

Nebraska

Physical Activity & Nutrition State Plan

Promoting Healthy Weight & Preventing Chronic Disease

2005 to 2010

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Promoting Healthy Weight & Preventing Chronic Disease

2005-2010

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NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

April 1, 2005

Dear Nebraskans,

This document, entitled *Nebraska Physical Activity & Nutrition State Plan*, is a comprehensive plan developed over a three-year period by the Nebraska Health and Human Services System. It represents the state's first dedicated effort to improve nutrition and physical activity through interventions to promote healthy weight and prevent related chronic diseases.

Physical inactivity and unhealthy eating are the two primary causes in the epidemic increases in overweight and obesity. In 2003 Nebraska adults ranked 17th lowest in recommended physical activity compared to the rest of the nation. Studies show that both Nebraska youth and adults rank well below the national average in the consumption of the USDA's recommended five or more servings of fruits and vegetables per day. A controversial report recently released in the *New England Journal of Medicine* states that for the first time in nearly two centuries, American's life span may soon decrease because of poor nutrition and inactivity.

Nebraskans must work together in addressing this significant concern. Fulfilling the mission of the Nebraska Physical Activity and Nutrition State Plan depends on broad partnerships and collaboration among organizations, communities, and individuals across the state. People must work together in new ways, sharing resources, approaches and a common vision for a healthy future. The plan will build an infrastructure within local communities and work at both the local and state levels to create population-based changes. It will also promote education and the role of individual responsibility because it is a factor in achieving personal results. Through this multi-dimensional approach, physical activity and healthy eating will lead to the prevention of chronic diseases, such as cardiovascular disease, diabetes, and cancer.

Please read the information in this report carefully and utilize it to bring about change in your family, workplace, organization, church or community. Your participation is vital to the success of this new effort. Feel free to contact me or the program staff if you have any questions or comments.

Yours very truly,

A handwritten signature in black ink, appearing to read "Richard Raymond". The signature is stylized and cursive.

Richard Raymond, M.D.
Director of Regulation and Licensure and Chief Medical Officer
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Foreword and Acknowledgements

The Nebraska Physical Activity and Nutrition State Plan has been a work in progress for many years. In February 2002 the first meeting was held to discuss the development of a state plan. The beginning of this document was facilitated by a small group of individuals at Nebraska Health and Human Services System who realized that through the combined efforts of state programs, local public health departments, and community organizations a difference could be made on the physical activity and nutrition status for people living in Nebraska. A special recognition goes to the original core group within the Nebraska Health and Human Services System:

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Kathy Goddard, Diabetes Prevention and Control
Sue Medinger, Office of Public Health
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A special thank you goes to Mary Jo Gillespie for serving as the primary author of the plan. Without her coordination, diligence, and expertise this document would still be in its infancy.

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Nebraska Physical Activity and Nutrition State Plan Working Group

The Nebraska Physical Activity and Nutrition State Plan is the result of a statewide collaborative initiative. The plan was developed through the input from many organizations and individuals. The members of the working group who generously gave of their time and talent are listed below.

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Introduction:

The Nebraska Physical Activity and Nutrition State Plan is a statewide plan to improve nutrition and physical activity through interventions to promote healthy weight and prevent related chronic diseases. This plan presents strategies and activities to increase healthy eating and physical activity through interventions in a variety of settings. Fulfilling the mission of the Nebraska Physical Activity and Nutrition State Plan depends on broad partnerships and collaboration among organizations, communities, and individuals across the state and will require working together in new ways, sharing resources, approaches and a common vision for a healthy future. The plan will build an infrastructure within local communities and work at both the local and state levels to create population-based changes. Through this multi-dimensional approach, physical activity and healthy eating will lead to the prevention of chronic diseases, such as cardiovascular disease, diabetes, and cancer.

The Mission:

The mission of the Nebraska Physical Activity and Nutrition State Plan is to create a Nebraska where individuals, communities, and public and private entities share the responsibility for developing environments that support and promote active lifestyles and healthy eating.

The Purpose:

The purpose of the Nebraska Physical Activity and Nutrition State Plan is to provide a framework in which policy makers at the state, local, and institutional levels can work together to educate and establish support and build environments that make it easier for Nebraska residents to choose healthy foods and be physically active in order to:

- Decrease chronic disease in Nebraska associated with physical inactivity and unhealthy eating. (Long term goal)
- Increase the percentage of people living in Nebraska that are at a healthy body weight and decrease the percentage of youth and adults that are overweight and obese. (Intermediate goal)
- Increase the percentage of people living in Nebraska that engage in a recommended level of physical activity and consume healthy foods daily. (Short term goal)

Developing the Plan:

The Nebraska Cardiovascular Health Program convened a multi-disciplinary group of stakeholders to develop a comprehensive physical activity and nutrition state plan. This document is the outcome of a series of advisory group meetings that were held in 2003 and 2004.

The strategies outlined in this plan were designed based on the Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity, developed by the Centers for Disease Control (CDC) Nutrition and Physical Activity Workgroup. This document as well as various other Nebraska data reports provided the foundation for the Nebraska State Planning committee to determine its priority areas.

Using the Plan:

The Nebraska Physical Activity and Nutrition State Plan is to be used by individuals at both the statewide and local levels. Public health professionals, key stakeholders, and decision makers can use the information in this report to address physical activity and nutrition in the following ways:

1. Increase awareness among key decision makers at the state and local levels of the problems of physical inactivity and unhealthy eating.
2. Provide information to improve evidence-based decision making for physical activity and healthy nutrition.
3. Provide baseline measures for health-related objectives.
4. Assist with the development of an action plan to address physical activity and nutrition at the district and local levels.
5. Strengthen grant applications at the local, district, and statewide levels.

Agencies, institutions and groups interested in working on these efforts can champion the strategies in their own work plans. It is the hope of the Nebraska Health and Human Services System and its partners that the plan will stimulate new ideas, partnerships, and coalitions.

Importance of Physical Activity and Healthy Eating

Regular physical activity and healthy eating are important for several reasons. Not only do they result in decreased risk for many diseases, but they also result in a higher health-related quality of life and less medical expenses.

Chronic diseases account for 7 of every 10 U.S. deaths and for more than 75 percent of medical care expenditures.¹ In addition, the prolonged illness and disability associated with many chronic diseases decrease the quality of life for millions of Americans.¹

Much of the chronic disease burden is preventable. Physical inactivity and unhealthy eating contribute to obesity, cancer, cardiovascular disease, and diabetes.¹ Together, physical inactivity and unhealthy eating are responsible for at least 400,000 deaths each year.¹ Only tobacco use causes more preventable deaths in the United States¹. People who avoid behaviors that increase their risk for chronic diseases can expect to live healthier and longer lives.¹

The Benefits of Physical Activity¹

Regular physical activity reduces people's risk for heart attack, colon cancer, diabetes, and high blood pressure, and may reduce their risk for stroke. It also helps to control weight; contributes to healthy bones, muscles, and joints; reduces falls among older adults; helps to relieve the pain of arthritis; reduces symptoms of anxiety and depression; and is associated with fewer hospitalizations, physician visits, and medications. Moreover, physical activity need not be strenuous to be beneficial; people of all ages benefit from moderate physical activity, such as 30 minutes of brisk walking five or more times a week.

The Benefits of Healthy Eating

Research shows that good nutrition lowers people's risk for many chronic diseases, including heart disease, stroke, some types of cancer, diabetes, and osteoporosis.¹ For example, for at least 10 million Americans at risk for type 2 diabetes, proper nutrition and physical activity can sharply lower their chances of getting the disease.¹

A diet rich in fruits and vegetables is one of the best ways to maintain good health.² If there's anything close to being "proven" in nutrition research, it's that eating lots of fruits and vegetables reduces the risk of heart disease, some types of cancer, and other chronic diseases.² The U.S. government's 5 a Day campaign makes five servings of fruits and vegetables look like a goal when it should actually be the lower limit.² Some research studies are recommending up to 9 servings of fruits and vegetables per day for maximum health benefits.³

The Epidemic of Overweight and Obesity

Overweight and obesity are increasing at epidemic proportion in both Nebraska and the nation, a clear reflection of physical inactivity and unhealthy eating. The physical and emotional impacts of overweight and obesity are extraordinary. Obese individuals are 50 to 100 percent more likely to die prematurely from any cause than individuals at a healthy body weight.⁴ In addition, overweight and obesity substantially increase the risk for (among other diseases) coronary heart disease, type 2 diabetes, some forms of cancer, and certain musculoskeletal disorders such as osteoarthritis.⁴ Overweight and obese individuals also may suffer from social stigmatization, discrimination, and poor body image.⁴

Physical Activity and Healthy Eating in Nebraska

Physical Activity in Nebraska – 2003 Highlights

People in Nebraska are not engaging in enough physical activity. Among Nebraska adults, less than half (44.5%) engage in a recommended level of physical activity (indicating that they engage in a sufficient amount of moderate or vigorous physical activity per week) (Figure 1).⁵ In contrast, this indicates that 55.5 percent, or roughly 712,000 Nebraska adults, are failing to engage in a recommended level of physical activity.⁵ Out of the 54 U.S. states and territories, Nebraska adults rank tied for 17th lowest (with New York State) in the percentage that engage in recommended physical activity.⁶ Compared to bordering states, Nebraska adults are less likely than adults in Colorado (55.0%) and Wyoming (55.4%) to engage in recommended physical activity, while they do not differ statistically from adults in the other four bordering states.⁶

Among Nebraska high school students, just 1 in every 5 (19.2%) engages in sufficient levels of moderate physical activity, vigorous physical activity, and strengthening exercise (Figure 2).⁷ In particular, participation in sufficient vigorous physical activity among Nebraska high school students declined between 1991 (69.6%) and 2003 (64.7%) ($p < .05$).⁷ In addition, between 1993 and 2003, the percentage of Nebraska high school students participating on two or more sports teams in the 12 months preceding the survey declined from 49.4 percent to 41.9 percent ($P < .05$).⁷ Just 1 in every 3 Nebraska high school students (33.3%) attends PE class daily and exercises for more than 20 minutes in an average class.⁷

Unhealthy Eating in Nebraska – 2003 Highlights

Less than 1 in every 5 Nebraska adults (17.8%) consumes the USDA recommendation of five or more servings of fruits and vegetables per day (5 a Day), while just 1.3 percent consumes nine servings or more daily (Figure 3).⁵ Nebraska adults rank poorly in 5 a Day consumption compared to all 54 U.S. states and territories, ranking 5th lowest in 2003 out of the 54 U.S. states and territories.⁶ Compared to bordering states, Nebraska adults are less likely than adults in Colorado (24.2%), Missouri (20.2%), and Wyoming (22.1%) to consume 5 a Day while they do not differ statistically from adults in the other three bordering states ($p < .05$).⁶

Figure 1: Recommended Physical Activity Among Nebraska Adults, 2003

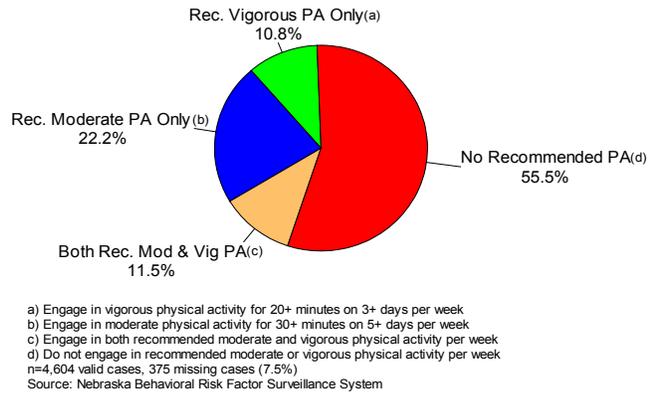
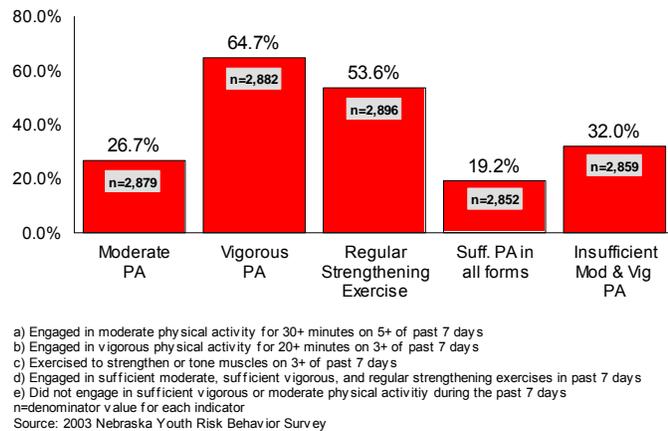


Figure 2: Percentage of Nebraska High School Students Participating in Sufficient Levels of the Following Activities, 2003



Similar to adults, less than 1 in every 5 Nebraska high school students (16.3%) consumes 5 a Day (Figure 4).⁷ In fact, 3 in every 5 Nebraska high school students (61.3%) eat 2 or fewer servings of fruits and vegetables per day, well below the USDA recommendation.⁷ Nebraska high school students are less likely than high school students nationally to consume 5 a Day, 16.3 percent and 22.0 percent respectively, a 5.7 percentage point difference.⁸

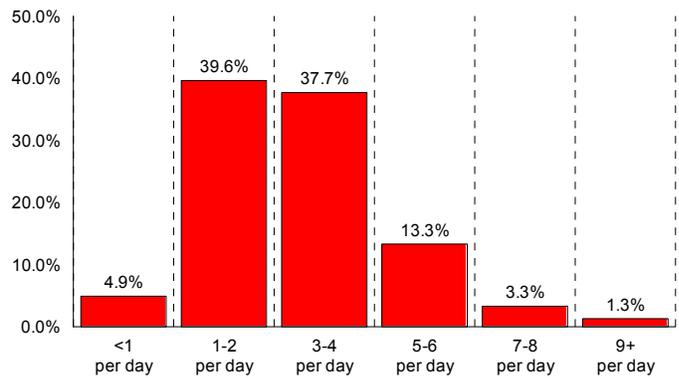
Soda consumption is highly prevalent among Nebraska high school students (Figure 4). In 2003, almost 9 in every 10 Nebraska high school students (87.8%) drank soda during the seven days preceding the survey.⁷ Furthermore, half (50.7%) drank 12 or more ounces of soda per day while 1 in every 4 students (23.8%) drank 32 or more ounces per day.⁷ Among students that drank soda during the seven days preceding the survey in 2003, 2 in every 3 (63.6%) consumed only regular (or non-diet) soda, which contains a large number of empty sugar calories.⁷

Most Nebraska high school students are not consuming sufficient amounts of milk. In 2003, more than 8 in every 10 Nebraska high school students (85.6%) consumed milk during the seven days preceding the survey, however half (49.6%) consumed less than one glass per day.⁷ Less than 1 in every 5 students (18.4%) consumed milk regularly (an average of 3 or more glasses per day) during the seven days preceding the survey (Figure 4).⁷

Overweight and Obesity

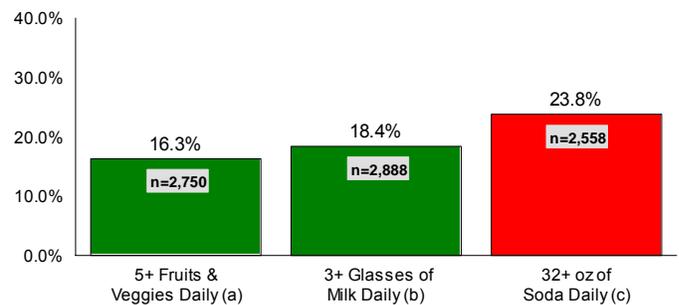
Obesity, a symptom of physical inactivity and unhealthy eating, is increasing at an epidemic proportion in Nebraska (Figure 5). Data from the 2003 Nebraska Behavioral Risk Factor Survey indicate that nearly 1 in every 4 Nebraska adults (23.9%) is obese while 3 in every 5 (60.9% or an estimated 787,000 adults) is either overweight or obese.⁵ Between 1990 and 2003, obesity among Nebraska adults more than doubled, increasing from 11.6 percent to 23.9 percent.⁵

Figure 3: Daily Servings of Fruits and Vegetables Among Nebraska Adults, 2003



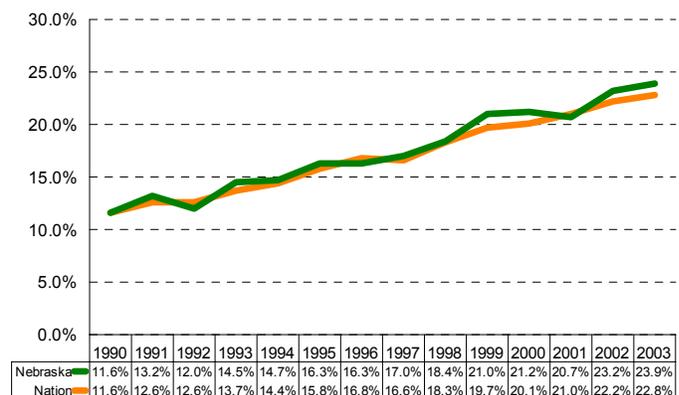
n=4,978 valid cases, 1 missing case (0.0002%)
Source: 2003 Nebraska Behavioral Risk Factor Survey

Figure 4: Fruit and Vegetable, Milk, and Soda Consumption Among Nebraska High School Students, 2003



a) consumed fruits and vegetables (on average) 5 or more times per day during the past 7 days
b) drank (on average) 3 or more glasses of milk per day during the past 7 days
c) drank (on average) 32 or more ounces of soda per day during the past 7 days
n=denominator value for each indicator
Source: 2003 Nebraska Youth Risk Behavior Survey

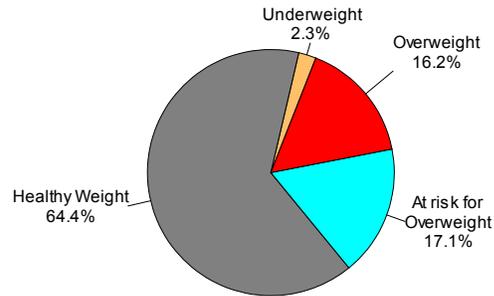
Figure 5: Obesity* Trends among NE and U.S. Adults



*BMI (weight in kilograms divided by height in meters squared) of 30 or greater
Sources: Nebraska Behavioral Risk Factor Surveillance System; National Behavioral Risk Factor Surveillance System <www.cdc.gov/brfss/index.htm>

When comparing the percentage of obese Nebraska adults to adults in other states, Nebraskans fall slightly to the unhealthy side. Nebraska ranked tied for 17th highest in obesity (with Iowa) during 2003 out of all 54 U.S. states and territories.⁶ Compared to bordering states, Nebraska adults are more likely than adults in Colorado (16.0%) and Wyoming (20.1%) to be obese while they do not differ statistically from adults in the other four bordering states ($p < .05$).⁶

Figure 6: BMI Classifications* for Nebraska Students in Grades K-12, 2002/2003



*Represent age (mid-point value) and gender specific BMI values from the 2000 CDC growth charts: Underweight: <5th percentile; Healthy Weight: \geq 5th but < 85th percentile; At risk for Overweight: \geq 85th but < 95th percentile; Overweight: \geq 95th percentile
Source: Overweight Among Nebraska Youth Report, NHHSS, June 2004

Overweight among Nebraska youth is also a cause for concern (Figure 6). During the 2002/2003 academic school year, 1 in every 6 Nebraska students in grades K-12 (16.2%) was identified as overweight while an additional 1 in every 6 (17.1%) was identified as at risk for overweight.⁹ This indicates that 1 in every 3 (33.3%), or approximately 106,000 Nebraska students in grades K-12, is either at risk for overweight or overweight.⁹

Nebraska Healthy People 2010 Objectives

Similar to the nation, Nebraska has established a set of health goals and objectives for the year 2010.¹⁰ Objectives were established for overweight and obesity and physical activity; however no nutrition-related objectives were established. Enormous progress is needed if these objectives are to be achieved by 2010 (Table 1).

Table 1: Progress Toward the Nebraska HP2010 Objectives for Physical Activity, Nutrition, and Obesity

NE HP2010 Objectives	Year	Nebraska Prevalence	NE 2010 Objective	% Change Necessary to achieve HP2010 Goals
<i>Adult Objectives (18 years and older)</i>				
Obesity ^a	2003	23.9%	15.0%	-37.2%
No Leisure Time PA ^b	2003	20.7%	15.0%	-27.5%
Sufficient Moderate PA ^{c*}	2003	33.8%	30.0%	-
Sufficient Vigorous PA ^{d*}	2003	21.6%	30.0%	38.9%
<i>Youth Objectives (students in grades 9-12 unless noted)</i>				
Overweight ^{e**}	2002/2003	16.2%	-	-
Sufficient Moderate PA ^f	2003	26.7%	35.0%	31.1%
Sufficient Vigorous PA ^g	2003	64.7%	85.0%	31.4%

a. BMI > 30.0

b. the percentage of adults that, other than their regular job, did not participate in any physical activity or exercises during the 30 days preceding the survey

c. the percentage of adults that engage in moderate physical activity for 30 or more minutes on 5 or more days per week

d. the percentage of adults that engage in vigorous physical activity for 20 or more minutes on 3 or more days per week

e. age and gender specific BMI (from the 2000 CDC growth charts) >95th percentile

f. the percentage of students that engage in 30 or more minutes of activity that did not make them sweat or breath hard on 5 or more of the 7 days preceding the survey

g. the percentage of students that engage in 20 or more minutes of activity that made them sweat and breath hard on 3 or more of the 7 days preceding the survey

*Moderate and vigorous physical activity questions wording changed from the baseline measure that was used to establish the objective

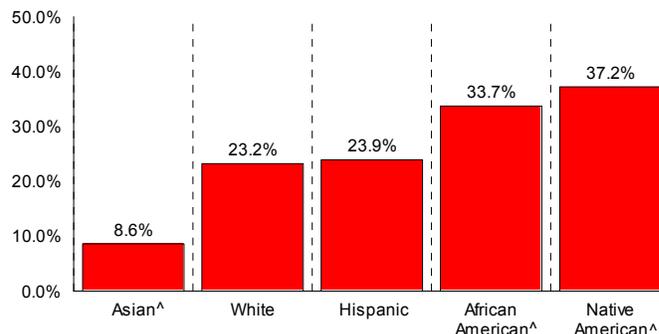
**An objective is established for 9-12 grade students based on self-reported heights and weights, however the data presented within this table (from another source), while better quality, do not allow for valid comparison to the current objective

Priority Populations for Physical Activity and Healthy Eating Intervention¹¹

African Americans

In Nebraska, African Americans are more likely than Whites to die from heart disease (relative risk of 1.3) and stroke (relative risk of 1.5), to be obese (Figures 7 & 8), to have diagnosed high blood pressure, to have diagnosed diabetes, to smoke cigarettes, and to have multiple risk factors for cardiovascular disease; while they are less likely than Whites to consume 5 a Day, engage in physical activity, and have health care coverage.

Figure 7: Obesity* Among Nebraska Adults by Race/Ethnicity, 2001-2003

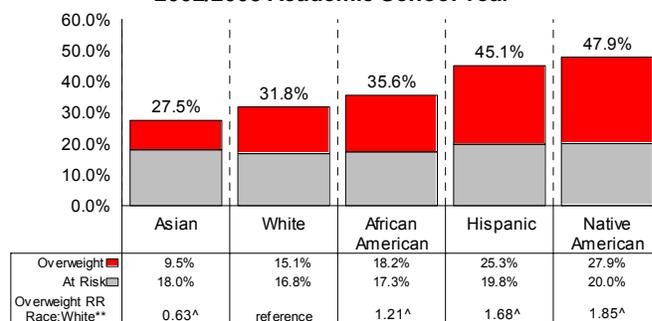


*BMI (weight in kilograms divided by height in meters squared) of 30 or greater
 Note: racial categories include non-hispanic only
 ^Difference between race/ethnicity and white is significant at the .05 level
 Listwise Missing data=2,292 cases (8.2%)
 Source: Nebraska Behavioral Risk Factor Survey & Nebraska Minority Over-sample Risk Factor Survey

Native Americans

Native Americans in Nebraska are more likely than Whites to die from heart disease (relative risk of 1.8), to be obese (Figures 7 & 8), to have diagnosed diabetes, to smoke cigarettes, and to have multiple risk factors for CVD; while they are less likely than Whites to have health care coverage.

Figure 8: At Risk for Overweight or Overweight* Nebraska Students in Grades K-12 by Race, 2002/2003 Academic School Year



*Represent age (mid-point value) and gender specific BMI values from the 2000 CDC growth charts: At risk for Overweight: \geq 85th but $<$ 95th percentile; Overweight \geq 95th percentile
 **Relative risk represents the race to white percentage ratio for overweight
 ^Percentage overweight is significantly different from white ($p < .05$)
 Source: Overweight Among Nebraska Youth Report, NHHSS, June 2004

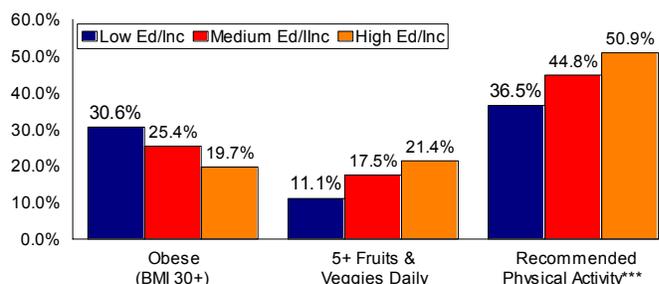
Hispanics

Hispanic youth in Nebraska are much more likely than White youth to be overweight (Figure 8). Furthermore, Hispanics in Nebraska are less likely than Whites to consume 5 a Day, to have had a current blood cholesterol screening, to engage in physical activity, and to have health care coverage.

Middle Age Adults

These individuals are in their most productive years of life. Unhealthy behaviors that result in missed work days and less productivity can (indirectly) be detrimental to Nebraska's economy. Cancer and cardiovascular disease are major contributors to death and medical care among Nebraska residents under 65 years of age. Furthermore, obesity is most common among Nebraska adults 45-64 years of age.

Figure 9: Obesity, Fruit and Vegetable Consumption, and Physical Activity (age-adjusted*) Among Nebraska Adults by Education and Income, 2003**



*Percentages were age-adjusted to the year 2000 U.S. census population using the following age categories: 18-24, 25-34, 35-44, 45-64, and 65+
 **Low ed/inc= \leq \$25K income and H.S. or less education, medium ed/inc=neither low nor high ed/inc, high ed/inc= \geq \$50K income and education beyond high school
 ***Engages in either recommended moderate or vigorous physical activity during an average week
 Source: 2003 Nebraska Behavioral Risk Factor Surveillance System

Low Socioeconomic Status

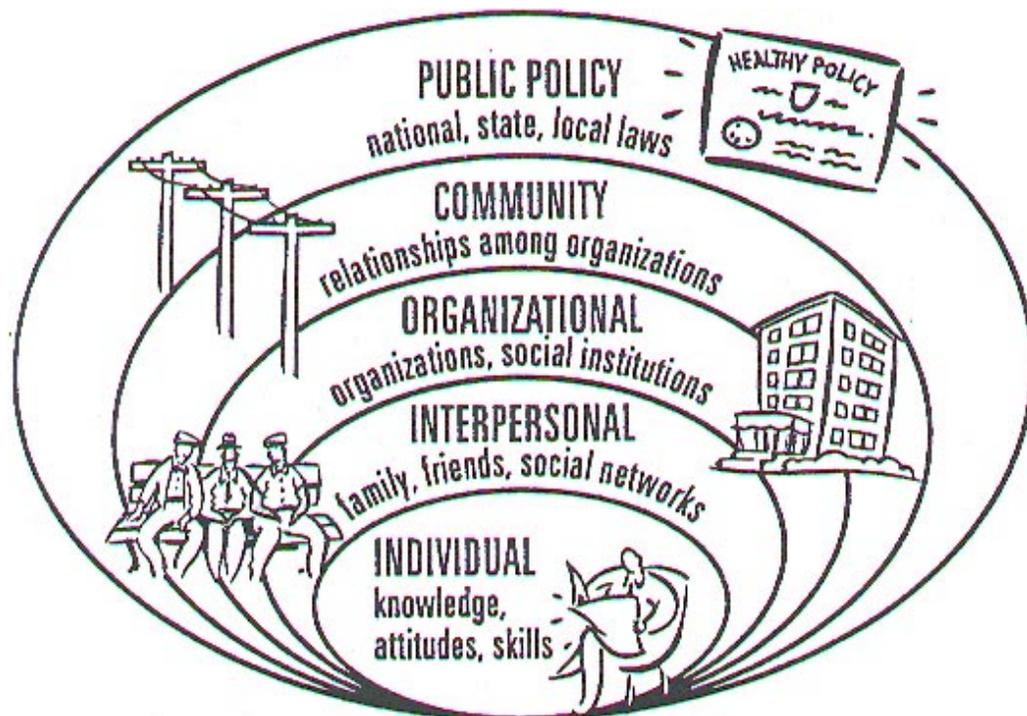
Compared to Nebraska adults with high education and income, those with low education and income are more likely to be obese (Figure 9), have diagnosed high blood pressure (among those 35-64), have diagnosed diabetes, smoke cigarettes, and have multiple risk factors for CVD; while being less likely to consume 5 a Day (Figure 9), engage in physical activity (Figure 9), have had a current cholesterol screening, and have health care coverage. Medicaid enrollees (who are low income and have a large percentage of disabled adults) account for 1 in every 4 CVD deaths while making up roughly 11 percent of Nebraska's population. Furthermore, Medicaid enrollees in Nebraska are 3.5 times more likely than non-Medicaid enrollees to die from CVD (based on age-adjusted mortality rates).

Social-Ecological Model

The Nebraska Physical Activity and Nutrition State plan is based in theory on a multi-level approach to change known as the Social-Ecological Model. This theoretical model is “based on the understanding that health promotion includes not only educational activities but also advocacy, organizational change efforts, policy development, economic supports, environmental change and multi-method strategies. This ecological perspective highlights the importance of approaching public health problems at multiple levels and stressing interaction and integration of factors within and across levels.”

Research has shown that behavior change is more likely to endure when both the individual and the environment undergo change simultaneously. Together, the two approaches create synergy, having a far greater influence on individuals, organizations, communities, and society as a whole than either individual or environmental strategies could alone.

As a result, the objectives and strategies included within this plan cover the broad spectrum of levels under the social-ecological model. It is our belief that this approach is the most likely to result in both short term as well as long-term sustainable behavior change for physical activity and healthy eating among people in Nebraska.

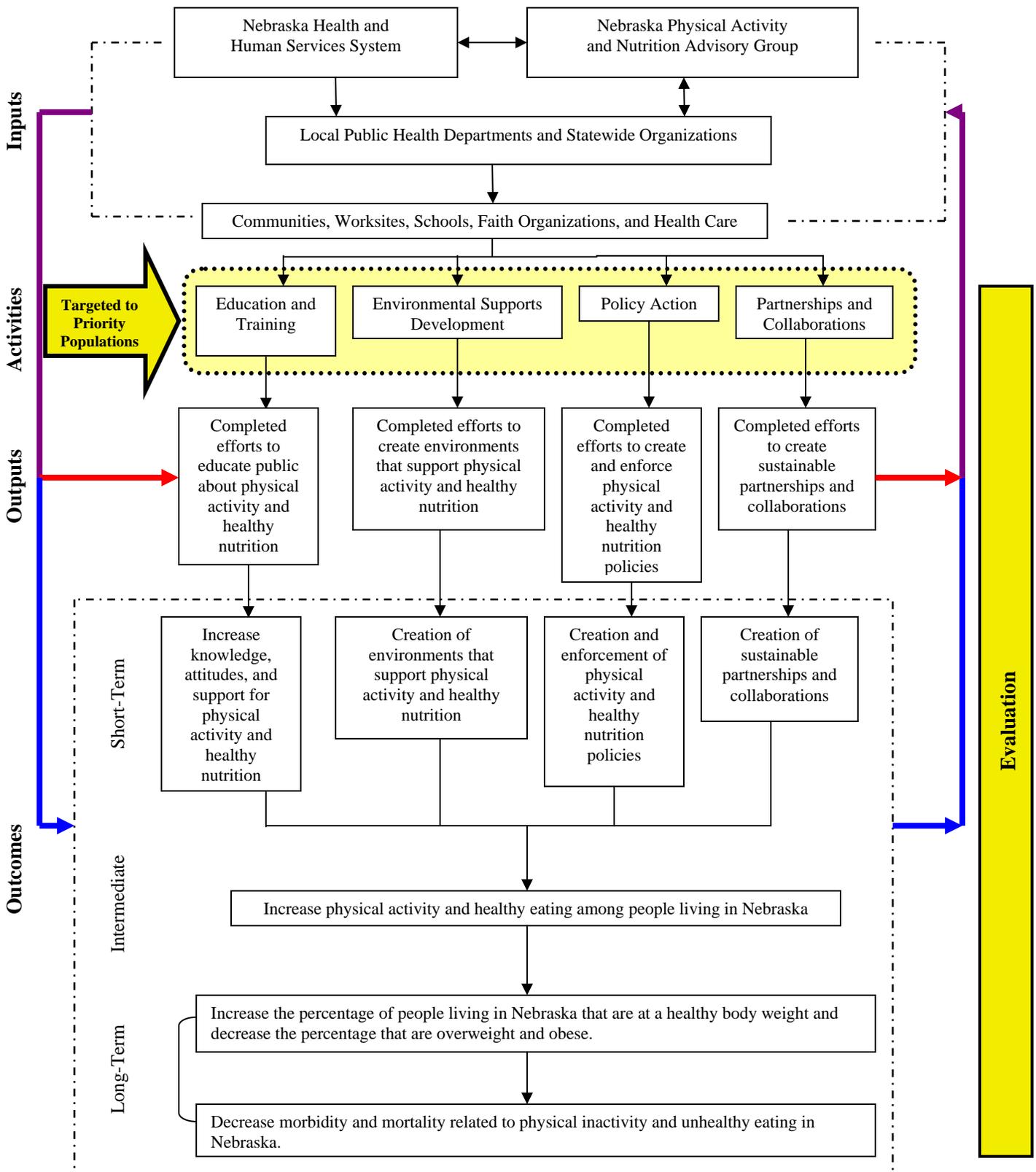


Socio-ecological model

The levels of influence within the social-ecological model include (Figure 10):

1. *Individual*: awareness, knowledge, values, beliefs, attitudes, preferences
2. *Interpersonal*: family, friends, peers that provide social support and identity
3. *Institutional/Organizational*: rules, policies, procedures, environment and informal structures within an organization or system
4. *Community*: social networks, norms, standards and practices among organizations
5. *Public Policy*: local, state, and federal government policies, regulations and laws

Physical Activity and Nutrition State Plan Logic Model



Feedback Loop: A pathway whereby information is sent back to the input of the system in the form of meaningful data.

Evaluating the Physical Activity and Nutrition State Plan

To determine the effectiveness of this state plan, a strong evaluation capacity is essential. Within this state plan, evaluation will be integrated into all components (e.g., partnerships, training and technical assistance, and interventions). Conducting quality evaluation will provide a wealth of information that will help improve the process during implementation of the state plan and measure the effectiveness at the end of the implementation process. For these reasons, program evaluation will remain a high-priority endeavor for this state plan.

The CDC Evaluation Framework will serve as the guide for program evaluation in this plan. This framework summarizes and organizes the essential elements of any program evaluation. It is composed of six steps, which are interdependent and might occur in a nonlinear sequence. The six steps include:

1. *Engage Stakeholders*

Ensure that the perspectives of people and organizations with an interest or stake in the results of the program or evaluation are represented throughout the program planning and evaluation process.

2. *Describe the Program*

Develop a clear, succinct description of the program, including its purpose, activities, and anticipated outcomes.

3. *Focus the Evaluation Design*

Identify issues of greatest concern to stakeholders and develop questions as well as methods for answering those questions.

4. *Gather Credible Evidence*

Measure the program's outcomes to provide evidence of its program's impact and value.

5. *Justify Conclusions*

Make claims about the program's usefulness based on accurate data analysis and link those claims to the standards or values outlined by stakeholders.

6. *Ensure Use and Share Lessons Learned*

Disseminate information about evaluation processes and findings, using appropriate and effective dissemination methods for relevant audiences.

This comprehensive evaluation will involve the participation of all physical activity and nutrition advisory group members. It will focus on formative evaluation (the ongoing feedback of information to improve current efforts), process evaluation (to determine what is actually occurring through state planning efforts, if it is occurring as intended, and if it is contributing to the desired changes), and outcome evaluation (to determine if the desired outcomes occurred as intended and if the current activities should be continued, modified, or eliminated). To better understand the relationships between the state plan activities and the intended outcomes, see the logic model on page 13.

Implementation Goals, Strategies and Objectives

Long Term Goal:

Decrease chronic disease in Nebraska associated with physical inactivity and unhealthy eating.

Intermediate Goal:

To be achieved within 5-7 years of plan implementation.

Increase the percentage of people living in Nebraska that are at a healthy body weight and decrease the percentage of youth and adults that are overweight and obese.

Short Term Goal:

To be achieved within 3-5 years of plan implementation.

Increase the percentage of people living in Nebraska that engage in a recommended level of physical activity and consume healthy foods daily.

The plan outlines six implementation goals with corresponding objectives and suggested strategies to achieve short, intermediate and long term goals. The strategies that were developed by the Nebraska Physical Activity and Nutrition State Plan Working Group represent a broad range of activities that will allow for a comprehensive approach to improving physical activity and healthy eating. Each strategy is important but may not be appropriate for every organization or entity to incorporate into their activities. The strategies are not meant to be prescriptive or inclusive but rather are meant to provide suggestions for action. To achieve the greatest impact, it is important that organizations understand their capacity and their target population(s) in order to select the most appropriate strategies.

Implementation Goal 1: To eliminate health disparities, increase supports for physical activity and healthy eating among people living in Nebraska at particularly high risk for health conditions that are preventable through physical activity and healthy eating, including African Americans, Hispanics, Native Americans, seniors, persons of low socioeconomic status, the medically underserved, and people living with disabilities.

Objective 1a: Increase the number of physical activity and nutrition interventions that are adapted to meet the needs of individual populations and are reflective of the local cultures.

Strategies:

- Identify methods, and collect and analyze new data associated with obesity, chronic disease, nutrition and physical activity to identify high risk populations needing intervention.
- Increase awareness of existing cultural and linguistically appropriate promising practices and resources to actively integrate people living in Nebraska from all racial/ethnic minority groups. (*NE Women's Health Plan*)



- Partner with organizations that serve high risk populations to provide support for targeted physical activity and nutrition interventions.
- Increase diverse and universal accessibility to physical activity facilities.
- Integrate non-traditional, culturally diverse approaches to healthy eating and physical activity with traditional practices.
- Encourage local groups to analyze existing data in program planning. (*NE Comprehensive Cancer Plan*)
- Provide accessible and affordable opportunities for people living in Nebraska to be active and eat healthfully.



Objective 1b: Increase the number of consistent, culturally appropriate messages for consumers to encourage daily physical activity and healthy nutrition choices.

Strategies:

- Facilitate collaboration and pooled funds for document translations and interpreters. (*NE Women’s Health Plan*)
- Use multiple channels for messages such as retail food outlets, transit and recreational/leisure facilities, worksites, and social service centers to reach targeted subgroups within the community.
- Utilize national educational materials and campaigns geared to targeted racial and ethnic minority and Native American groups.
- Utilize social marketing practices to develop and distribute programming.



The “VERB- It’s What You Do” campaign is an example of a successful media campaign for physical activity that reaches out to our ethnic and minority populations. For more information: www.cdc.gov/youthcampaigns

Objective 1c: Increase the number of preventative supports for physical activity and healthy eating available through Medicaid and other federal and state assistance programs.

Strategies:

- Create new legislation that will provide coverage for physical activity and healthy eating support systems and gym memberships.
- Provide accessible and affordable opportunities for people living in Nebraska to be active and healthy.
- Explore innovative ways to offer healthy food options to low income populations.
- Create advocacy and policy projects that fully utilize available federal food assistance programs for children, seniors, low-income persons, and state-specific resources, such as increasing participation in the food stamp program and increasing the availability and quality of school breakfast and lunch programs.
- Develop and maintain Medicaid policy that promotes and supports breastfeeding through the provision of breast pumps.

Obesity among Nebraska adults costs \$454 million per year in direct medical expenses.

This includes: 5.8% of all adult medical expenses, 7% percent of all Medicare expenses and 10.3% of all adult Medicaid expenses.

Implementation Goal 2: Increase supports for physical activity and healthy eating within Nebraska communities.

Objective 2a: Increase the number of communities where transportation and land use planning foster daily physical activity.

Strategies:

- Promote community and transportation design that facilitates walking and bicycling, including paths to connect dead-end and cul-de-sac streets, lighting for safety, traffic calming techniques, and frequent and safe pedestrian and bicycle crossings.
- Increase funding dedicated to improving and expanding bike lanes, sidewalks, bike paths and trails in communities.
- Promote bicycle travel through increased availability of safe, secure bicycle parking structures and transit vehicles with bicycle racks or other bike-friendly features.
- Educate school and community officials and parents on the health and economic benefits of community environmental changes.
- Develop partnerships to advocate for funding and design standards that support and promote increased physical activity opportunities for all age groups.
- Develop local community events that attract news media coverage to frame policy and environmental issues for both policy makers and community members.



Objective 2b: Increase the number of community-based recreational facilities available for physical activity.

Strategies:

- Increase the number of Nebraska elementary and secondary schools, colleges and universities that allow children or adults in the community to use indoor/outdoor physical activity and athletic facilities without being in a supervised program.
- Support and promote local community center physical activity offerings, e.g., walking clubs, fit-kids, YMCAs, etc.
- Increase the number of community sites offering free physical activity opportunities for residents.



Out of the 54 U.S. States and territories in 2003, Nebraska adults fall slightly to the unhealthy side in the percentage that engage in recommended physical activity during an average week (ranking tied for 17th lowest (with New York State) out of 54).

Source: Nebraska Behavioral Risk Factor Surveillance System

Objective 2c: Increase the availability of healthy foods at community events.

Strategies:

- Educate restaurants on the need and importance of increasing healthy food options and labeling within Nebraska restaurants.

- Explore ways to encourage vendors to offer healthy food choices at community fundraisers and events.

Objective 2d: Increase public awareness of the importance of healthy eating and daily physical activity and the need for supportive policies

Strategies:

- Create communication strategies which deliver consistent messages to the public on healthy eating, weight management, and the benefit of daily physical activity.
- Develop or enhance relationships between local, district and state health departments to coordinate consistent messages.

Objective 2e: Implement mass media campaigns designed to educate and motivate youth and adults to be active and eat healthy.



Strategies:

- Develop materials for local and district health departments to implement campaigns within their regions.
- Develop and disseminate physical activity and healthy eating messages for television, radio and print media.
- Promote 5 to 9 A Day campaign messages.

FACT: Nebraska utilizes 46.4 million acres (96% of the state’s total land area) for farming and ranching and 22% of all Nebraskans are employed in a farm-related job. Yet out of the 54 U.S. States and territories in 2003, Nebraska adults ranked near the bottom in fruit and vegetable consumption, ranking 5th lowest out of 54 in the percentage that consume five or more servings of fruits and vegetables daily*.

For more information, visit Nebraska Department of Agriculture, www.agr.state.ne.us

*Source: Nebraska Behavioral Risk Factor Surveillance System

Objective 2f: Identify and expand upon community support systems available for physical activity and healthy eating.

Strategies:

- Provide social support interventions in group settings that target families and peers, (e.g., buddy systems, support groups, family walking clubs).
- Support existing programs and implement new programs that focus on improving physical activity and healthy eating in Nebraska.
- Implement programs that encourage youth to be active within schools and communities (e.g. All Recreate on Fridays (ARF) Movement, N-Lighten Nebraska, etc.)
- Implement programs specifically targeted to improving physical activity and healthy eating in Nebraska women. (*NE Women’s Health Plan*)

All Recreate on Fridays (ARF) Movement

This movement was designed to encourage physical activity and good nutrition habits among preschool, elementary, middle school-aged youth to achieve and maintain a healthy weight and active lifestyle.



**ARF asks kids in Nebraska to answer the question:
What can YOU do with 60 minutes a day?**

Objective 2g: Increase the number of educational opportunities to learn about making changes in physical activity and healthy eating.

Strategies:

- Identify and enhance community-wide healthy eating and physical activity special events, programs and seminars.
- Use multiple channels for educational interventions such as retail food outlets, beauty shops, faith-based communities, transit and recreational/leisure facilities, worksites, and social service centers to reach targeted subgroups within the community.

Implementation Goal 3: Increase supports for daily physical activity and healthy eating within Nebraska schools and childcare facilities.

Objective 3a: Increase the number of schools implementing age-appropriate K-12 curricula and opportunities designed to promote lifelong healthful nutrition and daily physical activity among students.

Strategies:

- Establish a permanent position within the Nebraska Department of Education for a physical education coordinator.
- Provide ongoing professional development opportunities for physical education teachers.
- Develop, obtain or adapt Physical Activity and Nutrition Curriculum Kits for teachers.
- Develop policy for physical activity and nutrition educational messages to be distributed to students and their families on a consistent basis.
- Encourage non-competitive school-based physical activities.
- Incorporate “brain-breaks” and physical activity opportunities into school curriculum.
- Promote school district policies that require daily recess for all elementary students.

Some Nebraska schools have given students a healthier option by choosing milk products for vending. For more information on dairy projects in Nebraska, visit www.drinkmilk.org or Project Drink Milk at www.hhss.ne.gov/cvh

Objective 3b: Increase the number of school policies for healthy food choices in vending machines, lunch programs, classroom rewards and fundraisers.

Strategies:

- Encourage funding and support to increase the number of schools with variety bars and vending machines offering healthy items (e.g. low fat milk, 100% juice, bottled water, fruits and vegetables).
- Develop nutrition guidelines for school activities (e.g. healthy snacks at concession stands, require vendors to provide healthy food/beverage alternatives, fundraisers to sell healthy foods).
- Promote “Fit, Healthy, and Ready to Learn” sample policies.
- Educate school policy makers and vendors about the importance of healthy foods and learning.
- Develop a recognition and/or incentive program to acknowledge schools that promote healthy eating.



Objective 3c: Increase the number of school districts providing quality school-based daily physical education (PE).

Strategies:

- Increase the school policy requirements for physical activity to a minimum of 150 minutes per week for elementary school students and 225 minutes per week for middle and secondary school students.
- Establish School Health Advisory Councils to assess, plan and implement innovative PE classes for students.
- Develop local policy that requires PE classes to be taught by certified physical education teachers.
- Develop an incentive program for students that participate in a PE program.
- Develop education campaign on the importance of PE for school board, PTA, and administrators.
- Develop a recognition program that acknowledges PE teachers and programs.

Objective 3d: Create environments that are safer and more supportive for Nebraska students to walk and bike to school.

Strategies:

- Increase the number of schools with safe and accessible sidewalks, bike lanes, and crosswalks.
- Develop and promote a “walk and bike to school” campaign that establishes designated routes, creative incentive programs, and promotional events.
- Create environmental cues and policies that discourage parents from creating a traffic hazard as they drop off and pick up children directly in front of school, e.g., a monitored designated drop off zone, a no idling zone, etc.



Objective 3e: Increase the number of before and after school programs addressing healthful nutrition and lifelong physical activity.

Strategies:

- Develop physical activity and nutrition policies for after school programs.
- Educate personnel about nutrition and physical activity recommendations.
- Create, obtain or adapt an after school program curriculum that teaches life skills such as healthy cooking and shopping.
- Encourage after school program policies that limit electronic sedentary behavior, (TV, hand-held video games, computer games, etc.)
- Develop and distribute an after-school program nutrition and physical activity resource guide.

Objective 3f: Increase the number of childcare facilities that have policies for daily physical activity and healthy eating.

Strategies:

- Develop curriculum to educate childcare providers on nutrition and physical activity.
- Promote and support change in licensing requirements to reflect appropriate physical activity and nutrition guidelines.
- Identify a mechanism to reach non-licensed providers.
- Develop and promote activity kits for childcare providers.
- Encourage child care policies that limit electronic/sedentary behavior.
- Distribute program resource guides, (NASPE, CIS, etc.)
- Encourage childcare policies that are supportive of breastfeeding.



Implementation Goal 4: Increase supports for physical activity and healthy eating within Nebraska worksites

Objective 4a: Increase the percentage of worksites with environments and policies supporting breastfeeding, physical activity and healthy food choices.

Strategies:

- Encourage employers to implement wellness policies and programs that address healthy food choices and physical activity.
- Provide information to employers and insurers on the cost/benefit of worksite wellness programs.
- Provide support materials that include toolkits, best practices, technical assistance, and local resources.
- Encourage employers to offer private rooms and other environmental supports for mothers that are breastfeeding.
- Identify and distribute resource materials.



Objective 4b: Increase the percentage of worksites that encourage physical activity and healthy eating among employees and provide education on the benefits of physical activity and healthy eating.

Strategies

- Promote and support physical activity campaigns that can be implemented at the worksite (i.e. N-Lighten Nebraska and Nebraska on the Move).
- Increase number of worksites that offer health education classes to their employees on-site.

Objective 4c: Increase the percentage of worksites that provide opportunities for healthy eating.

Strategies:

- Promote 5 A Day/9 A Day messages geared to the worksite.
- Increase number of worksites that offer health education classes to their employees at the worksite.
- Identify and promote healthy nutrition guidelines at the worksite to increase the availability of healthy foods served at worksites including cafeterias, vending machines, and snack stands.
- Promote and support worksite campaigns such as “N-Lighten Nebraska” and/or Nebraska on the Move.

Among Nebraska adults that were employed in 2003, 3 in every 5 (59.7%) reported having inactive jobs (requiring mostly sitting or standing at work).

Source: Nebraska Behavioral Risk Factor Surveillance System

Implementation Goal 5: Increase supports for physical activity and healthy eating within Nebraska healthcare systems and among providers.

Objective 5a: Increase the number of healthcare systems and providers who support and promote healthy eating and physical activity.

Strategies:

- Develop Resource Directory of community nutrition and physical activity programs to facilitate referrals.
- Recruit healthcare systems and providers to cosponsor community-wide health campaigns and events.
- Provide health-related brochures and pamphlets for waiting rooms/lobby.



The United States Department of Agriculture (USDA) recommends that Americans consume at least 5 servings of fruits and vegetables per day. Food service personnel at Jefferson Community Health Center, located in Fairbury, NE, helped make the choice to consume fresh fruits and vegetables during the work-hours easier. Small changes, such as peeling and slicing fruits and vegetables, keeping fresh items at low-cost, and providing visual cues to action helped to create bigger behavior changes in staff and visitors consumption. For more information on how to set up a similar program in your community, log on to www.hhss.ne.gov/cvh.

Objective 5b: Increase the number of healthcare systems that support and promote healthy eating and physical activity programs and initiatives among their employees.

Strategies:

- Expand the number of healthcare sites that implement policies and programs to promote physical activity and healthy eating among their employees.
- Provide worksite wellness support materials that include toolkits, best practices, technical assistance, and local resources.
- Establish collaboration with public/private health plans to establish a common set of preventative benefits that reduce the risk pool of people living in Nebraska.
- Provide and promote reimbursement for services of registered dietitians or other proven interventions for nutrition, physical activity and obesity treatment.

Objective 5c: Increase the number of healthcare professionals who receive and utilize educational information about physical activity and healthy lifestyle interventions.

Strategies:

- Develop statewide database of existing programs addressing prevention and treatment of overweight and obesity.
- Increase healthcare professional training on physical activity and nutrition through professional schools and continuing medical education programs for physicians, sports medicine professionals, occupational and physical therapists, nurses, dietitians, and health educators.
- Provide experts on physical activity and nutrition programs that can speak at health professional meetings.
- Increase the percentage of healthcare professionals that prescribe preventative measures such as physical activity and healthy lifestyle interventions.

Objective 5d: Increase the supports in the healthcare setting for new mothers to begin breast-feeding upon delivery.

Strategies:

- Provide material and training that promote and support breast feeding to doctors and allied health professionals.
- Increase the number of hospitals that have on-site lactation consultants.
- Increase the number of hospitals that have policies and standards of care that support breastfeeding.
- Create breastfeeding initiatives for healthcare setting to improve breastfeeding initiation and duration rates.



Implementation Goal 6: Improve state and local capacity and support to address physical activity and healthy eating in Nebraska.

Objective 6a: Increase the funds available for nutrition and physical activity initiatives.

Strategies:

- Obtain funding to maintain established local and city parks and recreational facilities, especially trails and paths for walking and bicycling.
- Obtain funding to support land acquisition and construction of new trails and paths for walking and bicycling.
- Enhance collaboration among state and local programs to maximize available resources for nutrition and physical activity.

Objective 6b: Promote and enhance collaboration of Nebraska's leadership to address nutrition and physical activity issues.

Strategies:

- Expand the number of communities that have active coalitions working on nutrition and physical activity issues.
- Establish a statewide advisory group that meets annually to track progress.
- Create a communications system that distributes physical activity and nutrition information to state and local organizations working towards improving the status of physical activity and healthy eating in Nebraska.

- Encourage collaboration among public and private organizations to address emerging nutrition and physical activity issues.

Objective 6c: Advocate for initiatives and policies that support nutrition and physical activity issues.

Strategies:

- Work with partners to raise awareness and educate decision makers about nutrition and physical activity policy and environmental changes and resources needed.
- Work with partners to support legislation that increases healthy eating and physical activity opportunities.
- Work with state legislators, advocacy groups and local policy makers to enhance advocacy for environmental and policy changes that support healthy eating and physical activity.
- Identify strategies to work with insurance regulators and insurance companies to enhance advocacy for initiatives and policies that support healthy eating and physical activity.

Objective 6d: Enhance surveillance and evaluation of physical activity and nutrition initiatives in Nebraska.

Strategies:

- Assess and evaluate nutrition and physical activity data systems to determine Nebraska data needs.
- Conduct additional point-in-time studies across various settings to gain more information on knowledge, attitude, and behavior related to physical activity and nutrition among people in Nebraska.
- Create a surveillance system to collect the heights and weights of Nebraska students in elementary and secondary grades.
- Monitor and report progress of state plan objectives at the mid-term and end of the five-year timeline.

Nebraska Physical Activity and Nutrition State Plan Benchmarks

Intermediate Goal: By 2010, increase the percentage of people living in Nebraska that are at a healthy body weight and decrease the percentage of youth and adults that are overweight and obese.

Intermediate Benchmarks	Indicator Definition	Baseline			NE-HP2010 Objective
		Data Source	Measure	Year	
<i>Body Weight – Among NE Adults</i>					
Benchmark 1: By 2010, increase the percentage of Nebraska adults at a healthy body weight	BMI \geq 18.5 but $<$ 25.0	Nebraska Behavioral Risk Factor Surveillance System	37.6%	2003	15%
Benchmark 2: By 2010, decrease the percentage of Nebraska adults that are obese	BMI \geq 30.0	Nebraska Behavioral Risk Factor Surveillance System	23.9%	2003	NA
<i>Body Weight – Among NE Youth</i>					
Benchmark 3: By 2010, increase the percentage of Nebraska youth (in grades K-12) that are at a healthy body weight	Age and gender specific BMI values from the 2000 CDC growth charts of \geq 5 th percentile but $<$ 85 th percentile	Overweight Among Nebraska Youth Report, June 2004	64.4%	2002/ 2003 Academic School Year	NA
Benchmark 4: By 2010, decrease the percentage of Nebraska youth (in grades K-12) that are overweight	Age and gender specific BMI values from the 2000 CDC growth charts of \geq 95 th percentile	Overweight Among Nebraska Youth Report, June 2004	16.2%	2002/ 2003 Academic School Year	NA

Short Term Goal: By 2010, increase the percentage of people living in Nebraska that engage in a recommended level of physical activity and consume healthy foods daily

Short Term Benchmarks	Indicator Definition	Baseline			NE-HP2010 Objective
		Data Source	Measure	Year	
<i>Physical Activity – Among NE Adults</i>					
Benchmark 1: By 2010, decrease the percentage of Nebraska adults that engage in no leisure time physical activity	Other than their regular job, did not participate in any physical activities or exercises during the 30 days preceding the survey	Nebraska Behavioral Risk Factor Surveillance System	20.7%	2003	15%
Benchmark 2: By 2010, increase the percentage of Nebraska adults that engage in recommended moderate physical activity	Engage in moderate physical activity for 30 or more minutes on 5 or more days per week	Nebraska Behavioral Risk Factor Surveillance System	33.8%	2003	30%

Short Term Benchmarks	Indicator Definition	Baseline			NE-HP2010 Objective
		Data Source	Measure	Year	
Benchmark 3: By 2010, increase the percentage of Nebraska adults that engage in recommended vigorous physical activity	Engage in vigorous physical activity for 20 or more minutes on 3 or more days per week	Nebraska Behavioral Risk Factor Surveillance System	21.6%	2003	30%
Benchmark 4: By 2010, increase the percentage of Nebraska adults that engage in a recommended level of physical activity	Engage in moderate physical activity (for 30 or more minutes, 5 or more days per week) and/or vigorous physical activity (for 20 or more minutes, 3 or more days per week).	Nebraska Behavioral Risk Factor Surveillance System	44.5%	2003	NA
Benchmark 5: By 2010, increase the percentage of Nebraska adults that engage in regular walking	Walk for 30 or more minutes on 5 or more days per week for recreation, exercise, to get to and from places, or for any other reason	Nebraska Adult Tobacco/Social Climate Survey	40.4%	2003	NA
Benchmark 6: By 2010, increase the percentage of Nebraska adults that engage in regular strengthening exercise	Do any activities to increase muscle strength or tone such as lifting weights, pull-ups, push-ups, or sit-ups on 3 or more days per week	Nebraska Adult Tobacco/Social Climate Survey	31.9%	2003	NA
<i>Physical Activity – Among NE Youth</i>					
Benchmark 7: By 2010, increase the percentage of Nebraska high school students (in grades 9-12) engaging in sufficient moderate physical activity	Engaged in 30 or more minutes of activity that did not make them sweat or breath hard on 5 or more of the 7 days preceding the survey	Nebraska Youth Risk Behavior Survey	26.7%	2003	35%
Benchmark 8: By 2010, increase the percentage of Nebraska high school students (in grades 9-12) engaging in sufficient vigorous physical activity	Engaged in 20 or more minutes of activity that made them sweat or breathe hard on 3 or more of the 7 days preceding the survey	Nebraska Youth Risk Behavior Survey	64.7%	2003	85%
Benchmark 9: By 2010, increase the percentage of Nebraska high school students (in grades 9-12) engaging in regular strengthening exercises	Did exercises to strengthen or tone their muscles on 3 or more of the 7 days preceding the survey	Nebraska Youth Risk Behavior Survey	53.6%	2003	NA
Benchmark 10: By 2010, increase the percentage of Nebraska high school students (in grades 9-12) engaging in sufficient physical activity in all its forms	Engaged in sufficient vigorous activity, sufficient moderate activity, and regular strengthening exercises during the 7 days preceding the survey	Nebraska Youth Risk Behavior Survey	19.2%	2003	NA

Short Term Benchmarks	Indicator Definition	Baseline			NE-HP2010 Objective
		Data Source	Measure	Year	
Benchmark 11: By 2010, decrease the percentage of Nebraska high school students (in grades 9-12) engaging in insufficient physical activity	Did not participate in sufficient vigorous activity and did not participate in sufficient moderate activity during the 7 days preceding the survey	Nebraska Youth Risk Behavior Survey	32.0%	2003	NA
<i>Nutrition - Among Nebraska Adults</i>					
Benchmark 12: By 2010, increase the percentage of Nebraska adults that consume 5 a Day	Consume 5 or more servings of fruits and vegetables per day (5 a Day)	Nebraska Behavioral Risk Factor Surveillance System	17.8%	2003	NA
<i>Nutrition - Among Nebraska Youth</i>					
Benchmark 13: By 2010, increase the percentage of Nebraska high school students (in grades 9-12) that consume 5 a Day	Consumed 5 or more servings of fruits and vegetables per day during the 7 days preceding the survey	Nebraska Youth Risk Behavior Survey	16.3%	2003	NA
Benchmark 14: By 2010, increase the percentage of Nebraska high school students (in grades 9-12) that consume milk regularly	Consumed 3 or more glasses of milk per day during the 7 days preceding the survey	Nebraska Youth Risk Behavior Survey	18.4%	2003	NA
Benchmark 15: By 2010, decrease the percentage of Nebraska high school students that drinks soda excessively	Consumed 32 or more ounces of soda per day during the 7 days preceding the survey	Nebraska Youth Risk Behavior Survey	23.8%	2003	NA
Benchmark 16: By 2010, increase the percentage of Nebraska children that are breastfed at six months of age	Can include breast milk exclusively or breast milk in combination with other liquids or solids	National Immunization Survey, CDC	35.3%	2003	NA
Benchmark 17: By 2010, increase breastfeeding initiation for Nebraska children	The child was provided any amount of breast milk (either breastfed or pumped breast milk)	Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS)	75.2%	2001	NA

Note: The following implementation benchmark tables are slightly different from the intermediate and short term benchmark tables above. The implementation benchmark tables are not tied specifically to any healthy people 2010 objectives, but rather were established using existing Nebraska data sources.

Implementation Goal 1: By 2010, to eliminate health disparities, increase supports for physical activity and healthy eating among people living in Nebraska at particularly high risk for health conditions that are preventable through physical activity and healthy eating, including African Americans, Hispanics, Native Americans, seniors, persons of low socioeconomic status, the medically underserved, and people living with disabilities.

Implementation Goal 1 – Benchmarks	Baseline		
	Data Source	Measure	Year
Benchmark 1: By 2010, decrease the age-adjusted relative risk (age-adjusted percentage ratio) in no leisure time physical activity between (1) African Americans (2) Hispanics and Whites	Nebraska Behavioral Risk Factor Surveillance System and Minority Behavioral Risk Factor Survey (combined)	(1)1.51 (2)1.88	2001-2003 Combined
Benchmark 2: By 2010, decrease the age-adjusted relative risk (age-adjusted percentage ratio) in no leisure time physical activity between adults with low education and income compared to adults with high education and income	Nebraska Behavioral Risk Factor Surveillance System	4.90	2003
Benchmark 3: By 2010, decrease the age-adjusted relative risk (age-adjusted percentage ratio) in recommended physical activity between Whites and (1) African Americans (2) Hispanics	Nebraska Behavioral Risk Factor Surveillance System and Minority Behavioral Risk Factor Survey (combined)	(1)1.17 (2)1.38	2001 and 2003 combined
Benchmark 4: By 2010, decrease the age-adjusted relative risk (age-adjusted percentage ratio) in recommended physical activity between adults with high education and income compared to adults with low education and income	Nebraska Behavioral Risk Factor Surveillance System	1.39	2003
Benchmark 5: By 2010, decrease the age-adjusted relative risk (age-adjusted percentage ratio) in no leisure time physical activity between Whites and (1) African Americans (2) Hispanics	Nebraska Behavioral Risk Factor Surveillance System and Minority Behavioral Risk Factor Survey (combined)	(1) 1.19 (2) 1.38	2002 and 2003 Combined
Benchmark 6: By 2010, decrease the age-adjusted relative risk (age-adjusted percentage ratio) in 5 a Day consumption between adults with high education and income compared to adults with low education and income	Nebraska Behavioral Risk Factor Surveillance System	1.93	2003

Implementation Goal 2: By 2010, increase supports for physical activity and healthy eating within Nebraska communities

Implementation Goal 2 – Benchmarks	Baseline		
	Data Source	Measure	Year
Benchmark 1: By 2010, increase the number of miles of trails in Nebraska by 15 percent	2004 Nebraska State Trails Plan – Nebraska Game and Parks Commission	769.7 miles*	2003
Benchmark 2: By 2010, increase the number of outdoor recreation facilities (e.g., playgrounds, sports facilities, trailheads) in Nebraska by 2-5 percent	Nebraska Game and Parks Commission	Currently being collected	-
Benchmark 3: By 2010, increase the percentage of Nebraska adults reporting that they have access to any school facility in their area, outside of normal school hours, for physical activity	2001 Nebraska CVD Survey	32.2%	2001
Benchmark 4: By 2010, increase the percentage of Nebraska adults reporting that local community events (such as sporting events, fairs, and socials) “always or almost always” offer healthy foods (such as fruits and vegetables, dairy products, reduced fat foods, or reduces salt foods)	2005 Health Survey of Nebraska Local and District Health Departments	Currently being collected	2005
Benchmark 5: By 2010, increase the percentage of Nebraska adults reporting that the selection of healthy foods (such as fruits and vegetables, dairy products, reduced fat foods, or reduces salt foods) at restaurants, fast food shops, and food stands is “somewhat or very good”	2005 Health Survey of Nebraska Local and District Health Departments	Currently being collected	2005
Benchmark 6: By 2010, increase the percentage of Nebraska adults reporting that restaurants, fast food shops, and food stands “always or almost always” identify healthy foods (such as fruits and vegetables, dairy products, reduced fat foods, or reduces salt foods) on their menu or in some other way	2005 Health Survey of Nebraska Local and District Health Departments	Currently being collected	2005
Benchmark 7: By 2010, increase the percentage of Nebraska adults that can correctly identify what the nutritional phrase “eat 5 a Day” means.	2005 Health Survey of Nebraska Local and District Health Departments	Currently being collected	2005
Benchmark 8: By 2010, increase the percentage of Nebraska adults that can correctly identify what the nutritional phrase “eat 3-a-day” means.	2005 Health Survey of Nebraska Local and District Health Departments	Currently being collected	2005
Benchmark 9: By 2010, increase the percentage of Nebraska adults that can correctly identify the number of minutes that the surgeon general recommends for daily moderate activity on most days of the week.	2005 Health Survey of Nebraska Local and District Health Departments	Currently being collected	2005
Benchmark 10: By 2010, increase the number of people in Nebraska that participate in existing statewide physical activity and healthy eating programs/movements/campaigns including: (1) All Recreate of Fridays (ARF) and (2) N-Lighten Nebraska	(1)Nebraska CVH Program (2)Nebraska Sports Council	(1) 12,500 (2) 5,792	2004
Benchmark 11: Between 2005 and 2010, at least three new statewide physical activity and healthy eating programs/movements/campaigns will be implemented for people in Nebraska	Nebraska Department of Health and Human Services	–	–

*This figure does not include the miles from several existing park trails (for which miles were not compiled), thus, it is a slight under-estimate of total miles for 2003

Implementation Goal 3: By 2010, increase supports for daily physical activity and healthy eating within Nebraska schools and childcare facilities

Implementation Goal 3 – Benchmarks	Baseline		
	Data Source	Measure	Year
Benchmark 1: By 2010, increase the percentage of lead health education teachers in public schools in Nebraska (containing any of grades 6 through 12) that received staff development activities about nutrition and dietary behavior during the two years preceding the survey	Nebraska School Health Education Profile – Lead Health Education Teacher Survey	23%	2004
Benchmark 2: By 2010, increase the percentage of lead health education teachers in public schools in Nebraska (containing any of grades 6 through 12) that received staff development activities about physical activity and fitness during the two years preceding the survey	Nebraska School Health Education Profile – Lead Health Education Teacher Survey	33%	2004
Benchmark 3: By 2010, among public schools in Nebraska (containing any of grades 6 through 12) that have vending machines and/or a canteen/snack bar, decrease the percentage that allow students to purchase unhealthy foods (including candy; high fat snacks; and soft drinks, sports drinks, or fruit drinks not 100% juice) during the following times: (a) before classes begin in the morning (b) during any school hours when meals are not being served and (c) during school lunch periods	Nebraska School Health Education Profile – Principle Survey	(1) 68% (2) 52% (3) 22%	2004
Benchmark 4: By 2010, among public schools in Nebraska (containing any of grades 6 through 12) that have vending machines and/or a canteen/snack bar, increase the percentage that offer the following healthy foods through their vending machines, canteen, or snack bar: (1) bottled water, (2) 100% fruit juice, (3) low-fat salty snacks, (4) low-fat baked goods, and (5) fruits and vegetables	Nebraska School Health Education Profile – Principle Survey	(1) 94% (2) 82% (3) 62% (4) 53% (5) 25%	2004
Benchmark 5: By 2010, increase the number of middle and high schools in Nebraska that have a milk vending machine by 20%	Dairy Council of Nebraska	40	2004
Benchmark 6: By 2010, increase the percentage of public schools in Nebraska (containing any of grades 6 through 12) that have a policy stating fruits and vegetables will be offered at school settings (such as parties, after school programs, staff meetings, parent meetings, and concession stands)	Nebraska School Health Education Profile – Principle Survey	7%	2004
Benchmark 7: By 2010, increase the percentage of public schools in Nebraska (containing any of grades 6 through 12) that offer opportunities for students to participate in intramural activities or physical activity clubs	Nebraska School Health Education Profile – Principle Survey	46%	2004
Benchmark 8: By 2010, increase the percentage of public schools in Nebraska (containing any of grades 6 through 12) that allow children or adults in the community to use <u>indoor</u> physical activity and athletic facilities without being in a supervised program	2000 Nebraska School Administrator Survey	46%	2000
Benchmark 9: By 2010, increase the percentage of public schools in Nebraska (containing any of grades 6 through 12) that allow children or adults in the community to use <u>outdoor</u> physical activity and athletic facilities without being in a supervised program	2000 Nebraska School Administrator Survey	70%	2000

Implementation Goal 3 – Benchmarks	Baseline		
	Data Source	Measure	Year
Benchmark 10: By 2010, increase the percentage of high school students in Nebraska that attend PE class daily and exercise for more than 20 minutes during an average PE class	Nebraska Youth Risk Behavior Survey	33.3%	2003

Implementation Goal 4: By 2010, increase supports for physical activity and healthy eating within Nebraska worksites

Implementation Goal 4 – Benchmarks	Baseline		
	Data Source	Measure	Year
Benchmark 1: By 2010, among Nebraska worksites that have vending machines that sell foods, increase the percentage of worksites that offer the following healthy food options through their vending machines: (1) raisins or dried fruit (2) fresh fruit (3) “lite” popcorn (4) pretzels (5) baked potato chips (6) low-fat cereal bars (7) low-fat granola bars	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 2: By 2010, among Nebraska worksites that have vending machines that sell beverages, increase the percentage of worksites that offer the following healthy beverage options through their vending machines: (1) water or flavored water (2) 100% fruit juice (3) milk (4) 1% fat or skim milk	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 3: By 2010, among Nebraska worksites that have vending machines that sell food or beverages, increase the percentage of worksites that ran a special promotion or sale on healthier foods in the vending machines during the 12 months preceding the survey	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 4: By 2010, among Nebraska worksites that have vending machines that sell food or beverages, increase the percentage of worksites that place labels (such as healthy choice or low-fat food) on or near healthy vending machine items	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 5: By 2010, among Nebraska worksites that have a cafeteria/snack shop, increase the percentage of worksites that offer the following healthy beverage options through their cafeteria/snack shop: (1) water or flavored water (2) 100% fruit juice (3) milk (4) 1% fat or skim milk	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 6: By 2010, among Nebraska worksites that have a cafeteria/snack shop that prepares food, increase the percentage of worksites that have a policy requiring healthy food preparation practices in the cafeteria (e.g., steaming, low fat/salt substitutions, limited frying, etc.)	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005

Implementation Goal 4 – Benchmarks	Baseline		
	Data Source	Measure	Year
Benchmark 7: By 2010, among Nebraska worksites that have a cafeteria/snack shop, increase the percentage of worksites that ran a special promotion or sale on healthier foods in the cafeteria/snack shop during the 12 months preceding the survey	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 8: By 2010, among Nebraska worksites that have cafeteria/snack shop, increase the percentage of worksites that place labels (such as healthy choice or low-fat food) on or near healthy food items within the cafeteria/snack shop	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 9: By 2010, increase the percentage of worksites that have a policy or guidelines encouraging healthy foods to be served in each of the following settings (when applicable): (1) staff meetings (2) company sponsored events (3) customer/client waiting areas	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 10: By 2010, increase the percentage of worksites that have a place where employees can: (1) refrigerate foods (2) freeze foods (3) heat foods	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 11: By 2010, increase the percentage of worksites that have the following policies in place to support physical activity among employees (1) flextime for participation in physical activity during work hours (2) special breaks in the work day for physical activity (3) policy encouraging employees to commute to work by foot or bicycle (4) a written policy statement supporting employee physical fitness	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 12: By 2010, increase the percentage of worksites that provide employees with subsidized or reduced rate memberships to health clubs or community recreation centers	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 13: By 2010, increase the percentage of worksites that provide any incentives for engaging in physical activity (such as improved benefit allowances, added vacation or “well days” off, direct cash payments or bonuses, material prizes or awards, etc.).	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 14: By 2010, increase the percentage of worksites that have any on-site exercise facilities (such as a workout room, basketball court, designated walking trail, or track).	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 15: By 2010, increase the percentage of worksites that provide a shower and changing area for employees.	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 16: By 2010, increase the percentage of worksites that sponsored an employee sports team (such as softball, football, volleyball, or basketball) during the 12 months preceding the survey.	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005

Implementation Goal 4 – Benchmarks	Baseline		
	Data Source	Measure	Year
Benchmark 17: By 2010, among Nebraska worksites that have a stairway that employees can use, increase the percentage of worksites that have (1) stairways that are cleaned on a daily basis (2) “well or very well” lit stairways (3) promoted stairway use during the 12 months preceding the survey (4) signs encouraging workers or visitors to use the stairs instead of an elevator.	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 18: By 2010, increase the percentage of worksites that have bike racks within one or two blocks of the worksite	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 19: By 2010, increase the percentage of worksites that offered health messages to employees through pamphlets, brochures, posters, or videos during the 12 months preceding the survey on the following topics: (1) weight management (2) nutrition (3) physical activity and/or exercise	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 20: By 2010, increase the percentage of worksites that have a designated room/location (not counting bathroom stalls) for mothers to breastfeed or pump/express their breast milk.	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 21: By 2010, among Nebraska worksites that have a designated room/location for mother to breastfeed or pump/express their breast milk, increase the percentage rooms/locations at worksites that: (1) have a locking door for privacy (2) have an electrical outlet (3) are near a sink (for washing hands and equipment).	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 22: By 2010, increase the percentage of worksites that provide flexible scheduling that allows employees adequate break time to breastfeed or pump/express breast milk.	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 23: By 2010, increase the percentage of worksites that provide access to a refrigerator for the storage of pumped/expressed breast milk.	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 24: By 2010, increase the percentage of worksites that have a written policy supporting breastfeeding.	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 25: By 2010, increase the percentage of worksites that, during the past 12 months, offered employees any health or wellness programs, support groups, counseling, classes, or contests related to physical activity, healthy eating, or weight management.	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005
Benchmark 26: By 2010, increase the percentage of worksites that offered the following health screening or services (excluding health insurance or job entrance services) to employees during the 12 months preceding the survey: (1) body fat or healthy body weight screening (2) diet/nutrition evaluation (3) physical fitness tests	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005

Implementation Goal 4 – Benchmarks	Baseline		
	Data Source	Measure	Year
Benchmark 27: By 2010, increase the percentage of worksites that offered health or wellness programs, support groups, counseling, classes, or contests to employees during the 12 months preceding the survey for: (1) healthy eating or nutrition (2) weight managements (3) physical activity or exercise	2005 Nebraska Worksite Wellness Survey	Currently being collected	2005

Implementation Goal 5: By 2010, increase supports for physical activity and healthy eating within the Nebraska healthcare system and among providers

Implementation Goal 5 – Benchmarks	Baseline		
	Data Source	Measure	Year
Benchmark 1: By 2010, among Nebraska adults that are obese, increase the percentage who were encouraged to lose weight by a doctor, nurse, or other health professional during the 12 months preceding the survey	Nebraska Behavioral Risk Factor Surveillance System	25.2%	2003
Benchmark 2: By 2010, among Nebraska adults that do not consume 5 a Day, increase the percentage who were encouraged to eat more fruits and vegetables by a doctor, nurse, or other health professional during the 12 months preceding the survey	Nebraska Behavioral Risk Factor Surveillance System	21.9%	2003
Benchmark 3: By 2010, among Nebraska adults that do not engage in a recommended level of physical activity, increase the percentage who were encouraged to be more physically active by a doctor, nurse, or other health professional during the 12 months preceding the survey	Nebraska Behavioral Risk Factor Surveillance System	27.8%	2003
Benchmark 4: Between 2005 and 2010, assure that physical activity, nutrition, and/or weight management (for improved health and disease prevention) are discussed at one or more professional education seminars or conferences per year for Nebraska physicians and physician assistants practicing family practice, cardiology, neurology, and/or endocrinology.	Nebraska Cardiovascular Health Program	-	-
Benchmark 5: By 2010, increase the percentage of new mothers that receive hospital assistance in breastfeeding at the hospital where the baby was born	Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS)	63.0%	2001

Appendix A

Glossary

Advocacy Efforts are efforts used to create a shift in public opinion and mobilize the necessary resources and forces to support an issue, policy, or constituency.

At-Risk-for-Overweight describes children and youth with a gender and age specific Body Mass Index (BMI) $\geq 85^{\text{th}}$ and $\leq 95^{\text{th}}$ percentile. The majority of children with a BMI at or above the 85^{th} percentile will become overweight or obese adults.

Behavioral Risk Factor Surveillance System (BRFSS) is a cross-sectional random-digit dial telephone survey of non-institutionalized U.S. adults aged 18 and older. Topics cover chronic diseases and injury related to the leading causes of premature morbidity and mortality. While the surveillance system is coordinated on the national level through the CDC, the Nebraska Health and Human Services Systems administers the data collection and reporting for the State of Nebraska.

Body Mass Index (BMI) is a tool for measuring weight status in both youth and adults. Body mass index measures body weight adjusted for height, and is a good proxy measure for body fat. It is calculated by dividing weight in kilograms by height in meters squared. The standard BMI categories for adults include: underweight (BMI less than 18.5 kg/m^2), healthy weight ($18.5\text{-}24.9 \text{ kg/m}^2$), overweight ($25\text{-}29.9 \text{ kg/m}^2$), and obese (30 or more). For children (ages 2-20), the age and gender specific BMI categories include: underweight ($<5^{\text{th}}$ percentile), healthy weight ($\geq 5^{\text{th}}$ percentile but $< 85^{\text{th}}$ percentile), at risk for overweight ($\geq 85^{\text{th}}$ percentile but $< 95^{\text{th}}$ percentile), and overweight ($\geq 95^{\text{th}}$ percentile). For more information on BMI or to calculate your BMI, visit <http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm>.

Body Mass Index Formula:
$$\text{BMI} = \frac{\text{Weight (kg.)}}{\text{Height (m)}^2}$$

Cardiovascular Disease (CVD) is any abnormal condition of the heart or blood vessels. Cardiovascular disease includes coronary heart disease, stroke, congestive heart failure, hypertensive disease, atherosclerosis, and many other conditions. Cardiovascular disease is also commonly referred to as “diseases of the circulatory system.”

Childhood Overweight describes children (2-20) with a gender and age specific BMI value $\geq 95^{\text{th}}$ percentile.

Chronic Disease is an illness that is prolonged, does not resolve spontaneously, and is rarely cured completely.

Dietary Guidelines for Americans are ten evidenced based dietary recommendations that were issued in 2000 and are now national policy.

Electronic Sedentary Behavior encompasses leisure time television viewing, computer use, and video game playing.

Environment is the entirety of the physical, biological, social, cultural, and political circumstances surrounding and influencing a specified behavior.

5 a Day Campaign is a nationwide campaign to encourage the consumption of five servings of fruits and vegetables each day to reduce risks for chronic conditions.

Health Disparities describes differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities. Health disparities usually imply that one particular group has poorer indicators of health or receive less aggressive treatment.

Healthy Eating describes following a dietary pattern consistent with the Dietary Guidelines for Americans.

Indicator provides information about a population's status with respect to health or a factor associated with health (i.e., risk factor, intervention) in a specified population through direct or indirect measures.

Intervention is an organized or planned activity that interrupts a normal course of action within a selected group of individuals or the community at large in order to diminish an undesirable behavior or to enhance or maintain a desirable one. In health promotion, interventions are linked to improving the health of the population or to diminishing the risks of illness, injury, disability or death.

Obesity is defined as a Body Mass Index (BMI) ≥ 30.0 kg/m² for adults and is considered a disease by some organizations, including the National Institutes of Health. Obesity is linked to higher incidences of type 2 diabetes, hypertension, cardiovascular disease, gout, osteoarthritis, and some cancers in adults.

Overweight is defined as a Body Mass Index (BMI) ≥ 25.0 but < 30.0 kg/m². In children (age 2-20 years of age) overweight is defined as a gender and age specific BMI at or above the 95th percentile, based on the 2000 CDC growth charts.

Physical Activity describes any bodily movement that is produced by the contraction of skeletal muscle and that results in energy expenditure.

Policies are laws, regulations, and rules (both formal and informal) within a setting.

Stakeholders are people and organizations who have a vested interest in identifying and addressing an issue.

Youth Risk Behavior Surveillance System (YRBSS) is a program developed to monitor priority health-risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among high school students in the United States. While the YRBS is coordinated on the national level through the CDC, the State of Nebraska administers its own data collection and reporting.

Appendix B

Environmental and Policy Strategies for Physical Activity (PA) and Nutrition (N) Promotion

	Policies, Practices, and Incentives	Structural Environment	Educational and Motivational Materials/ Cues to Action
<i>Community Sites</i>	Addition of healthy vending Wellness Council Bicycle/walking plan Ordinance to accommodate non-motorized transportation Green space for recreation Policy to serve healthy foods at community events Recognize restaurants that offer healthy items	Signage: Bicycle, trail, pedestrian Community watch group Trails/parks: maintain/enhance Sidewalks Community facilities to use for little or no charge Community gardens Farmer's markets Availability of healthy food options	Flyers Signage Maps Nutrition labeling Fact sheets Posters Newsletters PSA: TV & radio Billboards
<i>Work Sites</i>	Employee wellness council Flex-time PA policy Guidelines for healthy food/beverage for work meetings/events Team participation in PA/N programs	Stair environment suitable for PA Facilities for PA Physical improvement promoting nutrition On-site garden Nutritious vending/food options Resource for PA/N info	Signage for stair use Nutrition labels on foods in cafeteria & vending Health topics on bulletin board, E-mail Posters with PA/N messages
<i>School Sites</i>	Regularly feature health promotion topics/ messages Increase the time for lunch Certified PE or health educator Require PE min/week Nutritional guidelines for vending/lunch Prohibiting substituting other classes for PE classes Prohibit using food/ PA to reward/punish Community access to school facilities	Indoor facility for PA Outdoor opportunities for PA before & after school Equipment to prepare healthy foods Health tip of day/week Vending machines with healthy options such as milk, fruits, veggies, & sandwiches	Signage supporting PA/N including posters, daily announcements, bulletin boards Class discussions Encouragement from teachers Labeling food Lowering the price for healthy food options
<i>Faith Sites</i>	Church-affiliated discount for health club Health section in newsletter Incorporate PA/N messages into sermon Faith-supported PA opportunities and weight control programs	Onsite trail/ball field/ basketball court/ playground Equipment to prepare healthy foods (blender, oven, roaster) On-site garden maintained by members Use of indoor facility for physical activity, or nutrition council	Flyers Signage Maps Nutrition labeling Fact sheets Posters Newsletters Bulletin boards
<i>Health Care</i>	Guideline to regularly incorporate PA/N into patient/family education Addition of healthy options for patients Upgrade health professions training program improving PA/ N curriculum Benefits increase with regular PA and good nutrition habits	Free or low-cost indoor facility that can be used by patients and employees Healthy vending Resource library for health literature Locker-facility Outdoor facility Pager system to support outdoor/indoor usage	Flyers Signage for stair usage and location Maps of local area Nutrition labeling Fact sheets Posters Newsletters Referral guides for PA/N options

List of strategies was originally compiled by North Carolina Cardiovascular Health Program and has been modified by the Nebraska Cardiovascular Health Program

Appendix C

Resources and Activities

State Level Activities/Resources

Nebraska Health and Human Services System

Office of Disease Prevention and Health Promotion (ODPHP) - Manages a number of state and federal grants that are designed to promote health for people living in Nebraska. The mission of this office is to bring together a wide variety of funding streams into a comprehensive effort to reduce disease and promote wellness. This effort is community based and is designed to build capacity so that communities can respond to the health needs of our citizens. Current programs that implement strategies for physical activity and/or nutrition include: Arthritis, Cardiovascular Health Program, Comprehensive Cancer Control, and Diabetes. For more information, contact Nebraska Health and Human Services System, Office of Disease Prevention and Health Promotion, P.O. Box 95044, Lincoln, NE 68509-5044; Phone: 402-471-2101 or visit the website at www.hhss.ne.gov/hpe/hpeindex.htm.

Nebraska Arthritis Program: The goal of the Nebraska Arthritis Program is to reduce the pain and disability from arthritis and improve the quality of life for all people with arthritis. Focus is on the public health concepts of secondary and tertiary prevention (i.e. identifying a disease at its earliest stage so that prompt and appropriate management can be initiated AND reducing or minimizing the consequences of a disease once it has developed, respectively). A variety of activities/interventions are utilized to achieve the goal. These include: education, screening, formation of appropriate partnerships, surveys, training, and offering appropriate physical activity programs. For more information contact the Nebraska Arthritis Program at 402-471-2101.

Nebraska Cancer Control Program: Nebraska C.A.R.E.S*, the comprehensive cancer control program is comprised of more than 220 persons representing 125 groups and organizations across Nebraska. The purpose of this program, funded by a grant from the Centers for Disease Control and Prevention, is to prevent and control cancer. Program activities are carried out by ten work groups that are working to implement the strategies contained in the state cancer plan. The target population is all persons in the state; the priority population includes minorities, rural, medically underserved and other populations with cancer disparities. Some of the activities include working with the cancer centers, local health departments, and community organizations across the state to eliminate cancer disparities, reduce cancer risk; promote early detection and screening; increase access to appropriate and effective cancer treatment; improve quality of life for those living with cancer; and improve professional and consumer knowledge and understanding of cancer through education and training. Nebraska C.A.R.E.S also works closely with the Nebraska Cancer Registry, Tobacco Free Nebraska, and Every Woman Matters. For more information contact the Nebraska Cancer Control Program at 402-471-2101.

Nebraska Cardiovascular Health Program: The Nebraska Cardiovascular Health Program's goal is to decrease the number of deaths due to cardiovascular disease (heart disease and stroke) in Nebraska. The program is progressing on the development of a comprehensive approach to cardiovascular disease, including primary and secondary prevention and its accompanying risk factors (poor nutrition, physical inactivity, tobacco use, high blood pressure, high blood cholesterol, and obesity). Program activities are population-based strategies that focus on an identified population or area rather than on individual behavior change. Strategies include policy and environmental approaches or education and awareness supportive of the need for policy, environmental, and systems changes to support cardiovascular health. The activities of the program focus on working with local public health departments, communities, work-sites, faith organizations, schools, health care systems, voluntary organizations, state agencies, and other Health and Human Services System

programs. The Nebraska CVH Program coordinates the All Recreate on Fridays Movement, Project Drink Milk, Youth Physical Activity and Nutrition Lifestyle Modification Rx Form, and offers Physical Activity and Nutrition Intervention Grants. More information on these programs can be found under the **Statewide Programs** section. For more information contact the Nebraska Cardiovascular Health Program at 402-471-2101, Email CVHProgram@hss.ne.gov , or visit the website at www.hss.ne.gov/cvh.

Nebraska Diabetes Prevention and Control Program (NDPCP) - The goal of the Nebraska Diabetes Prevention and Control Program (NDPCP) is to reduce the burden of Diabetes in Nebraska. The NDPCP provides a free newsletters to individuals and health professionals that are interested in receiving diabetes information, other diabetes materials are also available. "Diabetes Today" is a community coalition project that promotes diabetes focused activities in communities. The NDPCP works with medical clinics to implement quality improvement activities. The NDPCP also cosponsors educational workshops for health professionals. For more information contact the Nebraska Health and Human Services, Nebraska Diabetes Prevention and Control Program at 402-471-2648 or visit the website at www.hss.ne.gov/dpc/ndcp.htm.

Office of Family Health (OFH) - Provides leadership for multiple programs and activities that promote the health of women, children, and families. OFH develops and supports intra-agency, inter-agency and state-community collaborations related to maternal and child health. Current programs that implement strategies for physical activity and/or nutrition include Commodity Supplemental Food Program (CSFP); Perinatal, Child, and Adolescent Health; Reproductive Health Program; and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). For more information, contact: Nebraska Department of Health & Human Services, Office of Family Health, P.O. Box 95044, Lincoln, NE 68509-5044; Phone: (402) 471-2907, E-mail: family.health@hss.ne.gov or visit the website at www.hss.ne.gov/fah/fahindex.htm .

Office of Minority Health and Human Services (OMH) - Mission: To represent and advance the health of people of color and reduce the health disparity between racial/ethnic minorities and non-minorities in Nebraska. The OMH was established in 1992 and is located in Lincoln, Nebraska (Congressional District 1). In 2001, Legislative Bill 692 added satellite offices in Congressional Districts 2 (Omaha) and 3 (Lexington and Gering). The Office participates in numerous committees and work groups involved in planning and policy development to address racial/ethnic minority health issues; monitors the Minority Health Initiative grants across the state; prepares several health status reports; coordinates and sponsors the annual Minority Health Conference; conducts cultural competency workshops and other trainings/presentations as requested; and leads statewide efforts in cultivating awareness of health disparities among racial/ethnic minorities. For more information, contact the Nebraska Office of Minority Health, P.O. Box 95044, Lincoln, NE 68509-5044; phone (402) 471-0152; E-mail minority.health@hss.ne.us; or see our web site at www.hss.ne.gov/omh.

Office of Women's Health (OWH) - Mission: Help women of all ages in Nebraska lead healthier lives. Vision: Work toward healthy women throughout Nebraska. The OWH was created in 2000 to help improve the health of women in Nebraska by fostering the development of a comprehensive system of coordinated services, policy development, advocacy, and education. The OWH serves women of all ages in Nebraska and works with other programs within and outside of the Health and Human Services System on educational campaigns for all women. Current programs that implement strategies for physical activity and/or nutrition include Every Woman Matters, the VERB™ It's What You Do Conference, the Statewide Walking Campaign, the Folic Acid Campaign, and Pick Your Path to Health. For more information, contact Nebraska Office of Women's Health, P.O. Box 94817 Lincoln, NE 68509-4817; Phone: 402-471-0158 Toll-free 877-257-0073; E-mail: officeofwomenshealth@hss.ne.gov or visit the website at www.hss.ne.gov/hew/owh/ .

Statewide Programs

All Recreate on Fridays (ARF) Movement- ARF is a new “move”ment to encourage Nebraska youth to be more physically active. ARF will encourage Nebraska youth to accumulate at least 60 minutes of activity through school, family, and community activities every Friday. The goal of ARF is to get kids moving through creating social and physical environments that encourage and support physical activity and educating children about the importance of physical activity. For more information contact Nebraska Health and Human Services System, Cardiovascular Health (CVH) Program at 402-471-2101, E-mail ARF@hss.ne.gov, or visit the website at www.hhss.ne.gov/cvh.

Nebraska On the Move (NOM) - Is a state affiliate of America on the Move (AOM), a national initiative dedicated to helping individuals and communities across our nation make positive changes to improve health and quality of life. By focusing on individuals and communities AOM strives to support healthy eating and active living habits in our society. A network of organizations, associations, and coalitions across Nebraska have teamed up to make changes at the community level to support physical activity efforts. NOM and AOM encourage walking 2,000 extra steps and consuming 100 fewer calories daily. For more information visit the website at www.americaonthemove.org. Click on Nebraska under the “My Community” icon.

Nebraska Sports Council- Features three physical activity programs, **Cornhusker State Games, N-Lighten Nebraska, and N-Lighten Kids**. Cornhusker State Games is a statewide competitive sports initiative that promotes physical fitness and personal health and well-being for people living in Nebraska of all ages and skill level. N-Lighten Nebraska is a five-month team wellness program that encourages participants to develop sustainable physical activity and healthy eating habits. N-Lighten Kids is a three-month competition designed to encourage young Nebraskans to increase their physical activity levels and make better food choices. For more information on Cornhusker State Games or N-Lighten Nebraska, log on to: www.cornhuskerstategames.com or <http://www.n-lightennebraska.com>

Physical Activity and Nutrition Intervention Grants- Local Public Health Departments are eligible to apply for grant funds to create environment and policy changes for physical activity and nutrition in their area. The goals of the grant are to: 1) Increase the number of communities that implement a physical activity and nutrition plan for the prevention and control of obesity and cardiovascular disease. 2) Increase the number of interventions for physical activity and nutrition that are implemented and evaluated. 3) Increase the number of community physical activity and nutrition policies and environmental supports that are planned, initiated or modified for the prevention or control of obesity and cardiovascular disease. 4) Increase physical activity and better dietary behaviors in communities reached through interventions. For more information contact Nebraska Health and Human Services Cardiovascular Health Program at 402-471-2101, E-mail CVHProgram@hss.ne.gov, or visit the website at www.hhss.ne.gov/cvh.

Project Drink Milk- The Nebraska CVH Program provides partial funding to schools for the purchase of milk vending machines. The schools are required to provide a small amount of matching funds. During the three-year project, schools are required to develop and implement a student driven milk campaign to promote consumption among students, teachers, and other school patrons. At least 75% of the proceeds from the machines must be used to improve physical activity (excluding athletics) and/or nutrition within the schools. For more information contact Nebraska Health and Human Services System, Cardiovascular Health Program at 402-471-2101, E-mail CVHProgram@hss.ne.gov, or visit the website at www.hhss.ne.gov/cvh

Youth Physical Activity and Nutrition Lifestyle Modification Rx Form - The Nebraska CVH Program developed the Youth Lifestyle Modification Prescription form in response to the physical inactivity, poor nutrition, and obesity epidemic. It is designed to be utilized within the school and healthcare settings. The goals of the form are multi-faceted: 1)encourage nurses/health practitioners to record and track youth BMI; 2)focus efforts on measurable physical activity and nutrition behaviors; 3)and provide a specific document that parents, healthcare providers, and youth can use to set and monitor goals to establish healthy physical activity and nutrition behaviors. For more information contact Nebraska Health and Human Services System, Cardiovascular Health Program at 402-471-2101, E-mail CVHProgram@hss.ne.gov, or visit the website at www.hhss.ne.gov/cvh

Worksite Wellness Organizations

WelCOM: The Mission of WelCOM, the Omaha affiliate of The Wellness Council of America (WELCOA), is to promote healthy lifestyles for everyone in the community, primarily through health promotion activities at the worksite. WelCOM was the first Council established in the United States. WELCOM has served companies in Douglas, Sarpy and Pottawattamie counties for the past 15 years. For more information, visit their website at www.wellnesscouncil.org.

Well Workplace Nebraska: Well Workplace focuses on efforts to change the workplace culture through management support, data collection, establishing goals and objectives, evaluating, developing supportive policies, requesting employee feedback, corporate involvement in the community and appropriate programming for increasing awareness, educating and changing behaviors. Well Workplace Nebraska services central and western Nebraska. For more information, visit their website at www.wellworkplacenebraska.com

WorkWell: The mission of WorkWell, Lincoln affiliate of The Wellness Council of America (WELCOA), is to lead citizens and employers to healthier lifestyles through workplace health promotion. The vision of WorkWell is to: educate about effective wellness programs with emphasis on the Well Workplace process; consult with employers to develop and optimize employee and family wellness programs; and recognize and celebrate success of employers and communities that demonstrate excellence in employee health promotion at the workplace. For more information, visit www.welcoa.com and click on 'Local Councils' to find Lincoln, NE.

Statewide Organizations for Physical Activity and/or Healthy Eating

American Heart Association (AHA) Heartland Affiliate- The American Heart Association supports the recommendations of the CDC and NASPE to increase daily physical activity for all students in elementary and secondary schools. It is the goal that all youth in elementary grades participate in a minimum of 150 minutes per week and middle/high school students participate in a minimum of 225 minutes per week, of organized physical education classes during the school year. AHA also supports educational awareness campaigns. Hoops for Heart is a basketball event sponsored by the American Heart Association to raise awareness in middle school students about maintaining a "heart healthy lifestyle" through good nutrition, physical activity, staying tobacco free, and maintaining a healthy blood pressure and weight can help prevent heart disease and stroke. Jump Rope for Heart is a jump roping event specifically designed to target youth, Kindergarten through 5th grade. For more information on activities in Nebraska, contact the Lincoln office at (402) 489-5115 or the Omaha office at (402)-346-0771.

Dairy Council of Nebraska- The Dairy Council of Nebraska contributes to optimal health through leadership in nutrition research and education by encouraging food selection patterns that include dairy foods and other major food categories in accordance with scientific recommendations. For more information contact Janice Strang (402) 592-3355 or view their website at: www.drinkmilk.org.

Governor's Council on Health Promotion and Physical Fitness- The primary focus for this Council is to address physical activity and obesity in Nebraska. The Council issues "Recognition Awards" quarterly to individuals who are "positive role models and encourage others to live healthy and physically active lives". The Council recently released a document entitled "Promoting Better Health for Young People in Nebraska through Physical Activity: A Report to the Governor from the Nebraska Governor's Council on Health Promotion and Physical Fitness." This document can be accessed at www.hhss.ne.gov/hew/hpe/GovsReport/index.htm. For more information contact the Council at fitnegov@hotmail.com.

Nebraska Action for Healthy Kids - Action for Healthy Kids (AFHK) is a nationwide initiative dedicated to improving the health and educational performance of children through better nutrition and physical activity in schools. The Nebraska Action for Healthy Kids has representatives from public health, health care, and education, and is currently embarking on numerous activities that address overweight among Nebraska youth. For more information log on to www.actionforhealthykids.org and click on Nebraska, under the heading "Find a State."

Nebraska Association for Health, Physical Education, Recreation, and Dance (NAHPERD) - NAHPERD is a statewide professional organization that supports the mission and goals of the American Alliance for Health, Physical Education, Recreation and Dance. NAHPERD's goals are to provide leadership, professional development and networking opportunities, information, and advocacy in the areas of health education, physical education, recreation and dance. NAHPERD conducts a yearly conference, provides awards, and produces a quarterly newsletter. For more information contact Vicki Highstreet (402) 472-4771 or view their website at: <http://www.nebrwesleyan.edu/groups/nahperd/>.

Nebraska Department of Education (NDE) - Health and Physical Education Section- The NDE has a Health and Physical Education Consultant who interacts with schools and institutions of higher education to provide guidance on the latest research and best practices in the fields of health education and physical education. This individual provides leadership in quality physical education programming, provides professional development opportunities, and disseminates information on health education and physical education. For more information contact Julane Hill at (402) 471-4352 or (402)-471-2295.

University of Nebraska Cooperative Extension- The University of Nebraska Cooperative Extension Program, known as the Nutrition Education Program (NEP), works with low-income youth in targeted Nebraska counties. NEP reaches 8,000 youth per year and helps youth increase their nutrition knowledge and change their eating behavior. NEP focuses on increasing fruit and vegetable consumption, increasing calcium consumption, choosing healthy snacks, decreasing soda consumption, and increasing physical activity. NEP also includes food preparation, food safety, and food resource management skills. For further information please contact Wanda M. Koszewski, Ph.D. at (402) 472-7966.

YMCA of Nebraska- On a national level, the YMCA is the largest not-for-profit community organization in America. The YMCA has been a long-time leader in community-based health, fitness, and aquatics. Although programming can range from athletics to job preparation, core values of caring, honesty, responsibility, and respect are always stressed. No one is turned away for inability to pay. The Strong Kids Campaign is one of the activities to raise money so that no one in the community misses out on the opportunity to participate in a YMCA activity. Nebraska has 28 local organizations within 15 communities. These communities include Alliance, Beatrice, Columbus, Fremont, Grand Island, Hastings, Holdredge, Kearney, McCook, Norfolk, Papillion(2), Scottsbluff, Valley, Lincoln(7), and Omaha(7). For more information contact your local YMCA or visit their website at <http://www.ymca.net/index.jsp>.

Physical Activity and Disability Sport

Eastern Nebraska Wheelchair Association (ENWAA) - Is the premier wheelchair sports organization in Eastern Nebraska and Western Iowa. ENWAA provides athletic opportunities for disabled children and adults. These opportunities include instruction, team organization, practice facilities, athletic equipment, registration fees, uniforms, travel expenses, team and individual awards, and much more. For more information, log on to www.enwaa.org/.

Great Plains Paralyzed Veterans Association- Provides sports and recreation opportunities for people living with disability, including the veteran population, in eastern Nebraska. For more information, visit their website at www.greatplainspva.org.

Nebraska Disability Resource Organization- Provides Nebraska resources for individuals and families of people living with disability. For more information, log on to www.disabilityresources.org/NEBRASKA.html.

Special Olympics of Nebraska (SONE) - SONE's mission is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with mental retardation, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy, and participate in a sharing of gifts, skills and friendships with their families, and other Special Olympics Athletes and the community. For information on what is going on in your area, visit Special Olympics of Nebraska's website @ www.sone.org

A Total Commitment Conference- "A Total Commitment" is a conference designed for practitioners in the fields of physical education, recreation, special education, camp directors, sport coaches and

community agencies who work with individuals who have identified disabilities and special education needs. Its purpose is to provide an opportunity for professionals to share practical, creative, and innovative ideas for programming and activities in use today. For more information, contact Dr. Mike Messerole. E-mail: mmesserole@mail.unomaha.edu.

Continuing Education Opportunities for Physical Activity and Disability Sports- Nebraska Higher Education Institutions

Chadron State College-Offers an Adapted Physical Education Supplemental Endorsement - PB, PM. For more information, log on to www.csc.edu/education.

Nebraska Wesleyan University- Offers a 3-hour course within the Health and Human Performance College, HHP 265: Planning and Implementing Adapted Physical Education. For more information, contact Dr. Berniece Jones, Department Chair for more information. E-mail: bmj@nebrwesleyan.edu.

University of Nebraska-Omaha, College of Health and Human Performance, Adaptive Physical Education Class. For more information, contact Dr. Mike Messerole. E-mail: mmesserole@mail.unomaha.edu.

Nebraska Local/Public Health Departments

LB 692 passed during the 2001 Nebraska legislative session, providing funding to qualifying local public health departments. As a result of this legislation, Nebraska now has a network of health departments that covers each of the 93 counties in Nebraska; a dramatic increase from the 22 counties covered before the LB 692 funding. Nebraska now has 20 local public health departments, 18 of which receive LB 692 funding. All of the local public health departments in Nebraska currently have, at a minimum, a health director and a board of health. Contact the Directors for the Physical Activity and Nutrition coordinator(s) within each local/district health department.

COUNTY HEALTH DEPARTMENTS

Butler County Health Department

Ron Vaca, Director
372 South 9th Street
David City, NE 68632
Phone: (402) 367-3115
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E-mail: volley20@hotmail.com

Clay County Health Department

Janice Baird, Director
209 West Fairfield
Clay Center, NE 68933
Phone: (402) 762-3571
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Dakota County Health Department

Pam DeVries, Director
Courthouse West Annex
105 North 17th/Box 155
Dakota City, NE 68731
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Adi Pour, Director
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Polk County Health Department

Val Tvrdy, Director
330 North State Street
Box 428
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Fax: (402) 747-1427
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Red Willow County Health Department

Margaret Swanda, Director
Fairgrounds/AG Complex
1400 West 5th
McCook, NE 69001
Phone: (308) 345-1790
Fax: (308) 345-1794
E-mail: rwhealth@quest.net

CITY-COUNTY HEALTH DEPARTMENT

Lincoln-Lancaster County Health Department

Bruce Dart, Director
3140 "N" Street
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DISTRICT HEALTH DEPARTMENTS

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East Central District Health Department

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(Boone, Colfax, Nance, and Platte counties)
Web site: www.ecdhd.com

Scotts Bluff County Health Department

Bill Wineman, Director
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Web site: www.scottsbuffcounty.org/health.htm

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Four Corners Health Department

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York, NE 68467
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Loup Basin Public Health Department

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North Central District Health Department

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Web site: www.ncdhd.info

Northeast Nebraska Public Health Department

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Sarpy/Cass Department of Health and Wellness

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South Heartland District Health Department

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Web site: southheartlandhealth.org

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Three Rivers Public Health Department

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Two Rivers Public Health Department

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Kearney, and Phelps counties)
Web site: www.2riverspublichealth.net

National Resources:

Professional Development/Background:

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

<http://www.cdc.gov/nccdphp/dnpa/physical/index.htm>

Dietary Guidelines for Americans

www.cnpp.usda.gov/DietGd.pdf

National Cancer Institute – 5 A Day Program

www.nci.nih.gov or www.5aday.gov

Prevent and Decrease Overweight and Obesity, 2001: Surgeon General's Call to Action. - U.S.

Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. [Rockville, MD]: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; [2001]. Available from: US GPO, Washington www.surgeongeneral.gov/topics/obesity/calltoaction/toc.htm

The Community Guide to Preventive Services: Physical Activity-

The Community Guide's systematic review of the effectiveness of selected population based interventions designed to increase levels of physical activity focused on interventions in three areas: 1) Informational approaches to increasing physical activity; 2) Behavioral and social approaches to increasing physical activity; and 3) Environmental and policy changes to increasing physical activity.

www.thecommunityguide.org/pa

Data and Surveillance

CDC Behavioral Risk Factor Surveillance System (BRFSS)- A state-based system of health surveys that generate information about health risk behaviors, clinical preventive practices, and health care access and use primarily related to chronic diseases and injury.

www.cdc.gov/brfss

CDC Youth Risk Behavior Surveillance System (YRBSS) - Monitors priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and

adults in the United States. The YRBSS includes national, state, and local school-based surveys of representative samples of 9th through 12th grade students. www.cdc.gov/nccdphp/dash/yrebs

Program Planning and Evaluation

A. General Resources

CDC Evaluation Working Group- Provides an overview of evaluation frameworks for public health programs and additional resources that may help when applying the framework.
www.cdc.gov/eval

Framework for Program Evaluation in Public Health- Milstein RL, Wetterhall SF. MMWR. 1999;48:RR11. www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm

The Physical Activity Evaluation Handbook- Outlines the six basic steps of program evaluation and illustrates each step with physical activity program examples. Appendices provide information about physical activity indicators, practical case studies, and additional evaluation resources.
www.cdc.gov/nccdphp/dnpa/physical/handbook/index.htm

Promoting Physical Activity: A Guide for Community Action- This handbook is a guide to community behavior change. Using a social marketing and behavioral science approach to intervention planning, the text guides you in addressing your target population's understanding and skills, the social networks, the physical environments in which they live and work, and the policies that most influence their actions. www.cdc.gov/nccdphp/dnpa/pahand.htm

B. Youth

School Health Index- a self-assessment and planning tool to improve the effectiveness of school health and safety policies and programs.
www.cdc.gov/nccdphp/dash/SHI/index.htm

Physical Activity Brochures for Parents, Teachers, and Principals to Increase Physical Activity Among Youth-These brochures contain photos, motivating messages, and specific activity ideas for home, school, and community. The parents' brochure is available in English and Spanish versions.
www.cdc.gov/HealthyYouth/physicalactivity/brochures/index.htm

Fit, Healthy, and Ready to Learn: A School Health Policy Guide- Provides direction on establishing an overall policy framework for school health programs and specific policies on physical activity, healthy eating, and tobacco-use prevention. It is designed for use by states, school districts, and individual schools, public or private.
www.nasbe.org/HealthySchools/fithealthy.mgi

C. Program Planning and Evaluation for Older Adults

National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older- A guide for organizations, associations, and agencies to plan strategies to help people age 50 and older increase their physical activity.
www.rwjf.org/publications/publicationsPdfs/Age50_Blueprint_singlepages.pdf

Community Development/Partnerships

National Partnership Promotes Health and Recreation- Promotes uses and benefits of the nation's public lands and water resources to enhance physical and psychological health and well being.
www.cdc.gov/nccdphp/dnpa/physical/partnership.htm

Principles of Community Engagement- Practical guidelines for engaging the public in community decision-making and action for health promotion, health protection, and disease prevention.
www.cdc.gov/phppo/pce/index.htm

Engaging Faith-based Communities as Partners in Improving Community Health- Guidelines on how to collaborate and engage faith-based communities around public health issues. www.phppo.cdc.gov/documents/faithhealth.pdf

Interventions

A. General Resources

Effective Population-Level Strategies to Promote Physical Activity-

An overview of the physical activity Community Guide recommendations and explanation of specific approaches (strategies) as evidenced. www.cdc.gov/nccdphp/dnpa/physical/recommendations.htm

The Community Guide to Preventive Services: Physical Activity-

The *Guide to Community Preventive Services* reports evidence-based recommendations on effective population-level interventions to promote physical activity. www.thecommunityguide.org/pa

B. Youth

National Bone Health Campaign - Powerful Bones. Powerful Girls.TM educates and encourages girls aged 9 to 12 years and their parents to establish lifelong, healthy habits including physical activity that build and maintain strong bones. www.cdc.gov/nccdphp/dnpa/bonehealth/

Kids Walk- CDC has developed *KidsWalk-to-School*, a guide that encourages individuals and organizations to work together to identify and create safe walking routes to school. www.cdc.gov/nccdphp/dnpa/kidswalk/index.htm

VERB- Youth Media Campaign- The VERB campaign encourages young people ages 9-13 (tweens) years to be physically active every day. The campaign combines paid advertising, marketing strategies, and partnership efforts to reach the distinct audiences of tweens and adults/influencers. www.cdc.gov/youthcampaign/index.htm

C. Older Adults

Growing Stronger: Strength Training for Older Adults- An exercise program based upon sound scientific research involving strengthening exercises. www.cdc.gov/nccdphp/dnpa/physical/growing_stronger/index.htm

D. Environment

ACES: Active Community Environments Initiative- Encourages environmental and policy interventions that will affect increased levels of physical activity and improved public health by promoting walking, bicycling, and the development of accessible recreation facilities. www.cdc.gov/nccdphp/dnpa/aces.htm

Designing & Building Healthy Places-This CDC Web promotes healthy community design. The interaction between people and their environments, natural as well as human-made, continues to emerge as a major issue concerning public health. www.cdc.gov/healthyplaces/default.htm

E. Worksite

WELCOA

StairWELL to Better Health- CDC study assesses whether making stairwells visually appealing with art and signs motivate employees to use them, shows promising results. www.cdc.gov/nccdphp/dnpa/stairwell/index.htm

Worksite Walkability Audit Tool-A walkability audit tool designed to broadly assess pedestrian facilities, destinations, and surroundings along and near a walking route and identify specific improvements that would make the route more attractive and useful to pedestrians. Using CDC's Walkability Audit from this site can help you assess the safety or attractiveness of the walking routes at your worksite.

www.cdc.gov/nccdphp/dnpa/walkability/index.htm

Internet Sources for Physical Activity and Disability Sport

National Center for Physical Activity and Disability, www.ncpad.org

Access-Life, Wheel Chair Resource, www.accesslife.com

International Federation of Adapted Physical Activity, www.ifapa.net

International Paralympic Committee, www.paralympic.org

National Center on Physical Activity and Disability, www.ncpad.cc.uic.edu/home.htm

National Ability Center (NAC), Park City, Utah and National Sports Center for the Disabled (NSCD), Winter Park, CO, www.nscd.org

Appendix D

References

1. Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity. 4 August 2004. Division of Nutrition and Physical Activity, Centers for Disease Control and Prevention. 8 August 2004 <http://www.cdc.gov/nccdphp/aag/aag_dnpa.htm>.
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4. U.S. Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. [Rockville, MD]: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; [2001]. Available from: US GPO, Washington.
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6. Behavioral Risk Factor Surveillance System. September 2004. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. 5 June 2004 <<http://www.cdc.gov/brfss/>>.
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10. Nebraska Health and Human Services System, Department of Services, Preventative and Community Health, Office of Public Health; Department of Finance and Support, Financial Services Division. *Nebraska 2010 Health Goals and Objectives*. May 2002.
11. Nebraska Health and Human Services System. *The Impact of Cardiovascular Disease in Nebraska*. Lincoln, NE: Nebraska Health and Human Services System, Department of Health and Human Services, Office of Disease Prevention and Health Promotion; 2004.

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