected specific to the school setting is being compiled in a supplementary report.
SETTING THE SCENE

Healthy Weight Outback NSW evolved because of the overweight and obesity trends in the area formerly known as Far West Area Health Service (FWAHS), which is now encompassed by the Greater Western Area Health Service (see Figure 1 below). In 2002, 63.8% of men and 49.1% of women living in the far west (Outback) NSW were identified as overweight or obese (compared with 53.9% of men and 38.5% of women in NSW at the time) (NSW Health, 2002).

Figure 1: Map of NSW Health Area Health Services

The combination of ageing population, low socio-economic status, high rates of unemployment and lower incomes, with high rates of obesity in Western New South Wales has impacted the health of people in the area. According to the National Divisions Diabetes and CVD Quality Improvement Project (University of New South Wales Centre for General Practice Integration Studies), identified that within the Barrier Division of General Practice boundaries (see Figure 2 below), 8.9% of people over the age of 25 had diabetes, 33.5% had high blood pressure, 53.1% had high cholesterol, 61.4% were overweight or obese, 41.9% were physically inactive and 18.2% were smokers.

In July 2004 the Barrier Division of General Practice (see Figure 2 below) began consulting with organisations and individuals across the public and private sectors, and ran a public forum in September 2004 to discuss the potential to develop a whole-of-community demonstration site for healthy weight promotion.
In February 2005, the Australian Government Department of Health & Ageing funded a consultation and planning phase for Healthy Weight Outback NSW. A working group including representatives from the University of Sydney’s Broken Hill Department of Rural Health, Greater Western Area Health Service, Maari Ma Health Aboriginal Corporation, Broken Hill Health Advisory Council, and the Barrier Division of General Practice consulted with community members and identified community willingness for a whole-of-community approach to healthy weight promotion.

Figure 2: Map of NSW Divisions of General Practice

This process allowed the development of an action plan for future involvement in interventions, research and program evaluation. The plan revolves around a staged process of capacity building, identification of community issues which impact achievement and/or maintenance of healthy weight by community members, as well as fund seeking for the purpose of initiating and supporting interventions. The overall intention was to develop Healthy Weight Outback NSW into a whole-of-community demonstration project, in line with the recommendations of the National Action Agenda.

Consultation with the Be Active Eat Well site in Colac, Victoria (another demonstration project) confirmed the potential of Healthy Weight Outback NSW to implement interventions and provide valuable information on promoting healthy weight in a rural and remote setting. Community and stakeholder consultation confirmed strong support for a whole-of-community approach.

Further research uncovered a range of state based programs being implemented in the USA through funding from the Centres for Disease Control and Prevention (CDC). The approach being taken with these programs was very much a
coordinated, whole-of-community approach. I saw the tremendous value that could be added to Australian and outback NSW efforts by studying the USA’s approaches, learning from their findings, and building international networks to facilitate sharing of information. As such, I applied for, and was the successful recipient of a 2005 Churchill Fellowship.

**AN INVESTIGATION OF WHOLE-OF-COMMUNITY APPROACHES TO HEALTHY WEIGHT PROMOTION IN THE USA**

**Aims & Objectives**

- The aim of my fellowship was to investigate the whole-of-community approaches to healthy weight promotion in the USA. My study tour was planned to allow me to gain insight into the broad range of approaches being initiated. Figure 3, below, illustrates the strategies and settings that form the Healthy Weight 2008 framework. My intention was to look at the broader national / state strategies, and focus in on the range of settings being targeted and the types of activities that are taking place in different parts of the USA.

Figure 3: Healthy Weight 2008 Framework for Action

<table>
<thead>
<tr>
<th>ACTION STRATEGIES FOR CHILDREN &amp; YOUNG PEOPLE (AGED 0-18 YEARS)</th>
<th>NATIONAL STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD CARE</td>
<td>SUPPORT FOR FAMILIES AND COMMUNITY WIDE-EDUCATION</td>
</tr>
<tr>
<td>SCHOOLS – PRIMARY &amp; SECONDARY</td>
<td></td>
</tr>
<tr>
<td>PRIMARY CARE SERVICES</td>
<td></td>
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<tr>
<td>FAMILY &amp; COMMUNITY CARE SERVICES</td>
<td></td>
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<tr>
<td>MATERNAL AND INFANT HEALTH</td>
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<tr>
<td>NEIGHBOURHOODS &amp; COMMUNITY ORGANISATIONS</td>
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</tr>
<tr>
<td>WORKPLACES</td>
<td></td>
</tr>
<tr>
<td>FOOD SUPPLY</td>
<td></td>
</tr>
<tr>
<td>MEDIA &amp; MARKETING</td>
<td></td>
</tr>
<tr>
<td>SETTINGS STRATEGIES</td>
<td>COORDINATION &amp; CAPACITY BUILDING</td>
</tr>
</tbody>
</table>

Source: AGDHA, 2003

This report will aim to align my findings from the USA with the Healthy Weight 2008 framework. It is my hope in presenting this report that the USA’s ‘lessons learnt’ will encourage support at the national, state and local level for a truly coordinated, whole-of-community approach to obesity prevention in the future.
Places visited

I travelled to the USA in May and June 2006, visiting five states: Washington, Oregon, Colorado, New Mexico and New York. A more detailed program itinerary and list of people and organisations visited is included in Section 7 of this report. The map below (Figure 4) illustrates the levels of overweight and obesity by state for 2004, as collected through the Behavioural Risk Factor Surveillance System.

Figure 4: Obesity Trends Among US Adults, BRFSS, 2004

The CDC provides funding at two levels: Capacity Building; and Basic Implementation. States funded at Capacity Building level are funded to develop partnerships, build support and work towards a state physical activity and nutrition plan. Twenty one states are funded at this level.

Once states have developed and ratified their state physical activity and nutrition plans, they have the opportunity to move on to Basic Implementation status. Seven states are funded at this level. Of the states I visited, New Mexico was at Capacity Building level. Washington, Oregon, Colorado and New Mexico were at Basic Implementation level.

I wanted to gain insight into the differences between the states, and perspective on the different strategies and settings being used. I hypothesised that each state, having different demographics, health profiles, laws, environments, population density / sparsity, and socio-cultural issues, would be likely to implement different strategies, with different focuses and different outcomes.

As well as visiting the states discussed above, I also attended the CDC's National Diabetes and Obesity Conference in Denver in May 2006. This gave me a much broader insight into the breadth of strategies and interventions being implemented across the USA. Because of the contacts made during the planning of my itinerary, I was also able to attend a pre-conference meeting of Basic Implementation state program managers.
The conceptual framework

The conceptual framework upon which the CDC programs are based is the socio-ecological model. This model promotes inter-sectoral approaches within the role of public health and works on the premise that people live within several broad spheres of influence, each affecting the other. The framework acknowledges the need to work, not only with people at the individual level, but to target situations within each sphere that have the potential to influence health behaviours (Washington State Department of Health, 2005).

The picture below demonstrates the spheres of influence comprised by the socio-ecological model (Figure 5). The state based programs I observed in the USA are focusing on the outer rings of this model. The thinking is that by changing things at the policy, systems, environment, community, institutional and organisational level, it will facilitate changes to the social norms over time, and make sustainable, health promoting behavioural changes possible.

Figure 5: The Socio-Ecological Model Conceptual Framework

Dr James Hill of the Colorado Physical Activity & Nutrition (COPAN) working party describes overweight and obesity as being impacted by: biology; behaviour; and environment. He reflects that it is tempting for researchers and health professionals to focus on one or another of these issues, but stresses the need to target all of these areas, through multiple strategies, and in a coordinated manner (Hill, 2006). Hill goes further, suggesting the need to investigate the economic drivers of eating and physical activity also (Hill, Sallis & Peters, 2004).
## STATE-BASED DATA

### Washington – Basic Implementation – 2003 to 2008

<table>
<thead>
<tr>
<th>Details</th>
<th>Rate</th>
<th>Source</th>
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<tbody>
<tr>
<td>Adults who are overweight or obese</td>
<td>58%</td>
<td>CDC BRFSS, 2004</td>
</tr>
<tr>
<td>Non-hispanic white adults who are obese</td>
<td>22%</td>
<td>CDC BRFSS, 2004</td>
</tr>
<tr>
<td>Non-hispanic black adults who are obese</td>
<td>32%</td>
<td>CDC BRFSS, 2004</td>
</tr>
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<td>24%</td>
<td>CDC BRFSS, 2004</td>
</tr>
<tr>
<td>High school students who are overweight or at risk of becoming overweight</td>
<td>21%</td>
<td>CDC YRBSS, 1999</td>
</tr>
</tbody>
</table>

Source: [www.cdc.gov/nccdphp/dnpa/obesity/state_programs/washington.htm](http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/washington.htm)

### Oregon – Basic Implementation – 2003 to 2008

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<td>Low-income children between 2 and 5 years who are overweight or at risk of becoming overweight</td>
<td>32%</td>
<td>CDC PedNSS, 2003</td>
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Source: [www.cdc.gov/nccdphp/dnpa/obesity/state_programs/oregon.htm](http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/oregon.htm)

### Colorado – Basic Implementation – 2003 to 2008

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<td>Adults who are overweight or obese</td>
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Source: [www.cdc.gov/nccdphp/dnpa/obesity/state_programs/colorado.htm](http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/colorado.htm)

### New Mexico – Capacity Building – 2003 to 2008

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Source: [www.cdc.gov/nccdphp/dnpa/obesity/state_programs/new_mexico.htm](http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/new_mexico.htm)

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</tr>
<tr>
<td>Non-hispanic black adults who are obese</td>
<td>28%</td>
<td>CDC BRFSS, 2004</td>
</tr>
<tr>
<td>Hispanic adults who are obese</td>
<td>27%</td>
<td>CDC BRFSS, 2004</td>
</tr>
<tr>
<td>High school students who are overweight or at risk of becoming overweight</td>
<td>24%</td>
<td>NM YRRS, 2003</td>
</tr>
<tr>
<td>Low-income children between 2 and 5 years who are overweight or at risk of becoming overweight</td>
<td>22%</td>
<td>CDC PedNSS, 2002</td>
</tr>
</tbody>
</table>

Source: [www.cdc.gov/nccdphp/dnpa/obesity/state_programs/new_york.htm](http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/new_york.htm)

NATIONAL STRATEGIES

Coordination & Capacity Building

Washington, Oregon, Colorado and New York, all being funded at Basic Implementation level, have been through a period of dedicated capacity building. With State Physical Activity and Nutrition plans in place, they are actively involved in coordinating a range of efforts across the state, and supporting a range of organisations and alliances who value add to this process.

New Mexico, as a capacity building state is still involved in building partnerships and developing a draft state physical activity and nutrition plan. The fact that the CDC funds this process specifically speaks to the acknowledgement of the importance of building workable partnerships, and developing strategies for coordinating efforts across the state.

Evidence & Performance Monitoring

The CDC collects a range of data at the national level, which supports state-based evidence and performance monitoring:
- CDC Behavioural Risk Factor Surveillance System study (BRFSS);
- CDC Paediatric Nutrition Surveillance System (PedNSS);
- CDC Youth Risk Behaviour Surveillance System (YRBSS)

State Health Departments are able to add state specific questions to these surveys, to further inform the work and performance monitoring within each state. Hospitals and health service data is also utilised to evaluate performance against the state physical activity and nutrition plans.

Evaluation and research activities surrounding state program interventions are also carried out. This information is contributing to the evidence-base for the variety of interventions being implemented.
Whole-Of-Community Demonstration Areas

States funded at Basic Implementation level implement a variety of interventions. Washington state is a good example of this process. They initially commenced two healthy communities project pilots in the towns of Mount Vernon and Moses Lake. The lessons learnt from these two projects has informed the further development of the state plan, and the interventions being rolled out across the rest of the state.

It is interesting to note the state’s conscious decision to implement pilots in rural locations. The feeling was that it was important to choose communities who were committed to an intervention, and in which it was possible to measure the effect of the intervention. Rather than a ‘bang for the buck’ approach, implemented in a more populus metropolitan area, they chose smaller communities, and paid special attention to building a sense of ownership for the project.

Feedback from stakeholders involved in the Moses Lake intervention has suggested that the approach taken by the Health Department in developing this project was a key factor in the sense of community ownership of the strategies and activities being implemented in the town.

Support for Families and Community-Wide Education

Several State Health Departments are actively involved in social marketing campaigns. Many more states are linking in with national social marketing approaches to deliver positive and consistent messages about healthy eating and physical activity. A number of different community-wide-education strategies are being implemented.

It will be interesting to see results of evaluation of these healthy message campaigns, and to look to future lifestyle changes they are able to encourage. Evaluation of a health message campaign in the Be Active Eat Well site in Victoria has shown that positively framed messages (ie. drink more water) have better recall by study subjects than negatively framed messages (ie. drink less soft drink). This is a matter for future investigation.

STATE-BASED SETTINGS STRATEGIES

Child Care

- **Washington**
  - Develop policies that require child care facilities to provide quality breastfeeding support
  - Enhance physical activity in child care programs for young children

- **Oregon**
  - Promote written policies that ensure adequate daily physical activity among children in pre-school programs and child care centres
  - Provide pre-school teachers and day care providers professional development opportunities related to the promotion of physical activity
• Decrease TV viewing and sedentary behaviours by children and their families through information and promotional materials provided to organisations and programs that reach children and their caregivers
• Provide and promote opportunities for individuals who work in childcare and school environments to improve their knowledge, attitudes, and practices related to supporting healthy eating and daily physical activity in those environments

- **Colorado**
  - Support breastfeeding mothers
  - Adopt practices that promote healthy eating
  - Encourage developmentally-appropriate physical activity
  - Integrate nutrition and physical activity into all curricula

- **New York**
  - Increase the proportion of children and adolescents whose intake of meals and snacks at childcare centres, schools, and after school programs contributes to good overall dietary quality
  - Increase the number / proportion of institutional and environmental policies that promote energy balance
  - Increase the proportion of childcare centres, schools and worksites that have assessed, developed plans, implemented and evaluated changes to their nutrition and physical activity environments

- **Washington**
  - Support Washington School Food Service Association Long-Range Legislative Plan which calls for policies that reduce financial and organisational barriers to school lunch and breakfast for all students
  - Encourage adoption of policies that assure that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans
  - Support the use of community supported agriculture programs in local schools
  - Open public school gym facilities and athletic grounds for the public
  - Teach skills in schools that promote lifelong physical activity
  - Increase the time that students are actively involved in physical education at school
  - Train teachers in physical education and enhance the training of physical education teachers
  - Support and promote ‘Safe and Active Routes to School’ and ‘Walk Your Child to School’ activities
  - Design or renovate schools to enhance physical activity facilities
  - Enhance physical activity in After School Programs
  - Enhance physical activity in programs for youth
  - Work to modify school land-use requirements specific to parking space availability
  - Work to keep schools in neighbourhoods rather than on the edges of communities
• Oregon
  o Expand and promote walking and biking to school by implementing designated routes, programs, and promotional events
  o Increase the percentage of schools with safe and accessible sidewalks, bike lanes and crosswalks
  o Promote retaining existing neighbourhood schools and siting new schools in areas that facilitate walking and biking to school
  o Promote school district policies that require quality, daily physical education for all students, Kindergarten to Grade 12 (K-12), or, at a minimum, require quality physical education for a minimum of 150 minutes per week for students, K-5, and 225 minutes for grades 6-12
  o Increase the percentage of students who meet the Oregon Physical Education Content Standards as measured by local district physical education performance standards for the Certificate of Initial Mastery (CIM)
  o Promote school district policies that require certification and provide ongoing professional development opportunities for teachers of physical education
  o Work with the Healthy Kids Learn Better Partnership to establish local School Health Advisory Councils to assess, plan, and implement quality physical activity programs and policies for students
  o Promote school district policies that require daily recess for all elementary students
  o Improve the knowledge and skills needed for effective promotion of enjoyable, lifelong physical activity by providing training for school and community members working with youth
  o Work with Healthy Kids Learn Better Coalition to promote comprehensive policies that encourage physical activity through physical education, health education, recess, competitive and non-competitive sports programs, and school transportation
  o Foster local partnerships among schools and community organisations to increase physical activity opportunities for youth
  o Increase the number of school facilities available for community recreational use after school hours
  o Increase promotion of 5 A Day messages in state, local public health, community, and school nutrition and health programs through increased access to training, technical assistance and funding
  o Encourage funding and support to increase the number of elementary and middle schools with variety bars offering fruits and vegetables purchased locally whenever possible
  o Partner with Oregon Department of Education, Healthy Kids Learn Better, and the Oregon Department of Human Services-Health Services to implement national and state nutrition and physical activity initiatives such as the USDA / FNS Eat Smart, Play Hard campaign and Changing the Scene: Improving School Nutrition Environment.
  o Promote the School Health Advisory Councils or Healthy Kids Learn Better Teams in all schools to assess nutrition and physical activity programs and policies, develop improvement plans, and implement quality programs and policies that are supported by appropriate staff development
- Decrease TV viewing and sedentary behaviours by children and their families through information and promotional materials provided to organisations and programs that reach children and their caregivers
- Provide and promote opportunities for individuals who work in childcare and school environments to improve their knowledge, attitudes, and practices related to supporting healthy eating and daily physical activity in those environments
- Promote and support state and local legislation and policies that create environments conducive to healthy eating, daily physical activity, and healthy weights such as limiting soft drinks and fast foods in schools, and requiring fat and sugar content information on containers for soft drinks and snacks sold in convenience stores

- **Colorado**
  - Implement the Coordinated School Health Model
  - Offer quality, daily physical education for all K-12 students
  - Establish policies ensuring all foods and beverages in schools are healthy
  - Integrate nutrition and physical activity into all curricula
  - Implement a community walk or bike-to-school program

- **New York**
  - Increase the proportion of schools that collect accurate height and weight measurements (required by New York State Education Department at school entrance and in grades 1,3,7 and 10), calculate BMI, and communicate pupils’ weight status (based on BMI percentiles) to the NYS Department of Health
  - Increase the proportion of children and adolescents whose intake of meals and snacks at childcare centres, schools, and after school programs contributes to good overall dietary quality
  - Increase the proportion of schools that comply with NYS Department of Education physical education regulations
  - Increase the proportion of children and adolescents who spend at least 50% of school physical education class time being physically active
  - Increase the proportion of New York State’s public and non-public schools that require daily physical education classes for all students
  - Increase the number / proportion of institutional and environmental policies that promote energy balance
  - Increase the proportion of childcare centres, schools and worksites that have assessed, developed plans, implemented and evaluated changes to their nutrition and physical activity environments

**Primary Care Services**

- **Washington**
  - Establish hospital and maternity centre practices that promote breastfeeding
  - Train health care professionals who provide maternal and child care to support breastfeeding
• Oregon
  o Expand statewide and local partnerships among health, recreation, and business organisations to increase physical activity opportunities
  o Recruit health care systems and providers to cosponsor community-wide campaigns and events
  o Recruit health care systems and providers to participate in local and statewide Active Community Environment initiatives
  o Engage health care providers to advocate for increased physical activity opportunities and policies with local, regional, and state policymakers
  o Expand the number of health care systems that support and promote physical activity for their employees
  o Encourage health care providers to model physically active lifestyles
  o Convene partnerships to identify and promote best practices for use by providers, health care systems, insurers, and purchasers to promote physical activity
  o Encourage the use of best practices among health care providers by providing information and facilitating discussions on current physical activity recommendations for specific age groups
  o Increase health care professional training on physical activity through professional schools and continuing education programs for physicians, sports medicine professionals, occupation and physical therapists, nurses, dietitians, and health educators
  o Increase coordination and develop partnerships between health care professionals and the community to facilitate referrals to programs and resources that promote daily physical activity for persons of all ages
  o Increase the proportion of health care providers conducting physical activity assessments and counselling tailored to the needs of individual patients
  o Partner with Office of Medical Assistance Programs, OMPRO, and other governmental and non-governmental agencies, task forces, business, and foundations to assist with data collection, to identify social and cultural context, and to identify existing programs and interventions
  o Increase promotion of 5 A Day messages in state, local public health, community, and school nutrition and health programs through increased access to training, technical assistance and funding
  o Identify, provide, and promote opportunities for health care providers to expand their knowledge and use of best-practice methods to help individuals reach and maintain healthy weights

• Colorado
  o Practice effective assessment and management of obesity in health care settings
  o Offer breastfeeding education to medical staff and parents

• New York
  o Increase the perception that overweight and obesity are significant public health risks by a wide array of stakeholders including the healthcare community and the general public
- Increase the proportion of healthcare providers who routinely monitor, track and inform patients and/or parents of weight gain or growth
- Increase the proportion of people appropriately counselled by medical and allied health care providers about achieving and maintaining healthy weight
- Improve management of obesity related diseases
- Reduce barriers that impede medical and allied health care professionals from managing (providing behavioural, nutritional, medical and surgical treatment) individuals who are overweight or obese
- Increase the number/proportion of institutional and environmental policies that promote energy balance

**Family & Community Care Services**

- **Washington**
  - Support food programs that act as nutritional safety nets for families and children
  - Promote family economic security for those transitioning from welfare to work and for working poor families
  - Develop model policies and funding recommendations that enhance nutrition programs that work with populations that are at risk for hunger and food insecurity
  - Maximise access to the Basic Food Program, Supplemental Nutrition Program for Women, Infants, and Children, Basic Food Nutrition Education Program, Senior Meal Programs, food banks, and child nutrition programs

- **Oregon**
  - Expand statewide and local partnerships among health, recreation, and business organisations to increase physical activity opportunities

- **Colorado**
  - Implement breastfeeding-friendly hospital policies and procedures
  - Offer breastfeeding education to medical staff and parents

- **New York**
  - Increase the perception that overweight and obesity are significant public health risks by a wide array of stakeholders including the healthcare community and the general public
  - Increase the number/proportion of institutional and environmental policies that promote energy balance

**Maternal & Infant Health**

- **Washington**
  - Train health care professionals who provide maternal and child care to support breastfeeding
• **Oregon**
  - Increase the percentage of local Supplemental Nutrition Programs for Women, Infants and Children that actively encourage daily physical activity among WIC participants
  - Promote and support breastfeeding initiation and duration in order to decrease risk of overweight among youth

• **Colorado**
  - Implement breastfeeding-friendly hospital policies and procedures
  - Offer breastfeeding education to medical staff and parents

• **New York**
  - Increase the proportion of (pregnant women) who gain the optimal recommended amount of weight (as defined by Institute of Medicine Guidelines) based on a woman’s pre-pregnant weight during their pregnancies
  - Increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or orange vegetables and at least 2 servings per day of fruits
  - Increase the number / proportion of institutional and environmental policies that promote energy balance

**Neighbourhoods & Communities**

• **Washington**
  - Reallocate funding to support local and city parks and recreational facilities that are low cost, high demand activities and are used by disadvantaged populations
  - Provide funding to maintain established local and city parks and recreational facilities, especially trails and paths for walking and bicycling
  - Provide funding to support land acquisition and construction of new trails and paths for walking and bicycling
  - Open public school gym facilities and athletic grounds for the public
  - Address policies related to liability issues regarding the use of public spaces for recreational purposes
  - Encourage cities and towns to use existing public facilities to meet the requirements for parks and recreation in their community comprehensive plans
  - Develop and disseminate model zoning and land use policies
  - Promote mixed-use development for walkable and bikeable communities
  - Encourage communities to have non-motorised transportation citizen committees that report to the governing body (ie. city council, mayor, etc)
  - Develop model policies for bicycle and pedestrian-oriented transportation systems
  - Encourage economic incentives for non-motorised transportation
  - Build connectivity between trails, paths, neighbourhoods and schools, and sidewalks to enhance the ability to be physically active
o Develop a trail / path system in a community and educate the public on how to use it
o Encourage traffic-calming measures, such as speed bumps and bulb-outs
o Enhance pedestrian safety by enforcing vehicle speed limits
o Encourage policies that support training of all law enforcement officers about pedestrian and bicycle safety
o Implement community policing and block watch programs in communities
o Promote safe and active routes to school

- Oregon
  o Encourage parents to participate in physical activity and to make enjoyable physical activity a part of family life
  o Promote neighbourhood trips made by walking and biking as an alternative to using the automobile
  o Improve the knowledge and skills needed for effective promotion of enjoyable, lifelong physical activity by providing training for school and community members working with youth
  o Conduct community-wide campaigns to promote increased daily physical activity among children and adolescents
  o Conduct statewide and community campaigns to promote walking and biking for work, errands and recreation
  o Develop and implement community-based programs and events that promote walking and biking
  o Provide recognition for walking and biking advocates, organisations, and programs whose efforts lead to increases in walking and biking
  o Foster local partnerships among schools and community organisations to increase physical activity opportunities for youth
  o Collaborate with the Oregon Governor’s Council on Physical Fitness and Sports and AARP to support and expand inter-generational physical activity programs
  o Expand statewide and local partnerships among health, recreation, and business organisations to increase physical activity opportunities
  o Promote community and transportation design that facilitates walking and biking, including paths to connect dead-end and cul-de-sac streets, lighting for safety, traffic calming techniques, frequent and safe pedestrian bicycle crossings
  o Increase funding dedicated to improving and expanding bike lanes, sidewalks, bike paths, and trails in communities
  o Advocate for design of public transit stops that safely connect pedestrians, bicyclists, and people with disabilities with surrounding sidewalks and bike lanes
  o Promote bike travel through increased availability of safe, secure bicycle parking structures and transit vehicles with bike racks or other bike-friendly features
  o Provide pathways and trails in parks, along rivers, and in other natural settings to encourage walking and biking for exercise and transportation, including rails-to-trails conversion projects
- Increase funding for parks and recreational facilities and physical activity programs
- Increase the number of school facilities available for community recreational use after school hours
- Foster development of local Active Community Environment groups to advocate for and promote physically active communities
- Develop partnerships to advocate at local, regional, state, and national levels for funding and design standards that support and promote increased physical activity opportunities for all age groups
- Identify and use partnerships to promote effective land use planning and increase acquisition and development of parks, open space and green space
- Adopt and implement an Oregon 5 A Day strategic plan
- Increase promotion of 5 A Day messages in state, local public health, community, and school nutrition and health programs through increased access to training, technical assistance and funding
- Improve availability of neighbourhood access (via grocery stores, produce stands, etc) to affordable fruits and vegetables in acceptable forms (canned, fresh, frozen, dried, culturally appropriate)

- Colorado
  - Create opportunities for growing and selling vegetables and fruit
  - Integrate community garden efforts with other community groups and organisations
  - Offer safe and effective programs for physical activity, nutrition, and falls prevention
  - Create opportunities for social interaction that foster peer support for health and mental health and decrease social isolation
  - Promote continuity of services between service providers and program sites
  - Invest in road and transit facilities that accommodate bicycles and pedestrians
  - Integrate language about health into transportation / land use master plans
  - Develop land use planning and development policies that integrate ‘smart growth’ principles
  - Educate community members and decision makers about the need for active community environments

- New York
  - Increase the number / proportion of trips made by walking, biking and other means of self-propulsion
  - Increase awareness and knowledge of recommendations to limit TV viewing and other recreational screen time
  - Decrease exposure by children and youth to advertisements for products associated with increased risk of obesity
  - Increase the number / proportion of institutional and environmental policies that promote energy balance
  - Increase the number / proportion of institutional and environmental policies that promote energy balance
o Increase the availability and accessibility of affordable, healthy foods and beverages
o Increase the availability and accessibility of affordable places to be physically active
o Increase advocacy and public support for initiatives, policies and legislation that eliminate barriers to healthy food choices and physically active lifestyles.

Workplaces

• Washington
  o Encourage workplace provision of health-promoting snacks in vending machines
  o Encourage workplace provision of health-promoting foods in cafeterias
  o Encourage workplace provision of health-promoting foods at meetings and workshops
  o Develop incentive programs that encourage employers to provide breastfeeding-friendly worksites
  o Provide employee benefit packages that include coverage for physical activity
  o Offer lower insurance premiums or rebates for employees who can document participation in regular physical activity
  o Provide worksite shower facilities and flex time to allow for physical activity before or during the workday
  o Point of Decision prompts that encourage people to use the stairs

• Oregon
  o Encourage employers and employee associations to implement policies and offer programs that promote physical activity among their employees and members
  o Encourage worksites to promote walking, biking and the use of public transit as alternatives to using the automobile
  o Identify and promote opportunities for worksites to co-sponsor community-wide campaigns to promote physical activity
  o Offer support for worksite physical activity policies and programs through toolkits, training and technical assistance
  o Expand statewide and local partnerships among health, recreation, and business organisations to increase physical activity opportunities
  o Promote strategies that encourage walking, biking and taking public transit to work
  o Offer incentives and pricing strategies that encourage the consumption of fruits and vegetables at workplace cafeterias and other such venues
  o Encourage ‘healthy-weight friendly’ policies and programs in public and private sector worksites
  o Provide recognition to public and private sector organisations that promote and support ‘healthy-weight friendly’ worksite environments
  o Identify and promote the adoption of standards / guidelines to increase the availability of health foods served at public and private worksites including cafeterias, vending machines, and snack stands
• **Colorado**
  o Gain management support for worksite wellness activities
  o Create a wellness team
  o Collect data to drive program efforts
  o Develop an operating plan
  o Offer health education, physical activity, and healthful eating programs
  o Create an environment and policies that support behaviour changes
  o Evaluate outcomes

• **New York**
  o Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs
  o Increase the number / proportion of institutional and environmental policies that promote energy balance
  o Increase the proportion of childcare centres, schools and worksites that have assessed, developed plans, implemented and evaluated changes to their nutrition and physical activity environments

**Food Supply**

• **Washington**
  o Support Farmers’ Market programs that make vegetables and fruits more accessible and available to disadvantaged populations
  o Increase the availability of and access to local community gardens
  o Develop public / private partnerships to increase access to supermarkets and Farmers’ Markets in under-served areas

• **Oregon**
  o Promote the WIC Farmers’ Market Nutrition Program and the Senior Farmers’ Market Nutrition Program and support their expansion
  o Partner with the Oregon restaurant industry, culinary institutes and cooking schools to increase availability of low-calorie, nutrition food items, provide reasonable food and beverage portion sizes and provide nutrition information for food items
  o Promote and support state and local legislation and policies that create environments conducive to healthy eating, daily physical activity, and healthy weights such as limiting soft drinks and fast foods in schools, and requiring fat and sugar content information on containers for soft drinks and snacks sold in convenience stores

• **Colorado**
  o Highlight healthy meal choices in restaurants
  o Educate customers about healthy foods in grocery stores

• **New York**
  o Increase the number / proportion of institutional and environmental policies that promote energy balance
Media & Marketing

- **Oregon**
  - Develop and implement social marketing campaign to promote healthy eating, daily physical activity, healthy weight maintenance, and reduction of chronic diseases
  - Coordinate promotion of consistent, evidence-based nutrition and physical activity messages and materials in state and local government programs and other organisations that deliver health messages; adopt national campaigns whenever possible
  - Use media advocacy to bring about policy change that promotes healthy eating, daily physical activity, and health weight maintenance

- **Colorado**
  - Blanket the community with positive messages about physical activity and healthy eating
  - Inform community members about the availability of programs for physical activity, nutrition, and weight loss support

- **New York**
  - Increase the proportion of persons who know the health risks (hypertension, dyslipidaemia, insulin resistance, etc)
  - Increase awareness of overweight and obesity as a major public health threat
  - Increase awareness of physical activity guidelines and recommendations
  - Increase the number / proportion of institutional and environmental policies that promote energy balance
CONCLUSIONS

State Health Departments are funded to build capacity and coordinate the efforts of a wide variety of private, public, and community-based organisations involved in implementing strategies to improve health through physical activity and nutrition. The State based programs provide support and technical assistance with evaluation, surveillance and performance monitoring using national and state data, as well as project specific data to monitor performance, and plan future strategies.

Whole-of-community approaches are being applied in the Basic Implementation states, and planned in the Capacity Building states. A great variety of interventions are also being implemented across the USA by other separately funded initiatives. The important contribution of philanthropic agencies and community action alliances is noted. State Health Departments are actively involved in building workable partnerships with such organisations, and in so doing building further capacity for healthy weight promotion in their respective states.

The approaches being taken differ from state to state, but the settings strategies share broad similarities across the country. Discussions are currently being held across the various Basic Implementation states to align performance indicators more closely, between states, for the purpose of allowing interstate comparison, and contributing to the national performance monitoring and surveillance efforts. The State Health Departments see their role as one of facilitation in the early stages, building capacity, and providing support for the range of organisations and groups expressing interest in working on whole-of-community approaches. They strongly support community capacity building, and the development of partnerships, to promote linkage of a variety of interventions under a coordinated state plan.

The CDC, through it's support of states, and the resultant implementation of strategies and pilot projects, has shown vision and commitment to the process of developing an evidence-base for effective measures to tackle obesity. Their commitment to long-term funding is also commendable, recognising that obesity will take many years, and a concerted and coordinated effort to impact current trends.

Some of the strategies being implemented in the USA to address physical activity and nutrition are summarised below.

Physical Activity

- Increase access to free or low cost recreational opportunities for physical activity
- Increase physical activity opportunities available to children
- Increase the number of active community environments
- Make policy, environment & systems changes to support and promote daily physical activity
- Integrate physical activity into all curricula
- Implement a social marketing campaign providing positive and consistent messages about physical activity
- Utilise a variety of settings and multi-disciplinary teams to promote physical activity across the continuum of life
Nutrition

- Increase access to health promoting foods
- Reduce hunger and food insecurity
- Increase the proportion of mothers who breastfeed their infants and toddlers
- Make policy, environment & systems changes to support and promote healthy eating
- Integrate healthy nutrition guidelines and information into all curricula
- Implement social marketing campaign providing positive and consistent messages about healthy eating
- Utilise a variety of settings and multi-disciplinary teams to promote healthy eating across the continuum of life

Such approaches should be applied in Australia under a coordinated Federal / State commitment to healthy weight promotion. Lessons being learnt from various USA approaches should inform the development of strategies in Australia.

National focus on the Australian obesity epidemic should garner support for effective approaches. The recommendations of obesity experts for whole-of-community approaches should be heeded across Australia, and such approaches implemented in Australia.

There is no room, in dealing with the obesity epidemic, for the usual Federal / State cost shift and philosophical debate and rhetoric. There is no place for duplication of efforts through separate Federal / State initiatives.

Commitment from federal and state governments is essential to the process. Also essential is a commitment to developing authentic partnerships and building community capacity to deliver multi-site, multi-strategy, cross-sector, or ‘whole-of-community’ approaches to healthy weight promotion.
RECOMMENDATIONS FOR AUSTRALIA

1. National behavioural risk factor surveillance system with funding support from the Australian Government Department of Health & Ageing and State Health Departments, and coordinated through each state

2. National consistency and commitment to whole-of-community approaches to healthy weight promotion across public, private and community sectors

3. Real and long-term funding for whole-of-community demonstration areas, as recommended in the national action agenda Healthy Weight 2008

4. Real and long-term funding for research and evaluation support for whole-of-community demonstration areas

5. Identification of a range of evidence-based and culturally appropriate interventions which can be rolled out across Australia to support communities to improve nutrition and increase physical activity

6. A nationally consistent social marketing campaign which is promoted through all settings outlined in the Healthy Weight 2008 framework
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