

Nutrition, Physical Activity and Obesity

Michigan

Building Healthy Communities Project

Public Health Problem

In Michigan, rates of chronic disease, such as obesity, are higher than the national averages. In 2007, 36.2% of the Michigan adult population was considered overweight and an additional 28.4% were obese. This means that only 35.4% of the Michigan adult population had a BMI under 25. In 2007, only 21.3% of Michigan residents reported having consumed at least 5 servings of fruits and vegetables a day. For physical activity, 49.4% of Michigan's adult population was estimated not to have met the weekly physical activity requirements of 30 minutes of physical activity for five or more days each week or 20 minutes of vigorous activity three or more days each week.

Intervention

Michigan's Building Healthy Communities Project is a program designed to improve the environment and change policies to make it easier for residents to be healthy. The project expanded from an initial state-funded competitive grant to seven local public health departments to a wider partnership that now includes 16 local public health departments. Local health departments were funded, staff was trained and technical assistance was provided to plan and implement evidence-based policy and environmental changes to support physical activity and healthy eating.

During the planning period, local health departments formed coalitions in their communities, completed policy and environmental assessments to determine needs, and created a 3-year plan for creating more opportunities for their residents to engage in healthful eating, physical activity, and tobacco-free lifestyles. Communities assessed their needs utilizing assessment tools found at www.mihealthtools.org that included the Healthy Communities Checklist, the Promoting Active Communities (PAC) Assessment, the Nutritional Environmental Assessment Tool (NEAT), and Smoke-Free Community Assessment Tool (SFCAT). Multidisciplinary coalitions were formed from new and existing local partners representing transportation, farmers, residents, public officials, zoning and planning, city engineers, law enforcement, YMCA, hospitals, universities, non-profit organizations, and news media outlets. Multiple evidence-based strategies and promising practices were implemented in communities to support physical activity and healthy eating.

Implications and Impact

Overall, the Building Healthy Communities Project achieved significant success in creating and enhancing places for Michigan citizens to enjoy healthy lifestyles. Examples of these changes are establishing farmers markets, building walking and biking trails and health promotion and education. This project helped local coalitions leverage close to a million and a half dollars in additional funding to support their work. Joining state and private funding streams has led to a more comprehensive community project. Examples of policy and built-environment changes for the project include:

- 11 trails covering 58.6 miles were created or enhanced with benches, lighting, and signage.
- 7 parks were enhanced with amenities such as new equipment, benches, and lighting.
- 14,000 walking maps were provided to residents.

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- 129 community fitness classes were conducted.
- 5 new farmers market locations opened. All markets have ability to process Electronic Benefits Transfer transactions for food stamp recipients.
- 7 new school and community gardens were created.
- 5,000 Senior Project FRESH coupon books were distributed to low-income seniors to redeem for fresh fruits and vegetables.

To continue to build the capacity of local public health departments to be leaders of healthy change in their communities, the Michigan Nutrition, Physical Activity and Obesity Program will play a pivotal role in the expansion of this project in fiscal year 2008/2009 through funding, training and technical assistance to up to 25 of the state's 45 local public health departments.

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New York

Policy and environmental change to increase access and consumption of fruits and vegetables

Public Health Problem

According to BRFSS data, in 2006, 60% of adults in New York State were overweight or obese. One of the principle target areas for reducing obesity is fruit and vegetable consumption. But data from 2005 showed 74% of state residents consumed less than 5 servings of fruits and vegetables daily. The program was designed to target lower income populations who typically eat fewer fruits and vegetable than higher income residents.

Intervention Example

New York State has 2,500 emergency food relief organizations, including 1,800 pantries, 435 soup kitchens and more than 255 emergency shelters. The Hunger Prevention and Nutrition Assistance Program (HPNAP) provides grants to those sites for the purchase of food. In 2006, New York instituted a policy that required all contractors who provide food through HPNAP to spend at least 5% of food funds on fresh produce for distribution. In 2007, that requirement has been increased to 10%. To support the policy, the *Just Say Yes* program, designed to increase produce consumption by food stamp recipients, conducts nutrition education sessions and cooking demonstrations using the fruit and vegetables available at the site. Because many of the sites had inadequate space for nutrition education, the program purchased a mobile vehicle with a fully equipped kitchen. The vehicle is used at outside sessions. In summer 2008, the group piloted new educational sessions at summer feeding sites; based on feedback from the parents, this program has been modified and be expanded in the next year.

Implications and Impact

Working in 406 organizations, the staff reached 12,993 clients in 2006 with *Just Say Yes*. In a post-test at the end of educational sessions, 76% of participants indicated that they had intended to increase their consumption of fruits and vegetables at home. During the past year, 20% of the food budget was spent on produce (the policy required 10%). The policy required that \$1.2 million be spent, but \$2.6 was actually spent.

The success of this intervention is attributed to several key steps:

- *Achieving buy-in early.* A policy was established to convene a steering committee of food bank representatives and nutritionists to solicit their input and involvement.
- *Marketing the program to food pantry operators.* Food pantry operators have a trust relationship with the clients, and were important partners in encouraging participation in cooking classes.
- *Establishing adequate space.* Obesity Prevention Program staff assessed facilities and provided assistance in identifying space for education sessions.
- *Developing strategies for proper produce storage.* Strategies included: targeting funds for the purchase of refrigerators, changing delivery schedules, and marketing the delivery schedule so that individuals come the same day that produce is delivered in order to decrease the need for storage.

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North Carolina

Use of Communication Campaigns with Multiple Goals

Public Health Problem

Communication campaigns provide a wide reach into a target population that may have unique access points. Given the rates of childhood overweight and obesity in North Carolina, estimated at 16% of children 6-17 years being overweight and another 16% classified as obese, the state program used communication efforts to reach a variety of audiences who in turn could change food and activity policies and environments that benefit children.

Intervention Example

Among North Carolina's efforts to address the childhood obesity problem were two communication efforts: one with the goal of promoting school wellness policy, the other intended to support an on-going intervention by re-enforcing the program's behavioral messages. The first campaign, "Successful Students Eat Smart and Move More" is a state-wide social marketing intervention intended to create a buzz around school wellness policies. It was modeled after a California project with the same name, which targeted school board members. North Carolina expanded it to include parent members of the PTA and School Health Advisory Council chairs. Some of the materials created included two-page advocacy documents on fundraising, food as a reward and classroom parties and events, and two-page white papers on issues such as soft drinks and TV related to school age children. These items were posted on project web sites as well as PTA web sites. This year, the effort also included a series of workshops with school board members, PTA members and other school personnel. The intent of these efforts was to reinforce school districts to implement their school nutrition and physical activity wellness policies.

The second campaign, called "Eat Smart Move More" is a statewide advertising effort targeted at moms 25-54. This target population was chosen because they are the gatekeepers for food purchasing decisions for the family. The television and radio advertisements used in this initiative promote the Eat Smart Move More intervention's seven target areas for behavior change including "prepare more meals at home," "tame the tube," "choose to move more everyday," "rethink your drink," "enjoy more fruits and veggies," "breastfeed your baby" and "right-size your portions." The campaign included targeted paid advertising. North Carolina used a media buyer to negotiate media partnerships that maximize coverage with additional free spots where possible. These ads were tested with consumers using a web survey and edited based on the findings.

Implications and Impact

The Successful Students campaign trained 300 people this spring on wellness policy. Twenty-one school boards were reached. The PTA ran wellness policy articles and ads in one of their statewide newsletters, reaching approximately 30,000 parent members.

For the Eat Smart Move More Campaign, North Carolina bought radio time in four media markets and had TV partners in two media markets; they reached 1.3 million viewers and radio listeners in the target audience an average of 3 times with the message. The TV partners provided drawings for exotic trips as incentives for viewers to sign up. What they learned is that they got more traffic from word-of-mouth than from the TV promotions.

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One lesson learned was the importance of obtaining audience input on communication messages. The biggest barrier noted with the ad campaign was the expense. The state program devoted some money in their budget for periodic ads at the state level. However, the state program noted that the way to overcome these limits was to get local partners to support it on their level as they had media partners to promote the messages as well.