



A Vision for Healthy Weight Across the Lifespan of American Indians and Alaska Natives

Actions for Communities, Individuals, and Families

Indian Health Service

2011





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Top row: Suzanne Lewis and son, Gila River Indian Community
Second row, left to right: Tohono O’odham Nation Head Start Program, Hualapai Tribal Nation Youth Wellness Program, Northwest Tribes canoe journey
Third row, left to right: Carufel family bikers, Lac du Flambeau Ojibwe; Mille Lacs Band of Ojibwe harvesting wild rice; Zuni Pueblo walker, Choctaw Nation Healthy Heart Program walkers





Indian Health Service
Office of Clinical and Preventive Services
Division of Diabetes Treatment and Prevention
Division of Clinical and Community Services

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Foreword



Now is the time to put our minds and resources together to address the problem of overweight and obesity. With “Healthy Weight for Life: A Vision for Healthy Weight Across the Lifespan of American Indians and Alaska Natives” as a guide, we can make a difference.

The well-being of American Indians and Alaska Natives is affected by obesity. Increases in weight have been linked to increased rates of type 2 diabetes, high blood pressure, high cholesterol, heart disease, stroke, cancer, asthma, and other diseases.

Tribal governments, communities, Tribal members, urban Indian health organizations, and the Indian Health Service have partnered to promote lifestyle choices for reaching a healthy weight through hundreds of creative programs and activities. What do all these programs have in common? They are all based on research that shows:

- » **A healthy weight means healthier American Indians and Alaska Natives across the lifespan.**
- » **A healthy weight means starting early—even before pregnancy.**
- » **A healthy weight is best achieved through lifestyle balance—balancing the energy (food and beverages) we take in with the energy we use (physical activity).**
- » **Adults who are overweight only need to lose 5 percent to 10 percent of their body weight by eating less and moving more—that’s 10 to 20 pounds in a 200-pound person—to delay onset of diabetes and help control diabetes and heart disease.**

Promoting healthy weight is a priority for the entire country. President Obama has created a Task Force on Childhood Obesity to develop a national action plan to solve the problem of obesity within a generation. First Lady Michelle Obama has launched “Let’s Move,” a nationwide awareness campaign. Surgeon General Regina Benjamin has released a Vision for a Healthy and Fit Nation that outlines actions to prevent obesity.

“Healthy Weight for Life: A Vision for Healthy Weight Across the Lifespan of American Indians and Alaska Natives, Actions for Communities and Individuals and Families” is a guide for American Indians and Alaska Natives to take action. We all have a role to play. It is up to you to decide what actions you will take and how you will chart your journey. Select the actions best suited to your situation and draw on the resources on pages 20–32. Also, see the companion booklet, “Healthy Weight for Life: A Vision for Healthy Weight Across the Lifespan of American Indians and Alaska Natives, Actions for Health Care Team Members and Leaders” for additional information.

Working together, we can make a difference in ensuring the health and well-being of American Indians and Alaska Natives—now and for future generations.

Yvette Roubideaux, M.D., M.P.H.
 Director, Indian Health Service

Executive Summary

Promoting a healthy weight across the lifespan is critical to improving the health status and well-being of American Indians and Alaska Natives (AI/AN), to reducing health disparities, and to maximizing the limited resources of the Indian health system. Taking action now has the potential to help achieve the Indian Health Service's mission of raising the physical, mental, social, and spiritual health of AI/AN to the highest level.

Across the country, hundreds of thousands of AI/AN participate in innovative nutrition, physical activity, and weight loss programs. Communities have conducted assessments and designed culturally sensitive programs to meet their particular needs. While progress has been made on certain measures, disparities still remain. Overweight and obesity continue to drive the high rates of type 2 diabetes, heart disease, stroke, pulmonary disease, many cancers, as well as orthopedic, oral health, and psychological problems.

Trends and Impact of Obesity and Overweight

The prevalence of obesity in AI/AN and the U.S. population at large has increased dramatically over the past 30 years. According to the IHS Clinical Reporting System, over 80 percent of AI/AN adults ages 20 to 74 are overweight or obese; among children and youth, between 45 percent and 51 percent are not at a healthy weight.

The most recent estimate puts the cost of obesity-related medical spending alone in the United States at \$147 billion per year in 2008, compared with \$78.5 billion in 1998. This accounts for almost 10 percent of all medical spending.

What Is a Healthy Weight?

For adults, a normal or healthy weight is defined as an appropriate weight in relation to height. This ratio of weight to height is known as the body mass index (BMI). BMIs for youth 2–20 years old are determined by comparing their weight and height against growth charts that take their age and gender into account.

Maintaining a healthy weight requires keeping an energy (or calorie) balance. Energy balance means balancing the calories people get from foods and beverages (ENERGY IN) with the calories people use to keep their bodies going and for being physically active (ENERGY OUT).

Promoting Healthy Weight Across the Lifespan

The best approach to promoting healthy weight is a strategy that begins with conception and includes interventions throughout the lifespan to promote lifelong healthful eating and regular physical activity. This means protecting the fetus and newborn, infants and toddlers, children and adolescents, and adults and elders.

We All Have a Role to Play

Given the multitude of factors that contribute to obesity and overweight, there is no one single approach that will work to turn the problem around. That is why individuals, families, schools, worksites, communities, the health care system, Tribal leaders and Tribal organizations, and society all have a role to play.

Actions for Communities

Society is made up of communities, organizations, families, and individuals—all working together for change. Healthful nutrition and physical activity legislation, statewide school policies, media campaigns, promoting healthy weight as a cultural, societal norm, and partnerships with Tribes are just some of the ways a comprehensive strategy to promote healthy weight across the lifespan takes shape on a large scale.

Communities include Tribes and Tribal organizations, schools, worksites, and community organizations. By making changes in policies and environments, these organizations can help individuals make better choices about healthful eating and physical activity. Changes to zoning ordinances, improvements to parks, trails, walkways, and recreation facilities to promote walking and physical activity, creating ways to grow, gather, and hunt food, or distributing free or inexpensive fresh fruits and vegetables to promote healthful eating—these are some of the many ways community groups can work together to promote healthy weight.

Actions for Individuals and Families

Close interpersonal groups, such as families and friends, play an important role in encouraging more healthful behaviors and giving individuals the knowledge and support they need to make healthful eating and physical activity choices. Family mentoring can help pass on healthy habits to children. Intergenerational activities can help connect individuals and family members, and empowering elders can help facilitate change. Strengthening the individual culturally, spiritually, physically, and emotionally helps him or her live Life in Balance and to adopt healthful eating and physical activity behaviors.

Choose the Action Steps Best Suited for You

“Healthy Weight for Life: A Comprehensive Strategy Across the Lifespan of American Indians and Alaska Natives, Actions for Communities, Individuals, and Families” provides guidance for taking action to stop the obesity epidemic.

- » As a Tribal leader, school administrator, employer, or other community leader, you can start by assessing your organization’s policies and needs and then identify what changes can help to promote healthy weight for the people you serve.
- » As an individual, parent, elder, or family member, you can start by using lifestyle change strategies to achieve your own goals for a healthy weight and help your loved ones.

It is up to you to choose the role you want to play. Use the actions explained in this booklet to chart your journey. Draw on the resources on pages 20–32 to help. Also, see the companion booklet, “Healthy Weight for Life: A Comprehensive Strategy Across the Lifespan of American Indians and Alaska Natives, Actions for Health Care Team Members and Leaders.”

Remember that everyone has a role to play no matter how large or small. Working together, we can make a difference in achieving a healthy weight across the lifespan of American Indians and Alaska Natives—now and for future generations.

Introduction: Laying Out the Vision

Promoting a healthy weight across the lifespan is critical to improving the health status and well-being of American Indians and Alaska Natives (AI/AN), to reducing health disparities, and to maximizing the limited resources of the Indian health system. Taking action now has the potential to play a major role in achieving the Indian Health Service’s mission of raising the physical, mental, social, and spiritual health of AI/AN to the highest level.

Across the country, hundreds of thousands of AI/AN participate in innovative nutrition, physical activity, and weight loss programs. Communities have conducted assessments and designed culturally sensitive programs to meet their particular needs. While progress has been made on certain measures, disparities still remain. Overweight and obesity continue to drive the high rates of type 2 diabetes, heart disease, stroke, pulmonary disease, and many cancers, as well as orthopedic, oral health, and psychological problems.

Trends and Impact of Obesity and Overweight

The prevalence of obesity in AI/AN and the U.S. population at large has increased dramatically over the past 30 years. According to the IHS Clinical Reporting System, over 80 percent of AI/AN adults ages 20 to 74 are overweight or obese; among children and youth, between 45 percent and 51 percent are not at a healthy weight. See Table 1.

Table 1. Prevalence of Overweight and Obesity in IHS Active Clinical Patients

Adults (ages 20–74):
81 percent are overweight or obese 54 percent are obese 85 percent of adults ages 45–54 are overweight or obese (highest percentage of adult patients)
Children and Youth (ages 2–19):
45 percent of children ages 2–5 are overweight or obese 25 percent of children ages 2–5 are obese 49 percent of children ages 6–11 are overweight or obese 31 percent of children ages 6–11 are obese 51 percent of youth ages 12–19 are overweight or obese 31 percent of youth ages 12–19 are obese
Source: Unpublished fiscal year 2008 data from the IHS Clinical Reporting System (CRS) (2009 update coming). In FY 2008, the Government Performance and Results Act (GPRA) user population was 1,256,963. The active clinical population ages 2–74 was 837,545; this included 520,986 adults ages 20–74 and 316,559 youth ages 2–19. In FY 2008, 618,310 active clinical patients were screened for body mass index; this included 429,809 adults ages 20–74 and 188,501 youth ages 2–19. See the definition of overweight and obesity in adults and children and youth on the following page.



Six Nations Territory Unity Run

A recent analysis of CDC data on low-income, preschool-age children participating in federally funded health and nutrition programs showed that from 2003 through 2008 the rate of obesity remained stable among all groups except American Indian and Alaska Native children. In 2008, prevalence of obesity was highest among AI/AN (21.2 percent) and Hispanic (18.5 percent) children. Prevalence was lowest among non-Hispanic black (11.8 percent), Asian American and Pacific Islander (12.3 percent) and non-Hispanic white (12.6 percent) children. (Morbidity and Mortality Weekly Report, July 24, 2009, Vol. 58 (28), pp. 769–773)

The financial and societal impact of obesity is enormous. In 2000, the Centers for Disease Control and Prevention (CDC) estimated the *total* annual cost of obesity in the United States was \$117 billion for medical spending *and* the value of wages lost by employees unable to work because of illness, disability, or premature death. (This estimate is for the United States; a comparable figure for the Indian health system is not available.)

The most recent estimate puts the cost of obesity-related *medical spending alone* at \$147 billion per year in 2008, compared with \$78.5 billion in 1998, and accounts for almost 10 percent of all medical spending in the United States (Health Affairs, 2009, Vol. 28 (5), pp. w822–w831). Given the rapidly increasing rates of overweight, obesity, and diabetes in the general population and in AI/AN, the future costs of weight-related health care could be staggering.

In addressing the many complex factors that have contributed to the obesity epidemic, it is essential to recognize the principle of “behavioral justice.” While individuals are responsible for engaging in health-promoting behaviors such as healthful eating and getting regular physical activity, they should be held accountable *only* when they have adequate resources to do so. It is society’s responsibility to provide health-promoting environments that enable individuals to control and be accountable for their behaviors. As noted by Adler and Stewart in a recent issue of the Milbank Quarterly, we need to “[reframe] the discussion as one of justice rather than blame.” (Milbank Quarterly, March 2009, Vol. 87 (1), pp. 49–70)

What Is a Healthy Weight?

For adults, a normal or healthy weight is defined as an appropriate weight in relation to height. This ratio of weight to height is known as the body mass index (BMI). People who are overweight have too much body weight for their height; people who are obese have a large amount of extra body fat in relation to their height. BMI for adults falls into the following categories:

Weight Status	BMI
Underweight	<18.5
Normal, or healthy weight	18.5–24.9
Overweight	25.0–29.9
Obese	30.0 and above

For children and teens, overweight is defined differently than it is for adults. BMIs for youth 2–20 years old are determined by comparing their weight and height against growth charts that take their age and gender into account, because children are still growing, and boys and girls develop at different rates. A child’s “BMI-for-age,” as it is called, shows how his or her BMI compares with other girls or boys of the same age. A child or teen between the 85th and 95th percentile on the growth chart is considered overweight. A child or teen at the 95th percentile or above is considered obese.

Energy Balance: The Key to Maintaining a Healthy Weight

A person’s weight is the result of many factors working together: height, genes, metabolism, behavior, life stresses, and environment. Maintaining a healthy weight requires keeping an energy (or calorie) balance. Energy balance means balancing the calories people get from foods and beverages (ENERGY IN) with the calories people use to keep their bodies going and for being physically active (ENERGY OUT).

- » The same amount of ENERGY IN and ENERGY OUT over time = weight stays the same
- » More ENERGY IN than OUT over time = weight gain
- » More ENERGY OUT than IN over time = weight loss

ENERGY IN and OUT do not have to balance exactly every day. It is the balance over time that helps to maintain a healthy weight in the long run. For many people, the key to energy balance is eating fewer calories and increasing their physical activity.

Promoting Healthy Weight Across the Lifespan

The best approach to promoting healthy weight is to develop a strategy that begins with conception of the fetus and includes interventions throughout the lifespan to promote lifelong healthful eating and regular physical activity. See Table 2.

Table 2. Promoting Healthy Weight Across the Lifespan

Fetuses & Newborns	Infants & Toddlers	Children & Adolescents	Adults & Elders
Promoting healthy weight at conception and during pregnancy	Supporting breastfeeding	Promoting healthful eating habits	Promoting healthful eating by modeling behaviors
Promoting diabetes (blood glucose) control before and during pregnancy	Promoting timely introduction of healthy solid foods	Limiting fast food, takeout food, and eating out	Decreasing portion size
Preventing low birth weight	Decreasing sweetened beverage consumption	Promoting regular physical activity	Limiting fast food, takeout food, and eating out
Preventing high birth weight	Limiting fast food, takeout food, and eating out	Limiting sweetened beverage consumption	Increasing physical activity
Promoting breastfeeding	Encouraging 30 to 60 minutes of structured play and physical activity daily	Decreasing TV viewing and other screen time	Decreasing TV viewing and other screen time
	Decreasing TV viewing and other screen time		Promoting healthy weight maintenance

Adapted from: The Permanente Journal, Summer 2003, Vol. 7 (3): 9–10.

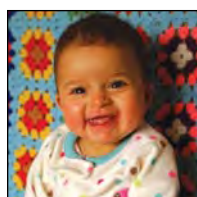
Protecting Fetuses (Unborn) and Newborns



Indian health facility newborn

Since the risk for obesity begins as early as the perinatal period, taking action while the baby is in utero (in the womb) is essential. This means women must plan their pregnancies and prepare for them by starting off at a healthy weight. Women with diabetes must be in good glycemic (blood glucose) control before they conceive and throughout their pregnancy. The possibility of the pregnant mother’s food insecurity must be addressed to ensure healthy weight gain. These strategies, plus smoking cessation, can help to prevent low birth weight and high birth weight, key risk factors for obesity later on.

Protecting Infants and Toddlers



Sisseton-Wahpeton Oyate infant

Numerous studies appear to show a positive association between breastfeeding and lower rates of overweight among children. The protective effect appears to persist into older childhood. Research also indicates that the longer children have been breastfed, the less likely they are to become overweight. It is recommended that women breastfeed exclusively during the first 6 months and continue

breastfeeding for at least 12 months. Breastfeeding needs to be followed by timely introduction of healthy solid foods in appropriate quantities. Infants and toddlers should get at least 30 to 60 minutes of physical activity to help develop motor skills and coordination.

Protecting Children and Adolescents



Sechelt (British Columbia) adolescents

Three behavioral factors commonly associated with overweight among children are: long hours of television viewing and other screen time, consuming sweetened drinks (such as sodas), and consuming fast food. The role of parents and caregivers is particularly important in helping children establish a lifestyle that includes healthful eating habits and regular physical activity. Parents need to encourage children to follow the “5-2-1-0” model to ensure a healthy weight:



- » **5:** Eat 5 or more servings of fruits and vegetables each day.
- » **2:** Limit TV and other screen time to no more than 2 hours a day.
- » **1:** Engage in 1 hour of physical activity per day.
- » **0:** Limit sugar-sweetened beverages each day—none is best.

Weight bias may marginalize children and youth who are considered to be obese by other youth and teachers and may place them at risk for teasing and bullying. Efforts need to address this bias and the impact of teasing and bullying on the mental health of children and youth. Weight-related stigma and obesity have been found to co-occur with depression, low self-esteem, and suicidal thought.



White Mountain Apache elder

Protecting Adults and Elders

Research shows it is much easier to maintain a healthy weight than it is to lose weight later on. To maintain body weight in a healthy range, adults must continue to balance calories from foods and beverages with calories expended. Adults need to decrease food and beverage calories and increase physical activity to prevent gradual weight gain over time. For elders, it is important to maintain weight by balancing nutrition and physical activity to avoid excessive weight loss. Most importantly, research continues to show that modest weight loss—even in older adults—can help to prevent the onset of type 2 diabetes and help to manage chronic diseases, such as diabetes, high blood pressure, and abnormal cholesterol.

“Two key strategies for promoting healthy weight and reducing risk of chronic diseases later in life are to ensure high-quality nutrition for women and children and reduce psychosocial stress. Whether people are ‘over-caloried’ or over-stressed, the effect is the same.”

—Ann Bullock, M.D., IHS Chief Clinical Consultant for Family Practice and Medical Advisor,
IHS Division of Diabetes Treatment and Prevention

We All Have a Role!

The Indian Health Service, in collaboration with its partners, is determined to make a substantial and sustained effort to promote healthy weight across the lifespan in American Indian and Alaska Native communities. Given the multitude of factors that contribute to obesity and overweight, there is no one single approach that will work to turn the problem around. That is why individuals, families, schools, worksites, communities, the health care system, Tribal leaders and Tribal organizations, and society as a whole all have a role to play in achieving our vision for healthy weight across the lifespan.



“For years, we have encouraged Americans to eat better, exercise regularly, and maintain healthier lifestyles. But for these things to happen, Americans need to live and work in environments that support their efforts. There is a growing consensus that we, as a nation, need to create communities and environments where the healthy choices are the easy and the affordable choices.”

—U.S. Surgeon General Regina M. Benjamin, M.D., M.B.A.

The **Social-Ecological Model**, currently used by the public health community, provides a framework for addressing and influencing a person’s physical, social, and cultural surroundings to support long-term, healthy lifestyle choices for maintaining a healthy weight. As shown in Figure 1, the model, which encompasses all of the key sectors of society, is consistent with the value of connectedness of self, community, and place, intrinsic in American Indians and Alaska Natives as they strive for harmony and balance in life.

Figure 1. Harmony and Balance in Life: Applying the Social-Ecological Model in AI/AN Communities



Adapted from: Diabetes Care, November 2008, Vol. 31 (11), page 2217.

Society

This all-encompassing category involves communities, organizations, families, and individuals—all working together for change. Healthful nutrition and physical activity legislation, statewide school policies, media campaigns, and partnerships with Tribes are just some of the ways a comprehensive strategy to promote healthy weight across the lifespan takes shape on a large scale.

For American Indians and Alaska Natives, this means:

- » All levels of society working together.
- » Promoting healthy weight across the lifespan as a cultural, societal norm.

Communities

Community organizations include schools, worksites, the health care system, and Tribal organizations. These organizations can help individuals make better choices about healthful eating and physical activity by making changes in organizational policies and environments and by providing health information.

A community is like a large organization, able to make changes in policy and the environment to give its residents the best possible access to healthful foods and ways to be physically active. Changing zoning ordinances, improving parks, trails, walkways, and recreation facilities, creating ways to grow, gather, and hunt food, or distributing free or inexpensive fresh fruits and vegetables—

these are some of the many ways individuals, groups, and organizations can work together to promote healthy weight.

For American Indians and Alaska Natives, this means:

- » Promoting community ownership and engagement.
- » Increasing community self-empowerment.
- » Engaging in community needs assessments.
- » Providing communities with tools to help them change.
- » Inviting full participation of Tribal leaders.
- » Using the public health or population-based approach.

Individuals and Families

Close interpersonal groups, such as families and friends, are an important way to encourage more healthful behaviors and to give individuals the knowledge and support they need to make healthful eating and physical activity choices.

For American Indians and Alaska Natives, this means:

- » Promoting self-empowerment and wellness.
- » Strengthening the individual culturally, spiritually, physically, and emotionally (Life in Balance).
- » Connecting individuals to intergenerational activities.
- » Empowering elders to help facilitate change.
- » Family mentoring to pass on healthy habits to children.



“The physical and emotional health of an entire generation and the economic health and security of our nation is at stake. This isn’t the kind of problem that can be solved overnight, but with everyone working together, it can be solved. So, let’s move!”

—*First Lady Michelle Obama*

A Healthy Weight for Life Decision: Dione Harjo

Growing up, food didn't command my thoughts. But in my late 20s, I couldn't finish one meal before I began to think about the next one. At age 42, I found myself with an obese BMI (31), high cholesterol (255), tight and uncomfortable jeans (size 14–16), and my highest weight ever (188 pounds).

As a U.S. Public Health Service officer working for a community health representative program, I knew I wasn't living a life that reflected my title or the program I served. I felt like a Public Health Hypocrite!



Harjo Family, Chickasaw/Creek/Seminole

In February 2008, I saw a picture of myself and was disgusted at how I looked. I knew losing weight was hard, but so was being overweight. In addition to being obese, I have severe knee problems. One ligament is torn on my left side, and another is torn on my right side; both will need surgeries in the future. I knew a lighter me could possibly give me healthier knees.

I have struggled with losing weight since 1998. I consider myself a diet expert. I feel like I have tried every diet out there, but I have not failed. I just have found 240 ways that did not work—until I found Weight Watchers. I had lost some weight on all the diets I tried, but I could never sustain the rigid guidelines of eliminating certain foods. A friend at church was having success with Weight Watchers, so I researched it online. I knew my work and travel schedule would not allow me to attend meetings on a regular basis, but, when I learned I could do it all online, I was thrilled and joined on July 1, 2008.

After only 7 months, my BMI was normal (24). I lowered my cholesterol to 212, I wore size 8–10 jeans, and I weighed 142 pounds. I officially joined the ranks of the asterisk holders that state “results not typical.”

I truthfully can say being overweight was hard, but this has been the easiest “diet” I have ever tried. Now, it is a way of life for me. When I was growing up, I didn't even know food products had labels. Because of Weight Watchers, my children are learning about reading labels, and they often ask, “How many points is that?” We all are eating healthier as a result of my changes and mostly without grumbling (birds of a feather eat together). My kids now look forward to eating out; they don't expect it. Now, we only eat out once a month. They have seen the change in their mom, not just the physical change but also activity-wise. They love all the energy I have now to do things with them.

Through my success, my husband and parents have started the program. My husband started about 3 months ago and has lost 25 pounds. My mom, dad, co-worker, and friend are just starting. My new motto is: “Nothing tastes as good as thin feels.” I feel energy. I feel alive. I feel hope.

Commander Dione Harjo, M.P.H., is assistant director of the National Community Health Representative Program, Indian Health Service.

Actions to Promote Regular and Lifelong Healthful Eating for Communities, Individuals, and Families

Communities

American Indians and Alaska Natives need to live, work, and play in healthy communities that support and foster healthy lifestyle behaviors. Tribal leaders and governments, schools, worksites, and other community organizations need to work together to pool their resources and to ensure that AI/AN have access to healthful foods and safe places to make physical activity a part of their daily routine. Ideally, every neighborhood and community will become actively involved and community members will work closely with community leaders to make the changes needed to support healthy lifestyles.



Sisseton-Wahpeton workplace community garden

Tribal Leaders and Governments

- » Assess Tribal or community needs and access to nutritious foods and safe drinking water.
- » Assess Tribal, workplace, school, restaurant, and other community policies related to access to healthful food choices and food security.
- » Ensure that all community members have enough healthful food by filling in the gaps in case of shortages.
- » Promote efforts to provide fruits and vegetables in a variety of settings such as farmers markets, farm stands, mobile markets, community gardens, and youth-focused gardens.
- » Encourage farmers markets to accept vouchers and coupons from the Women, Infants, and Children (WIC) program.
- » Increase participation in Federal, State, and local government nutrition assistance programs to maximize AI/AN access to healthful foods.
- » Increase access to free, safe drinking water in public places to encourage water consumption instead of sugar-sweetened beverages.
- » Increase availability of healthful, affordable food and beverage choices in Tribal facilities.
- » Increase community access to healthful foods through grocery stores and convenience stores by creating incentive programs for carrying healthier, affordable food items (e.g.: grants or loans to purchase refrigeration equipment to store fruits, vegetables, and fat-free or low-fat dairy; free publicity; or sponsoring an awards program).
- » Improve the availability and identification of healthful foods in restaurants by requiring calorie information on chain restaurant menus and by offering incentives to restaurants that offer healthier food options.
- » Create and support policies that promote exclusive breastfeeding for infants and baby-friendly hospital policies using the World Health Organization's 10 steps for successful breastfeeding.
- » Raise awareness about the importance of healthful eating behaviors to prevent overweight and obesity across the lifespan.

Schools and Programs for Children and Youth



Round Valley Indian Tribes after-school cooking workshop

- » Create a task force to promote a healthy school environment where students easily can make healthy lifestyle choices.
- » Provide healthful food choices and beverages at Early Head Start and Head Start programs, child care centers, schools, and school-sponsored events, and youth regional treatment centers by:
 - Enforcing existing Head Start Program Performance Standards and U.S. Department of Agriculture regulations that prohibit serving foods of minimal value.
 - Adopting wellness policies specifying that all foods and beverages available at school, including afterschool programs, contribute toward eating patterns that are consistent Dietary Guidelines for Americans.
 - Providing more food options in lunch rooms, vending machines, and school stores that are low in saturated fat, calories, and added sugars (e.g., fruits, vegetables, whole grain foods, low-fat or nonfat dairy foods, meat, poultry, and fish).
- » Offer training to teachers and school administrators about healthful eating habits for themselves and their students.
- » Require school food service managers to be well trained in food preparation techniques to provide school meals that are lower in saturated fat, sodium, and sugar.
- » Advocate for and create “food-free zones” within walking distance of schools.
- » Require a closed campus during lunch in schools.
- » Prohibit schools from displaying advertisements promoting junk foods on vending machines or in other places.
- » Teach media literacy to help students and parents become informed consumers.
- » Require the classroom, the school dining room, and other school activities to provide clear and consistent messages that explain and reinforce healthful eating habits.
- » Encourage parent-teacher associations or organizations, student groups, and clubs to choose activities and fundraisers that offer or recommend healthy choices when food is provided.
- » Provide culturally appropriate health education about healthful eating in school wellness programs. E.g., adopt the Diabetes Education in Tribal Schools (DETS) curriculum designed for the grade levels of the students in your school.
- » Offer access at schools to extended education programs, including parenting classes and cooking classes.

Worksites and Businesses

- » Establish workplace policies to promote breastfeeding and to disseminate to the community as model policies.
- » Assess and create worksite policies and programs that promote access to healthful food choices (e.g., vending machines, lunch rooms, and refreshments served at meetings).



Healthy Heart worksite nutrition class

- » Offer nutrition education programs to employees on healthful eating.
- » Offer healthful foods and beverages at business meetings and conferences.
- » Promote and offer healthy weight support groups for employees.

Community Organizations

- » Provide support to breastfeeding mothers through policies that promote breastfeeding in public places.
- » Encourage environmental changes for increasing access to healthful foods, including neighborhood gardens, farmers markets, and healthful food and beverage choices in grocery stores.
- » Promote adoption of healthful traditional foods and food preparation practices that encourage a resurgence of cultural pride.
- » Offer parenting and caregiver education that encourages, supports, and models healthful eating habits for families and children.
- » Offer families food budgeting, healthful food shopping, and cooking classes that combine nutrition education with hands-on meal planning and cooking techniques.

Individuals and Families

Weight management requires a lifelong commitment to healthful eating practices. A wide variety of studies shows that healthful eating habits contribute to healthy lives and healthy weight. The Dietary Guidelines for Americans provide science-based advice to adopt a healthful, lifelong eating plan that focuses on generous amounts of healthful foods containing a small number of calories in a large volume of food, especially: fruits and vegetables; whole grain foods; lean sources of protein such as fish, poultry, beef, game, and legumes; non-fat dairy products; and heart-healthy fats. These guidelines are incorporated into actions promoting regular and lifelong healthful eating for individuals and families.



Suzanne Lewis and son, Gila River Indian Community

- » Ask health care team members about the benefits of breastfeeding, common breastfeeding problems, and strategies for overcoming them.
- » Breastfeed exclusively for 6 months before introducing solid foods and continue to breastfeed for 12 months and thereafter for as long as desired.
- » Introduce solid foods no sooner than 4 months.
- » Practice parenting and caregiver skills that encourage, support, and model healthful eating habits:

- Provide plenty of vegetables, fruits, and whole-grain products.
- Include low-fat or non-fat dairy products.
- Choose lean meats, poultry, fish, lentils, and beans for protein.
- Serve reasonably-sized portions.
- Encourage your family to drink lots of water.
- Limit sugar-sweetened beverages.
- Limit consumption of sugar and saturated fat in meals and snacks.
- Eat a healthy breakfast every day.
- Make eating together as a family a priority.



Dinner time at the Cawstons' home

- » Follow the “5–2–1–0 model” for children every day:
 - 5: Eat 5 or more servings of fruits and vegetables each day.
 - 2: Limit TV and other screen time to no more than 2 hours a day.
 - 1: Engage in 1 hour of physical activity each day.
 - 0: Limit sugar-sweetened beverages. None is best.
- » Protect children’s oral health by limiting sugar-sweetened beverages and by practicing regular tooth brushing and flossing.
- » Advocate to local leaders and at public meetings (Tribal, school board, state, chapter, and district) the need for adequate and affordable healthful foods.

Successful Approaches to Adopting a Healthful Eating Lifestyle for Individuals and Families

- » Make a commitment to healthful eating.
- » Learn about local healthy weight and healthful eating resources available to you.
- » Set realistic goals for the number of calories you will take in based on realistic weight loss goals (1–2 pounds a week).
- » Eat moderate portions of a wide variety of healthful foods that you enjoy; drink more water and fewer or no sugar-sweetened beverages.
- » Keep track of what you eat, and evaluate your progress.
- » Practice mindful eating by being aware of your surroundings and of your mind, body, and spirit.
- » Listen to your body, and eat only until you have had enough.
- » Avoid eating to cope with stress; get physically active instead.
- » Get emotional support, and plan for setbacks.
- » Celebrate your successes with small rewards for the healthful eating lifestyle changes you make.

Actions to Promote Regular and Lifelong Physical Activity for Communities, Individuals, and Families



Snoqualmie youth snowshoeing expedition



Seminole community walk

A wide range of studies provides the scientific evidence that states physically active people have (a) higher levels of health-related fitness, (b) a lower risk profile for developing a number of disabling medical conditions, and (c) lower rates of various chronic diseases than do people who are inactive. According to the “2008 Physical Activity Guidelines for Americans” issued by the U.S. Department of Health and Human Services, **some activity is better than none for all individuals.**

Communities

Tribal Leaders and Governments

- » Assess and create Tribal, workplace, school, and other community policies that promote access to physical activity and build physical activity into daily routines.
- » Transform policy into action by encouraging changes in the built environment to increase opportunities for physical activity, such as safe walkways, safe streets, traffic laws, more playgrounds, and the repair of dilapidated gyms.
- » Promote successful Tribal community planning and land use decisions to develop and maintain safe, attractive parks and playgrounds near residential areas.
- » Promote and implement programs that support walking, bicycling, and other activities, such as the “Physical Activity Kit (PAK): Staying on the Active Path in Native Communities ... A Lifespan Approach” at all levels.
- » Raise awareness about the importance of regular, lifelong physical activity.

“Chickasaw Nation passed a resolution for a walking program in 1996. This Tribally funded program now has hundreds, if not, thousands of walkers. It is so important to have the leadership of our Tribes supporting these efforts and legislation can be such an important message.”

– Judy Goforth Parker, Ph.D., R.N., Chickasaw Nation Health System Administrator

Schools and Programs for Children and Youth



Up the climbing wall, King Island Native Community

- » Assess and establish school policies related to time, space, and facilities for daily physical activity—including physical education classes from Head Start through high school—to help students participate in at least 60 minutes of moderate-intensity physical activity each day.
 - » Ensure daily, quality physical education in all school grades. Hire certified physical education specialists to provide this teaching.
 - » Increase the percentage of students who walk or ride a bike to school. Encourage the creation of biking lanes on reservation roads, and make bike racks available on school campuses.
 - » Improve signage, and provide safe routes and safe road crossings to school. See The Tribal School Zone Safety Video and Toolkit in the Resources section of this booklet on page 29.
- » Provide culturally appropriate health education to students about regular physical activity.
 - » Adopt the Diabetes Education in Tribal Schools (DETS) curriculum designed for the grade levels of students in your school.
 - » Get students and staff to use the “Physical Activity Kit (PAK), Staying on the Active Path in Native Communities ... A Lifespan Approach.”
 - » Adopt and implement the Move It! And Reduce Your Risk for Diabetes School Kit for American Indian and Alaska Native youth.
 - » Provide access to intramural and interscholastic sports programs and other physical activity clubs, programs, and lessons—during school and after school.
 - » Allow afterschool and summer use of school facilities and community centers for physical fitness and sports activities for individuals and families.
 - » Work with the local parent-teacher association or organization to coordinate school year kick-off and year-round physical activity events that include parents, teachers, and students.
 - » Explore relationships with sporting goods companies or one of their trade associations to provide sports equipment at a discount for schools to increase the amount and range of physical activity for students.



Native Fitness Training Event, Northwest
Portland Area Indian Health Board and Nike, Inc.

Worksites and Businesses

- » Create more opportunities for structured physical activity either at worksites or off site at nearby recreational facilities.
- » Create incentives for employees to engage in physical activity during lunch, before work, and after work (e.g., walking clubs, extra half hour during lunch for physical activity, or recognition of exercisers).
- » Facilitate employees’ physical activity by supplying showers and promoting active transportation to work by providing secure bicycle storage.

Community Organizations

- » Make community facilities accessible for physical activity for all people, including the elderly.
- » Promote the availability of maps and information regarding community physical activity resources that offer physically active alternatives to driving, such as walking and cycling.
- » Encourage buildings to provide safe, accessible stairways with visible signs that tout the benefits of climbing stairs.
- » Create and promote indoor “walking trails” with half mile markers.
- » Assess community perceptions of regular physical activity and produce a social marketing campaign to promote physical activity across the lifespan.
- » Promote and implement the PAK in youth and elder centers.
- » Offer culturally appropriate community education and activity programs to promote regular physical activity, such as hiking, swimming, canoeing, and horseback riding.



Carufel family bikers, Lac du Flambeau, Ojibwe

Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks. People who are healthy do not need to consult with a health care provider about physical activity. People with diagnosed chronic conditions (such as diabetes, heart disease, or osteoarthritis) and disease symptoms (e.g., chest pain or pressure, dizziness, or joint pain) should consult with a health care provider before starting a physical activity program. (U.S. Department of Health and Human Services. “Physical Activity Guidelines Advisory Committee Report,” 2008)

How to Overcome Some Barriers to Physical Activity*

<i>Common Problems</i>	<i>Solutions</i>
I feel self-conscious working out in a gym or swimming in a pool.	Join an exercise class with people who are in the same shape as you are. Or, try exercising at home; research shows it's just as good, or better, than working out in a gym.
Exercise wears me out, and it hurts.	Set realistic goals, and, again, try exercising with other people in the same shape as you.
I'm too busy to exercise.	Turn everyday activities into exercise. Instead of driving everywhere, walk or bike to work, to the store, or to a friend's house. Take the stairs instead of the elevator. Walk the dog; it'll help both of you. Also, try exercising in shorter time frames. Research shows that several short bursts of activity (say, 15 minutes at a time) are just as beneficial as one whole hour of exercise.
Exercise is boring.	Mix it up. Do some fun activities, like group dancing.

*Journal of Obesity, 2011, Volume 2011, Article ID 348293.

Individuals and Families

- » Follow the recommended guidelines for physical activity presented in Tables 3 and 4 on pages 18 and 19, respectively.
- » Parents and caregivers should follow the “5–2–1–0 model” for their children every day:
 - **5:** Eat 5 or more servings of fruits and vegetables each day.
 - **2:** Limit television and other screen time to no more than 2 hours a day.
 - **1:** Engage in 1 hour of physical activity each day.
 - **0:** Limit sugar-sweetened beverages. None is best.
- » Advocate for adequate, safe play areas and walking trails in your community to friends, family, local leaders, and at public meetings (Tribal, school board, planning board, and elsewhere).
- » Advocate for policies to increase daily physical activity (including physical education classes) from Early Head Start and Head Start to child care centers and from elementary school through high school.



Croff and Whiteman Family, Blackfeet horse relay racing

Table 3. Physical Activity Guidelines Across the Lifespan: Infants–Adolescents

Infants^{1,2} (birth to 1 year)	Toddlers^{1,2} (1 to 3 years)	Preschoolers^{1,2} (3 to 5 years)	Children & Adolescents^{1,3} (6 to 17 years)
<p>Infants should be naturally active, stretching and kicking when on their backs.</p> <p>An infant needs tummy time to raise his head and chest.</p> <p>Infants should enjoy playing with parents and caregivers and should grasp and shake toys.</p> <p>Infants should progress from rolling to sitting, then to creeping, standing, cruising, and, finally, walking.</p> <p>Infants need supervision to safely explore the natural world.</p> <p>Infants have no developmental need to view a screen or TV.</p>	<p>Toddlers should be naturally active, learning to run, pull toys, tiptoe, and kick a ball.</p> <p>Toddlers should enjoy playing with their parents and caregivers.</p> <p>Toddlers need supervision and a safe environment for play.</p> <p>Toddlers need at least 30 minutes of structured play daily.</p> <p>Toddlers need at least 60 minutes of unstructured, active play daily.</p> <p>Parents should limit toddlers' sedentary activity, like sitting still, to no more than 60 minutes.</p> <p>Parents should allow toddlers to walk; parents should use a stroller judiciously.</p> <p>Screen time is not necessary for the development of toddlers. Parents should limit toddlers' screen time to no more than 60 minutes daily.</p> <p>Parents should limit toddlers' TV viewing to age-appropriate programming.</p>	<p>Preschoolers should learn through physical activity to master basic motor skills, such as climbing, running easily, pedaling, and going up and down stairs.</p> <p>Preschoolers require at least 60 minutes of active play every day.</p> <p>Preschoolers should spend no more than 60 minutes in sedentary activity.</p> <p>Preschoolers need access to playmates.</p> <p>Preschoolers need age-appropriate toys and play equipment that will make physical activity fun and safe.</p> <p>Screen time is not necessary for the development of preschoolers. Parents should limit their screen time to no more than 60 minutes daily.</p> <p>Parents should limit preschoolers' TV viewing to age-appropriate programming.</p>	<p>Children and adolescents should do 60 minutes or more of physical activity every day.</p> <p>Most of the 60 minutes or more a day should be either moderate- or vigorous-intensity aerobic physical activity.</p> <p>As part of their daily physical activity, children and adolescents should do vigorous-intensity activity at least 3 days per week. They also should do muscle-strengthening and bone-strengthening activity at least 3 days a week.</p> <p>Children and adolescents should limit their sedentary time (watching TV, playing video games, etc.) to 1 to 2 hours per day.</p>

¹“Bright Futures in Practice: Physical Activity.” Arlington, VA: National Center for Education in Maternal and Child Health, 2001.

²HealthyChildren.org. American Academy of Pediatrics. Web. Accessed January 28, 2011.

³“Physical Activity Guidelines Advisory Committee Report, 2008.” Washington, DC: U.S. Department of Health and Human Services, 2008.

Table 4. Physical Activity Guidelines Across the Lifespan: Adults

Adults^{1,2} (18 to 64 years)	Older Adults¹ (65 years and older)	Pregnant and Post Partum Women¹
<p>Adults should do 2 hours and 30 minutes of moderate-intensity, or 1 hour and 15 minutes (75 minutes) of vigorous-intensity, aerobic physical activity a week—or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.</p> <p>Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity or to 2 hours and 30 minutes a week of vigorous-intensity physical activity—or an equivalent combination of both.</p> <p>Adults should also do muscle-strengthening activities that involve all major muscle groups performed on 2 or more days per week.</p> <p>Parents can set a good example for their children by not watching more than 2 hours of TV a day. Recent research states that adults who watch more than two hours of screen entertainment a day increase their risk of heart disease.</p>	<p>Older adults should follow the adult guidelines.</p> <p>If this is not possible due to limiting, chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity (like watching TV).</p> <p>Older adults should do exercises that maintain or improve balance if they are at risk of falling.</p>	<p>Healthy women who are not already doing vigorous-intensity physical activity should get at least 2 hours and 30 minutes (150 minutes) of moderate-intensity aerobic activity a week. Preferably, this activity should be spread throughout the week.</p> <p>A woman who regularly engages in vigorous-intensity aerobic activity (or high amounts of activity) can continue her activity, provided that her condition remains unchanged and that she talks to her health care provider about her activity level throughout her pregnancy.</p>

¹“Physical Activity Guidelines Advisory Committee Report, 2008.” Washington, DC: U.S. Department of Health and Human Services, 2008.

²Journal of the American College of Cardiology, 2011, Volume 57 (3), page 292. See also Circulation: Journal of the American Heart Association, 2010, Volume 121 (3), page 384.

Resources for Healthy Weight Management

Food and Nutrition

Indian Health Service Division of Diabetes Treatment and Prevention. “Indian Health Diabetes Best Practice Nutrition for Diabetes Prevention and Care.” Albuquerque, NM, 2009. The revised 2009 Indian Health Diabetes Best Practices are consensus-based approaches, developed by Indian health system professionals, for use in clinical and community settings to implement or improve diabetes treatment and prevention. These best practices describe nutrition recommendations that target people who are at risk of developing diabetes or currently living with diabetes.

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2009_BP_Nutrition.pdf

Indian Health Service Nutrition Program. “Strengthen the Family Circle.” The American Indian adaptation of the Dietary Guidelines for Americans features emotion-based messages and materials, including tips for healthy eating by AI/AN.

<http://www.ihs.gov/MedicalPrograms/Nutrition/documents/IHS6-handouts.pdf>

U.S. Department of Health and Human Services and U.S. Department of Agriculture. “Dietary Guidelines for Americans, 2010.” 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010. The Dietary Guidelines for Americans are the cornerstone of Federal nutrition policy and nutrition education activities. The Dietary Guidelines are jointly issued and updated every 5 years by the Departments of Agriculture and Health and Human Services (HHS). They provide authoritative advice for people 2 years and older about how dietary habits can promote health and reduce risk for major chronic diseases.

<http://www.dietaryguidelines.gov>

WIN. The Weight-control Information Network is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH), the Federal Government’s lead agency responsible for biomedical research on nutrition and obesity. WIN provides the general public, health professionals, the media, and Congress with up-to-date, science-based information on weight control, obesity, physical activity, and related nutritional issues.

<http://www.win.niddk.nih.gov>

Physical Activity

Indian Health Service Division of Diabetes Treatment and Prevention. “Indian Health Diabetes Best Practice Physical Activity for Diabetes Prevention and Care.” Albuquerque, NM, 2009. The revised 2009 Indian Health Diabetes Best Practices are consensus-based approaches, developed by Indian health system professionals, for use in clinical and community settings to implement or improve diabetes treatment and prevention. This best practice describes physical activity recommendations for any person at risk for developing diabetes or living with diabetes.

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2009_BP_Physical_Activity.pdf

Indian Health Service Health Promotion/Disease Prevention and University of New Mexico Prevention Research Center. “Physical Activity Kit (PAK): Staying on the Active Path in Native Communities ... a Lifespan Approach!” Albuquerque, NM, 2009. The goal of the comprehensive kit is to promote age- and culture-appropriate physical activities across the lifespan in Native American communities to increase each person’s time spent in moderate-to-vigorous physical activity. The kit has been successfully received in field testing in Tribal communities.

http://www.ihs.gov/hpdp/index.cfm?module=dsp_hpdp_resources_physicalactivitykit

U.S. Department of Health and Human Services. “2008 Physical Activity Guidelines for Americans.” Washington, D.C. 2008. The Physical Activity Guidelines for Americans are the most comprehensive of their kind. Adults gain substantial health benefits from 2½ hours a week of moderate aerobic physical activity, and children benefit from an hour or more of physical activity a day, according to these guidelines. The guidelines are designed so people can fit physical activity into their daily plans and incorporate activities they enjoy.

<http://www.health.gov/paguidelines/>

U.S. National Physical Activity Plan is a private-public sector collaborative, engaging hundreds of organizations dedicated to changing our communities in ways that will enable every American to be sufficiently physically active. The National Plan aims to create a culture that supports physically active lifestyles for the ultimate purposes of improving health, preventing disease and disability, and enhancing quality of life.

<http://physicalactivityplan.org/>

Infants and Toddlers

Administration for Children and Families, Office of Head Start. **Early Childhood Learning and Knowledge Center.** The Center offers relevant, timely information, knowledge, and learning to Head Start programs and the early childhood community in an easy-to-use format. It is a comprehensive resource for anyone involved with, or interested in, early childhood education, health, and wellness.

<http://eclkc.ohs.acf.hhs.gov/hslc>

Head Start Performance Standards and other subjects can be found at:

[http://eclkc.ohs.acf.hhs.gov/hslc/Program Design and Management/Head Start Requirements/Head Start Requirements](http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Head%20Start%20Requirements/Head%20Start%20Requirements)

Indian Health Service Web Site on Breastfeeding. IHS Breastfeeding Web page, part of the Maternal and Child Health Web site, provides moms, dads, parents, communities, and health care team members evidence-based information on human milk, lactation, and milk expression. Visitors to the site can join a listserv, scan frequently asked questions, and find links to other breastfeeding sites, making this the “go to” IHS reference site.

<http://www.ihs.gov/MedicalPrograms/MCH/M/bf.cfm>

Indian Health Service Division of Diabetes Treatment and Prevention. “Indian Health Diabetes Best Practice Breastfeeding Support.” Albuquerque, NM, 2009. The revised 2009 Indian Health Diabetes Best Practices are consensus-based approaches, developed by Indian health system professionals, for use in clinical and community settings to implement or improve diabetes treatment and prevention. This best practice provides clinical tools and technical resources to effectively support breastfeeding.

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2009_BP_Breastfeeding.pdf

U.S. Department of Agriculture, WIC Program. “Infant Nutrition and Feeding.” This handbook provides an overview of topics related to infant nutrition and feeding and answers some common questions on feeding infants. Chapter topics include: the nutritional needs of infants; the development of feeding skills; breastfeeding; formula feeding; the introduction of complementary foods; oral health; obesity; and physical activity and motor skill development. It is available as a PDF.

http://www.nal.usda.gov/wicworks/Topics/Infant_Feeding_Guide.html#guide

U.S. Department of Health and Human Services, Office on Women’s Health. “An Easy Guide to Breastfeeding for American Indian and Alaska Native Families.” This 28-page online booklet is for all American Indian and Alaska Native women and their families who choose to breastfeed. The booklet covers healthcare benefits, planning, workplace accommodations, and the father’s role in an easy-to-read text, designed to answer women’s and families’ questions.

<http://www.womenshealth.gov/pub/BF.AIAN.pdf>

Children and Adolescents

American Academy of Pediatrics. “5-2-1-0 Pediatric Obesity Clinical Decision Support Chart.” This flipchart, a BMI calculator, and other clinical tools provide health care team members with practical support and guidance to help improve care and outcomes for overweight children.

http://www.aap.org/obesity/clinical_resources.html

Indian Health Service Division of Diabetes Treatment and Prevention and Division of Information Resource Management. “Promoting a Healthy Weight in Children and Youth: Clinical Strategies, Recommendations, and Best Practices.” Albuquerque, NM, 2008. This IHS report outlines clinical strategies on five childhood obesity prevention and treatment recommendations for health care professionals in Indian Health Service, Tribal, and urban Indian health clinical settings. The report’s five recommendations are based on the best available clinical evidence regarding the prevention and treatment of childhood overweight.

http://www.diabetes.ihs.gov/HomeDocs/Tools/ClinicalGuidelines/Promoting_Healthy_Weight_1208.pdf

National Initiative for Children’s Healthcare Quality (NICHQ). NICHQ is an independent, action-oriented organization dedicated to achieving a world in which all children receive the high-quality health care they need. NICHQ’s current initiatives include the prevention and treatment of childhood obesity and improving perinatal care.

<http://www.nichq.org>

Indian Health Service Head Start Program. “My Amazing Body.” My Amazing Body is a comprehensive curriculum that meets the Head Start Performance Standards. The curriculum is specifically designed for American Indian and Alaska Native Head Start children, with the intent to include exercise and nutrition. My Amazing Body is divided into 10 lesson plans that incorporate a weekly nutritional experience, physical activity, and teacher and parent resources. The lesson plans are divided into “Learning Circle” and “Hands-on Learning Activities.” To assist the teacher, each activity is divided into domains, with measurable objectives, materials needed, and step-by-step instructions. For additional information contact: IHSHeadStart@ihs.gov.

U.S. Department of Health and Human Services, Office on Women's Health. "BodyWorks Program and Toolkit." BodyWorks is designed to help women and girls improve family eating and activity habits. The toolkit includes games, a recipe book, food and fitness journals for teens, and a "how to" video. Ten American Indian sites field tested the Native American version, and the American Indian and Alaska Native version will be available. See general population version at: <http://www.womenshealth.gov/bodyworks/>

Adults and Elders

Indian Health Service Division of Diabetes Treatment and Prevention. "Indian Health Diabetes Best Practice Adult Weight Management and Diabetes." Albuquerque, NM, 2009. The revised 2009 Indian Health Diabetes Best Practices are consensus-based approaches, developed by Indian health system professionals, for use in clinical and community settings to implement or improve diabetes treatment and prevention. This best practice provides recommendations to achieve and maintain a healthy weight for adults with diabetes regardless of duration of diabetes.

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2009_BP_Adult_Wt_Management.pdf

NIH SeniorHealth. Easy-to-use Web site features basic health and wellness information for older adults on a variety of nutrition topics. Numerous videos, pamphlets, and online guides are available on healthful eating, shopping, and cooking for adults over 50. Hear the text read aloud or view the videos online. The "Eating Well as You Get Older" section is available at:

<http://nihseniorhealth.gov/eatingwellasyougetolder/toc.html>

The "Exercise and Physical Activity for Older Adults" section is available at:

<http://nihseniorhealth.gov/exerciseforolderadults/toc.html>

National Institute of Diabetes and Digestive and Kidney Diseases. **Diabetes Prevention Program Lifestyle Balance Program Materials.** Participant handouts and lifestyle coach materials are available in PDF and RTF formats.

http://www.bsc.gwu.edu/dpp/lifestyle/dpp_part.html

Governments/ Policymakers

Indian Health Service. “Indian Health Service Strategic Plan 2006–2011.” Rockville, MD, 2006. The IHS Strategic Planning Workgroup, a diverse group of Indian health stakeholders, developed the plan to leverage the HHS Strategic Plan and the President’s Management Agenda.

<http://www.ihs.gov/PlanningEvaluation/documents/IHSStrategicPlan20062011.pdf>

Institute of Medicine and the National Research Council of the National Academies. “Local Government Actions to Prevent Childhood Obesity.” Washington, DC: National Academies Press, 2009. The Institute of Medicine’s Committee on Childhood Obesity Prevention Actions for Local Governments was convened to identify promising actions that local governments can take to curb obesity among children. The report offers a list of actions that hold the greatest potential to curb obesity rates among children. Many of these steps focus on increasing access to healthy foods and opportunities for active play and exercise.

<http://www.iom.edu/Reports/2009/ChildhoodObesityPreventionLocalGovernments.aspx>

Pitt Barnes, S, Robin, L, Dawkins, N, Leviton, L, and Kettel-Khan, L (2009). “Early Assessment of Programs and Policies to Prevent Childhood Obesity Evaluability Assessment Synthesis Report: Local Wellness Policy.” Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. The report identifies and assesses local-level programs and policies that have been implemented with apparent success to prevent obesity by improving the eating habits and physical activity levels of youth ages 3–17 years.

http://www.cdc.gov/obesity/downloads/LWP_Synthesis_Report.pdf

U.S. Department of Health and Human Services. “The Surgeon General’s Vision for a Healthy and Fit Nation” Rockville, MD: Office of the Surgeon General, January 2010. The recommendations identify opportunities for improving our communities, encouraging healthy choices and healthy home environments, creating healthy child care settings, creating healthy schools, creating healthy work sites and mobilizing medical communities.

<http://www.surgeongeneral.gov/library/obesityvision/obesityvision2010.pdf>

U.S. Department of Health and Human Services. “The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity: Overweight in Children and Adolescents.” Washington, DC. This online fact sheet describes the causes of overweight in youth, assessment of growth, and tips for families on physical activity and healthful eating.

http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_adolescents.htm

U.S. Department of Health and Human Services. “The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity, 2001.” Washington, DC. 2001. The Call to Action Report outlines strategies that communities can use in helping to address the problems. These options include requiring physical education at all school grades, providing more healthy food options on school campuses, and providing safe and accessible recreational facilities for residents of all ages. <http://www.surgeongeneral.gov/topics/obesity/>

Schools and Programs for Youth

Centers for Disease Control and Prevention. “Children’s BMI Tool for Schools.” The Children’s BMI Tool for Schools is an Excel spreadsheet intended for use by school, child care, and other professionals who want to compute BMI-for-age for a group of up to 2,000 children (e.g., a school classroom or grade). This calculator computes BMI and BMI percentiles for individual children in a group using height and weight measurements, sex, date of birth, and date of measurement information. It provides a group summary of children’s BMI-for-age categories and graphs for prevalence of overweight and obesity and for prevalence of overweight and obesity by sex. http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/tool_for_schools.html

Indian Health Service Division of Diabetes Treatment and Prevention. “Indian Health Diabetes Best Practice School Health: Promoting Healthy Habits and Preventing Disease.” Albuquerque, NM, 2009. The revised 2009 Indian Health Diabetes Best Practices are consensus-based approaches, developed by Indian health system professionals, for use in clinical and community settings to implement or improve diabetes treatment and prevention. This best practice presents recommendations for comprehensive school health programs that serve youth of all ages. http://www.diabetes.ihs.gov/HomeDocs/Tools/BestPractices/2009_BP_School_Health.pdf

Indian Health Service Head Start Program. “My Amazing Body.” My Amazing Body is a comprehensive curriculum that meets the Head Start Performance Standards. The curriculum is specifically designed for American Indian and Alaska Native Head Start children with the intent to include exercise and nutrition. My Amazing Body is divided into 10 lesson plans that incorporate a weekly nutritional experience, physical activity, and teacher and parent resources. The lesson plans are divided into “Learning Circle” and “Hands-on Learning Activities.” To assist the teacher, each activity is divided into domains with measurable objectives, materials needed, and step-by-step instructions. For additional information contact: IHSHeadStart@ihs.gov.

Comprehensive School Physical Activity Programs Package is an online resource of the National Association for Sport and Physical Education. The program advocates physical activity programming before, during, and after the school day and includes quality physical education, school-based physical activity opportunities, school employee wellness and involvement, and family and community involvement.

<http://www.aahperd.org/naspe/publications/teachingTools/cspa.cfm>

Move It! And Reduce Your Risk for Diabetes School Kit, developed by the American Indian/Alaska Native Workgroup of the National Diabetes Education Program, helps schools develop programs that promote physical activity among American Indian and Alaska Native youth. The Move It! kit includes customizable posters of youth engaging in fun physical activities, a fact sheet that can be used as a teaching aid, and sample newsletter text for school and community publications.

http://ndep.nih.gov/media/moveit_school_kit.pdf

The **Diabetes Education in Tribal Schools (DETS) Curriculum** for grades K-12 integrates science and Native American traditions to educate students about diabetes and its risk factors and about the importance of nutrition and physical activity in maintaining health and balance in life. The curriculum was developed by the National Institute of Diabetes and Digestive and Kidney Diseases and the IHS Division of Diabetes Treatment and Prevention. Teachers can order a printed copy of the curriculum and related materials from the IHS Division of Diabetes Treatment and Prevention online catalog at:

<http://www.diabetes.ihs.gov/RESOURCES/Catalog/rde/index.cfm?module=catalog&opt=2>

An electronic version is available at Keweenaw Bay Ojibwa Community College Web site:

<http://www.kbocc.org/dets.htm>

Worksites

The Centers for Disease Control and Prevention's *LEAN Works!* is a Web-based resource that offers interactive tools and evidence-based resources to design effective worksite obesity prevention and control programs, including an obesity cost calculator to estimate how much obesity is costing your company and how much savings your company could reap with different workplace interventions. <http://www.cdc.gov/leanworks/>

Indian Health Service Circular No. 2006–05. “Lactation Support Program.” This IHS Lactation Support in the Workplace Policy, a benefit for IHS employees, their families, and the workplace, is provided online with downloadable toolkit. July 7, 2006.

http://www.ihs.gov/PublicInfo/Publications/IHSmanual/Circulars/Circ06/Circ06_05/circ06_05/circ06_05.htm

Communities

Indian Health Service, Health Promotion/Disease Prevention and University of New Mexico Prevention Research Center. “Physical Activity Kit (PAK): Staying on the Active Path in Native Communities ... a Lifespan Approach!” Albuquerque, NM, 2009. The goal of the comprehensive kit is to promote age- and culture-appropriate physical activities across the lifespan in Native American communities to increase each person's time spent in moderate-to-vigorous physical activity. The kit has been successfully received in field testing in Tribal communities.

http://www.ihs.gov/hpdp/index.cfm?module=dsp_hpdp_resources_physicalactivitykit

Indian Health Service. “Healthy Beverages Community Action Kit, 2006.” This kit is designed to help take action to increase access to healthy beverages in Tribal communities. It includes assessment forms, fact sheets, sample letters to Tribal officials, Tribal resolutions, a presentation, and over 25 Web resources. To download the kit, visit the IHS Web site at the link below and click on “Healthy Beverages Kit”:

<http://www.ihs.gov/MedicalPrograms/Nutrition/>

Khan L, Sobush K, Keener D, Goodman K, Lowry A, Kakietek J, Zaro S. “Recommended Community Strategies and Measurements to Prevent Obesity in the United States.” *Morbidity and Mortality Weekly Report*. July 24, 2009. Vol. 58 (RR–7). The 24 recommended community strategies represent a first step that communities can use to assess local policies and environments that support healthy eating and active living.

<http://www.cdc.gov/mmwr/PDF/rr/rr5807.pdf>

A companion manual, “Implementation and Measurement Guide,” shows how local governments can use community strategies and measures of environmental and policy change.

http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

A walkable environment naturally supports children as they play, exercise, and go to school. But, pedestrian death and injury rates on Tribal roads are very high. The **Tribal School Zone Safety** toolkit from the Office of Federal Lands Highway (U.S. Department of Transportation) has videos and publications to educate children and adults on safe walking on sidewalks, along roads and streets, at bus stops, and through parking lots. “Safety Doesn’t Happen by Accident,” an 8-minute video, primarily targets AI/AN children 9 to 12 years old in classroom or community settings. “Pedestrian Safety: A New Tradition,” a 9.5-minute video produced by Tribal leaders, is geared to Tribal and community elders, parents and guardians of school-age children, school board members, policy makers, and older teens.
<http://flh.fhwa.dot.gov/programs/irr/safety/school-zones.htm>

Health Care Teams and Leaders

American Academy of Pediatrics. “5-2-1-0 Pediatric Obesity Clinical Decision Support Chart.” This flipchart, a BMI calculator, and other clinical tools provide health care team members with practical support and guidance to help improve care and outcomes for overweight children.
http://www.aap.org/obesity/clinical_resources.html

The CDC’s **Body Mass Index** Web site has easy-to-use BMI calculators for adults and for children and teens.
<http://www.cdc.gov/healthyweight/assessing/bmi/>

The CDC has a **Growth Charts** Web site to help pediatricians, nurses, and parents track the growth of children and teens according to CDC and World Health Organization standards.
<http://www.cdc.gov/growthcharts/>

Indian Health Service Division of Diabetes Treatment and Prevention. “Indian Health Diabetes Best Practice Adult Weight Management and Diabetes.” Albuquerque, NM, 2009. The revised 2009 Indian Health Diabetes Best Practices are consensus-based approaches, developed by Indian health system professionals, for use in clinical and community settings to implement or improve diabetes treatment and prevention. This best practice provides recommendations to achieve and maintain a healthy weight for adults with diabetes regardless of duration of diabetes.
http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2009_BP_Adult_Wt_Management.pdf

Indian Health Service Division of Diabetes Treatment and Prevention. “Indian Health Diabetes Best Practice Breastfeeding Support.” Albuquerque, NM, 2009. The revised 2009 Indian Health Diabetes Best Practices are consensus-based approaches, developed by Indian health system professionals, for use in clinical and community settings to implement or improve diabetes treatment and prevention. This best practice provides clinical tools and technical resources to effectively support breastfeeding.

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2009_BP_Breastfeeding.pdf

Indian Health Service Division of Diabetes Treatment and Prevention. “Indian Health Diabetes Best Practice Nutrition for Diabetes Prevention and Care.” Albuquerque, NM, 2009. The revised 2009 Indian Health Diabetes Best Practices are consensus-based approaches, developed by Indian health system professionals, for use in clinical and community settings to implement or improve diabetes treatment and prevention. These best practices describe nutrition recommendations that target people who are at risk of developing diabetes or currently living with diabetes.

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2009_BP_Nutrition.pdf

Indian Health Service Division of Diabetes Treatment and Prevention. “Indian Health Diabetes Best Practice Physical Activity for Diabetes Prevention and Care.” Albuquerque, NM, 2009. The revised 2009 Indian Health Diabetes Best Practices are consensus-based approaches, developed by Indian health system professionals, for use in clinical and community settings to implement or improve diabetes treatment and prevention. This best practice describes physical activity recommendations for any person at risk for developing diabetes or living with diabetes.

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2009_BP_Physical_Activity.pdf

Indian Health Service Division of Diabetes Treatment and Prevention. “Step-by-Step Guide to Medicare Medical Nutrition Therapy Reimbursement.” Albuquerque, NM, 2010 (in press). Updated from July 2006 edition, this guide shows how teamwork among health care providers, executives, and data entry and billing personnel makes a difference—not only to the health of patients by increasing access to nutrition services, but also to a clinic’s financial bottom line.

Coming soon to:

<http://www.ihs.gov/medicalprograms/diabetes/>

Indian Health Service Division of Diabetes Treatment and Prevention and Division of Information Resource Management. “Promoting a Healthy Weight in Children and Youth: Clinical Strategies, Recommendations, and Best Practices.” Albuquerque, NM, 2008. This IHS report outlines clinical strategies on five childhood obesity prevention and treatment recommendations for health care professionals in Indian Health Service, Tribal, and urban Indian health clinical settings. The report’s five recommendations are based on the best available clinical evidence regarding the prevention and treatment of childhood overweight.

http://www.diabetes.ihs.gov/HomeDocs/Tools/ClinicalGuidelines/Promoting_Healthy_Weight_1208.pdf

Indian Health Service and Inter Tribal Council of Arizona, Inc. “American Indian and Alaska Native Pediatric Height and Weight Study Web Site: Training Guide.” The guide illustrates correct procedures for weighing or measuring an infant or child.

<http://www.ihs.gov/MedicalPrograms/Anthropometrics/index.cfm?module=train&option=guide&newquery=1>

National Heart, Lung, and Blood Institute and North American Association of the Study of Obesity. “The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults.” Bethesda, MD, 2000. The guide describes how health care practitioners can provide their patients with the direction and support needed to effectively lose weight and keep it off. It provides the basic tools needed to appropriately assess and manage overweight and obesity. The guide includes practical information on dietary therapy, physical activity, and behavior therapy, while also providing guidance on the appropriate use of pharmacotherapy and surgery as treatment options.

http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf

National Initiative for Children’s Healthcare Quality (NICHQ). NICHQ’s current initiatives focus on ensuring that every child receives care in a high-performing medical home, including the prevention and treatment of childhood obesity and improving perinatal care.

<http://www.nichq.org>

U.S. Preventive Services Task Force. “Screening for Obesity in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement.” *Pediatrics*. February 2010. Vol. 125 (2), pp. 361–367. The task force recommends that clinicians screen children ages 6 years and older for obesity and offer them, or refer them to, intensive counseling and behavioral interventions to promote improvements in weight status.

<http://pediatrics.aappublications.org/cgi/content/full/125/2/361>

Social Marketing/Awareness Campaigns

The CDC's **Social Marketing for Nutrition and Physical Activity** online course teaches public health professionals how to use social marketing to plan nutrition, physical activity, and obesity prevention programs.

<http://www.cdc.gov/nccdphp/dnpa/socialmarketing/training/>

Just Move It is a national campaign to promote physical activity for American Indians and Alaska Natives. Use the Web site below to learn how to start an activity in your own community, share information about ongoing programs, contribute stories, find resources, and enter information in Just Move It's calendar.

<http://justmoveit.org/jmi/home.htm>

The Let's Move! campaign has an ambitious, but important, goal: to solve the epidemic of childhood obesity within a generation. Join First Lady Michelle Obama, community leaders, teachers, doctors, nurses, moms, and dads in a nationwide campaign to tackle the challenge of childhood obesity.

<http://www.letsmove.gov/>

McCormack Brown, K., Alfonso, M.L., and Bryant, C.A. "Obesity Prevention Coordinators' Social Marketing Guidebook." Tampa, FL, 2004. Developed by the Florida Prevention Research Center at the University of South Florida, the guidebook, provides instruction on how to coordinate a social marketing intervention for nutrition, physical activity, or obesity prevention. It includes worksheets, tools, and information to help in the management and coordination of a social marketing program. The guidebook supplements the CDCynergy Social Marketing Edition, an interactive training and decision-support tool, and adds practical tips and information specific to nutrition, physical activity, and obesity.

<http://health.usf.edu/NR/rdonlyres/1F6E6B64-967D-45D1-8BC1-357EC9B3BC30/24125/ObesityPreventionCoordinatorsSocialMarketingG.pdf>

National Diabetes Education Program (NDEP). **We Have the Power to Prevent Diabetes.**

Radio and print public service ads and tip sheets, tailored for American Indians and Alaska Natives at risk for type 2 diabetes, promote moving more and eating less to lower their risk for diabetes.

Copyright-free ads and tip sheets can be downloaded from the NDEP Web site.

Print ads: http://www.ndep.nih.gov/media/Power_ads_ai.pdf

Radio ads: <http://www.ndep.nih.gov/resources/ResourceDetail.aspx?ResId=78>

Tip Sheets: http://www.ndep.nih.gov/media/Power_tips.pdf

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List of Photos

IHS wishes to thank everyone who contributed photos or are seen in the photos in this publication.

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Second row (l. to r.): Tohono O’odham Nation Head Start Program (Source: “Voices from Our Communities; Messages of Hope,” 2009 Calendar, IHS and the National Institute of Diabetes and Digestive and Kidney Diseases); Hualapai Tribal Nation Youth Wellness Program (Source: Health for Native Life, IHS); Tribal Journey 2007: Paddle to Lummi (Source: Chris Stearns, Navajo)

Third row (l. to r.): Carufel family bikers, Lac du Flambeau Ojibwe (Source: Tina Handeland); Mille Lacs Band of Ojibwe harvesting wild rice (Source: Health for Native Life, IHS); Zuni Pueblo walker (Source: Cecilia Kayano); Choctaw Nation Healthy Heart Program walkers (Source: “On the Path to a Healthier Future,” 2007 Report to Congress, IHS)

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P. 16. Carufel family bikers, Lac du Flambeau Ojibwe (Source: Tina Handeland)

P. 17. Croff and Whiteman Family, Blackfeet horse relay racing (Source: “On the Path to a Healthier Future,” 2007 Report to Congress, IHS)

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