

Welcome to the IPLAN Web-Conference

Realistic Strategies to Address Overweight/ Obesity at the Local Level



ILLINOIS PUBLIC HEALTH INSTITUTE



Illinois Project for Local Assessment of Needs (I.P.L.A.N.)



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Presenters

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- Jamie Gates, Illinois Department of Public Health
- Jo Ambrose, Illinois Department of Public Health
- Marcy Zanellato, DeKalb County Health Dept.
- Nancy Bogle, DeKalb County Health Dept.
- Angie Bailey, Jackson County Health Dept.
- Mark Peters, St. Clair County Health Dept.
- Dr. Rita Arras, SIU-Edwardsville School of Nursing



Illinois Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases: Perspectives from the Field

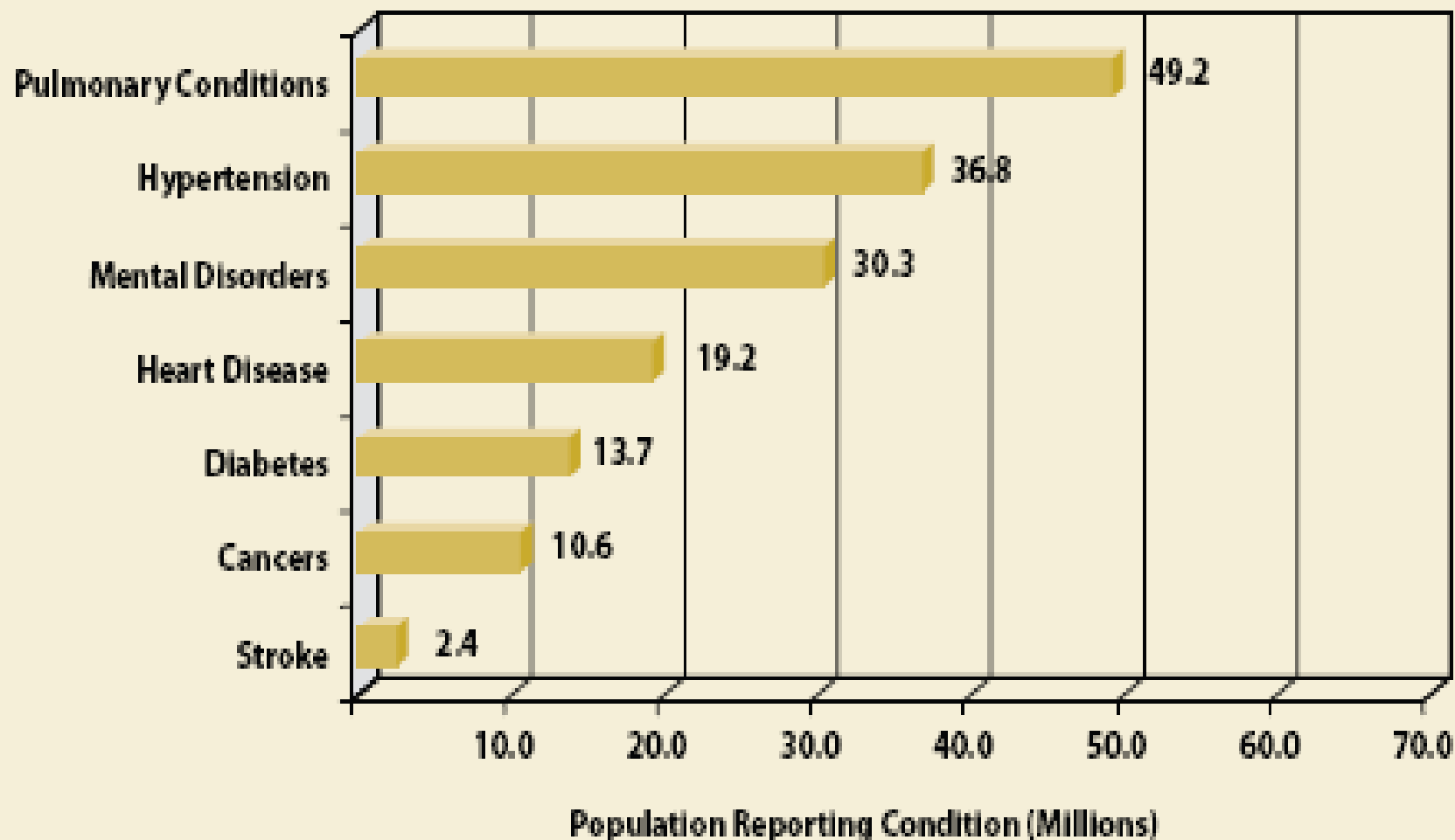


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Perspectives on the Overweight/Obesity Epidemic:

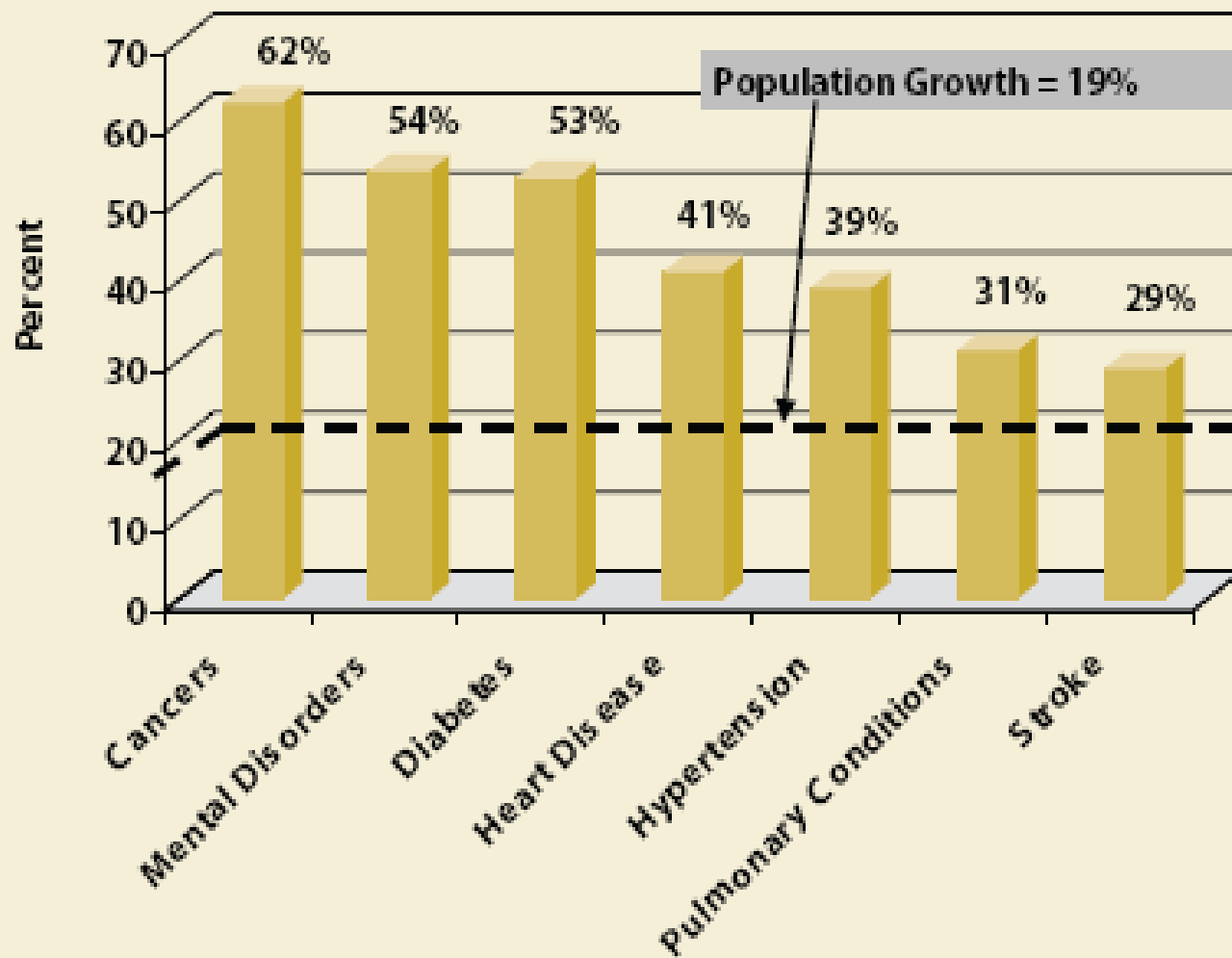
- The numbers aren't pretty

Figure 1 :: Number of People Reporting Selected Chronic Diseases, 2003



Sources: MEPS, Milken Institute

Figure 7 :: Projected Rise in Cases of Chronic Diseases, 2003-2023



Sources: MEPS, Milken Institute

Bogalusa Heart Study

RELATIONSHIP OF INCIDENT OF
OBESITY TO LEVELS OF RISK IN
ADULTHOOD

FINDING:

**IF OBESE → AVERAGE BMI
BY 8 YEARS AS ADULT 41.7**

Freedman et al. Pediatrics. 2002. 109:E23

This Just In.....

IDPH Division of Oral Health
Healthy Smiles, Healthy Grow Project

39% of 3rd graders in Illinois at risk for or
are overweight (Dec. 2005)

Perspectives on the Overweight/Obesity Epidemic:

- This didn't happen overnight



Perspectives on the Overweight/Obesity Epidemic:

- There are no silver bullets



Perspectives on the Overweight/Obesity Epidemic:

Options at a basic level...

- Focus before the weight gain
- Control the gain = treatment¹
- Weight loss and weight maintenance after the loss=treatment³

Perspectives on the Overweight/Obesity Epidemic:

- Understand the real issue

What's the Real Issue?



Perspectives on the Overweight/Obesity Epidemic:

- Comprehensive approaches and chronic disease program integration— “say goodbye to the silos”





Perspectives on the Overweight/Obesity Epidemic:

- Avoid tendency to do the easy



Perspectives on the Overweight/Obesity Epidemic:

- Narrow the focus and expectations

Update on the Illinois Nutrition, Physical Activity and Obesity Program

- Current CDC Cooperative Agreement ends June 30, 2008
- Grant submitted February, 2008 for next funding cycle
- Notification will come in June, 2008
- Currently only 28 states funded-expectation is that this number will hold but some currently funded states will not make the cut
- The Illinois Strategic Nutrition and Physical Activity state plan is completed

Focus of Funding Initiatives in 2009 Grant Application

- Regional coalitions for chronic disease program integration
- Expansion of CATCH
- Support school wellness
- Pre-school motor skill development—ChoosyKids
- Local Health Department on evidence-informed interventions
- Diversify funding streams





Promoting Fruits & Veggies-- More Matters™ at the Local Level



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Discussion Topics

- ◆ The new brand for the old 5 A Day Program
- ◆ What the consumer research told us
- ◆ Reasons to increase consumption of fruits and vegetables
- ◆ Ideas or strategies for promotion and integration of Fruits & Veggies-- More Matters™



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Out with the Old and In With the
New!

5 A Day is now
Fruits & Veggies-- More Matters™



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The Case for Change

- ◆ New dietary recommendations for fruits & veggies:
MyPyramid & 2005 Dietary Guidelines for Americans
- ◆ Much more than a cancer-prevention message
- ◆ Awareness has increased, but consumption has not
- ◆ Still confusion over what is the recommended amounts

1991



1996



2003



2007

to be
announced

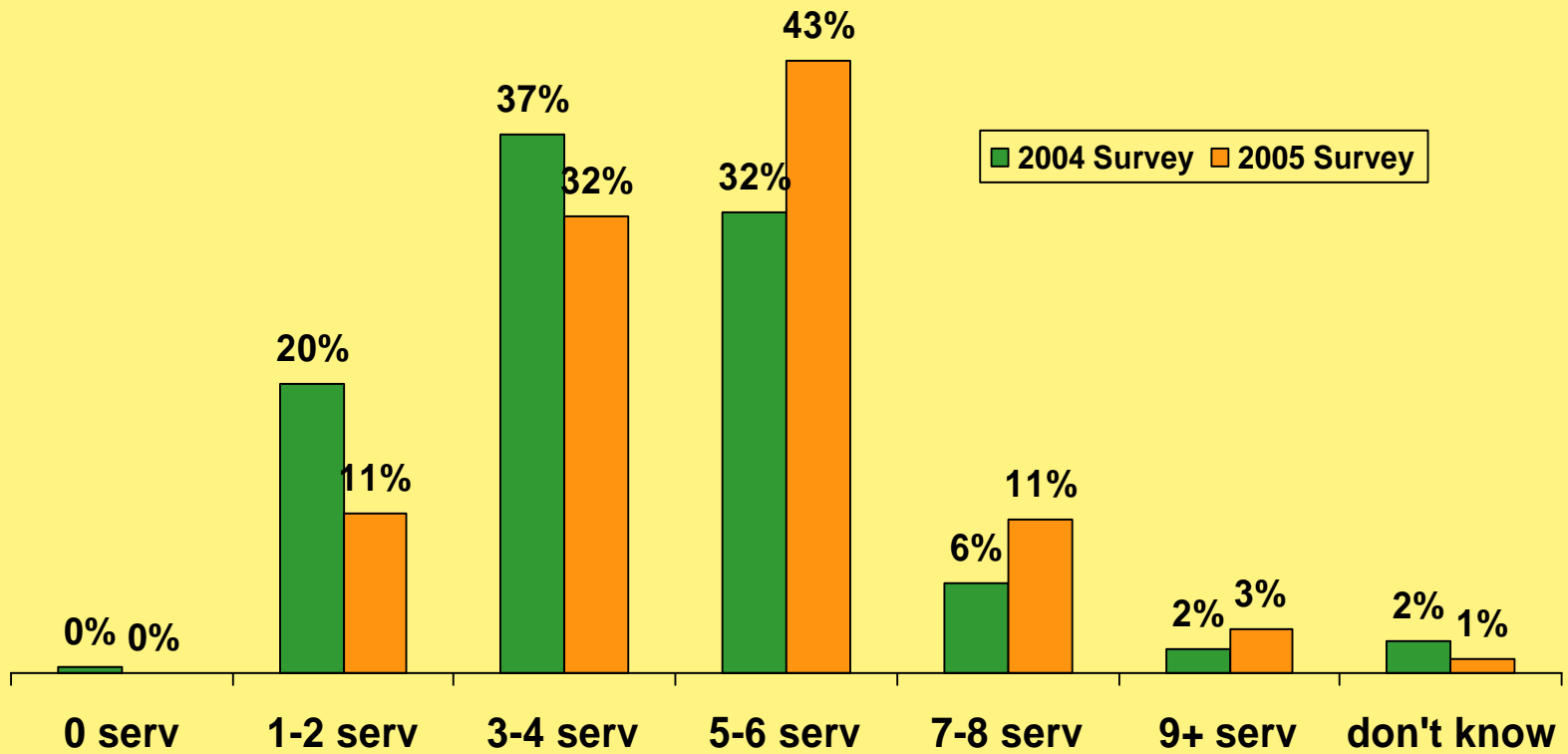




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Nearly 60% of consumers know/ think they need 5+ servings of F&V a day

About how many servings of fruits and vegetables **do you think** you should eat each day to stay healthy?



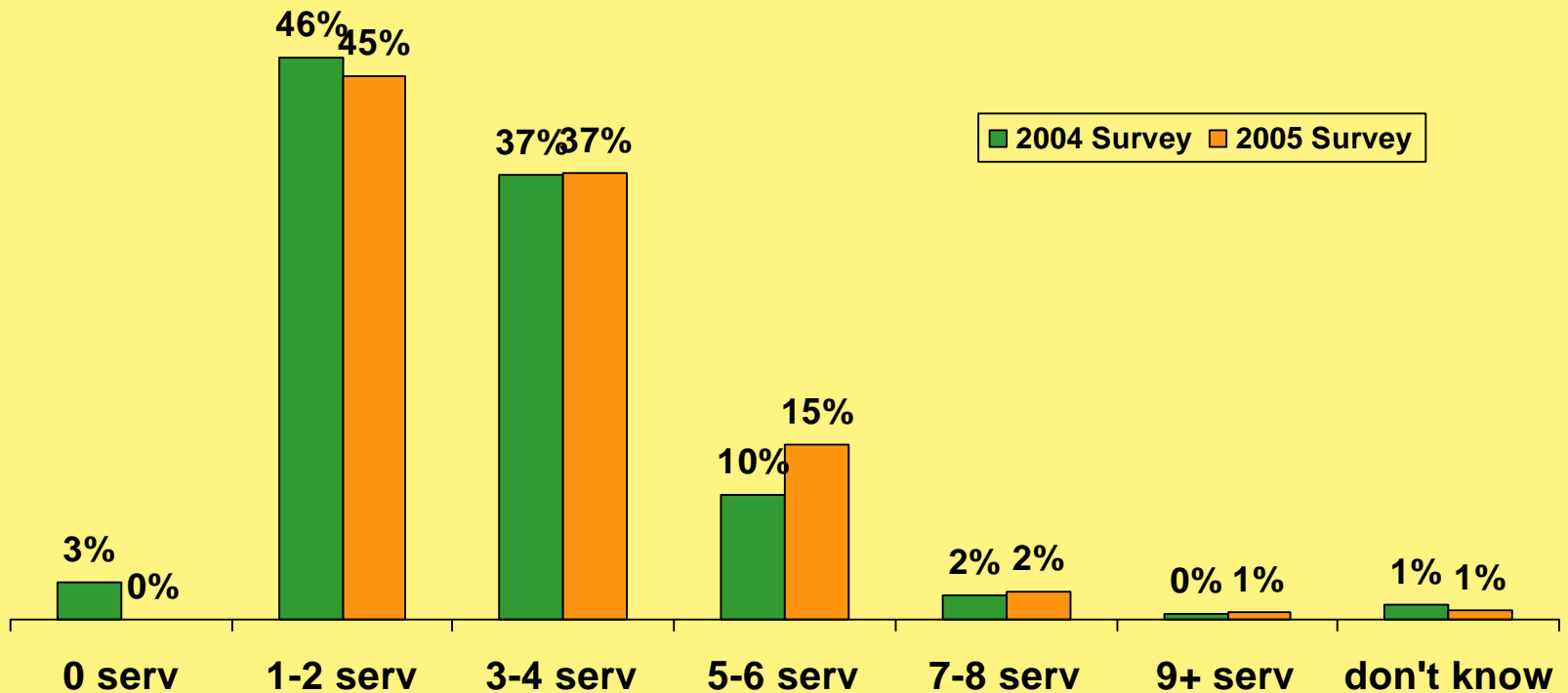
A.C. Nielsen research conducted by PBH, January 2005



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yet, most consumers still eating <5 servings of F&V a day

About how many servings of fruits and vegetables do you, yourself, typically eat a day?



A.C. Nielsen research conducted by PBH, January 2005



New Brand Objectives are to:

Re-brand 5 A Day Program in a way that:

- Leverages existing programs
- Is enriched, validated and brought to life through consumer insights
- Is sustainable/adaptable over time, audiences, geography, & science
- Is compelling – to our partners, to consumers
- Is filled with execution energy



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Overall Learning from Consumer Research

- ! **Focus on small achievable steps, getting consumers to eat more fruits and veggies over time**
- ! **Be realistic and remind consumers why they should eat more fruits and veggies**
- ! **Be an ally to mom, send a credible message that promotes her responsibility to her family**





PBH is Targeting “MOM” (29-41)

- ◆ Are involved in their children’s lives
- ◆ Are deep in information seeking stage
- ◆ Children influenced by parents as role models
- ◆ Dads are important influencers
- ◆ ASK for change AND they get involved in the process
- ◆ Mealtime & cooking at home are key connections





New Consumer Web Site

- ◆ Established www.fruitsandveggiesmorematters.org as the “go to source”
- ◆ Was launched March, 2007

Sections:

- Mom-2-Mom
- Interactive moms/kids site
- News room
- Catalog/new items
- More





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Consumer Research: the Barriers to Overcome

- ◆ Families are already eating fruits and veggies and feel they are doing just fine
- ◆ Serving more can be seen as intensifying the battle
- ◆ Understanding “how much more to eat” is the big challenge
- ◆ Perception that fresh produce is what really counts
- ◆ Families really enjoy less healthy, cheaper foods



there is currently no emotionally compelling reason to serve more fruits and vegetables



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Research: Overcoming Consumer Resistance

As a brand, Fruits & Veggies-- More Matters™ must:

- Provide reasons to eat more
- Inspire rather than scare
- Motivate rather than preach

- **Force a shift in mindset**

FROM

have to

chore

lack of choice

only fresh



TO

want to

pleasure/ease/convenience

bountiful variety

all forms count





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Reasons to eat more fruits and vegetables

- A diet rich in fruits and vegetables may reduce risk for chronic diseases such as cardiovascular disease, type 2 diabetes and obesity and overweight.
- A diet rich in fruits and vegetables may protect against certain cancers, such as mouth, stomach, and colon-rectum cancer.
- Fruits and vegetables are an excellent source of fiber for intestinal health.
- Eating fruits and vegetables rich in potassium may reduce the risk of developing kidney stones and may help to decrease bone loss.
- Eating foods such as fruits that are lower in calories per cup instead of some other higher-calorie food may be useful in helping to lower calorie intake.

(Resource mypyramid.gov)





Ideas for Creating a Place for the new Campaign at a Community or Local Level

- ◆ Work with program partners to integrate the message into existing chronic disease coalitions or programs
- ◆ Consider implementing an evidence-based program like NCI's Body and Soul Program - <http://bodyandsoul.nih.gov/resources.shtml>
- ◆ Engage local farmers, schools, hospitals or other community-based partners to promote the brand, materials and website to build awareness
- ◆ Start a local farmer's market, food pantry, or local gardening project with businesses, churches or schools
- ◆ Consider non-traditional approaches or explore new ways to broaden your audience for the message



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Our Ultimate Goal



Increase consumption of fruits &
vegetables



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Thank You!

For more information or questions contact:

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Coordinated Approach To Child Health



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CATCH websites:

<http://www.CATCHTexas.org>

<http://www.catchinfo.org/>



Basic Assumption:

Behavior change is influenced or determined by the environment
– because environments value and reward certain behaviors.

Assumption #2

One approach to addressing the obesity problem is to affect an environmental change that teaches/educates, reinforces and rewards physical activity and healthy eating habits.

(The premise of Coordinated School Health Programming).

What is Coordinated School Health?

- Coordinated School Health Programming is a process which brings a school community together to teach children to be healthy for a lifetime
- Effective coordinated school programs reinforce positive healthy behaviors throughout the day and makes clear that good health and learning go hand in hand

What is CATCH?



The CATCH Program is an evidence-based resource for bringing schools, families, and communities together to work toward creating a healthy school environment.

It is a Coordinated Program designed to promote physical activity, healthy food choices, and prevent tobacco use in elementary school aged children.

CATCH Research Trial

1991-94

- Research study was called the “Child and Adolescent Trial for Cardiovascular Health”
- First research trial to integrate school, child & family
- Ethnically diverse population, over 5,000 students involved in nearly 100 schools
- Four geographic areas of the U.S.
 - California
 - Louisiana
 - Minnesota
 - Texas



Does CATCH Work?

- Reduced total fat and saturated fat content of school lunches.
- Increased moderate-to-vigorous physical activity (MVPA) during P.E. classes.
- Improved students' self-reported eating and physical activity behaviors.
- Effects persisted over three years without continued intervention.

Luepker RV, et al (1996). JAMA, 275(10), 768-76.

Nader PR, et al (1999). Arch Pediatr Adolesc Med, 153(7), 695-704.



CATCH Components

It's All About Healthier Kids

**K-5
Classroom
Curriculum**



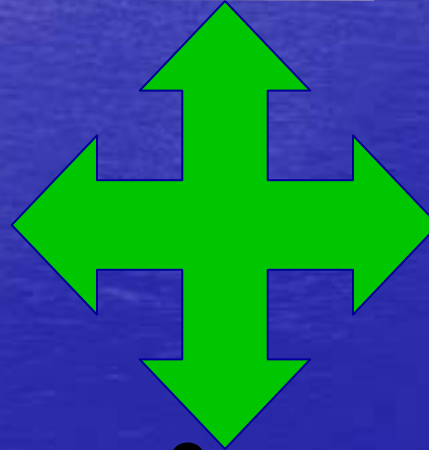
**Physical
Education**



**Food
Service**

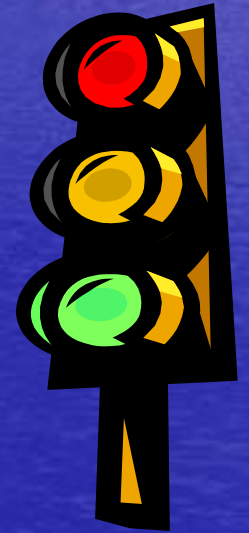


Family



The "language" of CATCH: **GO**, **SLOW**, & **WHOA** food categories.

- **GO Foods** = "Almost Anytime" foods – contain the lowest amount of fat. Students are taught that **GO** foods should be eaten more often than **SLOW** or **WHOA** foods.
- **SLOW Foods** = **SLOW** foods are higher in fat than **GO** foods, and lower in fat than **WHOA** foods. Students are taught that **SLOW** foods should be eaten less often than **GO** foods and more often than **WHOA** foods.
- **WHOA Foods** = **WHOA** foods are the highest in fat of the three groups. Students are taught that **WHOA** foods should be eaten less often than **GO** or **SLOW** foods.



Coordinating the Message

- ❖ Kids receive consistent healthy messages in the classroom, cafeteria, & in PE class.
 - Through the classroom lessons.
 - Posting **GO**, **SLOW**, & **WHOA** signs on cafeteria line.
 - Using **CATCH GO**, **SLOW**, & **WHOA** Eat Smart games in **CATCH** PE class.



Curricula Objectives

- Students will be able to:

IDENTIFY



PRACTICE

& ADOPT



Healthy eating & physical activity
behaviors



Learning Standards

- The CATCH curriculum and physical education activities for grades K-5 have been aligned with the Illinois learning standards for physical development and health.



Family Component Objectives

*Getting parents and families
involved*

as much as possible and whenever
possible by coordinating
CATCH concepts and activities
with the family and school community.



East Peoria Family Day



Objectives of CATCH PE



- Students enjoy physical activity
- Students will be involved in MVPA for 50% of class time
- Students are provided many opportunities to participate and practice skills
- Students are encouraged to be physically active outside of school



Eat Smart Goals



- Provide children with tasty lower fat, saturated fat, and sodium school meals
- Maintain required levels of essential nutrients and student participation
- Coordinate healthy messages with the rest of the school

The Illinois CATCH Program

- A initiative by the Illinois Department of Public Health
- Debuted in January 2004
- Currently 97 schools have been funded for CATCH with approximately 29,000 students participating.



The Illinois CATCH Program

- 3 Illinoisans chosen as National CATCH Champions
- PE outcomes reported in National CATCH Newsletter and CDC invited publication
- 2 Illinois schools hosted Italian Public Health Officials to showcase CATCH



Criteria for Selection of Schools

- An expressed interest/commitment to CATCH
- Funding available from other sources
- Current obesity, diabetes, cardiovascular health, and environmental program efforts within the community
- Geographical distribution within the state

Priority is given to districts with a CATCH school that want to expand into other schools



Schools/Local Health Departments Received Grants To:

- Purchase necessary equipment and curriculum
- Train key personnel
- Implement the CATCH curriculum
- Promote CATCH activities and the program philosophy
- Host a family fun event



Success Stories from DeKalb and Jackson County

- IPLAN
- School/Community Wellness Councils
- Funding options/supplements
- Coordination of Local Resources
- Sustainability



DEKALB COUNTY - CATCH



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Public Health Educator

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DEKALB COUNTY - CATCH

Background - DeKalb County

- ◉ DeKalb County population 107,687
- ◉ 8 school districts in the county
- ◉ Largest school districts are DeKalb & Sycamore
- ◉ DeKalb has 9 elementary schools
Sycamore has 4 elementary schools

DEKALB COUNTY - CATCH

History of CATCH implementation - DeKalb County

- 2006-2007 school year - CATCH began as pilot project in 1 school in the DeKalb School District
- 2007-2008 school year - received funding for 1 additional DeKalb school. Also:
 - CATCH chosen as an IPLAN strategy - Type II Diabetes prevention
 - Nancy Bogle asked to participate in DeKalb School District's Wellness Committee
 - Received funding from a community foundation grant for district wide implementation in DeKalb

DEKALB COUNTY - CATCH

◉ January 2008

- Received remaining funding for district wide (DeKalb Schools) implementation of CATCH
- Received funding for a pilot school in Sycamore
- Sycamore School District investigating district wide implementation of CATCH

Local Support for CATCH

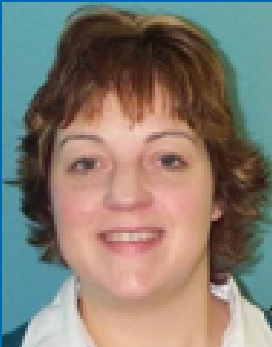
- ◉ Schools
- ◉ IPLAN Community Committee
- ◉ Health Department Administrator



DEKALB COUNTY - CATCH

- ◉ District wide implementation of the CATCH program: Adapting the implementation of the CATCH program to individual district needs and schedules.
- ◉ School district administration: The importance of an administration team that is well informed and involved.
- ◉ Lead teachers/ CATCH teams for individual schools: Communication within the individual schools as well as district wide.
- ◉ Supporting CATCH implementation in every school.
- ◉ Ordering and inventory of all CATCH equipment

“Your Partners in Health” Coordinated School Health Program



Presented by

Angie Bailey, MPH, M.S. Ed., CHES



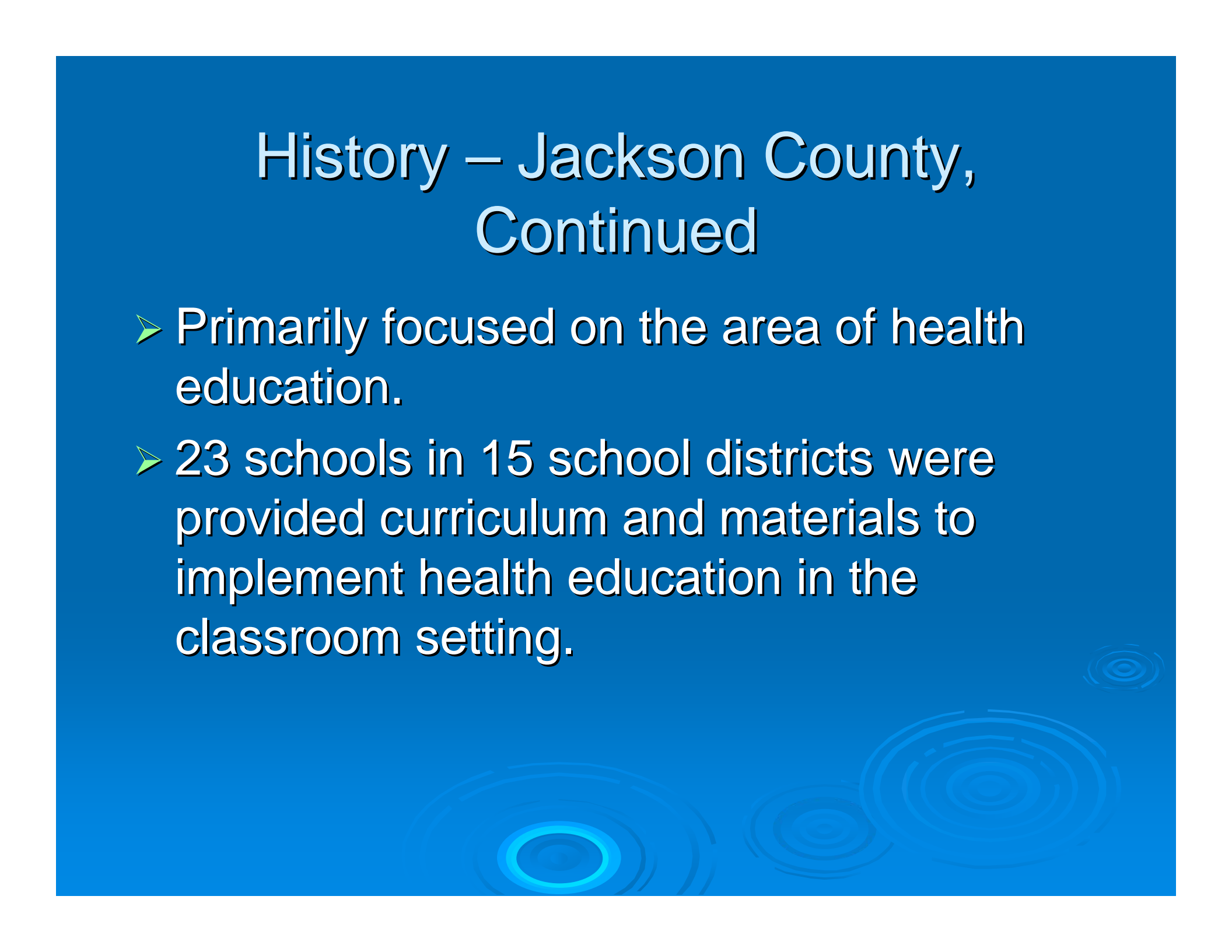
Jackson County
Health Department



History – Jackson County

- Since 1992, cardiovascular disease has been the #1 priority health problem in Jackson County.
- In 1995, agencies recognizing the need to improve the health and well-being of the children of southern Illinois joined to collaborate in an initiative to implement the 8 components of a coordinated school health program in area schools.

History – Jackson County, Continued

- Primarily focused on the area of health education.
 - 23 schools in 15 school districts were provided curriculum and materials to implement health education in the classroom setting.
- 

History – Jackson County, cont.

- Michigan Model for Comprehensive School Health Education
- In 2002, Southern Illinois Healthcare created a staff position that was strictly to address the school health needs in their service area
- The Partners in Health group is still very active and now focuses on all eight components of Coordinated School Health.

History – Jackson County, Continued

- In 2006, began promoting CATCH (Coordinated Approach to Child Health) to area schools.
- In 2007, three of the “Your Partners in Health” members became CATCH trainers.
- Currently we provide CATCH training to area schools and work to assist them in getting the program started in their schools.

History – Jackson County, continued

- Provide information and updates to the Jackson County Healthy Communities Coalition Healthy Living Action Team.

Jackson County Healthy Communities Coalition

Coalition members work to pursue six goals.

- raising awareness about matters relevant to the health of the communities of Jackson County
- developing projects that address unmet needs or gaps in health services
- fostering collaboration efficiently coordinating services and maximizing resources
- developing plans and reports
- encouraging advocacy
- assisting in accessing funding.

<http://www.sih.net/CommunityResources.nsf/Jackson>

Healthy Living Action Team

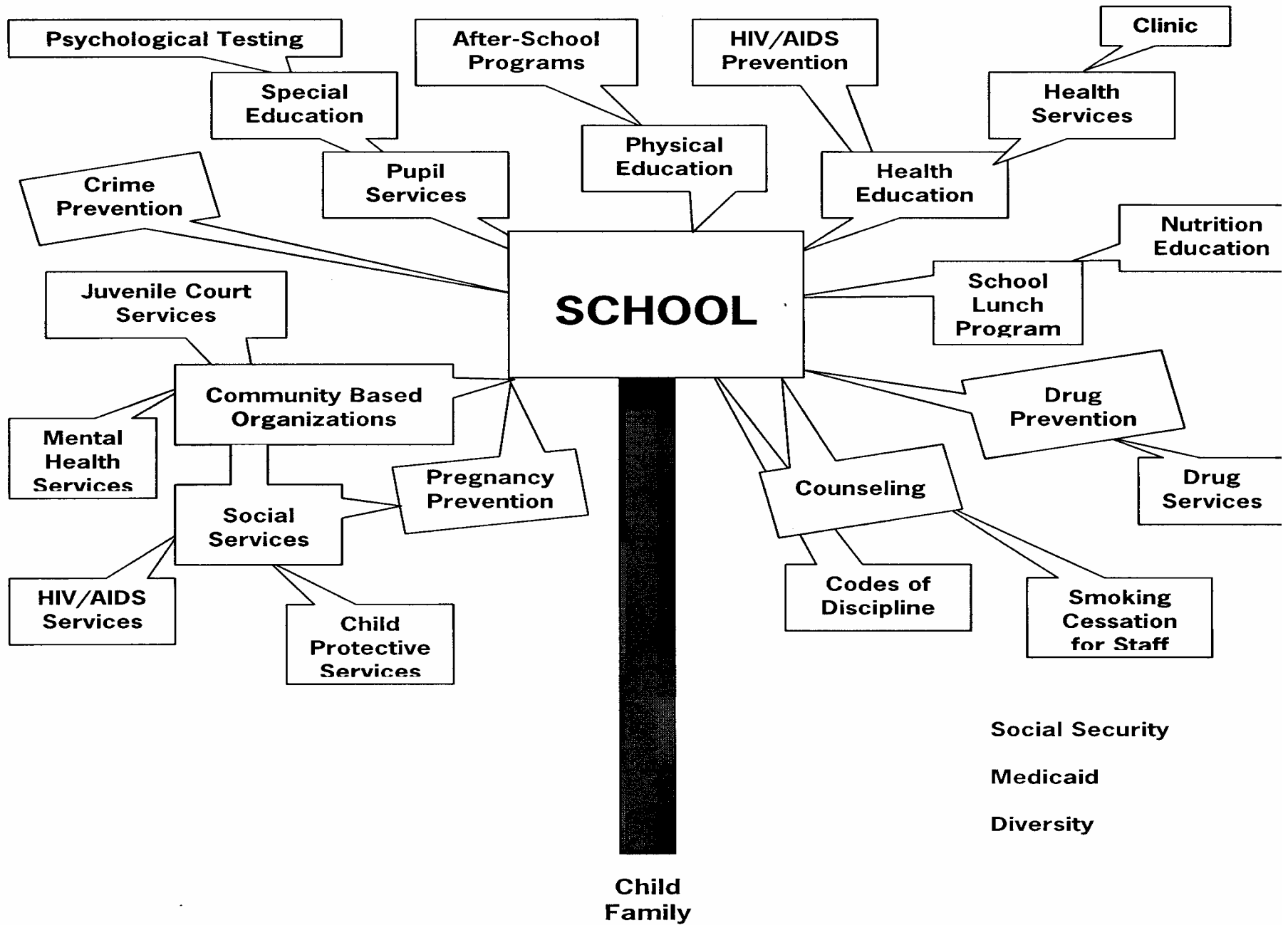
- To prevent cardiovascular disease in Jackson County by working to target the following:
 - eating behaviors,
 - physical activity, and
 - environmental tobacco smoke.

Our Reach



- 42 schools, 21 school districts total
- 20,783 kids throughout Jackson, Perry, Williamson, Franklin, and Saline counties
- 7,030 students in Jackson & Perry counties

An Example of an Uncoordinated System



Coordinated Approach to School Health




How do you start?



- Make the commitment! Be Pro-Active!
- Work with schools to create Health & Wellness Committees
- Evaluate what they are currently doing and create an action plan that will guide the school - School Health Index--CDC
- Don't make double work for the school — make the action plan something they can use in you School Improvement Plan

Your Partners in Health

- Southern Illinois Healthcare
 - Jackson County Health Dept.
 - University of Illinois Extension
 - John A. Logan College
 - Southern Illinois University—Health Education Department
 - Franklin-Williamson Bi-County Health Dept.
- 

Barriers to Solutions

- Time
- Change
- Empowerment



“Partners in Health” Community Partners

For more information please contact:

Angie Bailey, Jackson County Health Dept.

angieb@jchdonline.org

Jeff Franklin, Youth Dev./ Prevention Educator

University of Illinois Extension

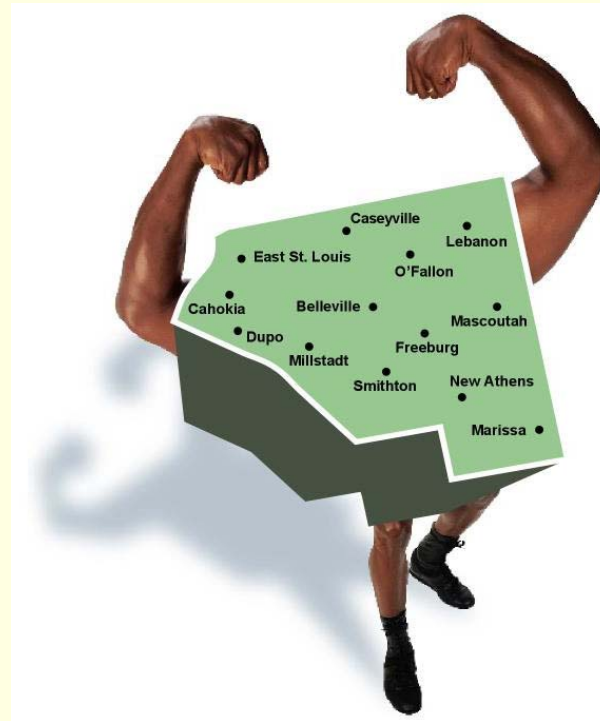
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Get Up & Go: A Community Health & Fitness Challenge



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Objectives

- Relate to definition of PH, core functions & essential services
- Trace origins to MAPP assessment
- Identify theoretical underpinnings
- Discuss community mobilization strategies
- List advantages of multiple communication channels

Public Health – Creating conditions under which people can be healthy

Core Functions:

- Assessment
- Assurance

Essential Services:

- Inform, educate, & empower
- Mobilize community partnerships

Institute of Medicine (1987), CDC

<http://www.cdc.gov/od/ocphp/nphpsp/EssentialPublicHealthServices.htm#es4>

Theoretical Underpinnings

- Community Organizing / Community Development^a
- Diffusion of Innovation^b
- Asset Mapping^c

^aBracht, 1998; ^bRogers, 2003; ^cKretzmann & McKnight, 1993.

MAPP Assessment - 2007

- “Quality of Life” assessment
(community themes / strengths)
- Surveys- 1700, focus groups-6
- Strategic Priority

*Creating a broader sense of community
connectedness*

Relationship to Obesity

- Relates to other strategic priorities, including: *Reducing burden of chronic diseases.*
- Obesity contributes to chronic diseases in adults & children: hypertension, CVD, diabetes, stroke, some cancers, sleep apnea, asthma, arthritis/other musculoskeletal problems.
- Obesity = Inappropriate consumption + sedentary lifestyles
- Sedentary lifestyles = environment (culture, policy, infrastructure) + individual behaviors

Get Up & Go!

A Health & Fitness Challenge for Communities, Groups & Organizations in St. Clair County



Kick-off event, March 29, 2008

Campaign Goals:

- **Promote Health & Fitness Activity**
- **Build Community Connections**



Campaign Strategies:

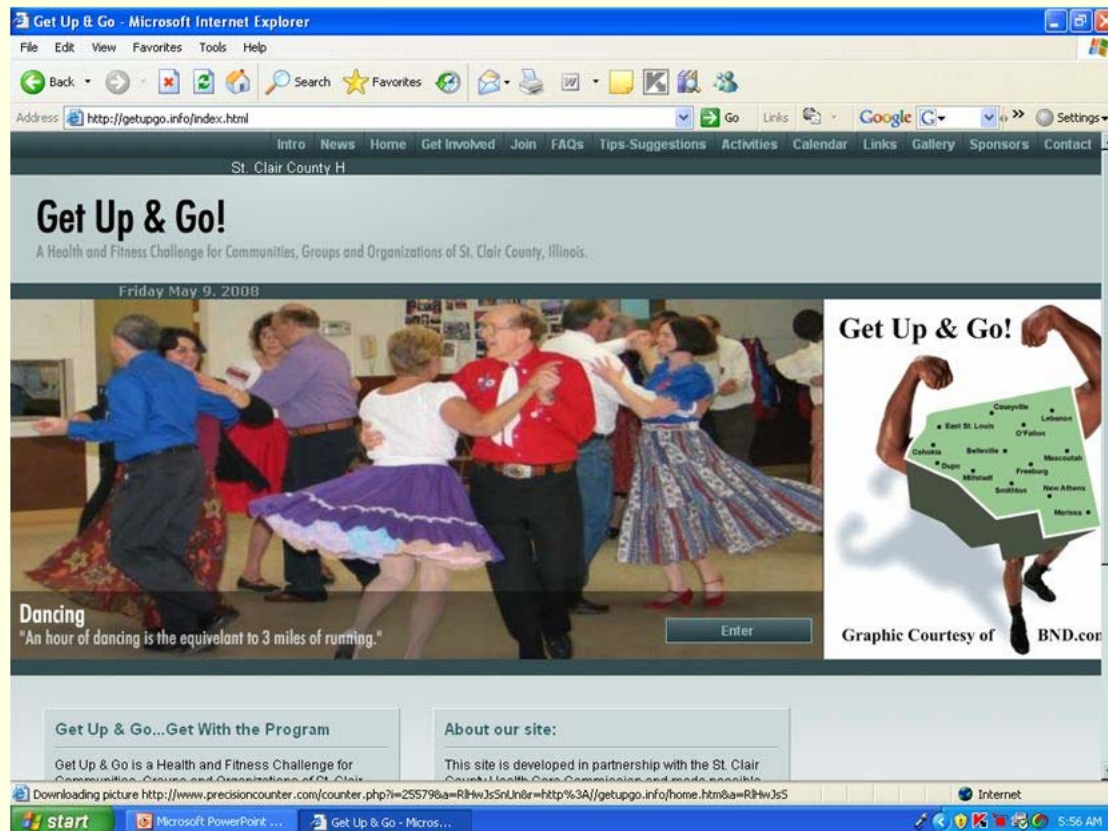
- **Establish Collaborative Partnerships**
- **Plan for Success**



Campaign Strategies:

- Build a Community Based Website

www.getupgo.info



Campaign Strategies:

- **Challenge Communities, Groups and Organizations in St. Clair County to do more health and fitness activities.**



Campaign Strategies:

- Provide suggested activities, ideas and support to get started and to keep going .



Campaign Strategies:

- **Get communities involved to motivate others to come along.**

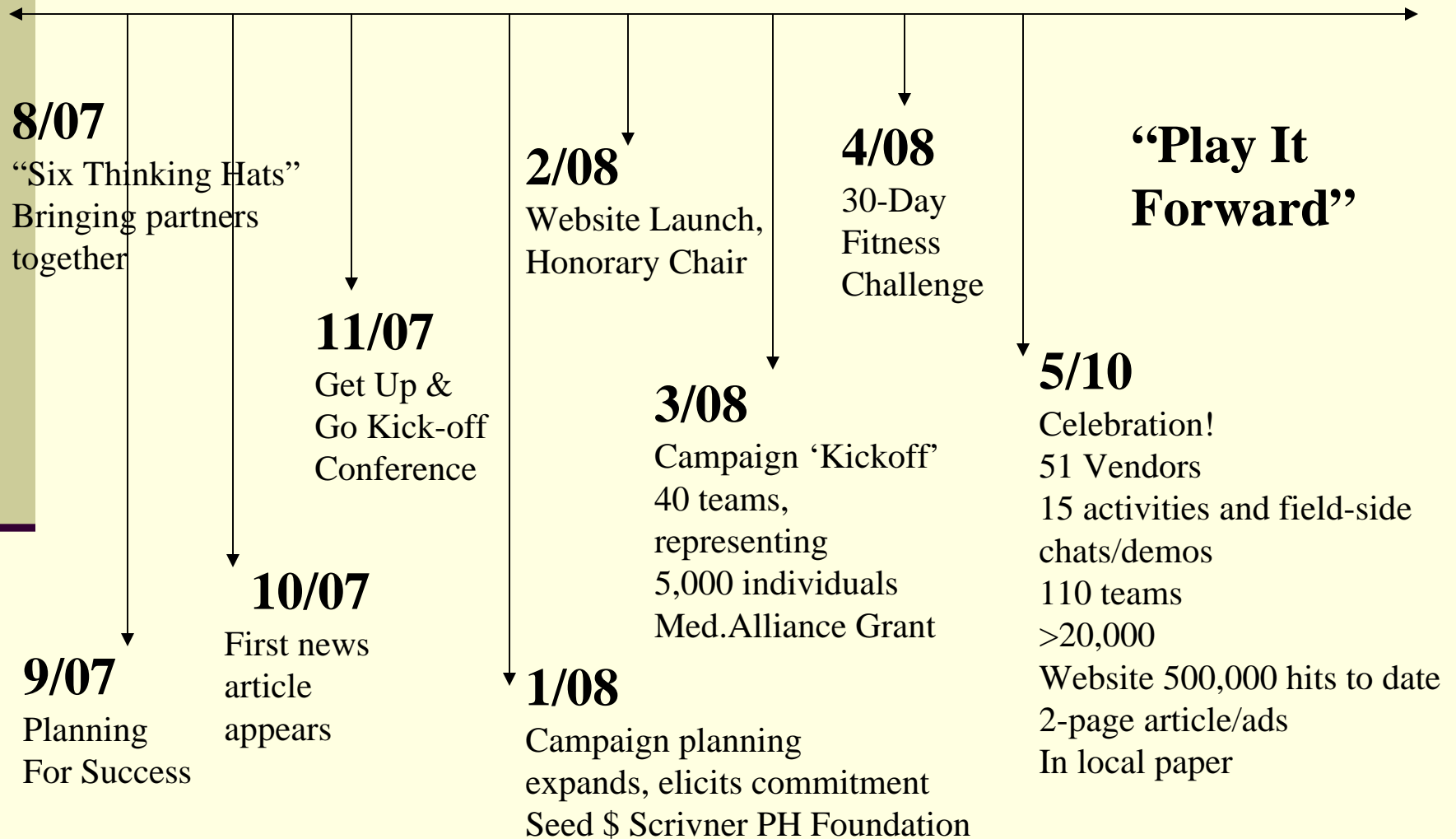


Campaign Strategies:

- Celebrate success stories...and keep moving forward.



From Acorn to Forest (20,000 Strong): An Amazing 9 month Journey



Mobilizing & Coalition-Building

- Importance of Vision vs. Tolerance of Uncertainty
- Awareness of Assets
- Reaching Out to Others
- Networking, Networking, Networking
- Campaign Is For Everyone

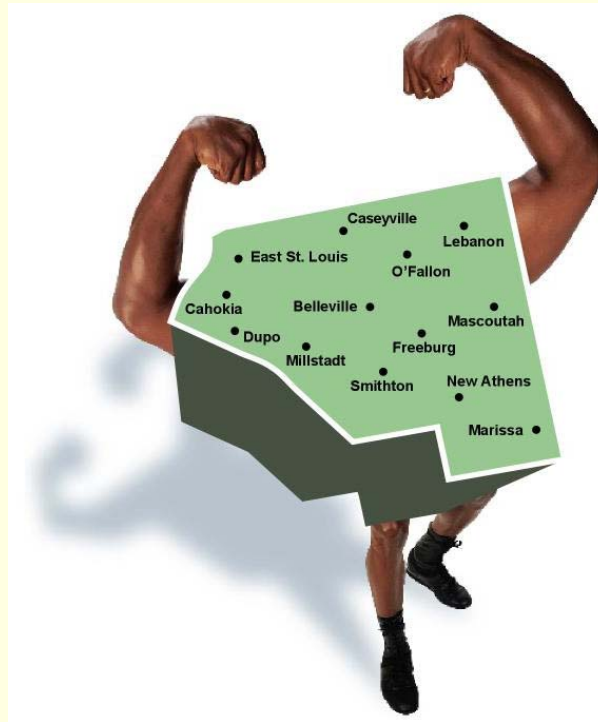
Communication Strategies

- Newspaper – a key partner early on & throughout campaign
- Website – principle mechanism of communication and community connectedness.

Where do we go from here?

- Annualize or Semi-Annualize the County-wide Health & Fitness Challenge.
- Challenge Communities to ‘Play It Forward’
- Develop Website with More Community Input and ‘Hands-On’ Opportunities.
- Extend Beyond Our Borders – Share Method with Others
- Mobilize Additional Resources

Get Up & Go: A Community Health & Fitness Challenge



**The End
(is just the beginning)**

Feedback

- Thank you for participating!
- Your feedback is VERY important. Please complete the online evaluation survey:

http://www.surveymonkey.com/s.aspx?sm=yJZPNqmlePH491RN_2bY77Wg_3d_3d

If you registered for a group, please ask them to complete the evaluation also.

- We will use this information to plan future sessions and continually improve.



Question and Answer Session

- Please join us now if a LIVE Q & A Session with the presenters:
 - Dial 1(888)-557-8511
 - Enter the access code: 8239448#
 - Mute your phone (*6 to mute or un-mute).
- If you have a question that is not addressed on the conference call, please email the question to Laurie Call at LLC1185@msn.com.



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THANK YOU



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