

State Nutrition, Physical Activity and Obesity Programs, Cooperative Agreement DP08-805
A Review of Accomplishments by State Grantees (2008-2013)



National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, & Obesity



Introduction

Obesity in the United States is a major health issue affecting American adults and children. In 2011- 2012, the obesity rate for adults aged 20 years or older was 34.9%, and the rate for 2- to 19-year-olds was 16.9%.^{1,2} Obesity increases the risk for cardiovascular disease, type 2 diabetes, hypertension, stroke, and certain types of cancer, including endometrial, breast, and colon cancer.³ Moreover, the estimated annual medical cost of obesity for adults in the United States was \$147 billion in 2008; the medical costs for people who were obese was \$1,429 higher than those of normal weight.⁴

In 2008, the Centers for Disease Control and Prevention's (CDC) Division of Nutrition, Physical Activity and Obesity (DNPAO) awarded 5-year funding through the State Nutrition, Physical Activity and Obesity Programs Cooperative Agreement (State Program 805) to promote healthy eating and physical activity to prevent and control obesity and other chronic diseases. Awards were made to 25 states to establish and sustain statewide capacity and implement evidence-informed strategies and interventions. State programs were required to develop strategies to leverage resources and coordinate statewide efforts with multiple partners to address all of the following DNPAO target areas:

1. Increase physical activity.
2. Increase the consumption of fruits and vegetables.
3. Decrease the consumption of sugar sweetened beverages.
4. Increase breastfeeding initiation, duration, and exclusivity.
5. Reduce the consumption of high energy dense foods.
6. Decrease television viewing.

The program emphasized reducing health disparities, such as those related to race/ethnicity, socioeconomic status, geography, sex, age, and disability status. In addition, state grantees' efforts addressed multiple settings, such as schools, early childhood education, and worksites.

This summary report highlights activities and accomplishments by State Program 805 grantees using data reported by the states. State Program 805 grantee accomplishments can help guide future obesity prevention efforts by CDC grantees and other public health practitioners.

Methods

During Years 1-4 of the State Program 805, grantees were required to submit progress reports using DNPAO's State Program Interim Reporting System (SPIRS). Data were not collected using SPIRS for Year 5 (final year) of State Program 805. Although data were collected for a number of topics, for purposes of this analysis, data are reported on the following activities: funds leveraged, resources developed, and obesity-related environmental changes. State grantees used the following guidance questions from CDC (Table 1) to categorize their activities:

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Table 1. State Program 805 Guidance Questions

Activity:	Guidance Question from CDC:
Funds Leveraged	<p>Please select all sources of funding outside this DNPAO Cooperative Agreement that have been leveraged in the most recent reporting period for the state nutrition and physical activity program or the accomplishment of the state plan:</p> <ul style="list-style-type: none"> • For FEDERAL PROGRAMS, please provide the name of each funder and the approximate amount. • For STATE PROGRAMS, please provide the name of each funder and the approximate amount. • For FOUNDATION FUNDS, please provide the name of each funder and the approximate amount • For CONTRIBUTIONS FROM PRIVATE BUSINESS, please provide the name of each funder and the approximate amount. • For OTHER FUNDS, please provide the name of each funder, approximate amount, and the purpose of funding.
Resources Developed	<p>Please describe any resource materials and/or training that you (the state DOH) developed that other states could potentially use as part of their obesity prevention programs. Only describe those resources developed during the fiscal year covered by the report. Examples of resources might be training materials, handbooks, evaluation tools or presentations.</p>
Obesity-Related Environmental Changes	<p>Did your state implement any environmental changes (environmental interventions that alter or control the legal, social, economic, and physical environment) affecting overweight/obesity (e.g. nutrition, physical activity, TV watching, breastfeeding)? [Examples include Rails to Trails programs, the closing of a dangerous street located near a school property, zoning/planning for parks.]</p>

States also submitted a Final Report qualitatively detailing their efforts for State Program 805 over the 5 years. State grantees did not have systematic reporting requirements for their Final Reports aside from reporting the sustainability of their efforts. State Final Reports were used to summarize sustainability efforts in the section “Planning for Sustainability.”

A contracting agency analyzed and summarized data in SPIRS from grantees in an internal report. Excerpts from the contractor’s report were used to develop this document.

Findings

Funds Leveraged

State grantees leveraged funds from multiple stakeholders and sectors to support obesity prevention and control. Funds leveraged are sources of funding outside the State Program 805, such as other federal organizations, state programs, foundations, and private businesses. States were encouraged, but not required, to leverage funds.

The total funds leveraged from Year 1 through Year 4 ranged from \$153,000 to \$121 million, with a median of \$3.13 million per grantee.

Between Year 1 and Year 4, grantees had used an estimated total of \$282.6 million leveraged funds for their work in obesity prevention. The total funds leveraged from Year 1 through Year 4 ranged from \$153,000 to \$121 million, with a median of \$3.13 million per grantee. Half of all leveraged funds were supplied by other federal sources, and 42% of leveraged funds were supplied by other state funding. From Year 1 through Year 4, for every \$1 invested in State Program 805, grantees leveraged \$4.30 (including in-kind or cash funding).

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Resources Developed

Between Years 1 and 4, state grantees were asked to describe the resources they developed in the last 12 months that might benefit other states' public health practitioners and partners. The resources developed each year by state grantees were categorized as: handouts/factsheets, videos and webinars, evaluation tools and surveys, trainings, websites, presentations, media campaigns, toolkits, or reports.

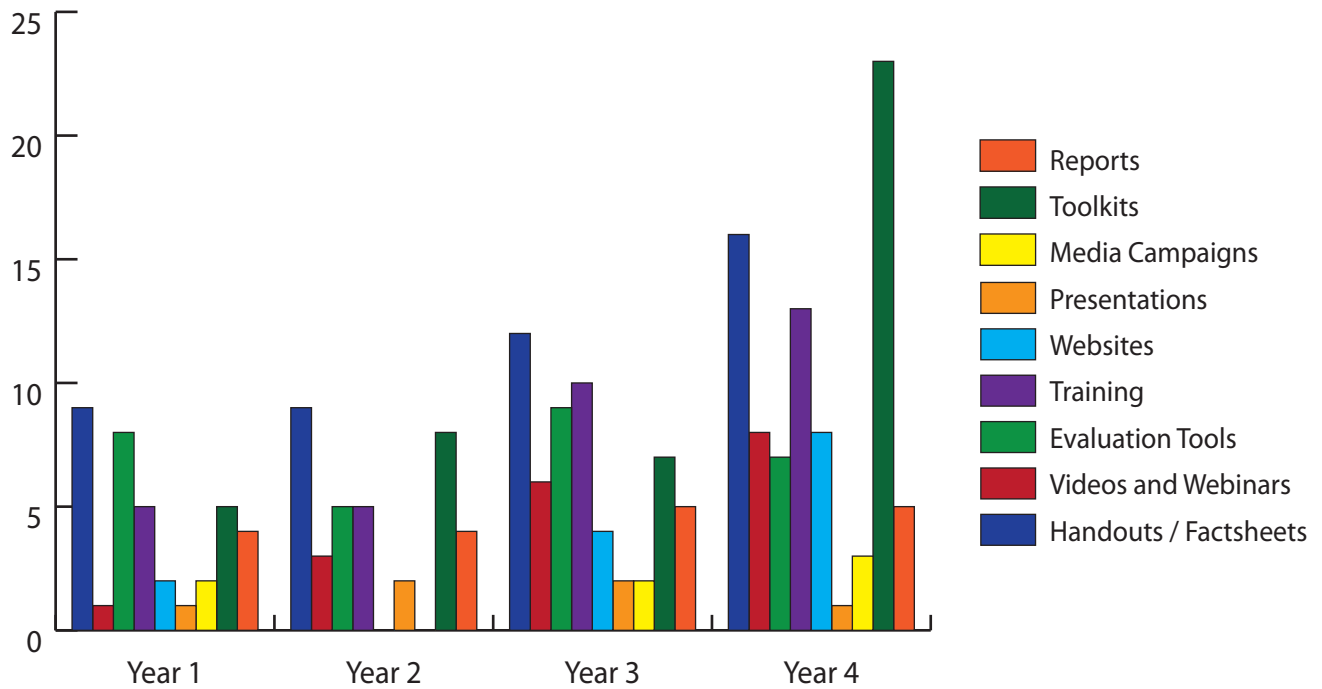
State grantees developed many resources between years 1 and 4, and more resources were developed during Years 3 and 4 than in Years 1 and 2. Over the course of the first 4 years, grantees were most likely to develop handouts/factsheets (n=46), toolkits (n=43), and trainings (n=33). As one example, New York State developed *Information for Action* (IFA) fact sheets for pediatric health care providers to encourage efforts to prevent childhood obesity. These IFAs provide obesity-related facts and statistics and a statement describing opportunities for public health intervention. Toolkits included the Indiana Department of Health's *Indiana Healthy Schools Toolkit* and the *Indiana Healthy Worksite Toolkit for Small Businesses*. These publications were created for schools and worksites to provide steps and tips to implement strategies to support healthy eating and physical activity. Trainings and curriculum were also common resources developed by grantees. For example, the Hawaii Department of Health developed a Hawaii-specific Baby-Friendly curriculum for which Hawaii hospital staff were provided training on the requirements for Baby-Friendly USA designation. State grantees were least likely to develop presentations (n=6) and media campaigns (n=7) between Years 1 and 4. Figure 1 displays the number of resources developed by state grantees during the first 4 years of State Program 805. Resources were disseminated by CDC and state grantees through multiple mechanisms, such as webinars, grantee meetings, conferences, and websites.

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Figure 1. Number of Resources Developed by State Grantees

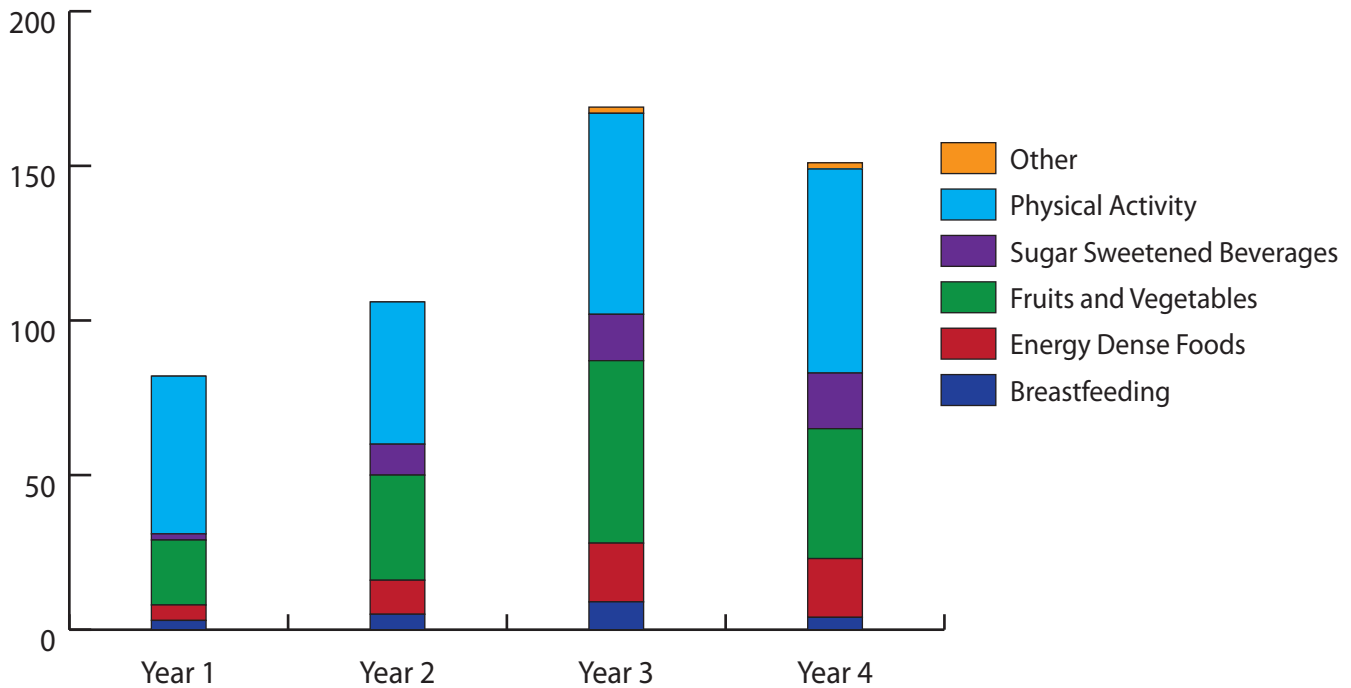


Obesity-Related Environmental Changes

State grantees were asked to report on environmental changes they implemented between Years 1 and 4. A total of 397 unique environmental changes were reported. All environmental changes reported are mutually exclusive between the years. Many environmental changes addressed multiple DNPAO target areas such as physical activity and fruit and vegetable consumption. Figure 2 displays the number of environmental changes implemented in each target area in Years 1 to 4.

A total of 397 unique environmental changes were reported.

Figure 2. Annual Obesity-Related Environmental Changes by Target Area



Most environmental changes addressed physical activity (n=228) or fruit and vegetable consumption (n=156). Fewer environmental changes addressed the other target areas; 54 addressed energy-dense foods, 45 addressed sugar-sweetened beverages, and 21 addressed breastfeeding. No environmental changes addressed TV reduction. Overall, the number of environmental changes increased over time. One example of a State Program 805 environmental change was Nice Ride Minnesota, a bike-sharing system that provided bike rental kiosks throughout Minneapolis and Saint Paul. Through a partnership between the Minneapolis Department of Health (MDH) and Transit for Livable Communities, Nice Ride Minnesota added eight kiosks on the north side of Minneapolis. MDH data show that from April to June of 2011, more than 1,800 rides on Nice Ride bikes either started or ended at North Side kiosks.

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One way to support environmental changes is through education about policies and technical assistance on how to implement them. State Program 805 educated and provided technical assistance to decision makers about strategies, approaches, and policies to promote healthy eating and physical activity. State agencies funded by CDC regularly work on policy-related matters across their equivalent branches of state government. One example of State Program 805 policy education and technical assistance was Arkansas's Healthy Options Policy for Catered Events, which provided guidance on healthy options at state-funded events. The state Department of Health provided education on options for a statewide policy on the purchase of foods for government facilities. The eventual policy specified that at least 50% of the offerings had to meet the *Dietary Guidelines for Americans, 2010*. Another example of State Program 805 policy education and technical assistance was Michigan's Head Start Nutrition Education Policy. The policy required Wayne County Head Start preschool teachers to provide developmentally appropriate nutrition activities to children in the classroom. Michigan Department of Community Health and Wayne County Head Start provided trainings to teachers on how to incorporate nutrition messages when talking to preschoolers in the classroom and during mealtimes. All teaching staff at the 27 Wayne County Head Start sites received training, which impacted nearly 3,700 children served by Wayne County Head Start.



Planning for Sustainability

CDC provided training to help state grantees plan for sustainability. As a result of the training, grantees used a framework, assessment tool, and defined process to engage in sustainability planning efforts with their state partners. A majority of the grantees developed state sustainability plans and reported that partnerships and resources were key to implementing sustainability plans. Grantees indicated that building and strengthening state and local coalitions allowed for greater alignment with multiple partners' goals and allowed for the creation of sustainable efforts to build and support statewide obesity prevention efforts. For example, North Carolina indicated in its Final Report that the state Departments of Health and Human Services, Transportation, Environment and Natural Resources, and Commerce formed the Healthy Environments Collaborative. This interagency partnership worked on common goals where public health, the natural environment, economic prosperity and the built environment intersect to improve the health of North Carolina's people, economy and environments. This collaborative has led to multiple positive outcomes for the agencies, such as increasing the number of communities in the state that include health considerations in their comprehensive community plans.

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Grantees reported that in order to establish partnerships, it was important to frame messages based on priorities of their partners that advance their own plans. For example, in Rhode Island, the health department framed its agenda around healthy eating by working with agriculture partners on sustainable local food systems, increasing consumer demand and purchasing of local foods, and preserving farm land. These were priorities for their agriculture partners, but because they influence healthy eating, the health department was also able to advance its agenda with this partnership. In addition, grantees found partnerships to be more sustainable when leadership and decision-making roles were shared.

Limitations

This report has several limitations. SPIRS and Final Reports were self-reported by grantees and were not further validated for accuracy by CDC or the contracting agency that wrote the internal report. Furthermore, data were not collected using SPIRS for Year 5 (final year) of State Program 805, and state grantees did not have systematic reporting requirements for their Final Reports aside from reporting the sustainability of their efforts. As a result, DNPAO was unable to capture activities and accomplishments from the entirety of State Program 805 in this summary report.



Future Implications

With training, technical assistance, and resources, states were able to improve obesity prevention and control efforts over the 5-year grant period. As DNPAO continues to provide funding to states for obesity prevention and control, it is important to learn from and reflect on past efforts in the areas of program implementation, reporting, and evaluation. A better understanding of State Program 805 activities and accomplishments can be used to see how efforts in this state program could complement efforts in other programs and can contribute to the practice and evidence base for obesity prevention programs.

References

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