

HEALTHY

H

EATING

E

ACTIVE

A

LIVING

L



Action Plan for New Hampshire 2008

HEALTHY EATING AND ACTIVE LIVING

Action Plan for New Hampshire

March 2008



This HEAL Action Plan was prepared by the Community Health Institute (CHI) under contract to the HNH*foundation*. Funding for the planning process was provided by a collaboration of partners including HNH*foundation*, Harvard Pilgrim Health Care Foundation, NH Charitable Foundation, Endowment for Health, and NE Coalition for Health Promotion & Disease Prevention (NECON).

TABLE OF CONTENTS

Letter from the Governor and First Lady	3
Convening Partners	4
Steering Committee	5
Call to Action	6
Executive Summary	7
Profile of Overweight and Obesity in NH	9
Framework for Planning	17
Recommendations by Sector	19
Schools	20
K-12	22
Before & After School Programs	24
Early Child Care & Preschools	25
Colleges & Universities	25
Health Care Industry	28
Communities & Municipalities	32
Businesses & Worksites	36
Food & Recreation Industries	40
Individuals & Families	44
Strategy for Implementation	47
Monitoring Progress	49
Endnotes	54

LETTER FROM THE GOVERNOR AND FIRST LADY

Dear New Hampshire Residents,

We are pleased to share with you New Hampshire's first-ever Healthy Eating and Active Living (HEAL) Action Plan for New Hampshire. The goal of this plan is to improve health and quality of life for all New Hampshire residents through implementation of healthy eating and active living interventions.

New Hampshire is proud of its reputation as a healthy state. However, increasing rates of overweight and obesity among our children and adults places us at long-term risk for serious health problems. Nearly one quarter (22.4%) of New Hampshire adults are obese and 38% are overweight; nearly 13% of New Hampshire children and adolescents 10–17 years old are overweight.

There is a clear relationship between overweight and obesity and increased risk for poor health outcomes. Adults who are obese have a 10- to 50-percent increased risk of death compared with healthy weight individuals. Adults who are overweight or obese are at greater risk for heart disease, diabetes and some cancers. Children who are diagnosed as overweight are at increased risk for diabetes, heart disease, and emotional problems and are more likely to grow up to be obese adults.

To address this health challenge, concerned citizens from the public and private sectors joined together in a collaborative effort to develop this HEAL Action Plan. Their message is clear. Schools, health care industry, communities and municipalities, businesses and worksites, and food and recreation industries can provide an environment that supports individuals and families to eat healthy and be physically active.

It is now time to implement the HEAL Action Plan. To do so, we must all take action. Join us in moving the HEAL Action Plan to implementation—for the health of all New Hampshire residents.

Warmly,



Governor John H. Lynch



Dr. Susan Lynch

CONVENING PARTNERS

The Convening Partners are pleased to support a planning process to develop this HEAL Action Plan for New Hampshire to identify interventions that promote healthy eating and active living to prevent overweight and obesity across the lifespan.

The Convening Partners are a collaboration of state agencies and philanthropic organizations who came together in response to the growing public health epidemic of overweight and obesity in New Hampshire. Concerned about the burden of obesity on quality of life and the high health care costs for chronic illness caused by overweight and obesity, the Convening Partners supported a planning process to develop this statewide HEAL Action Plan.

From the beginning, the Convening Partners have looked to experts in New Hampshire to identify recommended interventions for addressing the problem. The Convening Partners brought together a broad based panel of experts representing schools, health care industry, communities and municipalities, businesses and worksites, and food and recreation industries to identify proven interventions for promoting healthy eating and active living.

The Convening Partners wish to thank all our partners who contributed their expertise and energy to the development of this HEAL Action Plan including Community Health Institute (CHI) staff who facilitated the process. We look forward to working with statewide and community partners to implement the recommendations detailed in this plan to achieve our shared goal of improved health and quality of life for all New Hampshire residents.

Convening Partners

Amy Bassett
NH Division of Parks and Recreation

Patti Baum
NH Department of Health & Human Services

Sue Bunting
Foundation for Seacoast Health

John W. Corrigan
Safe Routes to School

Laura Davie
Citizens Health Initiative

Mike Devlin
Harvard Pilgrim Health Care Foundation

Buffi Girardin
Citizens Health Initiative

Jen Hopkins
NH Charitable Foundation

Elizabeth Malko
Anthem Blue Cross and Blue Shield

Gail McWilliam Jellie
NH Department of Agriculture, Markets & Food

Steven Miller, Consultant
N.E. Coalition for Health Promotion & Disease Prevention (NECON)

Mary Vallier-Kaplan
Endowment for Health

Elaine Van Dyke
NH Department of Education

Sandi Van Scoyoc
HNNHfoundation

Karen Voci
Harvard Pilgrim Health Care Foundation

Bill Watson
NH Department of Transportation

Marilyn Wyzga
NH Fish and Game Department

Bert Yaffe
N.E. Coalition for Health Promotion & Disease Prevention (NECON)

STEERING COMMITTEE

The Healthy Eating and Active Living (HEAL) Steering Committee is pleased to offer the first statewide HEAL Action Plan. This plan is the result of the collaborative efforts of over 200 individuals from more than 45 organizations committed to the improved health and quality of life of New Hampshire residents.

This plan is a blueprint for action to guide statewide efforts for the next few years. The goals and recommendations described in this HEAL Action Plan reflect the consensus of a broad range of experts and stakeholders. Our success in implementing these recommendations will depend on partners working together toward a common vision.

We would like to thank everyone who contributed to the development of this HEAL Action Plan. We look forward to collaborating to achieve our shared goal—to improve the health and quality of life for all New Hampshire residents.

Steering Committee

Robin Abodeely
Dr. Norman W. Crisp Elementary School

Lisa L. Bauer
Anthem Blue Cross and Blue Shield

Cynthia Billings
PlusTime NH

Charles T. Cappetta
Dartmouth-Hitchcock

John W. Corrigan
Safe Routes to School

Kim Dorval
Nutrition In Motion, LLC

Sandra Feliciano
City of Nashua

Charlie French
UNH Cooperative Extension

Laura Jackson Gaudette
NH Department of Education, Bureau of Nutrition Programs and Services

Tracy Gay
NH Public Health Association

Kathleen Grace-Bishop
Education & Promotion Health Services, UNH

Linda Gould
Bike-Walk Alliance of NH

P. Travis Harker
NH Dartmouth Family and Preventive Medicine Residency Programs

Cindy Heath
Lebanon Parks and Recreation

Linda Huard
NH Employment Security

Terry Johnson
Equinox Health and Healing

Lindsay Josephs
Endowment for Health

Jeanette Kimbell
Nashua School District

Donna Kuethe
Town of Moultonborough Recreation Department

Shawn LaFrance
The Foundation for Healthy Communities

Susan Laverack
Lakes Region Partnership for Public Health, Inc.

Valerie Long
Fit WIC, UNH Cooperative Extension

Melissa McAllister
Anthem Blue Cross Blue Shield

Martha McLeod
North Country Health Consortium

Louise S. McCormack
NH Governor's Council on Physical Activity and Health

Gail McWilliam Jellie
NH Department of Agriculture, Markets & Food

Fred Moe
Granite State Independent Living

Jose Montero
NH Department of Health & Human Services, Division of Public Health Services

Beth Roberts
Harvard Pilgrim Health Care

Marqy Studer
Livable Walkable Communities, Nashua

David Sobel
Antioch New England

Johane Telgener
Concord Hospital, Center for Health Promotion

Dave Topham
Bike-Walk Alliance of NH

Honorable Mary Jane Wallner
Merrimack Valley Child Care Center

Hilary Warner
Nutrition Works! LLC

Rona Zlokower
Media Power Youth (formerly Media Smart)

CALL TO ACTION

While ambitious, it is our goal to improve the health and quality of life of all New Hampshire residents through healthy eating and active living. The HEAL Initiative seeks to engage all New Hampshire residents in changing our lifestyles to improve our quality of life and the quality of our children's lives.

Ultimately, it is individuals and families that choose to adopt and maintain healthy eating habits and lead physically active lifestyles. Our lifestyles, however, are greatly influenced by the environment in which we live, learn, work and play. By working together, we can have a positive and lasting impact on our everyday lives.

Our elected officials can adopt policies that promote healthy eating and regular physical activity. Businesses and worksites can promote health and wellness among their employees. Schools can educate the entire population about lifelong health and dietary patterns. Health care providers and insurers can encourage patients to make healthy lifestyle choices and provide treatment and referral to health promotion services. The food industry can market and distribute healthy foods. Communities can provide access to recreation programs and open space to promote community connectivity. Individuals and families can make healthy food choices and be physically active.

This HEAL Action Plan provides a blueprint for what needs to happen. Implementing the HEAL Action Plan requires all our commitment and resources.

EXECUTIVE SUMMARY

New Hampshire is proud of its reputation as a healthy state. However, increasing rates of overweight and obesity among our children and adults place us at long-term risk for serious health problems.

The New Hampshire Healthy Eating and Active Living (HEAL) Initiative is aimed at improving the health and quality of life of New Hampshire's residents. During 2007, the HEAL Initiative engaged over 200 individuals from 45 organizations and communities to develop the New Hampshire HEAL Action Plan, a blueprint for statewide efforts to assist residents in adopting and maintaining a healthy weight.

As individuals and families, we all have roles to play in developing healthy lifestyles. However, our individual efforts are supported by the communities in which we live, learn, work and play. Our schools, communities, businesses, the health care industry, and food and recreation industries can provide environments that support individuals and families in eating healthy and being physically active.

What do we mean by Healthy Eating?

Consume more fruits and vegetables every day; choose lean, low-fat or fat-free meats, poultry, and milk or milk products; and reduce intake of saturated fat, sugar, salt and alcohol.

What do we mean by Active Living?

Be physically active at least five days per week. Adults should aim for 30 minutes a day and children should be active for 60 minutes a day. Walk to and from school, park farther away and walk to destinations, take the stairs instead of the elevator—all of these add up.

The Challenge

In 2006, 22 percent of New Hampshire adults were obese while 38 percent were overweight. The combined overweight and obesity rate for New Hampshire adults was almost 61 percent. This represents over a 10 percent increase from 1999, when the combined overweight and obesity rate for New Hampshire adults was slightly above 50 percent. During 2005, 11 percent of students in grades 9–12 were overweight. These rates have steadily increased for New Hampshire adults and children over the last eight years.

Overweight children are at increased risk for diabetes, heart disease, and emotional problems and are more likely to grow up to be obese adults. Overweight and obese adults are at increased risk for chronic diseases including Type 2 diabetes, heart disease, stroke, gallbladder disease and some cancers. Adults who are obese have a 10- to 50-percent increased risk of premature death compared with healthy weight individuals.

The Plan

The New Hampshire HEAL Action Plan includes policies, practices, and communication interventions based on established best practices. Individuals and communities can work together with elected officials and others who are already doing this important work.

To assist communities further, efforts are underway to establish a HEAL Community Grant Program and a HEAL Partner Program and to develop a statewide system that would oversee priority interventions at the state and local levels.

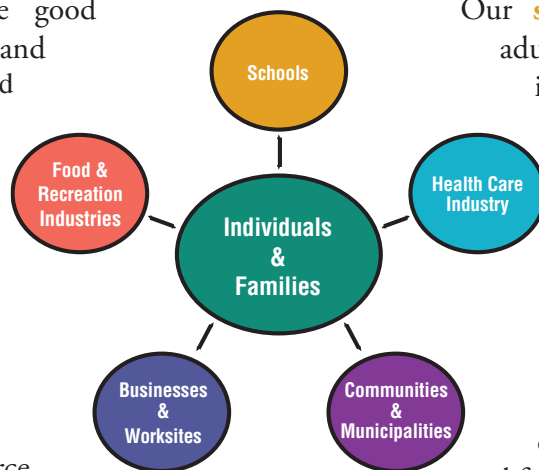
Everyone has a role to play.

This HEAL Action Plan is the first step in improving the health and quality of life of New Hampshire's residents. By working together we can have a positive and lasting impact on our health and quality of life:

Individuals & families can be good role models for healthy lifestyles and advocate for positive changes in food and recreation industries, businesses and worksites, communities and municipalities, the health care industry and schools.

The **food & recreation industries** can market and distribute healthy food and provide opportunities for physical activity.

Businesses & worksites can reinforce and promote health and wellness among their employees.



Our **schools** can educate children and adults about maintaining healthy eating habits and leading physically active lives.

The **health care industry** can encourage patients to make healthy lifestyle choices and can provide treatment and referrals to health promotion services.

Communities & municipalities can adopt policies that promote healthy lifestyles, including access to recreation programs and open spaces.

Implementing the HEAL Action Plan requires commitment and resources, but as each of us begins to make small, incremental changes in our own lives and helps to create positive changes in the places where we live, learn, work and play, New Hampshire will achieve its goal of a healthier future for all its citizens.

For more information on New Hampshire HEAL Initiative

Go to www.lightenupnh.org to find out more about HEAL and to download a copy of the HEAL Action Plan.

Funding and support for the HEAL Action planning process was provided by a collaboration of partners including HNHfoundation, Harvard Pilgrim Health Care Foundation, NH Charitable Foundation, Endowment for Health, New England Coalition for Health Promotion and Disease Prevention, Anthem Blue Cross and Blue Shield, New Hampshire Citizens Health Initiative, Foundation for Seacoast Health, NH Division of Parks and Recreation, and the New Hampshire Departments of Agriculture, Education, Fish and Game, Health and Human Services, and Transportation.

PROFILE OF OVERWEIGHT AND OBESITY IN NEW HAMPSHIRE

New Hampshire ranks among the healthiest states in the nation but our overall health status is threatened as the percentage of the population that is obese and overweight continues to grow. While New Hampshire currently ranks among the states with the lowest percentage of obese adults, the percentage of adults who are overweight is among the highest. The percentage of our children who are overweight is increasing, and research shows that overweight children are much more likely to become overweight adults.¹ This high rate of overweight in our population is an indicator of serious future health problems if not addressed.

Measuring Overweight and Obesity

For purposes of public health planning, the state defines being overweight or obese using Body Mass Index (BMI) scores. BMI scores are used to define ranges of weight that are greater than what is generally considered healthy for a given height as well as ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems. BMI is a generally accepted measure used to assess excess body weight in adults and to screen children and adolescents who are at risk of being overweight. While BMI is easy to calculate and generally accurate, it does not measure body fat and can be misleading for muscular individuals.

Separate calculations are used to determine BMI for adults and children. Adult BMI is derived from body weight in relation to height. For children, the BMI measurement takes into account age and gender, in addition to height and body weight. The BMI measurement results in a percentile that indicates the relative position of the child's BMI number among children of the same gender and age. The Centers for Disease Control and Prevention (CDC) and American Academy of Pediatrics recommend the use of BMI to screen for overweight in children beginning at age two. The CDC provides a BMI calculator at www.cdc.gov/nccdphp/dnpa/bmi.

Classification of Overweight and Obesity by Body Mass Index for Adults	
Underweight	<18.5
Normal	18.5–24.9
Overweight	25.0–29.9
Obese	≥30.0

Source: The Centers for Disease Control and Prevention (CDC)

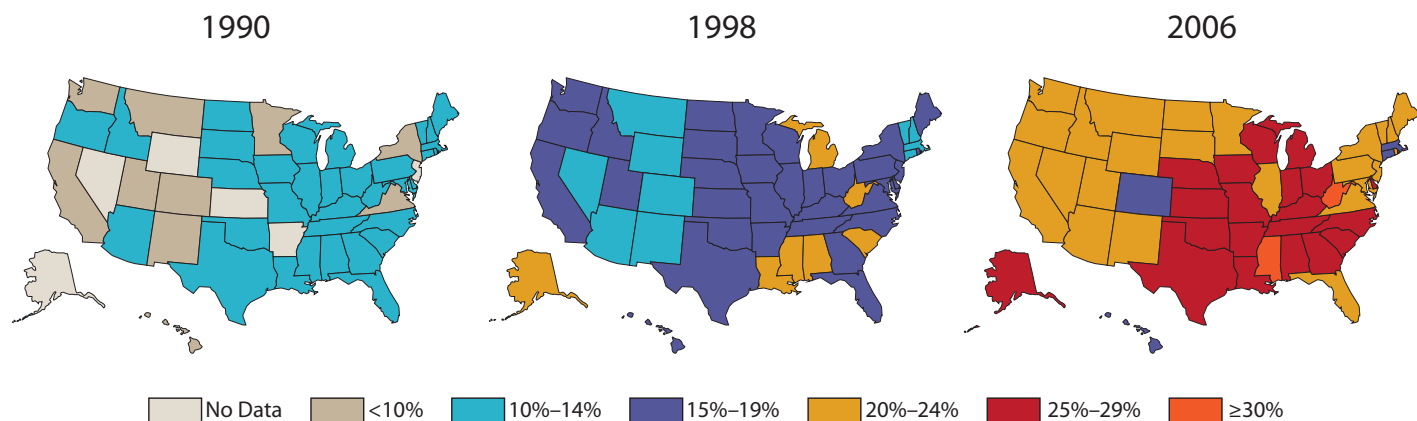
Age-determined BMI Percentile* Thresholds for Children and Adolescents	
Underweight	<5 th
Healthy Weight	5 th –84 th
At Risk of Overweight	85 th –94 th
Overweight	>95 th

*In 2000, the CDC established the age and gender specific 95th percentile of BMI to detect increasing prevalence of overweight for children

The National Epidemic of Overweight and Obesity

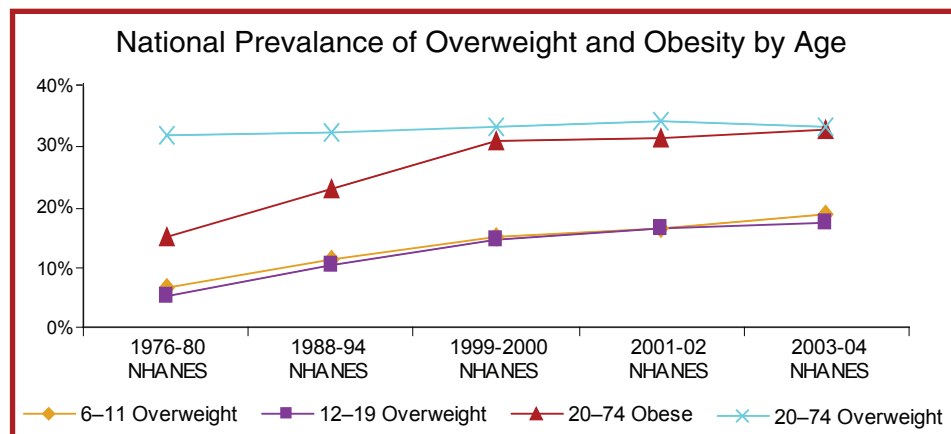
The U.S. Surgeon General has determined that the United States is facing a national epidemic with nearly two-thirds (66%) of adults overweight or obese. This epidemic affects Americans in all age, race, and gender groups.

Obesity Trends Among U.S. Adults



Source: Centers for Disease Control (CDC), BRFSS 1990, 1998, 2006

The prevalence of overweight and obesity nationwide has increased sharply for both adults and children since the mid seventies. According to the CDC's National Health and Nutrition Examination Survey (NHANES)—a survey that combines interviews and physical examinations to assess the health and nutritional status of adults and children in the United States—the prevalence of obesity increased from 15.0% (1976–1980 NHANES) to 32.9% (2003–2004 NHANES) among adults aged 20–74 years. The prevalence of overweight in America's children ages 6–11 years has tripled in nearly 30 years. During 1976–80 it was reported that over six percent (6.5%) of 6–11 year olds were overweight and has risen to nineteen percent (18.8%) in 2003–2004 (NHANES). Among youth aged 12–19 years, prevalence of overweight increased from 5.0% to 17.4%.²



Source: CDC NHANES

Age	Prevalence of Obesity (%)				
	1976-1980	1988-1994	1999-2000	2001-2002	2003-2004
6 to 11 overweight	6.5	11.3	15.1	16.3	18.8
12 to 19 overweight	5.0	10.5	14.8	16.7	17.4
20 to 74 obese	15.0	23.2	30.9	31.3	32.9
20 to 74 overweight	32.1	32.7	33.6	34.4	33.3

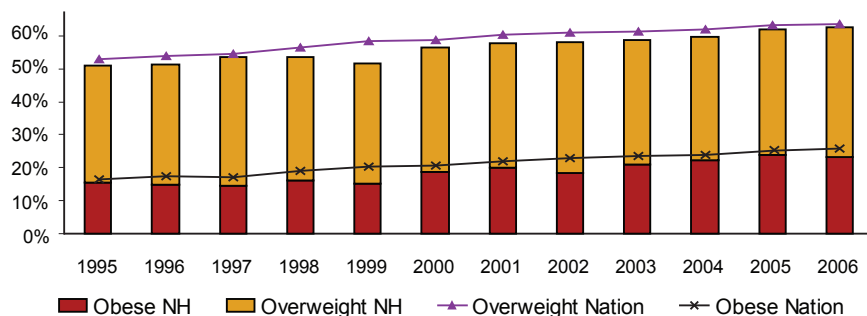
Overweight and Obesity among New Hampshire Adults

In New Hampshire the prevalence of overweight and obesity has steadily increased, mirroring national trends. While New Hampshire ranks 17th in the nation (50 states, District of Columbia and U.S. territories) with the lowest adult rates of overweight and obesity, only 39% of adults report a healthy weight.

The prevalence rate of New Hampshire adults who are obese has risen significantly over the past decade and continues to rise. In 1995, fifteen percent (15.1%) of New Hampshire adults were obese compared to twenty-two percent (22.4%) in 2006. This represents a 48% increase in eleven years. Similarly, the state has followed an upward trend with a twelve percent increase in the median percent of overweight (BMI = 25.0 to 29.9) adults from 34.3% in 1995 to 38.3% in 2006.³

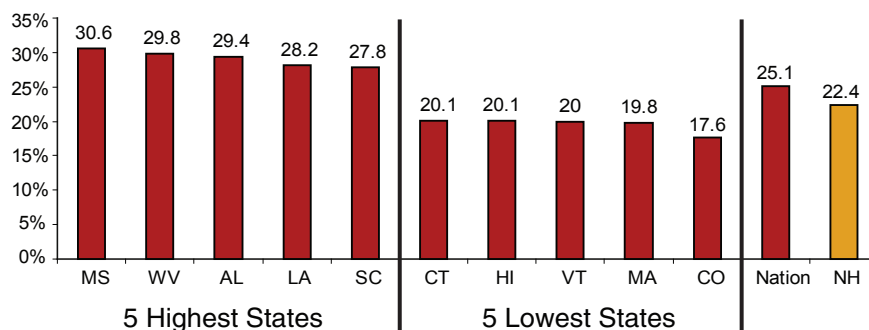
Twenty-two percent (22.4%) of New Hampshire adults are obese as compared with 25.1% nationally. New Hampshire ranks 14th among states with the lowest obesity rates.⁴ However, New Hampshire reports a higher percentage of adults who are obese than four New England states including Massachusetts (19.8%), Vermont (20.2%), Connecticut (20.1%) and Rhode Island (20.5%). Furthermore, there is only a 13 percentage point difference in the percentage of adults who are obese between the state with the lowest percentage (Colorado with 17.6% of the adult population) and the highest percentage (Mississippi with 30.6% of the adult population).

Comparison of NH Adult Overweight & Obesity by Body Mass Index with the Nation



Source: CDC BRFSS Trend Data 1995–2006

Comparison of NH Adult Obesity Rate with the Nation



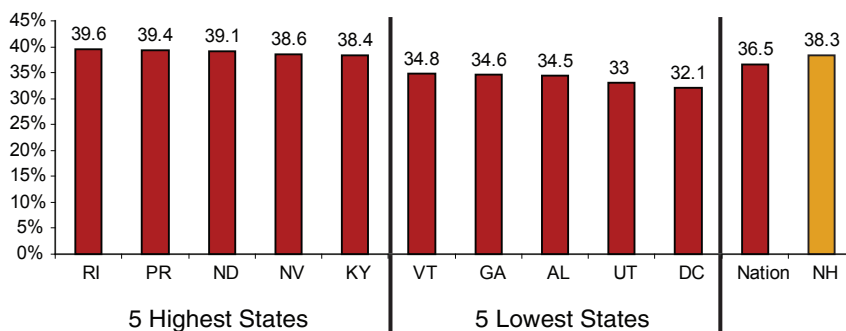
Source: Trust for America's Health Issue Report: F is for Fat, 2007

New Hampshire is ranked seventh in the nation with the highest adult overweight rate. New Hampshire reports a greater percentage of the adult population that is overweight (38.3% versus 36.5%). The difference between the District of Columbia with the lowest percentage of the population that is overweight and Rhode Island with the highest percentage is 7.5 percentage points.

NH Adults

New Hampshire is among the states with the highest percentage of overweight adults.

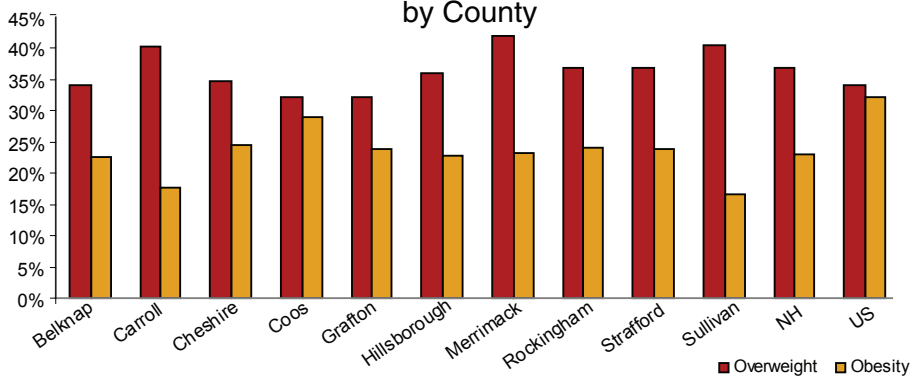
Comparison of NH Adult Overweight Rate with the Nation



Source: Trust for America's Health Issue Report: F is for Fat, 2007

Across New Hampshire, there is variation in rates of overweight and obesity by county. The prevalence of overweight among New Hampshire adults (18 years old or older) during the years of 1990 to 2005 was over 40% in Carroll (40.3%), Merrimack (42.1%), and Sullivan (40.6%) counties.⁵ The prevalence of obesity was highest in Coos (28.9%) and Cheshire (24.6%) counties.

NH Prevalence of Overweight & Obesity, Among Adults 18 & Older by County



Source: NH BRFSS Data 1990–2005

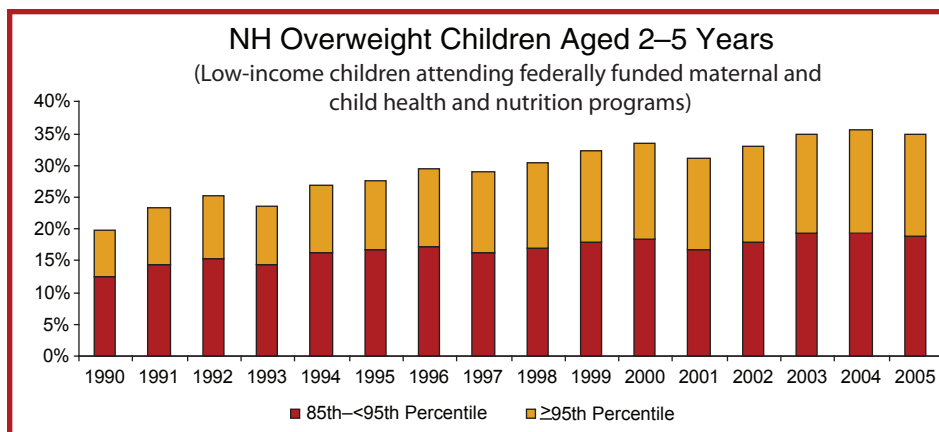
Overweight and Obesity among New Hampshire Children and Adolescents

Research indicates that children who are diagnosed as overweight as toddlers or preschoolers are more likely to be overweight in early adolescence.⁶ From 1990 to 2005, the percentage of low-income children aged 2 to 5 years who were at risk for becoming overweight (i.e., at or above the 85th percentile but below the 95th percentile for body mass index, by age and gender) or overweight (i.e., at or above the 95th percentile for body mass index, by age and gender) increased 75% from 20% to 35%.

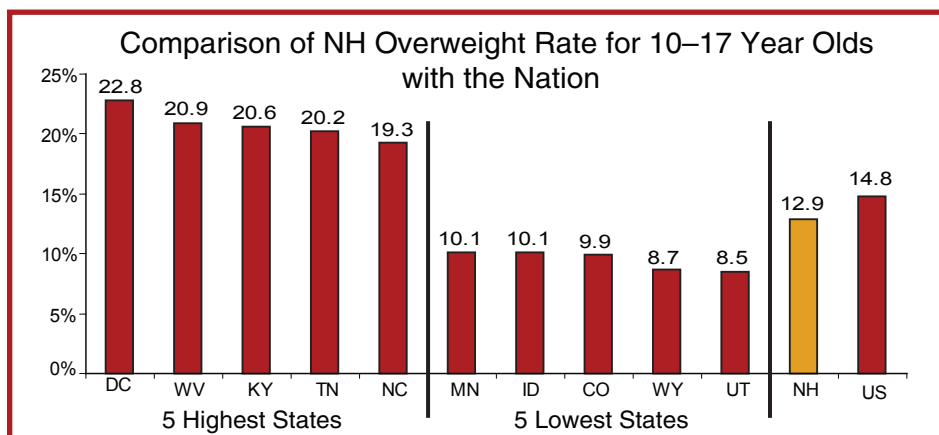
NH Children

13% of children and adolescents 10–17 years old are overweight.

Among children and adolescents 10–17 years old, 12.9% are overweight (i.e., at or above the 95th percentile of BMI). New Hampshire ranks 19th in the nation with the lowest percentage of 10–17 year olds who are overweight. The difference between the percentage of 10–17 year olds who are overweight ranges 14 percentage points from a low of 8.5% (Utah) to a high of 22.8% (District of Columbia).⁷



Source: *PedNSS, 1990–2005*



Source: *Trust for America's Health Issue Report: F is for Fat, 2007*

Contributing Factors for Overweight and Obesity

For children and adults, overweight and obesity result from an energy imbalance. Contributing factors include eating too many calories and a lack of adequate physical activity. A wide range of behaviors and the environment play a large role in contributing to overweight and obesity.

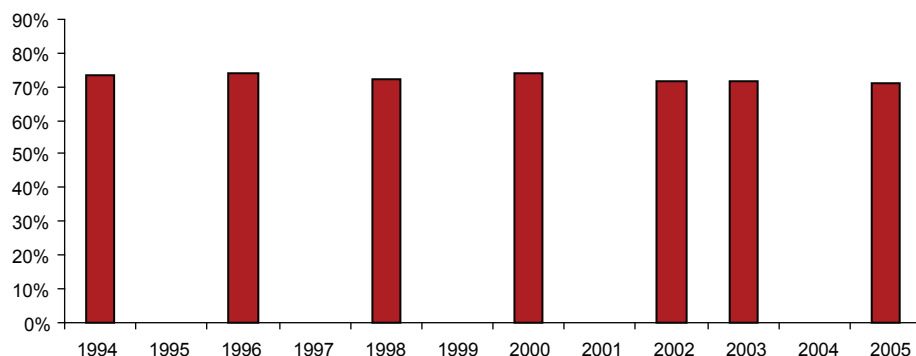
Healthy Eating

Poor nutrition has been associated with many changes in feeding and eating behaviors including insufficient infant breast-feeding; reductions in fiber, fruit, and vegetable intake; excessive consumption of oversized fast foods and soda; and greater availability of fast foods and soda. A dietary goal that has been actively supported by the public health community is to increase the public's consumption of fruits and vegetables. As can be seen in the Behavioral Risk Factor Surveillance System (BRFSS) data on the next page, there has been little or no change in prevalence of fruit or vegetable consumption, with over 70% of New Hampshire's adults eating fewer than the recommended five servings each day since 1994.⁸

NH Adults

Less than 30% of NH adults eat the recommended five servings of fruits & vegetables each day.

Prevalence of Fruit & Vegetable Consumption, less than 5 per day



Source: BRFSS, 1994–2005

Active Living

Decreasing participation in physical activity is attributed to a changing culture in which individuals and families spend more time being sedentary as a result of office work, commuting, using computers, watching television and videos, and playing video games. Twenty-six percent (26%) of American children watch four (4) hours of television per day. This “screen time” makes it less likely for these children to participate in physical activities and more likely to have higher BMI scores and be at risk for overweight. Twenty-five percent (24.5%) of students watched three hours or more of TV per day on an average school day. A maximum of one hour of screen time is recommended. Other contributing factors include urban sprawl and the lack of infrastructure such as sidewalks, bike paths and walking paths which increases the use of cars for transportation to school, shopping, work and recreation. Often children are not encouraged to play outside due to safety concerns.⁹

New Hampshire adults are more physically active compared with adults in other states. New Hampshire ranks in the top ten, with 80% of the adult population being physically active.¹⁰ Despite being physically active, about 44% of New Hampshire adults did not meet the minimum recommendations for physical activity as measured by their responses on the 2005 Behavior Risk Factor Surveillance Survey.¹¹

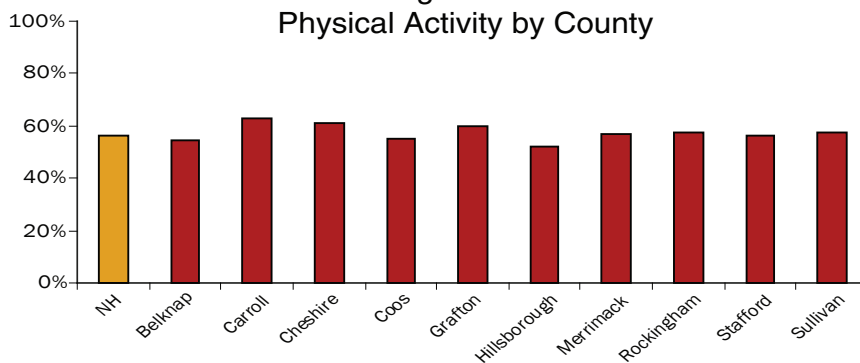
Most Physically Active States

Ranking	State	% Adults Physical Inactivity	Obesity Ranking
1st	Minnesota	15.4%	28
2nd	Washington	17.3%	31
3rd	Oregon	17.4%	30
4th	Colorado	17.8%	51
5th	Utah	18.3%	44
6th	Vermont	18.4%	49
7th	Wisconsin	18.8%	22
8th	Hawaii	19.4%	47
9th	New Hampshire	19.9%	38
10th	Connecticut	20.0%	47

Source: Trust for America's Health Issue Report: F is for Fat, 2007

Furthermore, according to The Centers for Disease Control and Prevention's (CDC) 2006 health survey of states, 20% of New Hampshire adults did not engage in any physical activity as compared with 22% of adults nationwide.¹²

NH Adults Meeting Recommendations for Physical Activity by County



Source: NH BRFSS 1990–2005

NH Children

NH adolescents are among the least physically active teens in the nation.

New Hampshire children 10–17 years old are less physically active than their peers nationwide. New Hampshire ranks 11th among states with the highest rates of physical inactivity among children 10–17 years old. Over 68% of New Hampshire children did not engage in a minimum of 20 minutes of physical activity three or more days per week.¹³

The CDC states “there is no demographic or social group in America that could not benefit from becoming more active,”¹⁴ and suggests that participating in even moderate-intensity physical activity for 30 minutes a day, five days a week is a vital component of a healthy lifestyle for adults of all ages and abilities. Children and adolescents should participate in at least 60 minutes of moderate-intensity physical activity most days of the week.

Least Physically Active States (Children)

Ranking	State	% Children 10–17 Participating in > 20 minutes 3 days a week or more	Overweight Ranking
1st (worst)	Maryland	61.7%	29
2nd	District of Columbia	62.1%	1
3rd	Rhode Island	63.8%	41
4th	Tennessee	65.1%	4
5th	Delaware	65.7%	19
6th	New Jersey	66.8%	26
7th	Maine	67.3%	34
8th	South Carolina	67.5%	7
9th	Massachusetts	67.6%	27
10th	Pennsylvania	67.9%	29
11th	New Hampshire	68.1%	33
Best	Alabama	77.6%	11

Source: Trust for America's Health Issue Report: *F is for Fat*, 2007

Definitions of Healthy Eating & Physical Activity

Healthy Eating, as defined by the Dietary Guidelines for Americans¹⁵

- Choose fiber-rich fruits, vegetables, and whole grains.
- Eat at least five servings of fruits and vegetables per day (i.e., two cups of fruit and 2½ cups of vegetables per day are recommended, with higher or lower amounts depending on the calorie level.)
- Reduce consumption of saturated and trans fats, cholesterol, added sugars, salt and alcohol.
- Balance calories from foods and beverages with calories expended.
- Choose lean, low-fat or fat free meat, poultry, dry beans, and milk or milk products.
- Use the Food Guide Pyramid to shape your eating patterns.

Regular Physical Activity, as recommended by CDC¹⁶

- Adults should get at least 30 minutes of moderate physical activity most days of the week, preferably daily.
- Children should get 60 minutes of moderate physical activity most days of the week, preferably daily.
- Adults and children who are meeting these standards can gain even more health benefits by increasing the amount of time they are physically active or by taking part in more vigorous activities.
- Activities can be done all at once or spread out two or three times during the day.

Consequences of Overweight and Obesity

There is a clear relationship between overweight and obesity and increased risk for poor health outcomes.

Most studies show an increase in mortality rates associated with obesity. Individuals who are obese have a 10- to 50-percent increased risk of death from all causes, compared with healthy weight individuals (BMI 18.5 to 24.9). Most of the increased risk is due to cardiovascular causes.¹⁷ Obesity is associated with about 112,000 excess deaths per year in the U.S. population relative to healthy weight individuals.¹⁸

Adults who are overweight or obese are at greater risk for health conditions and chronic diseases such as hypertension, high cholesterol, Type 2 diabetes, heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and some cancers. Additionally, obese males, regardless of smoking habits, have a higher mortality from cancer of the colon, rectum, and prostate; and obese females have a higher mortality from cancer of the gallbladder, biliary passages, breast (postmenopausal), uterus (including both cervix and endometrium) and ovaries. Weight loss alone can often improve or prevent risk factors for these health issues.¹⁹ Among children, overweight is associated with increasing risk factors for poor health outcomes such as a dramatic increase in the number of adolescents with Type 2 diabetes, a greater propensity to grow up an obese adult, an increase in cardiovascular risks, and trouble with sleeping and breathing.^{20,21, 22, 23, 24,}

There is also an association between early onset of overweight and obesity and an increased risk of emotional problems. According to the American Academy of Child & Adolescent Psychiatry, “teens with weight problems tend to have much lower self-esteem and be less popular with their peers. Depression, anxiety, and obsessive compulsive disorder can also occur.”²⁵

Dietary factors are associated with increased health risks and play a prominent role in five out of the ten leading causes of death for Americans. Eating a healthy and balanced diet can help individuals maintain their weight which helps prevent diabetes and cardiovascular disease as well as other health problems.

The health problems associated with overweight and obesity have a significant economic impact on the nation and the state due to the need for enhanced prevention, diagnostic and treatment services, as well as the loss of income by individuals due to decreased productivity, restricted activity, absenteeism and bed days. In a recent research study it was reported that the estimated adult medical expenses attributable to obesity in New Hampshire between 1998–2000 was \$302 million dollars.²⁶

Overweight and obesity are known risk factors for

- Diabetes
- Coronary heart disease
- High blood cholesterol
- Stroke
- Hypertension
- Gallbladder disease
- Osteoarthritis (degeneration of cartilage and bone of joints)
- Sleep apnea and other breathing problems
- Some forms of cancer (uterine, breast, colorectal, kidney, pancreas, esophagus, and gallbladder)

Obesity is also associated with

- Complications of pregnancy
- Menstrual irregularities
- Hirsutism (presence of excess body and facial hair)
- Stress incontinence (urine leakage caused by weak pelvic floor muscles)
- Psychological disorders, such as depression
- Increased surgical risk
- Increased mortality

FRAMEWORK FOR PLANNING

The planning process was directed by an expert steering committee representing diverse organizations interested in promoting improved health and quality of life of New Hampshire residents. The HEAL Steering Committee developed the goals and approach for the planning process over a six month period between July 2007 and December 2007. The Healthy Eating and Active Living (HEAL) Action Plan for New Hampshire is the culmination of the planning process and serves as the blueprint for action.

Vision for New Hampshire

The HEAL Steering Committee envisions a New Hampshire where all residents improve health and quality of life through healthy eating and active living.

Goal for HEAL Initiative

To achieve this vision, the HEAL Initiative fosters implementation of effective interventions to promote healthy eating and active living which result in a positive and demonstrable impact on health and quality of life.

Identifying Priority Interventions

The HEAL Steering Committee built on the extensive work that has been done nationally and locally to identify evidence-based or promising interventions to address the problem of overweight and obesity. The HEAL Steering Committee formed working groups to review the available research to identify interventions designed to change knowledge, attitude, behavior and health. Interventions were prioritized based on their likely success in New Hampshire and grouped as follows:

- Policy: policies, regulations, laws as well as informal rules and understandings of government and organizations
- Communication: educational programming and messaging
- Practice: promising and evidence-based practices and programs

Multi-Sector Approach

Research shows that a multi-sector approach to promoting healthy eating and active living is most effective in supporting individuals to achieve improved health and quality of life.

By targeting interventions where individuals live, learn, work and play, the HEAL Initiative seeks to create and support an environment that will make it easier for New Hampshire residents to select healthy food options and have opportunities to be physically active. Priority sectors for intervention include:

Schools

Public and private schools, grades pre-K through 12, before and after school programs, early child care, and colleges and universities shape children's current and lifelong health and dietary patterns. Schools reach children, youth, young adults, faculty and staff, and family and community members and are an important setting for educating the entire population.

Health Care Industry

Health care providers (e.g., behavioral health, primary care, tertiary care, etc.), health insurers, professional organizations and health professional schools support prevention education, treatment and referral to health promotion services.

Communities & Municipalities

Community agencies (e.g. social service, faith, and civic organizations) and municipalities (e.g., town planners, parks and recreation, town offices, elected officials, public works) reach people where they gather, shop and play. Municipalities can foster physical activity by increasing community connectivity, providing infrastructure that supports alternative means of transportation, preserving open space, providing safe, attractive, and accessible recreational facilities, and sponsoring community programming.

Businesses & Worksites

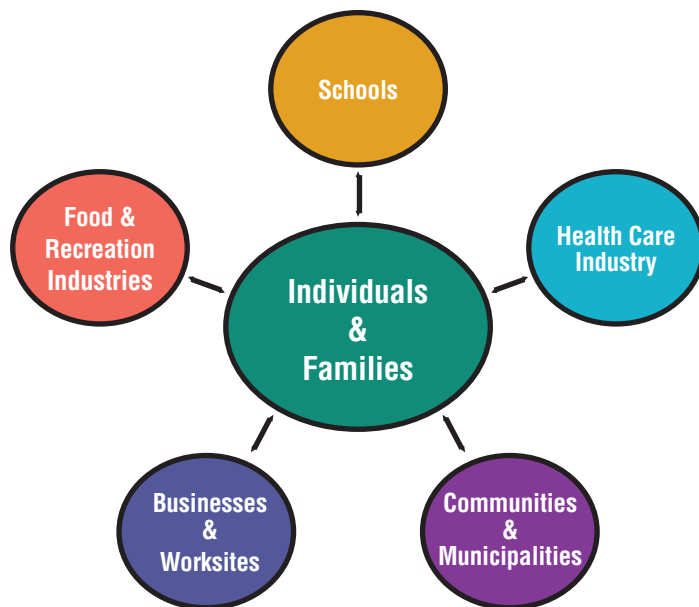
Worksites reach a large number of adults. A healthy workforce is a more productive workforce. Employers can reinforce and promote healthy behaviors through educational programs, policy and environmental actions that support wellness.

Food & Recreation Industries

The food (grocers, restaurants, farmer's markets) and recreation (for-profit sports and fitness centers, municipal recreation programs and sports retailers) industries play a critical role in providing an environment which supports healthy eating and active living.

Individuals & Families

Schools, health care industry, communities and municipalities, businesses and worksites, and food and recreation industries can provide the environment to improve health and quality of life but it is up to individuals and families to choose to eat healthy and be physically active.



RECOMMENDATIONS BY SECTOR

To be effective, a comprehensive approach is required involving all sectors: schools, health care industry, communities and municipalities, businesses and worksites, food and recreation industries, and individuals and families. A comprehensive approach assures an environment that supports individuals to eat healthy and be physically active where they live, learn, work and play.

Recommended policy, communication and practice interventions to change knowledge, attitude, behavior and health are identified for all six sectors. Priority goals and objectives, as well as resources to support implementation of recommended interventions, are summarized by sector on the following pages.

HEAL partners are advised to implement recommended interventions, especially priority goals and objectives. By implementing recommended interventions across multiple sectors, the HEAL Initiative supports New Hampshire residents' efforts to adopt and maintain healthy eating habits and to lead physically active lifestyles throughout their life.

The long term goals for the HEAL Initiative include:

Goal 1

To increase the number of New Hampshire residents who improve health and quality of life through healthy eating and active living.

Goal 2

To increase the number of community and state policies, environmental support systems and legislative actions that are planned and implemented to support healthy eating and active living.

Goal 3

To increase the number of organizations that implement recommended healthy eating and active living interventions.

INTRODUCTION

The school community has a vital role in shaping children's current and lifelong health and dietary patterns. Because children spend the majority of their day at school—including before and after school activities—the foods and beverages available on the school campus represent a potentially significant proportion of a child's daily nutrient intake. Schools have an important opportunity to facilitate healthy eating patterns that are essential for students to achieve their full academic potential, full physical and mental growth, and lifelong health and wellbeing. Similarly, physically active students are more ready to learn and are more likely to achieve their academic potential. Emphasis on establishing healthy eating and physically active lifestyles with school children can help build lifetime health and social wellbeing and prevent adverse health consequences that include obesity, cardiovascular disease, stroke, osteoporosis, and type 2 diabetes.

The school community encompasses public and private schools; grades pre-K through 12; before and after school programs; early child care; colleges and universities that reach children, youth, young adults, faculty and staff; and family and community members throughout New Hampshire. In order to realize the potential for the school community to support lifelong healthy eating and active living, an integrated approach to developing appropriate nutritional and physical activity patterns is required. Such an approach includes attention to nutrition standards and policies for all foods and beverages available on the school campus, meeting or exceeding standards for high quality physical education programs, integration of nutrition and physical education within the overall school curriculum, and support for highly qualified food service, physical education and health education staff. An integrated approach in the school setting also requires partnerships between families, schools and community organizations to establish priorities, practices and environments conducive to instilling lifelong patterns of healthy eating and active living.

TOP PRIORITIES AND RECOMMENDED INTERVENTIONS

The school sector can have a significant impact on the health of NH residents by implementing the recommended interventions listed on pages 22–25. Highest priority is given to the following:

Goal 1 Objective 1

Adopt statewide nutrition standards

Adopt statewide K–12 nutrition standards for all foods provided in venues within the school's control beyond the school meals program.

Objective 2

Increase the number of schools, before and after school programs, early child care and preschool facilities that adopt nutrition standards for healthy meals, snacks and beverages.

Goal 2 | Objective 1

Increase awareness, commitment and resources for school efforts to provide a healthy eating and active living environment

Provide funding and technical assistance to school wellness committees to complete periodic assessments of and improvement plans for the school nutrition and physical activity environment.

Objective 2

Increase awareness of school, and before and after school program efforts to facilitate healthy eating and active living by funding activities and materials for staff, family and community education and communication such as school wellness committee newsletters, nutrition and physical education materials, and results from assessments of school nutrition and physical activity environments.

Goal 3 | Objective 1

Promote lifelong healthy eating and active living through integrated curriculum, communication, facility design, practices, and partnerships with families and communities

Increase the number of schools that implement an integrated curriculum for nutrition, physical education and health-focused media literacy.

Objective 2

Mobilize commitment to wellness through the school setting by integrating HEAL information in general school communications and community partnership activities that include students, staff and families.

Objective 3

Increase the number of schools, before and after school programs, early child care and preschools, and colleges and universities that support students, staff and families in achieving recommended duration of developmentally appropriate daily physical activity.

Objective 4

Provide developmentally appropriate equipment and safe playground facilities for active play.

Objective 5

Increase the number of schools and communities implementing a walk/bike to school program; link with overall efforts to develop livable, walkable communities.

A complete list of recommended interventions and useful resources follows.

Goals	Recommended Interventions		
	Policy	Practice	Communication
Adopt statewide nutrition standards.	Adopt statewide nutrition standards for all foods provided in venues within the school's control beyond the school meals program to include cafeterias, a la carte sales, classrooms, vending machines, school stores, concession stands, school-sponsored functions, fund-raisers, meetings and celebrations. Such standards will be periodically reviewed for consistency with current science as disseminated through nationally recognized professional sources.	Provide enough meal time and space to eat in a relaxed, clean, safe environment, ensure that clean sources of water are accessible at all times, and encourage recess before lunch.	
Increase awareness, commitment and resources for school efforts to provide a healthy eating and active living environment.		<p>Provide funding and technical assistance to school wellness committees to complete periodic assessments of and improvement plans for the school nutrition and physical activity environment.</p> <p>Develop a statewide program, including criteria and resources, for engaging schools to become HEAL Partner Schools.</p> <p>Improve capacity to collect statewide information describing school efforts to support healthy eating and active living.</p>	Increase awareness of school efforts to facilitate healthy eating and active living by funding activities and materials for staff, family and community education and communication such as school wellness committee newsletters, school food service policies and practices, nutrition and physical education materials, and results from assessments of school nutrition and physical activity environments.
Provide skills-based education and learning opportunities for students, staff and families.	<p>Expand the number of schools that promote best practices in skills-based nutrition education, physical education, health-focused media literacy and opportunities for developmentally appropriate daily physical activity that encourage HEAL behaviors and meet or exceed NH Education Laws and Rules.</p> <p>Form a study committee to examine current research and evidence suggesting the need to redistribute Department of Education requirements for health and physical education by placing greater emphasis on elementary grades when attitudes and skills are developing.</p>	Do not use food as a reward or discipline and do not withhold recess as a punishment.	Increase understanding of the importance of healthy eating and active living by increasing the number of schools that provide education for staff and families on nutrition, physical activity, health-focused media literacy and effective role modeling.

Goals	Recommended Interventions		
	Policy	Practice	Communication
Promote lifelong healthy eating and active living through integrated curriculum, communication, facility design, practices, and partnerships with families and communities.	<p>Increase the number of schools that implement an integrated curriculum for nutrition, physical education and health-focused media literacy through school subjects such as science, math, history, language and other arts. Begin by disseminating and applying a set of state guidelines and resources including the K–12 New Hampshire Physical Education Curriculum Guidelines, the New Hampshire Health Education Curriculum Guidelines and New Hampshire Resources for Coordinated School Health Programs; by incorporating concepts of media literacy within health education; and by working towards a comprehensive, integrated curriculum for healthy eating and active living.</p> <p>Encourage integration of media literacy across curricula in art, language arts, physical education and science to teach children how media markets to them and competes for their time, how consumption of media replaces other activities, how to think critically about media, how to produce media promoting healthy living, physical activity and nutritionally balanced eating and healthy lifestyles.</p>	<p>Increase the number of schools that support students, staff and families in achieving recommended duration of developmentally appropriate daily physical activity by promoting unstructured play and active recess time; by ensuring that physical education programs provide substantial amounts of moderate-to-vigorous developmentally appropriate physical activity (at least 50% of the class time); and by integrating practices, in addition to the physical education program, that emphasize lifelong physical activity.</p> <p>Provide developmentally appropriate equipment and safe playground facilities for active play.</p> <p>Increase the number of schools and communities implementing a walk/bike to school program; link with overall efforts to develop livable, walkable communities.</p>	<p>Mobilize commitment to wellness through the school setting by integrating HEAL information and the lifelong benefits that result from HEAL in general school communications, such as websites, monthly calendars, and newsletters, and community partnership activities that include students, staff and families such as wellness committees, health fairs, and sport and recreation events.</p> <p>Fund workshops to train school staff in the integration of nutrition, physical activity and media literacy into school curriculum, and to foster partnerships between school food service and the classroom.</p> <p>Disseminate communication & training—to teachers, school nurses and families—that supports changes to increase physical activity at school and at home, such as the KidPower! newsletter.</p>
Assure highly qualified food service, health and physical education staff.	<p>Assure that nutrition and physical education are taught by certified and highly qualified staff and encourage their ongoing professional development.</p> <p>Increase the number of schools that provide a qualified school nutrition/food service director, credentialed by an approved, nationally recognized program to oversee the operation of school meals and to maintain state health and sanitation requirements.</p>		

BEFORE & AFTER SCHOOL PROGRAMS

Goals	Recommended Interventions		
	Policy	Practice	Communication
Adopt statewide nutrition standards.	<p>Increase the number of before and after school programs that have policies, programs and environments that support and promote physical activity and healthy eating behaviors.</p> <p>Incorporate nutrition and physical activity standards in Licensed Plus guidelines for licensing NH child care programs.</p>	Use snack/mealtimes to introduce a variety of different healthy food options and ensure that clean sources of water are accessible at all times.	
Increase awareness, commitment and resources to create a healthy eating and active living environment.			Increase awareness of before and after school program activities to facilitate healthy eating and active living
Provide skills-based education and learning opportunities for students, staff and families.		<p>Ask parents in program brochures to supply healthy snacks and lunches.</p> <p>Endorse and promote no more than two hours of non-educational screen-time a day (TV, video games, computer use, text messaging). Substitute non-educational screen time with activity programs such as games and team building exercises.</p>	Provide training to before and after school program staff to lead activity sessions, select healthy foods and model positive behaviors.
Promote lifelong healthy eating and active living through integrated curriculum, communication, facility design, practices and partnerships with families and communities.	<p>Involve before and after school programs in development and implementation of school wellness policies and plans.</p> <p>Improve and simplify access to federal nutrition entitlement funds to support healthy nutrition for before and after school program participants.</p>	Provide time to engage in a variety of physical activity options and integrate activities that emphasize lifelong daily activity.	

EARLY CHILD CARE & PRESCHOOLS

Goals	Recommended Interventions		
	Policy	Practice	Communication
Adopt statewide nutrition standards.	Increase the number of child care and preschool facilities that adopt nutrition standards for healthy meals, snacks and beverages consistent with the Dietary Guidelines for Americans. Incorporate nutrition and physical activity standards in Licensed Plus guidelines for licensing NH child care programs.	Use snack/mealtimes to introduce a variety of different healthy food options and ensure that clean sources of water are accessible at all times.	
Provide skills-based education and learning opportunities for students, staff and families.		Ask parents to supply healthy snacks and lunches.	Provide training to staff to lead activity sessions, prepare healthy food options and model positive HEAL behaviors for parents and children.
Promote lifelong healthy eating and active living through integrated curriculum, communication, facility design, practices and partnerships with families and communities.	Adopt policies establishing mealtime as part of the preschool curriculum.	Provide regular opportunities for developmentally appropriate daily physical activity and play.	Adopt educational materials that contain positive references to healthy food and avoid educational/play materials that endorse products such as fast food, candy or cookies.

COLLEGES & UNIVERSITIES*

Goals	Recommended Interventions		
	Policy	Practice	Communication
Develop community partnerships to provide experiential learning opportunities for students in health, nutrition and physical education professions.	Advocate for early, progressive field-based learning beyond 'the walls of the institution' in the area of health education and physical education.	Design academic programs that are continually assessed to ensure visionary programming based upon research. Explore opportunities for integration among all content areas that will foster learning related to nutrition education and physical activity (e.g., 'walking into history' unit, data collection on activity levels using pedometers and software applications, movement and literacy experiences).	

*Graduates entering the teaching profession whose focus is the promotion of health, nutrition education and physical activity for all children (pre-K through 12th grade) are a significant resource for positively affecting school outcomes relative to healthy eating and active living. In the academic preparation of these future teachers, it is recognized that knowledge and skills are maximized through practical application or experiential learning opportunities. Early and on-going practical field opportunities assist pre-service teachers in understanding the expectations of those they will serve. Consequently, New Hampshire colleges and universities must develop community partnership opportunities that are vital in preparing pre-service teachers for the teaching community they will be entering.

HELPFUL TOOLS AND RESOURCES TARGETED TO SCHOOLS

Team Nutrition is an initiative of the USDA Food and Nutrition Service to support the Child Nutrition Programs through training and technical assistance for food service, nutrition education for children and their caregivers, and school and community support for healthy eating and physical activity. www.fns.usda.gov/tn/Default.htm

Changing the Scene - Improving the School Nutrition Environment is a USDA and UNH Cooperative Extension program that addresses the entire school nutrition environment. <http://extension.unh.edu/News/ChangeSc.htm> or www.fns.usda.gov/tn/Resources/changing.html

Guidelines, resources and classroom activities for educators and school nutrition professionals to develop an integrated approach to nutrition education and school wellness. www.newenglanddairycouncil.org

NH Department of Education Bureau of Nutrition Programs & Services: National School Lunch Program, Child & Adult Care Food Program, Summer Food Service Program, Special Milk Program, NH Local Wellness Policy Toolkit. www.ed.state.nh.us/nutrition

School Nutrition Association: Local School Wellness Policies. www.schoolnutrition.org/Index.aspx?id=1075

5-2-1-0 Goes To School: Display materials, tools and tip sheets available from the Foundation for Healthy Communities. www.healthynh.com/fhc/initiatives/ch_obesity/5210gts.php#

New Hampshire K-12 Physical Education Curriculum Guidelines and other resources and links related to physical activity available from the NH Association for Health, Physical Education, Recreation and Dance. www.nhahperd.org

New Hampshire Health Education Curriculum Guidelines.

www.ed.state.nh.us/education/doe/organization/instruction/HealthHIVAIDS/nhhealtheducationcurriculumguidelines.htm

KidPower! a NH program, works with schools and other organizations to help children be more physically active. www.dhhs.state.nh.us/DHHS/NHP/children.htm

Policy recommendations for developmentally appropriate daily physical activity.

www.ed.state.nh.us/education/News/physical_activity.htm

LiveFIT NH initiative demonstrates-through television segments, educational and outreach activities, and online resources-how individuals, families, schools and communities can combat obesity trends. www.nhptv.org/livefitnh

Safe Routes to School program designed to facilitate increased physical activity by addressing barriers to walking or riding to school. www.nh.gov/dot/bureaus/planning/SRTS_home.htm

Strategies for promoting physical activity and healthy eating in after school settings.

www.nccic.org/afterschool/fitness_nutrition.html

Resources and technical assistance for youth, parents, and educators to develop media literacy skills and educational programs. www.childhealthservices.org/id24.htm

The NH Farm to School Program is a project to connect NH farms and schools with the goal of developing a healthy, community-based, community-supported school food system. www.nhfarmtoschool.org

NH Department of Education Coordinated School Health Program.

www.ed.state.nh.us/education/doe/organization/instruction/HealthHIVAIDS/coordinatedschoolhealthnh.htm

Connecticut's Healthy Eating and Active Living (HEAL) Toolkit includes a self-assessment instrument and planning guide to identify baseline in terms of policies, practices, and environmental factors.

www.cadh.org/CADHResources/HealthyEatingActiveLivingToolkit/tabid/61/Default.aspx

PlusTime NH provides training, advocacy, and financial and human resources to support after school programs. www.plustime.org

The Environmental Nutrition and Activity Community Tool (ENACT) presents useful information based on current research and practice and includes model policies and programs, hands-on tools, articles and other publications, and resources. www.preventioninstitute.org/sa/enact/members/index.php

Media Smart provides consultation, training and resources on appropriate use of mass media and understanding of both the positive and negative effects of the mass media on child and teen health/behaviors. www.childhealthservices.org/id24.htm

Referral resources to regional activities and educational materials on nutrition. www.lightenupnh.org

Walk NH! is a program designed to promote walking in New Hampshire as a part of a healthy lifestyle. www.walkNH.org

The Dietary Guidelines for Americans provide authoritative advice for people two years and older and serve as the basis for federal food and nutrition education programs. www.health.gov/dietaryguidelines

HEAT Club After School Curriculum is designed to be used with elementary school children in after school programs in order to improve eating habits and increase physical activity levels. The HEAT Club curriculum is available to after school care providers in conjunction with a comprehensive training that teaches creative and effective ways to use the program. www.childreninbalance.org

Bike-Walk Alliance of NH offers grade specific training on bicycling. www.bwanh.org

Calculates the amount of fruits and vegetables you should eat each day based on your age, gender and daily activity. www.fruitsandveggiesmatter.gov

Work Group Members

Robin Abodeely

Dr. Norman W. Crisp Elementary School

Cynthia Billings

PlusTime NH

John W. Corrigan

Safe Routes to School Coordinator

Laura Jackson Gaudette

NH Department of Education, Bureau of
Nutrition Programs and Services

Jeanette Kimbell

Nashua School District

Susan Laverack

Lakes Region Partnership for PH, Inc.

Louise S. McCormack

NH Governor's Council on PA and Health,
Plymouth State University

Jackie Moulton

New Boston Central School

David Sobel

Education Department,
Antioch New England Graduate School

Honorable Nancy Stiles

Rockingham District 15

Honorable Mary Jane Wallner

Merrimack Valley Child Care Center

Rona Zlokower

Media Power Youth

INTRODUCTION

Health care providers, health insurers, professional organizations, and health professional schools have a critical role to play in promoting healthy lifestyle behaviors. A majority of Americans interact with the health care system every year. During these interactions, providers are in a unique position to influence the health behaviors of their patients and their families. Patients are responsive to health care providers' advice on nutrition, breast-feeding, physical activity and screen time. In addition to screening for, diagnosing and treating overweight and obesity, health care professionals provide information and referral to nutrition, physical activity and behavior modification resources in the community. Health professional schools and continuing education programs offer an opportunity to provide up-to-date information and training to ensure that health care providers have the knowledge, skills and confidence necessary to provide obesity prevention, assessment, counseling and treatment. Health insurers and health care plans can contribute by reimbursing for treatment for overweight and obesity as well as supporting prevention interventions that support healthy lifestyle behaviors.

TOP PRIORITIES AND RECOMMENDED INTERVENTIONS

The health care industry can have the greatest impact on the health of New Hampshire residents by implementing the recommended interventions listed on pages 29–30. Highest priority is given to the following:

Goal 1 Objective 1

Increase use of Body Mass Index (BMI) to monitor healthy weight

Train health care providers to accurately measure BMI.

Objective 2

Measure BMI for adults and children at all routine visits and provide interpretation.

Objective 3

Document BMI (in the medical record at least one time per year) and diagnosis of overweight or obesity as pay-for-performance measures.

Goal 2 Objective 1

Increase referral to nutrition, physical activity and behavior modification resources in the community

Provide health care providers with information on covered services and programs for weight control and obesity prevention.

Objective 2

Provide health care providers with information on community resources for healthy eating and physical activity.

Goal 3 Objective 1

Educate health care providers in obesity prevention and weight management

Train health care providers about high impact interventions for promoting weight control.

A complete list of recommended interventions and useful resources follows.

Goals	Recommended Interventions		
	Policy	Practice	Communication
Increase use of Body Mass Index (BMI) to monitor healthy weight.	Establish documented BMI (at least annually) and diagnosis of overweight or obesity as pay-for-performance measures.	Conduct routine measurement of BMI by all primary care providers for both adults and children at all routine visits. Provide interpretation of BMI and inform patients when weight is not in a healthy range or when BMI is less than 25 but weight is increasing from visit to visit.	Train providers to accurately measure BMI in adults and BMI percent in children to identify weight problems.
Increase referral to nutrition, physical activity and behavior modification resources in the community.		Adopt standards of practice and office systems to support screening of all patients regarding physical activity and eating behavior and management of weight issues (e.g., assessment, documentation, medical record audits, referral procedures).	Streamline provider access to information on covered services for weight control and obesity prevention and community nutrition and physical activity resources to facilitate referrals for patients.
Educate health care providers in obesity prevention and weight management.	Work with nursing, nutrition, and medical schools to incorporate healthy eating, physical activity, breast-feeding and behavioral modification components in mandatory curricula.	Incorporate instruction in provider curricula and continuing medical education that includes core competencies in obesity prevention (breast-feeding promotion, healthy eating, increased physical activity and decreased sedentary activity); assessment of weight status, weight management and readiness for change; and behavioral modification.	
Educate patients about weight control and healthy lifestyles.	Assure hospital and health care delivery policies and practices promote breast-feeding and discourage universal dissemination of materials that promote use of infant formula.	Teach providers about high impact interventions (e.g., culturally appropriate and effective) to promote weight control with patients (e.g., effective ways to promote and support breast-feeding, physical activity and healthy eating habits).	Promote an intergenerational, family-based approach to weight control that is consistent with overall health promotion and nutritional health, rather than short-term diets (e.g., 5–2–1–0 for healthy eating, regular physical activity, and limited TV viewing).

Goals	Recommended Interventions		
	Policy	Practice	Communication
Assure access to weight control and obesity prevention services.	Encourage Medicaid to provide incentives for weight control and obesity prevention efforts including nutrition counseling and physical activity programs. Work with insurers to cover evidenced-based weight loss modalities such as bariatric surgery.	Develop and implement comprehensive, intensive treatment programs for overweight and obese persons. Encourage alternative approaches for weight management which incorporate an integrated team approach.	Promote partnerships between health care providers and hospitals, schools and community organizations in prevention efforts targeted at social and environmental causes of overweight and obesity.
Be an example.	Participate in the public policy process to highlight the need for community changes to improve eating and activity habits.	Practice healthy eating and regular physical activity and make healthy foods, water and opportunities for physical activity (e.g., promote use of stairs) available to patients and employees. Promote healthy lifestyles with educational and informational materials in the waiting room.	Respond to news stories providing a health care perspective.

WORK GROUP MEMBERS

Charles T. Cappetta

Dartmouth Hitchcock, Nashua

Kim Dorval

Nutrition In Motion, LLC

Sandra Feliciano

City of Nashua

P. Travis Harker

NH Dartmouth Family and Preventive Medicine Residency Programs

Linda Huard

New Hampshire Employment Security

Terry Johnson

Equinox Health and Healing

Shawn LaFrance

The Foundation for Healthy Communities

Melissa McAllister

Anthem Blue Cross Blue Shield

Beth Roberts

Harvard Pilgrim Health Care

Rona Zlokower

Media Power Youth

HELPFUL TOOLS AND RESOURCES TARGETED TO HEALTH CARE PROVIDERS

Clinician tools targeted to children: “5–2–1–0 Healthy NH” public education campaign materials, office flow chart, weight management flipchart, BMI charts for children 2–20, survey tools, and Sonne BMI Wheel (Boston Children’s hospital). www.healthynh.com/fhc/initiatives/ch_obesity/index.php

Clinician tools targeted to adults: “Aim for a Healthy Weight” 2006 kit contains a patient booklet and laminated card with an algorithm to assess, classify, and treat overweight and obese patients, clinical guidelines, quick-reference cards and tools, and a waist circumference tape measure.

www.nhlbi.nih.gov/health/prof/heart/obesity/aim_kit/index.htm

Referral resources to regional activities and educational materials on nutrition. www.lightenupnh.org

Complimentary DVD targeted to clinicians addressing prevention and treatment of childhood obesity. Includes clinical tools such as BMI measurement and tips for initiating and sustaining behavior change in pediatric patients. www.ahrq.gov/child/dvdobesity.htm

Implementation Guide for health care professionals prepared by Childhood Obesity Action Network (COAN) includes guidance on assessment, prevention, and treatment of child and adolescent overweight and obesity. www.nichq.org/NR/rdonlyres/7CF2C1F3-4DA3-4A00-AE15-4E35967F3571/5316/COANImplementation-Guide62607FINAL.pdf

The National Institutes of Health provides a BMI calculator at www.nhlbisupport.com/bmi

The Centers for Disease Control and Prevention provides a BMI calculator at www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm.

Clinician toolkits available from health plans: Anthem, www.anthem.com; Harvard Pilgrim Health Care, www.harvardpilgrim.org

American Academy of Pediatrics Maine Chapter sells the Overweight Clinical Guidelines Flipchart from the “Keep Me Healthy: 5–2–1–0 Power Up” Campaign. www.maineaap.org/project_youthoverweight.htm

American Medical Association 2007 Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity. www.ama-assn.org/ama1/pub/upload/mm/433/ped_obesity_recs.pdf

Connecticut’s Healthy Eating and Active Living (HEAL) Toolkit includes a self-assessment instrument and planning guide to identify baseline in terms of policies, practices, and environmental factors. www.cadh.org/CADHResources/HealthyEatingActiveLivingToolkit/tabid/61/Default.aspx

The Environmental Nutrition and Activity Community Tool (ENACT) presents useful information based on current research and practice and includes model policies and programs, hands-on tools, articles and other publications, and resources. www.preventioninstitute.org/sa/enact/members/index.php

We Can! provides physicians and health professionals with science-based resources that help make a difference in the lives of their patients. www.nhlbi.nih.gov/health/public/heart/obesity/wecan/get-involved/healthprof.htm

INTRODUCTION

A community is comprised of community agencies and municipal government. Community agencies include social services, faith-based and civic organizations. The municipality includes public works, park and recreational departments, fire and rescue, town planners, welfare, libraries, town offices and elected officials. Working in collaboration, a community can foster healthy eating and active living through sponsoring education and community programming; increasing community connectivity; providing infrastructure that supports alternative means of transportation; preserving open space; and providing safe, attractive and accessible recreational facilities. Healthy lifestyles can be encouraged through simple, low-cost strategies, such as using signs to prompt stair use or encouraging local food pantries to increase healthy food options. However, major investment in infrastructure is also recommended to create alternatives to the car as a means of transportation, construct facilities for leisure-time physical activity, and improve neighborhood security.

TOP PRIORITIES AND RECOMMENDED INTERVENTIONS

Communities and municipalities can have the greatest impact on the health of New Hampshire residents by implementing the recommended interventions listed on pages 33–34. Highest priority is given to the following:

Goal 1 Objective 1

Engage community agencies and municipalities in adopting and promoting HEAL interventions

Educate communities about HEAL recommendations.

Objective 2

Provide community agencies and municipalities with tools to adopt HEAL initiatives.

Objective 3

Recruit and recognize community agencies and municipalities that implement HEAL recommendations as HEAL Partners.

Goal 2 Objective 1

Incorporate healthy eating and active living practices in town planning processes

Incorporate land use and practices that promote physical activity and healthy living in master plans.

Objective 2

Train town planners (local master planning advisory committees and regional planning commissions) on incorporating HEAL recommendations in master plans.

Objective 3

Support implementation of Livable Walkable Communities (LWC).

Goal 3 Objective 1

Increase use of and access to public spaces

Pass local zoning and planning ordinances that promote open space community connectivity and make parks, trails, and greenspace accessible, safe and inviting.

Objective 2

Collaborate with the Leave No Child Inside (LNCI) to promote link between nature and HEAL concepts.

Objective 3

Provide a community public space map on town website, in town office and in town annual report to promote the use of public parks and recreational facilities.

COMMUNITIES & MUNICIPALITIES

Goals	Recommended Interventions		
	Policy	Practice	Communication
Assure consistent messaging.	Ensure that the HEAL message is promoted consistently across agencies and services.	<p>Promote, package and distribute materials that are accessible and appropriate to the various sectors of the community (easy to read, bi-lingual).</p> <p>Create and maintain a community MySpace page to reach out to youth and young adult populations with HEAL messages and information on activities and initiatives in their community.</p> <p>Add HEAL message to agency and service web-sites.</p> <p>Create Point-of-Purchase/Point-of-Decision messaging at agencies and service sites.</p>	<p>Educate agencies and services about the HEAL message and related resources and materials.</p> <p>Promote web-based resources that support HEAL messaging (such as 5-2-1-0; <i>Lighten Up NH!</i> (www.lightenupnh.org); www.mypyramid.gov; America on the Move, USDA Dietary Guidelines for America, etc.).</p> <p>Include HEAL messaging and resource list in Town Welcome Packets for new residents.</p> <p>Mass media campaign inserts with healthy messaging in utility bills or other local media.</p> <p>Promote HEAL message and resources to community decision makers and elected officials.</p>
Implement healthy eating and active living interventions in programs and agencies	Incorporate healthy eating and active living initiatives in public- and community-based programs.	<p>Utilize toolkits for community agencies and local government to assist in implementing HEAL recommendations [e.g., age appropriate activities, resources for materials and equipment, health and food fairs, nutritional guidelines, suggested model programs and practices (Walk NH; America on the Move, etc.)].</p> <p>Access grant to support HEAL recommendations.</p> <p>Sell non-food items or healthy food options for community fund raisers instead of foods with low nutrient density.</p> <p>Encourage parents to send healthy snacks and lunches for kids through clubs and groups.</p> <p>Provide nutritional information for food choices in cafeterias and vending machines.</p> <p>Encourage and facilitate healthier food options at local food pantries, cafeterias, vending areas.</p>	<p>Provide training and tools to agencies and service providers to implement HEAL recommendations.</p> <p>Promote the availability of grants for implementation of activities such as pedometers, bike helmets for individuals, or indoor/outdoor game kits for use at public settings or agencies.</p> <p>Promote awareness of proper portion sizes through use of resources such as www.mypyramid.com.</p>

COMMUNITIES & MUNICIPALITIES

Goals	Recommended Interventions		
	Policy	Practice	Communication
Incorporate healthy eating and active living practices in town planning processes.	Incorporate land use and practices that promote physical activity and healthy living in master plans.	<p>Work with town planners (local master planning advisory committees and regional planning commissions) to develop plans that make the link between land use and healthy eating and active living (e.g., Livable/Walkable Communities).</p> <p>Utilize HEAL Town Planning toolkit to implement HEAL initiative in town plan. For example, Livable/Walkable Communities, sidewalk initiatives, recreational programs, preserving parks and open spaces, promoting HEAL message through community activities.</p> <p>Support implementation of Livable Walkable Communities (LWC).</p>	<p>Advocate and promote HEAL initiative as part of Master Plan for communities.</p> <p>Train town planners (local master planning advisory committees and regional planning commissions) on HEAL and how it can be used in master plan.</p> <p>Develop and/or access a web-based scorecard (e.g., LWC Scorecard) to provide real-time feedback to stakeholders on how their community is doing with increasing healthy eating and active living.</p>
Increase use of and access to public spaces.	<p>Pass local zoning and planning ordinances that promote open space community connectivity (e.g., link public and town properties with paths and byways) emphasizing a balance between motorized and non-motorized transport (e.g., walking, bicycling).</p> <p>Provide adequate and stable funding for LCHIP, state parks, Fish & Game and municipal parks.</p> <p>Maximize federal funds (e.g., Intermodal Surface Transpo Efficiency Act (ISTEA) and Land & Water Conservation (LWCF) funding.</p>	<p>Implement Livable Walkable Communities initiative to promote active transportation choices (e.g. walking, bicycling); connecting kids to schools; safe and attractive parks, playgrounds, and recreational facilities.</p> <p>Make parks, trails, and greenspace accessible, safe and inviting (e.g., encourage special admission or reduced fees to parks and recreational facilities).</p> <p>Collaborate with the Leave No Child Inside to promote link between nature and HEAL concept.</p>	<p>Provide a community public space map on town website, in town offices, in town annual report to promote the use of public parks and recreational facilities.</p> <p>Promote linkage of local organizations to HEAL campaign; promote HEAL through organizational newsletters, web sites, and email distribution services.</p> <p>Promote resources such as Lighten Up NH! (lightenupnh.org) that will provide lists of community-specific activities.</p> <p>Publicize existing and new parks and recreation resources.</p>

HELPFUL TOOLS AND RESOURCES TARGETED TO COMMUNITY & MUNICIPALITIES

Referral resources to regional activities and educational materials on nutrition and physical activity. www.lightenupnh.org

The Livable Walkable Community Toolkit is a resource for improving the livability and walkability of NH communities. www.extension.unh.edu/CommDev/LiveWalk.htm; www.extension.unh.edu/CommDev/Pubs/Toolkit.pdf

New Hampshire Land and Community Heritage Investment Program (LCHIP) is an independent state authority that makes matching grant to New Hampshire communities and non-profits to conserve and preserve New Hampshire's most important natural, cultural and historic resources. www.lchip.org

New Hampshire Fish and Game Department provides information on things to do in New Hampshire, involving getting out into our wild outdoors—fishing, hunting, wildlife watching, birding, enjoying the scenery or the foliage. www.wildlife.state.nh.us/index.htm

NH Recreation and Parks Association provides information on activities in New Hampshire. www.nhrpa.com

Safe Routes to School (SRTS) program designed to facilitate increased physical activity by addressing barriers to walking and riding to school. www.nh.gov/dot/bureaus/planning/SRTS_home.htm

Connecticut's Healthy Eating and Active Living (HEAL) Toolkit includes a self-assessment instrument and planning guide to identify baseline in terms of policies, practices, and environmental factors. www.cadh.org/CADHResources/HealthyEatingActiveLivingToolkit/tabid/61/Default.aspx

The Environmental Nutrition and Activity Community Tool (ENACT) presents useful information based on current research and practice and includes model policies and programs, hands-on tools, articles and other publications and resources. www.preventioninstitute.org/sa/enact/members/index.php

America on the Move is a national movement that encourages making small changes to daily and activity choices. Personalized online resources and interactive tools. www.AmericaontheMove.org

USDA website provides information on nutrition and dietary guidelines. Create individualized eating plans based on gender, age and activity level. www.mypyramid.gov

We Can! provides companies and organizations with an opportunity to improve the health of families, employees, and communities. www.nhlbi.nih.gov/health/public/heart/obesity/wecan/get-involved/communities.htm

Bike-Walk Alliance of NH assists communities with development of rail trails and Safe Routes to Schools. www.bwanh.org

This website calculates the amount of fruits and vegetables you should eat each day based on your age, gender and daily activity. www.fruitsandveggiesmatter.gov

Work Group Members

Lisa L. Bauer

Anthem Blue Cross/Blue Shield

Becky Deusser

New Hampshire Public Health Association

John W. Corrigan

N.H. Department of Transportation

Charlie French

Community and Economic Development Specialist

Cindy Heath

Lebanon Parks and Recreation

Terry Johnson

Equinox Health and Healing

Donna Kuethe

Town of Moultonborough

Shawn LaFrance

The Foundation for Healthy Communities

Valerie Long

Fit WIC, UNH Cooperative Extension

Fred Moe

Granite State Independent Living

Jessica Morton

NH Project WET

NH Department of Environmental Services

Marqy Studer

Livable Walkable Communities, Nashua

Johane Telgener

Concord Hospital, Center for Health Promotion

Dave Topham, Education & Safety Director

Bike-Walk Alliance of NH

Hilary Warner

Nutrition Works! LLC

INTRODUCTION

Most adults spend the majority of their waking hours at their place of employment making the worksite an excellent setting to promote healthy eating and active living. Worksites provide a unique opportunity to reach a large number of adults and to reinforce and promote healthy behaviors especially among low-income workers. A healthy motivated workforce is extremely important and can significantly impact the bottom line. Many employers are beginning to recognize the benefits to their worksite by taking proactive steps to keep their employees healthy and encourage them to reduce identifiable risk factors such as elevated blood pressure, cholesterol, blood sugar and body mass index. A healthy workforce leads to fewer medical and loss time claims, less absenteeism and greater productivity.

TOP PRIORITIES AND RECOMMENDED INTERVENTIONS

Worksites can have the greatest impact on the health of New Hampshire residents by implementing the recommended interventions listed on pages 37–38. Highest priority is given to the following:

Goal 1

Engage employers in adopting and promoting HEAL interventions

Objective 1

Educate worksites, employers and business associations about HEAL recommendations.

Objective 2

Provide worksites with tools to adopt HEAL initiatives.

Objective 3

Recruit and recognize worksites that implement HEAL recommendations as HEAL partners.

Goal 2

Encourage employers to promote opportunities for employees to be healthy

Objective 1

Work with insurance carriers to reimburse for office visits to: physicians, dietitians, nurses, health educators and other members of the health care team for time spent evaluating and counseling patients in nutrition, physical activity and weight management (e.g., classify obesity as a disease category for reimbursement coding).

Objective 2

Provide incentives to employees who engage in activities that lead to healthy lifestyles through regular health screenings, health risk appraisals, increased physical activity and improved nutrition.

Objective 3

Provide discounted worksite wellness services (e.g., educational workshops and health coaching for disease and lifestyle management).

A complete list of recommended interventions and useful resources follows.

Goals	Recommended Interventions		
	Policy	Practice	Communication
Encourage employers to promote opportunities for employees to be healthy.	<p>Encourage employers to work with their insurance carriers to reimburse physicians, dietitians, nurses, health educators and other members of the health care team for time spent evaluating and counseling patients in nutrition, physical activity and weight management (e.g. classify obesity as a disease category for reimbursement coding; reimburse for BMI measurement and weight counseling, breast-feeding classes and equipment, etc.).</p> <p>Provide incentives to employees who engage in activities that lead to healthy lifestyles through regular health screenings, health risk appraisals, increased physical activity and improved nutrition.</p> <p>Provide discounted worksite wellness services such as educational workshops and health coaching for disease and lifestyle management.</p> <p>Encourage a personnel policy that rewards participation in wellness programs to improve employees' overall health.</p> <p>Incorporate healthy options in the cafeteria and catering contracts to increase the choice of nutritional items through healthy offerings and reasonable pricing.</p>	<p>Convene public and private, large and small, experienced and inexperienced worksites, employers and business associations to carry out the HEAL worksite initiatives.</p> <p>Conduct worksite screenings such as blood pressure, body composition, health risk appraisals, cholesterol and diabetes screenings and offer health education, health coaching and behavior modification.</p> <p>Create a toolkit for worksites of all sizes to assist them in promoting and implementing wellness activities.</p> <p>Provide vending machines with healthy food choices by offering appealing, low-cost healthy food options such as fruit and vegetables, low-fat/high fiber foods, 100% juice.</p>	<p>Encourage employees to take responsibility for their health.</p> <p>Increase awareness of preventive services and wellness benefit to encourage employees to follow recommended guidelines for services and participate in programs.</p> <p>Brand the adoption of the toolkit and recognize employers who adopt it.</p> <p>Develop guidance for planners in making healthy choices for meetings and events.</p>
Educate employees about healthy eating and active living.		Offer physical activity, nutrition and health coaching, behavior modification workshops.	<p>Educate employees by posting nutrition information at the point-of-purchase such as serving size/portion, fat, fiber and sodium content and type of fat and carbohydrate information.</p> <p>Provide health education material through newsletters, publications, websites, email, and other worksite communication channels.</p>

Goals	Recommended Interventions		
	Policy	Practice	Communication
Create opportunities for employees to engage in healthy eating and active living.	Develop a personnel policy that encourages flexible time enabling employees to fit in physical activity time into their workdays and participation in worksite-sponsored activities.	<p>Develop fitness clubs or recreational groups that promote a variety of physical activities such as walking, hiking or other sports for employees in all stages of change.</p> <p>Ensure that stairs are safe, clean, attractive and well lit for regular use.</p> <p>Install showers (if feasible) and bike racks to encourage employees to increase their physical activity.</p> <p>Provide employees a source of drinking water.</p> <p>Provide employees a private place to express milk (if feasible) for breast-feeding.</p> <p>Secure corporate agreements with health clubs or gyms to offer employees discounted or subsidized memberships or provide on-site equipment and designated space for fitness programs.</p> <p>Provide equipment or space (when feasible) for employees to prepare and consume their own food.</p>	<p>Promote the opportunity for involvement in local, state and regional physical activity offerings through various channels such as worksite newsletters, emails and bulletin boards.</p> <p>Display point-of-decision prompts near elevators, escalators, vending machines and cafeterias to encourage healthy choices that increase physical activity and the selection of nutritious items.</p> <p>Increase awareness about healthy eating and active living by promoting specific topics.</p> <p>Educate employees on the benefits of nursing their babies.</p>

Work Group Members

Lisa L. Bauer

Anthem Blue Cross and Blue Shield

Kim Dorval, RD, LD

Nutrition In Motion, LLC

Lisa Duclos

NH Auto Dealers' Association

Dan Griffiths

GOAL/QPC

Linda Huard

New Hampshire Employment Security
Benefit Adjudication Unit

Bob King

GOAL/QPC

Susan Laverack

Lakes Region Partnership for Public Health, Inc.

Laura Remick

North Country Health Consortium

Joan Stevens

Elliot Hospital Wellness Center

P. Meagan Tarrier

Elliot Hospital

HELPFUL TOOLS AND RESOURCES TARGETED TO WORKSITES

The Society for Human Resource Management (SHRM) is the world's largest association devoted to human resource management with local chapters throughout NH. www.shrm.org

Start! is an American Heart Association campaign that encourages, recognizes and provides tools to companies to promote a culture of physical activity in the worksite. www.americanheart.org

Downloadable brochure *Guidelines for Offering Healthy Foods at Meetings, Seminars, and Catered Events*. www.ahc.umn.edu

American Cancer Society produces a free guide, *Meeting Well*, to assist meeting planners provide healthy options for worksite meetings. www.cancer.org

Wellness Councils of America, a national non-profit membership organization, is dedicated to promoting healthier lifestyles for all Americans, especially through health promotion initiatives at the worksite. www.welcoa.org

Centers for Disease Control and Prevention provides research and resources on physical activity and nutrition. Point-of-decision stair prompts available to download to encourage the use of the stairs. www.cdc.gov

Take Action! is a free, flexible, 10-week employee wellness program that encourages fruit and vegetable consumption and regular physical activity among employees while fostering teamwork and boosting morale. www.takeactionca.com

USDA website provides information on nutrition and dietary guidelines. Create individualized eating plans based on gender, age and activity level. www.mypyramid.gov

Food and Drug Administration website provides information and resources on losing weight. www.fda.gov/loseweight

LiveFIT NH initiative demonstrates-through television segments, educational and outreach activities, and online resources-how individuals, families, schools and communities can combat obesity trends. www.nhptv.org/livefitnh

Referral resources to regional activities and educational materials on nutrition and physical activity. www.lightenupnh.org

Walk NH website for individuals, families, businesses, and other groups to encourage walking as a part of a healthy lifestyle. www.walknh.org

Agency for Healthcare Research and Quality's mission includes both translating research findings into better patient care and providing policymakers and other health care leaders with information needed to make critical health care decisions. www.ahrq.gov

UNH Cooperative Extension website provides research-based information and education. www.extension.unh.edu

America on the Move is a national movement that encourages making small changes to daily activity choices.

Personalized online resources and interactive tools. www.AmericaontheMove.org

Institute for Health and Productivity Management provides data and services related to all aspects of employee health that affect work performance and costs. www.ihpm.org

Resources for employers about health insurance benefits with links to information on cost, quality and prevention. www.nhhealthinfo.org

DHHS worksite wellness site with free resources for businesses looking to implement worksite wellness programs. www.dhhs.state.nh.us/DHHS/NHP/worksites.htm

CDC Healthier Worksite Initiative information, resources, and step-by-step toolkits useful in implementing workforce health promotion programs. www.nhhealthinfo.org/prevention/healthier-worksite.html

Connecticut's Healthy Eating and Active Living (HEAL) Toolkit includes a self-assessment instrument and planning guide to identify baseline in terms of policies, practices, and environmental factors. www.cadh.org/CADHResources/HealthyEatingActiveLivingToolkit/tabid/61/Default.aspx

The Environmental Nutrition and Activity Community Tool (ENACT) presents useful information based on current research and practice and includes model policies and programs, hands-on tools, articles and other publications, and resources. www.preventioninstitute.org/sa/enact/members/index.php

We Can! provides companies and organizations with an opportunity to improve the health of families, employees, and communities. <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/get-involved/communities.htm>

This website calculates the amount of fruits and vegetables you should eat each day based on your age, gender and daily activity. www.fruitsandveggiesmatter.gov

INTRODUCTION

Food and recreation industries can provide an environment that supports healthy eating and active living. Food industry members include grocers, restaurants, and farmers' markets; recreation industry members include for-profit sports and fitness centers, municipal recreation programs and sports retailers. The imbalance between what we eat and what we do calls for leadership in addressing the challenges of an environment in which meals are eaten outside the home at greater and greater frequency and physical activity is at an all time low.

TOP PRIORITIES AND RECOMMENDED INTERVENTIONS

The food and recreation industries can have the greatest impact on the health of NH residents by implementing the recommended interventions listed on page 40. Highest priority is given to the following:

Goal 1 Objective 1

Engage the food and recreation industries in adopting and promoting HEAL interventions.

Educate industry members about HEAL recommendations.

Objective 2

Provide food retailers, sport and fitness facilities, and municipal recreation programs with tools to adopt HEAL initiatives.

Objective 3

Recruit and recognize food and recreation industry members that implement HEAL recommendations as HEAL partners.

Goal 2 Objective 1

Encourage food and recreation industries to promote opportunities for individuals and families to be healthy

Encourage restaurants to adopt HEAL concepts, including offering readily identifiable healthy choices, smaller portions, more fruits, vegetables and whole grains; promoting physical activity through menus, place mats, table tents, advertising, websites, and walking beeper programs.

Objective 2

Encourage food retailers to adopt HEAL concepts, including improved placement of healthy snacks and promotion of physical activity.

Objective 3

Encourage establishments that offer fee-based physical activity (gyms, dance studios, martial arts programs, etc.) to adopt HEAL concepts including offering informal physical activity outside the facility, offering sliding fee structures, collaborating with existing physical activity programs such as Walk NH and Leave No Child Inside, and promoting exercise groups.

A complete list of recommended interventions and useful resources follows.

Goals	Recommended Interventions		
	Policy	Practice	Communication
Provide the food and recreation industries with tools and incentives to support HEAL.		<p>Develop toolkit for food retailers and recreation industry that ensures that healthy eating options are available and that recreation programs support HEAL (see example activities for toolkit).</p> <p>Implement toolkit at community level.</p> <p>Provide coordinator at community level to promote toolkit implementation.</p>	<p>Support implementation of toolkits with HEAL logo/campaign.</p> <p>Provide a consistent, long-term message that communicates HEAL focus on healthy eating and active living for health (as opposed to weight loss).</p> <p>Implement healthy eating campaign to encourage production (by individuals and farmers) and consumption of New Hampshire grown food. Promote HEAL food industry members selling locally grown food.</p> <p>Collaborate with Leave No Child Inside (LNCI) to implement active living campaign to promote use of existing and new parks and recreation resources for active living.</p>
Encourage food and recreation industries to promote opportunities for individuals and families to be healthy.	<p>Fund community recreation programs through state agencies such as the New Hampshire Department of Resources and Economic Development.</p> <p>Adequately fund New Hampshire Land and Community Heritage Investment Program (LCHIP) with the goal of protecting existing farmland and encouraging recreational land use.</p>	<p>Partner with outdoor organizations, fitness and sport facilities (e.g. dance and martial arts studios), sports retailers, restaurants and grocers to:</p> <p>Support local recreation programs;</p> <p>Provide low-income families with access to equipment;</p> <p>Establish community-level programs (e.g. walking groups) using existing resources (facilities, streets, walking trails, YMCA) to promote active living;</p> <p>Offer incentives for 'never-exercisers';</p> <p>Establish farm to small store/food bank/institution/school programs; and</p> <p>Encourage farmers to offer gleanings programs.</p>	

HELPFUL TOOLS AND RESOURCES TARGETED TO FOOD & RECREATION INDUSTRIES

Farmers' Market Nutrition Program (FMNP), associated with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), provides supplemental foods, health care referrals and nutrition education at no cost to low-income pregnant, breastfeeding and non-breastfeeding post-partum women, and to infants and children up to five years of age who are found to be at nutritional risk. www.fns.usda.gov/wic/FMNP/FMNPfaqs.htm

The New Hampshire Farm to Restaurant Connection links New Hampshire farms and food businesses with New Hampshire restaurants. www.nhfarmtorestaurant.com

The NH Farm to School (NH FTS) Program connects NH farms and schools by integrating agricultural production, school food procurement and school curriculum. www.nhfarmtoschool.org

New Hampshire Grocers Association is the statewide trade association representing the entire food distribution system with programs and services to supermarkets, convenience stores and neighborhood stores owned by independents and chains; and their suppliers of products or services. www.grocers.org

The New Hampshire Recreation and Park Association (NHRPA) promotes and advocates for the development and administration of recreation and park services. www.nhrpa.com

The New Hampshire Lodging & Restaurant Association is a statewide coalition of hospitality businesses. www.nhlra.com

University of NH Cooperative Extension provides information to help people of all ages eat healthfully without breaking the bank. www.extension.unh.edu/FoodNutr/FoodNutr.htm

UNH Office of Sustainability supports teaching, campus operations, research, and engagement efforts that support sustainable community-based food systems. www.sustainableunh.unh.edu/fas/index.html

YMCAs offer fitness facilities and services in communities throughout NH. A directory of YMCAs in NH is available at www.ymca.addresses.com/yp-states/NH/a.html

The Environmental Nutrition and Activity Community Tool (ENACT) presents useful information based on current research and practice and includes model policies and programs, hands-on tools, articles and other publications, and resources. www.preventioninstitute.org/sa/enact/members/index.php

5-2-1-0 Healthy NH is a statewide public education campaign to bring awareness to the daily guidelines for nutrition and physical activity. www.healthynh.com

NH Department of Agriculture, Markets and Food offers connections to farms and farm organizations, as well as specific marketing programs. www.agriculture.nh.gov

Work Group Members

Kim Dorval

Nutrition In Motion, LLC

Kathleen Grace-Bishop

Health Services, UNH

Gail McWilliam Jellie

NH Department of Agriculture,
Markets & Food

Donna Kuethe

Town of Moultonborough

Martha McLeod

North Country Health Consortium

Brenda Pfahnl

Hilary Warner

Nutrition Works! LLC

Toolkit Content Ideas

Toolkit for Restaurants

- Provide nutrition content labeling
- Reduce portion size
- Serve salad dressing on the side
- Increase numbers of fruits and vegetables on menus
- Include vegetables on children's menus
- Increase number of local products offered
- Offer microdesserts
- Partner with outside entities (e.g., Weight Watchers and Applebees partnership)
- Explore incentives that link for-profit fitness centers and restaurants/grocers offering healthy foods
- Institute "feel free to share entrees" policy
- Encourage walking while waiting for a table
- Institute "take this buzzer for a walk" program

Toolkit for Fitness Centers

- Link with Walk NH (walk NH on a treadmill)
- Provide opportunities for people of all ages
- Display point-of-decision prompts
- Offer boot camps (i.e., utilizing nature as opposed to gym equipment to get a workout)
- Promote fun play as fitness/encourage activity outside of gym
- Promote healthy eating by changing vending machine content
- Promote/increase use of personal training services
- Promote exercise groups to increase social supports for physical activity
- Partner with outside entities (e.g., Weight Watchers and Applebees)
- Explore incentives that link fitness centers and restaurants/grocers offering healthy foods
- Support local recreation programs
- Increase access to low-income families through discounts
- Increase access by providing child care
- Provide low-income families with access to equipment

Toolkit for Recreation Programs

- Provide training for families on individualized sports that can be done at home
- Offer boot camps (i.e., utilizing nature as opposed to gym equipment to get a workout)
- Promote fun play as fitness
- Promote healthy eating by changing vending machine and concession stand content
- Use local heroes to promote physical activity

Toolkit for Supermarkets

- Change placement of candy and sugar cereals (possibly make WIC vendor status contingent on this)
- Provide more healthy snacks at kid level
- Partner with outside entities (e.g., Weight Watchers and Applebees)
- Explore incentives that link fitness centers and restaurants/grocers offering healthy foods
- Print slogans on grocery bags
- Provide healthier free samples

INTRODUCTION

Ultimately, it is the activities of individuals and families in New Hampshire that determine our success in achieving good health. Our schools, health care industry, communities and municipalities, businesses and worksites, and food and recreation industries can assist by providing the information and services needed to be successful; but in the end, we make the choice to eat healthy and be physically active. Individuals and families can set a good example for family members, friends and co-workers.

TOP PRIORITIES AND RECOMMENDED INTERVENTIONS

Individuals and families are the most important participants in an initiative to promote healthy eating and active living. A list of interventions that individuals and families can implement are listed on page 45. Highest priority is given to the following:

Goal 1 Be informed	Objective 1 Ask your provider to calculate BMI for all family members at every visit and provide interpretation. Objective 2 Monitor BMI to maintain/achieve a healthy weight.
Goal 2 Be physically active and eat healthy	Objective 1 Learn about healthy eating and physical activity guidelines (e.g., 5-2-1-0!). Objective 2 Engage in moderate to vigorous physical activity at least 30 minutes per day for an adult and one hour per day for a child. Objective 3 Eat healthy foods in reasonable portions.
Goal 3 Advocate for an environment that supports individuals and families to eat healthy and be physically active where they live, learn, work and play	Objective 1 Encourage schools to provide healthy dietary options and opportunities for children to be active. Objective 2 Encourage policy makers to develop social and environmental policies and infrastructure that help individuals and families be more physically active (e.g., use of stairs, walking and bike paths, sidewalks, etc.) and consume a healthier diet. Objective 3 Ask food establishments to offer healthy food choices in reasonable portion sizes. Objective 4 Ask employers to support healthy eating and active living at the worksite and through health benefits.

A complete list of recommended interventions and useful resources follows.

Goals	Recommended Interventions		
	Policy	Practice	Communication
Be informed.	Ask your doctor to calculate BMI for all family members at every visit and interpret results.	Monitor your BMI and work to maintain/achieve a healthy weight. Seek professional help from your doctor to prevent overweight and obesity.	Educate family and friends about the importance of healthy eating and active living (e.g., 5-2-1-0!).
Be physically active.	Encourage policy makers to develop social and environmental policies and infrastructure that help individuals and families be more physically active (e.g., use of stairs, walking and bike paths, sidewalks, etc). Encourage employers to offer health benefits which facilitate access to exercise programs. Encourage schools to provide children with opportunities to be active.	Children and adolescents should participate in at least 60 minutes of moderate intensity physical activity, preferably daily; adults should engage in moderate intensity physical activity at least 30 minutes on five or more days per week. Take advantage of New Hampshire's parks and recreational opportunities. Take advantage of health insurance programs that reimburse for physical activity. Reduce time spent watching television and in similar sedentary behaviors.	Promote programs that support physical activity choices.
Eat healthy.	Encourage policy makers to develop social and environmental policy that help individuals and families consume a healthier diet. Encourage schools to provide healthy food options. Promote farmer's markets. Ask food establishments to offer low-calorie, healthy foods in reasonable portion sizes.	Eat fruits and vegetables, drink water and skim milk, and limit the amount of fats and sugars in the diet. Eat reasonable portion sizes. Choose breast-feeding as the exclusive method for feeding infants during the first four–six months.	Promote programs that support healthy food choices. Raise awareness about reasonable food and beverage portion sizes. Educate yourself and others about healthy dietary patterns.

HELPFUL TOOLS AND RESOURCES TARGETED TO INDIVIDUALS & FAMILIES

Referral resources to regional activities and educational materials on nutrition and physical activity. www.lightenupnh.org

Walk NH! is a program designed to promote walking in New Hampshire as a part of a healthy lifestyle. www.walkNH.org

KidPower! promotes children being active every day to reduce their risk of becoming overweight. www.dhhs.nh.gov/DHHS/NHP/children.htm

LiveFIT NH initiative demonstrates-through television segments, educational and outreach activities, and online resources-how individuals, families, schools and communities can combat obesity trends. www.nhptv.org/livefitnh

Max's Magical Delivery: Fit for Kids is a fun, interactive DVD targeted to children ages five-nine and their families. The DVD offers suggestions to: 1) Try to eat five fruits and vegetables a day; 2) Get away from the TV and computer screens; and 3) Find fun ways to be physically active inside and outside. There is a separate section for parents on small, achievable steps they can take to encourage these healthy habits in their children and themselves. www.ahrq.gov/child/dvdobesity.htm

The National Institutes of Health provides a BMI calculator at www.nhlbisupport.com/bmi.

The Centers for Disease Control and Prevention provides a BMI calculator at www.cdc.gov/nccdphp/dnpa/bmi

"Aim for a Healthy Weight" provides information for assessment of overweight and obesity and principles of safe and effective weight loss. www.healthfinder.gov/scripts/SearchContext.asp?topic=592&super=112&Branch=5

My Pyramid provides information on daily nutrition needs and generates a customized food guide. www.mypyramid.gov/mypyramid/adjust.html

Small Step KIDS! provides nutrition and fitness weblinks for kids. www.smallstep.gov/kids/links.cfm

The Activity Kit contains a variety of written materials and hands-on items specifically compiled to help WIC families overcome barriers to, and increase opportunities for, active physical play. Provides nutrition facts along with healthy eating tips and recipes. www.eatright.org/cps/rde/xchg/ada/hs.xsl/nutrition_350_ENU_HTML.htm

This website calculates the amount of fruits and vegetables you should eat each day based on your age, gender and daily activity. www.fruitsandveggiesmatter.gov

America on the Move is a national movement that encourages making small changes to daily activity choices. Personalized online resources and interactive tools. www.AmericaontheMove.org

5-2-1-0 Healthy NH is a statewide public education campaign to bring awareness to the daily guidelines for nutrition and physical activity. www.healthynh.com

Food and Drug Administration website provides information and resources on losing weight. www.fda.gov/loseweight

We Can! provides parents and caregivers with resources to improve nutrition, increase physical activity, and reduce screen time for children and young people ages 8-13. <http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/get-involved/families.htm>

Bike-Walk Alliance of NH provides educational and safety programs and materials to encourage walking and bicycling. www.bwanh.org

STRATEGY FOR IMPLEMENTATION

Planning is only a first step. With the publication of this HEAL Action Plan, the goals of the HEAL Initiative are established along with a blueprint for how to achieve these goals. A multi-sector approach which includes schools, health care industry, communities and municipalities, businesses and worksites, food and recreation industries, and individuals and families is recommended. Together these partners provide the environment which supports all New Hampshire residents to achieve improved health and quality of life.

To achieve the goals of the HEAL Initiative, the supporting infrastructure is needed to assure consistent and comprehensive implementation of recommended interventions across all sectors. The Steering Committee recommends establishing a supporting infrastructure with three components:

- A state-level coordinating entity or “Home” for the HEAL Initiative;
- A Community Grants Program to support implementation of HEAL interventions across sectors at the local and regional level; and
- A Partner Program to engage and recognize organizations that commit to and successfully implement HEAL recommendations.

A brief description of each of these supporting components follows:

A “Home” for HEAL: An entity will be funded to build a statewide infrastructure for HEAL. An Advisory Board will provide oversight and direction for the HEAL Home. Staff will be employed to manage the day-to-day operations of the HEAL Initiative. The HEAL Home will:

- Raise awareness for and implement HEAL priorities and recommendations with key stakeholders and partners;
- Work with statewide partners to advocate/support legislative and policy initiatives and local implementation of HEAL recommendations;
- Administer a community grant program to support local implementation of HEAL recommendations;
- Develop a HEAL logo and branding of the HEAL message;
- Administer the HEAL Partner Program to recognize organizations (e.g., worksites, schools, municipalities, community-based organizations, etc.) who adopt HEAL recommendations;
- Provide technical assistance, training and materials to assist HEAL Partners in implementing HEAL recommendations;
- Inform the development of the official HEAL website: www.lightenupnh.org;
- Monitor progress towards achieving HEAL objectives including reporting on outcomes; and
- Work to sustain the HEAL Initiative including pursuing public and private sources of funding.

Community Grant Program: Research indicates that effective intervention requires a multi-sector response to include schools, health care providers, communities, worksites, etc. A community grant program will fund implementation of HEAL recommendations across multi-sectors at the local level. The community grant program will align local implementation activities with recommended interventions detailed in the statewide HEAL Action Plan. The community grant program will:

- Engage and educate partners (e.g., schools, health care providers, worksites, community-based organizations, municipalities, local restaurants, etc.) about HEAL recommendations;
- Facilitate collaboration and coordination with diverse partners at the local level;
- Work with partners to implement HEAL recommendations; and
- “Enroll” local organizations in the HEAL Partner Program.

HEAL Partner Program: The HEAL Partner Program will educate partners from all sectors about the HEAL recommendations, recruit organizations as partners, support partners in implementing recommended interventions, and recognize partners who implement HEAL recommendations at the state and local levels.

Communities, organizations and agencies will benefit from participation in the HEAL Partner Program. With HEAL branding, HEAL Partners will receive public recognition and acknowledgement for their contribution and commitment to implement HEAL recommendations. The HEAL Initiative will actively promote HEAL Partners through profiles on the official HEAL website, dissemination of information about HEAL Partners (e.g., restaurant guides, HEAL worksites, etc.), media coverage and recognition at public forums.

Criteria for becoming a HEAL Partner will be developed for each sector. Communities, organizations and agencies interested in being officially designated as a HEAL partner will demonstrate that they have fulfilled the requirements established by the HEAL Initiative. Basic requirements for all partners include:

- Understanding of the purpose, goals and priorities of the HEAL Initiative;
- Prominent display of the HEAL logo;
- Working collaboratively with partners to implement HEAL recommendations across sectors;
- Implementing HEAL recommendations consistent with HEAL guidance and expectations; and
- Participating in evaluation and reporting requirements.

To generate awareness for the HEAL brand, the HEAL Initiative seeks to maximize participation in the HEAL Partner Program. Criteria do not define a “gold standard” but rather a reasonable commitment which will challenge many Partners but is likely to be achievable. Consideration is given to a Partner Program which provides for tiered participation in recognition that some organizations have already made significant steps towards promoting healthy eating and active living for their constituents.

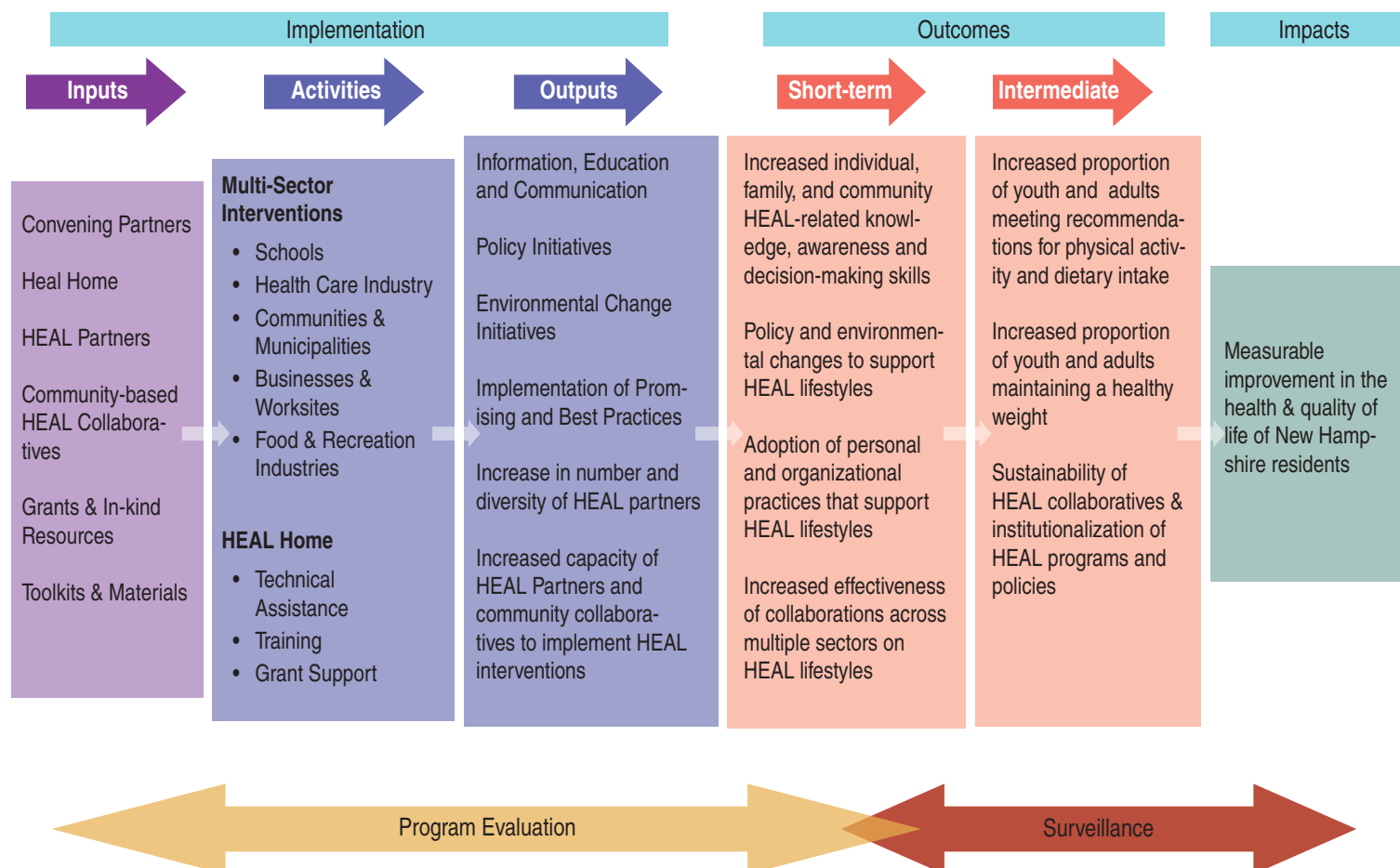
MONITORING PROGRESS

Monitoring progress of the HEAL Initiative in supporting NH residents' efforts to adopt and maintain healthy eating habits and physically active lifestyles includes **evaluation** of the Initiative's activities and outcomes and **surveillance** to assess changes in indicators of population health. The figure below depicts the overarching logic model for the HEAL Initiative. The logic model identifies the phases in which evaluation activities will assist in determining progress in HEAL-related outputs and short-term changes, as well as the role of surveillance in monitoring longer term health outcomes and impacts.

Logic Model for New Hampshire HEAL Action Plan

GOALS:

- Increase the number of NH residents who improve health and quality of life through healthy eating and active living.
- Increase the number of community and state policies, environmental support systems and legislative actions that are planned and implemented to support healthy eating and active living.
- Increase the number of organizations that implement recommended healthy eating and active living interventions.



HEAL Evaluation

In order to provide feedback to state and local partners, activities to evaluate the work accomplished through the HEAL Initiative will be established by the HEAL Home. As indicated by the tables below, measures and methods of evaluation will vary across each sector. Some measures and methods are developmental and, given the all encompassing nature of HEAL activities, not all can be measured or evaluated. In some cases, the ability to measure progress in each sector will depend on participation of key HEAL partners and integration of data collection activities within ongoing institutional processes.

For example, capacity for assessing progress of school wellness committee activities and changes in the school nutrition and physical activity environments will be enhanced if incorporated within ongoing data collection processes of the New Hampshire Department of Education. In other cases, new or resurrected data collection activities may be required such as a periodic survey of worksite health promotion policies and programs. However, it will be essential to establish these types of program evaluation activities at the outset such that specific HEAL interventions and the initiative overall will benefit from improved tools and protocols, more effective implementation, mobilized partnerships, and a clear understanding of the scope and needs of the audience being reached or not reached.

HEAL Evaluation Indicators by Sector

Schools			
Goals	Indicators	Data Sources & Partners	Additional Notes
Adopt statewide nutrition standards	Adoption of statewide K–12 nutrition standards Number of schools, after school programs, child care and preschool facilities that adopt nutrition standards	NH Dept of Education NH Dept of Health and Human Services, Child Care Licensing	
Increase awareness, commitment and resources for school efforts to provide a HEAL environment	Number of schools completing assessments of school nutrition and physical activity environments Number of schools receiving external technical assistance and resources to assess and implement wellness improvement plans Level and diversity of participation in school wellness committees	NH Dept of Education NH School Districts	NH School Health Profile Reports Reports from school wellness committees
Promote lifelong healthy eating and active living through integrated curriculum, communication, facility design practices, and partnerships with families and communities	Number of schools implementing an integrated curriculum Number of schools demonstrating HEAL-related community partnership activities Number of schools with improved, developmentally appropriate equipment and playground facilities Number of schools/communities implementing walk/bike to school programs	NH Dept of Education NH School Districts NH Dept of Transportation	Reports from school wellness committees Measures and sources are developmental

Health Care Industry

Goals	Indicators	Data Sources & Partners	Additional Notes
Increase the use of BMI to monitor healthy weight	Medical and nursing school curriculum content Number of health care professionals trained Increase in routine use of BMI in health care practices BMI documentation used as pay-for-performance measure	Health professional schools Professional associations and other continuing education providers Health care insurers	Measures and sources are developmental
Increase referral to nutrition, physical activity and behavior modification resources in the community	Information on covered services, programs and community resources is readily available to providers Community referral systems established and utilized	Health care organizations Health care insurers Lighten Up NH	Measures and sources are developmental
Educate providers in obesity prevention and weight management	Medical and nursing school curriculum content Number of health care professionals trained	Health professional schools Professional associations and other continuing education providers	Measures and sources are developmental

Communities & Municipalities

Goals	Indicators	Data Sources & Partners	Additional Notes
Engage community agencies and municipalities in adopting and promoting HEAL interventions	Tools for community agencies and municipalities distributed; utility evaluated Number of community agency and municipality HEAL partners Number of Community HEAL collaboratives formed, level of engagement, level of activity	Community Agencies NH Municipal Association Lighten Up NH HEAL Home	Measures and sources are developmental
Incorporate HEAL practices in town planning processes	Number of municipal planners trained on incorporating HEAL concepts in master plans Number of municipalities implementing Livable Walkable Communities concepts	Municipalities NH Municipal Association Lighten Up NH	
Increase use of and access to public spaces	Number of implemented policies and environmental changes designed to increase access to and utilization of public spaces for active living	Municipalities NH Municipal Association Leave No Child Inside	Measures and sources are developmental

Businesses and Worksites

Goals	Indicators	Data Sources & Partners	Additional Notes
Engage employers in adopting and promoting HEAL interventions	Worksite tools distributed; utility evaluated Number of worksite HEAL partners	Employers Business associations Lighten Up NH	
Encourage employers to promote opportunities for employees to be healthy	Changes in insurance coverage policies Changes in worksite wellness policies and programs	Health care insurers Employers	Measures and sources are developmental Consider worksite health promotion survey

Food & Recreation Industries

Goals	Indicators	Data Sources & Partners	Additional Notes
Engage the food and recreation industries in adopting and promoting HEAL interventions	Worksite tools distributed; utility evaluated Number of food & recreation industry HEAL partners	Employers Food & Recreation trade associations Lighten Up NH	
Encourage food and recreation industries to promote opportunities for individuals and families to be healthy	Number of restaurants offering affordable, healthy food options Changes in menu and product placement practices Utilization of parks and community recreation resources	Employers Food & Recreation trade associations NH Municipal Association NH Div of Parks and Recreation	Measures and sources are developmental

HEAL Surveillance

Long-term outcomes anticipated for the HEAL Initiative reflect population level improvements in physical activity, dietary practices, weight control and chronic disease. Specific surveillance activities are in place that allow for measuring progress in these areas. For example, a number of potential indicators have been developed as part of Healthy People 2010 and data sources include existing surveillance systems such as the NH Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey (YRBS). Continuous inclusion of physical activity, nutrition and weight-management questions on these periodic surveys will be essential to monitoring long-term trends.

Surveillance of population-based outcomes is useful both at the state and sub-state levels to monitor statewide and local changes in HEAL-related characteristics and to identify population-wide needs in an ongoing manner. Surveillance data can help local partners assess their community's progress, accomplishments and challenges in relation to the New Hampshire HEAL Initiative, as well as inform state level public health professionals and policy makers.

Specific indicators for measuring the HEAL Initiative mirror those found at the beginning of this document in the sections on Overweight and Obesity among NH adults, adolescents and children and include the following:

Physical Activity

Indicator	NH Baseline	2010 Target	NH Data Source
Reduce the proportion of NH adults who engage in no leisure-time physical activity.	19.6% (2006)	20%	Healthy People 2010 (HP 2010) 22-1; Behavioral Risk Factor Surveillance System (BRFSS)
Increase the proportion of NH adults who engage in moderate physical activity for at least 30 minutes per day five or more days per week or vigorous physical activity for at least 20 minutes per day three or more days per week.	56% (2005)	50%	HP 2010 22-2; BRFSS
Increase the proportion of NH children and youth (10-17 years old) who engage in moderate physical activity for at least 60 minutes per day five or more days per week.	43% (2005)	50%	HP 2010 22-6; Youth Risk Behavior Survey (YRBS)

Nutrition

Indicator	NH Baseline	2010 Target	NH Data Source
Increase the proportion of NH children and youth who consume five or more servings of fruits and vegetables per day.	25% (1999)	50%	HP 2010 19-5 and 19-6; YRBS
Increase the proportion of NH adults who consume five or more servings of fruits and vegetables per day.	29% (2005)	50%	HP 2010 19-5 and 19-6; BRFSS

Healthy Weight

Indicator	NH Baseline	2010 Target	NH Data Source
Increase the proportion of NH adults who are at a healthy weight.	39% (2006)	60%	HP 2010 19-1; BRFSS
Reduce the proportion of NH adults who are obese.	22.4% (2006)	15%	HP 2010 19-2; BRFSS
Reduce the proportion of NH children and youth (10-17 years old) who are overweight. (BMI-for-age \geq 95th percentile)	12.9% (2006)	5%	HP 2010 19-3; PedNSS, NSCH, YRBS

ENDNOTES

1. American Academy of Child & Adolescent Psychiatry. *Obesity In Children And Teens*. No. 79; January 2001. <http://www.aacap.org/page/ww?name=obesity+In+Children+And+Teens§ion=Facts+for+Families>.
2. The Centers for Disease Control and Prevention (CDC). National Health and Nutrition Examination Survey (NHANES). <http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm>
3. National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System (BRFSS) BMI Prevalence Data by State and Year. <http://apps.nccd.cdc.gov/brfss/display.asp?state=NH&cat=OB&yr=2006&qkey=4409&grp=0&SUBMIT4=Go>
4. Trust for America's Health Issue Report: F is for Fat. 2007. <http://www.rwjf.org/files/research/TEAHObsesityReport0806R.PDF>
5. NH BRFSS Data by County (1990–2005). <http://www.cdc.gov/brfss/dataused.htm>
6. National Institute of Child Health and Human Development (NICHD). Overweight in Early Childhood Increases Chances for Obesity at Age 12. September 5, 2006. <http://www.nih.gov/news/pr/sep2006/nichd-05.htm>.
7. Trust for America's Health Issue Report: F is for Fat. 2007. <http://www.rwjf.org/files/research/TEAHObsesityReport0806R.PDF>
8. National Center for Chronic Disease Prevention & Health Promotion, Behavioral Risk Factor Surveillance System (BRFSS) Fruits and Vegetables Prevalence Data by State and Year. <http://apps.nccd.cdc.gov/brfss/years.asp?yr=2006&state=All&cat=FV>
9. American Academy of Pediatrics. Active Healthy Living: Prevention of Childhood Obesity Through Increased Physical Activity. *Pediatrics*. 2006;117(5):1834–1842.
10. Trust for America's Health Issue Report: F is for Fat. 2007. <http://www.rwjf.org/files/research/TEAHObsesityReport0806R.PDF>
11. New Hampshire Department of Health and Human Services, NH Behavior Risk Factor Surveillance Survey (BRFSS). 2005: Concord.
12. Trust for America's Health Issue Report: F is for Fat. 2007. <http://www.rwjf.org/files/research/TEAHObsesityReport0806R.PDF>
13. Trust for America's Health Issue Report: F is for Fat. 2007. <http://www.rwjf.org/files/research/TEAHObsesityReport0806R.PDF>
14. National Center for Chronic Disease Prevention & Health Promotion. www.cdc.gov/nccdphp/dnpa/physical/recommendations/adult.htm
15. Dietary Guidelines for Americans. Department of Health and Human Services (HHS) and the Department of Agriculture (USDA) 2005. <http://www.health.gov/dietaryguidelines/dga2005/document/default.htm>
16. National Center for Disease Control and Prevention. Physical activity recommendations. <http://wwwtest.cdc.gov/nccdphp/dnpa/physical/recommendations/index.htm>
17. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults—The Evidence Report. National Institutes of Health, National Heart, Lung, and Blood Institute. September 1998. Available at www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.htm.
18. Flegal KM, Graubard BI, Williamson DF, Gail MH. Excess deaths associated with underweight, overweight, and obesity. *Journal of the American Medical Association*. 2005; 293(15):1861–7.
19. The Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention & Health Promotion. Overweight and Obesity Home Page. 2007 [cited; Available from: <http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm>].
20. Schwimmer J, Burwinkle T, Varni J. Health-Related Quality of Life of Severely Obese Children and Adolescents. *Journal of the American Medical Association*. 2003;289:1813–1819.
21. Sinha R, Fisch G, Teague B. Prevalence of Impaired Glucose Tolerance in Children and Adolescents With Marked Obesity. *NEJM*. 2002;346:802–810.
22. Serdula M, Ivery D, Coates R, Freedman D, Williamson D, Byers T. Do Obese Children Become Obese Adults? A Review of the Literature. *Preventive Medicine*. 1993;22:167–177.
23. Freedman D, Dietz W, Srinivansan S, Berenson G. The Relation of Overweight to Cardiovascular Risk Factors Among Children and Adolescents: The Bogalusa Heart Study. *Pediatrics*. 1999;1175–82103.
24. Daniels S, Arnett D, Eckel R, et al. Overweight in Children and Adolescents: Pathophysiology, Consequences, Prevention, and Treatment Circulation. 2005;111:1999–2012.
25. American Academy of Child & Adolescent Psychiatry. *Obesity In Children And Teens*. No. 79; January 2001. <http://www.aacap.org/page/ww?name=obesity+In+Children+And+Teens§ion=Facts+for+Families>.
26. The Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention & Health Promotion. Overweight and Obesity: Economic Consequences [cited 2006; Available from: http://www.cdc.gov/nccdphp/dnpa/obesity/economic_consequences.htm].

