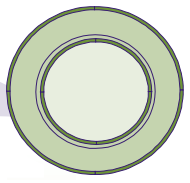
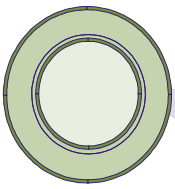


**A Healthy, Active Oregon:  
The Statewide Public Health Nutrition Plan**

**Nutrition Council of Oregon**

**February 2003**

**[www.healthoregon.org/hpcdp/physicalactivityandnutrition/](http://www.healthoregon.org/hpcdp/physicalactivityandnutrition/)**



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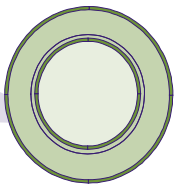
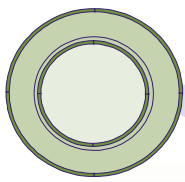
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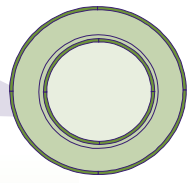
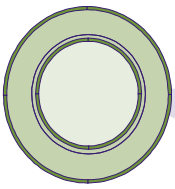
*Oregonians enjoy improved health and reduced risk of chronic diseases through healthy eating combined with daily physical activity.*

**Goal I:** *Communities support and .....20  
promote healthy eating, daily  
physical activity, and healthy weight*

**Goal II:** *Health disparities are eliminated .....30  
among racial and ethnic communities,  
medically underserved, low-income,  
senior, disabled, and rural populations,  
who are disproportionately affected  
by obesity and chronic diseases*

**Goal III:** *Oregon supports a comprehensive, .....34  
coordinated statewide effort to  
promote healthy eating and daily  
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## Executive Summary

The Statewide Public Health Nutrition Plan and its companion document, the Statewide Physical Activity Plan, are calls to action for all who can have an impact on promoting healthy eating and daily physical activity to improve the health of Oregonians.

Adequate physical activity and healthy eating have long been recognized as essential ingredients for good health. Yet, too many Oregonians have poor eating habits and lead sedentary lives. Inactivity and poor food choices contribute significantly to the development of obesity, high blood pressure, heart disease, cancer, and diabetes, which are leading causes of disease and death among Oregonians. Fully one-third of premature deaths can be attributed to poor eating and physical inactivity. These two risk factors combined are the number two preventable cause of death in Oregon and the United States. Only tobacco kills more people.

The current epidemic of obesity in the U.S. has hit Oregon particularly hard. At 22%, our state has the highest prevalence of adult obesity of any state west of the Rockies. Add to that the 38% of Oregon adults who are overweight, and we have the startling total of 60% of Oregon adults not at a healthy weight. Our youth follow closely behind, with 28% of eighth graders and 21% of eleventh graders currently overweight.

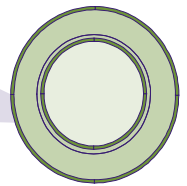
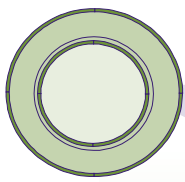
The food environment has changed dramatically in the last twenty years paralleling the increase in overweight and obesity. Advertisements and media messages, “super-sized” portions and promotional pricing encourage consumption of foods high in calories, sugar and fat. Abundant fast food restaurants, vending machines, and convenience stores make the same high calorie, high fat, high sugar foods readily available and inexpensive.

At the same time we are encouraged to eat more, we have many fewer opportunities during the day to use those additional calories. Office jobs require hours of sitting, elevators replace stairs, physical education in schools is being eliminated, TV and computers are used extensively during leisure time, and we rely almost exclusively on autos for travel. Many opportunities for physical activity have been engineered out of our daily lives.

“Physical activity and good nutrition are key factors in reducing heart disease, stroke, cancer and diabetes - the leading causes of death for Oregonians. We need to unite individuals and groups across the state in actions that remove barriers to daily physical activity and healthy food choices.”

-Mel Kohn, MD, MPH, State Epidemiologist for Oregon

Diets with higher intakes of vegetables and fruits are associated with a variety of health benefits, including decreased risk for certain cancers. Yet, only one out of four Oregonians reports eating five or more servings of fruits and vegetables a day.



"Many people believe that overweight and obesity is a personal responsibility. To some degree they are right, but it is also a community responsibility. When there are no safe, accessible places for children to play or adults to walk, jog, or ride a bike, that is a community responsibility. When school lunchrooms and office cafeterias do not provide healthy and appealing food choices, that is a community responsibility. When new or expectant mothers are not educated about the benefits of breastfeeding, that is a community responsibility. When we do not require daily physical education in our schools, that is also a community responsibility. There is much that we can and should do together."

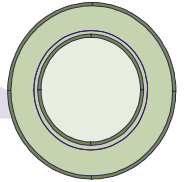
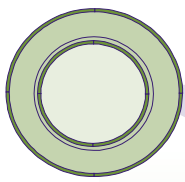
-David Satcher,  
"The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity," 2001

Interventions to promote healthy eating and physical activity and to reduce disease risks have almost always focused on changing the behavior of individuals. While individuals ultimately make the choices about food and physical activity, the environment in which we live has an enormous impact on how easy those choices really are. Unfortunately, current community conditions present more barriers than opportunities for healthy eating and daily physical activity.

The Statewide Public Health Nutrition Plan and companion Statewide Physical Activity Plan have at their core a focus on developing communities where the healthy choices are the easy choices: where adults and children have easy access to fresh vegetables, fruits, and other healthy foods at school, work, and when eating out; where Oregonians can safely walk and bicycle for work, errands and recreation. Achieving these changes will require involvement from a wide variety of participants: local, regional, state, and national policymakers, transportation officials, land use planning professionals, public health, schools, universities, parks and recreation, business sector, voluntary health organizations, employers, health care providers and insurers, and citizen groups. Working together, Oregonians can achieve the key outcomes of these two plans, described below, through partnerships, collaboration, and investment of resources.

#### Statewide Nutrition and Physical Activity Key Outcomes:

- Increase vegetable and fruit consumption among Oregon youth and adults.
- Increase physical activity among Oregon youth and adults.
- Increase the percentage of Oregonians who are at a healthy weight.
- Create communities that support and promote healthy eating, daily physical activity, and healthy weight.
- Eliminate health disparities among racial and ethnic communities, medically underserved, low-income, senior, disabled and rural populations.
- Support a comprehensive, coordinated statewide effort to promote healthy eating and daily physical activity.



## Foreword

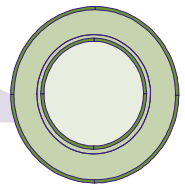
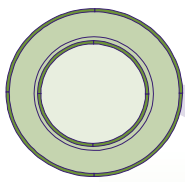
In 1998, a group of nutrition professionals was convened by the Oregon Department of Human Services, Health Services, to discuss ways they could work together to promote health through better nutrition. The group members came from around the state and represented public health, academic settings, nutrition and food programs, and non-profit organizations interested in promoting the nutritional health of Oregonians. The meeting provided a forum for discussion of coordination, collaboration, and leadership for nutrition programs and policies that affect Oregon populations.

No immediate action followed the initial meeting but participants kept in contact and expressed interest in taking action. The spreading obesity epidemic made the need to act urgent.

In 2000, Health Services reconvened the group and proposed the development of a statewide public health nutrition plan. Group members agreed with enthusiasm. Additional key players were identified and invited to participate in the planning process. Meeting almost monthly for two years, the group crafted goals, measurable objectives, and strategies that complemented their overall goal - Oregonians enjoy improved health and reduced risk of chronic diseases through healthy eating.

The planning process was comprehensive. Numerous conference calls and small group work sessions along with frequent communication via e-mail, were needed to bring the plan to fruition. The draft plan was reviewed by many experts outside of the planning group. The final plan contains a broad range of best-practice and policy recommendations in hopes of creating an environment where the healthy choice is the easy choice for all Oregonians.

Recognizing a need to assure implementation of the Statewide Public Health Nutrition Plan, members of the group agreed to take on the task. They chose the name Nutrition Council of Oregon to reflect their interest in and commitment to bringing key stakeholders together to promote the nutritional health of all Oregonians. The Nutrition Council of Oregon will continue to work together to oversee ongoing implementation and evaluation of this plan.



## Now Is the Time for Action on Nutrition

Unhealthy eating habits and physical inactivity rival smoking as the leading causes of death—contributing to 310,000 to 580,000 deaths each year in the U.S. (U.S.DHHS)

Obesity is epidemic in the United States: an estimated 64% of adults are overweight or obese, and 30% of children aged 6-19 years are overweight.\* (1999-2000 National Health and Nutrition Examination Survey)

Obesity is expensive. In 2000, it cost the United States more than \$117 billion. (CDC)

\*Overweight in adults is a Body Mass Index (BMI) of 25 to 29.9 while obesity is a BMI of 30 or more. For children (ages 2-20), overweight is a BMI at the 85<sup>th</sup> percentile or greater. See sources for more information.

A Healthy, Active Oregon: The Statewide Public Health Nutrition Plan is a call to action for all who can have an impact on healthy eating.

Individuals, families, communities, schools, worksites, organizations, government, and the media must join together to build solutions that will bring better health to everyone in Oregon. Together, we can improve health and reduce chronic diseases through healthy eating. We encourage you to join us as we approach this vision vigorously and optimistically.

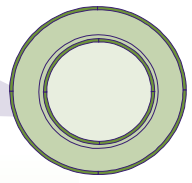
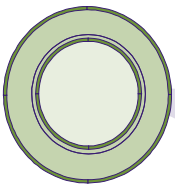
The eating habits of Oregonians – what we eat, what we don't eat, how much we eat – are producing serious health problems. Our eating habits, combined with physical inactivity, are the cause of the current epidemic of overweight and obesity and also contribute significantly to heart disease, stroke, diabetes, and certain kinds of cancer.

Fully one-third of premature deaths can be attributed to poor nutrition and physical inactivity. Combined poor nutrition and physical inactivity are the number-two preventable cause of death in the United States. Only tobacco kills more people.

### A Changing Environment

The food environment has changed dramatically in the last twenty years, paralleling the increase in overweight and obesity. Advertisements and media messages, “super-sized” portions, and promotional pricing encourage the consumption of foods high in calories, sugar, and fat. Abundant fast food restaurants, vending machines, and convenience stores make the same high calorie, high fat, high sugar foods readily available and easily accessible. Cheap, unhealthy food is everywhere, and we are eating more of it.

At the same time we are encouraged to eat more, we have fewer opportunities to use those additional calories. Communities lack sidewalks and safe recreational areas, buildings have



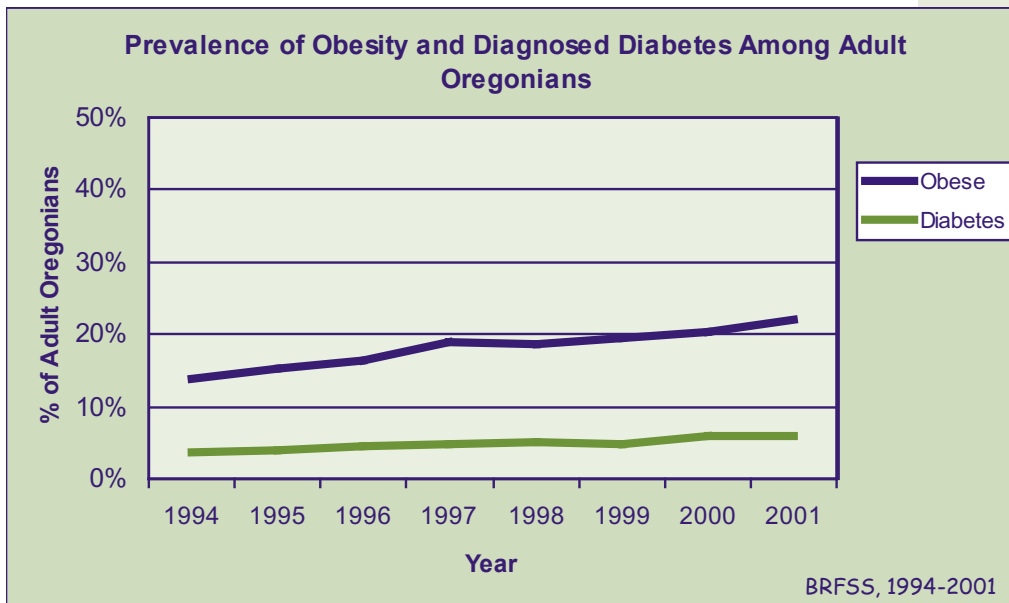
inaccessible stairways, there are more drive-through services, and participation in daily physical education classes is decreasing. The automobile has replaced walking, biking, and other modes of transportation that expend more energy.

The food industry spent \$25 billion in 2000 on advertising and promotions. The federal government's largest nutrition education program for the general public (the 5 A Day program) has an annual communications budget of about \$3.6 million.

### Facts Every Oregonian Should Know

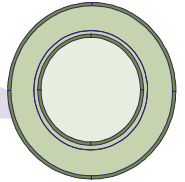
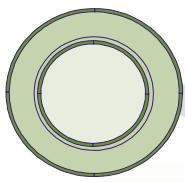
- In 2001, 60% of adult Oregonians were overweight or obese. At 22%, Oregon has the highest prevalence of obesity west of the Rocky Mountains.
- Type 2 diabetes is due largely to obesity, poor diet, and inactivity. Since 1994, obesity among Oregonians has increased 59%, and the prevalence of diabetes has increased 62%. Diabetes is also a major risk factor for cardiovascular disease.

Background



- In 2000, just two chronic diseases, cardiovascular disease and diabetes, accounted for 39% of all deaths in Oregon. In 2000, just under 48,000 hospitalizations were for cardiovascular disease and diabetes, at a cost of nearly \$730 million.

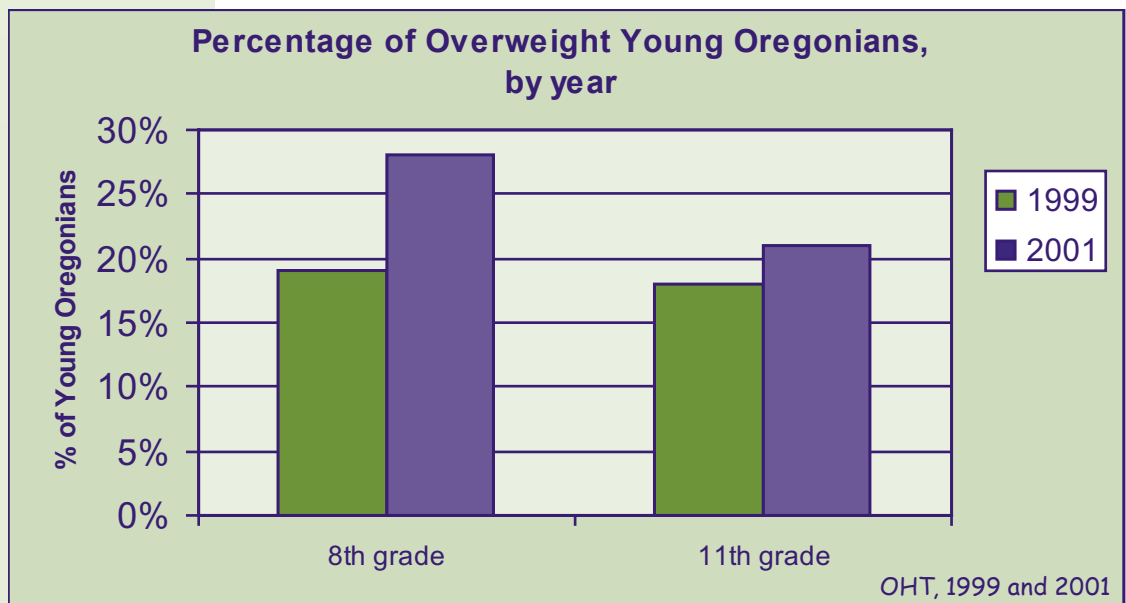




"Type 2 diabetes, previously considered an adult disease, has increased dramatically in children and adolescents."

-David Satcher, "The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity," 2001

- Type 2 diabetes, elevated cholesterol, and high blood pressure occur with increased frequency in overweight children and adolescents. In 2001, 28% of Oregon eighth graders and 21% of eleventh graders were overweight. The percentage of eighth graders who are overweight has increased nearly 50% within the last two years.



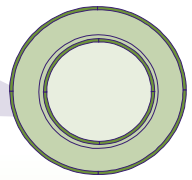
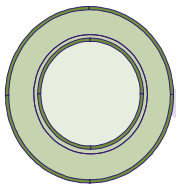
Background

- Older people are at higher risk for the chronic disease problems and related disability that healthy eating and being active can prevent. In the next 25 years, Oregon's population over age 50 will nearly double.

**Percent of Seniors with Chronic Disease Risk Factors**

	50-64 yrs old	65-74 yrs old	75+ yrs old
Ever told had high blood pressure	36%	48%	56%
Ever told had high cholesterol	41%	45%	40%
Overweight	39%	46%	36%
Obese	29%	19%	17%
Physically active	38%	36%	32%
Eats 5 or more fruits/vegetables per day	24%	27%	37%

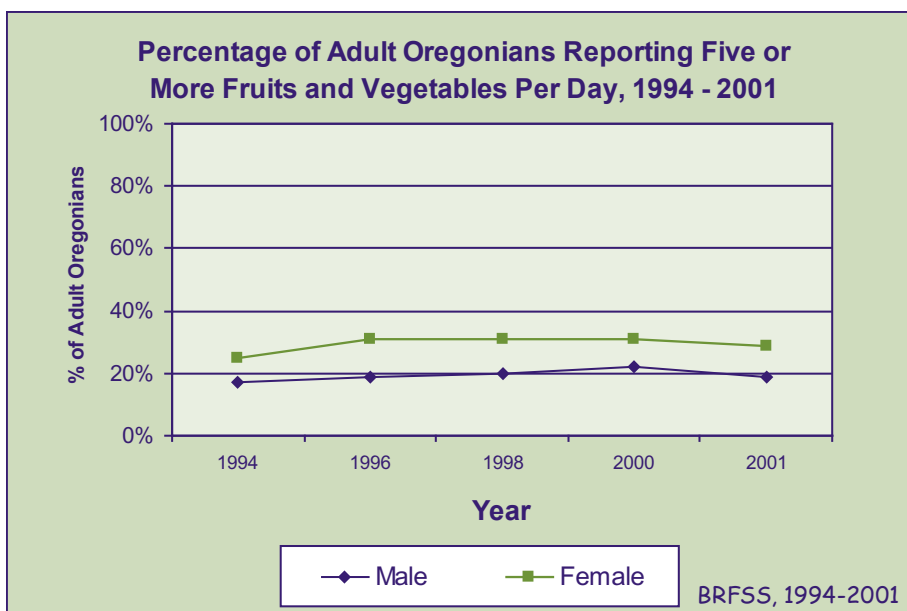
BRFSS, 2001

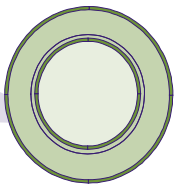
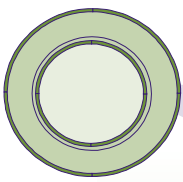


- Eating more fruits and vegetables is associated with a lower risk for many cancers. However, only one out of four adult Oregonians reports eating the recommended five to nine servings of fruits and vegetables each day.
- Fruit and vegetable consumption has not changed among Oregon men and women over the last 8 years. Men consume fewer fruits and vegetables than women. The poorly funded National 5 A Day campaign begun in the 90's was not able to substantially increase fruit and vegetable consumption in Oregon.
- When it comes to vegetable and fruit consumption, Oregon youth are not doing any better than adults. Just 28% of Oregon eighth graders and 25% of eleventh graders report eating five or more servings of fruits and vegetables each day.
- School salad bars do increase fruit and vegetable consumption, but just 58% of schools in Oregon have salad bars.
- Television viewing increases exposure to messages promoting high fat and sugar foods. In 2001, 57% of Oregon's eighth graders and 37% of eleventh graders watched TV more than two hours each day.

At least one-third of all cancers are attributable to poor diet, physical inactivity, and overweight. Thus, if our goal of reducing cancer incidence by 25% in the United States is to be reached, cancer prevention efforts must include strong programs for healthy eating and physical activity." -Dileep G. Bal, MD, MS, MPH, Past President, American Cancer Society

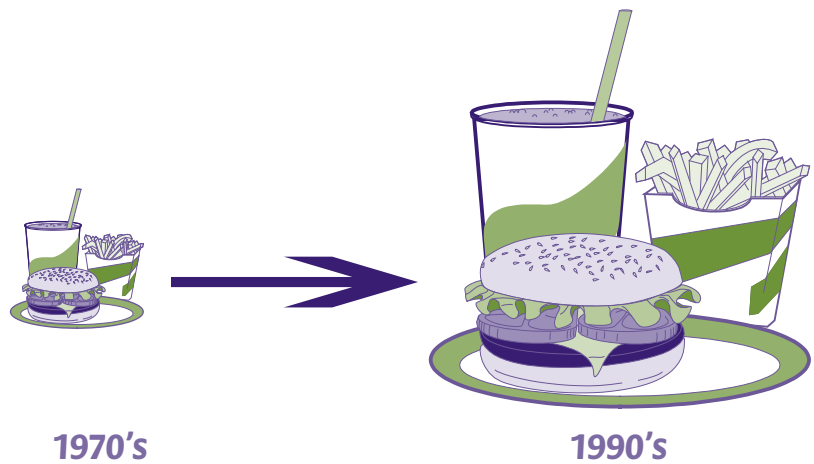
Background



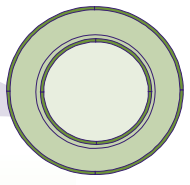
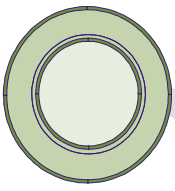


In a study of the advertising content of 50 hours of nationally broadcast Saturday morning children's television, 50% of the ads were for food, airing an average of one every 5 minutes. More than 90% of the ads were for foods high in fat, sugar, and/or salt; none of the ads promoted fruits and vegetables.

- One study found the chance of school-age children becoming obese increased with each additional glass of sugar-sweetened drink they consumed. An increasing number of Oregon schools are signing contracts with soft drink companies, making it easier for students to purchase soft drinks.
- Every high school in Oregon has vending machines offering students the opportunity to choose high-fat, high-sugar snacks.
- Portion-size inflation started in the 1970s – the same time obesity rates started to climb. The current sizes for French fries, hamburgers, and soda are 2 to 5 times larger than the originals.



Background



**“Public health officials need to recognize that when it comes to obesity, society’s environment is ‘toxic.’”**

—Marion Nestle and Michael Jacobson, “Halting the Obesity Epidemic,” January/February 200

**Background**

**The Solution: An Environment That Supports Healthy Eating**

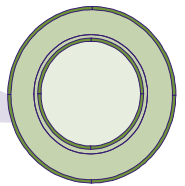
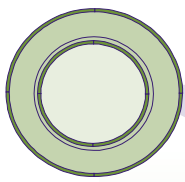
Preventing obesity and chronic diseases, and their related costs, has long relied on improving the knowledge and motivation of individuals in hopes that they would make healthy food choices. But today’s environment makes these choices extraordinarily difficult.

The solution lies in changing the social and physical conditions that promote poor eating habits. Policy and environmental changes, augmented with health promotion programs, can create communities where:

- children and adults have easy access to attractive, competitively priced fruits and vegetables, instead of inexpensive soft drinks, candy, and fast food;
- consumers have access to reasonable portion sizes when shopping or eating out, instead of portion-size inflation and “supersizing”;
- workplace and school policies promote healthy food in appropriate settings, instead of vending machines in hallways, snack foods in common work areas, and candy or other foods as rewards for student achievement.

“We need to act, individually and as a nation, to prevent obesity and diabetes.”  
-Health and Human Services Secretary Tommy Thompson, September 2001.

Healthy eating is eating a variety of foods from the Food Guide Pyramid's five major food groups, including whole grain products, vegetables, legumes, fruits, and low-fat selections from the remaining groups (dairy and meat/fish/poultry) while balancing the intake of calories with physical activity.



Ultimately, parents bear the responsibility for providing healthy food and opportunities for physical activity for their children. But protecting your children's health shouldn't be like swimming upstream."  
 —Dr. Margo Wootan, National Alliance for Nutrition and Activity

"People tend to think of overweight and obesity as strictly a personal matter, but there is much that communities can and should do to address these problems."  
 -David Satcher, "The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity," 2001

Communities like these can help make healthy eating the easy choice:

- Schools that offer healthy, appealing foods (such as fruits, vegetables, low-fat and fat free milk, and low-fat whole grain products) and discourage the availability of foods high in fat, sodium, and added sugars (such as soda, candy, and fried chips) on school grounds or as part of fund-raising activities.
- Communities where residents have access to fresh and affordable produce, community gardens, community-based nutrition and cooking classes, and where restaurants and convenience stores provide reasonable food and beverage portions and nutrition information.
- Worksites that offer employees health promotion programs on site, cafeterias with salad bars, and other healthy, low-fat food choices.
- Health care systems where informed health professionals promote healthy eating and where patients have access to effective nutrition interventions.

**"Some can rise above the toxic (food) environment but the vast majority are submerged in it."**



—Dr. Kelly Brownell, Yale Center for Eating Diso

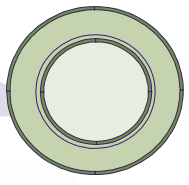
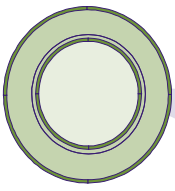
The following pages of this plan outline specific objectives and strategies for Oregon, which, if applied, can promote healthy food choices leading to reductions in obesity and prevention or delayed onset of chronic diseases.



# A Healthy, Active Oregon: The Statewide Public Health Nutrition Plan

*Overall Goal:  
Oregonians enjoy improved health and reduced  
risk of chronic diseases through healthy eating.*

Goals, Objectives, Strategies



### Goal 1

*Communities support and promote healthy eating, daily physical activity, and healthy weight.*

#### Objective 1

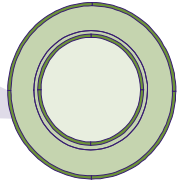
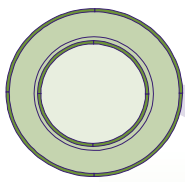
Increase the percentage of Oregonians who consume at least 5 daily servings of fruits and vegetables.

#### Strategies

- a. Adopt and implement an Oregon 5 A Day strategic plan.
- b. Increase promotion of 5 A Day messages in state, local public health, community, and school nutrition and health programs through increased access to training, technical assistance and funding.
- c. Promote the WIC Farmers' Market Nutrition Program and the Senior Farmers' Market Nutrition Program and support their expansion.
- d. Encourage funding and support to increase the number of elementary and middle schools with variety bars offering fruits and vegetables purchased locally whenever possible.
- e. Improve availability of neighborhood access (via grocery stores, produce stands, etc.) to affordable fruits and vegetables in acceptable forms (canned, fresh, frozen, dried, culturally appropriate).
- f. Offer incentives and pricing strategies that encourage the consumption of fruits and vegetables at workplace cafeterias and other such venues.

5 A Day is a nationwide campaign to encourage the consumption of 5 to 9 servings of fruits and vegetables each day to improve health and reduce the risk of cancer and other diseases, including heart disease, hypertension, diabetes, and macular degeneration.

The Farmers' Market Nutrition Program issues coupons to low-income families and seniors to purchase fresh, locally grown produce at Oregon farmers' markets.

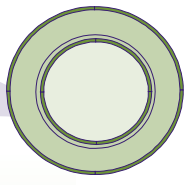
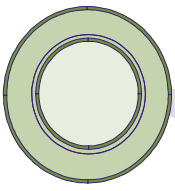


## Benchmarks for Improvement

<b>Benchmark</b> <i>(Source of baseline data)</i>	<b>Baseline</b> <i>(year)</i>
Percentage of adults who consume at least 5 daily servings of fruits and vegetables <i>(Oregon Department of Human Services-Health Services [ODHS-HS])</i>	24% <i>(2001)</i>
Percentage of youths who consume at least 5 daily servings of fruits and vegetables <i>(ODHS-HS)</i>	Grade 8: 28% Grade 11: 25% <i>(2001)</i>
Percentage of Oregon schools with variety bars <i>(Oregon Department of Education [ODE])</i>	58% <i>(2002)</i>
WIC Farmers' Market Nutrition Program: <ul style="list-style-type: none"> <li>• Redemption rates</li> <li>• Number of participating markets</li> </ul> <i>(ODHS-HS)</i>	66% 49 <i>(2001)</i>
Senior Farmers' Market Nutrition Program: <ul style="list-style-type: none"> <li>• Redemption rates</li> <li>• Number of participating markets</li> <li>• Number of participating farm stands</li> </ul> <i>(ODHS-HS)</i>	72% 49 110 <i>(2001)</i>

Goals, Objectives, Strategies





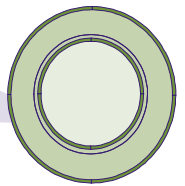
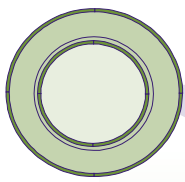
### Objective 2

Increase the percentage of Oregonians who are at a healthy weight.

### Strategies

- a. Partner with the Oregon Department of Education, Healthy Kids Learn Better, and the Oregon Department of Human Services-Health Services to implement national and state nutrition and physical activity initiatives such as the USDA/FNS Eat Smart, Play Hard campaign and Changing the Scene: Improving the School Nutrition Environment.
- b. Promote School Health Advisory Councils or Healthy Kids Learn Better Teams in all schools to assess nutrition and physical activity programs and policies, develop improvement plans, and implement quality programs and policies that are supported by appropriate staff development.
- c. Encourage “healthy-weight friendly” policies and programs in public and private sector worksites.
- d. Provide recognition to public and private sector organizations that promote and support “healthy-weight friendly” worksite environments.
- e. Decrease television watching and similar sedentary behaviors by children and their families through information and promotional materials provided to organizations and programs that reach children and their caregivers.
- f. Promote and support breastfeeding initiation and duration in order to decrease the risk of overweight among youth.
- g. Provide and promote opportunities for individuals who work in childcare and school environments to improve their knowledge, attitudes, and practices related to supporting healthy eating and daily physical activity in those environments.

**Changing the Scene: Improving the School Nutrition Environment** is a tool kit designed for use at the local level to increase awareness of school environment issues that influence students' eating and physical activity practices. The tool kit contains pamphlets, handouts, brochures, transparencies, and a video.

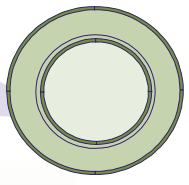
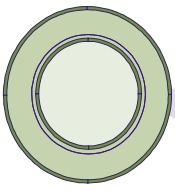


“Money is a big barrier, and so is the lack of perceived importance of nutrition. School administrators want kids to eat healthy, but it is not one of the things people spend time to develop and make policy on.” -Simone French, *Moving Our Children Toward a Healthy Weight - Finding the Will and the Way*, North Carolina

- h. Partner with the Oregon restaurant industry, culinary institutes, and cooking schools to:
  - increase the availability of low-calorie, nutritious food items
  - provide reasonable food and beverage portion sizes
  - provide nutrition information for food items.
- i. Promote and support state and local legislation and policies that create environments conducive to healthy eating, daily physical activity, and healthy weight, such as limiting access to soft drinks and fast foods in schools and requiring calorie, fat, and sugar information on containers for soft drinks and snacks sold in convenience stores.
- j. Identify, provide, and promote opportunities for health care providers to expand their knowledge and use of best-practice methods to help individuals reach and maintain healthy weights.

### Benchmarks for Improvement

<b>Benchmark</b> <i>(Source of baseline data)</i>	<b>Baseline</b> <i>(year)</i>
Percentage of adults at a healthy weight <i>(ODHS-HS)</i>	39% <i>(2001)</i>
Percentage of youth at a healthy weight <i>(ODHS-HS)</i>	Grade 8: 71% Grade 11: 77% <i>(2001)</i>
Percentage of mothers who breastfeed <ul style="list-style-type: none"> <li>• In hospital</li> <li>• At 6 months</li> </ul> <i>(Mothers' Survey, Abbott Laboratories, Inc.)</i>	89% 45% <i>(2000)</i>
Percentage children who watch 2+ hours of TV on an average school day <i>(ODHS-HS)</i>	Grade 8: 52 % Grade 11: 37% <i>(2001)</i>
Percentage of worksites with policies promoting healthy weight: <ul style="list-style-type: none"> <li>• Breastfeeding</li> <li>• Physical activity</li> <li>• Healthy food choices</li> </ul> <i>(Source to be identified)</i>	



### Objective 3

Increase availability of healthy food choices for Oregonians.

#### Strategies

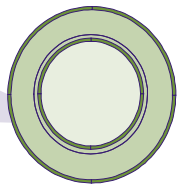
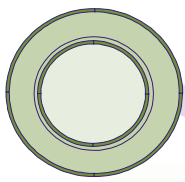
- a. Identify and promote the adoption of standards/guidelines to increase the availability of healthy foods served at public and private worksites including cafeterias, vending machines, and snack stands.
- b. Expand the availability of summer meal program sponsors and sites for youth and the number of days they are in operation.
- c. Promote participation in Older Americans Act Title III funded congregate and home delivered meals.
- d. Advocate for more farmers' markets and improve access to all farmers' markets.
- e. Create a recognition program for worksites that offer and promote healthful foods.
- f. Promote participation in child nutrition programs such as the National School Lunch Program, School Breakfast Program, Special Milk Program, After School Snack Program, Child and Adult Care Food Program, Summer Food Service Program for Children, and Special Supplemental Nutrition Program For Women, Infants and Children (WIC).
- g. Promote development of community food policy councils in order to improve access for all community members to an adequate, affordable, nutritious diet as well as to promote local food and agriculture-related businesses.

Consumers—especially those living in low-income and urban areas—need access to affordable fruits and vegetables. However, between 1982 and 1997, fruits and vegetables had more retail price increases than all other food categories.

"Cancer Progress Report 2001"

"The vision of the Child Nutrition Programs at the Department of Education is to ensure all Oregon children are well nourished, ready to learn, and able to make life-long healthy food choices. Oregon schools can serve up to three meals a day--breakfast, lunch, and dinner--as well as an after school snack."

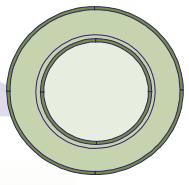
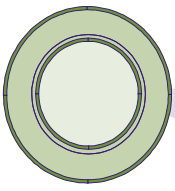
-Joyce Dougherty, Child Nutrition Programs Director, Oregon Department of Education



## Benchmarks for Improvement

<b>Benchmark</b> <i>(Source of baseline data)</i>	<b>Baseline</b> <i>(year)</i>
Child Nutrition Program: <ul style="list-style-type: none"> <li>• Number of summer meal program sponsors</li> <li>• Number of summer meal sites</li> </ul> <i>(ODE)</i>	80 323 <i>(2002)</i>
Percentage of seniors at high nutrition risk participating in: <ul style="list-style-type: none"> <li>• Congregate meals</li> <li>• Home-delivered meals</li> </ul> <i>(Seniors &amp; People with Disabilities)</i>	9% 44% <i>2000/2001</i>
Percentage of school-age children participating in Oregon National School Lunch Program <i>(ODE)</i>	45.2% <i>(2001-2002)</i>
Percentage of schools implementing <i>Changing the Scene</i> <i>(ODE)</i>	
Number of farmers' markets in Oregon <i>(Oregon Farmers' Markets Association)</i>	67 <i>(2002)</i>
Healthy food guidelines identified and promoted at public and private worksites <i>(ODHS-HS)</i>	

Goals, Objectives, Strategies



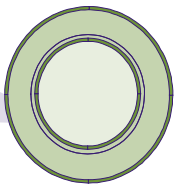
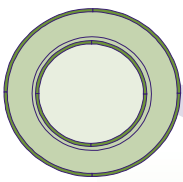
### Objective 4

Increase public awareness of the importance of healthy eating, daily physical activity, maintaining a healthy weight, and reducing chronic diseases; and of the need for supportive policies and environments.

### Strategies

- a. Publish and promote *A Healthy, Active Oregon: The Statewide Public Health Nutrition Plan* to increase awareness among state and local organizations who can contribute to the adoption and maintenance of healthy food choices and daily physical activity.
- b. Share best-practice models with potential partners at the state and local levels to increase the number of organizations involved in effective promotion of healthy food choices, daily physical activity, and healthy weight maintenance.
- c. Provide training and informational exhibits at conferences sponsored by Nutrition Council of Oregon member organizations and other partners and stakeholders to raise awareness of the need to develop social and environmental policies that can help communities and families consume a healthier diet and be more physically active.
- d. Partner with the Oregon Coalition for Promoting Physical Activity on the development and implementation of a comprehensive social marketing campaign to promote healthy eating, daily physical activity, healthy weight maintenance, and reduction of chronic diseases.
- e. Coordinate the promotion of consistent, evidence-based nutrition and physical activity messages and materials in state and local government programs and other organizations that deliver health messages; adopt national campaigns whenever possible.
- f. Use media advocacy to bring about policy change that promotes healthy eating, daily physical activity, and healthy weight maintenance.

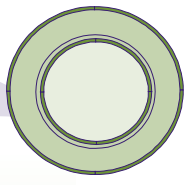
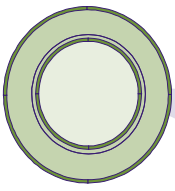
The Oregon Coalition for Promoting Physical Activity is a state affiliate of the National Coalition for Promoting Physical Activity whose mission is to unite the strengths of public, private, and industry efforts into collaborative partnerships that inspire and empower all Americans to lead more physically active lifestyles.



### Benchmarks for Improvement

<b>Benchmark</b> <i>(Source of baseline data)</i>	<b>Data</b> <i>(year)</i>
Number of training and informational exhibits provided at conferences <i>(Source to be identified)</i>	
Number of organizations at state and local levels involved in promoting healthy food choices. <i>(Source to be identified)</i>	

Goals, Objectives, Strategies



### Objective 5

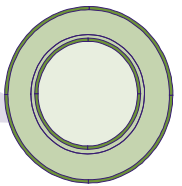
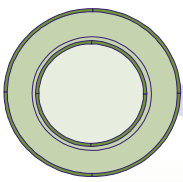
Increase awareness and knowledge among local and state policy- and decision-makers about healthy eating, daily physical activity, obesity, and chronic diseases; about the impacts of these issues on health outcomes and economic costs in Oregon; and about the benefits of policy interventions.

### Strategies

- a. Disseminate to state and local policymakers, obesity and related chronic disease data, along with information showing how state and local policies can promote an environment that reduces the risks for these diseases and their associated costs.
- b. Showcase best-practice local, state, and national initiatives that support healthy food choices and daily physical activity.
- c. Assist local policy- and decision-makers in identifying community barriers to healthy food choices and daily physical activity in order to develop local legislation and policy.
- d. Provide information that groups, organizations, schools, local public health departments, and communities can use to advocate for policies and environments conducive to healthy eating, daily physical activity, and healthy weight maintenance.

"Education must be supported by policy changes that make it easier for people to eat better and be active. No one policy will solve the problem. However, a combination of policy approaches would help."  
 -Center for Science in the Public Interest, Nov.5, 2002

"Obesity is not just a matter of personal health - it's a costly and deadly public health concern that affects economic productivity, state budgets, and personal and family well being."  
 -National Governor's Association Center for Best Practices, Issue Brief June 13, 2002.



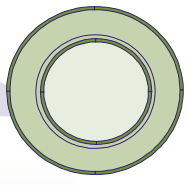
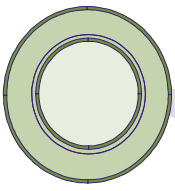
## Benchmarks for Improvement

"More needs to be done to make the healthy food choice the easy choice for Oregonians. Actions as simple as stocking vending machines with attractive, competitively priced fruits and vegetables or providing information about calorie, fat, and sugar content on soft drinks and snacks sold in convenience stores can make a difference."  
 -Mel Kohn, MD, State Epidemiologist

<b>Benchmark</b> <i>(Source of baseline data)</i>	<b>Baseline</b> <i>(year)</i>
Number of presentations provided at conferences for local and state policy - and decision -makers <i>(Source to be identified)</i>	
Number of informational exhibits provided at conferences for local and state policy -and decision-makers <i>(Source to be identified)</i>	
Number of groups, organizations, schools, and local communities that have been provided information on policy and environmental strategies <i>(Source to be identified)</i>	

Goals, Objectives, Strategies





## Goal II

*Health disparities are eliminated among racial and ethnic communities, medically underserved, low-income, senior, disabled, and rural populations, who are disproportionately affected by obesity and chronic diseases.*

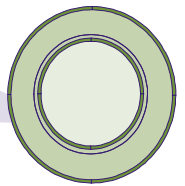
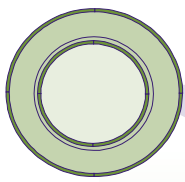
### Objective 1

Improve and increase health data collection and analysis to identify Oregon sub-populations at higher risk for obesity and chronic diseases.

### Strategies

- a. Identify methods, collect and analyze data associated with obesity, chronic diseases, nutrition and physical activity comparing high-risk populations with the state population as a whole.
- b. Collect data to inform the process of adapting best-practice interventions based on an understanding of the social, cultural, and economic context of high-risk populations.
- c. Partner with the Oregon Medical Assistance Program, OMPRO and other government and non-governmental agencies, programs, task forces, businesses, and foundations to assist with data collection, to identify social and cultural context, and to identify existing programs and interventions.
- d. Develop and implement a mapping system to aid in targeting resources and interventions to high-risk populations.

"Accurate data are needed to guide the formation of programs that will improve the public's health behaviors and to assess the success of those methods."  
- "Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity." Nutrition and Physical Activity Work Group. 2002

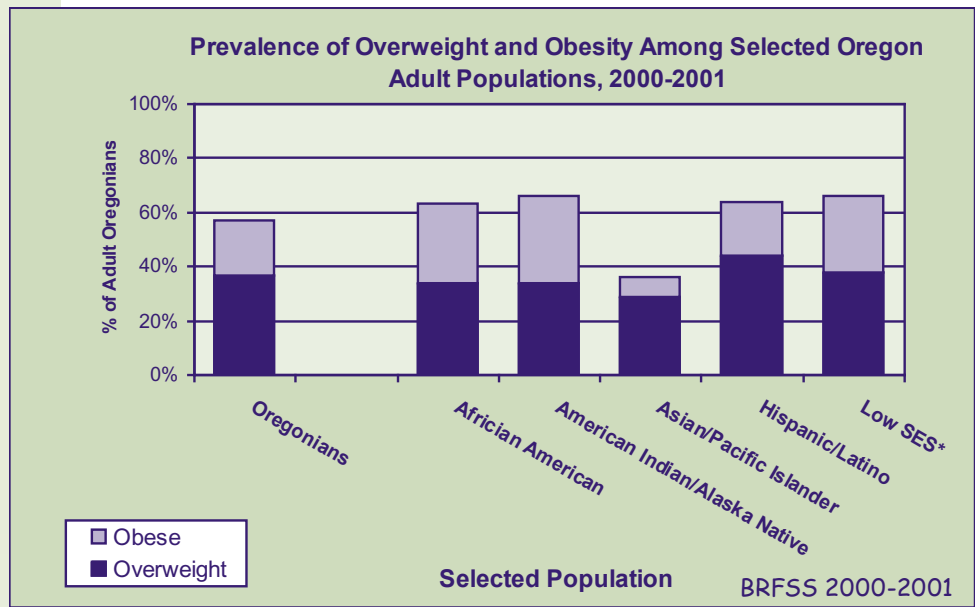


Adequate nutrition is essential to the health, self-sufficiency, and quality of life of older persons--from those who are healthy, more able older persons to those who are frail, ill, or functionally impaired. The nutrition services program strives to provide a continuum of services to meet their individual needs. (Administration on Aging Title III-State and Community Programs)

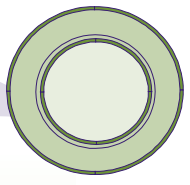
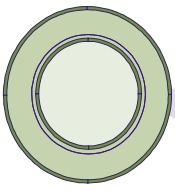
\*Low-SES defined as any of the following characteristics: did not graduate from high school or obtain GED, annual household income < \$25,000, on Medicaid, or no health insurance. Respondents are excluded from the group if income is > \$50,000 or if a college graduate.

### Benchmarks for Improvement

Benchmark <i>(Source of baseline data)</i>	Baseline <i>(year)</i>
Number of public and private partners sharing information relating to social and cultural context <i>(Source to be identified)</i>	
Health and risk factor data are collected, analyzed, and published for high-risk populations <i>(ODHS-HS and others)</i>	



Goals, Objectives, Strategies



## Objective 2

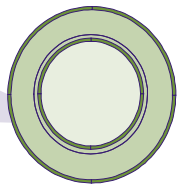
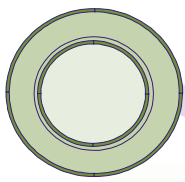
Increase the number of targeted obesity and chronic disease interventions adopted or implemented in high-risk Oregon populations.

### Strategies

- a. Establish a database of Oregon and national prevention-related resources, projects, programs, materials, and statistics.
- b. Promote awareness of existing best-practice programs and resources among communities at risk and among partners and organizations that serve these communities.
- c. Use social, cultural, and economic data to adapt best-practice interventions in order to address the targeted population's need.
- d. Based on analysis of data, work with community leaders and key partners to promote implementation of best-practice interventions adapted to address the needs of targeted populations.

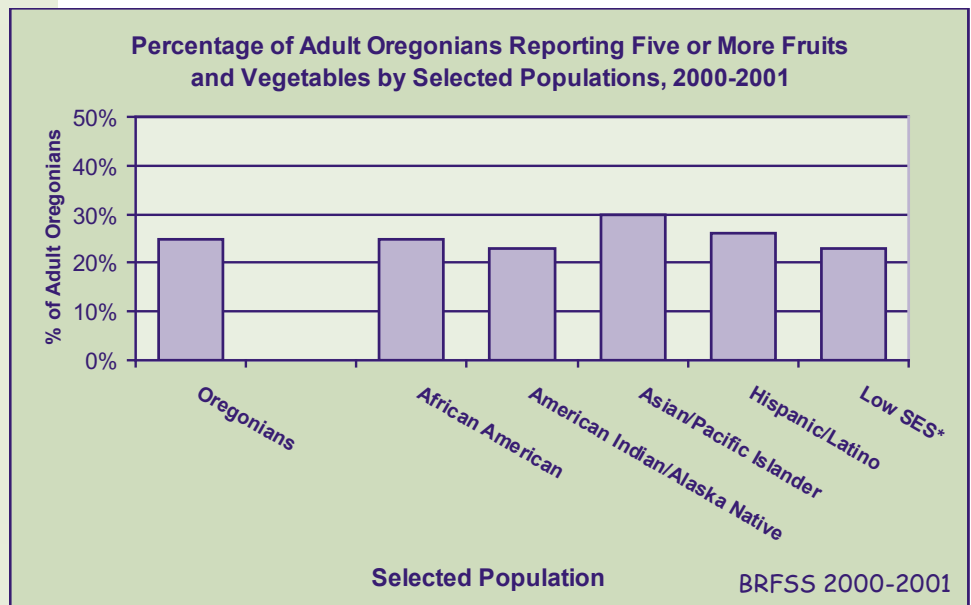
"Over the years, it has become clear that individual health is closely linked to community health—the health of the community and environment in which individuals, live, work, and play. Likewise, community health is profoundly affected by the collective beliefs, attitudes, and behaviors of everyone who lives in the community."

- Healthy People 2010:  
Understanding and Improving Health

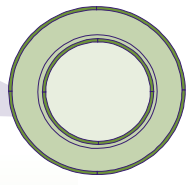
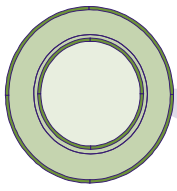


## Benchmarks for Improvement

<b>Benchmark</b> <i>(Source of baseline data)</i>	<b>Baseline</b> <i>(year)</i>
Number of targeted interventions implemented in high-risk populations <i>(Source to be identified)</i>	



Goals, Objectives, Strategies



### Goal III

*Oregon supports a comprehensive, coordinated statewide effort to promote healthy eating and daily physical activity.*

#### Objective 1

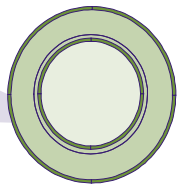
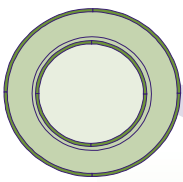
Establish a state Public Health Nutrition and Physical Activity Program administered by the Health Promotion and Chronic Disease Prevention Program in the Oregon Department of Human Services to provide leadership, coordination, communication, training, and evaluation.

#### Strategies

- a. Provide information and data to leaders in the Oregon Department of Human Services and to state policymakers demonstrating the need for a comprehensive state nutrition and physical activity program.
- b. Build alliances between nutrition and physical activity partners to support establishment of and to secure sustainable funding for a state Public Health Nutrition and Physical Activity Program.
- c. Seek short- and long-term funding to support a state Public Health Nutrition and Physical Activity Program leveraging funds available through the Centers for Disease Control and Prevention, state general funds, and other potential funding sources.
- d. Implement the statewide nutrition and physical activity plans, working in coordination with public and private partners.
- e. Facilitate community member involvement in the implementation process by identifying and removing barriers to participation.
- f. Initiate and maintain surveillance on the nutrition, physical activity, and chronic disease outcomes addressed by the program.

*"Along with the visionary elements of leadership comes the crucial need to develop infrastructure and attract resources."  
-"Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity."  
Nutrition and Physical Activity Work Group. 2002*

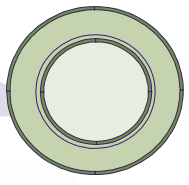
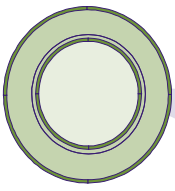
*"The Oregon Public Health Nutrition Plan and the Oregon Physical Activity Plan will help all Oregonians to stay healthy and active. These plans can empower us and our communities with the tools we need to prevent the devastating and costly results of chronic diseases in our state."  
-Jean I. Thorne, Acting Director, Oregon Department of Human Services.*



- g. Develop methods and systems for evaluating the efficacy of interventions and strategies.

### Benchmarks for Improvement

<b>Benchmarks</b> <i>(Source of baseline data)</i>	<b>Baseline</b> <i>(year)</i>
Public Health Nutrition and Physical Activity Program established <i>(ODHS-HS)</i>	
Number of public and private partners participating to secure funding for a state Public Health Nutrition and Physical Activity Program <i>(ODHS-HS)</i>	
Budget in place to fund selected activities outlined in the state nutrition and physical activity plans <i>(ODHS-HS)</i>	
Statewide surveillance and evaluation of nutrition and physical activity plans activities established <i>(ODHS-HS)</i>	
Diverse and active statewide alliance established to support the activities of the state program <i>(ODHS-HS)</i>	

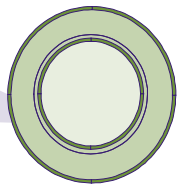
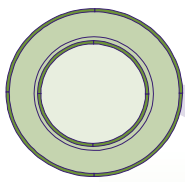


## Objective 2

Increase funding that supports expansion of nutrition and physical activity opportunities for Oregonians.

### Strategies

- a. Advocate at local, state, and national levels for increased funding for programs dedicated to nutrition and physical activity such as 5 A Day, WIC, Farmers' Market Nutrition Program, and Team Nutrition.
- b. Support non-governmental organizations' efforts to secure funding for initiatives that support healthy food choices and daily physical activity.
- c. Identify and support short- and long-term local funding opportunities for promoting nutrition and daily physical activity.



## Benchmarks for Improvement

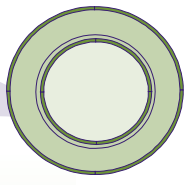
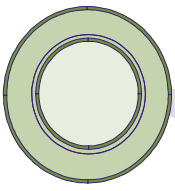
Benchmarks <i>(Source of baseline data)</i>	Baseline (year)
Number of new funding sources secured: <ul style="list-style-type: none"> <li>• State level</li> <li>• Local level</li> <li>• Non-governmental efforts</li> </ul> <i>(ODHS-HS)</i>	

*“This Public Health Nutrition Plan is a significant milestone in a comprehensive plan for Oregon that addresses the major risk factors for chronic diseases—nutrition, physical activity, and obesity. Just as important is the Nutrition Council of Oregon, whose member programs, agencies, universities, and community organizations are committed to achieving the goals of this plan.”*

*– Jane Moore, PhD, RD, Health Promotion and Chronic Disease Prevention, Oregon DHS - Health Services*

Goals, Objectives, Strategies





## Sources

Body mass index (BMI) is an indicator of body size based on height and weight with a good correlation to body fat. For more information on adult BMI, visit <http://www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm>

For information about youth BMI, visit <http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm>

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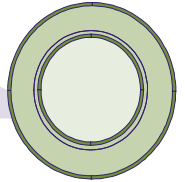
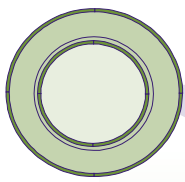
National Cancer Institute / 5 A Day Program.  
<http://www.nci.nih.gov>  
<http://www.5aday.gov>

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[http://www.cspinet.org/nutritionpolicy/policy\\_options.html#5](http://www.cspinet.org/nutritionpolicy/policy_options.html#5)

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Nutrition and Physical Activity Work Group. Guidelines for Comprehensive Programs To Promote Healthy Eating and Physical Activity. Human Kinetics, 2002.  
<http://astphnd.org/programs/guidelines.htm> or [humank@hkusa.com](mailto:humank@hkusa.com)

Oregon Behavioral Risk Factor Surveillance Survey (BRFSS), 2000, 2001. The BRFSS is an ongoing random-digit dialed telephone survey of adults concerning health-related behaviors. The system was developed by the CDC and is conducted in all states in the U.S. Each year, between 3,000 and 7,000 adult Oregonians are interviewed. The BRFSS includes questions on



health behavior risk factors such as seat belt use; diet; weight control; tobacco and alcohol use; physical exercise; preventive health screenings; and use of preventing and other health care services. [www.ohd.hr.state.or.us/chs/brfsdata.htm](http://www.ohd.hr.state.or.us/chs/brfsdata.htm)

Oregon Healthy Teens Survey (OHT), 1999, 2000. The OHT (formerly Youth Risk Behavior System, or YRBS) is Oregon's effort to monitor the health and well-being of adolescents. In 2001, the Oregon Department of Human Services, the Department of Education, and other state agencies collaborated with the Oregon Research Institute to produce a single student survey (the OHT) as part of a three-year National Cancer Institute grant. The OHT combines the topic areas of the previous two surveys conducted by DHS – the YRBS and Student Alcohol and Drug Use Survey. [www.ohd.hr.state.or.us/chs/yrbsdata.htm](http://www.ohd.hr.state.or.us/chs/yrbsdata.htm)

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