

A Healthy Active Oregon:

The Statewide Physical Activity Plan

***Oregon Coalition for
Promoting Physical Activity***

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Executive Summary

The Statewide Physical Activity Plan and its companion document, the Statewide Public Health Nutrition Plan, are calls to action for all who can have an impact on promoting daily physical activity and healthy eating 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 lead sedentary lives and have poor eating habits. 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 percentage 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

Only 39% of Oregon's adults currently meet the physical activity recommendation of 30 minutes most days of the week. About 70% of eighth grade students and 50% of eleventh grade students meet the minimum recommendation for physical activity. Many fewer female students meet the recommendation than males, especially by eleventh grade.



"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 physical activity and healthy eating 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 daily physical activity and healthy eating.

The Statewide Physical Activity Plan and companion Statewide Public Nutrition Plan have at their core a focus on developing communities where the healthy choices are the easy choices; where Oregonians can safely walk and bicycle for work, errands, and recreation; where adults and children have easy access to fresh vegetables, fruits, and other healthy foods at school, work, and when eating out. 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, 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 Physical Activity and Nutrition Key Outcomes:

- Increase physical activity among Oregon youth and adults.
- Increase vegetable and fruit consumption among Oregon youth and adults.
- Increase the percentage of Oregonians who are at a healthy weight.
- Create communities that support and promote daily physical activity, healthy eating, 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 daily physical activity and healthy eating.



Foreword

The Oregon Coalition for Promoting Physical Activity (OCPPA) is a voluntary group of organizations and individuals committed to promoting and increasing physical activity in Oregon. Founded in 1997, the OCPPA is a state coalition affiliate of the National Coalition for Promoting Physical Activity.

OCPPA Vision

Oregonians value and enjoy physical activity in their daily lives and live in communities that support physical activity.

OCPPA Mission

Working together to promote physical activity opportunities for all Oregonians by:

- *Uniting the strengths of public, private, nonprofit, and individual efforts*
- *Providing and fostering leadership to inspire physical activity across Oregon through programs, policies, and supportive environments*

Since its inception, the OCPPA has been active in education, advocacy, and public policy efforts to promote physical activity in Oregon. Working with community partners, it spearheaded grass roots efforts in the 1997 and 1999 Oregon Legislatures to improve the quality of physical education (PE). In 1999, the Oregon Legislature passed a landmark bill that required the development of statewide standards in PE by the 2001-2002 school year. Those standards are now in place.

Working closely with the Oregon Department of Human Services, Health Services and its Cardiovascular Health Program staff, the OCPPA began its efforts to write a statewide physical activity plan in 2001. A wide array of citizens, nonprofit organizations, and state agencies participated in the process, including representatives from bicycle and pedestrian advocacy groups, education, medicine, nonprofit health organizations, parks and recreation, public health, research institutes, transportation, universities, and worksites. Crafting this plan was a comprehensive process that included rigorous review of scientific data, passionate discussion among participants, and expert reviews by those outside the planning process.



The Statewide Physical Activity Program is a comprehensive, public health approach to increasing physical activity in Oregon. The plan includes goals, measurable objectives, and specific strategies. It is a pathway to a healthy, active Oregon. The process of creating this plan strengthened the partnerships needed to make the plan a reality. The OCPPA and its community partners are committed to implementing the plan. Thanks and congratulations to all those participating in its creation.

~ Minot Cleveland, MD

State Chair, Oregon Coalition for Promoting Physical Activity



Now Is the Time for Action on Physical Activity

A Healthy, Active Oregon: The Statewide Physical Activity Plan is a call to action for all who can play a role in promoting daily physical activity.

Together, we can create a future where all Oregonians enjoy physical activity in their daily lives and live in communities that support physical activity. Schools, worksites, the business community, health care systems, city planners, land use professionals, policymakers, officials from transportation, public safety, parks and recreation, and public health working together can make daily physical activity easy and enjoyable for all Oregonians.

Adequate physical activity has long been recognized as an essential ingredient for good health. Yet, too many Oregonians lead sedentary lives. Mechanization of work and household chores, office jobs requiring hours of sitting, replacement of stair climbing with elevators, elimination of physical education in schools, extensive use of TV and computers during leisure time, and reliance almost exclusively on autos for travel have all contributed to substantial decreases in daily physical activity for children and adults.

Physical inactivity together with poor eating habits contributes significantly to the development of obesity, high blood pressure, heart disease, cancer, and diabetes, which are leading causes of disease and death among Oregonians. The current epidemic of obesity in the United States has hit Oregon particularly hard. At 22%, our state has the highest percentage 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. Physical inactivity and poor eating combined are the number-two preventable cause of death in Oregon and the U.S. Only tobacco kills more people.

"Something as simple as improving the appearance and location of stairwells or connecting school sites to the neighborhood with sidewalks and safe street crossings can produce health benefits. It is time to recognize the role community design plays in health."

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

"For the U.S. population, in which the majority of people are sedentary or only minimally active, achievable increases in physical activity of a moderate amount, including some resistance exercise to strengthen muscle, are likely to substantially improve the health and quality of life of many people."

Physical Activity and Health:
A Report of the Surgeon
General, 1996.

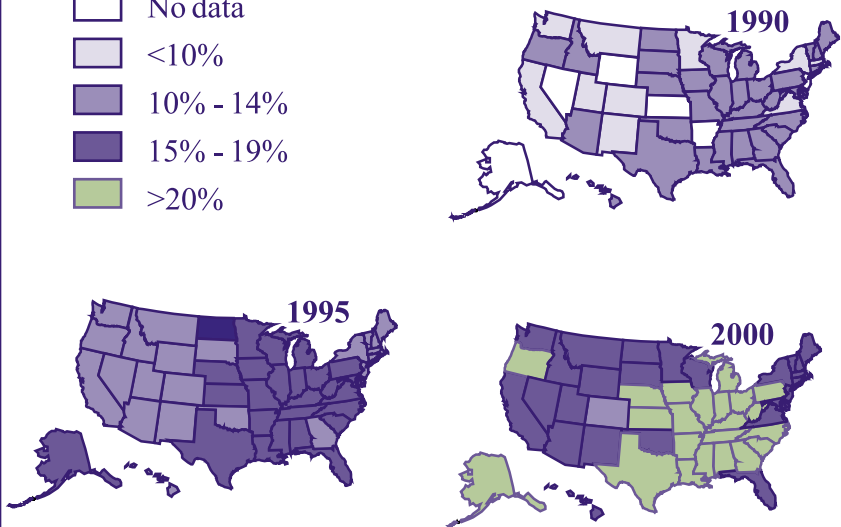


"Obesity is not just a matter of personal health - it's a costly and deadly public health concern that affects economic productivity, state budgets, and personal and family well-being."
 -National Governor's Association Center for Best Practices Issue Brief, June 2002

Adult Obesity Trends

(Body Mass Index ≥ 30 , or ~30 lbs overweight for 54 woman)

- No data
- <10%
- 10% - 14%
- 15% - 19%
- >20%



Obesity has increased in men and women across the United States. In 1990, none of the participating states had more than 15% of adults with obesity; by 1995, 27 states did. In 1995, none of the states had more than 20% of adults with obesity; by 2000, 22 states including Oregon did.

A. Mokdad, et al., CDC, The Continuing Epidemic of Obesity and Diabetes in the United States, JAMA, 2001.

Background

Type 2 diabetes is due largely to obesity, poor diet, and inactivity. Between 1994 and 2001, obesity among Oregon adults has increased 59% and the prevalence of diabetes has increased 62%. Diabetes is also a major risk factor for cardiovascular disease. 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.

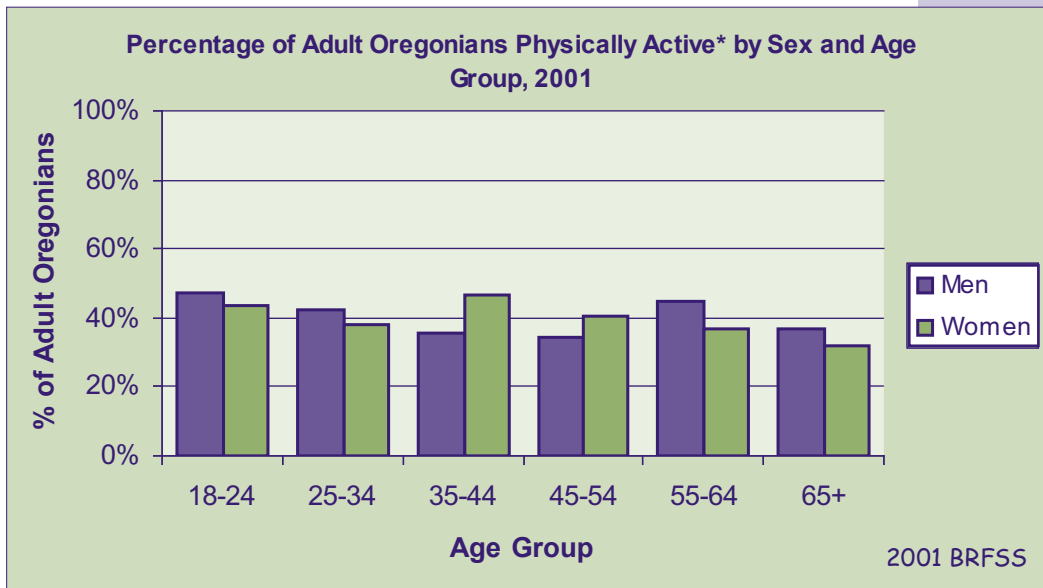


While most people agree that being physically active is important, not enough of us include physical activity in our daily lives. There are many reasons – time constraints, dislike of vigorous exercise, safety concerns, inability to afford exercise clothing or equipment, lack of facilities and programs. However, physical activity doesn't have to be vigorous or expensive or time-consuming to be beneficial. According to the U.S. Surgeon General, significant health benefits can be obtained by including 30 minutes of moderate physical activity on most, if not all, days of the week. What's more, people can select a variety of activities, from walking and bicycling to gardening, basketball, dancing, and many other recreational activities.

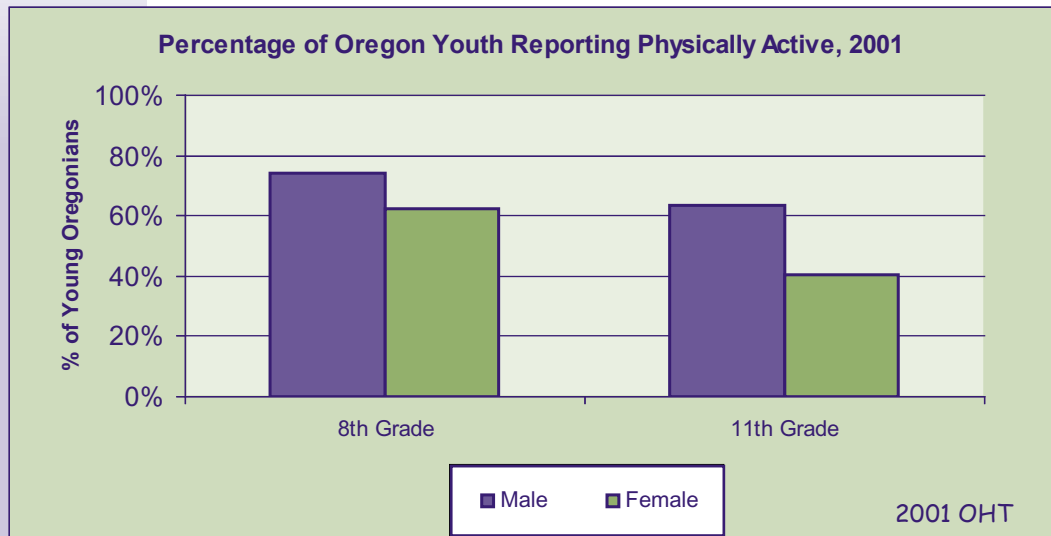
Only 39% of Oregon's adults currently meet the physical activity recommendation of 30 minutes most days of the week.

Significant health benefits can be obtained by including 30 minutes of moderate physical activity on most, if not all, days of the week. Additional health benefits can be gained through greater amounts of physical activity.
(U.S. Surgeon General, 1996)

Background



About 70% of eighth grade students and 50% of eleventh grade students meet the minimum recommendation for physical activity. Many fewer female students meet the recommendation than males, especially by eleventh grade.



"Many people believe that dealing with 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 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

An Environment Full of Barriers

While individuals ultimately make the choice of when and how to be physically active, the environment in which we live has an enormous impact on how easy those choices really are. Currently, community conditions present more barriers than opportunities for daily physical activity. Community design and transportation systems are built around automobiles, resulting in 89% of all trips in the U.S. being made by auto. Residential areas are separated from business and commercial districts by considerable distance and multi-lane, high-speed roads, making it difficult and unsafe to walk or bicycle for work, errands, or recreation. Few children walk or bicycle to school. At the same time, schools are cutting physical education classes, recess, and sports programs. Recreation, park, and trail facilities are inadequate and not easily accessible in neighborhoods by walking, bicycling, or public transit. Fear of high-speed, high-volume traffic and concerns about street crime present additional barriers to daily physical activity.



The Solution: Making Daily Physical Activity the Easy Choice

Incorporating physical activity into our daily lives means that our communities, including schools, workplaces, parks, and public places, need to support and encourage safe and accessible opportunities for daily physical activity. Communities that make daily physical activity the easy choice are communities where:

- Schools are located in the neighborhoods they serve; they promote designated routes where children can safely walk and bicycle to and from school, require daily physical education and recess, and provide after-school opportunities for physical activity.
- Parks and recreation facilities are available to children and adults in neighborhoods and are easily accessible by walking, bicycling, and public transit. Recreation and sports programs are affordable and available to all residents in the neighborhood.
- Worksites offer physical activity programs, use prompts to promote use of stairs, and provide incentives that promote physical activity such as bus passes, safe bicycle parking, and shower facilities.
- Neighborhoods include a mix of residential, business, and commercial areas with sidewalks, bike lanes, paths, and trails that provide connections throughout, safely separating pedestrians and bicyclists from vehicles. Street design discourages speeding motor vehicles and public transit is easily available, providing a viable alternative to automobiles.
- Public safety agencies work in communities to ensure the safety of pedestrians and bicyclists from motor vehicles and threats of street crime.

The following pages of this plan outline specific objectives and strategies for Oregon, which, if applied, can create a future where all Oregonians enjoy physical activity in their daily lives, leading to reductions in obesity and prevention or delayed onset of chronic diseases.

Oregon's Land Use Transportation Air Quality study found that people who lived in pedestrian-friendly neighborhoods made nearly four times as many walking and bicycling trips as people who lived in neighborhoods with poor pedestrian environments. (1000 Friends of Oregon, "The Pedestrian Environment," 1993)

"The American Heart Association views the completion of the Statewide Physical Activity Plan as a very important milestone in an effort to complete a comprehensive plan for the state of Oregon that addresses the major risk factors of cardiovascular disease and stroke. Even more important was a planning process that included valuable input from many organizations and community partners who are committed to achieving the goals of the plan."
-John Chism, American Heart Association



A Healthy, Active Oregon: The Statewide Physical Activity Plan

OCPA Vision

Oregonians value and enjoy physical activity in their daily lives and live in communities that support physical activity.

Goals, Objectives, Strategies



A Healthy, Active Oregon: The Statewide Physical Activity Plan

Goal 1

Increase daily physical activity among Oregon youth.

Objective 1

Increase the percentage of trips to school that youth make by walking and biking.

Strategies

- a. Expand and promote walking and biking to school by implementing designated routes, programs, and promotional events.
- b. Increase the percentage of schools with safe and accessible sidewalks, bike lanes, and crosswalks.
- c. Promote retaining existing neighborhood schools and siting new schools in areas that facilitate walking and biking to school.

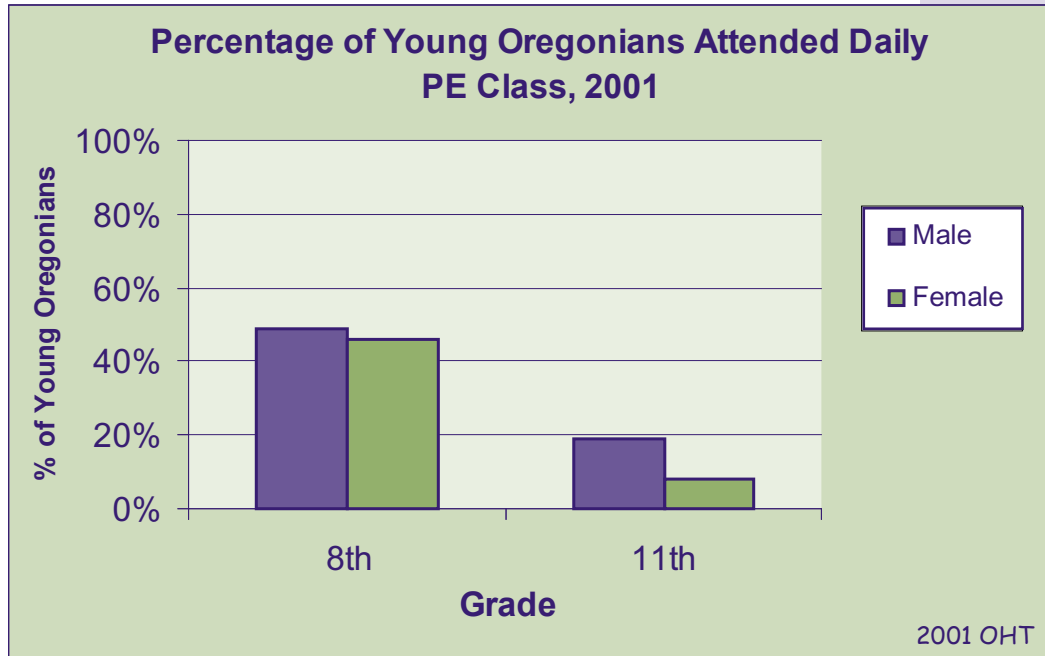
Safe Routes to School: an international initiative encouraging schools and communities to work together to make bicycling and walking to school the safe and easy choice for students.

Walk to School Day: a one-day international event occurring annually in October where children, parents, and community leaders walk together to promote safer and friendlier streets for walking; driver awareness and safe walking skills for children.



Objective 2

Increase the percentage of school-aged youth who participate in quality, daily physical education (PE).



Strategies

- Promote school district policies that require quality, daily PE for all students K-12, or, at a minimum, require quality PE for a minimum of 150 minutes per week for students K-5 and 225 minutes for grades 6-12.
- Increase the percentage of students who meet the Oregon Physical Education Content Standards as measured by local district physical education performance standards for the Certificate of Initial Mastery (CIM).
- Promote school district policies that require certification and provide ongoing professional development opportunities for teachers of physical education.
- Work with the Healthy Kids Learn Better Partnership to establish local School Health Advisory Councils to assess, plan, and implement quality physical activity programs and policies for students.

Healthy Kids Learn Better Partnership: a multi-agency Oregon initiative aimed at addressing the physical, social, and emotional health needs of school-aged youth. Staff from the state Healthy Kids Learn Better Program can provide professional development for school personnel to support school environments that promote healthy eating and physical activity opportunities for students.



Students achieve best when they are physically fit. A recent study released by the California Department of Education reported key findings that include: 1) higher achievement associated with higher levels of fitness at each of the three grade levels measured (fifth, seventh, and ninth grades), and 2) students who met minimum fitness levels in three or more physical fitness areas showed greatest gains in academic achievement at all three grade levels. (California Department of Education, December 2002.)

"Children have never been good at listening to their elders, but they have never failed to imitate them."
-James Baldwin

- e. Increase the percentage of schools that provide sequential, skills-based instruction on the benefits of lifelong physical activity as a part of the health education curriculum and that provide necessary professional development opportunities for teachers.

Objective 3

Increase the percentage of youth engaged in daily physical activity outside of physical education class.

Strategies

- a. Expand opportunities for youth to participate in developmentally appropriate, organized, competitive, and non-competitive physical activity.
- b. Encourage parents to participate in physical activity and to make enjoyable physical activity a part of family life.
- c. Promote neighborhood trips made by walking and biking as an alternative to using the automobile.
- d. Promote school district policies that require daily recess for all elementary students.
- e. Improve the knowledge and skills needed for effective promotion of enjoyable, lifelong physical activity by providing training for school and community members working with youth.
- f. Conduct community-wide campaigns to promote increased daily physical activity among children and adolescents.



Objective 4

Increase the percentage of preschool-aged children engaged in recommended daily physical activity.

Strategies

- a. Promote written policies that ensure adequate daily physical activity among children in preschool programs and childcare centers.
- b. Provide preschool teachers and daycare providers professional development opportunities related to the promotion of physical activity.
- c. Increase the percentage of local Supplemental Nutrition Programs for Women, Infants, and Children (WIC) that actively encourage daily physical activity among WIC participants.

Objective 5

Increase state and local collaboration among education, health, recreation, and other organizations to help schools and communities implement physical activity programs.

Strategies

- a. Work with the Healthy Kids Learn Better Coalition to promote comprehensive policies that encourage physical activity through physical education, health education, recess, competitive and non-competitive sports programs, and school transportation.
- b. Foster local partnerships among schools and community organizations to increase physical activity opportunities for youth.

Healthy Kids Learn Better Coalition: a state advocacy group that works to build supportive policies and funding for schools to establish programs that ensure students are fit, healthy, and ready to learn.



"Every child needs to move, but not every child likes sports. Some don't welcome yet another rules-dominated, adult-run activity. Some lack athletic talent. Some have parents who can't afford the fees or can't chauffeur them to practice. But sports or no sports, every child needs to move - and it's a need our world conspires to deny. From schools with shrinking recess times to streets without sidewalks to homes filled with mesmerizing screens, today's environment encourages immobility."
 -From Increasing Physical Activity through Community Design - A Guide for Public Health Practitioners, 2002

Benchmarks for Improvement

| Benchmarks <i>(Source of baseline data)</i> | Baseline <i>(year)</i> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Percentage of students walking/biking to school (Behavioral Risk Factor Surveillance Survey [BRESS]) | (2002) |
| Number of schools participating in Walk to School Day (Oregon Dept. of Education/Oregon Dept. of Human Services-Health Services [ODE/ODHS-HS]) | (2002) 34 |
| Number of schools developing and promoting safe walking and biking routes to school (ODE/ODHS-HS) | |
| Percentage of schools with policies that require daily PE (ODE/ODHS-HS) | |
| Percentage of students who meet physical education performance standards for Certificate of Initial Mastery (CIM) (ODE) | |
| Number of schools with Health Advisory Councils that address physical activity (HKL B Coalition) | |
| Percentage of 8th and 11th grade students who participate in daily PE (Oregon Healthy Teen Survey [OHT]) | (2001) 8 th grade Male 49% Female 46% 11 th grade Male 19% Female 8% |
| Percentage of school districts with policies that require daily recess for elementary students (ODE) | |
| Percentage of 8th and 11th grade students who are physically activity 5 or more days per week (OHT) | (2001) 8 th grade Males 74% Female 62% 11 th grade Males 63% Female 40% |
| Percentage of preschool and childcare centers with written policies assuring daily physical activity (Source to be identified) | |
| Number of trainings conducted for preschool and child care center staff (Office of Family Health/Dept of Human Services [OFH/ODHS-HS]) | |
| Percentage of WIC sites actively encouraging physical activity among participants (WIC/ODHS-HS) | |
| Number of partners engaged in promoting daily physical activity among youth (Source to be identified) | |

Goals, Objectives, Strategies



Goal II

Increase daily physical activity among Oregon adults.

Objective 1

Increase the percentage of adult Oregonians who walk and bike to accomplish daily activities and for recreation.

Strategies

- a. Conduct statewide and community campaigns to promote walking and bicycling for work, errands and recreation.
- b. Develop and implement community-based programs and events that promote walking and bicycling.
- c. Provide recognition for walking and bicycling advocates, organizations, and programs whose efforts lead to increases in walking and bicycling.

Objective 2

Increase the percentage of worksites that support and promote physical activity among their employees and in their communities.

Strategies

- a. Encourage employers and employee associations to implement policies and offer programs that promote physical activity among their employees and members.
- b. Encourage worksites to promote walking, bicycling, and the use of public transit as alternatives to using the automobile.
- c. Identify and promote opportunities for worksites to cosponsor community-wide campaigns to promote physical activity.
- d. Offer support for worksite physical activity policies and programs through toolkits, trainings, and technical assistance.

Physical Activity Recommendation:

significant health benefits can be obtained by including 30 minutes of moderate physical activity on most, if not all, days of the week. Additional health benefits can be gained through greater amount of physical activity.

(U.S. Surgeon General, 1996)

Each year, the Governor's Council on Physical Fitness and Sports recognizes individuals and volunteers nominated by mayors across the state for their efforts to increase physical activity opportunities for Oregonians. These Mayor's Awards are announced during the Oregon League of Cities' annual conference.

Workplace physical activity programs can reduce short-term sick leave, reduce health care costs, and increase productivity.

(U.S. Surgeon General, 1996)



In Oregon, 82% of adults report commuting to work at least 3 days per week. Only 9% walk part or all of the way to work and only 4% bike part or all of the way to work. (BRFFS 2001)

Shape Up Across Oregon:

is a program that encourages youth and adults to take part in physical activities like bicycling, walking, gardening, playing sports through a month-long campaign during which participants keep track of their progress and receive prizes for achieving the goals of the program. (Oregon Governor's Council on Physical Fitness and Sports)

Keep Active - Get Moving:

an AARP program that promotes physical fitness among people over 50. AARP promotes collaboration among many partners and recently partnered with the Oregon Governor's Council on Physical Fitness and Sports to encourage intergenerational physical activity programs.

Objective 3

Increase collaboration among the public and private sectors of the community to generate more daily physical activity opportunities for adults.

Strategies

- a. Collaborate with the Oregon Governor's Council on Physical Fitness and Sports and AARP to support and expand intergenerational physical activity programs.
- b. Expand statewide and local partnerships among health, recreation, and business organizations to increase physical activity opportunities.

Benchmarks for Improvement

| Benchmarks <i>(Source of baseline data)</i> | Baseline <i>(year)</i> |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Percentage of adults who are physically active five or more days a week <i>(ODHS-HS)</i> | <i>(2001)</i> Male 39% Female 39% |
| Percentage of adults walking and biking to work <i>(ODHS-HS)</i> | <i>(2001)</i> Walking 9% Biking 4% |
| Percentage of daily trips by walking/bicycling <i>(Source to be identified)</i> | |
| Number of worksites receiving technical assistance/training on physical activity policies and programs <i>(ODHS-HS)</i> | |
| Percentage of worksites with policies promoting physical activity <i>(Source to be identified)</i> | |
| Percentage of worksites promoting alternative modes of transportation <i>(Source to be identified)</i> | |
| Number of partners engaged in promoting daily physical activity among adults <i>(Sources to be identified)</i> | |



Goal III

Foster and promote communities that are conducive to daily physical activity.

Objective 1

Increase the number of communities where transportation and land use planning foster daily physical activity.

Strategies

- a. Promote community and transportation design that facilitates walking and bicycling, including paths to connect dead-end and cul-de-sac streets, lighting for safety, traffic calming techniques, frequent and safe pedestrian and bicycle crossings.
- b. Increase funding dedicated to improving and expanding bike lanes, sidewalks, bike paths, and trails in communities.
- c. Promote retaining existing neighborhood schools and siting new schools in areas that facilitate walking and bicycling to school.
- d. Advocate for design of public transit stops that safely connect pedestrians, bicyclists, and people with disabilities with surrounding sidewalks and bike lanes.
- e. Promote bicycle travel through increased availability of safe, secure bicycle parking structures and transit vehicles with bicycle racks or other bike-friendly features.

Objective 2

Increase the number of community-based recreational facilities and physical activity programs.

Strategies

- a. Provide pathways and trails in parks, along rivers, and in other natural settings to encourage walking and bicycling for exercise and transportation, including rails-to-trails conversion projects.

" Changes in the community environment to promote physical activity may offer the most practical approach to prevent obesity or reduce its co-morbidities. Restoration of physical activity as part of the daily routine represents a critical goal. Automobile trips that can be safely replaced by walking or bicycling offer the first target for increased physical activity in communities."

-Dr. Jeffrey Koplan, Dr. William Dietz, CDC, JAMA, 1999

Today, 75% of all trips under a mile are by automobile.

U.S. Department of Transportation, 1997.



"As director of Portland's Park and Recreation Bureau, I see the Statewide Physical Activity Plan as a way to bring opportunities for daily physical activity to every neighborhood and to every person."

-Charles Jordan, Director, Portland Parks and Recreation

Active Community Environments: places where people of all ages and abilities can easily enjoy walking, bicycling, and other forms of recreation.

(CDC Initiative)

- b. Increase funding for parks and recreation facilities and physical activity programs.
- c. Increase the number of school facilities available for community recreational use after school hours.

Objective 3

Increase collaboration among public and private sectors to promote land use planning and community designs that support bicycling and walking in urban, suburban, and rural areas.

Strategies

- a. Foster development of local Active Community Environment groups to advocate for and promote physically active communities.
- b. Develop partnerships to advocate at local, regional, state, and national levels for funding and design standards that support and promote increased physical activity opportunities for all age groups.
- c. Identify and use partnerships to promote effective land use planning and increase acquisition and development of parks, open space, and green space.



Benchmarks for Improvement

| Benchmarks <i>(Source of baseline data)</i> | Baseline <i>(year)</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Percentage of communities with policies promoting and/or requiring mixed land use strategies that promote daily walking and biking <i>(Source to be identified)</i> | |
| Percentage of communities receiving funds for improved biking and walking infrastructure <i>(Oregon Dept. of Transportation [ODOT]/ODHS-HS)</i> | |
| Utilization rates of public transportation use five or more days per week where it is available <i>(2000 Census)</i> | |
| Number of Statewide Comprehensive Outdoor Recreation Plan (SCORP) planning regions where current use of recreation trails exceeds supply <i>(Oregon Dept. of Parks and Recreation)</i> | |
| Percentage of communities with policies requiring sidewalks, bike lanes/paths, bike parking for all new construction and renovation <i>(Source to be identified)</i> | |
| Number of communities with Active Community Environment Groups to advocate and promote physically active communities <i>(ODHS-HS)</i> | |



The CDC estimates that the United States would save \$76.6 billion in annual direct medical costs if all physically inactive people were to become active. (DHHS, 2002)

Goal IV

Increase the ability of health care systems and providers to support and promote daily physical activity among Oregonians.

Objective 1

Increase the number of health care systems and providers who support and promote physical activity in Oregon communities.

Strategies

- a. Recruit health care systems and providers to cosponsor community-wide campaigns and events.
- b. Recruit health care systems and providers to participate in local and statewide Active Community Environment initiatives.
- c. Engage health care providers to advocate for increased physical activity opportunities and policies with local, regional, and state policymakers.

Objective 2

Increase the number of health care systems that support and promote physical activity for their employees.

Strategies

- a. Expand the number of health care sites that implement policies and programs to promote physical activity among their employees.
- b. Promote strategies that encourage walking, bicycling, and taking public transit to work.
- c. Offer support for worksite physical activity policies and programs through toolkits, trainings, and technical assistance.
- d. Encourage health care providers to model physically active lifestyles.



Objective 3

Increase the number of health care systems and providers that encourage daily physical activity among patients.

Strategies

- a. Convene partnerships to identify and promote best practices for use by providers, health care systems, insurers, and purchasers to promote physical activity.
- b. Encourage the use of best practices among health care providers by providing information and facilitating discussions on current physical activity recommendations for specific age groups.
- c. Increase health care professional training on physical activity through professional schools and continuing education programs for physicians, sports medicine professionals, occupational and physical therapists, nurses, dietitians, and health educators.
- d. Increase coordination and develop partnerships between health care professionals and the community to facilitate referrals to programs and resources that promote daily physical activity for persons of all ages.
- e. Increase the proportion of health care providers conducting physical activity assessments and counseling tailored to the needs of individual patients.

Many people look to their physicians and other health care workers for guidance on health matters; thus, the involvement of health care delivery systems in promoting healthy lifestyles is a natural link. The focus of that involvement should be preventive measures, which may include advice on eating and physical activity, testing for disease risk factors, referrals for treatment, and partnering with other community organizations for health promotion. Nutrition and Physical Activity Work Group. Guidelines for Comprehensive Programs To Promote Healthy Eating and Physical Activity



Benchmarks for Improvement

| Benchmarks <i>(Source of baseline data)</i> | Baseline <i>(Year)</i> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Number health care systems promoting/cosponsoring community-wide campaigns and events <i>(ODHS-HS)</i> | |
| Number of health care systems and health care providers participating in local Active Community Environment groups <i>(ODHS-HS)</i> | |
| Number of health care systems implementing policies and programs promoting physical activity for their employees <i>(ODHS-HS)</i> | |
| Number of trainings for health care sites/systems about policy development for increasing employee physical activity <i>(Source to be identified)</i> | |
| Number of continuing education opportunities for health care providers regarding promoting physical activity <i>(Source to be identified)</i> | |
| Number of health care systems coordinating referrals and resources related to physical activity with communities <i>(Source to be identified)</i> | |
| Percentage of health care providers assessing body mass index, height, weight, physical activity levels <i>(Ambulatory Record Certification/Oregon Medical Association)</i> | |

Goals, Objectives, Strategies



GOAL V

Eliminate health disparities among racial and ethnic communities, medically underserved, low income, senior, disabled, and rural populations, who are disproportionately affected by physical inactivity, obesity, and chronic diseases.

Objective 1

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

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

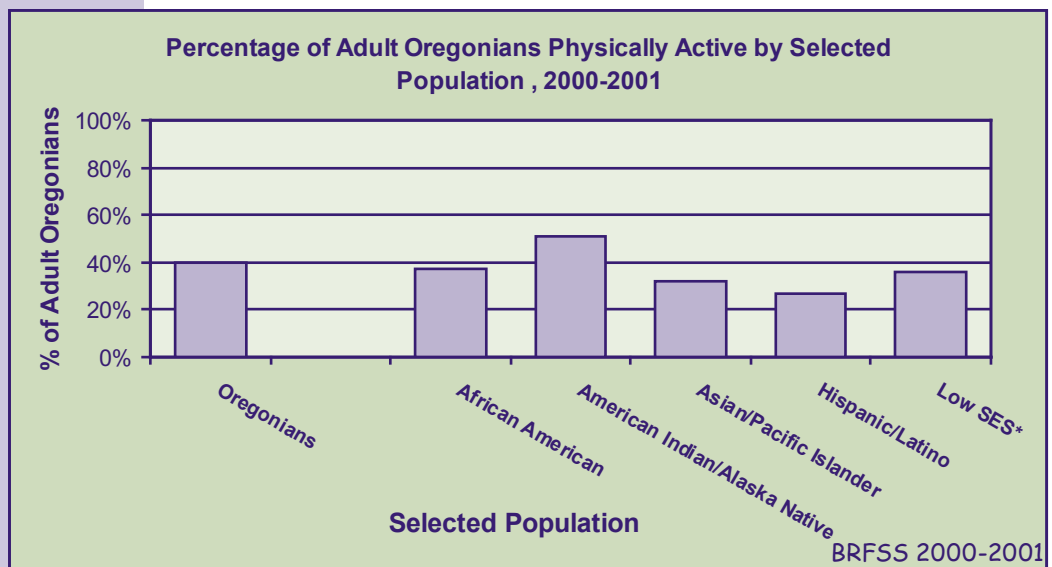
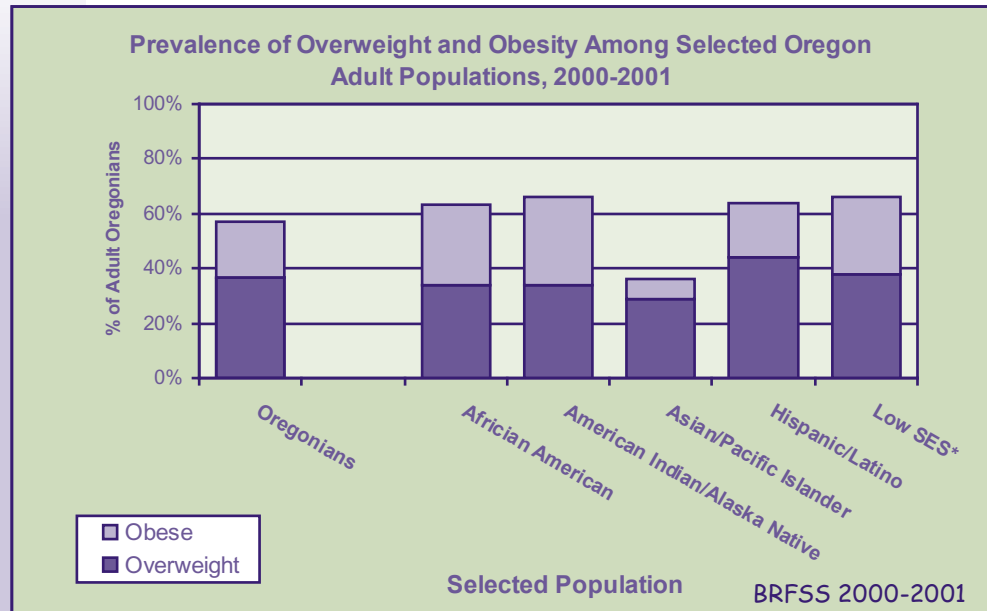
Percent of Seniors with Chronic Disease Risk Factors

| | 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

Strategies

- a. Identify methods, collect and analyze data associated with obesity, chronic disease, 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 Office of Medical Assistance Programs, OMPRO, and other governmental and non-governmental agencies, 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.

objective 2

Increase the number of physical activity interventions adopted and implemented in high-risk populations.

Strategies

- a. Establish a database of Oregon and national prevention-related resources, projects, programs, materials, and statistics.
- b. Increase 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 practices 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 needs of targeted populations.

Benchmarks for Improvement

| Benchmarks <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> | |
| Number of targeted interventions implemented in high-risk populations <i>(Source to be identified)</i> | |
| Health and risk factor data are collected, analyzed and published for high risk populations <i>(OHDS-HS)</i> | |



"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

"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 U.S. is to be reached, cancer prevention efforts must include strong programs for healthy eating and physical activity."
-Dileep G. Ball, MD, MS, MPH, Past President, American Cancer Society

Goal VI

Establish a comprehensive, coordinated statewide effort to promote daily physical activity and healthy eating.

Objective 1

Establish a state Public Health Physical Activity and Nutrition 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 physical activity and nutrition program.
- b. Build alliances between physical activity and nutrition partners to support establishment of and to secure sustainable funding for a state Public Health Physical Activity and Nutrition program.
- c. Seek short- and long-term funding to support a state Public Health Physical Activity and Nutrition Program, leveraging available funds through the Centers for Disease Control and Prevention, state general funds, and other potential funding sources.
- d. Implement the statewide physical activity and nutrition plans 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 physical activity, nutrition, and chronic disease outcomes addressed by the program.
- g. Develop methods and systems for evaluating the efficacy of interventions and strategies.



Objective 2

Secure funding to support non-governmental organizations whose mission is to promote and increase physical activity among Oregonians, and who are committed to the implementation of this plan.

Strategies

- a. Build alliances among community organizations that promote physical activity and physically active communities as a means to support and secure funding.
- b. Identify short- and long-term funding opportunities for promoting physical activity and physically active communities.

Objective 3

Increase funding devoted to expanding physical activity opportunities for Oregonians.

Strategies

- a. Advocate at local, regional, state, and national levels for increased funding to improve the bicycling and walking infrastructure for children and adults.
- b. Advocate at local, regional, state, and national levels for increased funding to maintain and expand parks and recreation programs and facilities.
- c. Advocate at the local, state, and national levels for increased funding to re-establish daily physical education in Oregon schools.
- d. Advocate at the local, state, and national levels for increased funding to promote physical activity among high-risk populations.



Benchmarks for Improvement

| Benchmarks <i>(Source of baseline data)</i> | Baseline <i>(year)</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Public Health Physical Activity and Nutrition program established <i>(ODHS-HS)</i> | |
| Number of public and private partners participating to secure funding for a state Public Health Physical Activity and Nutrition program <i>(ODHS-HS)</i> | |
| Budget in place to fund selected activities outlined in the state physical activity and nutrition plans <i>(ODHS-HS)</i> | |
| Statewide surveillance and evaluation of physical activity and nutrition plans activities established <i>(ODHS-HS)</i> | |
| Diverse and active statewide alliance established to support activities of the statewide plans and program <i>(ODHS-HS, OCPPA, ACE, Governor's Council on Physical Fitness & Sports)</i> | |
| Number of new funding sources secured: <ul style="list-style-type: none"> • State level • Local level • Non-governmental efforts <i>(ODHS-HS)</i> | |

“The Statewide Physical Activity Plan is the pathway to an Oregon vision where enjoyable physical activity is an integral part of daily life. Following this pathway will transform Oregon communities and the lives of Oregonians. The passion, teamwork and community partnerships that created this plan will lead to its implementation.”

- Minot Cleveland, MD, State Chair, Oregon Coalition for Promoting Physical Activity



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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

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

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For additional copies, information, or to receive this plan in alternate format, contact the Oregon DHS Health Promotion and Chronic Disease Prevention Program at (503) 731-4273.