

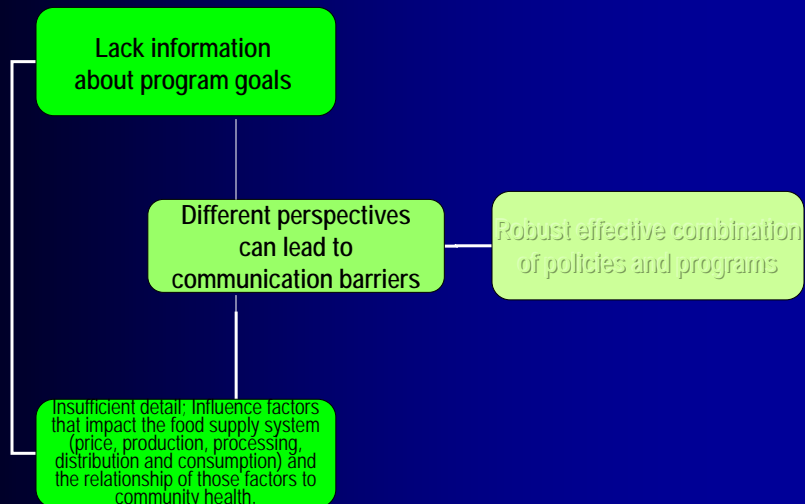
Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases



Evaluation of Broad Plans, Programs and Strategies
The USA Experience

Robin Hamre, MPH

Common Communication Barriers in Evaluation and Program Design



Cette présentation a été effectuée le 24 octobre 2006, au cours du Symposium "Prévenir l'obésité : les ingrédients d'un plan gouvernemental fructueux" dans le cadre des Journées annuelles de santé publique (JASP) 2006. L'ensemble des présentations est disponible sur le site Web des JASP, à l'adresse <http://www.inspq.qc.ca/jasp>.

Evaluation Solution: practical, interactive and engaged

Clear communication and detailed planning about the program in the planning stages: “what gets measured-gets done”

Ongoing communication throughout the implementation process

Sharing sufficient detail through development of a “road map” to ensure agreement on destination



Your Compact Disc Contains Details

- Program background
- Social-Ecological Model
- Progress Monitoring Report
- Interventions
- Legislative, policy, and environmental changes



Strategy for Evaluating a New Obesity Program:

- CDC funding the central government in states
- Planning stage funding= \$450,000 per year for each of 5 years
- Building public health capacity throughout the country to support behavior change
- Provide the structure for linking program development with evaluation planning by **measuring proximal changes that indicate early progress** toward the distal goal of BMI



Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases



The purpose of the program is to prevent and control obesity and other chronic diseases by supporting states in the development and implementation of science-based nutrition and physical activity interventions. (Federal Register: Program Announcement 03022)

Public Health Program Approach: Influence Change in Social Norms

A population-based approach

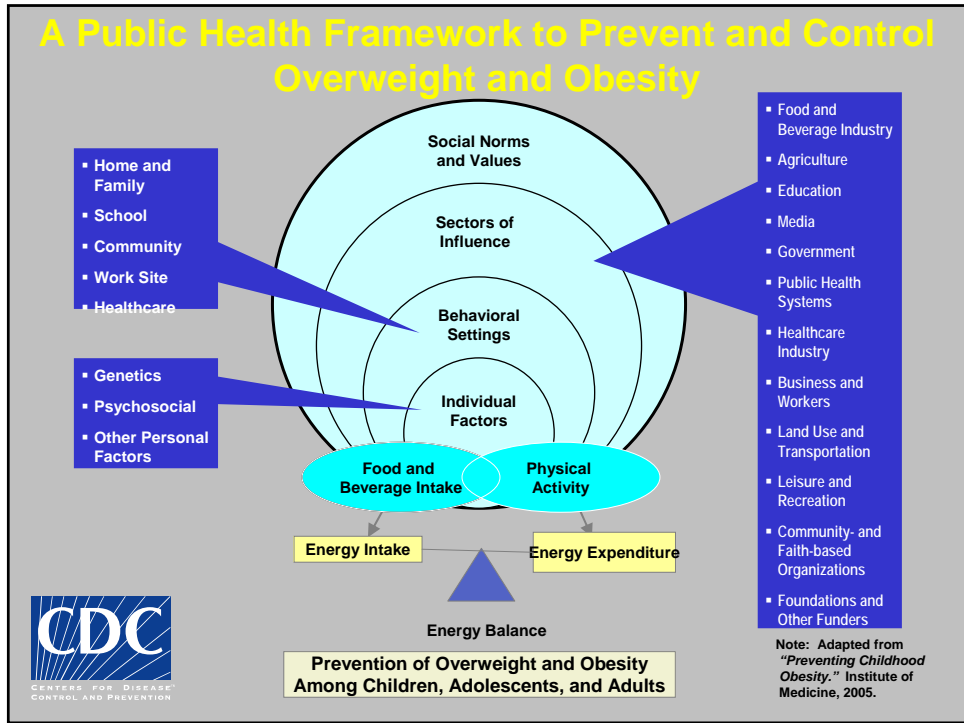
- Multi-component interventions use incentives, awards, rewards
- Change in environments, policies, legislation that support behavior change and, ultimately, BMI



Program Theory

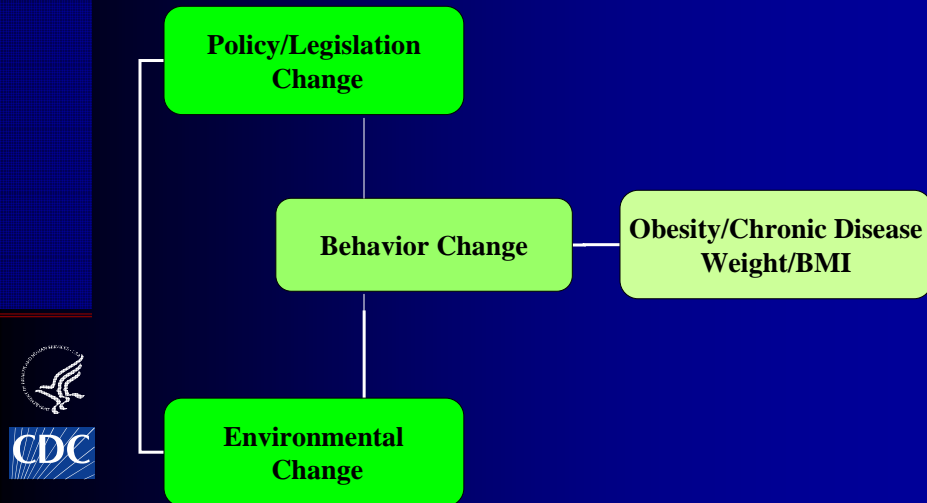
Influence activities at all levels (interpersonal, institutional/organizational, community, and public policy) to reach individuals – and the broader social context in which they live in order to reach public health impact.





- ## No Single Strategy Alone Will Prevent Obesity
- Increase physical activity
 - Reduce soft drink consumption
 - Decrease portion size
 - Decrease T.V. viewing
 - Increase fruit and vegetable consumption
 - Increase breastfeeding
- The CDC logo is in the bottom left.

Social and Environmental Changes: Early Indicators of Progress



Where a Comprehensive Obesity Program Operates (July-Dec. 2005)

- 3,431 schools
- 483 worksites
- 407 child care centers
- 154 communities
- 148 houses of worship
- 55 health care facilities
- 11,631 other (e.g., food banks, after-school programs, parks and recreation, restaurants, grocery stores, transportation departments)



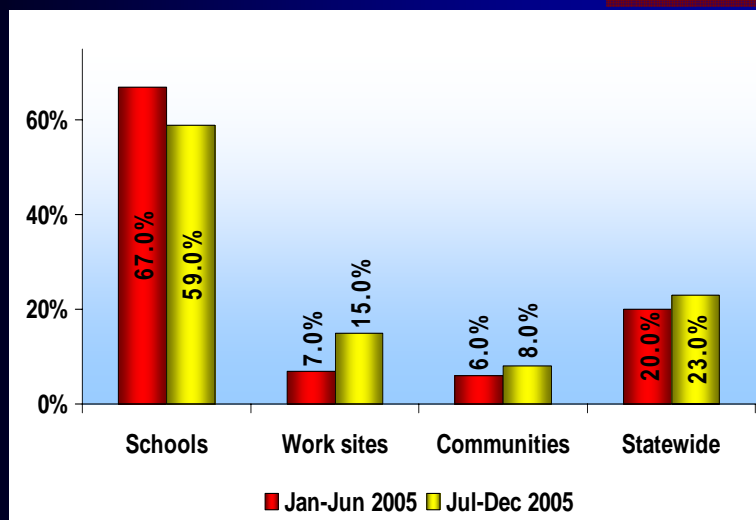
Progress Monitoring Report on-line tool

Collects data every 6 months on:

- Public health capacity to impact obesity
- Collaboration with nontraditional partners and diverse coalitions to influence community programs, barriers for high-risk populations, media advocacy and policy development
- Planning to link obesity to broader health efforts
- Policy and environmental changes
- Implementation of nutrition and physical activity interventions
- Evaluation efforts

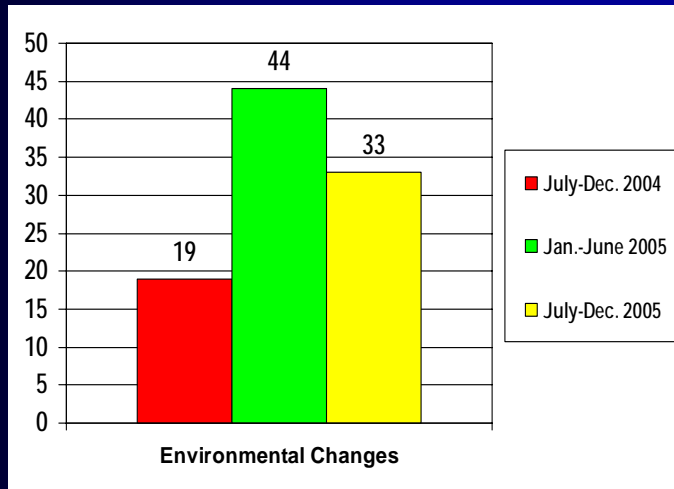


Policies and Legislative Acts



Progress Monitoring Reports

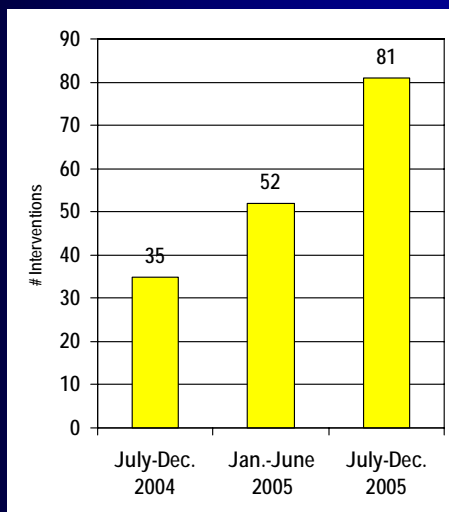
Environmental Changes



Progress Monitoring Reports



Interventions Implemented



28 states reporting in six-month periods.



Intervention Example From Massachusetts



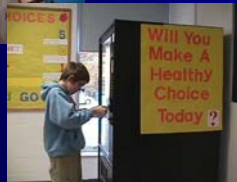
*The Health of
Massachusetts: A
Coordinated Response to
Overweight and Obesity*



Massachusetts
basic



Intervention Example From Massachusetts



Healthy Choices:
Helping middle school students eat healthfully and be physically active



Intervention Example From Massachusetts

Enhanced Healthy Choices

- Planet Health curriculum
- School Health Index
- 5-2-1 Go! message:
 - Eat five or more servings of fruits and vegetables
 - Watch less than two hours of T.V.
 - Engage in at least one hour of physical activity



Intervention Example From Massachusetts: Methods

114 schools across the state are participating in Enhanced Healthy Choices:

- Initiating a policy change using the School Health Index
- Implementing the Planet Health curriculum in classroom
- Developing before-, during-, and after-school programs that promote nutrition and physical activity



Intervention Example from Massachusetts: Outcomes Measured

- Program impact on behavioral outcomes
 - Fruit and vegetable intake
 - Sweetened beverage intake
 - Moderate to vigorous physical activity
 - Hours of T.V. viewing
- Impact on BMI-for-age
- Environmental changes



Program Progress



- Systematic data collection from states
- Multi-level interventions



Our duty

- identify WHAT to do
 - Identifying evidence-based strategies and interventions
 - Providing access to evidence-based interventions (research-tested and practice-based) that are ready for dissemination
- understand HOW to do it
 - Providing access to translation tools (guidance, toolkits, etc.) and best practices/processes for program implementation
 - Providing training to further develop skills in adapting evidence-based interventions and best practices



Contact Information

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*The content of this presentation does not necessarily represent
the official views of the CDC.*

Believe....



...in the wisdom of this
group



Next steps

- Reach consensus on the priority actions
- Take those actions in our own worksites, conferences, meetings and food assistance programs
- What is most critical to advancing obesity prevention?
- Identify the specific underlying skills and knowledge
- Recommend the most appropriate methods/approaches
- Match the magnitude of the public health response to the magnitude of the upward trend in obesity

