## Goals, Objectives, and Strategies

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- Physical activity objectives and strategies

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- Breastfeeding objectives and strategies

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- School and community commitment forms

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- Educational conferences
- Governor’s initiatives
- Resource repository/clearinghouse
- Social marketing and communication efforts
- Awards
- Redesign public health
Iowans Fit for Life has built a nutrition and physical activity plan for the state. To accomplish this initiative the Iowa Department of Public Health has created a system vision that reinvents public health in Iowa. This new public health focuses on health promotion and wellness. This new public health builds the capacities for local public health to be a local health resource for citizens and businesses. This new public health is a system that serves the state as well as the local community health infrastructure. The resultant coordination of these two initiatives will serve as catalyst and enhancement for both.

**How do we map our course?**

Goals, objectives, and strategies are like a road-map to lead us to our ultimate goal of reduced incidence and burden of obesity. In May of 2005 an Iowa symposium organized by the Iowa Department of Public Health was offered to individuals and organizations to discuss the issues of nutrition and physical activity. Over 300 participants attended the symposium to begin working on goals, objectives and strategies for Iowa’s plan to address nutrition and physical activity to prevent obesity and other chronic diseases.

From the symposium six work groups were formed to develop objectives and strategies to address physical activity, nutrition, special populations and communications: older Iowans, health care, educational settings, early childhood, community, and business and agriculture. The objectives address current efforts, environmental conditions, barriers, and resources. This process laid the groundwork for implementing community-based approaches that will ultimately improve the health of all Iowans.

**There is no magic pill, miraculous surgery, or other easy short-cut to balance energy intake with energy output.**

Iowa’s work groups and partners spent many hours together to develop goals and objectives that were **SMART**: Specific, Measurable, Achievable, Realistic, and Time-phased. In addition, careful attention was paid to:
1) The number of people that would be reached by a particular intervention,
2) The efficiency of the intervention,
3) The scientific evidence supporting a high level of impact for a particular intervention, and
4) The likelihood that the program and the results will continue after outside funding ceases.

These factors are part of a logic framework called **RE-AIM (Reach, Efficacy, Attainability, Implementation, and Maintenance)**: (Klesges, Estabrooks, Dzewaltowski, Bull, & Glasgow, 2005). The purpose of the RE-AIM guidelines is to find and maximize the best ways to improve health. In addition, the interventions chosen for the state plan needed to be **new**, and not just a continuance of existing programs.

Scientific research needs to begin with theory (Think Sherlock Holmes!). Theories are well-thought out and tested explanations for events. One of the better theories explaining how to improve health behavior is the Socio-ecological Model of Health Promotion.

**Socio-ecological Model of Health Promotion**
Over half of Iowa deaths can be attributed to lifestyle choices and behaviors such as smoking, poor nutrition or sedentary lifestyle. While individual choices are important, the reality is that many things such as family and environment impact our health as well. While individuals live lives that put them at relative risk, a risk is also determined by a larger social environment. The schematic below depicts the interrelationship of individuals, their social sphere, their social organizations, communities and society as a whole – all of which impact health and the ability to improve lifestyles or live healthier. The socio-ecologic model that this figure represents recognizes the interwoven relationship that exists between the individuals and their environment. Individual behavior is determined to a large extent by social environment – community values and norms and laws and regulations. As community barriers to healthy behavior are removed, sustained change becomes more achievable. The most effective approach to change is a comprehensive initiative for each level of the socio-ecological community model: individual, interpersonal, organizational, community and policy. The level of the socio-ecological model is identified for each of the work-group objectives.
Social Cognitive Theory

“If you think you can, you can!”

We’ve all seen locker room posters and heard stories about the importance of believing one can achieve a goal. Self-efficacy is a term for the construct of confidence in a specific area (Bandura, 1977) and is an important factor in determining whether a healthy behavior is achievable. Self-efficacy is a part of Social Cognitive Theory which encompasses the relationship among thoughts, actions, and environment. Self-efficacy may be enhanced by observing others, hence many of the work objectives include “model” communities, schools, medical centers, or other organizations. Health interventions that include components addressing all three areas are among the most successful. For example, if a grocery store offers a new type of fruit (environment) and the person tastes the fruit (action) and likes it, they may think “I would like some of that at home.” Those thoughts may lead to the action of purchasing the fruit at the store. Several of the objectives include offering opportunities for physical activity and food-tasting to facilitate healthy behavior through increasing self-efficacy.

Iowans Fit for Life Goals

The purpose and long-range goal of Iowans Fit for Life is to reduce the negative impact of obesity on quality of life, medical expenditures, and disease burden. To achieve this, Iowa partners identified two primary goals:

1. Prevent and reduce the level of obesity in Iowans through improved nutrition, physical activity and supportive environments.
2. Reduce obesity through integration, coordination and collaboration among organizations and entities that share expertise and maximize resources of existing programs and partnerships.

The objectives and strategies to meet these goals were developed by the Iowans Fit for Life Partnership through the series of work group meetings. The work groups included representatives for:

- Older Iowans (O)
- Health care (H)
- Educational settings (E)
- Early childhood (EC)
- Community (C)
- Business and agriculture (B)

The work group objectives were organized by four focus areas designed to improve the energy intake/energy expenditure balance: 1) Nutrition 2) Physical Activity 3) Breastfeeding 4) Screen Time. These focus areas are aligned with the
Healthy People 2010-related objectives that will be used to evaluate the program. The work group objectives and strategies will occur over a ten-year time frame. The objectives and strategies reflect a statewide effort to impact Iowans across the lifespan. By working together, partners from across the state can use Iowa-specific objectives, strategies and data to maximize existing public and private resources. All of the goals, objectives and strategies fully support the goals in Healthy Iowans 2010, and each is identified along with the level of the socio-ecological model the activities best address.

The objectives are grouped by the following settings under each focus area:

**Individual/Interpersonal**

**School**

**Work**

**Health Care**

**Community**

**Nutrition Focus**

Food is the energy input side of the energy balance equation. How much we eat (calories) and what we eat (nutrients) are both important aspects of weight control. Previous interventions with scientific evidence for improving nutrition, particularly for increasing fruit and vegetable consumption include:

- Cafeteria and worksite events
- Taste testing
• Cooking demonstrations
• Guidelines to implement Employee Advisory Boards
• Guidelines for vending machine selections
• Increase cafeteria fruit and vegetable availability
• Nutrition information kiosks
• On-site data entry screens to track participation
• Include fruits and vegetables in vending machines
• Point of choice labeling for vegetables and fruit
• Posters, displays, table tents, and newsletters

**Nutrition in Iowa**

The 1997 Iowa Youth Risk Behavior Survey (YRBS) showed 29 percent of Iowa youth in grades 9-12 consuming fruits and vegetables five or more times per day in the week preceding the survey. This consumption dropped to 19.7 percent in 2003 (non-representative sample).

The 2003 Behavioral Risk Factor Surveillance System (BRFSS) showed that 17 percent of Iowa adults consuming five or more servings of fruits and vegetables per day. This compares with 22 percent of U.S. adults consuming five or more servings, 23.6% of older Iowans, 19% of Iowans with an income of less than $15,000 annually, 11.3% of Iowans with less than a high school education or GED. Additionally 81.6% of Iowans ages 55-64 and 76% of Iowans age 65+ do not consume the recommended amount of fruits and vegetables

*Figure 11.2: Percent of Iowans Who Report Eating 5 or More Portions a Day of Fruits and Vegetables by Age and Gender, 2003*
Healthy People 2010 Nutrition Objectives

The work group objectives and strategies are designed to help Iowans achieve these Healthy People 2010 nutrition goals and objectives:

<table>
<thead>
<tr>
<th>Goal-Objective #</th>
<th>Healthy People 2010 Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-5</td>
<td>Increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit.</td>
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<tr>
<td>19-6</td>
<td>Increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or orange vegetables.</td>
</tr>
<tr>
<td>19-8</td>
<td>Increase the proportion of persons aged 2 years and older who consume less than 10 percent of calories from saturated fat.</td>
</tr>
<tr>
<td>19-9</td>
<td>Increase the proportion of persons aged 2 years and older who consume no more than 30 percent of calories from total fat.</td>
</tr>
<tr>
<td>19-15</td>
<td>(Developmental) Increase the proportion of children and adolescents aged 6 to 19 years whose intake of meals and snacks at schools contributes to good overall dietary quality.</td>
</tr>
<tr>
<td>19-16</td>
<td>Increase the proportion of worksites that offer nutrition or weight management classes or counseling.</td>
</tr>
<tr>
<td>19-17</td>
<td>Increase the proportion of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to diet and nutrition</td>
</tr>
</tbody>
</table>

Work Group Objectives and Strategies for Nutrition

Together, the Iowans Fit for Life Work Groups developed these objectives and strategies aimed at different levels of the socio-ecological model and different target populations to achieve the Healthy People 2010 goals. The work group(s) developing the objectives as well as the associated Healthy Iowans 2010 objectives are listed for each objective.
1. (EC1, O1.) By 2008, Provide educational opportunities and promote strategies for targeted groups that encourage healthy eating and healthy weight

**Healthy Iowans 2010 goal: 13-3, 13-4, 13-9**

**Socio-ecological model: Community, Organizational, Interpersonal, Individual**

**Target Population: Parents of Pre-school children**

1.1 By 2008, implement programming for parents regarding healthy weight and healthy food for pre-school children (SEM: Interpersonal)

1.1.1 Develop partnerships to assess what mechanisms are in place that provide education to new parents

1.1.2 Create an inventory of prospective mechanisms and programs.

1.1.3 Use assessed mechanisms and existing home visiting programs for dissemination of program materials and efforts such as Empowerment, Healthy Smiles, Parents As Teachers (PAT)- lessons, and Expanded Food and Nutrition Education Program (EFNEP)

**Target Populations: Iowans by income and education level, age, gender, race/ethnicity, disability-specific, rurality**

1.2 By 2007, provide monthly educational opportunities with a clear and consistent message through a variety of media outlets (SEM: Community, Individual)

1.2.1 Establish a social marketing task force to establish a marketing and communication plan to “brand” messages, determine marketing and evaluation venues.

1.2.2 Develop messages specific to targeted populations (e.g., age, gender, ethnicity, disability-specific)

1.2.3 Partner with organizations such as Tobacco Free Iowa to use established methods and venues for message dissemination

1.2.4 Create “Point of Decisions” prompts to be widely distributed to businesses, hospitals, care facilities, schools and interstate rest stops

1.2.5 Establish the Iowans Fit for Life web site as the resource for health care professionals and the general public and pursuing other partner resource links and continual updating.

1.2.6 Provide targeted information on the web site (e.g., age-specific, gender-specific, ethnicity-specific (including Spanish versions), institutionalized individuals, disability-specific)

1.2.7 Develop Partnerships with Senior Olympics and other interested partners in this media effort
1.2.8 Partner with county health departments and Area Agencies on Aging to provide education to targeted groups.

1.2.9 Integrate messages through communication vehicles such as Chef Charles Newsletters directed at older adults.

1.4 By 2007, develop partnerships to establish a system to broadcast media segments to targeted audiences

1.4.1 Pursue potential media broadcasts/development by presenting the Food Stamp Nutrition Education project (Fun, Food, and Fitness) as a model

1.4.2 Incorporate eating smart messages into weekly television segments and/or cooking shows

1.4.3 Partner with Iowa Public Television to broadcast programs such as “Remaking American medicine”

2. (E.3.) By 2008, educate, promote, and provide opportunities for healthy eating behaviors for students and school personnel

Healthy Iowans 2010 goal: 13-4

Socio-ecological model: Policy, Organizational, Interpersonal, Individual

Target Population: Child-care Providers
2.1 By 2008, implement programs for child-care providers which target both food service and educational curricula on nutrition. (SEM: Organizational)

2.1.1 Identify model curriculum in early childhood settings

2.1.2 Identify educational tools and disseminate to early care providers

2.1.3 Provide new and/or enhance trainings for childcare providers that will support sound eating practices in early care settings

2.1.4 Recognize early childhood care settings that meet criterion for adherence to nutrition guidelines

Target Population: Students (Pre-school through college) and School personnel
2.2 By 2010, assist 12 pilot intervention schools with the implementation of Pick a better snack™ & ACT initiatives

2.3 By 2007, develop partnerships to increase the number of schools offering healthy eating activities and improving the nutrition environment

2.3.1 Support Iowa Partners: Action for Healthy Kids and the Iowa Association of School Boards in developing wellness policies, including policies to evaluate health education curriculum
2.3.2. Support Iowa Association of School Boards and Iowa Partners: Action for Healthy Kids in assisting schools with school wellness policies
2.3.4 Support offering incentives to schools for completion of a school health assessment using Iowa Partners: Action for Healthy Kids on-line assessment tool, School Health Index or Team Nutrition’s Changing the Scene (TEAM Nutrition)

2.4 By 2008, establish a recognition system for schools that make significant improvements in the school eating environment partnering with organizations such as Iowa Partners: Action for Healthy Kids. (SEM: Organizational)

2.5 By 2008, evaluate and publicize healthy eating best practices models from Iowans Fit for Life community Pilot Interventions, Team Nutrition, Iowa Partners: Actions for Healthy Kids, and Farm Bureau/Wellmark Pilot Intervention Schools (SEM: Organizational)

2.6 By 2010, explore partnerships with Parent Teacher Associations (PTA) and Parent Teacher Organizations (PTO) to encourage parents to be involved in evaluating and developing school food policies and educational efforts to promote healthy eating behaviors. (SEM: Policy, Organizational, Interpersonal)
  2.6.1 Provide resources for Parent Associations (e.g. vending machine policies, non-snack food fund raisers, school parties)
  2.6.2 Recognize PTA and PTO organizations that have implemented policies and education efforts to promote healthy eating behaviors.
  2.6.3 Publicize best practices of PTA and PTO organizations

3. (E5) By 2012, support professional organizations such as Iowa School Nutrition Association, Iowa Dietetic Association, and Iowa Partners: Action for Healthy Kids with the development of policies that support nutrition education and healthy eating behaviors in educational and community settings.
   - Healthy Iowans 2010 goal: 13-3; 13-4
   - Socio-ecological model: Policy, Organizational

   **Target Population: Policy Makers**
   3.1 By 2010, educate legislators, school administration, parents, community leaders about the guidelines and the rationale for this initiative (SEM: Organizational)

   3.2 By 2010, work with partners to provide resources that identify potential healthy eating environment policies (SEM: Organizational)

   3.3 By 2011, work with partners to influence decision makers in implementing guidelines for ala cart, vending, concessions, fund-raising, and meal/snack offerings in school and community settings. (SEM: Organizational, Policy)
4. (C4) By 2010, increase the number of worksites offering employer-sponsored nutrition educational programs and healthy eating policies.
   Healthy Iowans 2010 goal: 13-3
   Socio-ecological model: Organizational

   **Target Population: Business owners, employees**
   4.1 By 2006, Enhance Lighten Up Iowa by supporting scholarships for worksite teams of low-wage earners (SEM: Community, Individual)

   4.2 By 2007, increase employer knowledge of worksite wellness components and options such as nutrition, physical activity, and tobacco use prevention and cessation (SEM: Organizational)

   4.3 By 2008, promote the development of worksite programs that address nutrition opportunities through partners such as the Iowa Wellness Council (SEM: Organizational)

   4.4 By 2010, work with partners such as the Iowa Wellness Council to establish a recognition system for worksites that make significant improvements in the workplace eating environment. (SEM: Organizational)

   4.5 By 2010, publicize best worksite wellness practices on the Iowans Fit for Life web site (SEM: Organizational)

5. (H.1.) By 2010, Increase the number of health-care providers, hospitals and managed care organizations that provide health promotion activities that address healthy weight and healthy eating
   Healthy Iowans 2010 goal: 13-1, 13-7
   Socio-ecological model: Policy, Organizational, Individual

   **Target Population: Health Professionals, parents/family members, and individuals with obesity and related diseases**
   5.1 Partner with medical and allied health professional organizations to increase the proportion of health-care providers which routinely address and counsel their patients on healthy weight and eating (SEM: Individual)
5.1.1 Introduce legislation to approve third party payer-coverage of nutrition counseling for obesity, partnering with legislators at the state and federal level to educate about coverage benefits
   - Providing legislators with state of Iowa obesity statistics

5.1.2 Educate health-care providers about nutrition, healthy weight and their role in counseling patients with obesity and other chronic related diseases
   - Develop partnership with the Iowa Medical Society to provide advocacy for developing accessible continuing education (CEUs and CMEs) for health professionals addressing this topic
   - Include educational presentations at respective professional conferences
   - Pursue including articles in medical professional journals
   - Create a task force to further explore recommendations for enhanced nutrition education in the pre-service educational curriculum for health professionals at two universities or colleges (e.g. as implemented by the Mayo Clinic)

5.1.3 Increase the number of health-care providers that provide community education and awareness about healthy weight and healthy eating
   - Create and distribute “prescription pads” of wellness behaviors to signed by physicians to be distributed to patients and health care providers

5.1.4 Publicize resources where medical offices can order patient information on obesity, and related diseases, physical activity, nutrition, breast feeding, tobacco use prevention and control and sleep to be distributed in medical offices, centers, etc.

6. (E4, C2) By 2012, increase availability of fresh produce at schools and in communities

   Healthy Iowans 2010 goal: 13-5
   Socio-ecological model: Policy, Community, Organizational, Individual

   Target Population: Students and community members in Pilot Intervention Communities

6.1 By 2006, partner with the Iowa Dept. of Education and United States Department of Agriculture to subsidize fruits and vegetables to be served at schools through the Fruit and Vegetable Program (Iowans Fit for Life school/community pilot intervention) (SEM: Policy, Organizational)
6.2 By 2010, provide resources and technical assistance to pilot intervention community and coalitions to develop community gardens (SEM: Community)

**Target Population: All Iowans**

6.3 Through marketing and communication campaign efforts and partnerships such as “Buy Local, Buy Fresh”, promote fruits and vegetables as an affordable, healthy option in comparison with high fat/low nutrient dense foods (SEM: Individual)

6.4 By 2006, develop partnerships with parish nurses, pastor organizations, and local wellness coalitions to develop an initiative with faith-based communities and social/service organizations to offer fruits and vegetables at church events (SEM: Organizational)

6.5 By 2007, develop a template for local communities to list their resources that support a healthy eating and physical activity environment.

- **6.5.1** Create a task force to develop the template and specifically provide recommendations for distribution to communities and institutions such as care facilities, prisons, and rehabilitation centers
- **6.5.2** Partner with county health departments and Area Agencies on Aging to identify resources in each county (as part of each county health needs assessment)
- **6.5.3** Create a list of food resources such as restaurants, food stamp offices, food banks, community kitchens, assisted living, meal sites, senior centers, organizations, and churches

**Target Population: Iowans in Pilot Intervention Communities**

6.6 By 2010, develop a restaurant campaign that increases healthy food options in Iowans Fit for Life pilot intervention communities partnering with community coalitions and organizations such as a restaurant association or chamber of commerce.

- **6.6.1** Recognize restaurants that participate
- **6.6.2** Publicize best practices from pilot intervention community initiatives

**Target Population: Convenience store owners in rural areas**

6.7 Develop partnerships with convenience stores to increase the availability of fruits and vegetables to rural communities without grocery stores (SEM: Organizational)

- **6.7.1** Provide resources such as marketing tools and advertisements in local newspapers for convenience stores selling fruits and vegetables
- **6.7.2** Work with retail partners to develop a system to recognize participating convenience stores.
7. (B2) By 2012, pursue the development of healthy local food systems in at least three intervention communities which 1) produce healthy foods meeting the USDA dietary guidelines, 2) support agricultural practices producing a healthy environment for Iowans to live, 3) support Iowa farmers

Healthy Iowans 2010 goal: 3-5
Socio-ecological model: Policy, Community

**Target population: Pilot intervention communities**

7.1 By 2006, the Business/Agriculture work group will form a task force with a mission of instituting public policy to improve health through healthy food systems

7.1.1 The Business/Agriculture task force will perform an assessment to determine regional food system changes needed that expand the local resources will be done by the selected communities

7.1.2 The Task force will assist the intervention communities to develop and implement a community plan based on the Food System Assessment that institutes policies in the intervention communities such as:

- Increasing healthy local food purchasing/production of the Community
- Increasing local food purchasing/production by at least one state institution.
- Increasing local food purchasing/production by at least two food service businesses
- Increasing the number of farmers who are producing a variety of healthy foods which support a regional food system and healthy environment
- Developing at least one food processing business which uses inputs from local producers

7.2 By 2012, Iowans Fit for Life will evaluate and publicize best practices models from the community pilot interventions

8. By 2012, identify model programs that exemplify healthy eating environments and healthy eating behaviors.

Socio-ecological model: Community, Organizational

8.1 By 2007, provide tools to child-care, educational settings, worksites, health care and older Iowan settings and communities that will encourage building healthy eating environment and behaviors (SEM: Organizational)

8.2 By 2007, work with the governor’s office and a Iowans Fit for Life task force comprised of partners who currently work with model program efforts, to determine criterion for exemplary healthy eating environment and behaviors and a plan for recognition (SEM: Community)

8.3 Beginning in 2008, award exemplary programs in child-care, educational settings, worksites, health care and older Iowan settings, and communities (SEM: Organizational)
8.4 By 2010, publish and disseminate best practices for replication of exemplary healthy eating environment and behaviors (SEM: Community, Organizational)

**Physical Activity Focus**

Physical activity is the energy output side of the energy balance equation along with Resting Metabolic Rate, which is the amount of energy a body requires to function. How much energy (calories) we expend is an important aspect of weight control, and more importantly, health. Previous interventions with strong and sufficient scientific evidence for increasing the amount people are physically active changing physical activity behavior and aerobic capacity that have been conducted include:

- Community-wide campaigns
- School-based physical education curricula and policy
- Individually-adapted health behavior change programs
- Social support interventions in community settings
- Creation or enhanced access to places for physical activity combined with informational outreach activities
- Point-of-decision prompts to encourage stair use
- Community-scale urban design and land use policies and practices
- Street-scale urban design and land use

**Physical Activity in Iowa**

The Youth Risk Behavior Survey conducted cooperatively by the Iowa Department of Education and the Centers for Disease Control and Prevention, provides a picture of the physical activity patterns of Iowa youth. Results from the 1997 YRBS indicated that 67 percent of Iowa youth participated in at least 20 minutes of vigorous physical activity on three or more days in a week, while the 2003 data showed 60.8 percent participated in at least 20 minutes of vigorous physical activity on three or more days in a week (non-representative sample).

The 2003 Behavioral Risk Factor Surveillance System (BRFSS) showed that 43 percent of Iowa adults (Men- 45%; Women- 42%) met the recommended guidelines of moderate activity for 30 or more minutes per day for five or more vigorous activity for 20 or more minutes per day, three or more times per week. This compares to 47 percent of U.S. adults meeting the physical activity recommendations, 32 percent of older adults, 38 percent of adults with income of less than $15,000 annually, 36 percent of adults with less than a high school education or GED. Additionally 63.8 percent of Iowans 55-64
years old and 68 percent of Iowans older than 65 years do not meet the recommended amount of physical activity.

**Figure 10.2: Percentage of Iowans Engaging in the Recommended Level of Physical Activity by Age and Sex, 2003**

### Healthy People 2010 Physical Activity Objectives

The work group objectives and strategies are designed to help Iowans achieve these Healthy People 2010 physical activity goals:

<table>
<thead>
<tr>
<th>Goal-Objective #</th>
<th>Healthy People 2010 Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-2</td>
<td>Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.*</td>
</tr>
<tr>
<td>22-6</td>
<td>Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days.*</td>
</tr>
<tr>
<td>22-7</td>
<td>Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardio-respiratory fitness 3 or more days per week for 20 or more minutes per occasion.*</td>
</tr>
</tbody>
</table>

*Increasing physical activity is one of the top ten leading health indicators for the United States.*
### Goal-Objective #

<table>
<thead>
<tr>
<th>Objective #</th>
<th>Healthy People 2010 Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-12</td>
<td>(Developmental) Reduce the proportion of people with disabilities reporting environmental barriers to participation in home, school, work, or community activities.</td>
</tr>
<tr>
<td>22-13</td>
<td>Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs</td>
</tr>
<tr>
<td>22-8</td>
<td>Increase the proportion of the Nation’s public and private schools that require daily physical education for all students.</td>
</tr>
<tr>
<td>22-10</td>
<td>Increase the proportion of adolescents who spend at least 50 percent of school physical education class time being physically active.</td>
</tr>
<tr>
<td>22-14</td>
<td>Increase the proportion of trips made by walking.</td>
</tr>
<tr>
<td>22-15</td>
<td>Increase the proportion of trips made by bicycling.</td>
</tr>
</tbody>
</table>

### Physical Activity Objectives and Strategies

Together, the Iowans Fit for Life Work Groups developed these objectives and strategies aimed at different levels of the socio-ecological model and different target populations to achieve the Healthy People 2010 goals. The work group(s) developing the objectives as well as the associated Healthy Iowans 2010 objectives are listed for each objective.

9. (EC1, O1.) By 2008, Provide educational opportunities and promote strategies for targeted groups that encourage physical activity and healthy weight

- **Healthy Iowans 2010 goal:** 13-3, 13-4, 13-9
- **Socio-ecological model:** Community, Organizational, Interpersonal, Individual

**Target Population: Parents of Pre-school children**

9.1 By 2008, implement programming for parents regarding appropriate physical activity for pre-school children (SEM: Interpersonal)

- **9.1.1 Develop partnerships to assess what mechanisms are in place that provide education to new parents**
- **9.1.2 Create an inventory of prospective mechanisms and programs.**
- **9.1.3 Use assessed mechanisms and existing home visiting programs for dissemination of program materials and efforts such as Empowerment,**
Healthy Smiles, Parents As Teachers (PAT)- lessons, and Expanded Food and Nutrition Education Program (EFNEP)

Target Populations: Iowans by income and education level, age, gender, race/ethnicity, disability-specific, rurality

9.2 By 2007, provide monthly educational opportunities with a clear and consistent message through a variety of media outlets (SEM: Community, Individual)

9.2.1 Establish a social marketing task force to establish a marketing and communication plan to “brand” messages, determine marketing and evaluation venues.
9.2.2 Develop messages specific to targeted populations (e.g., age, gender, ethnicity, disability-specific)
9.2.3 Partner with Tobacco Free Iowa to use established methods and venues for message dissemination
9.2.4 Create “Point of Decisions” prompts to be widely distributed to businesses, hospitals, care facilities, schools and interstate rest stops
9.2.5 Establish the Iowans Fit for Life web site as the resource for health care professionals and the general public and pursuing other partner resource links and continual updating.
9.2.6 Provide targeted information on the web site (e.g., age-specific, gender- specific, ethnicity- specific (including Spanish versions), institutionalized individuals, disability-specific)
9.2.7 Develop Partnerships with Senior Olympics and other interested partners in this media effort
9.2.8 Partner with each county health department and Area Aging Agency to identify resources in each county (as part of each county health needs assessment

9.3 By 2007, develop partnerships to establish a system to broadcast media segments to targeted audiences

9.3.1 Incorporate physical activity messages into weekly television segments and/or exercise shows
9.3.2 Partner with Iowa Public Television to broadcast programs such as “Remaking American medicine”

10. (E 5) By 2008, support professional organizations such as IAPHERD, American Heart Association, and Iowa Partners: Action for Healthy Kids with policy guidelines for minimum physical activity per day for students in school settings (including recess, physical education class, and alternative methods to incorporate physical activity into the typical classroom).
Healthy Iowans 2010 goal: 16-6, 16-10
Socio-ecological model: Policy, Organizational

**Target Population: Policy Makers**

10.1 Ensure that high quality physical education will include strategies that (Wechsler, McKenna, Lee, and Dietz, 2004):

- emphasizes knowledge and skills for a lifetime of physical activity
- meets the needs of all students
- keeps students active for most of physical education class
- teaches self-management as well as movement skills;
- is an enjoyable experience for students
- includes adequate time (150 min per week elementary and 225 secondary)
- adequately prepare teachers with opportunities for professional development
- adequate facilities and equipment
- reasonable class sizes.

10.2 By 2009, educate legislators, school administration, parents, staff and students about the guidelines and the rationale for this initiative (SEM: Organizational)

10.3 By 2008, recommend that schools include increasing physical activity during the school day as a component of their wellness policy (SEM: Organizational)

10.4 By 2010, increase the number of schools performing similar physical activity and BMI assessments to those utilized in the Iowans Fit for Life school and community pilot intervention and PANARY projects for schools (SEM: Organizational)

- **10.4.1 Increase the number of schools completing assessments**
- **10.4.2 Pursue methods of capturing and utilizing data from the schools performing physical activity and supportive environment assessments.**

10.5 By 2008, partner with Tobacco-Free Iowa to disseminate messages regarding promotion of physical activity rather than smoking as a weight-control tactic for teen-age girls.

10.6 Iowans Fit for Life staff will partner with organizations such as IAHPERD to provide technical assistance for implementing the guidelines

11. (E.3) By 2010, Increase the number of schools that utilize their facilities as a multi-generational hub for physical activity outside of normal school hours.

Healthy Iowans 2010 goal: 16-6, 16-10
Socio-ecological model: Policy, Organizational
**Target Population: School Boards and School Administrators**

11.1 By 2008, recommend that schools include access to the school building and facilities outside of normal school hours as a component of their school wellness policy. (SEM: Organizational)

   11.1.1 Provide opportunities for parents (and students!) to be involved in the school policies and educational efforts
   11.1.2 Identify current barriers preventing schools from offering facilities to the community for physical activity.
   11.1.3 Locate model schools allowing community members to utilize the facility for physical activity
   11.1.4 Distribute best practices and provide technical assistance to schools

12. By 2007, Partner with the Iowa Department of Transportation to build and identify safe routes to school (SEM: Policy, Community, Organizational, Interpersonal)

   12.1. Identify community resource toolkits including neighborhood safety assessments, planning and implementation guides

   12.2 Partner with public safety to enforce traffic safety and ensure a safe school-travel environment

   12.3 Promote walking and bicycling to school statewide and assist communities in local promotion

13. (C4) By 2012, increase the number of worksites offering employer-sponsored physical activity programs and policies.

   **Healthy Iowans 2010 goal: 16-5**

   **Socio-ecological model: Policy, Community, Organizational**

   **Target Population: Employers**

   13.1 By 2007, partner with the Iowa Wellness Council and other interested organizations to promote the development of worksite programs that address physical activity opportunities (SEM: Organizational)

   13.2 By 2008, increase employer knowledge of physical activity program benefits and options (SEM: Organizational)

   13.3 By 2012, NPA staff will publicize best work practices on the Iowans Fit for Life web site (SEM: Organizational)
13.4 By 2010, develop partnerships with insurance companies to increase the number of third-party payers developing strategies to provide incentives (financial or other) and/or lower premiums to employers with a physically active work force (SEM: Organizational)

14. (H.1) By 2012, increase the proportion of health-care providers, hospitals and managed care organizations that provide physical activity and weight control information
Healthy Iowans 2010 goal: 16-2
Socio-ecological model: Community, Organizational, Individual

**Target Population: Health Care Providers and Individuals with obesity and other related diseases**

14.1 By 2010, increase the proportion of health-care providers (including physical and mental health) which routinely address and counsel their patients on physical activity (SEM: Individual)

14.1.1. Partner with medical professional organizations to educate health care providers on topics of obesity and physical activity
14.1.2. Partner with medical professional organizations to develop accessible continuing education (CEUs and CMEs) for health professionals addressing health and wellness counseling

14.2 By 2010, increase the number of health-care providers that provide community education and awareness on the topic of medical consequences of obesity (SEM: Individual)

14.3 By 2006, partner with Iowa State University Health Promotion class to develop an inventory of area referral resources for physical activity and wellness programs on the Iowans Fit for Life website (SEM: Community)

15. (C1) By 2010, create more opportunities for physical activity in communities
Healthy Iowans 2010 goal: 16-3, 16-8, 16-10
Socio-ecological model: Policy, Community, Organizational, Interpersonal

**Target Population: Policy Makers**

15.1 By 2010, partner with the American Society of Landscape Architects, American Planning Association, Department of Economic Development,
Department of Transportation, Department of Natural Resources and other interested land-use partners to increase the number of physical-activity friendly environments (SEM: Policy, Community, Organizational)

15.1.1 Conduct a statewide assessment of the current built environment in Iowa communities.
15.1.2 Establish a statewide built environment network to bring awareness, share best practices, and create advocacy.
15.1.3 Establish guidelines for pedestrian safe and user-friendly roads.
15.1.4 Develop model ordinances for development regulations, building codes and encourage population density and mixed-use design.
15.1.5 Develop project review checklists for construction.
15.1.6 Educate planners, developers, engineers, policymakers and citizens about the importance of the guidelines.

15.2 By 2010, increase the use of Iowa trails.

15.2.1 Partner with the Iowa Department of Transportation and the Iowa Department of Natural Resources to review existing trail promotion and assessment.
15.2.2 Work with current high-traffic trails to establish model programming.
15.2.3 Revise and republish the Iowa Trails Map to include new trails, identify trails that are safe and accessible for persons with limited mobility, and physical activity messaging.
15.2.4 Promote and provide a greater distribution of the updated trails map.

15.3 By 2010, increase the number of physical activity opportunities available through parks and recreation services, particularly in small towns. (SEM: Community)

15.3.1 Partner with the Iowa Parks and Recreation Association to determine gaps in existing programs and current model efforts.
15.3.2 Develop and distribute a parks and recreation component to be incorporated in the Iowa Healthy Community Toolkit.

15.4 By 2010, assess physical activity efforts (SEM: Community)

15.4.1 Develop a web-based data base of existing physical activity programs and resources
15.4.2 Expand the data base to include other state physical activity resources such as efforts aimed at improving the built environment, schools, worksites, health care, and parks and recreation
15.4.3 Assess physical activity levels and the body mass index (BMI) of youth in pilot intervention communities

15.5 By 2007, develop media partnerships to establish a system to broadcast weekly media segments with targeted audiences such as provide thrice weekly “Sit and be Fit” programs (SEM: Individual)
15.6 By 2007, enhance and expand Lighten Up Iowa by increasing promotion through Iowans Fit for Life and providing opportunities for whole communities to be involved (SEM: Community)

15.7 (C1) By 2010, offer physical activity opportunities at faith-based and other organization (SEM: Organizational)

**Target Population: Faith-based and other organizations**

15.8 By 2006, partner with Parish ministry program, Parish Nurses Association, Pastor Associations, and individual church wellness committees to increase the number of low-cost exercise classes offered for adults and seniors and play and/or game opportunities for toddlers and youth.

15.8.1 Partner with the Parish ministry program to expand curriculum
15.8.2 Partner with these same organizations to develop and provide promotional materials for this campaign
15.8.3 Publicize best practices and recognize faith-based organizations providing physical activity opportunities.

**Target Population: Older Adults**

15.9 By 2011, establish wellness programs in each county for older adults (SEM: Organizational)

15.9.1 Partner with Iowa Senior Olympics and build partnerships with other organizations to offer low-cost physical activity opportunities
   ○ By 2008, identify physical activity programming available statewide for older Iowans.
15.9.2 By 2009, expand existing “train the trainer” programs such as the Arthritis Foundation Exercise Program, and the Administration on Aging program, You Can! (SEM: Community, Interpersonal)
15.9.3 By 2007, Build partnerships with organizations such as Iowa Senior Olympics or Silver Sneakers to offer low-cost physical activity opportunities (SEM: Community, Organizational)
15.9.4 By 2008, Use facilities serving older Iowans, such as assisted living, senior centers, meal sites, or care centers.

16. (C8) By 2015, improve the walkability* of Iowa communities

**Healthy Iowans 2010 goal: 16-8**

**Socio-ecological model: Policy, Community**

**Target Population: Policy-makers**

16.1 By 2013, implement in the Code of Iowa a policy measure that encourages the connectivity of walkways to aid Iowans in making physical activity the easy choice. (SEM: Policy)
16.2 By 2013, develop mandates for walkable communities, including requiring sidewalks in new developments, requiring adequate sidewalks leading to parks, and requiring sidewalks in new zoning or rezoning in Iowa communities (SEM: Policy)

16.3 By 2013, identify partners to advocate for more walkable communities (SEM: Policy)
* or “maneuver-ability” such as bicycling, tricycling, roller skating, skateboards, etc.

17. By 2010, identify model programs that exemplify physical activity environments and physical activity behaviors.
Healthy Iowans 2010 goal: 16-3, 16-5, 16-6, 16-8
Socio-ecological model: Community, Organizational

17.1 By 2006, provide tools to child care, educational settings, worksites, health care and older Iowan settings and communities that will encourage building physical activity environment and behaviors. (SEM: Organizational)

17.2 By 2007, work with the governor’s office and a Iowans Fit for Life task force comprised of partners who currently work with model program efforts, to determine criterion for exemplary physical activity environment and behaviors and a plan for recognition. (SEM: Community, Organizational)

17.3 Beginning in 2008, award exemplary programs in child care, educational settings, worksites, health care and older Iowan settings, and communities. (SEM: Organizational)

17.4 By 2010, publish and disseminate best practices for replication of exemplary physical activity environment and behaviors. (SEM: Community)

**Breastfeeding Focus**

Breastfeeding is important in preventing childhood overweight, and helping new mothers return to pre-pregnancy weight. There is growing evidence to suggest that breastfeeding reduces the prevalence of overweight in both children and nursing mothers. Previous strategies that have some promising success include:

- Development of social support resources for breastfeeding women
- Provision of training on breastfeeding to health care professionals who provide maternal and child care
- Establishment of maternity care practices and policies that promote breastfeeding
- Establishment of workplace programs and policies that promote breastfeeding
The importance of increased social support for breastfeeding is noteworthy because women who have support are significantly more likely to breastfeed than those who do not have encouragement from significant members of their social network (e.g., Woolett, 1987; Sanders & Carroll, 1988; McLorg & Bryant, 1989).

Breastfeeding in Iowa

Breastfeeding rates were up in 2002 with 64.9% of babies being breastfeed at birth according to the Iowa Newborn Metabolic Screening Profile. Iowa has seen a steady increase in breastfeeding rates since 1991. The following table shows rates for the past 10 years:

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<tr>
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<tbody>
<tr>
<td>Rate</td>
<td>56.4%</td>
<td>57.7%</td>
<td>59.9%</td>
<td>61.6%</td>
<td>62.7%</td>
<td>63.1%</td>
<td>64.6%</td>
<td>64.9%</td>
<td>65.8%</td>
<td>67%</td>
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Healthy People 2010 Breastfeeding Objective

The breastfeeding objectives and strategies were developed by the Iowans Fit for Life Partnership through the series of work group meetings. The objectives and strategies are designed to help Iowans achieve the following Healthy People 2010 objectives:

<table>
<thead>
<tr>
<th>Goal-Objective #</th>
<th>Healthy People 2010 Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-19</td>
<td>Increase the proportion of mothers who breastfeed their babies</td>
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</table>

Breastfeeding Objectives and Strategies

Together, the Iowans Fit for Life Work Groups developed these objectives and strategies aimed at different levels of the socio-ecological model and different target populations to achieve the Healthy People 2010 goals. The work group(s) developing the objectives as well as the associated Healthy Iowans 2010 objectives are listed for each objective.
18. (EC 1). By 2009, increase the number of educational opportunities about breastfeeding and nutrition to families.

   Healthy Iowans 2010 goal: 16-2

   Socio-ecological model: Interpersonal

   Target Population: Parents of infants

   18.1 By 2007, develop partnerships to assess what mechanisms are in place that provide education to new parents.

   18.1.1 Assess hospitals and other infant program initiatives to see if nutrition education is being given.

   18.2 By 2009, use existing home visiting programs for dissemination such as Empowerment, Healthy Smiles, parents as teachers, and expanded food and nutrition program

   18.3 By 2009, develop a public education campaign about breastfeeding and nutrition with a clear consistent message specific to prenatal women and families with children under 2

   18.3.1 Provide culturally-sensitive, age-appropriate information

   18.3.2 Determine and provide messages specific to identified populations

19. (EC 2). By 2010, increase the number of worksites that have implemented a policy conducive to allowing continuation of breastfeeding for working mothers of small children

   Healthy Iowans 2010 goal: 16-2

   Socio-ecological model: Policy, Organizational

   Target Population: Employers

   19.1 By 2006, develop partnerships with the organizations such as the Wellness Council of Iowa other interested organizations to assist in the development and promotion of a model family-friendly work site policy (SEM: Organizational)

   19.1.1 Develop a family-friendly business list, using other national models for ideas

   19.2 By 2010, disseminate a breastfeeding worksite support kit. (SEM: Organizational)

   19.2.1 Identify companies in Iowa that have human resource contacts.
19.2.2 Explore the option of making a worksite kit through state human resource association.

19.2.3 Contact corporate wellness councils in the state to communicate the availability of the worksite kit.

19.2.4 Determine an organization or group who will keep the worksite support kit current and available for dissemination.

19.2 Educate child care providers about policies and structure related to supporting breastfeeding

19.3 By 2010, develop a work site recognition program (potentially incentives) for family-friendly work places (SEM: Organizational)

19.3.1 Expand Central Iowa Wellness Council’s Well Work Place

19.3.2 Provide incentives to employers who provide flexible work schedules to employees

19.4 By 2010, educate employers about breastfeeding benefits (SEM: Organizational)

19.4.1 Provide lactation kits to employers – including information about financial savings

19.4.2 Provide educational materials to employers about how supporting their employers who breastfeed benefits their employees

20 By 2012, partner with Iowa Lactation Task Force to survey health–care providers to increase the number of providers that address breastfeeding with expectant parents

Healthy Iowans 2010 goal: 16-2
Socio-ecological model: Individual

**Target Population: Health Care Providers**
20.1 By 2011, partner with pediatricians, physician assistants, nurse practitioners, and nurse organizations to develop a white paper on breastfeeding

20.2 By 2012, educate health-care providers about the benefits of breastfeeding and their role in counseling patients

  - Develop accessible continuing education (CEUs and CMEs) for health professionals addressing breast feeding
  - Incorporate breastfeeding education into the pre-service educational curriculum for health professionals at two universities or colleges
  - Increase the number of health-care providers that provide community
  - Education and awareness about breastfeeding
Screen Time Focus

Reducing screen time is an important component to increasing physical activity. More time spent in front of a screen (television, video games, computer) is less time being active. Although few interventions have been reported, promising interventions include:

- School-based interventions and clinic-based interventions
- Counseling by health providers and training for health-care professionals.
- Preschool, child-care, and after-school settings curriculum-based approaches aligned with state and national educational standards, media literacy, and approaches addressing both children and their parents
- Family and community innovative strategies: including social marketing campaigns, interventions with parents to reduce their own television watching, parenting programs addressing parental monitoring and setting of rules, and providing more safe and engaging activities for children to do instead of watching television.

Currently, no data is available on the amount of youth screen time. The pilot intervention will include surveillance on this activity.

Healthy People 2010 Screen Time Objective

The objectives and strategies are designed to help Iowans achieve the following Healthy People 2010 objectives:

<table>
<thead>
<tr>
<th>Goal-Objective #</th>
<th>Healthy People 2010 Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-11</td>
<td>Increase the proportion of adolescents who view television 2 or fewer hours on a school day.</td>
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</tbody>
</table>

Screen Time Objectives and Strategies

Together, the Iowans Fit for Life Work Groups developed these objectives and strategies aimed at different levels of the socio-ecological model and different target populations to achieve the Healthy People 2010 goals. The work group(s) developing the objectives as well as the associated Healthy Iowans 2010 objectives are listed for each objective.
21. **(EC 4). Reduce non-purposeful screen time for young children**

**Healthy Iowans 2010 goal: 16-10**

**Socio-ecological model: Interpersonal, Individual**

**Target Population: Parents/Caregivers**

21.1 Develop an awareness campaign to educate parents/caretakers about the hazards of inactivity of children due to screen time (SEM: Interpersonal)

   21.1.1 Investigate an established and recommended set of guidelines

   21.1.2 Disseminate guidelines to caretakers of young children such as child-care providers, schools, parents

   21.1.3 Provide training to child-care providers on alternatives to screen time

   21.1.4 Provide educational materials about reduction of screen time to Parents/Caregivers of students in the Pilot Intervention Communities

22. **(H.1.) By 2012, increase the proportion of health-care providers, hospitals and managed care organizations that provide health promotion activities that address reducing screen time**

**Healthy Iowans 2010 goal: 16-2**

**Socio-ecological model: Interpersonal, Individual**

**Target Population: Health professionals**

22.1 By 2012, Increase the proportion of health-care providers (including physical and mental health) which routinely address and counsel their patients and parents on reducing screen time (SEM: Interpersonal, Individual)

   22.1.1 By 2012, partner with University of Iowa to develop a quick screening tool for health professionals to use with their patients or patients’ parents/caretakers

22.2 By 2012, increase the number of health-care providers that provide community education and awareness of appropriate screen time. (SEM: Community)

22.3 By 2008, develop and distribute community resources guides in health-care provider offices containing area referral resources for physical activity, reduced screen time and sleep (SEM: Community, Individual)
School and Community Pilot Intervention

Iowans Fit for Life Pilot Intervention

As work groups and partners were developing the Iowans Fit for Life overall plan for the State of Iowa, a pilot intervention based on scientific evidence and theory was developed for select Iowa communities. The purpose of a Pilot Intervention Project within the context of the Nutrition and Physical Activity to prevent Obesity and Other Chronic Diseases grant, is to investigate a complete program of wellness utilizing all levels of the socio-ecological model. Most importantly, members of that community can then be a part of developing the intervention and provide valuable feedback about the strengths and weaknesses of the project. The long-range goal of the project is to develop model communities that can be replicated across Iowa. The program evaluation will include consistent measures and track outcomes over a period of five years.

Pilot Intervention Goal 1: Move children towards the healthy lifestyle behaviors of eating more fruits and vegetables daily to meet the recommendations from the 2005 Dietary Guidelines for Americans.

Pilot Intervention Goal 2: Move children towards being physically active 60 minutes per day.

The long term objective is to develop a model program that will support and sustain the healthy lifestyle behaviors of eating more fruits and vegetables daily and being physically active 60 minutes per day that can be replicated in other communities.

Schools and communities were selected to participate in the pilot intervention because the schools met following criteria:

- Previous applicant for the Fruit and Vegetable (Pilot) Program in either 2002 or 2004
- Population range of 2,000 to 11,000 (categorized by Beale Codes as non-metropolitan)
- 3rd, 4th and 5th grade students in the same building with a minimum of 23 students in each grade level.
- School residing in a small town that is served by a local newspaper and a grocery store with fresh produce options.
- Located in a county that identified overweight, obesity, nutrition, physical activity and/or other healthy lifestyle as a priority in the Community Health Needs Assessment and Health Improvement Plan completed in the spring of 2005.
Schools participating in the public health school and community pilot intervention will also be part of the USDA funded Iowa Department of Education Free Fruit and Vegetable Program for two years over a four-year time frame, subject to availability of funds.

Twelve schools and their respective communities were randomly assigned (stratified by geographical area) to intervention groups for the 2005-06 and 2006-07 school years:

A) Three schools will participate in the Free Fresh Fruit and Vegetable Program funded through USDA in cooperation with Iowa Department of Education
B) Three schools will participate in the Free Fresh Fruit and Vegetable Program plus an IDPH school and community program
C) Three schools will participate in an IDPH school and community program
D) Three schools will start the full program after two years so that comparisons may be drawn

Schools will be offered the program components not yet received in the 2007-2008 and 2008-2009 school years.

The intervention will be reinforced at the community level through community or county health coalitions, after-school physical activity and nutrition programs, billboards, newspaper articles, radio public service announcements and retail point of purchase; institutional/organizational level through school procedures and environment; interpersonal level through parental involvement with initiatives, and school to home initiatives; and individual level through Pick a better snack™ & ACT curriculum and bingo cards, tasting opportunities, physical activity opportunities, incentives, and social support.

Implications
The purpose of this intervention is to increase physical activity and fruit and vegetable consumption of targeted youth. Schools alone cannot solve the nutritional problems of children today. It will take the combined efforts of families, schools, communities, government agencies, health providers, the food industry, and the media to make improvements in child health. The project is designed to strengthen an alliance of parents, teachers, child nutrition personnel, school staff, and community partners to teach children and their families how to be healthy for a lifetime. The goal of this pilot project is to develop model schools and communities so that individuals will enjoy balanced nutrition, lead physically active lives, and sustain healthy weights.
While workgroups build plans around their specific subjects the Iowa Department of Public Health builds its plans around strengthening the infrastructure in order to facilitate the work of the communities, the workgroups and the task forces. For some of the Iowa Department of Public Health plans their purpose is to build an implementation that is statewide and comprehensive – for example the “awards” or “social marketing” goals and objectives. For other goals the purpose is strengthening the system to be able to accomplish the task and build sustainability: for example “partnerships” and “repository.” For “education” and “capacity building” the goal is to provide the information and education necessary for our partners whether they be statewide or local community partners.

For the Iowa Department of Public Health the underlying purpose of this work is to increase the communities involved with implementing their own nutrition and physical activity initiatives through resources of their own, other private or IDPH support. To accomplish this overarching goal, IDPH needs to:

- Improve its capacities,
- Educate communities,
- Award success, and
- Network.

The measures of this work at the state level will include the number of: community initiatives completed successfully as well as the number underway; citizens that are overweight; access sites for fresh fruit and vegetables; and partnerships that are active to make this all happen.

In a process which looked at needs, capacities and potentials, IDPH developed the following specific goals for building a program that expands the first year of work and builds for the next few years. These specific areas of focus include:

- Capacity Building,
- Partnerships,
- Educational Conferences,
- Governor’s Initiatives,
- Resource Repository/Clearinghouse,
Statewide Activities in Nutrition and Physical Activity
The above noted initiatives represent only a portion of those activities going on in the state. One of our current work efforts is partnering with the Iowa State University Health and Human Performance Department to expand the existing comprehensive inventory of Health Promotion Programs in Iowa. In this way we hope to reach critical mass and build a message that is so widespread that it touches everyone and one message can build upon another as they move through the populations.

Capacity Building
The capacity building goals address specific needs of the Nutrition and Physical Activity state team and their key partners. As the state work becomes more complex and comprehensive, the skills and abilities of the leadership will become more important to success. To address that knowledge, skills and abilities that are perceived to be critical to planning and implementation for success, these goals were written. Each year of the implementation will include capacity building designed to meet the skills and abilities needs of the team assembled to provide leadership in this work.

Partnerships
One of the primary goals of the Iowans Fit for Life program is to reduce obesity through integration, coordination and collaboration among organizations and entities that share expertise and maximize resources of existing programs and partnerships. This goal addresses many layers of collaboration from simple coordination to actual collaboration. Partners of the future include the stakeholders that we now have at the table –note the lists in the appendix – and the community and business stakeholders that until now have not participated. Additionally, new partnerships with entities that have the ability to make things happen will be sought to expand our network and our project successes. One of our new partnership strategies will reach out to employers to capture employed audiences to build strategies for improving healthy lifestyles.

Educational Conferences
Conferences offer opportunities to accomplish things that cannot otherwise be done. First, just pulling the stakeholders together to recognize accomplishments serves to re-energize folks who may be working almost alone in community. This allows the opportunity to build capacities for local work and inform the participants about the measures and outcomes of the work to date. Publicity around the public gatherings offers visibility and with support of the Governor – in a “Governor’s” Conference – provides an authorization and sanction that carries the work forward.
Governor’s Initiatives
The current governor of the state of Iowa, Thomas Vilsack, is a passionate advocate on childhood obesity prevention through healthy lifestyle change. Governor Vilsack has worked to make Iowa a national leader in children’s health care coverage, with 94% of all Iowa children having health insurance. He has helped continue Iowa’s tradition of excellence in education by reducing class sizes in the early grades of elementary school for three years in a row. Iowa is fortunate that the governor is now continuing his efforts with improving the lives of our children through obesity prevention efforts. Governor Vilsack currently serves on a special task force of the National Governor’s Association to address the obesity epidemic. Governor Vilsack has worked very closely with the Director of Public Health, Mary Mincer Hansen, to assure that a plan is in place for Iowa children to achieve and maintain a healthy weight throughout the life span.

Resource Repository/Clearinghouse
While multiple materials and resources are available through multiple partners these are not well coordinated. A clearinghouse resource is envisioned along with an electronic resource listing that collects everything from web sites to consultants, from public message, to language specific handouts, from announcements to archives. Much of the infrastructure for this vision is in place, the elements need to partner to fully realize the effort however.

Social Marketing and Communication Efforts
All work groups agreed that consistent, repetitive messages that will lead to behavior change are essential to successful implementation of the comprehension state plan. While a great deal of individual and community based work is happening around nutrition and physical activity –note the map showing the specific projects of the Nutrition and Physical Activity projects, the Harkin Wellness Grants and the Wellmark Grant Program – much of this work is not currently coordinated or connected. In the local communities, the work is often very coordinated as the same individuals often do all of the wellness projects together.

In this work, the IDPH seeks to build a statewide comprehensive social marketing message that will be adopted by the intended audience, inclusive of other wellness efforts, coordinative of other private grant funded programs and build on public awareness already built in our communities. It is hoped that the social marketing built with this effort will be not only a consistent message but also a motivational messaging that will serve more effectively to move from just informing to behavior change.

Awards
Some fantastic community models currently exist in Iowa and could be described as model communities for others to replicate. All work groups identified an
awards program as a strategy in the state plan to recognize and publicize best practices for healthy eating and physical activity behaviors. With this program we want to recognize successes, inform other communities about ways to address the issues, and partner with events and conferences (such as Barn Raising and the Iowa Public Health Association or the Rural Health Association) to showcase the projects.

This then is the IDPH set of Infrastructure Goals designed to build the “umbrella” for community, special population, and organizational nutrition and physical activity projects.

Infrastructure Goals and Objectives

1. Capacity Building
   1.1 Identify the development needs of staff responsible for the Nutrition and Physical Activity Plan by first quarter of 2006.
   1.1.1 Assess the resources available to the Bureau of Nutrition and Health Promotion to most effectively carry out the initiatives of the Nutrition and Physical Activity Programs.
   1.1.2 Identify the skill set necessary to lead community groups to carry out the initiatives of the Nutrition and Physical Activity Plan.

   1.2 Build a capacity building plan by mid 2006 to increase the staff ability to work with teams, workgroups, communities and field initiatives for most efficient and effective outcomes.
   1.2.1 Build social marketing knowledge and skills in order to build a credible campaign to meet the awareness and behavior modification goals.
   1.2.2 Build motivational interviewing knowledge and skills to facilitate community effectiveness in these areas.
   1.2.3 Build knowledge and skills with respect to working with communities, early care and educational settings, healthcare providers, and business.

   1.3 Implement the capacity building plan over 2006 and 2007.

   1.4 Evaluate the effect of the capacity building education beginning in 2006.

   1.5 Build ongoing education programs to meet needs and increase the capacities of the Bureau.

2. Partnerships
   2.1 Through 2006 and 2007 build on expanding relationships with partners identified in 2005 as desiring to be an active member of a work group,
providing funding, in-kind resources, guidance/expertise/evaluation/review, or supporting implementation or implementing a strategy in the plan

2.1.1 Establish a mechanism for involving partners in the Iowans Fit for Life implementation program
   - Establish implementation work groups
   - Establish task forces and advisory committees as reference in the state plan

2.1.2 Establish a mechanism to utilize the strengths and commitments of identified partners that will meet the expectations of both the partner organizations and Iowans Fit for Life program.

2.2 Through 2006 and 2007 expand specific partnership relationships to facilitate implementation strategies and increase the opportunities for sustaining efforts generated through the Iowans Fit for Life initiatives.

2.2.1 Partner with local school systems participating in the school and community pilot interventions

2.2.2 Meet and coordinate efforts with partners currently working with schools on healthy weight and nutrition and physical activity interventions (Iowa Partners: Action for Healthy Kids; Farm Bureau; Fit Kids)

2.2.3 Partner with local public health entities for community meetings, town hall meetings and local planning task forces

2.2.4 Partner with IDPH bureaus and experts to improve the Bureau of Nutrition and Health Promotion’s ability to carry out nutrition and physical activity initiatives, reaching targeted populations and eliminating gaps in program efforts
   - Partner with the Office for Healthy Communities to more effectively enhance local strategies, establish best practices, and build capacity to connect communities and community programs to resources.
   - Partner with the IDPH Bureau of Health Statistics and the Iowans Fit for Life Epidemiology Committee to build strong measures and evaluation of the initiative programs and projects
   - Partner with the Bureau of Rural Health and Primary Care to work more effectively in local communities with already established networks and rural health initiatives
   - Partner with the Centers for Local Public Health Services and their regional Community Health Consultants as liaison to local public health nursing stakeholders.

2.3 Build partnerships with funders to enhance current funding and fund community pilot projects beginning in early 2006

2.3.1 Identify local and regional health foundations for local funding opportunities
2.3.2 Provide technical assistance to local applications for funding to implement local pilots
2.3.3 Recognize the local funders that catalyze the local work

2.4 Build partnerships with stakeholder organizations and entities to coordinate our work efforts and enhance both efforts through out the project timeline

2.4.1 Connect with the state colleges and universities with nutrition and physical activity/health-related programs to facilitate the concept of having a “health coach” in every county
   o 2.4.1.1 Facilitate internships and preceptor experiences with students to help Iowans Fit for Life program efforts and communities carry out their work by 2006
   o 2.4.1.2 Increase professors’ awareness of the local work and the opportunities for building learning opportunities

2.4.2 Through out the life of the projects, connect with associations and organizations that through their membership can facilitate this work (Iowa Rural Health Association, Iowa Public Health Association, Iowa Association of Counties, etc.)
   o Build awareness message for distribution through newsletters and association communications
   o Recruit for participation in task forces, work groups and local community initiatives

3. Educational Conferences

3.1 In 2006 create a conference task force with members from the workgroups, stakeholders and education partners to identify purpose and learning objects to meet the learning needs of conference participants.

3.2 Create an annual conference in 2006 that builds statewide awareness and provides specific learning opportunities for project partners.
   3.2.1 Include local implementation strategies for community partners
   3.2.2 Plan networking opportunities
   3.2.3 On alternate years, combine the conference with the Barn Raising Public Health Conference, integrating the learning objectives into the Barn Raising format and using an evening award ceremony to recognize that year’s outstanding initiatives

4. Governor’s Initiatives

4.1 Work with governor’s office to develop/support statewide initiatives that are directed at increasing healthy eating and physical activity opportunities
   4.1.1 Support and integrate messages developed through the Iowans Fit for Life social marketing and communication plan
4.1.2 Support an awards program to recognize and publicize best practices for healthy eating and physical activity behaviors with programs targeted in child care, educational settings, worksites, health care and older Iowan settings, and communities

4.2 Work with the governor’s office to support initiatives in the school and community pilot intervention program
   4.2.1 Provide press releases to announce and support school/community events
   4.2.1 Provide recognition of school and community accomplishments

4.3 Create incentives for state employees that reinforce healthy lifestyle behaviors
   4.3.1 Provide monthly insurance premium reduction if employees participate in healthy lifestyle behaviors and/or programs
   4.3.2 Eliminate health insurance co-payments on preventive services

5 Clearinghouse/Repository
   5.1 Work with the Iowa State University Health Promotion class to conduct an inventory of nutrition and physical activity programs in each county of the state.

   5.2 Provide an opportunity for Iowans Fit for Life partners to add program efforts to the inventory.

   5.3 Post the nutrition and physical activity program inventory on the Iowans Fit for Life web site.

   5.4 Determine strategies to notify communities of the program inventory availability to use as a template for identifying healthy eating and physical activity opportunities in their respective areas.

   5.5 Build a repository for documents, toolkits, workbooks and resources for local or field use to accomplish the work goals of the Nutrition and Physical Activity initiative beginning in 2006.
      5.5.1 Pursue adding Iowans Fit for Life website link to partner organization web sites.
      5.5.2 Explore the need for an Iowans Fit for Life list serve.
      5.5.3 Publish toolkits, information pieces and resources as appropriate and place in the state information clearing house in order for all materials to be readily available to anyone who wants to order them.
5.5.4 Publicize these connection and information partnerships to all partners, workgroups, stakeholders and associated interested parties.
5.5.5 Establish a mechanism to update and maintain the most current resources on the Iowans Fit for Life web site.

6. Social Marketing and Communication Plan
6.1 By mid 2006 develop a social marketing and communication plan for the nutrition and physical activity initiative.
   6.1.1 Assemble a task force to identify the social marketing elements in the workgroup goals as well as those communication needs of the Nutrition and Physical Activity efforts of the Bureau of Nutrition and Health Promotion.
   6.1.2 Hire a consultant and/or communications position.
   6.1.2 Facilitate task force meetings to achieve a usable work product leading to a social marketing campaign.
   6.1.3 Implement and evaluate the impact of the social marketing campaign efforts and modify the messages to meet the needs of the project, to most effectively create broad public awareness, and to create behavior modifications that will establish healthy eating behaviors and increase physical activity.

7. Awards
7.1 By December 2006 develop an award program that recognizes the achievements in nutrition and physical activity.
   7.1.1 Create a task force to develop an award program initiative.
   7.1.1 Create an award program timeline with a beginning date for nomination submissions.
   7.1.2 Develop a nomination process and criteria for application.
   7.1.3 Disseminate the award information statewide and encourage applications through technical assistance.
   7.1.4 Create a plan for award determination.
   7.1.5 Create a plan for award announcements and presentation ceremonies.
   7.1.6 Seek to make these “Governor’s Awards” to increase the public awareness and credibility offered by the VIP.

Redesign of Public Health
The work of building a nutrition and physical activity work plan for Iowa necessitated a review of the resources and gaps within the statewide public health system. That awareness created a move to build the public health system both at state and local level to facilitate this work. While this is not directly part of the comprehensive state plan, it is work that will facilitate the nutrition and physical activity efforts and move the Iowa Department of Public Health into a more focused health promotion effort.
The initial meetings about this have created the first of what is hoped to become several specific initiatives. These are to be created over the next year in planning, and implemented over the next few years. Some will be closely tied to the planning and program implementation of the nutrition and physical activity comprehensive state plan and some will be statewide initiatives funded by public health partners.

The initial ideas are described below. These ideas build on other successful state initiatives, which enhance their opportunity for success. The Iowa Values Fund is an economic development program that sets aside funds for communities aimed at tourism development or business development. Expanding this concept into health is a natural expansion, creating a funding mechanism is a way for communities to deliberately plan for health improvement. The Iowa public health system has both statewide and local (county) health departments. Additionally there are six public health services regions which are organized around providing technical assistance for local public health nursing agencies. The health promotion capacity building initiatives strengthen these regional educational offerings to build the local public health consulting role for community.

**Community Health Values Fund:**
Creates a state managed fund for communities who want to create a healthier environment. Communities build local improvement plans and submit for state funding. Impact is measured in terms of health improvement and healthier lifestyles and community designs that enable healthier living.

**Family Fitness:**
Iowans Fit for Life Family Campaign builds individual awareness of nutrition and activity as a daily prescription for healthy living through a social marketing campaign that “steps up” over five years. Uses regionally based education through local public health experts to teach people what they need to know to live healthy lifestyles. Family fitness creates incentives and rewards for participation as a family and a community of families in healthy living seminars and activities and works at building public demand for health information and services. This will provide tools for health providers to prescribe healthier lifestyles in ways that are more meaningful for people and families.

**Health Promotion:**
This effort builds capacity in public health to do health promotion, to become spokesmen for health promotion efforts and to partner with business and health stakeholders in community to do health improvement. This prepares local public health through regional programming to lead in health promotion -- whether the project is a new community design or a city sewer replacement. This puts public health at the city planning table to assure design for sidewalks and parks in new residential developments. This puts public health in the picture as consultant for businesses who are doing new construction and need help with ergonomic design to prevent work related health problems or even for creating company wellness programs to decrease health care costs. In addition this effort builds the local capacity to do needs-assessments (and asset inventories) to use with local committees and task forces addressing the health needs of their communities and building partnerships and collaborations to respond to the needs.
Redesign Public Health:
Through this work the IDPH will be building the overarching system to operationalize the beginnings in the CDC Nutrition and Physical Activity Grant Application and Plan. This expands dramatically the Iowa system of public health and strengthens the regional resources for local public health agencies. Additionally this dramatically expands BRFSS to build data upon which to measure impact, as well as progress. Use of the Healthy Communities Values Fund offers a catalyst for communities to take on their own health improvement and create a set of success stories for others. Expanding BRFSS builds a data base for direction for future work.

Retooling public health is envisioned as the move to promoting health and preventing disease or disability. Retooling is seen as focusing on capacity building and positioning public health as a resource and consultation team member for community health committees and task forces. Retooling is planned to build the public health system by strengthening its local capacity to make a difference in people’s lives. Retooling is taking the opportunities offered by Iowans Fit for Life and growing beyond that work into system improvements that in turn enhance the goals and objectives. Together this will build a stronger and more prevention oriented public health system that will offer better service to communities and citizens.
Pages 71-84, Iowa’s culture for nutrition and physical activity have been omitted from the plan at this time.