

Iowans Fit for Life State Plan Mid-Course Revision 2010 2006-2016



Iowans Fit for Life
ACTIVE AND EATING SMART

Iowa Department of Public Health



Table of Contents

Vision Statement	3
Mission Statement.....	3
Overview	3
Definitions:	4
The Socio-Ecological Model of Health Promotion	5
Individuals:.....	6
Interpersonal Groups:.....	6
Organizations:	6
Communities:.....	6
Society (Public Policy):	6
Goal 1: Increase healthy eating and physical activity opportunities by fostering supportive policies and environments.	7
Goal 2: Increase the percentage of lowans at a healthy weight.	9
Goal 3: Increase the percent of lowans who follow healthy eating patterns.	10
Goal 4: Increase the percentage of lowans who participate in recommended amounts of physical activity.....	14
Goal 5: Increase the percentage of lowans who limit TV and/or screen time.....	17



Vision Statement

Iowans will enjoy balanced nutrition, lead physically active lives and live in healthy communities

Mission Statement

Improve Iowa's health by:
Setting priorities for sound policy, programs, resources, messages, and equipping communities and organizations to support an environment that encourages healthy choices about eating and physical activity.

Note: The Iowans Fit for Life Plan was formerly titled Iowa's Comprehensive Nutrition and Physical Activity Plan.

Overview

Iowa's Comprehensive Nutrition and Physical Activity Plan, known as the State Plan, originated in early 2006 through an intense and collaborative process of the Iowans Fit for Life partnership. The State Plan intent is to be an interactive document referenced as a guide to state, local and private organizations as they consider strategies to make the healthy choice the easy choice in Iowa. The shelf life of the document was intended to be five to ten years with revisions as needed. This document represents the mid course revision of the State Plan and is intended to serve as the roadmap through 2016, ten years from the original state plan. For questions or comments on the State Plan or other Iowans Fit for Life topics, please contact any Iowans Fit for Life staff member at (515) 281-7501 or visit us on the Web at www.idph.state.ia.us/iowansfitforlife/Default.asp.

Many of the revised strategies are based upon the Centers for Disease Control and Prevention (CDC) Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide (RCSM) released in July, 2009. The full RCSM may be reviewed at www.cdc.gov/mmwr/pdf/rr/rr5807.pdf. The Iowans Fit for Life Plan strategies from the RCSM are referenced within the heart of the plan document.

Two components, while not specifically addressed at the goal, objective, or strategy level, are implied throughout the State Plan and included in more detail in the annual implementation plan. Those components are disparity (health equity) concerns and evaluation efforts.

The lowans Fit for Life Plan is comprised of broad goals, general objectives, and specific strategies. The precise action steps are found in the lowans Fit for Life work group annual action plans and are compiled annually into an annual implementation plan. The annual implementation plan may be found on the Web at www.idph.state.ia.us/iowansfitforlife/Default.asp.

Definitions:

Public service venue is defined by CDC as: facilities and settings open to the public that are managed under the authority of government entities (e.g., schools, child care centers, community recreational facilities, city and county buildings, prisons, and juvenile detention centers).

Sugar sweetened beverage (SSB) is defined by the Institutes of Medicine (IOM) as: Beverages that provide 35% or more of calories from total sugars per portion as packaged. Exceptions include:

- 100% fruit juices without added sugar
- 100% vegetable juices without added sugars
- Unflavored nonfat and low-fat milk and flavored nonfat and low-fat milk with no more than 22 grams of total sugars per 8-ounce serving

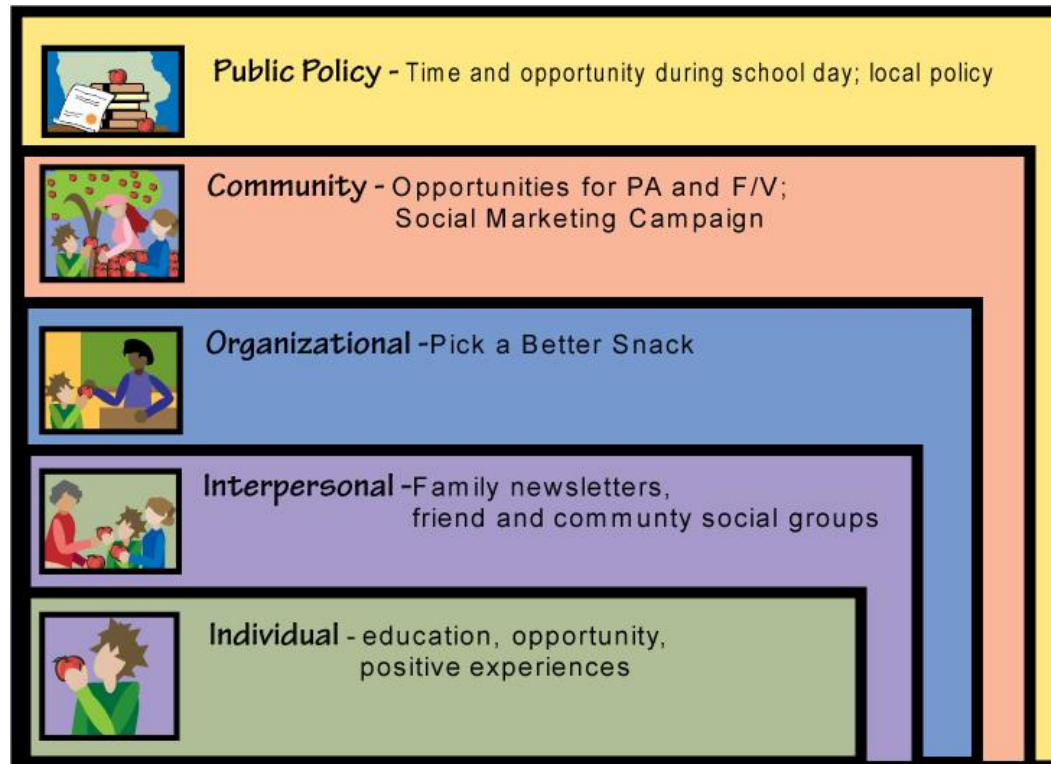


The Socio-Ecological Model of Health Promotion

CDC's State-Based Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases: Social-Ecological Model:

The Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases developed the Social-Ecological Model to better understand obesity in each of the program's participating states.

Each state funded by the Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases uses the Social-Ecological Model to more fully understand the obesity problem in that state. This model serves as a reminder to look at all levels of influence that can be addressed to support long-term, healthful lifestyle choices.



Individuals:

Addressing obesity and other chronic diseases begins by changing everyday behaviors that relate to eating and physical activity. That means changing people's knowledge, attitudes, and beliefs. But they don't have to go it alone: through interconnected social relationships — including families, schools, communities, and government — individuals can find the support and guidance they need to start making more healthful choices.

Interpersonal Groups:

Whether it's a family or a group of friends, a book club or a biking club, almost everyone belongs to some sort of group. Interpersonal groups are an important way to encourage more healthful behaviors, giving individuals the knowledge and support they need to make good nutrition and physical activity choices.

Organizations:

Organizations include schools, places of employment, places of worship, sports teams, and volunteer groups — to name just a few. Organizations can help members make better choices about healthful eating and physical activity through changes to organization policies and environments as well as by providing health information.

Communities:

A community is like a large organization, able to make changes to policy and the environment to give residents the best possible access to healthful foods and places to be physically active. Changes to zoning ordinances, improvements to parks and recreation facilities, creating ways to distribute free or inexpensive fruits and vegetables: these are only a few of the many ways community residents, groups, and organizations can work together to improve nutrition and physical activity.

Society (Public Policy):

This all-encompassing category involves individuals, organizations, and communities working together for change. New nutrition and physical activity legislation, statewide school policies, media campaigns, and partnerships with business and industry are just some of the ways a comprehensive strategy to address obesity and other chronic diseases takes shape on a large scale.

Goal 1: Increase healthy eating and physical activity opportunities by fostering supportive policies and environments.

Objective 1.1: By 2013, increase annually the number of policies, practices, and incentives to promote healthy eating and physical activity wherever lowans live, learn, work, play, and pray.

Objective 1.2: By 2013, increase annually the number of facilities/environments to promote healthy eating and physical activity where lowans live, learn, work, play, and pray.

Note: The below strategies relate to both objectives 1.1 and 1.2.

Strategies	Individual	Interpersonal	Organizational	Community	Society
1) Increase availability of healthier food and beverage choices in public service venues. (RCSM #1)					
2) Increase availability of healthier food and beverage choices in private sector businesses (grocery stores, restaurants, worksites, etc.).					
3) Improve availability of mechanisms for purchasing foods from farms. (RCSM #5)					
4) Provide incentives for the production, distribution, and procurement of foods from local farms. (RCSM #6)					
5) Restrict availability of less healthy foods and beverages in public service venues. (RCSM #7)					

Strategies	Individual	Interpersonal	Organizational	Community	Society
6) Institute smaller portion size options in public service venues. (RCSM #8)					
7) Limit advertisements of less healthy foods and beverages. (RCSM #9)					
8) Increase opportunities for extracurricular physical activity. (RCSM #14)					
9) Improve access to outdoor recreational facilities. (RCSM #16)					
10) Enhance infrastructure supporting bicycling. (RCSM #17)					
11) Enhance infrastructure supporting walking. (RCSM #18)					
12) Improve access to public transportation. (RCSM #20)					
13) Enhance personal safety in areas where people are or could be physically active. (RCSM #22)					
14) Enhance traffic safety in areas where people are or could be physically active. (RCSM #23)					

Goal 2: Increase the percentage of lowans at a healthy weight.

Objective 2.1: By 2013, slow the rate of increase in percentage of Iowa adults, youth and children classified as overweight or obese.

Baseline data: 38.4% of adults neither overweight nor obese (BMI less than 24.9), 37.7% of adults overweight (BMI 25.0-29.9), 23.9% of adults obese (BMI 30.0-99.8), (BRFSS, Iowa, 2003). 14.8% of Iowa youth who are considered overweight based on growth chart and BMI (YRBS, 2005). 12.2% of Iowa youth who are considered obese based on growth chart and BMI (YRBS, 2005). 62.3% of 3rd through 5th grade Iowa youth participating in the project (1,202 students) had a normal BMI. 19.6% were considered at risk for overweight; and 18.1% were considered overweight (Pilot Intervention, 2007).

Strategies

	Individual	Interpersonal	Organizational	Community	Society
1) Local governments participate in community coalitions or partnerships to address obesity. (RCSM #24)				■	■
2) State government will participate in partnerships that directly or indirectly have potential to increase physical activity and healthy eating.			■	■	■
3) Establish communications plans for dissemination of the state plan messages, programs and services.		■	■	■	
4) Enhance and encourage collaboration between physical activity social support programs.	■	■	■	■	



Goal 3: Increase the percent of Iowans who follow healthy eating patterns.

Objective 3.1: By 2013, increase the percentage of adults, youth and children who consume the recommended amount of fruits and vegetables daily.

Baseline data: 17.1% of adults who have consumed five or more fruits and vegetables per day (BRFSS, Iowa, 2003). 16.6% of Iowa youth consumed five or more fruits and vegetables per day in a 7 day period (YRBS, 2005). 59.5% of Iowa 4th and 5th grade students drank orange juice at least once each day and 24 percent of children drank other 100% fruit juice at least once daily; 31.1 percent ate green salad at least once daily; 9.1 percent ate French fries at least once daily; and 10.5 percent ate mashed, baked, or boiled potatoes at least once daily (Pilot Intervention, 2007).

Strategies	Individual	Interpersonal	Organizational	Community	Society
1) Increase availability of healthier food and beverage choices in public service venues. (RCSM #1)					
2) Increase availability of healthier food and beverage choices in private sector businesses (grocery stores, restaurants, worksites, etc.).					
3) Provide incentives for the production, distribution, and procurement of foods from local farms. (RCSM #6)					
4) Increase the use of multi-component interventions that support the increase of fruit and vegetable consumption.					

Strategies	Individual	Interpersonal	Organizational	Community	Society
5) Enhance and encourage collaboration between food and nutrition social support programs.					

Objective 3.2: By 2013, increase the percentage of Iowa infants who are breastfed and increase the proportion of infants who are breastfed for at least six months.

Baseline data: 57.7% of Iowa women initiated breastfeeding (PNSS, 2003). 27.5% of Iowa infants that are breastfed at least 6 months (PedNSS, 2003).

Strategies	Individual	Interpersonal	Organizational	Community	Society
1) Increase support for breastfeeding. (RCSM #11)					



Objective 3.3: By 2013 increase the percentage of Iowa adults and children who choose foods and beverages considered to be healthier. For these purposes, healthier is defined as: lower in fat, sugar, and calories; increased consumption of fruits and vegetables and whole-grain products.

Baseline data: 80.7% of Iowa youth consumed 100% fruit juices one or more times per day (YRBS, 2005). 28.6% of Iowa youth consumed three or more glasses of milk per day in seven day period (YRBS, 2005).

Strategies	Individual	Interpersonal	Organization	Community	Society
1) Increase availability of healthier food and beverage choices in public service venues. (RCSM #1)					
2) Increase availability of healthier food and beverage choices in private sector businesses (grocery stores, restaurants, worksites, etc.).					
3) Restrict availability of less healthy foods and beverages in public service venues. (RCSM #7)					
4) Institute smaller portion size options in public service venues. (RCSM #8)					
5) Limit advertisements of less healthy foods and beverages. (RCSM #9)					



Objective 3.4: By 2013, decrease the percentage of Iowa adults, youth and children who consume more than one 12-ounce serving of sugar-sweetened beverage each day.

Baseline data: 33.3% of Iowa children ages 0-17 years drink at least one soda serving per day. 61% of 15-17 year olds drink one or more sodas per day (Iowa Child and Family Household Health Survey, 2005). 32.6% of Iowa youth (9th-12th grade) drank one can or more of soda (non-diet) during a seven day period (YRBS, 2007).

Strategies	Individual	Interpersonal	Organization	Community	Society
1) Restrict availability of less healthy foods and beverages in public service venues. (RCSM #7)					
2) Institute smaller portion size options in public service venues. (RCSM #8)					
3) Limit advertisements of less healthy foods and beverages. (RCSM #9)					
4) Discourage consumption of sugar-sweetened beverages. (RCSM #10)					



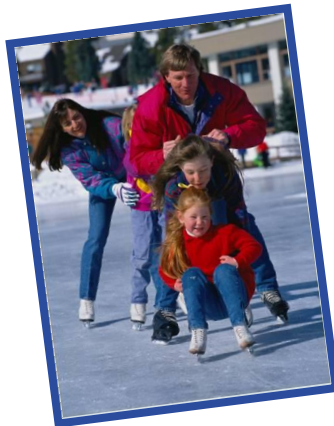
Goal 4: Increase the percentage of lowans who participate in recommended amounts of physical activity.

Objective 4.1: By 2013, increase the percentage of adults who get the recommended amounts of physical activity each week and decrease the percentage of lowans who report no leisure time physical activity.

Baseline data: 56.4% of adults not meeting recommended amounts of physical activity. 43.6% of adults meeting recommended amounts of physical activity (BRFSS, Iowa, 2003). 64.7% of Iowa youth who exercised to lose weight or to keep from gaining weight (YRBSS, 2005). 34.1% of Iowa youth who were physically active 60 minutes per day for 5-7 day period (YRBS, 2005).

Strategies

	Individual	Interpersonal	Organization	Community	Society
1) Enhance infrastructure supporting bicycling. (RCSM #17)					
2) Enhance infrastructure supporting walking. (RCSM #18)					
3) Enhance and encourage collaboration between physical activity social support programs.					



Objective 4.2: By 2013, increase the percentage of youth and children who participate in the recommended amount of physical activity every day in community settings.

Baseline data: 66.9% of Iowa youth who participated in one team sport (school or community) in past twelve months (YRBS, 2005).

Strategies	Individual	Interpersonal	Organization	Community	Society
1) Increase opportunities for extracurricular physical activity. (RCSM #14)					
2) Improve access to outdoor recreational facilities. (RCSM #16)					
3) Enhance infrastructure supporting bicycling. (RCSM #17)					
4) Enhance infrastructure supporting walking. (RCSM #18)					
5) Increase the amount of physical activity in child care/after school settings.					



Objective 4.3: By 2013, increase the percentage of youth and children who participate in the recommended amount of physical activity every day in school settings.

Baseline data: 80.4% of Iowa youth who participated in physical education class one or more days per week (YRBS, 2005). 10.3% of Iowa youth who participated in physical education class every day during school week (YRBS, 2005).

Strategies	Individual	Interpersonal	Organization	Community	Society
1) Require physical education in schools. (RCSM #12)					
1) Increase the amount of physical activity in physical education programs in schools. (RCSM #13)					
2) Increase the amount of physical activity in schools.					



Goal 5: Increase the percentage of Iowans who limit TV and/or screen time.

Objective 5.1: By 2013, increase the percentage of Iowans who limit leisure TV time to less than two hours per day.

Baseline data: Among 90% of Iowa children who watch television daily, 2 hours is the average time watching. 58% of children use the computer or play video games daily, average time of 1.5 hours. Almost 20% of children in Iowa play video games or use computers for at least 2 hours daily (Iowa Child and Family Household Health Survey, 2005). 28.6% of Iowa youth who watched three or more hours of TV per day (YRBS, 2005). 16.2% of Iowa youth who engaged in three or more hours of computer or video games non school related (YRBS, 2005).

Strategies

	Individual	Interpersonal	Organization	Community	Society
1) Limit screen time in public service venues. (RCSM #15)					
2) Design and disseminate messages to individuals and communities that limit screen time.					

