

Special Topic: Obesity

The Director's Perspective

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The continuing epidemic of obesity and overweight remains one of the most challenging public health problems of our time. As the nation's lead agency for the prevention and control of diseases and injuries, the Centers for Disease Control and Prevention (CDC) is fully committed to seeking effective strategies to combat this burgeoning epidemic. Through our surveillance efforts, CDC has played a major role in documenting the adverse national, regional, and local trends in obesity and overweight. For example, the Behavioral Risk Factor Surveillance System (BRFSS) maps on page 4 of this issue of *Chronic Disease Notes and Reports (CDNR)* document the alarming progression of obesity and overweight throughout the United States. Documenting these trends is not enough, however—now is the time for action to understand and reverse the trends.

This issue of *CDNR* presents the full spectrum of issues, from the underlying factors that cause obesity and overweight to promising individual, community, and environmental strategies to prevent and control these conditions. Practical advice for increasing physical activity, limiting children's

television viewing, and reducing food portion sizes is presented with innovative tools and techniques for policy and environmental change in schools and communities. There is hope in many of the programs and interventions being implemented across the country—from building a safer environment for physical activity in Philadelphia to creating stronger school nutrition standards in Texas.

We know there is much still to be done. It has taken decades for us to arrive at this point; thus, it will take years of concerted effort to reverse these devastating trends. In fact, focused action using multiple strategies in all settings—communities, schools, work sites, and health care settings—will be necessary. As an agency, we are focusing our efforts on developing better science, policies, and programs to address the impact of obesity and overweight on our society. We recognize that we have not yet won this war against obesity and overweight. We are committed to continuing the fight against this threatening, yet preventable, public health challenge.

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Commentary

CDC's Response to the Obesity Epidemic

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Obesity, which is epidemic in this country, demands a public health response as dramatic as the problem itself. People have a hard time making individual behavior changes in an environment that encourages overeat-

ing and sedentary habits. The logical solution is to change the environment. Moving a whole society to change is a major challenge, but it has been the basis of many public health successes.

Because obesity has many causes, interventions are required at many

levels. CDC is working to foster creative approaches that reach Americans in their communities, at their jobs, and in their schools. The Obesity Prevention Program supports activities in the states, while the Coordinated School Health Program focuses on schools. HHS's Steps to a HealthierUS initiative aims to reduce overweight and obesity (along with asthma and diabetes) by helping people eat healthier and be more physically active. Finally, the national youth media campaign known as VERB urges young people to choose a physical activity they enjoy that also helps them be more physically fit.

The obesity epidemic has had a profound effect on children. Overweight children are likely to

grow into overweight or obese adults. They are at increased risk for heart disease, type 2 diabetes (a disease previously limited to adults), high blood pressure, and elevated cholesterol levels.

Fortunately, much work is being done in our schools to prevent childhood obesity. Some states are requiring more physical education classes, improving the quality of school meals and snacks, and providing more education about proper nutrition. Other states are considering similar policy changes.

Other policy changes focus on communities and work sites. For example,

- Washington State is supporting healthy behavior in communities like Moses Lake, where a local advisory committee organized a community garden, promotes and supports breast feeding, and established a network of trails and paths throughout the community.
- Colorado has developed a resource kit to help employers launch successful work site wellness programs that target obesity. The Work Site Resource Kit offers businesses step-by-step guidance and resources in four areas: promoting physical activity among employees, encouraging healthy food choices on the job, providing health education, and creating a work environment that encourages healthy choices.

“The question can no longer be, ‘What is it about the obese that makes them fat?’ But instead must be, ‘What is it about our society, our culture, and our physical environment that makes so many of us fat?’”

– Robert Pool, *Fat: Fighting the Obesity Epidemic*, 2001

- In Pennsylvania, a statewide coalition promotes active lifestyles and healthy food choices through such activities as the Pennsylvania Action for Healthy Kids Summit and a statewide assessment of health care providers' knowledge and attitudes about obesity screening, prevention, and treatment.
- The Massachusetts Partnership for Healthy Weight supports the 5-2-1 Go! program in 13 middle schools. Because of the program's efforts, schools are now offering healthier food and beverage options.

Concern over the health effects of obesity and overweight is warranted. The situation can be changed. Examples of successful interventions are accumulating, and the media and the public are paying attention. There is no better time to fight this public health battle. 🌟

The Director's Perspective

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Health Promotion (NCCDPHP), a multidisciplinary task force is synthesizing the existing science and examining the issues of physical inactivity and poor diet, as well as the policies and environmental factors that have fostered the rapid increases in rates of obesity and overweight in this country. This task force will create the Public Health Action Plan for Obesity, culminating in the action steps necessary to achieve maximum public health impact on obesity and overweight. The task force also is examining the links between obesity and the major causes of death in this country—cardiovascular disease, some cancers, and diabetes. Other CDC centers, institutes, and offices participating on the task force are the National Center for Health Statistics, the National Center for Environmental Health (NCEH), the Agency for Toxic Substances and Disease Registry, the National Center for Injury Prevention and Control, the National Institute for Occupational Safety and Health, the National Center on Birth Defects and Developmental Disabilities, and the Epidemiology Program Office.

In addition to spearheading the task force, NCCDPHP is partnering with NCEH and the National Institute of Environmental Health Sciences to provide \$5 million in grants for research on obesity and the built environment. More than 100 letters of intent have already been received in response to the request for applications.

We hope you find this to be a thought-provoking issue of *CDNR*. We will continue to tackle the major chronic disease risk factors and leading causes of death in this country. In keeping with that commitment, our next issue of *CDNR* will focus on the health consequences of tobacco use, a major cause of death in this country, and CDC's comprehensive approaches for programs and policies to prevent tobacco use. 🌟

The Burden of Obesity in the United States: A Problem of Massive Proportions

Between 1976–1980 and 2002, the prevalence of obesity doubled among U.S. adults. Although many people regard it as a cosmetic issue, obesity is a serious health issue. “Obesity in the United States is truly epidemic,” says William H. Dietz, MD, PhD, Director of CDC’s Division of Nutrition and Physical Activity. “The burden placed on our society by obesity and related chronic diseases is enormous.”

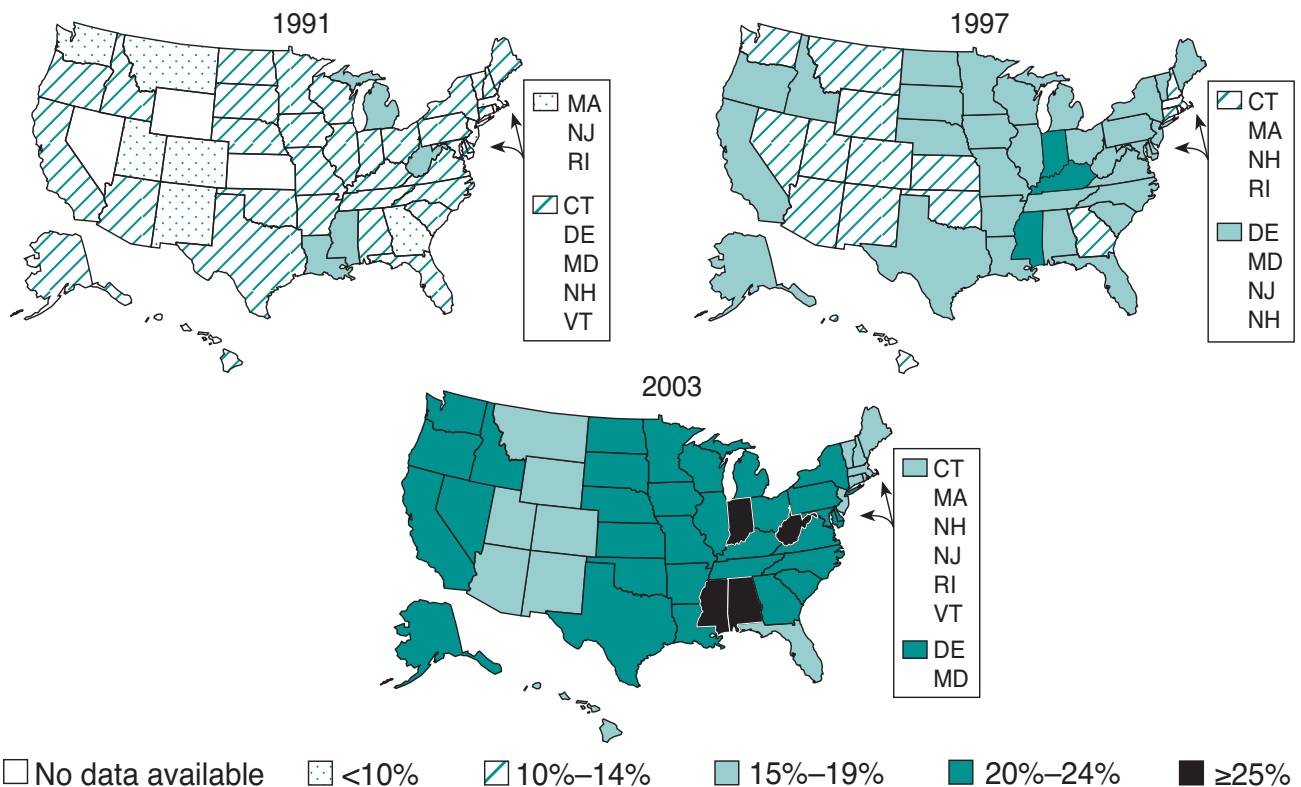
Unfortunately, the obesity epidemic is not limited to adults: the percentage of children who are overweight (defined as body mass index-for-age at or above the 95th percentile of the CDC Growth Charts) also continues to increase. Of children and teenagers aged 6–19, 16% (almost 9 million) are overweight according to data from the

1999–2002 National Health and Nutrition Examination Survey (NHANES).¹ This proportion is triple the 5% of U.S. adolescents who were overweight in 1980.²

One of the most important public health concerns created by this dramatic increase in obesity among children and adolescents is that overweight children are at risk for becoming overweight or obese adults, according to Dr. Dietz. “Perhaps most alarmingly,” he added, “overweight children are at greater risk of becoming extremely obese adults: about half of all severely obese adults were overweight children.”

In addition, NHANES researcher Alison Hedley, PhD, points out that rates of obesity and severe obesity do not affect all groups of Americans

The Prevalence of Obesity in the United States, 1991–2003



equally. “Survey data indicate continuing disparities among racial and ethnic groups,” she wrote. For example, during 1999–2002, the prevalence of overweight and obesity was 30.7% among non-Hispanic white women, 38.4% among Hispanic women, and 49.0% among non-Hispanic black women.¹

“Because of the rapid increases in obesity across the population and the burden of costly diseases that accompanies obesity, we cannot afford to ignore this epidemic,” said Dr. Dietz. “There are strategies available to us now that can begin to reverse this problem.”

Key Strategies for Reducing the Obesity Epidemic

Although the underlying causes of the epidemic are numerous and complex, these rapid increases in overweight and obesity are largely related to concurrent behavioral and environmental changes in the United States, according to Dr. Dietz. Because of changes in the U.S. lifestyle in the last half century, both children and adults are watching more television, eating larger portions of food, and consuming more non-nutritious foods such as soft drinks and snack foods.

“Because behavior and the environment play such a large role in causing people to be overweight or obese, these two areas offer great opportunities for preventing and controlling obesity,” Dr. Dietz remarked. Behavioral and environmental strategies that are key to CDC’s approach to reversing the epidemic of obesity in the United States include promot-

Defining Obesity

The National Health and Nutrition Examination Survey (NHANES), conducted by CDC’s National Center for Health Statistics, has been used for the past 40 years to monitor the prevalence of overweight and obesity among U.S. adults and children. Overweight, obese, and extremely obese are defined by a person’s body mass index (BMI), which is calculated as weight in kilograms divided by the square of height in meters. People with BMIs of 25–29.9 are considered overweight, those with BMIs of 30 or greater are obese, and those with BMIs of 40 or greater are extremely obese. This scale works differently at specific heights: a person who is 5’ 4” has a BMI of 25 at a weight of 145, a BMI of 30 at a weight of 174, and a BMI of 40 at a weight of 233. A person who is 6’ tall has a BMI of 25 at a weight of 184, a BMI of 30 at a weight of 221, and a BMI of 40 at a weight of 294.

NHANES data show that the prevalence of overweight and obesity among U.S. adults has increased dramatically in the past 25 years. In the 1976–1980 survey, 47% of U.S. adults aged 20 years or older were overweight (BMI \geq 25) and 15% were obese (BMI \geq 30).³ In the 1999–2002 survey, 65% of adults were overweight and 31% (nearly 59 million people) were obese.¹ Moreover, during 1999–2002, 4.9% of Americans were extremely obese (BMI \geq 40),¹ up from 1.3% in the 1976–1980 survey.³

ing physical activity and limiting television watching.

Promoting Physical Activity

Regular physical activity is a critical part of any weight control program, according to Dr. Dietz. “Physical activity can help people on weight-loss diets modestly increase their rate of weight loss, and 60 minutes of moderate physical activity a day will help people who have lost weight keep the weight off,” he said.

Most important is the role that physical activity plays in reducing the adverse effects of obesity. By regularly

engaging in moderate physical activity, such as 30 minutes of walking at least 5 times a week, people who are overweight or obese can lower their risk for high blood pressure, high cholesterol, and high blood glucose levels. These lower risks, in turn, should reduce a person's risk for death and disability from major chronic diseases such as diabetes, heart disease, and stroke.⁴ (For further discussion of these relationships, see "Target Obesity and Bring Down the Big Three," page 10.)

CDC is pursuing strategies recommended by the Task Force on Community and Preventive Services to help people increase their levels of physical activity and to help communities support these efforts.⁵ The strategies include the following:

- Conducting community-wide campaigns that use television, radio, newspaper, and movie theatre spots to deliver messages that promote physical activity. Important components of these campaigns include support groups, physical activity counseling, risk factor screening and education, and community events. CDC's VERB is a good example of a successful campaign (see article, page 21).
- Modifying curricula and policies for school-based physical education (PE) programs to increase the amount of time students spend on moderate to vigorous activity during PE class.
- Building, strengthening, and maintaining social networks that provide support for physical activity. These programs usually involve

establishing buddy systems, contracts, or exercise groups to provide friendship and support for adults who are attempting to be more physically active.

- Changing local environments to create or enhance opportunities for physical activity (e.g., by building trails, changing operating hours or fees charged by facilities used for physical activity).
- Helping people acquire the behavioral skills needed to incorporate moderate-intensity physical activity into their daily routines through programs adapted to the individual's specific interests, preferences, and readiness for change. These programs teach participants how to set goals and build social support for physical activity, reward themselves for changing their behavior, overcome obstacles to regular physical activity through problem-solving, and avoid relapsing into sedentary behavior.
- Changing community urban design/land use and infrastructure to decrease motor vehicle traffic, increase the number of neighborhoods with mixed land uses, and increase pedestrian and bicycle activity and safety.
- Increasing opportunities for safe physical activity through street-scale changes such as improved street lighting, sidewalk continuity, center islands, and raised crosswalks.

"When communities make a conscientious effort to promote physical activity, they tremendously increase the chances that their residents will get moving and stay active," said

Gregory W. Heath, DHSc, MPH, a team leader in CDC's physical activity and nutrition program who helped develop the Community Guide's recommendations for physical activity. He also noted that "the largest public health benefit from physical activity interventions results from increased activity among the most sedentary populations, rather than increased activity among people who are already active. Therefore, widely implementing interventions that reach the most sedentary Americans could create significant public health gains."

Limiting Children's TV Time

Several studies have shown that limiting the amount of time that children and adolescents spend watching television can help children control their weight.⁶⁻⁸ For example, a U.S. study conducted in the late 1980s found that the odds of being overweight were 4.6 times greater for children aged 10–15 years who watched more than 5 hours of television per day than for those who watched 0–2 hours.⁶ Planet Health, a school-based intervention to reduce obesity among young people, found that reducing television time resulted in less obesity among girls in the participating schools.⁷

For these reasons, the American Academy of Pediatrics recommends that parents limit children's viewing time to 1 or 2 hours a day.⁹ In addition, the *Healthy People 2010* objectives include increasing to 75% the proportion of adolescents who watch less than 2 hours of television on a school day.

Although the reasons for the connection between television viewing

and obesity are not totally clear, this effect may be partly related to the effects of television advertising on food choice. Some even argue for controlling television advertising that encourages poor eating habits among young children, noting that restrictions on tobacco advertising have already set a precedent for controlling the marketing of products that are harmful to children.¹⁰

Other Promising Strategies

In addition to these strategies, CDC is examining nutrition-related strategies that show promise for helping to curb the epidemic of obesity. These strategies involve helping people eat more fruits and vegetables, reduce the amount of soft drinks and unhealthy snacks that they consume, and eat smaller portions.

Eating more fruits and vegetables.

One promising strategy for combating obesity is increasing the amount of fruits and vegetables in the American diet, according to Dr. Dietz. "Fruits and vegetables are healthy options because of the nutrients they contain. However, they also play an important role in weight control because of their high water and fiber content," he said.

Foods with higher water and fiber content have fewer calories per unit. Because the amount of food consumed rather than the number of calories determines when we feel full, eating food with high water and fiber content such as fruits and vegetables can help us consume fewer calories without reducing the amount of food we eat.¹¹

The 5 A Day for Better Health Program, a joint effort of CDC and the National Cancer Institute, has shown promise in helping people increase the amount of fruits and vegetables that they eat. Nevertheless, most Americans still do not eat the recommended five to nine servings of fruits and vegetables a day. In 2002, CDC and the American Cancer Society convened a workshop to explore the effectiveness of policy and environmental approaches to increasing fruit and vegetable consumption and to identify research gaps. The proceedings from this conference, the Fruit and Vegetable Environment, Policy, and Pricing Workshop, were published in a September 2004 supplement to *Preventive Medicine*.

Reducing the consumption of soft drinks and snack foods. Soft drinks are a common source of “empty” calories among Americans, especially children and teens. Consuming one 12-ounce soft drink daily has been associated with a 60% increased risk for obesity. People don’t appear to compensate for the calories from soft drinks as they do for solid carbohydrates. In other words, rather than replacing other calories, the calories in soft drinks are simply tacked on to the number of calories that a person would normally consume in a day.¹² This effect may be one reason that a study of Massachusetts schoolchildren conducted in the late 1990s found that children who drank more sugar-sweetened drinks were more likely to be obese.¹³

One promising way to reduce consumption of soft drinks and high-fat snacks is to stock vending machines

with healthier options, such as water and 100% juice instead of soft drinks and string cheese, pita chips, and dried fruit instead of potato chips, cookies, and candy bars. Several school districts that have tried this strategy have found that it helps children consume healthier products without significantly reducing the revenue that these machines generate for the schools. Rhode Island schools reported that they broke even, and San Diego schools actually made more money.¹⁴


Adopting smaller portion sizes.

Portion sizes in the U.S. marketplace began increasing in the 1970s, grew sharply larger in the 1980s, and have since grown in parallel with the obesity epidemic. Portion sizes now regularly exceed federal guidelines, sometimes by as much as 700%, as in the case of oversized cookies.¹⁵

Several studies have found a relationship between portion size and caloric intake: that is, the more people are given to eat, the more they will consume. This relationship is true for all groups except the very young, who are more likely than older children to stop eating when they are full. Preferring large portion sizes may be a learned behavior: researchers found that 3-year-olds do not increase the amount they eat when presented with larger portions, but 5-year-olds do.¹⁶

A recent study has shown that portion size and caloric density have independent effects on caloric intake,¹⁷ suggesting that fast food packs a double whammy. “Encouraging people to eat smaller portions, especially when they are eating high-calorie food, is a key strategy for helping Americans control their weight,” Dr. Dietz said.

CDC is working with state programs to implement these and other promising strategies, but reversing the obesity epidemic will take time and commitment. A key message that CDC is communicating is that small lifestyle changes, such as walking a little more and eating a little less, can have a big impact on a person's health.

“Although obesity is widely recognized as a major health problem in the United States, the epidemic of obesity is not yet viewed by the public with the urgency it demands,” said Dr. Dietz. “The questions and challenges that the epidemic provokes provide us with an exciting and unique opportunity to shape a new field.”

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Target Obesity and Bring Down the Big Three: Cancer, Cardiovascular Disease, and Diabetes

Cancer, cardiovascular disease, and diabetes caused about 65% of deaths in the United States during 2000.¹ Their common risk factor? Obesity.

The prevalence of obesity in the United States increased from 20.9% in 2001 to 22.2% in 2003, according to data from the Behavioral Risk Factor Surveillance System.² Fighting obesity is one way our nation could substantially cut the human and economic costs of the nation's three leading killers, said a recent statement issued jointly by the American Cancer Society, the American Diabetes Association, and the American Heart Association.³

"To halt this epidemic, we will need to develop strategies that promote good nutrition and physical activity in a variety of settings, such as clinics and hospitals, schools, work sites, and communities," advised William H. Dietz, MD, PhD, Director of CDC's Division of Nutrition and Physical Activity. "Because care for obesity and its complications will overwhelm medical settings, this epidemic offers the opportunity to renew and recast the historic alliance between medical and public health practice." Working together to combat obesity, medicine and public health can effectively bring down the big three.

Diabetes Is on the Rise

Currently, an estimated 18.2 million Americans have diabetes, and there are about 1.3 million new cases per year.⁴ Most people with type 2 dia-

betes are obese, and most of them die of some form of heart or blood vessel disease. "Diabetes increases the risk for heart disease and stroke so much that a diagnosis is considered a step up in the risk of having a first heart attack," said CDC epidemiologist Rodolfo Valdez, PhD.

Happily, losing a little weight, even 5%–10% of one's starting weight, can help people prevent or delay the onset of diabetes. CDC scientists and colleagues at the National Institutes of Health recently studied more than 3,200 adults over age 25 who were at increased risk of developing type 2 diabetes. Their blood glucose or sugar was higher than normal, but not yet high enough to be diabetes. All study participants were overweight, most were obese, and most had a family history of type 2 diabetes.

The study results showed that a healthy diet, exercise, and losing a little weight can prevent or delay the disease. More than 10 million people in the United States have characteristics similar to those of the study participants and thus have an increased risk of developing diabetes.⁴

Obesity's Link with Heart Disease and Stroke

Obesity raises people's risk for cardiovascular disease (CVD), and this "is a major reason for concern about the rising prevalence of obesity," said Darwin Labarthe, MD, MPH, PhD, CDC's Associate Director for Cardiovascular Health Policy and Research.

Disparities in Diabetes

African Americans are twice as likely to have diabetes as whites. The highest incidence of diabetes in African Americans occurs between 65 and 75 years of age. Nearly 12% of African American women over 20 years of age have diabetes, compared with 8.5% of African American men in the same age group. African Americans with diabetes are more likely to experience complications of diabetes.

About 8.2% of the adult Hispanic population has diabetes. Diabetes is more prevalent in older Hispanics. About 25% to 30% of Hispanics aged 50 or over have the disease. About one-third of Hispanics with diabetes are undiagnosed. Hispanics are 1.5 times as likely to have diabetes as whites. In 2001 the death rate from diabetes among Hispanics was 40% higher than the death rate among whites.

The incidence of diabetes among American Indians and Alaska Natives is more than twice that among whites.

Diabetes is the fifth leading cause of death in the Asian American and Pacific Islander population.

Obesity influences all of the major risk factors for CVD, including high blood pressure, high cholesterol and other lipid disorders, and diabetes. Obesity is a good predictor of heart

blockage. It also contributes to heart disease by increasing the risk for diabetes. For some people, diabetes makes these other risk factors much worse and thus increases the danger of heart attack.⁵

Weight loss often eliminates all of these CVD risk factors. The evidence is strong that weight loss reduces one's risk for heart disease and stroke. "From a CVD perspective, we're interested in the impact of weight control," said Dr. Labarthe. "Preventing obesity is a necessary component of strategies to prevent not only heart disease and stroke but their major risk factors as well."

Cancers Associated with Overweight

Being both overweight and physically inactive could account for 25%–30% of several major cancers, according to the International Agency for Research on Cancer. Cancers linked to physical inactivity and overweight are those of the breast (among postmenopausal women), colon, endometrium, kidney, and esophagus. In fact, weight gain during adulthood has been found to be the most consistent and strongest predictor of breast cancer risk.⁴

Researchers believe that physical inactivity and overweight/obesity increase a person's risk for cancer through several different biological pathways. For example, obesity might increase people's risk for breast, endometrium, and prostate cancers by influencing the activity of

CDC's Healthier Worksite Initiative

In October 2002, CDC Director Julie Gerberding, MD, MPH, asked the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) to develop a Healthier Worksite Initiative (HWI) for CDC. The HWI vision is to create “a work site where healthful choices are easy choices.” All CDC centers, institutes, and offices throughout the country have been invited to participate. Three of HWI's projects in Atlanta are the Garden Market, the Chamblee Wetlands Trail, and StairWELL.



The Garden Market brings convenient access to fresh fruits and vegetables for employees at two CDC campuses in Atlanta. Once a week, vendors bring a mobile fruit and vegetable stand to the Roybal and Koger work sites. Employees can make the short walk to the parking lot and choose from a wide variety of fresh produce.

A new walking trail at CDC's Chamblee facility gives employees the opportunity for physical activity during the workday. Walking the Chamblee Wetlands Trail is a convenient way for employees to adopt a healthier lifestyle.



The goal of the StairWELL project is to increase employee use of stairs. Choosing the stairs instead of the elevator is a quick way for people to add physical activity to their day. The stairwells in selected buildings were improved with paint, carpeting, motivational signs, artwork, and music. Stairwell use increased by 8.9%. The largest sustained increase came after music was added.



Targeting Obesity

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various hormones in the body. In addition, fat cells release cytokines, proteins that may trigger inflammation, which has been linked to the development of cancer.⁴


Fortunately, getting regular physical activity lowers the risk for colon and breast cancers, and avoiding weight gain can help lower the risk for many cancers. Although researchers are certain about the benefits of avoiding weight gain, they are uncertain whether losing weight reduces a person's risk for these cancers. "It is nonetheless clear that individuals who are overweight or obese should be strongly encouraged and supported in their efforts to reduce their weight," advised the joint statement from the American Cancer Society, the American Diabetes Association, and the American Heart Association.³

New Strategies Are Needed

Despite the clear benefits of lifestyle changes, physicians are sometimes reluctant to advise patients to change their behaviors. "The medical community needs to lead in communicating the importance of physical activity for health and weight maintenance," stated a recent commentary in *JAMA*.⁷ "Just as weight is addressed in some manner at nearly every physician visit, so should attention be given to recommending the accumulation of 30 minutes a day of moderate-intensity physical activity at least 5 days a week." Likewise, the National Institutes of Health recom-

mend that "the health care practitioner needs to heighten a patient's motivation for weight loss and prepare the patient for treatment."⁸

There is some evidence that patients expect their physicians to discuss lifestyle changes. According to CNN, obesity ranked second among health concerns nationally in an August 2004 poll by Zogby International. Health care costs were the number one concern. The respondents said that physicians should take more pains to promote healthy lifestyles.⁹

Nutritional advice can be especially helpful when it is coupled with information on physical activity. The Task Force on Community Preventive Services found evidence that, in the work site setting, multicomponent strategies that address both eating and physical activity work best to produce weight loss. The Task Force's recommendations will be published next year in the *MMWR* and in the *American Journal of Preventive Medicine*. They will also be posted on the Guide to Community Preventive Services Web page (<http://www.thecommunityguide.org>).¹⁰ 

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Changing the Physical Environment to Promote Health

Physical inactivity is a modifiable risk factor that is contributing to the growth in chronic disease rates in the United States. At least some of the following reasons may have contributed to many people's tendency to lead sedentary lifestyles: we spend far too much time watching television, playing video games, and cruising the Internet; our schools are offering physical education classes less often and to fewer students than they used to; many of us are worried about personal safety issues in our environment; it is most often easier and more convenient to drive than to walk; and sidewalks are nonexistent in most places.

"We've created environments that are hostile to physical activity," wrote psychologist James Sallis, PhD, Active Living Research Program Director at San Diego State University, in a *Time* magazine article published last June. Dr. Sallis has worked with a number of community agencies and has written about community physical activity promotion for young people. "If we want to stop obesity," he wrote, "we have to stop building the infrastructure for obesity. We need to re-engineer opportunities for activity back into our environment."

Active living, new urbanism, and walkable communities are all terms associated with attempts to change our environment in ways that will allow people to increase their physical activity. CDC is working closely with states, communities, and other partners across the country to help develop programs and plans for get-

ting people out of their cars, off their sofas, and into their walking shoes or bicycling shorts.

Active Community Environments Initiative

The Active Community Environments (ACES) Initiative was one of CDC's earliest efforts to encourage environmental and policy interventions that have the potential to increase physical activity levels and improve public health in communities. Its goals are to

- Encourage the development of pedestrian- and bicycle-friendly environments.
- Promote active forms of transportation like walking and bicycling.
- Disseminate information about ACES to groups around the country.

The ACES Initiative was developed in response to data from a variety of disciplines, including public health, urban design, and transportation planning. These data suggest that characteristics of our communities—such as proximity of facilities, street design, density of housing, and the availability of public transit and dedicated facilities for walking and bicycling—play a significant role in promoting or discouraging physical activity.

To date, the ACES Initiative has

- Promoted physical activity through the development of trails and partnerships.
- Developed the KidsWalk-to-School program to promote walking and bicycling to school.

- Collaborated with public and private agencies to promote National and International Walk-to-School Day.
- Developed the Active Community Environments guidebook for public health practitioners to use to partner with transportation and city planning organizations to promote walking, bicycling, and safe, close-to-home recreational facilities.
- Entered into a partnership with the National Park Service's Rivers, Trails, and Conservation Assistance Program to promote the development and use of close-to-home parks and recreational facilities.
- Collaborated on an Atlanta-based study to review the relationships of land use, transportation, air quality, and physical activity.
- Collaborated with the Environmental Protection Agency on a national survey to study attitudes of the U.S. public toward the environment, walking, and bicycling.

Finally, an ACES work group is collaborating on a number of working papers and data analyses designed to help us better understand how natural, built, and social environments influence physical activity. So far, the following two papers have been published, and more are expected to be prepared as research provides new data:

How Land Use and Transportation Systems Impact Public Health, a synthesis of the literature on the relationship between physical activity

and community design.

How Land Use and Transportation Systems Impact Public Health: An Annotated Bibliography.

Visit <http://www.cdc.gov/nccdphp/dnpa/aces.htm> to read these two documents and future updates.

SMARTRAQ

Strategies for Metropolitan Atlanta's Regional Transportation and Air Quality, or SMARTRAQ, is an ongoing study funded by CDC and public and private partners—the U.S. Department of Transportation, the Georgia Department of Transportation, the Georgia Regional Transportation Authority, the Turner Foundation, and the Environmental Protection Agency. By collecting extensive data on land use, travel behavior, and physical activity, this study will test the relationships between time use, physical activity patterns, travel choice, urban form, and air quality.

The principal investigator (PI) for this project is former Atlantan Lawrence Frank, PhD, who currently holds the Bombardier Chair in Sustainable Urban Transportation Systems in the School of Community and Regional Planning at the University of British Columbia. Dr. Frank specializes in the interaction between land use, travel behavior, air quality, and public health. In addition to leading the SMARTRAQ study, Dr. Frank is a co-PI on a National Institutes of Health project to test the effects of the built environment on physical activity patterns in Baltimore, Maryland, and the central Puget Sound area of Washington State.

Trails for Health

Through Trails for Health, CDC and its partners, the U.S. Department of the Interior's National Park Service, the U.S. Department of Agriculture's Forest Service, and the President's Council on Physical Fitness and Sports, provides information and technical assistance to help states promote trails as an enjoyable, versatile, and practical means of engaging in physical activity. The same coalition recently supported National Trails Day, a nationwide campaign sponsored each June by the American Hiking Association.

Trails for Health supports CDC's ACES Initiative (see above), which was developed in response to data suggesting that characteristics of our communities—such as proximity of facilities, street design, and availability of pedestrian and bicycle facilities such as trails—play a significant role in promoting or discouraging physical activity.

Scientific evidence shows that providing access to places for physical activity, such as trails, increases the level of physical activity in a community. Trails can provide a wide variety of opportunities for being physically active:

- Walking, jogging, running, and hiking.
- Rollerblading/in-line skating.
- Wheelchair recreation.
- Bicycling.
- Cross-country skiing and snowshoeing.
- Fishing.
- Horseback riding.
- Forestry work.

“The Trails for Health initiative was created because we found that people will be more physically active if they know about and can easily get to safe and convenient places for recreation or exercise,” said CDC’s John Librett, PhD, MPH, a health scientist in NCCDPHP’s Division of Nutrition and Physical Activity. “The initiative has been successful over the past 2 years because we have made sure that Trails for Health has become a mainstay of public health programs.”

In addition to CDC’s many efforts to foster the creation of activity-friendly environments, state and local governments across the country are making policy and legislative changes that support their health departments’ obesity prevention programs. In Washington State, the following policy changes and planning steps are being taken to improve communities and promote good health:

- The transportation department added a Health and Transportation section to the Washington State Transportation Plan that specifically addresses issues related to the built environment and physical activity. In addition, the State Bicycle and Pedestrian Plan, which is part of the overall transportation plan, was amended to incorporate health issues.
- Two state departments, health and transportation, have entered into an interagency agreement that outlines work the agencies will do together to support the

development of active community environments statewide.

- Four separate state agencies made a joint request to the Washington State Transportation Commission to support the Safe Routes to School projects. Their request resulted in a policy decision by the Transportation Commission to allocate \$1 million of the 2004/2005 budget to fund these important projects.

Active Living Research

The Active Living Research Program at San Diego State University, with funding from the Robert Wood Johnson Foundation, is stimulating and supporting research that will identify environmental factors and policies that influence physical activity.

“Obesity rates continue to increase dramatically, physical activity levels are low, and efforts to motivate individuals to change have limited

Federal Agencies Work Together to Promote America's Trails

CDC and a number of other federal agencies recently entered into a formal agreement to promote the rich heritage of trails in the United States by coordinating trails training topics such as grant writing, public health advocacy, volunteer management, and trail design. Along with CDC, agencies involved in the agreement include the U.S. Forest Service (Department of Agriculture); the Army Corps of Engineers (Department of the Army); the Bureau of Land Management, National Park Service, and U.S. Fish and Wildlife Service (Department of the Interior); and the Federal Highway Administration (Department of Transportation).

“Seamless service for the American public is built on agreements such as this that provide one-stop shopping

for partner needs,” said Christopher K. Jarvi, Associate Director for Partnerships at the National Park Service. John Librett, PhD, MPH, a CDC health scientist who specializes in physical activity programs, noted that strengthening partnerships among land management, recreation, and public health professionals could have a beneficial impact on the public's use of trails.


For more information on CDC's Trails for Health initiative, visit <http://www.cdc.gov/nccdphp/dnpa/physical/trails.htm>. For additional information about National Trails Day, a nationwide celebration of trails that features more than 2,000 events hosted by trail clubs, conservation organizations, agencies, and businesses, visit the American Hiking Society's Web site at <http://www.americanhiking.org>.

effects,” said Program Director Sallis. “So is there no hope? Many researchers and policy makers are turning attention to what we believe are the root causes of inactivity. By understanding how we have engineered physical activity out of our lives and built environments that make it easy to drive and hard to walk or bike, we can identify policies that will be more ‘activity-friendly.’”

Researchers have found that common barriers to making changes in the built environment are lack of resources and “unfriendly” local ordinances and zoning laws. Dr. Sallis hopes that research findings from the Active Living Research Program, communicated to local government officials and other decision makers, will help promote the creation of more activity-friendly communities. For example, the program suggests that one good use of local, state, and federal resources would be to provide funding to keep schools open after hours for community recreational use.

“Active Living Research is the largest research program so far to improve understanding about how environments and policies can influence physical activity,” Dr. Sallis said. “CDC has been a strong partner in this research area, and now NIH is getting involved in a serious way”

through its Neighborhood Quality of Life Study (NQLS). This unique collaboration between two different areas of research—health behavior and transportation/urban planning—is examining the relationship between people’s neighborhoods, quality of life, health, and physical activity. Dr. Sallis is one of the principal investigators in this study, along with Brian Saelens, PhD (University of Cincinnati College of Medicine) and Lawrence Frank, PhD (University of British Columbia). For further details about the NQLS, visit <http://www.nqls.org>.

For additional information about the Active Living Research Program, visit <http://www.activelivingresearch.org>. 

Suggested Reading:

- Frank L, Engelke P, Schmid T. *Health and Community Design: The Impacts of the Built Environment on Physical Activity*. Washington, DC: Island Press; 2003.
- Frumkin H, Frank L, Jackson R. *The Public Health Impacts of Sprawl*. Washington, DC: Island Press; 2004.
- Sallis JF, Owen N. *Physical Activity and Behavioral Medicine*. Thousand Oaks, CA: Sage Publications; 1999.

VERB™—It's what you do.

If your work involves getting children to abandon the sofa in favor of physical activity, you probably know about VERB. It is the national media campaign with the goal of getting 9-through 13-year-olds away from TV and video games and onto a playground of any sort. So far, indications are that the campaign is successful.

“We did a survey and learned that 74% of children aged 9 through 13 know about VERB and think it’s ‘cool,’” said Faye Wong, MPH, RD, Director, VERB Campaign, CDC. “And *cool* is a significant factor in trying to reach kids.”

This cool factor comes to VERB in three ways. “First and foremost, this is a program for kids by kids,” said Ms. Wong. “We talk with kids and listen carefully to what they say. They are

our guides when we develop VERB’s various activities or programs.”

“And when it comes to getting our message to the kids, we use only proven youth marketing techniques,” continued Ms. Wong. “We try really hard to understand the kids and what will appeal to them. Then we find people the kids admire to give them the message.”

The third element that puts VERB high on the coolness scale is its partners. VERB succeeded in recruiting media corporations, youth organizations, and the major sports leagues to support the campaign. For example, Nickelodeon, the Disney Channel, *Seventeen* magazine, Girl Scouts of America, and the YMCA are all partners of VERB.

“Kids are impressed by celebrities and big athletes from major league



The VERB campaign encourages kids to get out, be active, and have fun!

VERB™ in Brief

During the last 10 years, rates of overweight have doubled among children and tripled among adolescents. To counter this trend, CDC launched VERB in 2002. VERB is a multicultural, national media campaign with the goal of increasing physical activity among 9- through 13-year-olds. By increasing their physical activity, children reduce their risk for serious chronic diseases, including type 2 diabetes, high blood pressure, sleep apnea, and gall bladder disease. VERB's focus is on encouraging children to have fun and play with friends rather than on athletics and competition.

To spread its message, VERB uses a mix of tactics that includes paid advertising in magazines such as *Teen People* and *Sports Illustrated for Kids* and on television channels such as Nickelodeon, the Cartoon Network, Telemundo, and BET. To reach parents (its secondary audience), VERB places paid advertising in print media such as *Parents Magazine*, *Ebony*, *Indian Country Today*, *Korea Times*, *World Journal*, and *Los Padres*. To see some of the advertisements that VERB uses, visit <http://www.cdc.gov/youthcampaign/advertising/index.htm>.

To leverage its resources and to increase its effects, VERB partners with organizations and businesses that children regard as “cool.” For example, most major sports leagues are partners of VERB. Information about VERB partners is available at <http://www.cdc.gov/youthcampaign/partners/index.htm>.

VERB has a Web site especially for 9- through 13-year-olds (<http://www.verbnow.com>). There they can get tips from the pros on various sports (for example, Venus Williams on tennis and Landon Donovan on soccer), get ideas for new games to play with friends, and learn about VERB's latest promotions.

VERB also hosts an “activity zone” at community events and cultural events. Among those where VERB participated are the Harvest Moon Festival (Los Angeles), the Gathering of Nations Pow Wow (Albuquerque), and Calle Ocho (Miami).

To learn more about VERB or to learn how to set up a program like Lexington's, visit <http://www.cdc.gov/youthcampaign>.

sports,” said Ms. Wong. “When they are our messengers, the kids pay attention.”

“And our messages are always positive. We want to show kids that being physically active is fun,” said Ms. Wong. “We never preach or dictate. We have no ‘do not’ messages.”

Indeed, the focus on playing and fun, not on athletics and competition, is a major element of VERB’s success with kids who are less active.

“We want to encourage kids to play anywhere, anytime, and to use their own rules,” said Ms. Wong. “This is especially important for kids who think they have to be skilled athletes to play games.”

Because this high-profile campaign has been so successful in reaching kids, several communities are designing local programs that capitalize on VERB’s success. One such community is Lexington, Kentucky. There, Anita Courtney, MS, RD, Director of Health Promotion, Lexington-Fayette County Health Department, worked with the Tweens Nutrition and Fitness Coalition to devise a physical activity program that would piggyback on VERB.

The Kentucky Department of Public Health developed the Lexington-Fayette County Summer Scorecard intervention and the Partnership for a Fit Kentucky with funding from the CDC Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases. Tweens is a pilot social marketing initiative targeting behavior change in children aged 9–13. Six behaviors have been identified as priorities for change: 1) more

physical activity in schools, 2) more physical activity in community settings, 3) more parental involvement in their children’s health, 4) less consumption of sweetened beverages, 5) smaller food portion sizes, and 6) more breakfast eating.

“We wanted to increase kids’ activity during the summer,” said Ms. Courtney. “We knew they were already familiar and impressed with VERB, so we decided to ride its coattails.”

“We also looked around our community to see what other programs had worked with the kids,” Ms. Courtney continued. “Two, in particular, were our models. One was at the library, which offered children prizes after they read a certain number of books, and the other was coordinated by the arts cooperative, which created a ‘passport’ that the kids had stamped each time they visited a museum or participated in a cultural event.”

The Tween Nutrition and Fitness Coalition came up with the VERB Summer Scorecard. They recruited recreation facilities, public organizations, and sports-related businesses in the area to be Summer Scorecard sites. Among the sites in the program were public swimming pools, skating rinks, bowling alleys, martial arts centers, the YMCA, camps, and various sports facilities. Altogether, the program had more than 60 community partners.

Here’s how it worked. Children aged 9–13 got a scorecard with 24 squares on it. Each time they did an activity at a Summer Scorecard site, they had their scorecard stamped.

Summer Scorecard sites also offered special deals to scorecard holders such as free admission to swimming pools at certain times, reduced admission prices at many facilities, and free sports clinics for beginners.

“We wanted the parents to get involved also,” said Ms. Courtney. “So we set it up that parents could initial a square each time their children were active for an hour. Parents could initial up to 12 squares.”

Those who had all 24 squares stamped or initialed by August 10 received a “cool” VERB sports bag with a water bottle, flying disc, and coupons for discounts at various sports venues or stores. They could also attend the “knock-your-socks-off” Grand Finale Celebration at the Lexington Legends baseball field where they were eligible to win grand prizes and meet local celebrities.

So how successful was the Summer Scorecard program? “About 1,000 people showed up for our Grand Finale on August 10,” said Ms. Courtney. “We were delighted. We set up 25 active stations where kids could go to ‘find their VERB,’ that is, a physical activity they love to do. We had tennis, bowling, gymnastics, martial arts, jump rope, dancing, wacky games, running the bases, and lots more.”

Were there some activities that the kids enjoyed more than others? “Yes,” said Ms. Courtney. “They really seemed to enjoy the radar run. Police officers used the radar guns they use to monitor the speed of cars to time the kids as they ran. They also stood

in lines for disc golf, laser tag, and bowling.”

A baseball announcer was the master of ceremonies. The mayor of Lexington was there, as was Nazr Mohammed (a New York Knicks basketball player) and representatives from CDC.

CDC representative Susan McCarthy, MPH, CHES, was impressed. “When it was time for the kids to run around the bases, ‘score’ at home plate, and claim their prize bag, they were so excited they couldn't wait to start running. Every child who participated in the VERB Summer Scorecard program was a winner that night.”

Ms. McCarthy also praised the organizers. “Anita Courtney and the Lexington Tweens Nutrition and Fitness Coalition organized a wonderful summer program that got kids active and having fun, which is what VERB is all about.”


Ms. Courtney attributed much of the program's success to its association with VERB. “Being able to tie our local program to a highly visible, sophisticated, national campaign made a huge difference when it came to promoting the program among kids,” she said.

So will the program continue next year? “We want to do something similar next summer,” said Ms. Courtney. “We learned a lot this year that we would change in round two. We've done focus groups, and what we learned from those will shape how the program plays out next year.”

Is Lexington-Fayette County willing to share its experience with other

communities who might want to try a similar program in their area? “We’d be happy to talk to people who are interested in shaping a similar program,” said Ms. Courtney. “In fact, two Kentucky communities have already created their own version of the Scorecard. One was for kids, and the other for adults.”

If you want to know more about the Summer Scorecard program, you can visit http://www.VERBsummer_scorecard.com and get information about the program’s activities, prizes, special deals, partners, and lots more. Ms. Courtney is also available by e-mail (AnitaH.Courtney@ky.gov) if communities need information that is not on the Web site.

A bonus to the Summer Scorecard program was that parents became more aware of the benefits of physical activity for their children. “At the Grand Finale, lots of parents signed their children up for fall classes or sports teams to help the kids stay active all year,” said Ms. Courtney. “Some parents even told us that the program made them realize how much their children needed exercise, and they would send them out to play. And the kids said they’d tried new activities because of the program and discovered they liked doing things they’d never thought about before.”

States Carry the Load of Obesity Efforts

To deal with the heavy burden of obesity and overweight, CDC provides leadership and funding to 28 states. States use the funds to establish a state team, a state plan, and partnerships and also to design strategies and pilot programs to promote nutrition and physical activity. Later, states build on existing programs and partnerships, make policy and environmental changes to improve the health of citizens, and share lessons learned with others who are working to prevent obesity.

The work of three states illustrates the progress that is being made in the fight against obesity. In Massachusetts and North Carolina, state departments of health connect with partners, establish state plans, and conduct interventions that reach to the community level. In Washington State, local communities help people adopt and maintain healthier lifestyles.

Massachusetts

In Massachusetts, more than half of adults (55%) are overweight or obese. Massachusetts is responding to its obesity epidemic with a comprehensive 5-year statewide plan that outlines strategies to fight obesity by improving nutrition and increasing physical activity among state residents.

Massachusetts state plan. *The Health of Massachusetts: A Coordinated Response to Overweight and Obesity* guides state and local efforts designed to meet state goals and objectives. A major strength of the Massachusetts state plan is that it reflects comprehensive input from partner organizations from health

care, education, the private sector, and communities. The Massachusetts Partnership for a Healthy Weight, a collaborative of organizations dedicated to reducing overweight and obesity, developed the state plan, and various partners, along with the Massachusetts Department of Public Health, will take the lead in fulfilling specific objectives.

“Collaboration among partners in writing the state plan has built buy-in and ensures that the document is proposing measures that make sense and can be achieved,” commented Maria Bettencourt, MPH, LN, Director, Nutrition and Physical Activity Unit of the Massachusetts Department of Public Health. “A coordinated effort reduces duplication—and when you pool resources, you can get more accomplished.”

The Health of Massachusetts is a detailed action plan that recommends strategies for reversing the upward trend of overweight and obesity at the societal, community, organizational, and interpersonal and individual levels. Objectives for early child-care centers, schools, health care providers, and work sites are outlined, and examples of programs to improve nutrition or increase physical activities are briefly described.

The plan emphasizes the role of healthy environments in supporting improved eating and physical activity patterns. For example, the eight objectives for addressing overweight and obesity in schools include a goal to increase the number of schools that offer healthy foods and beverages before, during, and after school. Specific recommendations involve

disseminating the Massachusetts Action for Healthy Kids guidelines and training school staff on how to use the standards to promote a healthier school environment.

Also on the organizational level, Massachusetts promotes breastfeeding in order to provide optimal nutrition for babies. One of the plan's objectives proposes statewide interventions that improve breastfeeding rates. The "baby-friendly" Boston Medical Center not only supports and promotes breastfeeding, but also works with another hospital in Lowell, Massachusetts, to ensure that new mothers leave the hospital breastfeeding. After starting to breastfeed, nursing mothers need encouragement to breastfeed infants longer. Therefore, "we need to develop strategies to increase support for new moms that will allow them to continue to breastfeed," said Ms. Bettencourt.

Partnerships in Action. In addition to developing the state plan, the Partnership for Healthy Weight collaborated with the Massachusetts Action for Healthy Kids (AFHK) to provide leadership on school-focused objectives. The Massachusetts AFHK developed a guide for schools to improve *à la carte* meals. *A La Carte Food and Beverage Standards to Promote a Healthier School Environment* will be distributed to all schools throughout Massachusetts.

Another member of the Partnership for Healthy Weight has developed an innovative approach that allows children and their families to enjoy being part of a fitness program. The Attleboro YMCA estab-

lished the Jaguars Youth Track and Field Program to help young people aged 6 to 18 keep fit, improve endurance, and have fun. The program is open to all local students from elementary through high school, regardless of their skill level. YMCA members receive a small discount; however, scholarships and help in obtaining shoes are available for participants in need. In addition, practices and competitions are not mandatory; the program is flexible and offers weekly fun runs and walks, nutrition seminars, bike rides, and physical activities involving parents and other family members.

"I can't tell you how impressed we are—my son now loves track and field and can't get enough of it," said one parent. "Even our daughter, who hated running, absolutely loves the Jaguars program." Another parent commented that the Jaguars program has "a great balance of making track fun, yet knows when to push the children to a higher standard. Encouraging them to not give up even when they don't win is so important."

5-2-1 Go! Like many other states, Massachusetts is facing a significant increase in overweight among children. Instilling healthy behaviors during childhood is a key strategy for preventing obesity during adulthood. One outstanding approach is the 5-2-1 Go! school-based program, which uses the Planet Health Curriculum, developed by the Harvard University Prevention Research Center, and CDC's School Health Index. The intervention was conducted in six public and private

schools throughout Massachusetts during 2002–2004. Seven control schools will be compared as part of the evaluation.

5-2-1 Go! messages were promoted throughout participating middle schools to motivate students to eat 5–9 servings of fruits and vegetables a day, watch less than 2 hours of TV a day, and be physically active at least 1 hour a day. As part of the program, teachers found creative ways to incorporate health messages into other subjects. Jonathan Flayhan, a language arts teacher at Douglas Middle School, had his students write about fruits and vegetables. He recalled one student who chose broccoli. “The kid wouldn’t eat it with his mother and father, but for some reason, he ate it with me and wrote a poem about it,” Mr. Flayhan said.

School administrators also have been encouraged to make policy and environmental changes to improve student health, such as making more nutritious foods available at school.

Healthy choices. The 5-2-1 Go! strategy is also offered through Healthy Choices, a before- and after-school program for Massachusetts middle school students. For the past year, Healthy Choices has been integrating School Health Index methods in 10–12 schools a year. Students at Kennedy Middle School painted a mural of fruits and vegetables as reminder of the importance of eating healthy foods. Other Healthy Choices activities include strength training, walking clubs, cooking classes, and fruit and vegetable challenges. These activities are designed to involve kids

and motivate them to enjoy the nutritious snacks and apply the health messages provided through Healthy Choices. Evaluation findings indicate that participating students were more fit, more knowledgeable about nutrition, and less likely to be tardy or absent from school than students who did not participate.

During the 2004–2005 school year, 70 middle schools, with funding from Blue Cross Blue Shield, will participate in an enhanced Healthy Choices program. Up to 120 middle schools will receive this intervention during the next 3 years. Schools in communities with large numbers of overweight or at-risk children were encouraged to apply for the Healthy Choices program.

Community liaisons. Massachusetts also aims to help local public health workers and coalitions in their efforts to prevent obesity. Staff from the Massachusetts Department of Public Health visit local communities to help conduct interventions and establish networks and to provide technical support for activities to prevent obesity.

“We’re trying to empower communities to take action at the local level,” explained Ms. Bettencourt. By training community liaisons to link with local communities and to share ideas and resources, Massachusetts is fostering the success and sustainability of obesity prevention efforts. For example, community liaisons have been instrumental in promoting Healthy Choices locally and in recruiting schools in low-income neighborhoods to apply for the enhanced program.

A community coalition is leading local efforts to prevent obesity in Springfield. Since 2002, the Springfield Health Coalition has worked with the public school system to pilot the Coordinated School Health Program and incorporate Healthy Choices. In addition, the coalition partnered with the National Park Service and Rails to Trails to increase opportunities for physical activity through public education, outreach, and environmental changes in the city of Springfield. The coalition also conducts Safe Routes, a program that provides safe routes to schools and encourages more students and parents to be physically active in their neighborhoods.

For more information about obesity prevention efforts in Massachusetts, contact Ms. Lesley Bennett, obesity prevention program coordinator for the Massachusetts Department of Public Health, at lesley.bennett@state.ma.us.

North Carolina

In North Carolina, 57% of adults are overweight or obese, and overweight among children aged 5–11 years increased by 40% between 1995 and 2000. In the fight against obesity, North Carolina is making major strides in promoting nutrition and physical activity.

Partners, our greatest resource. “We are very pleased to be one of CDC’s funded states for addressing nutrition and physical activity,” said Cathy Thomas, MAEd, CHES, project coordinator for the North Carolina Division of Public Health. “We are

proud of our Eat Smart Move More North Carolina state initiative and pleased that both our internal partners and many of our external partners embrace the initiative. We need our partners on board—they are by far our greatest resource,” she explained.

North Carolina has a strong county structure, so public health staff at the state level show community-level public health workers how to network. North Carolina collaborates with partners for all Division of Public Health activities, and partnerships are encouraged at every level. For example, health department personnel and staff from the department of education attend state training programs together to foster relationships across disciplines.

“One of the most helpful links on our Web site (<http://www.eatsmartmovemorenc.com>) is our list of contacts,” noted Ms. Thomas. “Everyone working on specific health issues in our 100 counties and at the state level is listed, and this information is constantly updated and used,” she said. “If we are successful in North Carolina, it’s because of our partners.”

North Carolina is also committed to developing communications throughout the state and beyond state borders. The Web site contains descriptions of interventions, policy documents, and nutrition and physical activity success stories.



North Carolina state plan. Three documents comprise the Eat Smart, Move More...North Carolina plan to address the epidemic of overweight and obesity. *Moving Our Children Toward a Healthy Weight: Finding the Will and Way*, a comprehensive state plan to reduce and prevent childhood overweight, is designed to raise awareness of childhood overweight, stimulate discussion of the issues, and get individuals and groups working together to solve the problem.

The plan provides 12 key recommendations for action by families, schools, child care centers, communities, health care providers, the media, and researchers. Some of the recommendations encourage individuals and families to eat healthier foods and be more active. Other recommendations are broader in scope. They provide direction for policy and environmental changes that will make healthy eating and physical activity easy, fun, and popular so they will become a way of life.

Moving Our Children Toward a Healthy Weight proposes five main goals:

- Ensure that all children and adolescents are physically active at least 2 hours a day.
- Limit the amount of sugary beverages consumed by children.
- Restrict TV viewing to no more than 2 hours a day.
- Promote appropriate portion sizes for children's meals and snacks.
- Increase the number of meals prepared and eaten at home.

The plan also seeks to reduce disparities among overweight children

who are at greatest risk and have the greatest needs. In addition, the plan provides guidance on how to reduce childhood overweight and consequently prevent overweight and obesity among adults.

The *North Carolina Blueprint for Changing Policies and Environments in Support of Healthy Eating* and the *North Carolina Blueprint for Changing Policies and Environments in Support of Increased Physical Activity* guide community-based efforts to increase public awareness about the importance of healthy eating and physical activity and the need for supportive policies and environments. These documents help public health workers and partners make effective policy and environmental changes, and outline strategies and activities for increasing healthy eating and physical activity at the local and state levels.

In September 2004, the North Carolina Division of Public Health hosted a public forum entitled "Promoting, Protecting, and Supporting Breastfeeding in North Carolina." Input from this meeting will be used to develop a document, the *North Carolina Blueprint for Action to Support Breastfeeding*, that will supplement the existing state plan.

Successful documentaries capture the problem. North Carolina also benefited by working with media partners, including WRAL-TV, a CBS affiliate in Raleigh, North Carolina, that developed and broadcast two successful documentaries.

In 2003, *Super-Sizing Our Kids: North Carolina's Epidemic of Overweight Children* and Healthy Weight Initiative (HWI) public service

announcements were produced by senior WRAL-TV producer Phyllis Parish, who became interested in childhood obesity while serving on the North Carolina HWI Task Force.

Super-Sizing Our Kids depicts the many aspects of childhood overweight by allowing two young people to describe their own struggles and successes in improving their health. North Carolina health experts share solutions and resources to help children and families increase physical activity and improve nutrition. The documentary also features comments from the state health director and HWI coordinator.

High ratings and response by viewers prompted rebroadcasts of the program in Raleigh, as well as in Wilmington and Charlotte, and later, to a statewide audience. “I hope our documentary helps open parents’ eyes to this problem and helps North Carolina families make healthy lifestyle changes for life,” Ms. Parish said.

“*Super-Sizing Our Kids* was a real driving force behind the attention that is placed on childhood obesity,” stated Hal Warner, senior program director of the YMCA in Goldsboro, North Carolina. The success of the CHANGE (Committed to Healthy Attitudes, Nutrition, Growth, and Exercise) for Children program at the Goldsboro YMCA has been enhanced by the documentary. The intervention is a 12-week course comprising separate nutrition classes for children and parents every other week and physical activity training four times a week for enrolled children.

CHANGE for Children is in its third year, and more than 150 people have

completed the program, including a young lady who lost 29 pounds last year and is enrolled in CHANGE again this year. Mr. Warner attributes the effectiveness of CHANGE to community involvement and the YMCA’s connection with local residents. “YMCAs can adjust to the needs of the community because we’re in touch with what’s going on around us and the resources that are available,” he said.

A new docudrama, *Kelly’s Story: Weighing the Options*, describes the psychosocial factors of obesity through the perspective of a high-school girl dealing with being overweight and is followed by an expert panel discussion. The 60-minute program first aired on September 7, 2004, and was broadcast on WUNC public television in January 2005.

Copies of both documentaries, along with a discussion guide, are available for use in schools and community health programs (<http://www.NCHealthyWeight.com> select Media Resources).

Child care centers get attention.

Through CDC funding and in partnership with the University of North Carolina (UNC) Chapel Hill Center for Health Promotion and Disease Prevention, North Carolina recently completed a multilevel pilot intervention targeting child care centers. This pilot intervention was conducted in 8 counties at 19 child care centers. The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC, pronounced *knapsack*) assessment tool was used to help child care center staff self-assess their center nutrition and physical activity policies and environment.

As part of the NAP SACC program, child care centers in North Carolina made recommended changes to create indoor play space.

Trained child care health consultants provided training and technical assistance to child care staff members on healthy eating, physical activity, and overweight in young children and offered practical suggestions for making improvements. Examples of changes include revising menus to meet best practice guidelines, moving vending machines from the lobby to less visible areas, and remodeling to allow for an indoor play space.

Feedback from child care center directors has been encouraging. During evaluation interviews, child care center directors most often mentioned their success in switching



from whole to low-fat milk for children older than 2 years to improve nutrition. “It just really surprised me that the children adapted to the change as easily as they did,” one center director said.

UNC researchers also conducted

follow-up visits at six centers to determine whether improvements were sustained over time and to collect intervention documentation (e.g., revised menus and policies, photos of environmental changes). They are compiling the evaluation data and are in the process of publishing the results.

The NAP SACC research team is responding to requests, including those from other states (New York, Washington, Arizona), for information and technical assistance. In addition, the team just entered into a new cooperative agreement with CDC to conduct a more detailed evaluation of NAP SACC. For more information, visit <http://www.napsacc.org>.

Color Me Healthy. The Color Me Healthy curriculum motivates preschoolers aged 4–5 years to learn about and enjoy healthy foods and physical activity. Color Me Healthy kits are given to child care providers (e.g., staff from child care centers, Head Start programs) who complete the comprehensive training. The kits contain a teacher’s guide, picture cards, posters, newsletters, and recordings with seven original songs. Most materials are also available in Spanish.

Color Me Healthy is interactive and creative in its use of color and music to stimulate children’s senses. The goal is to make learning about nutrition and physical activity fun. For example, some activities take children on imaginary trips and other activities invite children to sing and dance to the Color Me Healthy music. The newsletter, *Color Me Healthy NEWS*, encourages families to adopt and support the healthy behaviors taught to the children, such as eating more fruits and

vegetables and being physically active.

So far, over 5,000 child care providers have been trained, and more than 90% of those surveyed are using Color Me Healthy. Child care providers reported increased physical activity and knowledge about healthy eating among participating children and also rated the program as either excellent or good. Overall response to Color Me Healthy has been overwhelmingly positive, as the following comments from providers show:

“Color Me Healthy has helped me a lot with my weekly lesson plan. I can have music and physical activity at the same time. Circle Time is even more fun; we can count colors and have fun at the same time. It has been a big help.”

“My children love to sing, dance, and take imaginary trips. Thank you for this great program!”

“You have created a great program to help young children learn about healthy food and physical activity. My classroom has really changed for the positive in many ways.”

“We are pleased with the success of Color Me Healthy. Child care providers have been very receptive to increasing the time spent on nutrition and physical activity,” said Carolyn Dunn, PhD, with the North Carolina Cooperative Extension Service. “Color Me Healthy provides them with a curriculum to help children eat smart and move more.”

Color Me Healthy represents a partnership between the state Cooperative Extension Service and the Division of Public Health. Currently, the program

is being used in 11 other states. For more information, visit <http://www.colormehealthy.com>.

North Carolina’s standards for food in school. Another powerful tool that promotes nutrition among children is the publication *Eat Smart: North Carolina’s Recommended Standards for All Foods Available in School*. Three state agencies—the North Carolina Division of Public Health, the North Carolina Department of Public Instruction, and the North Carolina Cooperative Extension Service—collaborated to write nutrition standards for foods that kids might find at school. The North Carolina Healthy Weight Initiative Task Force identified the need to change the types of foods served in schools as a primary strategy to prevent obesity.

The collaborators developed this document to comprehensively guide the inclusion of healthy foods into all school activities, including class parties and fundraisers. “This means classroom parties, for example, might focus on a fun activity rather than food,” stated Sherée Thaxton, North Carolina’s Healthy Weight Coordinator. “If food is included as part of a celebration, then offering fruit with a low-fat yogurt dip or whole-grain pizza loaded with vegetables might teach children to like new foods, while limiting sweets and salty snacks,” she said.

Local school boards can adopt and adapt the policies in the standards and work with school health advisory councils to make more nutritious foods available and limit access to unhealthy foods during the school

day. For example, “we believe the Eat Smart School Standards will be used to establish the standards for eight school districts who will be piloting the exclusive offering of healthy food choices in their elementary schools,” Ms. Thaxton said.

Washington

Residents of two Washington State communities are waging war against obesity—in the schools and parks, in vacant lots, in retail shops, and even in the local movie theatre. The towns of Mount Vernon and Moses Lake are part of the CDC-funded Healthy Communities Project, and they aim to make positive changes that will last.

Mount Vernon, Washington. In Mount Vernon, the citizens have been involved in every aspect of the Healthy Communities Project. “They conducted their own community and walkability assessments to learn what environments and policies were already in place and to identify any barriers,” noted Ruth J. Abad, MPH, MEd, a health educator with the Washington State Department of Health.

An advisory board of community leaders also reviewed the recommendations offered in the Washington State Nutrition and Physical Activity Plan. They then developed an action plan for Mount Vernon that identifies the following three priority areas for preventing obesity:

1. Provide healthy foods at school. To ensure that Mount Vernon schools provide healthy foods and beverages to students in grades K–12, the action plan calls for

healthy products to be available in all school vending machines. In addition, members of the community want to work with the Mount Vernon School Board to influence the content of the new school nutrition policy, which takes effect in August 2005. This policy will dictate the kinds of foods that can be served in school cafeterias.

The community also wants to increase the amount of locally available produce in Mount Vernon schools and to act as a resource to other area school districts that aim to provide more nutritious foods to their students.

2. Give children chances outside of physical education (PE) classes to be active. The Mount Vernon advisory board is encouraging schools and the community to adopt policies that will give children in grades K–12 more opportunities to be physically active during the regular school day, because PE classes alone are not enough. Currently, the state mandates an average of 100 instructional minutes of PE each week for children in grades 1–8 and two credits of health and fitness for high school students.

Children also need plenty of opportunities to be physically active during nonschool hours, whether they’re on school property or elsewhere in the community. The board is pushing for policies that will make these opportunities available to the children of Mount Vernon.

3. Use urban planning to promote activity. A growing number of

communities like Mount Vernon are using urban planning (zoning and land use plans) to promote physical activity. The citizens of Mount Vernon plan to develop a system of linked trails, parks, and neighborhoods that will give people better access to places where they can walk, bike, and enjoy other outdoor activities.

The advisory board first identified six trails within the city that could be connected. They chose one of the trails as the backbone trail, which will connect with other trails, sidewalks, business districts, and neighborhoods. In addition, they agreed that the public should have access to a local river levee, because it would provide ideal space for fun outdoor activities.

Changing people’s expectations.

Members of the advisory board spent 6 months developing their plan of action. “Then in July, they had a kick-off event—a special showing of *Super Size Me* at the movie theater in town,” Ms. Abad said. “They served fresh fruit and held a discussion group afterwards.”

Now the hard work has begun. Over the next year, three committees of townspeople will work with the school board, parks and recreation officials, businesses, and urban planners to carry out the goals detailed in Mount Vernon’s plan of action. “Their ultimate goal is to change the very culture of the community,” Ms. Abad stated.

She has already seen some small but promising changes. “The other

day, the advisory board was talking about how we could provide healthier choices in school vending machines,” she recalled. The next day, a board member was walking through several county buildings and noticed a vending machine filled with junk food. She asked why healthier choices could not be offered in all county facilities, not just in schools.

“So you can see how these kinds of changes carry over into the whole community,” observed Ms. Abad. “They change the way people look at their community. People’s awareness changes, and so do their expectations of what they want their community to offer.”

Other communities can benefit from the lessons Mount Vernon citizens have learned over the past year. “The first lesson we learned is that we need to listen to people in the community,” Ms. Abad said. “What do they want to do? The second lesson is that you must nurture and develop leadership in the community so that if the current leaders move on, they can pass the baton to others and sustain your efforts.”

Having strong leaders on board ensures that a community can continue to fight obesity long after government funding has run out. “Communities need the leadership and the skills to sustain capacity,” Ms. Abad emphasized. “The funding will eventually go away. What’s left? Capacity.”

The groundwork for many of these lessons was laid a few years earlier in Moses Lake, the first town selected to participate in Washington’s Healthy Communities Project.

Moses Lake, Washington. When searching for Healthy Communities Project sites, state health officials wanted small towns where people live, work, and play. Moses Lake fit the bill. This agricultural town is located in the middle of the state, about 2 hours away from the nearest urban area. Moses Lake did not have as much capacity as Mount Vernon did, in terms of support already in place for obesity prevention efforts. But what they lacked in capacity, the people of Moses Lake made up for in enthusiasm and eagerness to make healthy changes.

“We saw a lot of opportunity for changes in Moses Lake, and the people there really wanted to work to revitalize the city,” explained Charlotte A. Claybrooke, MS, physical activity specialist for the Washington State Department of Health’s Office of Community Wellness and Prevention.

Moses Lake residents in Washington State created a community garden where families can grow their own fruits and vegetables.

As in Mount Vernon, the citizens of Moses Lake did their own community assessments. “They walked the streets and walked to schools as part of their walkability and bikability assessments,” noted Ms. Claybrooke. “Some of these assessments—for example, looking at how many miles of sidewalks there are—were done by city officials because they already have access to that information. The residents also did focus groups with a few subpopulations to determine if any one population in the community would be more accepting of changes than others.”

Moses Lake residents were open to healthy changes, “and they agreed that first, we need to make sure the environment is healthy for children,” Ms. Claybrooke said. An advisory board of about 33 members designated 10 people to review the assessments and identify priority areas for Moses Lake. “These 10 people took their recommendations back to the bigger group, which tweaked them,” reported Ms. Claybrooke. In the end, they identified three priority areas:

1. Create a community garden. Just 2 years ago, the vacant lot across from city hall was barren and ugly. Now, about 75 families visit the site regularly to grow their own fruits, vegetables, and herbs. They have transformed this empty lot into a beautiful, vibrant gathering place known as the Moses Lake Community Garden.

“People love the community experience this garden brings,” commented Monica Dixon, PhD, RD, a nutrition specialist with the Washington State Department of



Health. “Folks chat with their neighbors and ask each other, ‘Oh, what are you planting?’ It also helps isolated individuals fight depression. It’s a great way for people to get out and be physically active.”

Individuals and some organizations have plots. They pay \$5 for a small plot or \$15 for a large one. Over the past year, Dr. Dixon has worked with the community to get more low-income citizens and children involved in the gardening project. “The Boys and Girls Club has a plot, and one of the Cub Scout troops has a plot,” she said.

“We also have a group of seven young people from the local Job Corps involved—they call themselves the Moses Lake Youth Wellness Team, and they are working to promote healthy changes in the community,” said Dr. Dixon. “They’re working with the Job Corps to make healthy changes in their dorm vending machines. They went back to their campus and planted garden plots of their own. And they just did a wellness session at the local senior center.”

When members of the Youth Wellness Team decided they needed a brochure, they chose to pitch their positive messages about nutrition and wellness on custom-printed lettuce seed packets. They now visit schools during spring and fall planting seasons and give the seed packets to children, encouraging them to take the seeds home and plant them. Their goal is to convince the chil-



dren of Moses Lake to eat more fresh fruits and vegetables.

2. Create a path system to link places and people. The town held a planning workshop that included a wide variety of townspeople and others. “We included many folks from the community,” Ms. Claybrooke said. “Also, the American Association of Landscape Architects has a Washington chapter, and they sent five architects to work with us. The National Park Service’s Rivers, Trails, and Conservation Assistance Program played a big part as well. They have a project to help local communities develop trails, and they have helped from the get-go.”

The citizens of Moses Lake decided that not only trails and parks should be connected, but also sidewalks. Moses Lake now has a new policy requiring that all sidewalks be at least 10 feet wide to allow room for bikes. In addition, the town has many irrigation

The people of Moses Lake, Washington, say their community garden is far more than a gathering place for neighbors. It also helps isolated individuals fight depression and gives people of all ages an opportunity to get out and enjoy the outdoors.

canals, which have little roads beside them that can be linked with the trail system. “It’s just a matter of opening them up to the community, putting stone down, and putting up fences where they’re needed,” Ms. Claybrooke explained. Moreover, the railroad district is working with Moses Lake citizens to convert old rail lines to safe, beautiful walking and biking trails. The planning meeting resulted in a comprehensive plan to develop these links. “What we will have is an integrated, comprehensive trail system that will allow anybody in Moses Lake to walk or bike anywhere they want,” she said.

The Healthy Communities Project staffers aim to get the work done by teaming up with various partners. For instance, the National Guard has a program that will allow new recruits to work on the trails project as part of their training. “The National Guard gets good experience for its trainees, and the community gets free labor and use of the National Guard’s equipment,” said Ms. Claybrooke.

3. Make environmental and policy changes to promote breastfeeding. Changes were needed to bring down the barriers that were keeping women from breastfeeding their babies. For example, the maternity ward at the local hospital used to remove newborn babies from the room, and therefore the mothers couldn’t breastfeed. Also, information about formula was a big part of the maternal counseling. “The hospital

made the shift to focus more on breastfeeding, and that made a big difference,” Ms. Claybrooke said. In addition, people in the community identified places in the community—a baby store and a local retail store—where mothers could have a room to breastfeed their babies.

Ms. Claybrooke’s advice for other communities is to be patient and steadfast. The activities under way in Moses Lake take a lot of time and energy. “Changes don’t happen overnight,” she said. “We made a 5-year commitment, and we’re into year 3.”

Ms. Claybrooke also recommends that communities find creative ways of involving all segments of the community. “One of the reasons Moses Lake was chosen was because it has a large Hispanic population,” she noted. “We continue to work hard to involve Hispanic leaders and keep them engaged.”

For more details about Washington State’s community-based activities to prevent obesity, visit <http://www.doh.wa.gov/cfh/NutritionPa/default.htm>.

For more information or updates on all CDC-funded state obesity programs, visit http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs.

Steps to Losing Weight and Being Healthy

Reducing obesity in the United States will require that Americans take certain steps toward healthier lifestyles. And although individuals will have to take those steps themselves, the federal government is working to create environments that support positive behavior changes in communities across the country.

In 2003, HHS launched the Steps to a HealthierUS initiative in support of the president’s HealthierUS goal of helping Americans live longer, better, and healthier lives. This wide-ranging initiative is designed to identify and promote programs that encourage small behavior changes because small changes over time can yield dramatic results.

“People need to know that conquering weight gain is more about taking a daily walk around the neighborhood than running a marathon,” wrote then HHS Secretary Tommy G. Thompson in a September 2004 letter to Dear Abby. “Taking the stairs instead of the escalator, substituting fruit for sweets, and eating only half portions of dessert can add up to giant steps on the path to a healthier life.”

The Steps initiative also is intended to shift the nation’s focus to preventing diseases, not just controlling and treating them. This change will not only make people healthier; it could also dramatically decrease U.S. medical costs.

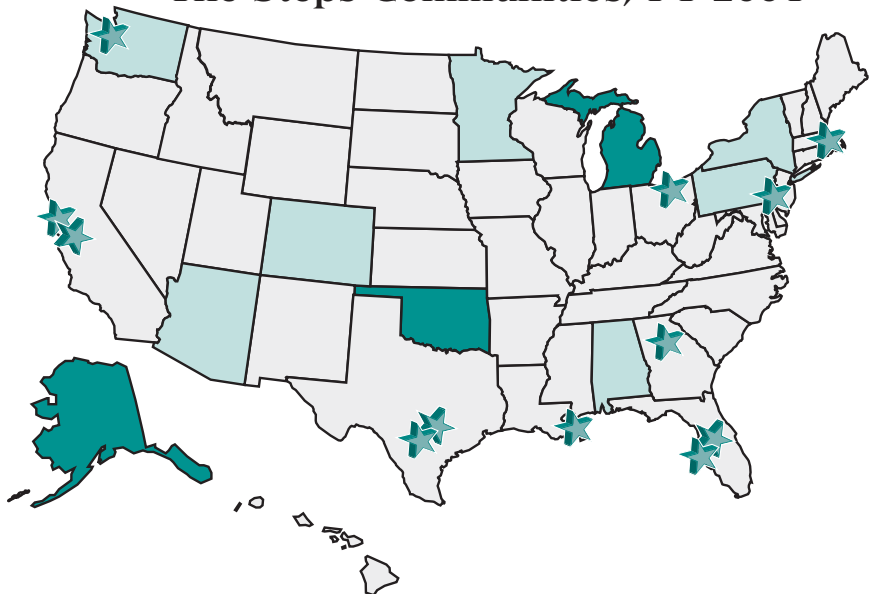
“Approximately 95% of the \$1.4 trillion that we spend as a nation on health goes to direct medical care services, while an estimated 5% is allocated to preventing disease and promoting health,” Thompson noted

when the Steps initiative was launched. “This approach is equivalent to waiting for your car to break down before you take it in for maintenance.”

The Steps initiative calls on policy makers, the health community, and the public to create programs and policies that will encourage healthier lifestyle choices and reduce health care disparities among different populations. Such actions include

- Health promotion policies that motivate and support responsible health choices.

The Steps Communities, FY 2004



<p>State-Coordinated Small Cities/Rural Communities</p> <p>AL 2 Areas AZ 4 Areas CO 4 Counties MN 4 Areas</p>	<p>NY 4 Counties PA 3 Counties WA 4 Areas</p>												
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<p>★ Large Cities/Urban Communities</p> <table border="0"> <tr> <td>Austin–Travis County, TX</td> <td>Philadelphia, PA</td> </tr> <tr> <td>Boston, MA</td> <td>Salinas–Monterey County, CA</td> </tr> <tr> <td>Cleveland, OH</td> <td>San Antonio, TX</td> </tr> <tr> <td>DeKalb County, GA</td> <td>Santa Clara County, CA</td> </tr> <tr> <td>Hillsborough County, FL</td> <td>Seattle–King County, WA</td> </tr> <tr> <td>New Orleans, LA</td> <td>St. Petersburg–Pinellas County, FL</td> </tr> </table>		Austin–Travis County, TX	Philadelphia, PA	Boston, MA	Salinas–Monterey County, CA	Cleveland, OH	San Antonio, TX	DeKalb County, GA	Santa Clara County, CA	Hillsborough County, FL	Seattle–King County, WA	New Orleans, LA	St. Petersburg–Pinellas County, FL
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- Community initiatives that promote and enable healthy choices.
- Health care and insurance systems that help people reduce risk factors and complications of chronic disease.
- State and federal policies that support prevention (e.g., mandates for healthy snacks in schools, smoking bans in public buildings, and walking paths in urban neighborhoods).
- Cooperation among policy makers, local health agencies, and the public to invest our resources in disease prevention, not just in treatment.

Funding the Programs That Can Make a Difference

To support the necessary changes at state and local levels, HHS is funding innovative community-based projects through a 5-year cooperative agreement administered by CDC. This program is part of the larger Steps initiative and focuses on three specific health concerns—diabetes, overweight/obesity, and asthma—as well as the related risk factors of physical inactivity, poor nutrition, and tobacco use.

In fiscal year 2003, \$13.6 million was distributed to 24 communities (large cities, rural communities, and tribal groups). The resulting projects are diverse.

For example, a county sheriff's office in **Colorado** launched a work site wellness program for its employees. A **Florida** program encourages restaurants to add healthy choices to children's menus, while a **California** program encourages fast-food restau-

rants to give away toys that promote physical activity. In **New Orleans**, program organizers work with farmers' markets, produce sellers, and community gardens to increase residents' access to fresh fruits and vegetables.

"This is the first cooperative agreement program that provides funds at the community level for an integrated approach to chronic disease prevention rather than addressing one disease, condition, or risk factor at a time," said Stephanie Zaza, MD, MPH, project lead for the Steps Cooperative Agreement. "The grants are used to implement evidence-based interventions that are tailored specifically to the community's needs, culture, and capacity."

Steps communities are required to develop action plans that address diabetes, overweight/obesity, and asthma, as well as their targeted risk factors. Interventions can be implemented in schools, communities, work sites, or health care settings, and community members should be involved in assessing, planning, delivering, and evaluating activities.

Interventions should provide social support for healthy choices and create environments that help people sustain individual behavior change. In addition, they should improve people's access to and use of high-quality health care services.

Steps communities also are required to develop community consortiums of partners who are committed to helping plan, implement, and evaluate intervention activities. Examples include departments of education and health, other government agencies, school districts, health care providers, national

Steps Cooperative Agreement Targets At-Risk Populations

Despite wide-ranging advances in public health in the last century, health disparities persist among some U.S. racial and ethnic groups. Disease and death rates are often much higher among minority populations than among white Americans.

One of the goals of the Steps to a HealthierUS initiative is to eliminate health disparities in minority populations. To achieve this goal, the Steps program is funding community programs throughout the country that serve people at higher risk for certain health problems.

In fiscal year 2004, the Steps Cooperative Agreement Program awarded \$35.7 million to 22 grantees representing 40 communities to address diabetes, overweight/obesity, and asthma, as well as the related risk factors of physical inactivity, poor nutrition, and tobacco use. This amount included \$800,000 for the Inter-Tribal Council of Michigan.

The resulting Healthy Anishinaabe program serves American Indians living in eight tribal communities in 38 of Michigan's 83 counties. It is designed to help tribal staff members and community leaders become advocates for primary prevention of chronic diseases.

Although data for many tribal groups are limited, the figures that are available indicate that morbidity and mortality rates for many chronic diseases are much higher for American

Indians in Michigan than they are for other state and national populations. Poverty rates are high, educational attainment is low, and unemployment rates are nearly double the rate for the state's total population.

In addition, of the 12 Indian Health Service (IHS) administrative areas, the Bemidji area (which includes Michigan) has the second highest rate of diabetes deaths: 88.9 deaths per 100,000 people (*Bemidji Area Trends in Indian Health, 1999*; rates are age-adjusted). The overall rate for the total U.S. population (all races) is 13.5 per 100,000.

To address these health concerns, the Healthy Anishinaabe program has implemented several initiatives that promote healthy diets. For example, a community-wide media campaign promotes the 5 A Day Program, which encourages people to eat five or more servings of fruits and vegetables every day.

Healthy, low-cost snacks such as fruits, vegetables, and yogurt are provided daily for staff members and visitors in the offices of the Inter-Tribal Council of Michigan and the health clinic of the Sault Ste. Marie Tribe of Chippewa Indians. In the Bay Mills Indian Community, tribal leaders are working to change vending machine policies in local public schools, and they make regular presentations about nutrition and physical activity in tribal schools.

Tribal leaders also are working to increase interest in passing on traditional Native American wisdom and cultural practices, including consumption of highly nutritious tradi-

tional foods. In the past, the diet of the Anishinaabe consisted largely of berries, fish, and wild rice. Today, like many Americans, they eat too many processed foods high in calories. This problem is exacerbated by the long, cold winters in Michigan and the limited access to well-stocked grocery stores in remote areas.

The Healthy Anishinaabe program also has launched several projects designed to increase physical activity among community residents. For example, a cross-country track is being built between the Inter-Tribal Council of Michigan building and the Sault Ste. Marie health clinic, which are about a half mile apart.

In Sault Ste. Marie, a tribal recreational center offers ice-skating and hockey rinks, weight facilities, exercise equipment, and physical therapy services free to tribal members. Low-cost access is available to people who are not Native Americans but who work nearby.

In other parts of the state, tribes are partnering with local universities and hospitals to use their fitness facilities or with Curves™ fitness and weight-loss centers for women. They also are working closely with the YMCA in Hannahville.

“These projects add value beyond the targeted Steps communities because they don’t just benefit community members but people living nearby as well,” said Nancy Williams, MSPH, program consultant. “And that’s a major goal of the Steps initiative. Communities should always be looking at how projects can be expanded through-

out their state or area to provide services for everyone.”

The Steps initiative also emphasizes an integrated approach to tackling community health problems. Ms. Williams cites a partnership with a women’s group funded by IHS as an excellent example of this type of integration. The group brings local women together to discuss health issues such as diabetes, obesity, and nutrition.

“They’re building community advocates, who then go back into their communities and talk about what they’ve learned with their families and their friends,” Williams said. “It’s such an impressive way to use a small amount of money to build an infrastructure and a community base.”

Other Healthy Anishinaabe projects include wellness prescription pads that can be used to refer patients for smoking cessation interventions, nutrition counseling, or exercise programs; training programs that teach health care providers how to screen patients for obesity; and brown-bag lunches where employees of local casinos and hotels can discuss their health concerns.

The program is overseen by a consortium that includes leaders from each tribe, state and tribal education groups, state health programs, national associations, and several programs supported by IHS.

New Medicare Policy Could Expand Coverage of Obesity Treatment

A new Medicare policy could open the door for coverage of obesity treatments that have routinely been denied in the past. Medicare, the government program for the elderly and disabled, is administered by HHS's Centers for Medicare & Medicaid Services (CMS).

In July 2004, HHS announced that it was removing language from Medicare regulations that stated that obesity was not an illness. Because Medicare is required to pay only for services that are medically necessary to treat illness or injury, most obesity treatments were not covered. The change is being hailed by many in the public health community as a major step in fighting the nation's growing obesity crisis.

"One of the most important barriers to obesity treatment has been the lack of reimbursement for the cost," said William H. Dietz, MD, PhD, Director of CDC's Division of Nutrition and Physical Activity. "Although this change doesn't guarantee reimbursement for care, it allows Medicare to consider covering effective treatments, and that's a very important first step."

Because HHS stopped short of calling obesity a disease, the public must petition Medicare to consider covering certain treatments. These requests must be supported by scientific and medical data, which will then be reviewed by an advisory committee.

CMS officials are expecting a deluge of requests to cover treatments such as bariatric surgery, diet and

exercise programs, nutritional counseling, and behavioral therapy. (Medicare already covers bariatric surgery for people who are extremely obese and who have other health conditions, such as diabetes or heart disease, whose effects would be reduced if the patient lost weight.)

However, Medicare will not accept requests to cover weight-loss drugs. These are specifically excluded in the Medicare Modernization Act, which will allow Medicare beneficiaries to join private drug plans beginning in 2006. The American Obesity Association supports insurance coverage for safe weight-loss drugs and intends to lobby Congress to reconsider this issue in the future.


Medicare is the nation's health insurance program for people aged 65 or older and for some people younger than 65 with disabilities.

Medicaid is a medical assistance program for people with low incomes and little or no health insurance. The federal government sets general guidelines, but each state controls eligibility and services.

The new Medicare policy is likely to put pressure on private health insurers, health maintenance organizations, and employers to expand coverage for weight-loss programs. Some health plans already subsidize diet and exercise programs, offer discounts for health club memberships, and provide incentives for losing

weight, such as pedometers, frequent-flier miles, and lower health premiums. But others have recently scaled back coverage of bariatric surgery because of the high costs.

The new policy also could prompt Medicaid, which provides medical services to low-income people of all ages, to pay for more weight-loss programs. In addition, it should help “put hard data behind a notoriously fuzzy field,” according to The New York Times. By reviewing existing data on obesity treatments and funding new studies, Medicare will advance research in this area.

“The challenge now is for the people who are conducting clinical studies to demonstrate that the treatments they’re recommending for obesity are effective,” said Dr. Dietz. 


Steps to Losing Weight and Being Healthy

 CONTINUED FROM PAGE 40

and local health organizations, faith-based agencies, the private sector, and academic institutions.

And to ensure that all interventions are properly evaluated, HHS provides the training and technical assistance necessary to develop measurable program objectives and specific progress indicators. HHS also is helping Steps communities use the data they collect to improve their own interventions and to share what works with others.

For fiscal year 2004, \$35.7 million was awarded to 22 grantees (existing and new ones) representing 40 communities, as well as to one national organization, the YMCA. The grantees will support Steps communities by helping them build local partnerships and programs, as well as by providing training in policy development.

For more information about the Steps to a HealthierUS initiative, visit <http://www.healthierus.gov/steps>. 

State Policy and Environmental Changes Make It Easier to Stay Healthy

Our country's concern with its expanding waistline has led to widespread efforts to both help us get in shape and change conditions that created the problem in the first place. Although pinpointing the causes of the obesity epidemic is complicated, experts generally agree that people are less active than they need to be and consume far too much food.

To help counter this trend, many CDC-supported state and local efforts to fight obesity focus on making environmental and policy changes.

The Institute of Medicine recently released a report stating that schools, food makers, government agencies, and families must all work together to stop the growing rates of childhood overweight. "No single factor or sector of society bears all of the blame for the problem, and no single group or sector acting alone can solve it," said the chairman of the committee that prepared the recommendations, Jeffrey Koplan, MD, MPH, a former CDC director who is currently with Emory University in Atlanta. "Because the epidemic has taken years to develop, it will require a sustained commitment of effort and resources spanning many years—possibly decades—to effectively address the problem."

"The report, *Preventing Childhood Obesity: Health in the Balance*, calls for fundamental social changes," said Dr. Koplan. "Obesity may be a personal issue," he added, "but at the same time, families, communities, and corporations all are adversely affected by obesity and bear respon-

sibility for changing social norms to better promote healthier lifestyles." (The report is available at <http://www.nap.edu/catalog/11015.html>.)

The effect of children's screen time.

Some researchers believe that children are more likely to be overweight if they spend more than 5 hours a day watching television, playing video games, or working at computers. It has also been suggested that physical inactivity is only part of the problem; children also tend to eat the high-calorie snack foods promoted on-screen. Policies and regulations designed to limit food advertising directed toward children may be needed.

The Institute of Medicine, through its Food and Nutrition Board and the Board on Children, Youth, and Families, is beginning a comprehensive study of the science-based effects of food marketing on the diets and health of children in the United States. CDC will fund this work in response to a congressional directive. This report will

- Describe the state of food and beverage marketing to children and adolescents and the impact of this exposure on their diets and health.
- Develop a framework and indicators for various stakeholders to guide the development of effective marketing and advertising strategies that foster healthy food choices among children and adolescents.

Recommendations from *Preventing Childhood Obesity: Health in the Balance*

1. Preventing obesity in children and adolescents should be a national priority supported by research, interventions, and program evaluation that includes a focus on high-risk populations, grants for nutrition and physical activity programs, surveillance and monitoring, assessment of federal nutrition assistance programs and agricultural policies, and development and evaluation of pilot projects in nutrition assistance programs to promote healthy eating and physical activity.
2. Industry should develop and promote products, opportunities, and information that will encourage children to eat a healthy diet and be physically active.
3. Nutrition labeling should be clear and useful.
4. Industry should develop marketing and advertising guidelines that minimize children's risk of becoming obese.
5. The U.S. Department of Health and Human Services should develop and evaluate a long-term national multimedia and public relations campaign to prevent obesity among children and adolescents.
6. Community programs run by coalitions should encourage healthy eating and regular physical activity, especially for high-risk populations.
7. Local governments, developers, and community groups should increase opportunities for physical activity by providing areas such as playgrounds, sidewalks, and bike paths.
8. Health care workers and the health care industry should support obesity prevention efforts.
9. Schools should promote and foster healthy eating habits and regular physical activity.
10. Parents should encourage healthy eating habits and regular physical activity for their children.

Adapted from: IOM Committee on Prevention of Obesity in Children and Youth. *Preventing Childhood Obesity: Health in the Balance*. Koplan JP, Liverman CT, Kraak VA, editors. Washington, DC: National Academy Press; 2004.

- If feasible, provide estimated costs of implementation strategies and benchmarks to guide future evaluation.

Some states are already recognizing the need for policy action to prevent obesity. In early October, state legislators and public health advocates in Maine unveiled a comprehensive package of antiobesity legislation that promotes transportation policies that encourage walking and other forms of physical activity, mandates nutrition labeling on large chain restaurants' menus and menu boards, and bans the sale of "junk foods" and soda in schools. Researchers in Maine already are conducting a study in a number of high schools to determine whether changes in á la carte and vending offerings will have an impact on the school food environment and students' eating habits.

Many other states recognize that health and education partnerships are essential for making policy and environmental changes. For example, some school systems currently are engaged in efforts to encourage students to watch less television and adopt other healthy behaviors. One such program is under way in Massachusetts, where the 5-2-1 Go! intervention is promoting eating 5–9 servings of fruits and vegetables each day, reducing TV viewing time to 2 hours or less each day, and participating in at least 1 hour of physical activity each day.

Improving food choices for everyone. Busy schedules, large food portion sizes, the high cost or low availability of fresh fruits and vegetables, and food

preparation time are some of the barriers to eating a healthy diet. Some states have found that policy and environmental changes are necessary to prompt improvements in individual eating behavior. Innovative state programs like the ones described here are using such changes to make healthy eating easier and more affordable.

Nutrition interventions in restaurants are one focus of the Colorado Physical Activity and Nutrition (COPAN) Program, a partnership of more than 450 individuals and businesses, 11 task forces, and a number of physical activity and nutrition programs across the state. In the United States, spending at fast-food and full-service restaurants accounted for 73% of the \$445 billion spent on foods consumed away from home in 2003, so restaurant interventions make sense. Colorado is just beginning to explore this promising area of obesity prevention and control and is breaking new ground with two new interventions. Eating establishments are urged to promote fruit and vegetable menu items to increase their customers' consumption of produce, and restaurants are encouraged to offer pre-boxing of half the meal in advance. This service enables diners to eat smaller portions and saves them time by not having to wait for a to-go box after the meal.


Another focus of the COPAN approach is helping school personnel to set up programs or policies that support healthy eating and physical activity. The program has developed a school resource kit for training district food service staff in planning meals, producing food, and monitor-

ing food served to students to ensure that meals meet dietary guidelines.

Washington State has brought together individuals from business, industry, public health, agriculture, and other communities in the Access to Healthy Foods Coalition. Coalition projects currently in the planning or implementation stages include

- Offering fresh fruit or vegetables at grocery store entrances through the “Snack Attack” program. A jar is available for customers to make a 25-cent donation, but it is not required. The program is especially popular among customers with children—the kids are happy because they get a snack, and the parents or grandparents are happy because the snack is a healthy one.
- Sending healthy food and meal ideas to urban or rural areas without supermarkets. At the Mobile Market, a fully functional mobile kitchen and farmers' market, volunteer chefs will offer cooking demonstrations, nutrition education, and locally grown foods.
- Closing the gap between growers, distributors, and those in need of healthy food. For example, people or organizations with extra food will be able to go to a Web site, enter their ZIP codes, and link with local food assistance programs that can use the surplus food. According to Monica Dixon, PhD, RD, a nutrition specialist for the state health department, Washington State is the top U.S. producer of 13 agricultural commodities yet consistently ranks between second and fifth

nationally in terms of the percentage of state residents who experience hunger on a regular basis. The state health department put together a “nutrition dream team,” as Dr. Dixon describes it, to get nutritious food from farmers to people statewide who need it. So far, about 150 organizations are listed, including church-based gleaning programs; second-harvest programs; senior programs; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); food pantries; and many others. The database will be accessible to both organizations and families and is expected to be operational later in 2005.

- Reminding consumers what’s in that candy bar. The Burn It Off campaign, an initiative of the Washington State Vending Association, places its slogan on vending machines along with a chart showing the caloric content of the foods offered and how many minutes of physical activity is needed to burn off those calories. This initiative is intended to be a starting point for changing attitudes toward nutrition among both vendors and vending machine customers. It received major impetus recently when Seattle-based Boeing adopted the program in its company’s work sites around the world. 

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Conferences

National Oral Health Conference

The 2005 National Oral Health Conference will be held Monday, May 2–4, 2005, at the Omni William Penn Hotel in Pittsburgh, Pennsylvania. The theme of this year’s conference is “Confluence of Research, Education, and Practice.” Sessions will focus on issues and topics relevant to research, academia, and programs that highlight how these areas of public health can be integrated to achieve optimal oral health for all. The meeting is cosponsored by the Association of State and Territorial Dental Directors, the American Association of Public Health Dentistry, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration, Maternal and Child Health Bureau. More information about the conference is available at <http://www.astdd.org> or <http://www.aaphd.org>.

Diabetes Translation Conference

CDC’s Division of Diabetes Translation will hold its annual conference May 2–5, 2005, at the Radisson Hotel in Miami, Florida. The conference will explore science, policy, education, and program planning, implementation, and evaluation as part of the effort to eliminate the burden of diabetes. For information and updates, and to register or respond to the call for abstracts, visit <http://www.cdc.gov/diabetes/conferences> or contact Ms. Norma Loner at NLoner@cdc.gov.

2005 National Conference on Tobacco OR Health

The 2005 National Conference on Tobacco OR Health is cosponsored by CDC and other national partners in tobacco control. The conference will be held May 4–6, 2005, at the Hyatt Regency Chicago and Sheraton Chicago Hotel & Towers in Chicago, Illinois. The conference theme is “Turning Point: Challenges and Opportunities in Tobacco Control in the Next Decade.” The purpose of the conference is to help improve and sustain the effectiveness and reach of U.S. tobacco control programs and activities. Anyone interested in the latest evidence on what works in tobacco control, ways to apply current research findings, and practical ways to improve tobacco control programs and activities is encouraged to attend. The advance registration deadline is April 8, 2005. For more information or to register, visit the conference Web site at www.tobaccocontrolconference.org.

23rd National DHPE/CDC Conference on Health Education and Health Promotion

The Directors of Health Promotion and Education (DHPE) and CDC are sponsoring the 23rd National Conference on Health Education and Health Promotion to be held May 25–27, 2005, at the Hilton Minneapolis Hotel in Minneapolis, Minnesota. As the theme, “Health Promotion and Education at the Crossroads: New Public Health Directions,” suggests, the conference seeks

Conferences - continued

to engage a broad variety of health education and health promotion professionals in discussing strategies to address current and future public health issues. In addition, conference speakers will present health education and promotion management models that work. Health educators, community health workers, social workers, chronic disease directors, researchers, nurses, nutritionists, and others working to meet urgent national health challenges are encouraged to attend. For more information or to register, visit <http://www.dhpe.org/nationalconference>.

2005 Global Health Summit and 40th Annual U.S. Public Health Professional Conference

The Commissioned Officers Association is sponsoring the 2005 Global Health Summit and the 40th Annual U.S. Public Health Professional Conference, which will take place June 5–9, 2005, at the Wyndham Franklin Plaza in Philadelphia, Pennsylvania. Both events are open to anyone interested in public health. The Global Health Summit will be held on June 5 and will preview the U.S. Surgeon General's Call to Action on his upcoming Report on Global Health. Input from attendees will be used to develop the report. The 40th Annual U.S. Public Health Professional Conference, to be held June 6–9, will feature a keynote address by U.S. Surgeon General Richard Carmona and a plenary session with a panel of five former U.S. Surgeons General. Many other prominent public health leaders will be speaking at the conference, and there will be full-day sessions for specific health professions, such as pharmacists, physicians, nurses, and dentists. Continuing education credits will be available. For more information or to register, visit <http://www.coausphsconference.org> or call toll-free 866/544-9677.

National Summit on Preconception Care

CDC's National Center on Birth Defects and Developmental Disabilities announces the National Summit on Preconception Care to be held June 22–23, 2005, at the Marriott Century Center in Atlanta, Georgia. The summit is cosponsored by the March of Dimes and CDC and will be held in partnership with other federal agencies and national organizations. CDC staff and public health partners with expertise across many health disciplines will convene to discuss strategies for promoting the health of all reproductive-aged women and improving perinatal outcomes. The ultimate goal of the summit is to draft National Recommendations for Preconception Care. For additional information or to register, visit <http://www.signup4.net/Public/ap.aspx?EID=NATI14E>.

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Shape Up America!

Shape Up America! is the first privately funded nonprofit educational campaign to promote healthy weight for life. Former Surgeon General C. Everett Koop is backing Shape Up America! to promote the campaign in response to *Preventing Childhood Obesity: Health in the Balance*, a report from the Institute of Medicine (IOM). Dr. Koop advocates the swift implementation of the IOM's recommendations and has also called on all federal agencies that fund research and prevention programs to address the many gaps in knowledge about childhood obesity. More information is available at <http://www.shapeup.org>.

State Programs in Action

State Programs in Action: Exemplary Work to Prevent Chronic Disease and Promote Health (CDC, 2004) includes examples of state-based programs that encourage healthy behaviors and reduce chronic disease risk factors. This publication highlights more than 60 programs throughout the United States that are reaching people in various states and communities with interventions to prevent and control cancer, diabetes, and heart disease and stroke. Some examples address health promotion topics such as improving nutrition and increasing physical activity, while others describe programs that target reducing risk factors such as tobacco use. *State Programs in Action* is a guide for improving public health with project descriptions that range from reducing health disparities to promoting oral health and safe motherhood. To view online or download, visit <http://www.cdc.gov/ncccdphp/exemplary/download.htm>.

To order, contact CDC, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-40, 4770 Buford Highway, NE, Atlanta, GA 30341-3717, telephone 770/488-5706, e-mail ccdinfo@cdc.gov.

The Burden of Chronic Diseases and Their Risk Factors

CDC recently posted *The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives, 2004*. This online publication includes updated information on the burden of chronic diseases and their risk factors in the 50 states and the District of Columbia. The burden book provides a national perspective on chronic diseases as major causes of death; state-specific data on rates of death due to heart disease, cancer, stroke, and diabetes; information on the prevalence of risk factors for chronic diseases; information on CDC funding to states for chronic disease programs; and much more. This resource is an excellent tool for policy makers, public health professionals, and others interested in addressing the burden of chronic disease in the United States. To view or download this document, visit <http://www.cdc.gov/ncccdphp/burdenbook2004>.

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Better Diabetes Care

The National Diabetes Education Program developed Better Diabetes Care as a practical tool for health care professionals to enhance diabetes prevention and treatment practices. The Web site provides models, links, and resources to help public health professionals. For more information, visit <http://www.betterdiabetescare.nih.gov> or <http://www.cdc.gov/diabetes/ndep/index.htm>.

Take Charge of Your Diabetes

Take Charge of Your Diabetes (Take Charge), 3rd Edition, 2003, is now available through CDC's National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation. *Take Charge* is an easy-to-read book with basic information and positive steps to help people with diabetes control their blood glucose and prevent diabetes complications. Readers are encouraged to work with their health care team to achieve and maintain glucose control and to get the necessary tests to monitor their diabetes and detect problems early. Readers are prompted to seek support from their family, friends, and community; to make healthy choices on a daily basis; and to give support to others in their community. This book is in the public domain. Anyone may reproduce any or all of the contents. It is available on the Internet at <http://www.cdc.gov/diabetes/pubs/tcyd/index.htm>, or you can call toll free 877/CDC-DIAB (232-3422) for more information or a copy of this book and others. *Take Charge* is also available in Spanish. Both versions (Spanish and English) are available to eligible persons in Braille and in a recorded format through the National Library Service for the Blind and Physically Handicapped at <http://www.loc.gov/nls>.

Preventing Chronic Disease

Preventing Chronic Disease (PCD) is a peer-reviewed electronic journal established to provide a forum for public health researchers and practitioners to share study results and practical experience. The mission of the journal is to address the interface between applied prevention research and public health practice in chronic disease. PCD focuses on preventing chronic diseases such as cancer, heart disease, diabetes, and stroke—the leading causes of death and disability in the United States. For more information, visit <http://www.cdc.gov/pcd>.

Asthma Resources for School or Community Health Programs

The American Lung Association, in cooperation with CDC's Division of Adolescent and School Health, launched the Asthma-Friendly Schools Initiative (AFSI) in October 2003. The goal of AFSI is to help local communities, asthma

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coalitions, and lung associations assist schools in developing comprehensive asthma management plans and programs. The American Lung Association, in collaboration with national partners, also developed an Asthma-Friendly Schools Toolkit and Asthma Incident Reporter (AIR) database. The Asthma-Friendly Schools Toolkit is a guide to designing a customized comprehensive asthma management program. The AIR database is a case management database for school nurses to use to track students with asthma. It can produce both individual reports and summary reports. All AFSI materials are free and may be modified for local implementation. All materials can be downloaded from the American Lung Association Web site at <http://www.lungusa.org>. For more information, call the American Lung Association at 800/Lung-USA.

The STARBRIGHT Foundation, in cooperation with CDC's Division of Adolescent and School Health, developed the "Implementation Guide for School Use" as a companion document for STARBRIGHT's "Quest for the Code," an educational CD-ROM game for children and teens with asthma. This powerful tool teaches children how to identify asthma triggers such as environmental tobacco smoke, addresses asthma management skills, and includes a three-dimensional tour of the lungs. The CD-ROM comes with a parent guide containing asthma-related information and links to online resources. The parent guide and CD-ROM are in both English and Spanish. The "Quest for the Code" CD-ROM is free to parents and others (such as community or school health workers or administrators) who work with children with asthma. For more information, visit <http://www.starbright.org> or call 800/315-2580.

Recommended Infection Control Practices for Dentistry

CDC has published the new *Guidelines for Infection Control in Dental Health-Care Settings, 2003*. This report, a major update of the 1993 CDC guidelines, consolidates recommendations for preventing and controlling infectious diseases and managing occupational health and safety issues related to infection control in dental settings. The guidelines are designed to assist dental health care personnel in preventing occupational exposures to bloodborne pathogens, controlling infections associated with contaminated medical devices or surgical instruments, and preventing occupationally acquired infections. The publication includes a review of the scientific evidence regarding dental infection control issues and consensus evidence-based recommendations. It is available at <http://www.cdc.gov/OralHealth/infectioncontrol/index.htm>.

Get SPARKED-Up!

Registration is now open for SPARK (Sports, Play, and Active Recreation for Kids) Institute classes. Classes are scheduled beginning April 4, 2005, and run

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through August 4–5, 2005, in San Diego, California. SPARK creates, promotes, and evaluates programs that promote lifelong wellness. SPARK currently offers seven sessions, including some focused on elementary school children and one targeting high school students. The age-specific classes are designed to maximize the outcomes of physical education and recreation programs by teaching students state-of-the-art methods for improving children’s fitness levels, sport skills, and activity levels outside of school. SPARK classes also teach attendees how to increase children’s enjoyment of physical education. One class provides instruction on nutrition as well. For more information or to register, visit <http://www.sparkpe.org> or call 800/SPARK-PE (772-7573).

Information Sources

2003 Youth Risk Behavior Survey Data

CDC is pleased to announce the release of the 2003 Youth Risk Behavior Survey (YRBS) Surveillance Summary and the 2003 national YRBS data. The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health risk behaviors: behaviors that contribute to unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual behaviors, unhealthy dietary behaviors, and physical inactivity. The Surveillance Summary includes results from the 2003 National YRBS and from 32 state and 18 local Youth Risk Behavior Surveys. The Surveillance Summary, the national YRBS data files, data documentation, and Youth 2003 Online (a Web-based data query system) are located at <http://www.cdc.gov/yrbss>.

BRFSS State Prevalence Tables and Maps

CDC is pleased to announce the release of the 2003 Behavioral Risk Factor Surveillance System (BRFSS) state prevalence tables. Information on health-related risk factors is available for all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. The tables can be found at <http://www.cdc.gov/brfss>.

BRFSS maps for 2002 data are also available on the BRFSS Web site. This interactive mapping application graphically displays the prevalence of behavioral risk factors at the state and metropolitan/micropolitan statistical area levels. The maps can be accessed at <http://apps.nccd.cdc.gov/gisbrfss>.

BRFSS Selected Metropolitan/Micropolitan Area Risk Trends (SMART)

CDC’s National Center for Chronic Disease Prevention and Health Promotion is pleased to announce the release of the 2002 Behavioral Risk Factor Surveillance

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System (BRFSS) Selected Metropolitan/Micropolitan Area Risk Trends (SMART) data. As the use of BRFSS data has increased, so has the demand for local-level data. This new analysis of 2002 BRFSS data has yielded estimates for 98 metropolitan and micropolitan statistical areas. Estimates were also calculated for those counties within these 98 metropolitan and micropolitan areas that had a large enough sample size. For the first time, health officials will have access to local-level data that are comparable across the nation. This new use of BRFSS data fills a critical public health need for local area surveillance data to support program development, implementation, and evaluation. For more information, visit <http://www.cdc.gov/brfss>.

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