

Alaska in Action

Statewide Physical Activity and Nutrition Plan



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**Dept. of Health & Social Services
Division of Public Health**

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Dear Alaskan:

Obesity is one of the most serious public health challenges facing Alaska today. It contributes to numerous chronic health conditions that limit the quality of life for individual Alaskans and place a tremendous burden on our health care system. Obesity affects Alaskans of all ages and ethnicities from all areas of the state, and it is increasing. Recent evidence suggests that, if the obesity epidemic continues unabated, life expectancy may decline, making today's generation of children the first to live a shorter life than their parents. To keep this from happening we must act now.

Improving nutrition and increasing physical activity are critical components of efforts to prevent and reduce obesity. Our current environment, however, does little to support healthy eating and regular physical activity. Healthy foods are often more expensive and less available than those with less nutritional value. Portion sizes of all foods have increased. Our larger communities are built to encourage driving, rather than bicycling or walking, while many small communities lack facilities for indoor and outdoor recreation. The combination of these factors makes it increasingly difficult to maintain an active, healthy lifestyle.

If we are to improve physical activity and nutrition we must address and overcome these barriers to healthy eating and active living. We must make healthy food choices available in stores, schools, worksites, and restaurants, and ensure that those foods are affordable. We must design our communities so that individuals can get to school, work, or local businesses on foot rather than in a vehicle. We must create and promote opportunities for children to be active both inside and outside of school, and ensure that recreational opportunities are available to adults.

As a pediatrician I have seen the negative consequences that poor diet, inactivity, and excess weight have on Alaskan children and their families. As the Director of the Division of Public Health I am extremely concerned about the impact of these conditions on our state. Whether you are a health care provider, a program policy director or a parent concerned about your family's health and your own, I urge you to join me in working together to achieve the goals set out in this plan.

A handwritten signature in black ink that reads "Richard Mandsager M.D." The signature is written in a cursive, flowing style.

Richard Mandsager, M.D.
Director, Division of Public Health

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The following individuals were also instrumental in the development of this plan.

United States Senator Ted Stevens:

Senator Stevens has been an advocate for obesity prevention efforts in Alaska for several years. His office initiated the Alaska Obesity Summit, which was held in 2003 and served as the first step in developing a comprehensive plan for addressing obesity in Alaska. In addition, Senator Stevens has made it possible to take initial steps in achieving the goals outlined in the plan through the continued support his office has provided for the State of Alaska Obesity Prevention and Control Program.

Obesity Committee Members:

The individuals listed below participated in committees that developed aims and strategies for each of the following four specific areas.

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Workgroup Members

Obesity Workgroup Members:

Many individuals, representing numerous organizations, participated in the workgroup that developed the goals, aims, and strategies listed in the plan. Workgroup members are listed below, along with their organizational affiliation at the time of their participation in plan development. The most recent organizational affiliation is listed for individuals who have represented more than one organization during the planning process.

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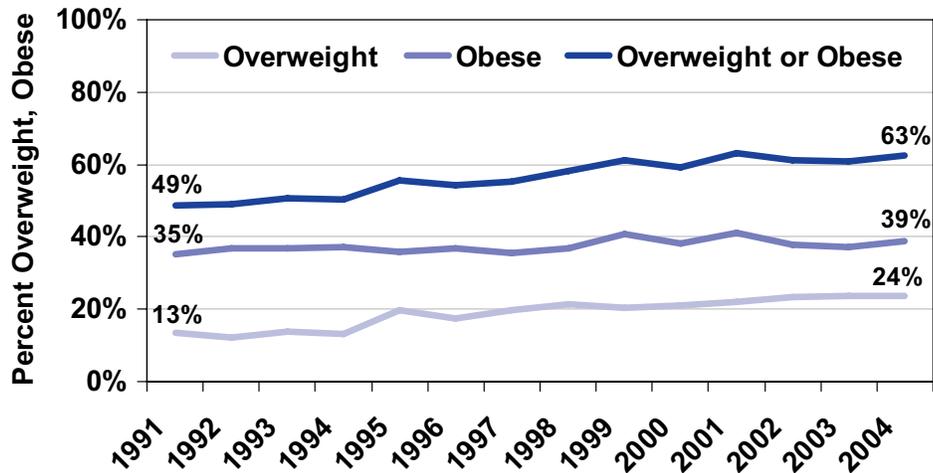
Introduction

As early as 1974 obesity was identified by some members of the international health community as “the most important nutritional disease in the affluent countries of the world.”¹ Since that time obesity and overweight have become serious epidemics in the United States.² In 2003, nearly two-thirds (60%) of adults in the United States were classified as either overweight, having a body mass index (BMI) of 25-29 Kg/m², or obese (BMI ≥ 30 Kg/m²), compared to 46% in 1991.³ A corresponding, and equally distressing, trend is found among children and adolescents. Between 1965 and 1999 the percentage of overweight children ages 6-11 years tripled.

A similar trend is evident for adolescents ages 12-19 years, an age group in which the prevalence of overweight increased from 5% in 1970 to 14% in 1999.²

Trends in obesity and overweight in Alaska parallel those found nationally. Between 1991 and 2004 the percentage of Alaskan adults classified as either overweight or obese rose from 49% to 63%. Today, nearly forty percent (39%) of Alaskan adults are overweight, with nearly one-quarter (24%) classified as obese (Figure 1).

Figure 1. Prevalence of Overweight (25 ≤ BMI < 30), Obesity (BMI ≥ 30) and Overweight/Obesity (BMI ≥ 25), Alaskan Adults 1991-2004

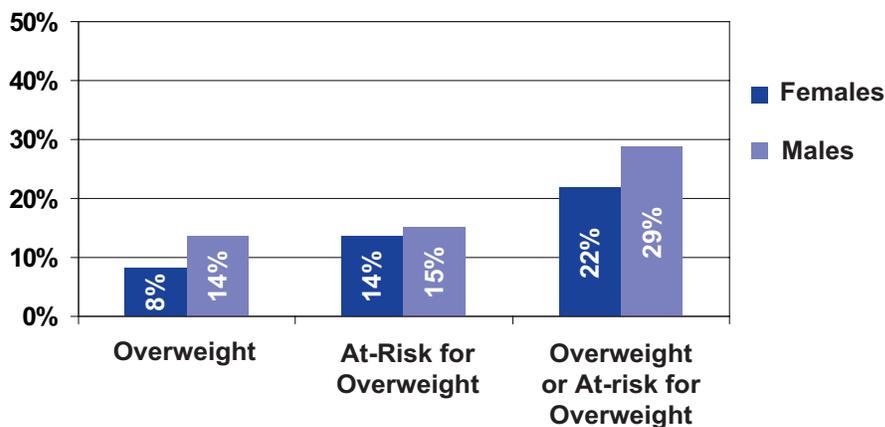


Source: Alaska Behavioral Risk Factor Surveillance System

Recent data from the Youth Risk Behavior Survey indicate that 14% of Alaskan high school boys and 8% of Alaskan high school girls are overweight, with BMI values at or above the 95th percentile for their age. An additional 15% of Alaskan high school boys and 14% of Alaskan high school girls are at

risk for becoming overweight, with BMI-for-age values that fall within the 85th to 95th percentiles. When combined, these numbers indicate that 29% of male high school students and 22% of female high school students in Alaska are overweight or at-risk for becoming overweight (Figure 2).⁴

Figure 2. Alaskan High School Students Who Are Overweight or At-Risk-for Overweight.



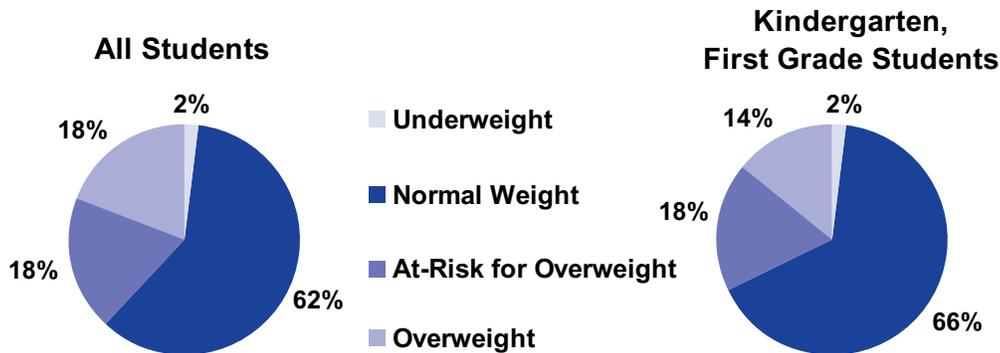
Source: Alaska Behavioral Risk Factor Surveillance System

Introduction

In addition, a study conducted within the Anchorage School District, the largest district in the state, found that for the 1998-99 to 2002-2003 school years over one-third (36%) of all students were overweight or at-risk of becoming

overweight. The percentage of students above a weight that is considered normal is high even among young children, with 32% of students entering kindergarten or first grade already above a normal weight (Figure 3).⁵

Figure 3. BMI Status for All Anchorage School District Students, Kindergarten and First Grade Students: 1998 - 2003



The substantial increase in prevalence (obesity and overweight) in Alaska and the rest of the nation is cause for concern due to the health and economic consequences associated with these conditions. Adults who are overweight or obese (BMI > 25 Kg/m²) have a higher risk of premature death than those with a BMI of 20-25 Kg/m². Obesity and overweight are also associated with an increased risk of coronary heart disease, type 2 diabetes, musculoskeletal disorders, sleep apnea, asthma, and psychological disorders, as well as cancer of the endometrium, colon, kidney, gallbladder, and breast (postmenopausal).² Children and adolescents who are overweight are more likely to be overweight or obese as adults, while high blood pressure, high cholesterol, orthopedic disorders, type 2 diabetes, and psychosocial disorders are more common among overweight youth than among those with a healthy body weight.² The economic costs of treating the medical conditions associated with overweight and obesity are substantial. Direct medical expenditures for obesity alone are estimated to total \$75 billion each year in the United States.⁶

Although individual body weight is determined by multiple factors, an imbalance between energy (caloric) intake and energy expenditure is the underlying cause of overweight and obesity in most individuals. Stopping or slowing the obesity epidemic will require that Americans make healthier food choices and incorporate more physical activity into their daily routines. While this sounds like a relatively straightforward solution, many social and environmental factors make it extremely difficult to maintain healthy eating habits and an active lifestyle. In recent years, foods that are high in calories, fat,

and sugar have become increasingly affordable and accessible, often displacing healthy food options on supermarket shelves, restaurant menus, and dinner tables.⁷ In addition, increased calorie consumption has been encouraged by a continued increase in food portion sizes.⁸ Since the 1970's, portion sizes of ready-to-eat prepared foods have increased, while the use of oversized portions is now a common marketing tool.⁸ Unfortunately, the recent increase in calorie consumption has been accompanied by a decline in opportunities to expend those extra calories. Sprawling communities where schools, shopping areas, and worksites are connected by freeways have largely replaced neighborhoods linking these settings by sidewalks. As a result, adults are unlikely to walk or bicycle to work, and most do not have opportunities for physical activity during the workday. Adults who work in office settings sit for much of the day, often taking the elevator instead of the stairs.⁹ Opportunities for children to be physically active during the school day have also been reduced, as many schools have eliminated physical education courses from the curriculum.¹⁰

The amount of physical activity that adults and children engage in outside of work or school is also insufficient to balance the high levels of calories consumed each day. Leisure-time activities for both children and adults are now much more likely to include hours of television or computer time instead of physical activity, a reflection of both behavioral choices and limited access to recreational opportunities.¹⁰ Many communities lack safe and affordable recreation areas or facilities. As a result, individuals who would like to be physically active have to expend additional time, effort, and

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money in order to do so. For many families and individuals these barriers are prohibitive, with physical activity and health suffering as a result.

The barriers to physical activity and healthy eating found in the nation also exist in Alaska, where climate and geography pose additional challenges. Long winters limit the availability of fresh, locally grown produce throughout much of the year, and it is often not feasible to transport fresh fruits and vegetables to rural areas. Many rural communities are also subject to extremely cold temperatures during the winter months, restricting opportunities for outdoor exercise. Many of these same rural communities have limited or non-existent facilities for indoor recreation, further curtailing the possible options for physical activity.¹¹

The magnitude of the obesity epidemic and the multitude of factors contributing to its spread make the task of preventing and reducing obesity daunting. Clearly this problem will not be solved by any one organization or intervention. Rather, it will require coordinated efforts by multiple partners to address the many factors that contribute to diet and physical activity patterns.



Addressing Obesity in Alaska: Developing a Plan

In Alaska, public health efforts to systematically address the obesity crisis began in April 2003 with the *Alaska Obesity Summit: A Call to Action for Positive Nutrition and Physical Activity*. The summit was designed to raise awareness of the magnitude and severity of the obesity epidemic within the state and the nation, while serving as an important first step in developing a comprehensive approach for addressing the problem in Alaska. The summit was attended by a wide range of professionals and concerned individuals working in health care, research, educational, media/communications, and community settings. The summit included presentations on the burden and health consequences of overweight and obesity, as well as promising strategies for slowing or stopping the spread of this epidemic. In addition, participants met in small groups to develop goals for addressing obesity within Alaska, while also identifying existing opportunities and barriers to achieving those goals.

Following the obesity summit, participants and other interested individuals formed a workgroup to continue the development of a comprehensive plan to reduce the burden of overweight and obesity within Alaska. Workgroup members examined information on emerging best practices around obesity prevention and control, and began outlining strategies and activities to accompany the goals of the obesity plan. Workgroup participants separated into four groups, focusing on what could be done to address obesity in school, community, and health care settings, as well as through mass communication efforts. The goals, aims, and strategies developed by the workgroup form the basis for this plan.

Addressing Obesity in Alaska: Plan Overview

The Obesity Prevention and Control Plan for Alaska contains four goals, which are:

- Goal 1: Increase the percentage of Alaskans who recognize the need to address the issue of overweight and obesity**
- Goal 2: Increase the percentage of Alaskans who are physically active**
- Goal 3: Increase the percentage of Alaskans who make healthy food choices**
- Goal 4: Increase the percentage of Alaskans who maintain a healthy weight**

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Addressing Obesity in Alaska: Plan Organization

Each goal forms a segment of this plan, and is accompanied by several additional components. For each of the four goals, general aims are listed, along with potential strategies for achieving each aim. The strategies included in the plan are meant to serve as examples, as the planning group recognizes that each community is unique and that the strategies that will work in one community may not work in others. For example, a school crossing guard program may be very effective in an urban area, but may not be necessary in a rural village with few motorized vehicles and intersections.

Plan strategies are divided into three main categories: educational strategies, program strategies, and policy and environmental strategies.

Educational Strategies:

Strategies that are designed to provide individuals or members of organizations with information on physical activity, nutrition, and obesity

Program Strategies:

Strategies that include efforts to address obesity prevention and control in a specific setting or through a program targeting a defined population group

Policy and Environmental Strategies:

Strategies involving policy implementation or modification of the environment in which people carry out their daily activities

It is important to monitor progress in achieving each of the goals and aims of the plan. For each goal and aim, efforts were made to develop specific indicators, identify existing data sources and establish a baseline. For some goals and aims, progress can be measured directly, while others cannot be measured using one indicator. The tables at the end of each section include a summary of the relevant indicators for each goal, measurable objectives and indicators related to each aim, and any available baseline data.

Addressing Obesity in Alaska: Plan Implementation

This plan was designed for use by a wide variety of organizations and groups, and each group may focus on different components of the plan. School-based groups, for example, may want to pursue the strategies from each goal that are specific to the school environment. In contrast, nutrition groups may focus primarily on the aims and strategies that relate to the third goal of the plan, increasing the percentage of Alaskans who make healthy food choices. In an effort to make the information in the plan easily accessible to these different audiences, the tables at the end of the plan summarize the goals, aims, and strategies that apply to several different settings. The three highlighted settings are schools, communities, and health care centers. An additional table summarizes the goals, aims, and strategies related to mass communications.

Achieving the goals contained in the plan will require coordinated efforts by a wide variety of organizations. If efforts to reduce obesity through improved physical activity and nutrition are successful in Alaska, the potential health and economic benefits are great. Overweight and obesity are associated with increased mortality and morbidity due to a number of chronic diseases. In addition, the direct medical costs of obesity in Alaska are estimated to total \$195 million annually.⁶ The remaining segments of this plan provide specific objectives and suggested strategies that are designed to improve nutrition and physical activity in Alaska.



Goal 1

Increase the percentage of Alaskans who recognize the need to address the issue of overweight and obesity

Goal 1

Increase Awareness

Goal I:

Increase the percentage of Alaskans who recognize the need to address the issue of overweight and obesity

The changes in eating habits and physical activity that are necessary to reduce the burden of overweight and obesity will only occur if Alaskans recognize the magnitude of these health problems and are motivated to act. Individuals must be motivated to change their behavior, while community leaders, school officials, policy-makers, and other key stakeholders must become involved in efforts to make opportunities for physical activity and good nutrition available, accessible, and affordable.

Aim I.1:

Alaskans are aware of the health and economic consequences of overweight and obesity

Educational Strategies:

- Conduct a communication/mass media campaign around the risks of overweight/obesity

Aim I.2:

Students, families, teachers, and administrators are aware of the health consequences of childhood overweight and the importance of school-based efforts to address overweight

Educational Strategies:

- Work with the Alaska Parent-Teacher Association and with school districts to increase parent and student knowledge of the rising rates of overweight and its associated health risks as well as the positive impact of good nutrition and physical activity on academic performance and social development
- Conduct educational presentations on the prevalence and burden of obesity to teachers and staff during school in-service trainings
- Provide information on the burden of overweight, as well as the positive impact of good nutrition and physical activity on student performance to the State Board of Education, Association of Alaska School Boards, and other high-level school policy-making entities

Program Strategies:

- Work with school health teams to develop family nutrition & fitness nights that include education about healthy nutrition and the benefits of physical activity as well as the risks associated with childhood overweight

Policy and Environmental Strategies:

- Encourage parents to provide consent for students to participate in data collection efforts that provide information on overweight prevalence and risk factors
- Establish and maintain surveillance systems that provide information on the prevalence of overweight and obesity and disseminate those results

Increase Awareness

Goal 1

Aim 1.3:

Healthcare providers and administrators are aware of the healthcare costs associated with overweight and obesity and the importance of addressing overweight and obesity in the healthcare setting

Educational Strategies:

- Conduct a communication/mass media campaign around the healthcare costs of overweight and obesity that targets providers as well as clinic and hospital administrators



Goal 1

Increase Awareness

Surveillance and Evaluation

Goal I: Increase the percentage of Alaskans who recognize the need to address overweight and obesity

Currently, limited information is available at the state level on public awareness of the health and economic consequences of overweight and obesity. Monitoring progress toward this goal will require the development of surveillance mechanisms around knowledge of the health and financial burden created by overweight and obesity. In addition, evaluation efforts should focus on the effectiveness of any communication and mass media efforts that are implemented. Surveys assessing the reach of mass communication efforts will need to be designed, while questions on public knowledge and perception of obesity could be added to the Behavioral Risk Factor Surveillance System.

Goal I Measures: No direct measures of this goal

Aim Measures

Aim I.1: Alaskans are aware of the health and economic consequences of overweight and obesity

Measurable Objective	Indicator	Baseline	Target
I.1: By 2008, increase the percentage of Alaskans who are aware of the health and economic consequences of overweight and obesity by 25% over baseline	Percentage of adults who are aware of the health consequences of overweight and obesity	N/A	N/A

Aim I.2: Students, families, teachers, and administrators are aware of the health consequences of childhood overweight and the importance of school-based efforts to address overweight

Measurable Objective	Indicator	Baseline	Target
I.2: By 2008, increase the percentage of Alaskans who are aware of the health consequences of childhood overweight by 25% over baseline	Percentage of Alaskans who are aware of the health consequences and costs associated with childhood overweight	N/A	N/A

Aim I.3: Healthcare providers and administrators are aware of the healthcare costs associated with overweight and obesity and the importance of addressing overweight and obesity in the healthcare setting

Measurable Objective	Indicator	Baseline	Target
I.3: By 2008, increase the percentage of healthcare providers and healthcare facility administrators who rank addressing overweight and obesity in the healthcare setting as a priority by 25% over baseline	Percentage of providers and administrators who rank overweight and obesity as a top priority	N/A	N/A

N/A = Not Available

Goal 2

Increase the percentage
of Alaskans who are
physically active

Goal 2

Increase Physical Activity

Goal 2:

Increase the percentage of Alaskans who are physically active

The aims in this section are designed to create and support an environment in which adults and children are aware of the benefits of physical activity and incorporate it into their daily lives. Awareness of the benefits of physical activity will be promoted through educational efforts. In addition, program, policy, and environmental strategies will be employed to ensure that opportunities for physical activity are accessible and affordable for all Alaskans.

Aim 2.1:

Worksite environments provide and support opportunities for physical activity

Educational Strategies:

- Develop a wellness campaign to educate employers and employees on the importance of physical activity and on ways to improve access to physical activity in the workplace

Program Strategies:

- Encourage the use of point-of-decision prompts in worksites (e.g., stairwell signs)
- Encourage and support the development of worksite-based wellness initiatives that incorporate physical activity (e.g., lunchtime walking groups)
- Encourage school staff to walk or bike to school and to be active participants in student-based physical activities/events

Policy and Environmental Strategies:

- Advocate for the passage of legislation creating tax incentives for worksites that promote and support physical activity
- Advocate for and work with legislators, unions and insurance companies to develop incentives for worksite wellness programs
- Encourage employers to provide onsite supports for physical activity, including secure bicycle racks, showers, safe and accessible stairways and fitness equipment
- Encourage worksites to develop incentives for employee engagement in physical activity, including the use of walking, bicycling, and public transportation to get to and from work



Increase Physical Activity



Aim 2.2:

Community environments provide and support opportunities for physical activity

Educational Strategies:

- Conduct an educational outreach campaign to the leaders and members of community organizations on the importance of physical activity and steps they can take to improve access to physical activity
- Share the results of the statewide physical activity program inventory with community members and civic leaders
- Convey to state and local transportation agencies, urban planners, zoning officials, and building designers their role in improving public health through community design
- Compile and distribute information on successful collaborative efforts to build and improve environmental supports for physical activity

Program Strategies:

- Provide community organizations with models, resources, technical assistance and incentives for implementing and maintaining physical activity programs
- Encourage local parks and recreation departments to offer affordable activity-based recreational programs for people of all ages and abilities
- Support and encourage the development of physical activity-based social groups and support networks, such as walking, hiking, biking, or skiing clubs
- Work with community schools to increase public access to school facilities after school hours
- Encourage schools to sponsor or participate in physical activity-related events like fun runs/walks and family fitness nights
- Encourage school districts and schools to promote activity-based programs available through parks and recreation departments or other community-based organizations
- Help schools complete the School Health Index to determine the need for physical activity environmental supports

Policy and Environmental Strategies:

- Advocate for safe and accessible areas for physical activity through the implementation of planning and zoning requirements that provide for parks, open space, green space, sidewalks, bike lanes, trails, safe pedestrian crossings, and street and trail lighting
- Coordinate with Alaska Trails and similar organizations to promote the development of trail systems that can be used for transportation and recreation
- Create and enforce policies requiring snow and ice removal from sidewalks
- Advocate for incentives for walking, bicycling, or using public transportation, while providing disincentives for private vehicle use
- Encourage the use of sliding-fee scales by organizations that provide fee-based recreational opportunities
- Provide sufficient funds for the maintenance of school facilities
- Encourage health/fitness clubs to donate equipment to schools when upgrading
- Advocate for community planning designs that establish new schools within established population centers
- Advocate for campus designs of new and rehabilitated schools that encourage and enable students and staff to walk or bicycle to school safely

Increase Physical Activity

Goal 2

Aim 2.3:

Alaskan students participate in quality* school-based physical education classes

Educational Strategies:

- Share information on the positive impact physical activity has on student performance with state-level school policy-makers
- Develop and distribute a statewide model curriculum for physical education
- Distribute National Association for Sport and Physical Education (NASPE) guidelines for physical activity for infants and toddlers to preschools and childcare centers statewide

Program Strategies:

- Implement quality physical education programs in schools that incorporate opportunities to learn, meaningful content, and appropriate instruction

Policy and Environmental Strategies:

- Collaborate with Department of Education and Early Development (EED) to hire a statewide physical education coordinator
- Work with EED to create content standards for physical education courses that are based on NASPE standards
- Encourage the Alaska State Board of Education and Early Development to change the current statewide graduation requirement for physical education from one credit of physical education or health to one credit of physical education and one credit of health
- Encourage the State Board of Education and Early Development to require physical education classes at the elementary and middle school levels
- Increase the number of physical education teachers that are certified or trained by:
 - Working with the University of Alaska to provide physical education teacher preparation programs and continuing education opportunities for certified physical education teachers
 - Help EED develop or implement an existing physical education instructor training course for non-certified physical education instructors, K-12 teachers, childcare providers and preschool teachers
- Eliminate ways for students to avoid participation in activity-based physical education classes through the adoption of policies that prohibit waivers from physical education courses for any reason other than debilitating injury or illness

* As defined by National Association for Sport and Physical Education



Increase Physical Activity

Goal 2

Aim 2.4:

Alaskan students have opportunities for daily physical activity in addition to time spent in physical education class

Educational Strategies:

- Provide school board members, parents, and students with information on the benefits of walking to school
- Provide school board members and administrators with information on the benefits of unstructured play (recess)
- Provide school officials with information about creating and maintaining walk-to-school programs
- Provide school district representatives with information on opportunities to acquire and/or enhance environmental supports for physical activity

Program Strategies:

- Implement the Kids Walk-to-School Program
- Help schools in need establish a crossing guard program

- Help schools complete walking/biking inventories in surrounding neighborhoods
- Provide teachers and administrators with strategies for incorporating physical activity into each school day
- Administer before- and after-school intramural sports programs and activity-based clubs

Policy and Environmental Strategies:

- Provide recess to children grades K-6
- Create an environment in which all students who live within 1 mile of schools can safely walk or bicycle to school
- Develop partnerships that allow schools without facilities for physical activity to gain access to community facilities
- Incorporate physical activity across the curriculum

Aim 2.5:

Healthcare professionals promote and support daily physical activity for patients and incorporate physical activity into the treatment of overweight and obese patients

Educational Strategies:

- Provide healthcare professionals with published results from reliable sources that are clear, consistent and defensible showing the relationships between inactivity and negative health consequences
- Purchase and distribute copies of the U.S. Department of Health and Human Services "Bright Futures in Practice-Physical Activity"
- Maintain a website containing information on the role that physical activity plays in the treatment of overweight and obesity

Program Strategies:

- Increase the proportion of healthcare providers who evaluate patient physical activity levels and provide counseling that is consistent with patient interests and motivation
- Encourage provider referrals to community resources and organizations that promote physical activity

Policy and Environmental Strategies:

- Increase the availability and accessibility of continuing education units for courses addressing physical activity
- Involve healthcare providers in efforts to advocate for policy and environmental changes that support physical activity

Increase Physical Activity

Goal 2

Surveillance and Evaluation

Goal 2: Increase the percentage of Alaskans who are physically active

Core surveillance activities for physical activity will include ongoing measurement of physical activity levels among adults and youth. Adult physical activity measures come primarily from the Behavioral Risk Factor Surveillance System, while measures of physical activity among youth are obtained through the implementation of the Youth Risk Behavior Survey. Some data on programs, policies and environmental structures related to physical activity were collected through a physical activity inventory conducted by the State of Alaska Cardiovascular Health Program.¹¹ As specific programs, strategies and policy efforts are implemented additional data may need to be collected to monitor progress. Currently, baseline data and specific targets are available for some indicators, but targets will need to be developed and data collected for others. The Alaska Behavioral Risk Factor Surveillance System is a potential platform for data collection on individual behaviors, but additional data sources on environmental structures and programs will need to be explored.

Goal 2 Measures

Indicator	Baseline	Target
Percentage of adults who are physically inactive (percent of adults 18+ who report no leisure time physical activity in the last 30 days)	19% ^A	15% ^{HA}
Percentage of adults who meet Centers for Disease Control and Prevention (CDC) recommendations for physical activity ^A	57% ^A	70%
Percentage of adolescents who meet CDC recommendations for physical activity	73% ^B	90%
Percentage of adolescents who meet requirements for vigorous physical activity (20 minutes three times per week of activity leading to large increases in breathing or heart rate)	68% ^B	85% ^{HA}

Increase Physical Activity



Aim Measures

Aim 2.1: Worksite environments provide and support opportunities for physical activity

Measurable Objective	Indicator	Baseline	Target
2.1: By 2009, increase to 20% the percentage of employers who provide policies and programs that promote physical activity and improve access to physical activity	Percentage of surveyed employers with over 250 employees who sponsored sports teams or physical activity events for employees in the past year and either have onsite exercise facilities or subsidize fitness club memberships	15% ^C	20%

Aim 2.2: Community environments provide and support opportunities for physical activity

Measurable Objective	Indicator	Baseline	Target
2.2a: By 2011, increase to 60% the percentage of communities that provide facilities to support physical activity	Percentage of surveyed communities (incorporated cities) that have 2 or more indoor facilities (e.g., indoor gyms or courts, indoor tracks) and 2 or more outdoor facilities (e.g., parks, outdoor courts or fields)	49% ^C	60%
2.2b: By 2011, increase to 40% the percentage of communities whose physical activity and recreation facilities are available to the public for regular use	Percentage of surveyed communities (incorporated cities) whose facilities for recreation and physical activity (see above) are generally: open during evenings and weekends, well maintained, and not overcrowded	31% ^C	40%
2.2c: By 2011, increase to 15% the percentage of communities with development policies that are conducive to physical activity	Percentage of surveyed communities (incorporated cities) that have one or more of the following policies that new residential or commercial developments must include: (a) bicycle lanes or paths, (b) sidewalks, or (c) bike or walk paths that connect neighborhoods	10% ^C	15%
2.2d: By 2010, increase to 10% the percentage of trips to work made by walking	Percentage of trips to work among Alaskan adults made by walking (trips ≤ 1 mile)	7.3% ^D	10% ⁺ 17% ^{HA}
2.2e: By 2010, increase to 1% the percentage of trips to work made by bicycling	Percentage of trips to work among Alaskan adults made by bicycling	0.54% ^D	1% ⁺⁺ 2% ^{HA}
2.2f: By 2010, increase by 10% the miles of pathways in Alaska	Number of miles of pathways	354 miles ^E	389 miles



Increase Physical Activity

Aim Measures (Cont'd)

Aim 2.3: Alaskan students participate in quality* school-based physical education classes

Measurable Objective	Indicator	Baseline	Target
2.3a: By 2009, increase to 45% the percentage of high school students who participate in daily school-based physical education	Percentage of high school students who participate in daily school physical education	18%^B	45%^{HA}
2.3b: By 2009, increase by 25% over baseline the percentage of middle school students who participate in daily school-based physical education	Percentage of middle school students who participate in daily school physical education	N/A	N/A
2.3c: By 2009, increase by 25% over baseline the percentage of elementary school children who participate in daily school physical education	Percentage of children who participate in daily school physical education	N/A	N/A
2.3d: By 2009, increase to 25%, 15%, and 7% the percentage of high schools, middle schools, and elementary schools, respectively, that implement quality physical education programs	Percentage of surveyed schools that: (a) require daily physical education, (b) taught by a certified physical education teacher, (c) have enough physical education equipment for all students to participate, and (d) have a stable equipment budget <ul style="list-style-type: none"> • High Schools • Middle Schools • Elementary Schools 	22%^C 12%^C 5%^C	25% 15% 7%

Increase Physical Activity



Aim Measures (Cont'd)

Aim 2.4: Alaskan students have opportunities for daily physical activity in addition to time spent in physical education class

Measurable Objective	Indicator	Baseline	Target
2.4a: By 2009, increase to 50% the percentage of schools that provide facilities to support physical activity among students and staff during the school day	Percentage of surveyed schools that have the following facilities: (a) a gym or a court, (b) a playground or a field, and (c) walking/bicycling paths or a track (elementary—high schools combined)	43%^C	50%
2.4b: By 2009, increase to 100% the percentage of schools that provide environmental supports to encourage students and staff to walk and/or bicycle to school	Percentage of surveyed schools that provide bike racks or crossing guards (elementary—high schools combined)	72%^C	100%
2.4c: By 2009, increase to 50% the percentage of schools that offer programs and activities that encourage students to be physically active	Percentage of surveyed schools that offer physical activity-related programs, including: (a) events, such as fun runs, and (b) either before school, after school, or lunchtime sports/games, or school sports teams (elementary—high schools combined)	36%^C	50%
2.4d: By 2009, increase to 100% the percentage of schools that provide unstructured daily recess for students in grades K-6	Percentage of surveyed schools that provide unstructured daily recess for their K-6 students	89%^C	100%
2.4e: By 2011, increase by 25% over baseline the percentage of trips to school by children and adolescents made by bicycling and walking	Percentage of trips to school by children and adolescents made by walking or bicycling	N/A	N/A



Increase Physical Activity

Aim Measures (Cont'd)

Aim 2.5: Healthcare professionals promote and support daily physical activity for their patients and incorporate physical activity into the treatment of overweight and obese patients

Measurable Objective	Indicator	Baseline	Target
2.5a:			
By 2011, increase to 40% the percentage of adults advised by their healthcare provider in the past 12 months to be more physically active	Percentage of Alaskan adults advised to be more physically active by a healthcare provider	25% ^A	40%
2.5b:			
By 2011, increase to 50% the percentage of overweight and obese adults advised by their healthcare provider to be more physically active	Percentage of overweight or obese Alaskan adults advised to be more physically active by a healthcare provider	30% ^A	50%

^A Alaska Behavioral Risk Factor Surveillance System, 2003.

^B Alaska Youth Risk Behavior Surveillance System, 2003.

^C Stevens RL, White C. Statewide Efforts to Prevent Cardiovascular Disease: Policies, Programs, and Environmental Supports for Physical Activity and Risk Reduction. Juneau, AK Section of Epidemiology, Division of Public Health, Alaska Dept of Health and Social Services, 2004.

^D US Census Bureau American Community Survey 2000.

^E Alaska Department of Transportation Year 2003.

^{HA} Alaska Department of Health and Social Services, Division of Public Health. Healthy Alaskans 2010: Targets and strategies for improved health. Vol. I. Juneau, Alaska, April 2002.

[^] The CDC recommendations for physical activity can be met by participating in either 30 minutes of moderate physical activity (leading to small increases in breathing or heart rate) at least 5 days a week or in 20 minutes of vigorous physical activity (leading to large increases in breathing or heart rate) at least 3 days a week.

⁺ Although the Healthy Alaskans 2010 target is 17%, recent declines in walking to work limit the feasibility of reaching that target. In 1990, 10% of trips to work were made by walking, and that has been selected as a more realistic target.

⁺⁺ The Healthy Alaskans 2010 target of 2% is overly ambitious, given recent declines in the percentage of trips to work made by biking. As a result, 1% has been set as a target for purposes of this plan.

^{*} As defined by National Association for Physical Education

N/A Not Available

Goal 3

Increase the percentage
of Alaskans who make
healthy food choices

Goal 3

Increase Healthy Food Choices

Goal 3:

Increase the percentage of Alaskans who make healthy food choices

The objectives in this section are designed to foster an environment in which healthy foods are readily available to all Alaskans and are consumed by Alaskan adults and youth. Awareness of the importance of good nutrition and of what constitutes healthy food choices will be encouraged through coordinated educational efforts, while accessibility and availability of healthy foods will be promoted through policy and environmental strategies.

Aim 3.1: Alaskans are aware of healthy eating strategies

Educational Strategies:

- Develop and utilize a campaign promoting the benefits of eating as a family, emphasizing quick, healthy, affordable meals
- Develop and implement a social marketing campaign around being a role model for healthy eating within family, business, and social circles
- Design and implement a social marketing campaign, incorporating the “Dietary Guidelines for Americans,” around healthy food options and portion size
- Partner with Family Nutrition Services to broaden the distribution of “Water/Water is so good for me” campaign materials
- Distribute information on the nutritional benefits of traditional foods, and on how traditional foods fit into a healthy diet
- Collaborate with Alaska Native Health Corporations and community Alaska Native elders to design a campaign focusing on how to gather traditional food, the health benefits of traditional foods, and the promotion of traditional foods to the younger population
- Collaborate with pediatric health professionals to develop a clear, simple, and consistent message for parents to discourage the consumption of cariogenic (cavity-causing) beverages. The message would be used by early childhood educators, Women, Infants, and Children’s (WIC) program staff, pediatricians, dentists, and other health care professionals

Program Strategies:

- Collaborate with the University of Alaska Cooperative Extension Service to distribute materials on how to gather and preserve traditional foods safely

Policy and Environmental Strategies:

- Collaborate with programs such as the WIC and Diabetes programs to encourage traditional foods in dietary recommendations
- Support policy to eliminate promotion and advertisement of foods low in nutritional value and high in cariogenic carbohydrates aimed at children



Increase Healthy Food Choices

Goal 3

Aim 3.2:

Healthcare professionals promote and support healthy eating among their patients and appropriately incorporate nutrition education into the treatment of overweight and obese patients

Educational Strategies:

- Develop and distribute a reference card for providers on nutrition education
- Provide healthcare professionals with information on the nutritional education resources available in their communities

Program Strategies:

- Offer professional and continuing education programs on nutrition counseling
- Encourage healthcare provider referrals to community nutrition resources

Policy and Environmental Strategies:

- Modify reimbursement policies to include nutrition and obesity counseling
- Increase the number of nutrition counseling educational programs that are eligible for continuing medical education credits



Goal 3

Increase Healthy Food Choices

Aim 3.3:

Alaskan students in schools and childcare settings receive nutrition education that is age and culturally appropriate

Educational Strategies:

- Encourage schools to post signs, posters and nutrition education materials in classrooms and hallways/bulletin boards
- Develop nutrition education materials based on traditional Alaska Native foods for implementation in rural communities

Program Strategies:

- Encourage pre-schools and childcare centers to conduct regular nutrition education lessons that include sampling of fruits and vegetables
- Collaborate with Head Start/Early Head Start programs and WIC in Alaska to train educators to implement the “Cavity Free Kids” curriculum for children and families

Policy and Environmental Strategies:

- Work with EED to develop a statewide nutrition education curriculum
- Work with school districts and schools to develop policies requiring the inclusion of nutrition education into health courses
- Work with the University of Alaska to provide teachers with continuing education opportunities in nutrition education



Aim 3.4:

Healthy food choices are available in schools

Educational Strategies:

- Provide school officials and community members with information on the need for healthy food choices in schools
- Provide each school district with model nutrition and physical activity policies
- Distribute federal nutrition guidelines and culturally sensitive sample recipes to food service staff at all schools serving federally subsidized meals
- Provide information and tools related to the development of wellness policies that will comply with the WIC and Child Nutrition Act Reauthorization of 2004
- Ensure that National School Lunch and School Breakfast Program meals meet or exceed federal standards
- Encourage schools to provide at least 30 minutes near mid-day in a pleasant eating environment for students to eat lunch each day
- Collaborate with the Alaskan Dental Association to work with school officials to ensure that school food services, including vending services and school stores, provide nutritious food selections, eliminate foods low in nutritional value, and eliminate beverages high in cariogenic carbohydrates and calories

Program Strategies:

- Encourage schools to participate in community-wide social marketing efforts such as “5-A-Day” and “1% or less” milk campaign
- Encourage schools to create social clubs for students that are nutrition based
- Encourage teachers and staff to serve as role models for healthy eating

Policy and Environmental Strategies:

- Modify pouring contracts between beverage companies and schools
- Support the implementation of school nutrition policies covering areas including:
 - Availability of sugar-sweetened foods and beverages on school campuses
 - Standards for nutritional content and portion sizes of foods and beverages sold in vending machines, snack bars, and in the cafeteria as a la carte items
 - Regulation of the nutritional content of food available to students at all school functions
 - Requirement that foods that compete with school meals meet federal recommendations for nutrition content



Goal 3

Increase Healthy Food Choices

Aim 3.5: **Healthy food choices are available in community settings, including restaurants and stores**

Educational Strategies:

- Provide store and restaurant owners with information on the need for available healthy food choices

Program Strategies:

- Support and encourage the implementation of point-of-purchase campaigns promoting healthy food choices in grocery stores
- Partner with restaurants to implement “healthy menu options” programs that highlight healthy options on restaurant menus
- Start a “healthy menu” awards program that recognizes restaurants that offer and promote healthy food choices

Policy and Environmental Strategies:

- Stock competitively priced healthy food and beverage choices in vending machines in public areas
- Implement systems for providing information on the calorie and nutrient content of foods sold in restaurants, movie theaters, convenience stores and other venues
- Increase the availability of reasonably-sized food portions in restaurants, grocery stores, and other locations where food is sold
- Increase availability of food assistance programs, including: Food Stamps, WIC, Head Start, Senior Meals, Home Delivered Meals and Alaska Food Banks, especially to low-income families in underserved areas

Aim 3.6: **Healthy food choices are available in worksites**

Educational Strategies:

- Promote the importance of making healthy food available at business meetings and in the worksite

Program Strategies:

- Encourage employers to implement programs similar to the American Cancer Society’s “Meeting Well” campaign
- Encourage employers to implement programs similar to the “Better Choices” program developed by the National Institutes of Health
- Adopt or create a program that recognizes worksites that offer and promote healthy food choices (i.e., the “Winner’s Circle” program)

Policy and Environmental Strategies:

- Stock competitively priced healthy food and beverage choices in worksite vending machines and cafeterias

Aim 3.7:

Alaskan mothers breastfeed their infants and toddlers

Educational Strategies:

- Conduct social marketing and media campaigns that highlight the benefits of breastfeeding

Program Strategies:

- Work collaboratively with the Alaska Breastfeeding Coalition and the Alaska WIC Program Loving Support social marketing campaign to promote and support breastfeeding efforts
- Work with healthcare providers and within healthcare systems to provide breastfeeding education and peer support

Policy and Environmental Strategies:

- Implement policies that support and encourage breastfeeding in healthcare settings (example: “Ten Steps to Successful Breastfeeding” recommendations developed by the World Health Organization and United Nations Children’s Fund)
- Create and implement workplace policies that support breastfeeding, such as adequate break time and a private space for expressing milk

Aim 3.8:

Alaskans of all ages consume the recommended amount of fruits and vegetables

Educational Strategies:

- Implement a campaign promoting the health benefits of including fruits and vegetables into a healthy diet
- Implement a campaign encouraging the consumption of frozen and canned fruits and vegetables in rural areas, where fresh produce is often unavailable and expensive
- Provide Alaskans with recommendations on how to incorporate fruits and vegetables into daily eating routines
- Distribute “5-a-Day the Alaskan Way” materials to rural communities and stores

Program Strategies:

- Collaborate with rural vendors, food distributors and retailers on marketing of fruits and vegetables in rural areas
- Collaborate with retailers, wholesalers and food industry representatives on promoting fresh fruits and vegetables

Policy and Environmental Strategies:

- Develop and implement competitive pricing strategies for fruits and vegetables within Alaska
- Collaborate with retailers, wholesalers, and food distributors, as well as worksite and school personnel to ensure that fruits and vegetables are available and affordable in schools and worksite settings
- Develop and implement incentive systems for using food stamps for the purchase of fruits and vegetables

Goal 3

Increase Healthy Food Choices

Surveillance and Evaluation

Goal 3: Increase the percentage of Alaskans who make healthy food choices

Surveillance and evaluation efforts for nutrition will focus on monitoring trends in food consumption among Alaskan adults and youth, as well as the availability of healthy food options within the state. The Alaska Behavioral Risk Factor Surveillance System provides information on eating behaviors among Alaskan adults, while the Youth Risk Behavior Survey is the primary data source on eating patterns among adolescents. Measures of the availability of healthy foods, as well as programs, policies, and environmental structures that support and promote healthy eating among adults and youth will need to be developed.

Goal 3 Measures: No direct measures of this goal

Aim Measures

Aim 3.1: Alaskans are aware of healthy eating strategies

No direct measure of this aim

Aim 3.2: Healthcare professionals promote and support healthy eating among their patients and appropriately incorporate nutrition education in the treatment of overweight and obese patients

Measurable Objective	Indicator	Baseline	Target
3.2a: By 2011, increase to 40% the percentage of adults advised by their healthcare provider in the past 12 months to eat more fruits and vegetables or to eat foods lower in fat and cholesterol	Percentage of adults reporting being told by their healthcare provider in the past 12 months to eat (a) fewer high fat or cholesterol foods, or (b) more fruits and vegetables	24% ^A	40%
3.2b: By 2011, increase to 50% the percentage of overweight or obese adults advised by their healthcare provider to eat more fruits and vegetables or to eat foods lower in fat and cholesterol	Percentage of obese or overweight (BMI ≥ 25 Kg/m ² according to self-reported height and weight) adults reporting being told by their healthcare provider in the past 12 months to eat (a) fewer high fat or cholesterol foods, or (b) more fruits and vegetables	29% ^A	50%

Aim 3.3: Alaskan students in schools and childcare settings receive nutrition education that is age and culturally appropriate

Measurable Objective	Indicator	Baseline	Target
3.3: By 2009, increase to 100% the percentage of schools that have a written nutrition curriculum	Percentage of schools that have a written nutrition education curriculum	69% ^C	100%

Increase Healthy Food Choices



Aim Measures (Cont'd)

Aim 3.4: Healthy food choices are available in schools

Measurable Objective	Indicator	Baseline	Target
3.4a: By 2009, increase to 100% the percentage of schools that have a policy that guides the nutritional value of foods offered in school cafeterias and vending machines	Percentage of schools (with cafeterias) that have a policy that guides the nutritional value of foods offered at school cafeterias and vending machines (or do not have vending machines)	51% ^C	100%
3.4b: By 2006, increase to 20% the percentage of schools that have a policy that guides the nutritional value of foods offered at school stores and parties	Percentage of schools that have a policy that guides the nutritional value of foods offered at school stores and school parties	10% ^C	20%
3.4c: By 2009, increase to 90% the percentage of schools with cafeterias that allow at least 30 minutes for lunch, provide enough seating, and limit wait times to 10 minutes	Percentage of schools with cafeterias that provide a quality cafeteria environment by allowing at least 30 minutes for lunch, providing enough seating, and limiting wait times (to buy lunch) to 10 minutes	78% ^C	90%
3.4d: By 2009, increase to 50% the percentage of schools with cafeterias that provide fruits and vegetables for sale daily, prohibit soda during lunch, and provide milk, 100% juice and water for sale daily	Percentage of schools that provide healthy cafeteria food (of schools with cafeterias), defined as providing fruits and vegetables for sale daily, prohibiting soda during lunch, and providing milk, 100% juice, and water for sale daily	21% ^C	50%

Aim 3.5: Healthy food choices are available in community settings, including restaurants and stores

Measurable Objective	Indicator	Baseline	Target
3.5a: Percentage of community grocery stores that have healthy foods available	Developmental	N/A	N/A
3.5b: Percentage of restaurants that provide and promote healthy menu options and portion sizes	Developmental	N/A	N/A
3.5c: Percentage of food service establishments that make caloric and nutritional information available to consumers	Developmental	N/A	N/A



Increase Healthy Food Choices

Aim Measures (Cont'd)

Aim 3.6: Healthy food choices are available in worksites

Measurable Objective	Indicator	Baseline	Target
3.6: By 2009, increase to 80% the percentage of employers that provide healthy foods for employees	Percentage of surveyed employers (of more than 250 employees) that provide 4 of the following 7 items for their employees: fresh fruit, cooked vegetables, salads, fat free/low fat salad dressing, fat free/low fat yogurt, 100% juice, 1% or skim milk	66%^C	80%

Aim 3.7: Alaskan mothers breastfeed their infants and toddlers

Measurable Objective	Indicator	Baseline	Target
3.7: By 2009, increase to	Percentage of Alaskan women who:		
(a) 95% the percentage of Alaskan women who initiate breastfeeding	(a) initiate breastfeeding	(a) 91%^F	(a) 95%^{HA}
(b) 80% the percentage of Alaskan women who continue breastfeeding for one month	(b) continue breastfeeding until one month	(b) 80%^F	(b) 85%[¥]
(c) 55% the percentage of women who continue breastfeeding for 6 months	(c) continue breastfeeding until 6 months, and	(c) 48%^G	(c) 55%
(d) 35% the percentage of women who continue breastfeeding until 12 months	(d) continue breastfeeding until 12 months	(d) 29%^G	(d) 35%

Increase Healthy Food Choices



Aim Measures (Cont'd)

Aim 3.8: Alaskans of all ages consume the recommended amount of fruits and vegetables

Measurable Objective	Indicator	Baseline	Target
3.8a:			
By 2012, increase to 30% the percentage of Alaskan adults and adolescents who consume at least 5 servings of fruit and vegetables per day	Percentage of adults who consume at least 5 daily servings of fruits and vegetables	23% ^A	30% ^{HA}
	Percentage of adolescents who consume at least 5 daily servings of fruits and vegetables	16% ^B	30% ^{HA}
3.8b:			
By 2012, increase the percentage of Alaskan children who consume the recommended number of servings of fruits and vegetables for their age	Percentage of children who consume the recommended number of servings of fruits and vegetables for their age	N/A	N/A

^A Alaska Behavioral Risk Factor Surveillance System, 2003.

^B Alaska Youth Risk Behavior Surveillance System, 2003.

^C Stevens RL, White C. Statewide Efforts to Prevent Cardiovascular Disease: Policies, Programs, and Environmental Supports for Physical Activity and Risk Reduction. Juneau, AK Section of Epidemiology, Division of Public Health, Alaska Dept of Health and Social Services, 2004.

^F Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), State of Alaska, DHSS, DPH, 2002.

^G National Immunization Survey 2003, Centers of Disease Control and Prevention, Department of Health and Human Services.

^{HA} Alaska Department of Health and Social Services, Division of Public Health. Healthy Alaskans 2010: Targets and strategies for improved health. Vol. I. Juneau, Alaska, April 2002.

[¥] Alaska has met the Healthy Alaskans 2010 target of 80%. Therefore, the Statewide Physical Activity and Nutrition Plan target for these indicators is to further increase these rates.

N/A Not Available

Goal 4

Increase the percentage
of Alaskans who maintain
a healthy weight

Goal 4

Healthy Weight Maintenance

Goal 4:

Increase the percentage of Alaskans who maintain a healthy weight

The maintenance of a healthy weight ultimately depends on developing and sustaining a balance between energy consumption and expenditure. Detailed strategies for increasing physical activity and improving nutrition have been laid out in previous sections of this plan. While it is useful to consider each of those areas separately, it is also important to recognize that physical activity and nutrition efforts must be complementary and addressed concurrently. The aims and strategies contained in this section therefore address both weight management principles and interventions that integrate physical activity and nutrition. Educational strategies will be used to develop and disseminate clear messages on the importance of incorporating physical activity and good nutrition into weight management efforts. In addition, programmatic, policy, and environmental strategies that strengthen and support efforts to maintain a lifestyle that contributes to a healthy weight will be implemented.

Aim 4.1:

Targeted media strategies are used to convey the importance of physical activity and healthy food choices as a means of achieving and maintaining a healthy weight



Educational Strategies:

- Integrate the concept of healthy weight into all activities designed to increase physical activity and improve nutrition
- Promote and support healthy weight role models
- Provide information that empowers decision makers at local, state and organizational levels to address the prevention and reduction of obesity
- Increase the ability of local organizations to communicate through the media

Program Strategies:

- Provide workshops and training to increase advocacy, public relations and social marketing skills

Healthy Weight Maintenance

Goal 4

Aim 4.2:

Alaskan adults engage in efforts to maintain a healthy weight

Educational Strategies:

- Increase awareness of what is meant by “healthy weight”
- Increase awareness of the benefits of maintaining a healthy weight as opposed to cyclic weight loss by:
 - Providing information on the health dangers involved in fad diets, disordered eating, poor body image, etc.
 - Redirecting the misconception that one size fits all and promoting size acceptance and positive body image
- Motivate individuals to maintain a healthy weight by conducting an ongoing, statewide, coordinated, communication campaign that:
 - Disseminates culturally sensitive messages through a multi-pronged approach that includes a variety of media and communication channels
 - Utilizes multiple organizations to reinforce and repeat messages and to evaluate results
- Increase awareness of the link between overweight/obesity and mental health
- Disseminate and reinforce messages that promote a balance of appropriate physical activity and eating patterns as the way to maintain a healthy weight

Program Strategies:

- Ensure that healthy weight and mental health screening and resources are widely available
- Encourage organizations conducting parenting classes to include information on healthy weight and how to be a healthy weight role model
- Identify population subgroups to be targeted for intervention and work with those groups to develop community-based physical activity, nutrition, and/or obesity programs that are tailored to their interests and circumstances

Policy and Environmental Strategies:

- Advocate for partnerships between health insurers and employers for incentive-based programs encouraging employees to achieve and maintain a healthy weight
 - Disseminate information such as Premera’s best practices to employers with at least 50 Full-Time-Employees (FTE’s)
 - Complete assessment of other health insurers’ efforts to determine if they incorporate collaboration with employers and support increased physical activity, better nutrition and weight management



Goal 4

Healthy Weight Maintenance

Aim 4.3:

Alaskan youth engage in efforts to maintain a healthy weight

Educational Strategies:

- Ensure that students in all grades are taught age-appropriate lessons on healthy weight, weight management principles, and the importance of balancing food consumption and physical activity as a method for weight maintenance
- Make accurate information on healthy weight and weight management principles for children available to administrators, teachers, and parents by:
 - Developing take-home educational materials for parents about BMI-for-age, recommendations for parents with overweight children, and the importance of serving healthy meals at home
 - Conducting in-service training sessions for teachers and administrators on healthy weight for children, teasing & bullying prevention, how to foster positive body images, and principles of weight management
- Promote a balance of appropriate physical activity and eating patterns as the way to maintain a healthy weight through an education campaign addressing healthy weight, healthy food choices, and physical activity

Program Strategies:

- Provide opportunities for students to develop the knowledge, skills, and attitudes that are needed to acquire and sustain healthy eating and physical activity behaviors as part of a coordinated school health program
- Utilize healthy weight classes such as “Hugs”, “Tailoring Your Taste”, etc.
- Promote positive physical activity and healthy eating role models such as Power Panther who promotes the “Eat Smart Play Hard” Campaign
- Develop and distribute a weight management curriculum to classroom and health teachers across the state

Policy and Environmental Strategies:

- As part of a coordinated school health program, ensure that students have opportunities for healthy eating and physical activity during the school day
- Develop requirements for the incorporation of weight management principles into middle and high school health curriculum
- Train school staff (nurses, health educators, physical education educators, or other relevant staff member) in weight management principles

Aim 4.4:

Healthcare systems promote and support the achievement and maintenance of healthy weights among patients

Educational Strategies:

- Provide healthcare professionals with educational materials for patients that objectively illustrate the relationship between obesity and co-morbidity
- Make publications such as the National Institutes of Health “Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults”, and “The Clinical Practice Guidelines for the Treatment of Heart Disease and/or Diabetes”, as well as other publications related to children and adults available to healthcare providers
- Distribute publications and recommendations such as the Internal Food Council Information publication, “Finding a Weight Loss Program that Works for You”
- Develop social marketing messages that convey respect for diversity and body shape without turning off the targeted audience and distribute to healthcare providers
- Promote the importance of taking an interdisciplinary approach to the treatment and prevention of obesity
- Develop and distribute a region-specific matrix that addresses the spectrum of available resources for weight management, physical activity, and counseling (both dietary and behavioral)

Program Strategies:

- Promote referrals to Registered Dietitians for overweight and obesity
- Healthcare providers offer healthy lifestyle classes for overweight and obese patients
- Identify and implement trainings for healthcare professionals on how to discuss weight-related issues with patients and the importance of accepting and treating obese persons with the same respect and empathy given to those with any other chronic illness

Policy and Environmental Strategies:

- Systematically implement the “Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults” in healthcare settings
- Increase the availability and accessibility of continuing education units for courses addressing the risks, diagnosis, and treatment of overweight and obesity
- Develop and promote the use of a multidisciplinary system for obesity treatment and prevention within and between healthcare settings
- Ensure that healthcare data management systems include data on physical activity and nutrition indicators
- Establish and implement protocols for anticipatory guidance promoting healthy lifestyles, including fruit and vegetable consumption and incorporating 30-60 minutes of physical activity into every day
- Establish and implement protocols for secondary prevention, including early detection of risk factors and referrals to appropriate resources

Goal 4

Healthy Weight Maintenance

Aim 4.5: Television viewing and screen time is reduced among Alaskan adults and children

Educational Strategies:

- Disseminate information on the association between increased time spent watching television and the prevalence of overweight among youth
- Promote increased physical activity as an alternative to television watching/screen time

Program Strategies:

- Encourage healthcare professionals to promote alternatives to television/screen time as a component of weight management programs
- Incorporate the reduction of television/screen time into coordinated school-based physical activity and nutrition education programs

Policy and Environmental Strategies:

- Encourage parents to develop and implement consistent rules around television watching and other screen time for their children



Aim 4.6: Physical activity and nutrition interventions are accessible to all Alaskans

Educational Strategies:

- Develop and implement a campaign promoting healthy weight through physical activity and healthy eating
- Increase access to culturally relevant obesity prevention education for Alaskans living in rural areas
- Create a clearinghouse of overweight/obesity data, resources and information on existing programs that community-based programs can use

Program Strategies:

- Increase the number of community-based obesity programs targeting high-risk minority and low-income populations

- Increase access to culturally relevant obesity prevention programs for Alaskans living in rural areas by:
 - Training and supporting technical advisors, community members, and/or community-based healthcare professionals (Community Wellness Advocates and Public Health Nurses) who can help communities create and maintain obesity prevention programs. These technical advisors will specifically target rural communities
 - Collaborating with the Community Wellness Advocate Program and Public Health Nurses to develop obesity prevention programs in rural communities

Policy and Environmental Strategies:

- Decrease cultural, economic and geographic barriers to obesity-related services

Surveillance and Evaluation

Goal 4: Increase the percentage of Alaskans who maintain a healthy weight

Surveillance for this goal will include measures of overweight and obesity among adults and overweight and risk for overweight among adolescents. In addition, data on efforts undertaken by Alaskan adults and adolescents to achieve or maintain a healthy weight will be collected and monitored. Currently the Youth Risk Behavior Survey is the primary data source for youth data on overweight and risk factors for being overweight. Height and weight data from students in the Anchorage School District have been analyzed, but statewide data on children are not available. As a result, efforts will be made to develop and implement systems for collecting information on childhood weight status.

Goal 4 Measures

Indicator	Baseline	Target
Percentage of Alaskan adults meeting the definition for overweight	37% ^A	37%** 30% ^{HA}
Percentage of Alaskan adults meeting the definition for obese	24% ^A	24%** 18% ^{HA}
Percentage of Alaskan adolescents meeting the definition for at-risk of becoming overweight	11% ^B	11%** 5% ^{HA}
Percentage of Alaskan adolescents meeting the definition for overweight	14% ^B	14%** 12% ^{HA}
Percentage of Alaskan children meeting the definition for at-risk of becoming overweight	N/A	N/A
Percentage of Alaskan children meeting the definition for overweight	N/A	N/A

Goal 4

Healthy Weight Maintenance

Aim Measures

Aim 4.1: Targeted media strategies are used to convey the importance of physical activity and healthy food choices as a means of achieving and maintaining a healthy weight

Measurable Objective	Indicator	Baseline	Target
4.1: By 2008, reach 55% of Alaskans in targeted media markets with media campaigns focusing on overweight and obesity	Percentage of Alaskans exposed to targeted media campaign regarding importance of healthy food choices and physical activity as a means of achieving a healthy weight	N/A	55%

Aim 4.2: Alaskan adults engage in efforts to maintain a healthy weight

Measurable Objective	Indicator	Baseline	Target
4.2: By 2012, increase to 80% the percentage of Alaskan adults engaged in efforts to either lose weight or maintain their weight	Percentage of adults trying to lose weight or maintain a healthy weight, and doing so by either (a) eating fewer calories, (b) eating foods lower in fat, or (c) using physical activity or exercise	67%^A	80%

Aim 4.3: Alaskan youth engage in efforts to maintain a healthy weight

Measurable Objective	Indicator	Baseline	Target
4.3: By 2010, increase to 65% the percentage of Alaskan high school students (who are not underweight) engaged in efforts to either lose weight or maintain their current weight	Percentage of adolescents (exclusive of underweight adolescents) trying to lose weight or maintain a healthy weight, and doing so by either (a) eating fewer calories, (b) eating foods lower in fat, (c) eating less food, or (d) using exercise	54%^B	65%

Aim 4.4: Healthcare systems promote and support the achievement and maintenance of healthy weights among patients

Measurable Objective	Indicator	Baseline	Target
4.4: By 2009, increase to 15% the percentage of Alaskan adults who have been advised by a health professional in the last 12 months to lose or maintain their weight	Percentage of Alaskan adults who have been advised in the last 12 months to lose or maintain their weight	12%^A	15%

Healthy Weight Maintenance



Aim Measures (Cont'd)

Aim 4.5: Television and screen viewing time is reduced among Alaskan adults and children

Measurable Objective	Indicator	Baseline	Target
4.5a: By 2010, reduce to 20% the percentage of Alaskan high school students who watch three or more hours of television on an average school day	Percentage of adolescents who watch three or more hours of television each school day	28% ^B	20%
4.5b: By 2010, reduce by 10% the percentage of Alaskan adults who watch television for four or more hours on an average day	Percentage of adults who watch four or more hours of television each day	N/A	N/A
4.5c: By 2010, reduce by 10% the percentage of Alaskan children who watch three or more hours of television each school day	Percentage of children who watch three or more hours of television each school day	N/A	N/A

Aim 4.6: Physical activity and nutrition interventions are accessible to all Alaskans

Regional, racial, and socioeconomic disparities in objectives related to physical activity, nutrition, and healthy weight will be identified and monitored, and interventions will be implemented in populations with identified disparities.

^A Alaska Behavioral Risk Factor Surveillance System, 2003.

^B Alaska Youth Risk Behavior Surveillance System, 2003.

^{HA} Alaska Department of Health and Social Services, Division of Public Health. Healthy Alaskans 2010: Targets and strategies for improved health. Vol. I. Juneau, Alaska, April 2002.

** Given the observed increase in overweight and obesity among adolescents and adults, the Statewide Physical Activity and Nutrition Plan target for these indicators is to stabilize the prevalence of overweight and at-risk of overweight; reductions in prevalence will occur further in the future.

N/A Not Available



Existing Efforts & Next Steps

Next Steps in Addressing Obesity in Alaska

Reversing the trend of increasing obesity will require changes in physical activity and nutrition behavior. Individual behavior is influenced by numerous social and environmental factors, and these factors must be addressed in order to achieve sustainable behavior change. This document provides a framework for community-based groups, governmental and educational agencies, and healthcare organizations to address the factors that either support or inhibit regular physical activity and good nutrition.

Numerous efforts to promote physical activity and good nutrition are already occurring within Alaska. Many of the organizations that are currently addressing physical activity, nutrition, or weight management are listed below. Further information about the programs administered by each organization can be accessed through the provided links. Additional resources are listed in the additional resources section.

State of Alaska Chronic Disease Prevention and Health Promotion Programs:

<http://www.epi.hss.state.ak.us/cd/default.stm>

- Obesity Prevention and Control Program
<http://www.epi.hss.state.ak.us/cd/obesity.htm>
- Heart Disease and Stroke Prevention Program
<http://www.epi.hss.state.ak.us/hp/chp/default.htm>
- Diabetes Prevention and Control Program
<http://www.epi.hss.state.ak.us/cd/diabetes.stm>
- Arthritis Program
<http://www.epi.hss.state.ak.us/cd/arthritis.stm>
- School Health Program
<http://www.epi.hss.state.ak.us/cd/school.stm>
- Community Preventive Services
<http://www.epi.hss.state.ak.us/hp/cps/default.htm>

State of Alaska Chronic Disease Policy Academy

<http://www.hss.state.ak.us/dph/director/ACDPA/default.htm>

Take Heart Alaska:

<http://partners.hss.state.ak.us/takeheart/>

- Alaskans Promoting Physical Activity
<http://partners.hss.state.ak.us/takeheart/APPA.htm>
- Eat Smart Alaska
<http://partners.hss.state.ak.us/takeheart/EatSmart.htm>
- Worksite Health Promotion Committee
<http://partners.hss.state.ak.us/takeheart/WorksiteHealthPromotion.htm>

Existing Efforts & Next Steps

State of Alaska Family Nutrition Services Program

<http://hss.state.ak.us/ocs/nutri/WIC/Default.htm>

State of Alaska Education and Early Development

<http://www.eed.state.ak.us/>

Alaska Area Diabetes Program

<http://www.alaska.net/~akdm/>

Alaska Native Tribal Health Consortium

<http://www.anthc.org>

Action for Healthy Kids Alaska

http://www.actionforhealthykids.org/state_profile.php?state=AK

Alaska School Nutrition Association

<http://www.aksna.org>

Alaska Association of Health, Physical Education, Recreation, and Dance

<http://www.akahperd.com/>

American Heart Association: Alaska Branch

<http://www.americanheart.org/presenter.jhtml?identifier=1200279&division=PMA012>

American Diabetes Association Alaska

<http://www.diabetes.org/communityprograms-and-localevents/whatslocal.jsp>

Southcentral Foundation

<http://www.southcentralfoundation.com/>

Healthy Futures

<http://www.asdk12.org/HealthyFutures/>

Municipality of Anchorage Department of Health and Human Services

<http://www.muni.org/health1/index.cfm>

Many other organizations are also involved in efforts to promote physical activity and good nutrition. Detailed information on programs being carried out at the local level is not currently summarized and compiled in one central location. In the future, efforts should be made to collect and maintain information on current nutrition and physical activity initiatives, as well as to highlight successful programs.

Reducing the health and economic burden of overweight and obesity in Alaska is a challenging task. Stakeholders and individual Alaskans must work together to coordinate and build upon successful interventions, support policy and environmental changes, and develop and strengthen partnerships to overcome this challenge and create a healthier Alaska.

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School-Based Goals, Aims, and Strategies

School-Based Goals, Aims and Strategies

Goal 1: Increase the percentage of Alaskans who recognize the need to address the issue of overweight and obesity

Aim	Educational Strategies	Program Strategies	Policy and Environmental Strategies
<p>1.2: Students, families, teachers, and administrators are aware of the health consequences of childhood overweight and the importance of school-based efforts to address overweight</p>	<p>Education of parents, students, staff, and administrators on rates and health risks of overweight, as well as the positive impact of good nutrition and physical activity on school performance</p>	<p>Implementation of family fitness nights</p>	<p>Obtain consent for data collection efforts related to overweight</p>

Goal 2: Increase the percentage of Alaskans who are physically active

Aim	Educational Strategies	Program Strategies	Policy and Environmental Strategies
<p>2.3: Alaskan students participate in quality school-based physical education classes</p>	<p>Education on positive impact of physical activity on student performance</p> <p>Physical Education curriculum follows the National Association for Sport and Physical Education guidelines for physical activity for infants and toddlers</p>	<p>Quality physical education programs in schools</p>	<p>Statewide Physical Education Coordinator</p> <p>National Association for Sport and Physical Education based content standards for Physical Education</p> <p>Require one credit of physical education and one credit of Health for high school graduation</p> <p>Require Physical Education at elementary and middle school levels</p> <p>Increase the number of Physical Education teachers that are certified or trained</p> <p>Policies prohibiting exemptions from physical education courses for any reason other than debilitating injury or illness</p> <p>Physical activity incorporated across the curriculum</p>



School-Based Goals, Aims and Strategies (Cont'd)

Goal 2: Increase the percentage of Alaskans who are physically active (Cont'd)

Aim	Educational Strategies	Program Strategies	Policy and Environmental Strategies
2.4: Students have opportunities for daily physical activity in addition to time spent in physical education class	Education on the benefits of walking to school Education on the benefits of unstructured play (recess) Education on walk to school programs Education on strategies for incorporating physical activity into each school day	Implement the Kids Walk-to-School Program Established crossing guard programs Complete walking/ biking inventories Administration of before and after school intramural sports programs and activity-based clubs	Recess for children grades K-6 Students who live within one mile of schools can safely walk or bicycle to school

Goal 3: Increase the percentage of Alaskans who make healthy food choices

Aim	Educational Strategies	Program Strategies	Policy and Environmental Strategies
3.3: Alaskan students receive age and culturally appropriate nutrition education in schools and childcare settings	Nutritional information posted in schools Nutrition education materials specific to traditional foods	Nutrition education lessons in pre-schools and childcare centers	Statewide nutrition education curriculum Policies requiring inclusion of nutrition education into health courses Continuing education opportunities in nutrition education
3.4: Healthy food choices are available in schools	Education on need for healthy nutrition options in schools Education on creation and implementation of comprehensive nutrition policies Distribution of Federal nutrition guidelines and culturally sensitive sample recipes	School participation in community wide social marketing efforts such as “5-A-Day” and “1% or less” milk campaign Creation of nutrition-based social clubs for students Teachers and staff serve as role models for healthy eating	Modify pouring contracts between beverage companies and schools Creation and enforcement of comprehensive school nutrition policies National School Lunch and School Breakfast Program meals meet or exceed federal standards Lunch hour includes 30 minutes near mid-day in a pleasant eating environment Nutritious food choices offered in school stores, vending machines, and other in-school locations where food is served

School-Based Goals, Aims and Strategies (Cont'd)

Goal 4: Increase the percentage of Alaskans who maintain a healthy weight

Aim	Educational Strategies	Program Strategies	Policy and Environmental Strategies
<p>4.3: Alaskan youth engage in efforts to maintain a healthy weight</p>	<p>Accurate information on healthy weights and weight management principles provided to children available to administrators, teachers, and parents</p> <p>Education campaign addressing healthy weight, healthy food choices, and physical activity</p>	<p>Coordinated school health program including education on nutrition and physical activity</p> <p>Healthy weight classes such as Hugs, Tailoring Your Taste, etc.</p> <p>Eat Smart Play Hard Campaign</p> <p>Weight management curriculum developed and distributed</p>	<p>Coordinated school health program including opportunities for healthy eating and physical activity during the school day</p> <p>Weight management principles incorporated into health curriculum</p> <p>School staff trained in weight management principles</p>
<p>4.5: Television viewing time reduced among Alaskan adults and children</p>		<p>Reduction of television time incorporated into coordinated school-based programs</p>	



Healthcare Goals, Aims, and Strategies

Healthcare Goals, Aims, and Strategies

Goal 1: Increase the percentage of Alaskans who recognize the need to address the issue of overweight and obesity

Aim	Educational Strategies	Program Strategies	Policy and Environmental Strategies
<p>1.3:</p> <p>Healthcare providers and administrators are aware of the healthcare costs associated with overweight and obesity and the importance of addressing overweight and obesity in the healthcare setting</p>	<p>Communication/mass media campaign on healthcare costs of overweight and obesity that targets providers as well as clinic and hospital administrators</p>		

Goal 2: Increase the percentage of Alaskans who are physically active

Aim	Educational Strategies	Program Strategies	Policy and Environmental Strategies
<p>2.5:</p> <p>Healthcare professionals promote and support daily physical activity for their patients and incorporate physical activity into the treatment of overweight and obese patients</p>	<p>Education on relationship between inactivity and negative health consequences</p> <p>Distribute “Bright Futures in Practice-Physical Activity”</p> <p>Website on the role of physical activity in the treatment of overweight and obesity</p>	<p>Healthcare providers evaluate and counsel around physical activity</p> <p>Providers refer patients to physical activity resources and programs in the community</p>	<p>Continuing Education Units available for physical activity courses</p> <p>Healthcare providers advocate for policy and environmental changes that support physical activity</p>



Healthcare Goals, Aims, and Strategies (Cont'd)

Goal 3: Increase the percentage of Alaskans who make healthy food choices

Aim	Educational Strategies	Program Strategies	Policy and Environmental Strategies
<p>3.1: Alaskans are aware of healthy eating strategies</p>	<p>Message discouraging the consumption of cavity-causing foods developed</p>		
<p>3.2: Healthcare professionals promote and support healthy eating among their patients and appropriately incorporate nutrition education in the treatment of overweight and obese patients</p>	<p>Provide reference card on nutrition education Provide information on community nutrition education resources</p>	<p>Professional and continuing education programs on nutrition counseling available Referrals to community nutrition resources</p>	<p>Reimbursement policies include nutrition and obesity counseling Continuing Education Units available for nutrition counseling</p>
<p>3.3: Alaskan students in schools and childcare settings receive nutrition education that is age and culturally appropriate</p>		<p>“Cavity Free Kids” curriculum for children and families incorporated into Head Start/Early Head Start and WIC programs</p>	
<p>3.7: Alaskan mothers breastfeed their infants and toddlers</p>		<p>Healthcare systems incorporate breastfeeding education and peer support</p>	<p>Healthcare systems implement policies that support and encourage breastfeeding</p>



Healthcare Goals, Aims, and Strategies (Cont'd)

Goal 4: Increase the percentage of Alaskans Who Maintain a Healthy Weight

Aim	Educational Strategies	Program Strategies	Policy and Environmental Strategies
<p>4.4:</p> <p>Healthcare systems promote and support the achievement and maintenance of healthy weight among patients</p>	<p>Provide objective educational materials illustrating the relationship between obesity and co-morbidity</p> <p>Distribute recommendations on clinical treatment of obesity</p> <p>Distribute recommendations such as the Internal Food Council Information publication, “Finding a Weight Loss Program that Works for You.”</p> <p>Social marketing messages that convey respect for diversity and body shape</p> <p>Promote interdisciplinary approach to obesity prevention</p> <p>Geographically specific matrix specifying weight management, physical activity, and counseling resources</p>	<p>Promote referrals to Registered Dietitians for overweight and obesity</p> <p>Healthy lifestyle classes offered to overweight and obese patients</p> <p>Trainings for healthcare professionals on discussing weight related issues with patients</p>	<p>“Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults” implemented</p> <p>Continuing education units available for courses addressing the risks, diagnosis, and treatment of overweight and obesity</p> <p>Multidisciplinary system for obesity prevention and treatment implemented within and between healthcare settings</p> <p>Physical activity and nutrition indicator data included in healthcare data management systems</p> <p>Anticipatory guidance on nutrition and physical activity systematically provided</p> <p>Secondary prevention protocols implemented</p>
<p>4.5:</p> <p>Television viewing time is reduced among Alaskan adults and children</p>		<p>Healthcare professionals promote alternatives to television as a component of weight management programs</p>	
<p>4.6:</p> <p>Physical activity and nutrition interventions are accessible to all Alaskans</p>		<p>Community-based healthcare professionals trained as technical advisors for local obesity prevention and control programs</p>	

Community Goals, Aims, and Strategies

Community Goals, Aims, and Strategies

Goal 1: Increase the percentage of Alaskans who recognize the need to address the issue of overweight and obesity

Aim	Educational Strategies	Program Strategies	Policy and Environmental Strategies
No Community-Specific Aims or Strategies			

Goal 2: Increase the percentage of Alaskans who are physically active

Aim	Educational Strategies	Program Strategies	Policy and Environmental Strategies
<p>2.1: Worksite environments provide and support opportunities for physical activity</p>	<p>Education on importance of physical activity and ways to reduce barriers to physical activity in the workplace</p>	<p>Point of decision prompts in worksites (e.g. stairwell signs, improved stairwells)</p> <p>Worksite-based wellness initiatives incorporating physical activity (e.g. lunchtime walking groups)</p>	<p>Tax incentives for worksites that promote and support physical activity</p> <p>Onsite supports for physical activity</p> <p>Incentives for employees participating in physical activity</p>



Community Goals, Aims, and Strategies (Cont'd)

Goal 2: Increase the percentage of Alaskans who are physically active (Cont'd)

Aim	Educational Strategies	Program Strategies	Policy and Environmental Strategies
<p>2.2:</p> <p>Community environments provide and support opportunities for physical activity</p>	<p>Education on importance of promoting community opportunities for physical activity</p> <p>Disseminate physical activity program inventory</p> <p>Education on importance of incorporating physical activity opportunities into transportation planning</p> <p>Provide school district representatives with information on opportunities to acquire and/or enhance environmental supports for physical activity</p> <p>Compile and distribute information on successful collaborative efforts to build and improve environmental supports for physical activity</p>	<p>Models, resources, technical assistance and physical activity programs available to community groups</p> <p>Affordable activity-based recreational programs offered</p> <p>Physical activity-based social groups and networks supported</p> <p>Public access to school facilities after school hours increased</p> <p>Schools sponsor or participate in physical activity related events like fun runs/walks and family fitness nights</p> <p>School districts and schools promote activity-based programs available through parks and recreation or other community-based organizations</p> <p>Schools complete the School Health Index to determine need for physical activity environmental supports</p>	<p>Planning and zoning supports physical activity</p> <p>Trail system development coordinated with state trail organizations</p> <p>Policies requiring snow and ice removal from sidewalks</p> <p>Incentives for walking, bicycling, or using public transportation</p> <p>Sliding-fee scales available for fee-based recreational opportunities</p> <p>Sufficient funds available for the maintenance of school facilities</p> <p>Health/fitness clubs donate equipment to schools when upgrading</p> <p>Community planning designs establish new schools within established population centers</p> <p>New and rehabilitated school campuses are designed so that students and staff can walk and bicycle to school safely</p>

Community Goals, Aims and Strategies (Cont'd)

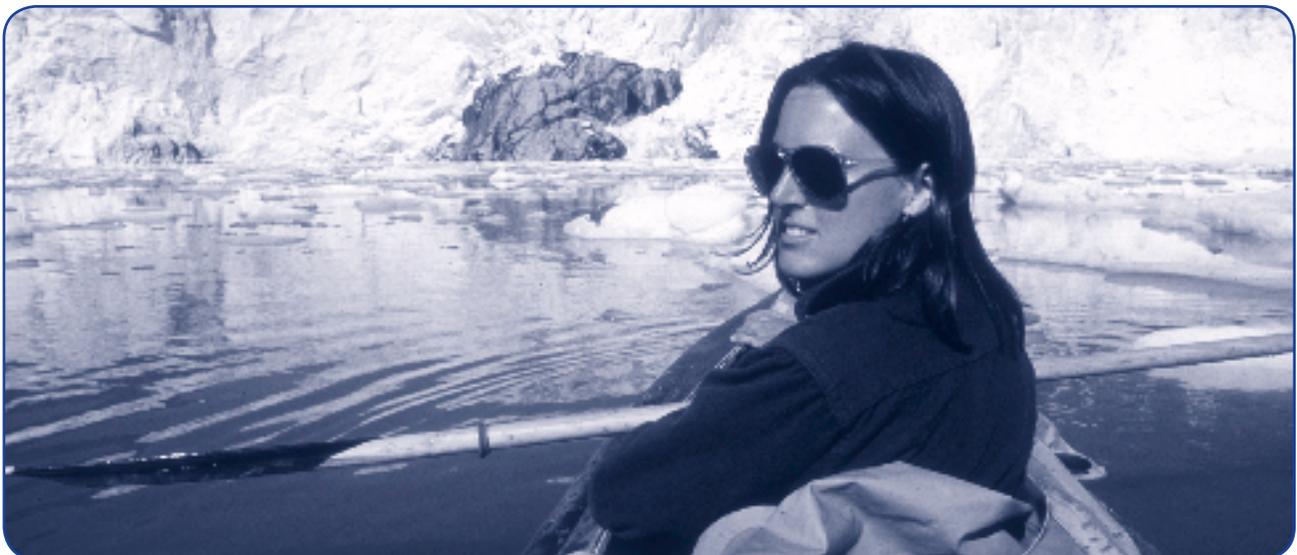
Goal 3: Increase the percentage of Alaskans who make healthy food choices

Aim	Educational Strategies	Program Strategies	Policy and Environmental Strategies
3.1: Alaskans are aware of healthy eating strategies	Education campaign encouraging use of traditional foods		Encourage inclusion of traditional foods in dietary recommendations
3.5: Healthy foods are available in community settings, including restaurants and stores	Education of store and restaurant owners on importance of healthy food availability	Point of purchase campaigns in grocery stores “Healthy menu option” programs in restaurants Recognition program for restaurants offering and promoting healthy food choices	Competitively priced healthy food and beverage choices available in vending machines in public areas Posted calorie and nutrient content Reasonable portion sizes available
3.6: Healthy food choices are available in worksites	Education on importance of healthy food availability at business meetings and in worksites	Implementation of “Meeting Well” campaign Implementation of “Better Choices” program Recognition program for worksites offering healthy food choices	Competitively priced healthy food and beverage choices available in worksite vending machines and cafeterias
3.7: Alaskan mothers breastfeed their infants and toddlers	Social marketing and media campaigns highlighting benefits of breastfeeding	Collaboration with Alaska Breastfeeding Coalition and Alaska WIC Program Loving Support Social Marketing Campaign	Worksite policies that support breastfeeding
3.8: Alaskan adults and youth consume the recommended amount of fruits and vegetables	Education campaign promoting consumption of fruits and vegetables, either fresh, canned, or frozen, including “5-a-day the Alaskan way” Distribution of recommendations incorporating fruits and vegetables into daily eating routines	Increased marketing of fruits and vegetables throughout the state	Competitive pricing of fruits and vegetables Increased availability of fruits and vegetables in schools and worksites Incentives for using food stamps for fruit and vegetable purchases

Community Goals, Aims, and Strategies (Cont'd)

Goal 4: Increase the percentage of Alaskans who maintain a healthy weight

Aim	Educational Strategies	Program Strategies	Policy and Environmental Strategies
<p>4.2:</p> <p>Alaskan adults engage in efforts to maintain a healthy weight</p>		<p>Parenting classes that incorporate healthy weight</p> <p>Community-based physical activity, nutrition, and/or obesity programs tailored to needs and interests of specific population groups</p>	<p>Employer-based incentive programs encouraging healthy weight</p>
<p>4.5:</p> <p>Television and screen viewing time is reduced among Alaskan adults and children</p>			<p>Parents develop and implement consistent rules around television watching for their children</p>
<p>4.6:</p> <p>Physical activity and nutrition interventions are accessible to all Alaskans</p>		<p>Community-based obesity programs targeting high-risk populations</p> <p>Culturally relevant obesity prevention programs</p>	



Mass Communication Goals and Strategies

Mass Communication Goals and Strategies

Goal	Strategy
Increase the percentage of Alaskans who recognize the need to address the issue of overweight and obesity	Conduct a coordinated, statewide communication/mass media campaign around the health and economic consequences of overweight/obesity
Increase the percentage of Alaskans who are physically active	Develop and implement a coordinated, statewide communication/mass media campaign that motivates individuals to increase their levels of physical activity and supports efforts to increase access to opportunities for physical activity
Increase the percentage of Alaskans who make healthy food choices	Develop and implement a coordinated, statewide communication/mass media campaign that motivates individuals to make healthy food choices and supports efforts to make healthy food choices available to all Alaskans Limited promotion and advertisement of foods low in nutritional value and high in cavity-causing carbohydrates
Increase the percentage of Alaskans who maintain a healthy weight	Develop and implement a coordinated, statewide mass media campaign that increases awareness of what is meant by “healthy weight” and promotes the achievement and maintenance of a healthy weight through: <ul style="list-style-type: none">• The dissemination of culturally sensitive messages through a variety of media and communication channels• The dissemination and reinforcement of messages that promote a balance of appropriate physical activity and eating patterns as the way to maintain a healthy weight



Glossary and Additional Resources

Glossary

5 A Day: A national program and partnership that seeks to increase the number of daily servings of fruits and vegetables Americans eat to five or more per day.

5 A Day the Alaskan Way: Promotional material developed by the Alaska Women, Infants and Children program to increase fruit and vegetable intake among Alaskans.

At-risk-for-overweight: Term used for children age 2-20 whose height and weight measurements yield a value on the BMI-for-age charts between the 85th percentile and the 95th percentile.

Behavioral Risk Factor Surveillance System (BRFSS): A representative statewide telephone survey administered and supported by the Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC). It is an ongoing data collection program that tracks health risks among Alaskans.

Body Mass Index (BMI): Body Mass Index or BMI is a tool indicating weight status in adults. For adults over 20 years old, BMI *correlates* with body fat. Calculated as: $BMI = \text{Weight in Kilograms} / (\text{Height in Meters})^2$
 $BMI = [\text{Weight in Pounds} / (\text{Height in Inches})^2] \times 703$.

Body Mass Index (BMI) for age: For children aged 2 to 20, BMI-for-age is plotted on gender specific growth charts. In children and teens, body mass index for age is used to assess underweight, overweight, and risk for overweight.

Childhood overweight: A BMI at or above the 95th percentile for children and youth ages 2 to 20 years, based on Centers for Disease Control and Prevention gender and age specific growth charts (2000).

Child Nutrition and WIC Reauthorization Act 2004: The *Child Nutrition and WIC Reauthorization Act of 2004* requires that every school receiving federal funds for food service programs must adopt a Wellness Policy by the beginning of the 2006-2007 school year.

Chronic diseases: Illnesses that are prolonged, do not resolve spontaneously, and are rarely cured completely.

Community Wellness Advocate: A lay health educator who completes a basic health promotion training program through the University of Alaska.

Cooperative Extension Service – Alaska: An outreach educational delivery system supported by a partnership between the United States Department of Agriculture, the University of Alaska Fairbanks, and College of Rural Alaska.

Coordinated School Health Program (CSHP): The Centers for Disease Control model for coordinated school health program consists of eight interactive components: (1) health education; (2) physical education; (3) health services; (4) nutrition services; (5) counseling, psychological, & social services; (6) health school environment; (7) health promotion for staff; and (8) family/community involvement.

Eat Smart. Play Hard.™: A Department of Agriculture (USDA) campaign providing practical suggestions to help motivate children and caregivers to eat healthy and be active.

Educational strategies: Strategies designed to provide individuals or members of organizations with information on specific reasons and methods for addressing overweight and obesity.

Epidemic: Widely prevalent and rapidly spreading

Food and Nutrition Service Programs (FNS): These include the Food Stamp Program; the Special Supplemental Food Program for Women, Infants and Children (WIC), Child Nutrition Programs, and Food Distribution Programs.

Healthy eating: An eating pattern that is consistent with the Dietary Guidelines for Americans.

Healthy weight: For measurement and evaluation purpose, a Body Mass Index between 18.5 – 24.9 Kg/m² for adults. For children and youth age 2-10 years a BMI between the 5th and 85th percentile on the Body Mass Index for age chart.

Inactivity: Not engaging in any regular pattern of physical activity beyond daily functioning.

National School Lunch Program: The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day.

Glossary

Obese: Term used for adults whose height and weight measurements yield a BMI value of 30 Kg/m² or more.

An excessively high amount of body fat or adipose tissue in relation to lean body mass. The amount of adiposity (body fat) includes distribution of fat throughout the body and the size of the adipose tissue deposits. Body fat distribution can be estimated by skinfold measure, by waist-to-hip circumference ratios, or by techniques such as ultrasound, computed tomography, or magnetic resonance imaging.

The term obese is not commonly used to categorize children and youth. Refer to childhood overweight for a definition that applies to age 2 through 20.

Overweight: Term used for adults whose height and weight measurements yield a BMI value between 25-29.9 Kg/m².

Point-of-decision prompts: Signs promoting healthy choices placed in locations where decisions are made. For example, signs placed by elevators and escalators that encourage people to use stairs for health benefits or weight loss.

Program strategies: Program strategies include efforts to address obesity prevention and control in a specific setting or through a program targeting a defined population group or activity.

Quality physical education programs: Instruction in physical education designed to develop health-related fitness, physical competence, and cognitive understanding about physical activity so that students can adopt healthy and physically active lifestyles. The four components of quality physical education programs are: opportunity to learn, meaningful content, appropriate instruction, and student assessment.

Risk-for-overweight: See At-Risk-for-overweight

School Breakfast Program (SBP): Administered at the federal level by Food and Nutrition Services, the program provides cash assistance to states to operate nonprofit breakfast programs in schools and residential childcare institutions.

School Health Index (SHI): A self-assessment and planning guide developed by the Centers for Disease Control to help: (1) identify the strengths and weaknesses of school policy and programs for promoting health and safety; (2) develop an action plan for improving student health and safety; and (3) involve teachers, parents, students, and the community to improve school policies, programs, and services.

Sedentary: Not physically active on a regular basis.

Stakeholder: People or organizations who have a vested interest in identifying and addressing a problem.

Traditional foods: The fish, shellfish, marine mammals, terrestrial mammals, and plant that made up the Alaska Native diet before the arrival of Europeans in Alaska (Subsistence foods).

Unstructured play (recess): Scheduled break(s) during the school day that give students time to participate in supervised play free of formal instruction.

Wellness policy: A policy that address goals for nutrition, education, physical activity and other school based activities that are designed to promote student wellness. Schools receiving federal Food and Nutrition Service Programs funds for food service programs must adopt a Wellness Policy by the 2006-2007 school year.

Winner's Circle: A healthy dining initiative, established in North Carolina, designed to create and promote healthy eating environments through free and voluntary partnerships between local eating establishments and health agencies.

Women Infants and Children (WIC) Program: A national nutrition program that helps income eligible pregnant women, new mothers, infants and young children under the age of five learn about good nutrition and how to stay healthy.

Youth Risk Behavior Survey: A school based survey that monitors priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth in the United States.

Additional Resources

Alaska Trails

www.dnr.state.ak.us/parks/aktrails

Action for Healthy Kids

www.actionforhealthykids.org

Active Living By Design

www.activelivingbydesign.org

Active Living Network

www.activeliving.org

Active Living Research

www.activelivingresearch.org

Alaska Breastfeeding Coalition

www.alaskabreastfeeding.com

Aim for a Healthy Weight Education Kit

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

Aim for a Healthy Weight-Information
for Patients and the Public

www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/

Alaska State Board of Education and Early Development

www.eed.state.ak.us/State_Board

America Walks

www.americawalks.org

American Academy of Pediatrics

www.aap.org

American Alliance for Health, Physical Education, Recreation,
and Dance

www.aahperd.org

American Cancer Society

www.cancer.org

American Cancer Society: Meeting Well

www.cancer.org/docroot/PED/content/PED_I_5X_Meeting_Well.asp

American College of Sports Medicine

www.acsm.org

American Diabetes Association

www.diabetes.org

American Dietetic Association

www.EatRight.org

American Heart Association

www.americanheart.org

American Obesity Association

www.obesity.org

American Planning Association

www.planning.org

Bright Futures in Practice

www.brightfutures.org

Cavity Free Kids

www.cavityfreekids.org

Centers for Disease Control and Prevention Behavioral Risk
Factor Surveillance System (BRFSS)

www.cdc.gov/brfss

Centers for Disease Control and Prevention Division of
Nutrition and Physical Activity

www.cdc.gov/nccdphp/dnpa

Centers for Disease Control
and Prevention 5-A-Day Program

www.5aday.gov

Centers for Disease Control and Prevention Growth Charts

www.cdc.gov/growthcharts

Centers for Disease Control and Prevention Youth Risk
Behavior Survey (YRBS)

www.cdc.gov/healthyyouth/yrbs

Center for Science in the Public Interest

www.cspinet.org

Center for Science in the Public
Interest 1% or Less Campaign

www.cspinet.org/nutrition/schoolkit.html

Center for Transportation and the Environment

www.itre.ncsu.edu/cte

Center for Weight and Health

www.cnr.berkeley.edu/cwh

Changing the Scene -- Improving
the School Nutrition Environment

www.fns.usda.gov/tn/Resources/changing.html

Additional Resources

Clinical Guidelines on The Identification, Evaluation, and Treatment of Overweight and Obesity in Adults – The Evidence Report
www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm

Dietary Guidelines for Americans 2005
www.usda.gov/cnpp/DG2005

Eat Smart. Play Hard
www.fns.usda.gov/eatsmartplayhard

Fit, Healthy, and Ready to Learn:
www.nasbe.org/HealthySchools/fithealthy.html

Guide to Community Preventive Services
www.thecommunityguide.org/pa

Healthy Beverage Toolkit. The Food Trust (2004)
www.thefoodtrust.org

Healthy People 2010
www.health.gov/healthypeople

KidsWalk-to-School
www.cdc.gov/nccdphp/dnpa/kidswalk

La Leche League – Alaska
www.lalecheleague.org/Web/Alaska.html

League of American Bicyclists Education Center
www.bikeleague.org/educenter

National Association for Sport and Physical Education (NASPE)
www.aahperd.org/naspe

National Center for Bicycling and Walking
www.bikewalk.org

National Coalition for Promoting Physical Activity
www.ncppa.org

National Dairy Council
www.nationaldairycouncil.org

National Food Service Management Institute
www.nfsmi.org

National Institutes of Health
www.nih.gov

National Recreation and Park Association
www.nrpa.org

Physical Activity and Health, a report of the U.S. Surgeon General.
www.cdc.gov/nccdphp/sgr/sgr.htm

Preventing Childhood Obesity, a report of the Institute of Medicine
www.iom.edu/report.asp?id=22596

School Health Index
<http://apps.nccd.cdc.gov/shi>

School Nutrition Association
www.schoolnutrition.org

Smart Growth
www.smartgrowth.org

Smart Growth America
www.smartgrowthamerica.com

Sprawlwatch
www.sprawlwatch.org

The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity
www.surgeongeneral.gov/topics/obesity

21st Century Community Learning Centers
www.ed.gov/programs/21stcclc

United States Department of Agriculture: My Pyramid Food Guidance System
www.mypyramid.gov

United States Department of Agriculture: Food and Nutrition Service Programs (FNS)
www.fns.usda.gov

University of Alaska Cooperative Extension Service
www.uaf.edu/coop-ext

Walk and Bike to School
www.walktoschool.org

Winner's Circle
www.ncwinnerscircle.com

World Health Organization:
Ten Steps to Successful Breastfeeding
http://www.unicef.org/nutrition/23964_breastfeeding.html



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