

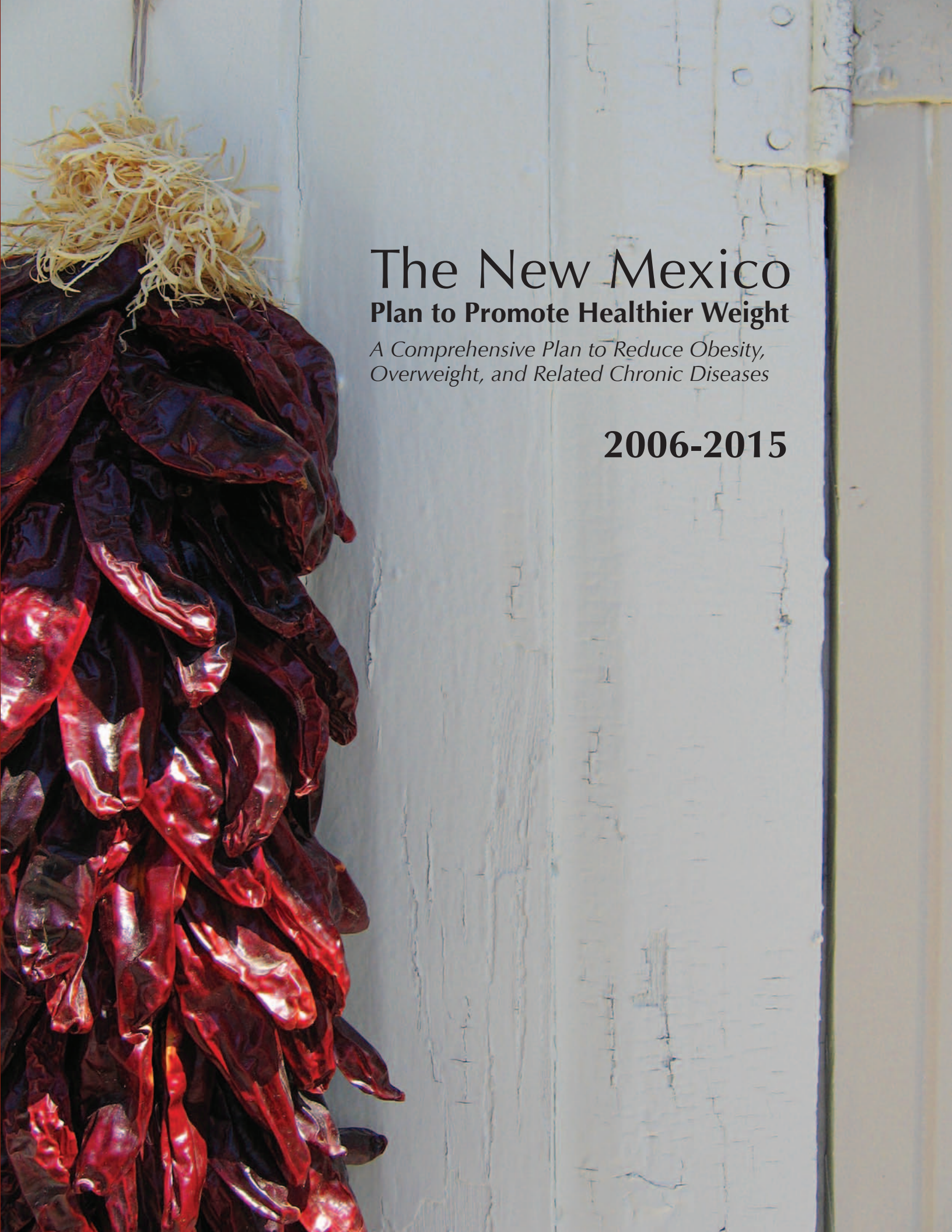
2016

The New Mexico Plan to Promote Healthier Weight

University of New Mexico Prevention Research Center

Physical Activity & Nutrition Program for Healthier Weight

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The New Mexico Plan to Promote Healthier Weight

*A Comprehensive Plan to Reduce Obesity,
Overweight, and Related Chronic Diseases*

2006-2015

The New Mexico Plan to Promote Healthier Weight 2006-2015

A Comprehensive Plan to Reduce Obesity, Overweight, and Related Chronic Diseases

A Statewide Collaborative Coordinated by:

Physical Activity & Nutrition Program
for Healthier Weight



University of New Mexico
Prevention Research Center



With funding provided through the Centers for Disease Control and Prevention,
Division of Nutrition and Physical Activity - Cooperative Agreement U58/CCU622800-03

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The Plan may also be downloaded electronically by visiting either of the following websites:
NM Department of Health, Physical Activity & Nutrition Program for Healthier Weight:

<http://www.health.state.nm.us/obesity.html>

University of New Mexico Prevention Research Center:

<http://hsc.unm.edu/chpdp>

Table of Contents

The New Mexico Plan to Promote Healthier Weight: 2006-2015 A Comprehensive Plan to Reduce Obesity, Overweight, and Related Chronic Diseases

I. Introduction and Acknowledgements	1
II. Executive Summary	6
III. Obesity and Overweight in New Mexico	9
Definitions and Trends	9
Health Problems Associated with Excess Weight	11
Health Disparities	13
Discrimination and Weight	16
IV. Social, Environmental, and Behavioral Contributors to Obesity	18
Obesogenic Environment	18
Food Security	19
Behavioral Contributors	20
Physical Activity	20
Television and Other Screen Media Time	22
Healthful Eating	23
Portion Size	23
Fruit and Vegetable Consumption	23
Sweetened Beverage Consumption	23
Breastfeeding	24
Other Contributions to Obesity and Overweight	25
V. Strategic Plan	27
Vision, Purpose, Outcomes and Strategic Goals	27
Long-term Objectives	30
Intermediate and Short-term Objectives, Settings and Case Studies	32
Community and Regional Planning	33
Education Systems	36
Families and Communities	39
Food Systems	42
Healthcare Systems	44
Worksites	46
VI. Partner Collaboration and Plan Implementation	49
Partner Collaboration	49
New Mexico Healthier Weight Council	49
Plan Implementation	50
Pilot Intervention	50
Updates to the Plan	51
VII. Evaluation Plan	52
Surveillance and Evaluation of Long-term Objectives.....	53
Evaluation of Intermediate Objectives	54
Evaluation of Short-term Objectives	54
Process Evaluation	55
Healthier Weight Logic Model	56
VIII. Appendices	57
A. New Mexico Action for Healthy Kids Statewide Strategic Action Plan – Executive Summary	57
B. New Mexico Plan to Promote Healthier Weight 2006 Implementation Plan	60
C. References	86
D. Resources	92

Introduction & Acknowledgements



Obesity and overweight are epidemic in New Mexico and in the United States, and are the result of complex interactions of social, behavioral, cultural, environmental, physiological and genetic factors. *The New Mexico Plan to Promote Healthier Weight* is a comprehensive strategic plan to reverse the trend of the increasing rates of overweight and obesity among New Mexicans, by improving nutrition, increasing physical activity, and addressing health disparities and other contributing factors. This first ever statewide plan is to be used as a guide for those devising effective interventions to promote healthful eating and physical activity in various settings. Below is a brief history of the plan development, and recognition of the many people who contributed to this effort.

2003: The New Mexico Department of Health's Chronic Disease Prevention and Control Bureau received funding from the Centers for Disease Control and Prevention to develop a strategic plan for reducing obesity and related chronic diseases in New Mexico. The Bureau created the Obesity Prevention, Physical Activity and Nutrition Program (now known as the Physical Activity & Nutrition Program for Healthier Weight) to guide and manage the plan development, with New Mexico one of 28 states to undertake this broad planning process.

2004: The University of New Mexico Prevention Research Center (within the Center for Health Promotion and Disease Prevention) acted as a key partner in the earliest stages of development, coordinating a series of regional workshops around the state between April and June of 2004. Workshop participants shared concerns and identified needs that exist in their communities, as well as efforts already underway to address obesity and promote physical activity and healthful nutrition. About the same time, New Mexico Action for Healthy Kids conducted a statewide strategic planning forum to address nutrition and physical activity in the school setting. This process brought together a broad base of experienced professionals and resulted in comprehensive goals, recommendations and strategies for schools, many of which are incorporated into this plan. The executive summary of the Action for Healthy Kids report can be found in Appendix A.

2005: A Steering Committee was convened to guide the plan development. Meetings were conducted over a six-month period to identify the format and content of the plan. A special subcommittee, consisting of members from several Native American communities, met to examine obesity and overweight in the Native American communities

***New Mexico Plan to
Promote Healthier Weight
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of New Mexico. Related recommendations around relationships, communication, cultural sensitivity and information sharing also emerged from this meeting.

A statewide forum was held in March to obtain stakeholder feedback on the plan. Participants representing a wide range of constituencies reviewed the plan in relation to their respective fields. Input from forum participants was integrated into the draft plan by the steering committee, and reviewed a final time by forum representatives. The steering committee concluded its meetings in June after finalizing the plan's major components and structure.

In the summer, state partners working on obesity prevention initiatives were brought together to develop the 2006 implementation plan. Partner activities already aligned with the plan's objectives and strategic goals were included in this first year's implementation plan. It is anticipated that subsequent implementation plans will be similarly developed and include fresh and innovative activities that support and are supported by the state healthier weight plan. A strong collaborative network has emerged through the planning process, and an expected outcome of this network is more focused, effective and innovative programs and activities to impact obesity, overweight and related conditions in the state.

Many people share ownership of *The New Mexico Plan to Promote Healthier Weight* and gave generously of their time, energy, and expertise to its creation. This plan will be used by a broad base of partners who join the New Mexico Department of Health in recognizing that obesity is a serious health issue that can only be addressed by people working together at many levels.

A Socio-Ecologic Approach

It is understood that many factors affect an individual's ability to make positive health behavior choices and changes. These factors include the physical and social environments of communities and organizations, the policies, practices and norms within social and work settings, and access to information. This plan is based upon a multi-level model of health promotion, sometimes called a socio-ecologic model, which seeks to address these factors in a comprehensive way (McLeroy et al., 1988).

The model, depicted in Figure 1, provides a "big picture" way of thinking about health promotion strategies that extend beyond programs focused on the individual. While such programs have been moderately successful in educating individuals about healthy lifestyles, it has become clear that effective changes are very difficult to maintain without

corresponding changes to the surrounding organizational, community, social and physical environments. Programs implemented at the upper three levels of the model (public policy, community, and organizational) help support those at the individual and interpersonal level. The Native American subcommittee provided valuable insight into the different social and political structures of many Native communities that do not fall as neatly into this version of the multi-level model. This insight will help inform future relationships and activities planned with Native communities.

Socio-Ecologic Model



Figure 1. Socio-Ecologic Model

Source: Adapted from McLeroy, et al., *An ecological perspective on health promotion programs*. *Health Education Quarterly* 1988; 15:351-77.

Public Policy – state and national policies and laws; media campaigns that promote public awareness.

Community – coalitions, citizens, community leaders coordinating efforts for change, including local policies.

Organizational – changing policies, practices and physical environment of an organization (e.g., a workplace or school).

Interpersonal – family, peers and social groups that help educate and support, such as walking groups and lay health advisors.

Individual – motivating individual behavior change through knowledge, attitudes or beliefs.

An informal needs scan was conducted as part of the regional workshops mentioned earlier. Results indicated that while the vast majority of physical activity and nutrition programs in New Mexico are geared toward the socio-ecologic model's lower levels, participants understand the need to address the upper levels in order to enhance and sustain their current efforts.

New Mexico's first statewide strategic plan to combat overweight and obesity provides information on the impact of overweight and obesity for New Mexico, highlights some of the efforts currently underway to address this health concern, and suggests strategic approaches and objectives which will be used to demonstrate progress, direct efforts, and ultimately improve the health of New Mexicans for many years to come.

Acknowledgements

Gratitude is extended to the individuals listed below for their contributions in developing and producing this plan.

Chronic Disease Prevention and Control Bureau Chief David Vigil, M.B.A., and Project Officer Claire Heiser, M.S., R.D., and other staff with the Centers for Disease Control and Prevention, Division of Nutrition and Physical Activity, and their evaluation contractor, RTI International.

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NM Department of Health Physical Activity & Nutrition Program for Healthier Weight staff: Susan Baum, M.D., M.P.H., physician epidemiologist, Linda Cryer, R.D., L.D., nutrition coordinator, Lisa McNichol Gatan, M.S., program manager, and Ingrid Wentzel, M.S., physical activity coordinator.

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Important statewide partners:

Albuquerque Alliance for Active Living	Federal Highway Administration
Albuquerque Area Indian Health Board	First Nations Community Health Source
American Cancer Society	Five Sandoval Indian Pueblos - Santa Ana and Zia CHR Programs
American Heart Association	Gallup Indian Medical Center Diabetes Program
Ben Archer Health Center, Hatch	General Mills
Bernalillo County Health Council	Governor's Council on Physical Fitness and Health
Bernalillo County Parks and Recreation	Hidalgo Medical Services
Cañoncito Band of Navajos Health Center, Incorporated	Indian Health Service, Albuquerque Area Diabetes Program
Catholic Indian Center GAIN Program	Indian Health Service, Albuquerque Service Unit
City of Hobbs	Intel Corporation Wellness Program
City of Rio Rancho Parks and Recreation	Kirtland Air Force Base Fitness and Nutrition Program
City of Roswell Recreation Department	La Clinica de Familia, Incorporated
Climbing to Success - Action for Youth	Las Cruces Public Schools, Health and Nutrition Programs
Colfax County Health Council	Los Alamos National Laboratories Wellness Program
Community United for Quality Living	Lovelace Health Plan
Dairy MAX	LUNA Health Council
De Baca County Health Council	Mid Region Council of Governments
Eastern New Mexico University - Roswell	Montañas del Norte Area Health Education Center
Eddy County Community Health Council	
Envision New Mexico	
Farm to Table	

Nambe Pueblo Health and Human Services
National Dance Institute of New Mexico
National Indian Council on Aging
National Park Service Rivers, Trails & Conservation Assistance Program
Navajo Health Education Program
Navajo Special Diabetes Project
NM Action for Healthy Kids
NM Association of Food Banks
NM Clinical Prevention Initiative
NM Department of Health Arthritis and Osteoporosis Program
NM Department of Health Breast and Cervical Cancer Program
NM Department of Health Comprehensive Cancer Program
NM Department of Health Diabetes Prevention and Control Program
NM Department of Health Office of African American Affairs
NM Department of Health Office of Disability and Health
NM Department of Health Office of School Health
NM Department of Health Regional Health Promotion Teams
NM Department of Health Tobacco Use Prevention and Control Program
NM Department of Health Women, Infants, and Children Program
NM Department of Transportation, Bicycle, Pedestrian and Equestrian Advisory Council
NM Farmers Marketing Association
NM Food and Agriculture Policy Council
NM Healthcare Takes on Diabetes
NM Human Services Department, Food Nutrition Services Bureau
NM Media Literacy Project
NM Medical Society
NM Pediatric Society
NM Primary Care Association
NM Public Education Department
NM Restaurant Association
NM Senior Olympics
NM State University Cooperative Extension Service
NM State University Physical Education Department

NM State University Southern Area Health Education Center
NM State University Student and Employee Health Center
NM Veterans Administration Healthcare System
NM Wellness Coalition
Overeaters Anonymous
Pine Hill Health Center
Presbyterian Health Plan
Pueblo of Cochiti Diabetes Program and CHR Program
Pueblo of Isleta Diabetes Program
Pueblo of Laguna Diabetes Program
Pueblo of Pojoaque Diabetes Program
Pueblo of San Juan Diabetes Program
Pueblo of Zia
Pueblo of Zuni, School Healthy Lifestyles Program
Quay County Children's Medical Services
Quay County Maternal and Child Health Council
REACH 2000
Regional Endocrinology Associates
Roosevelt General Hospital
Sandia National Laboratories Wellness Program
Sandoval County Community Health Alliance
Santa Barbara Martineztown Neighborhood Association
Second Presbyterian Church Health Center
Socorro County Health Council
Southwest Endocrinology Associates
Southwest Indian Polytechnic Institute
Teen Parent Residence
To'Hajiilee Diabetes Program
U.S. Congressman Tom Udall
U.S. Senator Jeff Bingaman
University of New Mexico Center for Native American Health
University of New Mexico Diabetes Certificate Program, Gallup
University of New Mexico Employee Health Promotion Program
University of New Mexico Institute of Public Health
Walk Albuquerque
Youth Development, Incorporated

Executive Summary



Today over half of New Mexico adults are overweight or obese, double the number since 1990. Nearly one quarter of NM high school students and one fifth of 2-5 year olds who participate in the WIC Program are at risk for overweight or overweight. These rates show no signs of slowing down.

Overweight and obesity contribute to developing chronic conditions like heart disease, diabetes, cancer and arthritis, diminish quality of life, and create a significant economic burden on employers, the healthcare system and society as a whole. More children than ever before are overweight, and are likely to be overweight adults.

The New Mexico Department of Health Physical Activity & Nutrition Program for Healthier Weight with over 150 partners recently concluded an extensive, inclusive process to examine the problem of overweight and obesity in New Mexico and what organizations can do to address it. Those partners helped develop key recommendations and are committed to putting them into action.

Partners envision a state where New Mexicans value and enjoy optimal health in communities where it's easy to be active and make good nutritional choices. Families, communities, organizations, businesses and government work effectively together to create a vibrant, healthy society where health disparities no longer exist and obesity, overweight and related chronic disease rates are low.

New Mexicans are largely aware that regular physical activity and healthful eating can reduce the risk of developing chronic health conditions, manage weight, and improve quality of life. Yet just half of all New Mexico adults get the minimum recommended amount of exercise, and one quarter are not active at all. Less than a quarter eat five or more fruit and vegetable servings daily. Specific education that addresses behavior change skills and increasing social support is effective in improving these behaviors for many individuals.

Health promotion focused on individual behavior change is important, but by itself is not effective enough to reduce the obesity epidemic. Changes to the environment and to policies that reduce barriers to being physically active and choosing healthful foods and beverages, combined with other successful strategies, must be put into place. Other complex contributors to unhealthy weight gain also must be recognized and addressed.

New Mexico communities need to work together with their policy makers, planners, educators, and businesses, to create the physical, social, political and economic environments that will support children and adults to make healthful choices in all settings.

Recommendations

- To improve effectiveness, all programs that conduct physical activity, nutrition and overweight or obesity activities should:
 - * Focus activities in key areas
 - Increase physical activity
 - Reduce TV and other screen time
 - Increase fruit and vegetable intake
 - Educate on portion control
 - Increase breastfeeding rates
 - Reduce sweetened beverage consumption
 - * Initiate activities in a variety of settings (community and regional planning, education systems, families and communities, healthcare systems, food systems, worksites)
 - * Initiate activities in multiple levels of influence (individual, interpersonal, organizational, community, public policy)
 - * Target efforts towards populations shown to be at greatest risk:
 - Children and adolescents and their families, and adults;
 - Residents of the Southeast and Northwest regions of the state;
 - People of Hispanic and Native American ethnicities;
 - People who earn less than \$10,000 per year.
 - * Include an evaluation component to assess the effectiveness of programs

- Policy makers, voluntary organizations and advocacy groups should seek opportunities to create and enhance policies and environments that support individuals to be more physically active and make healthful food and beverage choices.

- Healthcare providers, administrators and payors need to develop consistent policies and practices to support promotion of healthier weight in clinical settings.

These recommendations come from an international pool of evidence-based programs that have been rigorously examined for effectiveness, and from the expressed needs of New Mexico communities. Many of these recommendations are already in place, but only in a select few programs throughout the state.

No one organization can accomplish such broad objectives, and no single source of funds currently exists to support needed activities. Partnerships need to be developed and strengthened, and significant financial resources must be dedicated to this important health issue.

Clear, accurate and science-based information will need to be gathered and disseminated to health care providers, educators, administrators, legislators, and community based groups. Organizations will be more effective if they are on the same page with state of the art information and strategies to prevent and control obesity and overweight.

To coordinate strategies and monitor progress made towards these recommendations, the New Mexico Healthier Weight Council is being created. This Council will be comprised of and will connect partners from numerous organizations who are working on issues related to physical activity, healthful nutrition, overweight and obesity. It will convene under the general guidance of the New Mexico Department of Health Physical Activity & Nutrition Program for Healthier Weight.

The Council will focus the efforts of diverse partners, creating a single, more powerful entity to mobilize around important issues. Most importantly, the Council represents the first ever statewide collaboration of partners from a variety of organizations specifically organized to address obesity and overweight in New Mexico. Through its efforts and those of other key partners statewide, the vision of a healthy, vibrant New Mexico will be realized.

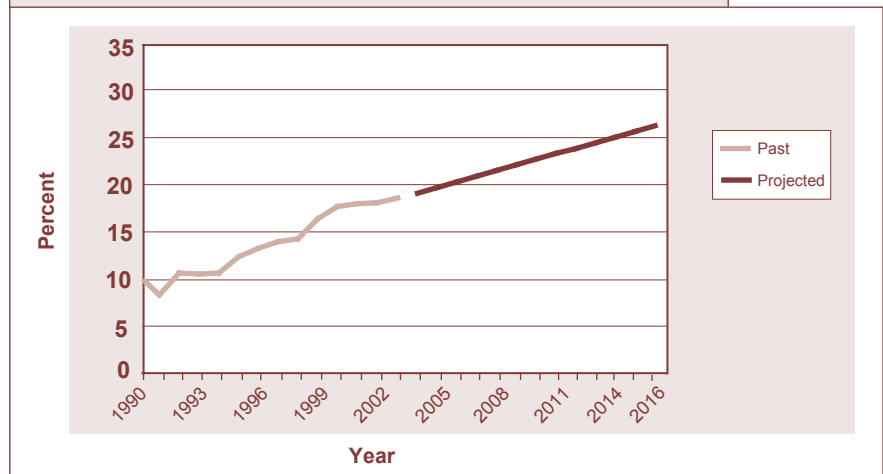


Obesity and Overweight in New Mexico

Definitions and Trends

Obesity and overweight are epidemic. Since 1990 the number of adults who are obese has doubled both in New Mexico and nationwide. If measures are not taken in a variety of settings to stop this trend, obesity

Figure 1. Adult Obesity in NM: Past Rate and Projected Trend through 2016 if nothing is done, based on BRFSS Data (Baum, 2005)



rates and their associated health and financial costs in New Mexico will continue to escalate (Figure 1).

Obesity and overweight result when energy intake (calories from foods and beverages) exceeds energy expenditure (calories the body uses for normal functions and physical activity). Simple as this may sound, complex interactions between individual factors and environmental factors are at play, and effective solutions that positively impact large numbers of people have been elusive.

Health promotion efforts focused on individual behavior change alone are moderately effective, but the magnitude of the problem and the rate at which it is increasing, call for a broader strategy. According to the U.S. Surgeon General and the Centers for Disease Control and Prevention, effective programs will need to combine environmental supports and policy approaches with those that address individual behavior (The Guide to Community Preventive Services, 2003; US DHHS, 2001).

The current state of obesity and overweight in New Mexico is presented below, including data about groups of people who are unequally impacted by the issue. A number of factors contributing to overweight and obesity have been identified in the scientific literature. These factors and related approaches to address the problem are discussed in the section that follows.

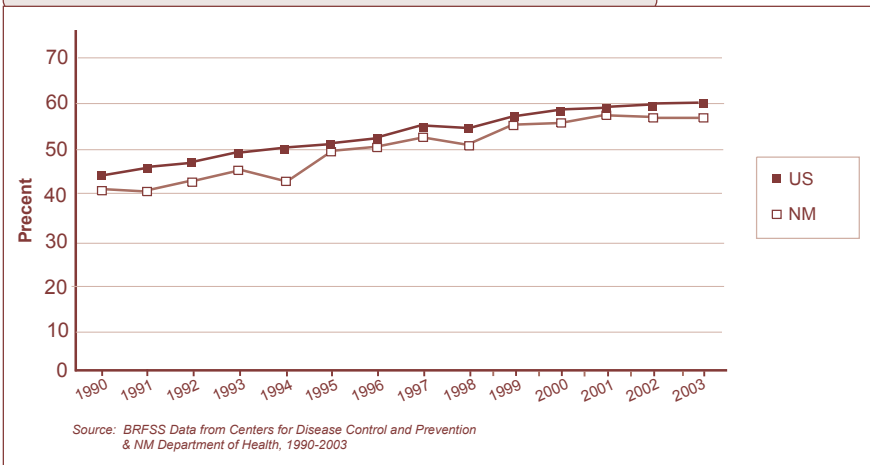
New Mexico Data

Background

New Mexico is known for its cultural diversity. About 45% of New Mexicans are White non-Hispanic, 42% are Hispanic, 10% are American Indian, 2% are Black, and 1% are Asian.

New Mexico is the fifth largest state geographically but is sixth lowest in population density; there are on average only 15 people per square mile. Compared to the U.S. as a whole, fewer New Mexicans live in urban areas (59% vs. 82% for the U.S.) (2001 U.S. Census Population Estimates).

Figure 2. Adult combined overweight and obesity prevalence, NM compared to U.S., 1990-2003



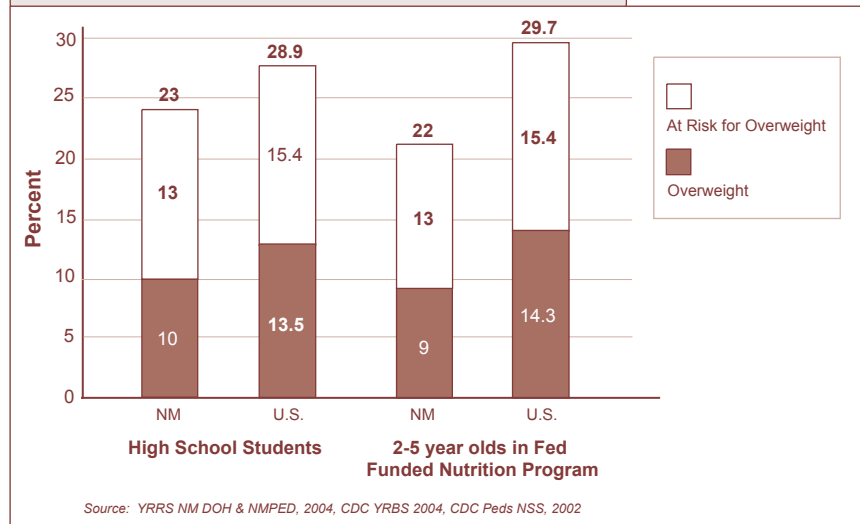
Weight Status of Adults

Obesity and overweight have risen steadily in New Mexico as they have elsewhere, yet New Mexico’s rates are slightly lower than those of the nation as a whole (Figure 2). The data depicted in Figure 2 are self-reported, collected via the carefully designed Behavioral Risk Factor Surveillance System telephone surveys, that are completed each year at the state and national levels. However, national estimates based on directly measured heights and weights suggest that telephone survey data may underestimate the problem, so the rate for New Mexico may be even higher than reported (CDC, 1999-2000).

Weight Status of Youth

New Mexico youth overweight data is collected for 2-5 year olds in the Women Infant and Children (WIC) program and for high school students through self-report. These rates have shown a steady increase as well, but remain below those for the nation (Figure 3). Currently there is no system in place in New Mexico (or most states) to collect weight related data on children from kindergarten through eighth grade that is representative for the entire state. Recent national surveys using direct measurements indicate that 19% of children aged 6-11, and 17% of adolescents aged 16-19 are overweight (at or above the 95th percentile) (CDC, 2003-2004).

Figure 3. Youth at risk for overweight and overweight NM compared to US



Definitions

Overweight and Obesity in Adults

BMI (body mass index) is a measure of a person's weight in relation to height and correlates with body fat. Adults aged 21 years and older with a BMI between 25-29.9 are considered overweight, and those with a BMI of 30 or greater are considered obese. Weight status categories for adults based on BMI do not differ by gender or age.

At Risk for Overweight and Overweight in Youth

In children and adolescents aged 2-20 years, weight status is based on BMI-for-age and is also gender specific. Youth with a BMI between the 85th and 95th percentiles for their age and sex are considered at risk for overweight. Those with a BMI at or above the 95th percentile are considered overweight.

—U.S. Department of Health and Human Services (US DHHS), 2001.

Health Problems Associated with Excess Weight

Considering the rise in weight in every age group across the nation, the temptation may be to redefine “normal” weight to higher levels. However, health risks increase for people with a body mass index (BMI) at or above 25, and risk of death increases with a BMI at or above 30. Overweight and obesity are associated with increased rates of diabetes, cardiovascular disease, asthma, arthritis, some cancers, and poor health status (US DHHS, 2001). Chronic diseases such as these are responsible for six out of every ten deaths in New Mexico (New Mexico Vital Records and Health Statistics, April 2004).

Young people are at risk as well: overweight children are more likely to grow up to be overweight as adults, to exhibit chronic disease risk factors and to suffer discrimination from their peers (Dietz, 1998). The risks described below represent some of the most common, most costly, and in many cases most preventable health problems related to obesity and overweight (US DHHS, 2001).

An estimated 84,000 adults in NM are currently diagnosed with diabetes, and 80% of them are overweight or obese. Type 2 diabetes, long associated with excess weight and considered an adult disease, is increasingly occurring in children and can no longer be referred to as “adult-onset diabetes.” Complications related to diabetes are serious and include blindness, amputations, kidney failure, and cardiovascular disease. Diabetes incidence increased an estimated 37% in New Mexico from 1990 to 2000 (Mokdad et al., 2003). Hispanics and African Americans are twice as likely, and Native Americans are three times as likely to develop diabetes compared to non-Hispanic Whites (NM BRFSS, 2004 data).

Heart disease (such as heart attack and heart failure) and stroke are the leading causes of death in New Mexico, accounting for 30% of all

deaths every year (New Mexico Vital Records and Health Statistics, April 2004). Excess body weight contributes greatly to the development of heart disease and stroke risk factors, including high blood pressure, abnormal cholesterol, and diabetes.

Cancer is the second most common cause of death in New Mexico. Excess weight increases the risk of developing a number of cancers, including endometrial, colon, kidney, esophageal, and post-menopausal breast cancer. Excess weight can also make diagnosis and treatment of some cancers more difficult, thereby contributing to cancer deaths (Calle et al., 2003).

Arthritis and chronic joint symptoms (CJS) affect an estimated 415,000 adult New Mexicans. Obese and overweight adults are 27% more likely than normal weight adults to have arthritis or CJS, and are also more likely to have limitations due to their symptoms (2001 NM BRFSS). Weight control and appropriate physical activity are important in both the prevention and management of some of the most common forms of arthritis.

Although not all people whose weight is above recommended levels are physically inactive and “out of shape,” obesity often contributes to poor fitness by limiting mobility and decreasing physical endurance. In one study, poor fitness in women due to low levels of physical activity was an important predictor of all-cause mortality regardless of weight (Farrell et al. 2002). But, as BMI increased, the proportion of women with poor fitness levels also increased.

People who engage in regular physical activity and healthy eating practices decrease their risk for chronic diseases and generally live healthier and longer lives. Thousands of cases of diabetes, heart disease, cancer, arthritis and their related disabilities could potentially be prevented or postponed through improved nutrition, increased physical activity, improved fitness and attaining a healthier weight.

Related Adverse Consequences and Costs

The economic burden of chronic diseases related to overweight and obesity is devastating to the state and national economy. The U.S. spends an estimated \$117 billion annually for direct and indirect medical costs related to obesity and overweight (Wolf and Colditz, 1998). New Mexico spends an estimated \$324 million annually on direct adult medical expenditures (preventive, diagnostic and treatment services) that can be attributed to obesity. Among these millions, \$51 million is spent within the Medicare population and a disproportionately high \$84 million is spent within the Medicaid population (Finkelstein et al., 2004).

The business sector also bears significant costs through lost work time, decreased productivity and health benefit costs. Though these and other indirect costs of obesity and overweight have not been measured in New Mexico, a national study shows them to be nearly as high as direct medical costs (Wolf, 1998). Business leaders, policy makers and

public health professionals alike have significant motivation to decrease these expenses by promoting initiatives that increase opportunities for individuals to achieve and maintain healthier weights.

Health Disparities

The National Institutes of Health defines health disparities as “differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups” (Smedley, Stith and Nelson, eds., 2003). Obesity-related disparities place a heavy health and economic burden upon the populations they affect, and on the state as a whole.

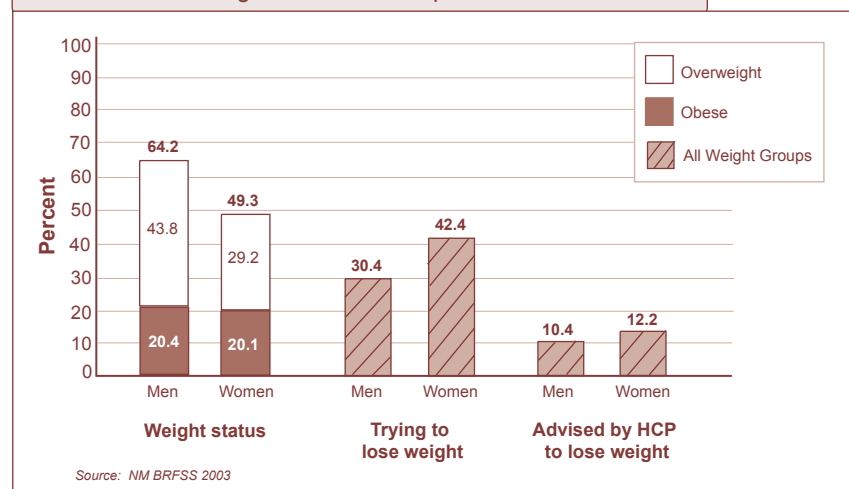
In New Mexico, obesity and overweight are disproportionately represented in several population groups. In this section, the available data is presented for a given group in New Mexico, understanding that it is possible not every group experiencing health disparities is represented. For example, while national data indicate higher rates of obesity and overweight in African American populations as compared to White, non-Hispanic populations, this information is not available for New Mexico.

Groups Unequally Impacted by Obesity and Overweight in New Mexico

Gender

More men are overweight (BMI of 25-29.9) than women, while men and women in New Mexico have similar rates of obesity (BMI ≥ 30). Of note, significantly more women than men indicated they were trying to lose weight, and although men have higher combined rates of obesity and overweight, more women say they received advice from their health care provider (HCP) to lose weight (Figure 4).

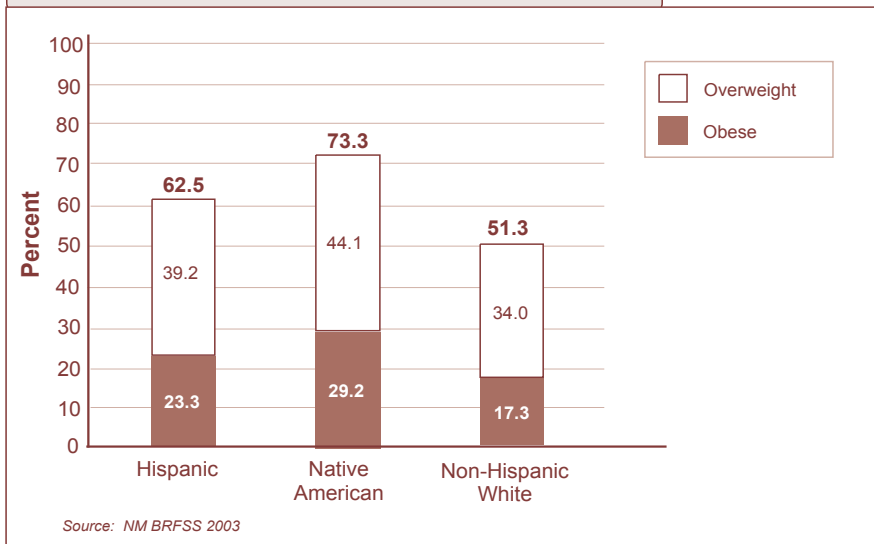
Figure 4. Weight Status, Trying to Lose Weight and Advised to Lose Weight: NM Men compared to Women



Race and Ethnicity

Hispanic and Native American adults have statistically higher rates of obesity than do White, non-Hispanic adults in New Mexico (Figure 5). Accurate information is not available for African Americans at the state level but it is clear from national data that African Americans as a group are at markedly increased risk for excess weight and related health conditions. For the period 1999-2000, 39.9% of the adult African American population nationwide was obese, compared to 28.7% of non-Hispanic Whites and 34.4% of Mexican Americans (Flegal et al., 2002).

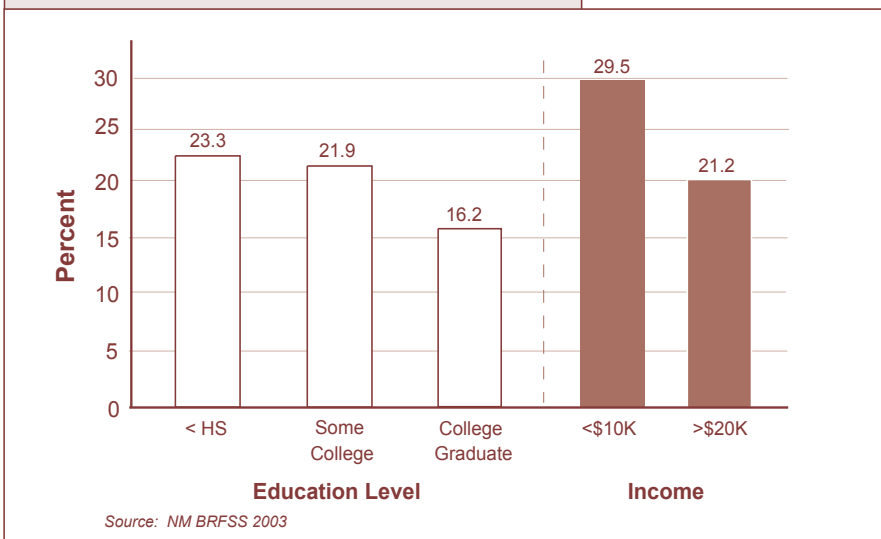
Figure 5. Overweight and Obesity in NM Adults by Race and Ethnicity



Education and Economic Status

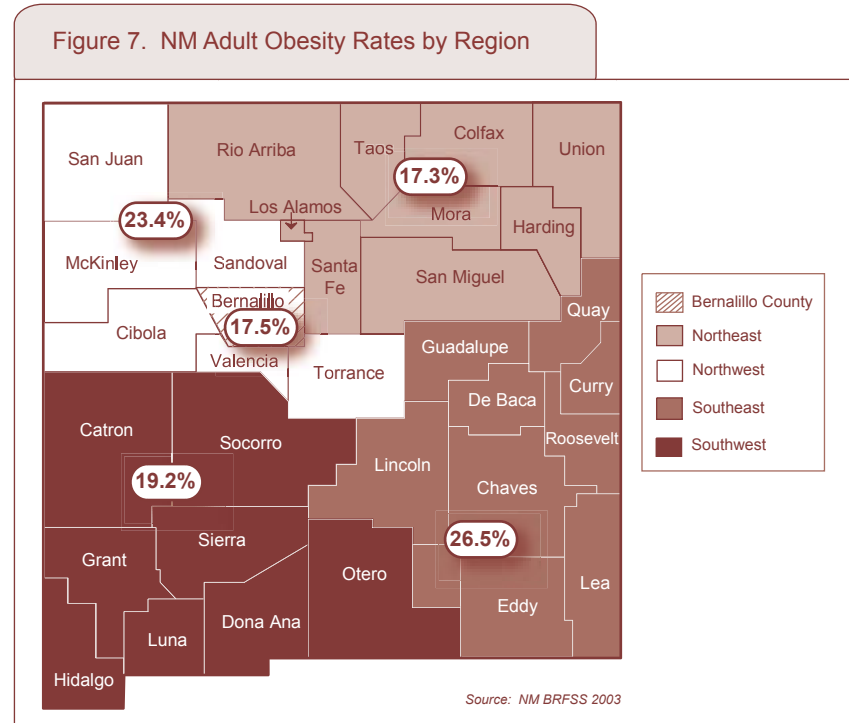
Non-college graduates have statistically higher rates of obesity than do college graduates in New Mexico. Adults with annual incomes of less than \$10,000 have statistically higher rates of obesity than those with incomes of \$20,000 or more (Figure 6).

Figure 6. Obesity in NM Adults by Education Level and Income



Regional Differences in Adult Obesity Rates

Adults living in New Mexico’s Northwest and Southeast regions have statistically higher rates of obesity than those living in Bernalillo County and the Northeast region of the state. The Southeast region has rates of obesity that are also statistically higher than the rates for the Southwest region of the state (Figure 7).



Disabilities

Nationally, people with disabilities have an estimated rate of obesity 1.6 times that of people without disabilities: 30.2% of people with disabilities surveyed were obese, compared to 18.5% of people without disabilities (2001 BRFSS). In New Mexico, approximately 60% of people with disabilities identified themselves as either overweight or obese (1998-2000 NM BRFSS Disability Supplement). The weight status question did not distinguish between overweight and obesity, therefore the full extent of this problem for New Mexicans with disabilities is not known.

Discrimination and Weight

In a landmark review of scientific, legal and policy literature spanning several decades, Puhl and Brownell (2001) concluded that “discrimination against obese individuals is very real.” They found that clear and consistent discriminatory attitudes, and sometimes discriminatory behavior, toward obese individuals can be documented in three important areas of living: employment, education, and health care.

Among their findings were that 28% of teachers in one study said that becoming obese is the worst thing that can happen to a person; 24% of nurses said that they are “repulsed” by obese persons; and that parents provide less college support for their overweight than for their thin children. They also reported “substantial rejection of obese children by peers at school,” and negative consequences on social and athletic competence and self-esteem.

Puhl and Brownell’s other findings included the suggestion of discrimination occurring in adoption proceedings, jury selection, housing, public accommodations, and scientific research. Their conclusions are consistent with more recent studies showing that obesity negatively affects total earnings and annual wages, particularly for females (Cawley, 2004).

Puhl and Brownell point out “it is important to know whether the increasing prevalence of obesity will lead to more or less discrimination.” Equally important to know is whether an increasing focus on the adverse health and economic consequences of obesity, and the launching of initiatives to decrease these consequences, will lead to more or less discrimination. This consideration should be an integral part of selecting and implementing all interventions to promote healthier weight in New Mexico, and in evaluating all interventions for potential unintended consequences.

Unintended Consequences of Overemphasizing Individual Behaviors

Health promotion strategies that create and enhance opportunities for individuals to make healthier food and physical activity choices and build healthier communities are positive and affirming and neither blame, stigmatize nor alienate populations of interest.

This comprehensive approach may also avoid some unintended consequences of an overemphasis on individual behaviors related to obesity or weight loss. These could include:

- a focus on weight instead of nutrition that leads some to adopt the diet *du jour* rather than eating nutritious food;
- a focus on weight alone that can have serious consequences for mental health due partly to pervasive stigmatization by society;
- distorted cultural norms for healthy weight may lead to eating disorders;

- the obesity stigma may affect individuals' decisions to seek preventive health care;
- the emphasis on obesity may keep the focus away from creating healthy lifestyles (Cohen, Perales and Steadman, 2005).

Summary

Reliable national and state surveillance data have clearly indicated that the populations at highest risk for overweight and obesity in New Mexico are Native Americans and Hispanics, people living in the Southeast and Northwest regions of the state, and people with very low incomes. Priority groups for interventions or activities are children and adolescents and their families, and high risk adults in the regions, races, ethnicities, abilities and income levels mentioned above.

More information on New Mexico populations is needed regarding:

- knowledge, attitudes and perceptions surrounding healthful eating and physical activity,
- social norms relating to grocery shopping, food preparation, eating away from home, outdoor play and television viewing,
- adult media habits including TV viewing,
- how ready individuals are to make changes, and
- related environmental factors.

The New Mexico Department of Health is prepared to start the process to obtain this needed information by conducting a statewide survey in 2006. Results from the survey will be shared with partners and will contribute to future revisions of the *New Mexico Plan to Promote Healthier Weight*.

Social, Environmental, Behavioral, and Other Contributors to Obesity

“Focusing on the obese and overweight individual alone is not helping us address the broader social and economic issues that influence people’s lives. [Environmental] strategies...remove us from a focus on ...blaming the individual for their condition. It moves us toward conceptualizing and developing family, community, and governmental strategies that can involve the priority population in inclusive and respectful actions that can create healthy environments”

(Cohen, Perales and Steadman, 2005).

Obesigenic Environment

People live today in what is increasingly known as an “obesigenic environment.” In other words, the surrounding social and physical environments are more conducive to sedentary lifestyles and unhealthy food and beverage choices than they are to healthier alternatives.

The influences of the physical or built environment and political, cultural and social environments on unhealthy weight are considerable. While it is difficult to sort out which factors actually influence the adoption of healthy choices, research has suggested that when environmental factors are modified to support healthy behaviors in individuals, more individuals engage in those behaviors (Frank, 2005; Giles-Corti et al., 2005; Hoehner et al., 2005).

Certain developments in U.S. culture and society in recent decades that have influenced this obesigenic trend include:

- Community designs centered on the automobile. This has discouraged walking and bicycling, made it more difficult for children to get together to play, and has increased the time adults spend driving.
- Increased concerns about safety that limit the time and areas children are allowed to play outside. Additionally, more children spend long hours in front of the television or computer screen, instead of spending time actively playing (Crespo, et al., 2001).
- Reduced amount of time students spend in physical education (PE) classes. The actual time spent in activity may be too short to be of sufficient benefit, and students may be required to take fewer PE classes overall.
- Communities without close-to-home physical activity facilities (e.g., parks, recreation centers), resulting in fewer convenient opportunities for neighborhood residents to be active.
- Food and beverage marketing practices, especially regarding children. Of the approximately \$33 billion spent on food advertising annually, about 70% is for sweets and just 2% goes toward fruit and vegetable promotion (Nestle, 2002). The Institute of Medicine recently concluded that food and beverage marketing practices geared toward children and youth are

“sharply out of balance with recommended healthful diets” and put children’s health at risk (McGinnis, Gootman and Kraak, eds., 2006).

- High calorie foods and beverages which are easily available, cheap and tasty. In many low income communities there are no grocery stores, leaving people to rely on the higher calorie, less nutritious choices from convenience stores and fast food restaurants (Morland et al., 2002).
- Restaurant and processed food portion sizes have increased two to five times for many foods since the 1970s, partly in response to consumer demands for greater “value” (Nicklas, 2001). At the same time, more people are eating meals away from home. Food expenditures, including fast food and other restaurants, increased from \$263 billion in 1992 to \$415 billion in 2002 (Stewart, Blisard, Bhuyan et al., 2004).
- Recent studies suggest that adults tend to eat the portions they’re served regardless of how large the size may be, suggesting that public expectations and understanding of healthy portions have changed, and that adults’ ability to self-regulate is limited (Wansink, 2005).

These pervasive contributors to the obesigenic environment are projected to continue to negatively influence health in the absence of swift and decisive measures to counter them. The most recent research indicates that the majority of normal weight adults can expect to become overweight or obese if they do not take action to maintain a healthy weight (Vasan et al., 2005). Future generations will likely experience greater illness, reduced quality of life, and shorter life spans than their parents (Olshansky et al., 2005) due to the burden of increasing rates of overweight and obesity. Social and physical environments must support citizens to achieve and maintain a healthy weight over the long term.

Food Insecurity and Obesity

Economic constraints for some New Mexicans affect nutrition and create additional burdens related to obesity and overweight. Many low-income households lack food security, or access to enough food to fully meet basic needs at all times. Such households face the fear of running out of food, and the result is a reduction in the quality of diet and reduction in the quantity of food consumed.

Paradoxically, food insecurity and obesity are linked.

The Brandeis University Center on Hunger has identified the following key factors linking obesity and food insecurity:

- Low-income families may consume lower-cost foods with relatively higher levels of calories per dollar,
- Families sacrifice food quality for food quantity to stretch limited resources,
- Mothers in particular sacrifice their own nutrition to feed their children, yet may overeat when food is available again, and
- The body may store fat more efficiently to conserve energy when there are periods of food deprivation. (Brandeis University, 2003).

Fourteen percent of New Mexicans are food insecure or hungry, and almost 20 percent of New Mexico’s children regularly miss meals because of inadequate family income (Economic Research Service/USDA, 2003).

Behavioral Contributors

An important overarching concept in addressing unhealthy weight is energy balance, where both physical activity and nutrition are considered as part of the same equation.

After a systematic review of existing research studies and results from community-based programs, the Centers for Disease Control and Prevention and others have identified some specific areas of focus likely to be effective in reducing unhealthy weight, which are also to be viewed in terms of energy balance. Engaging in physical activity, reducing time spent in television viewing or other screen activities, and healthful nutrition including fruit and vegetable consumption and breastfeeding are areas of promise for activities to promote healthier weight.

Physical Activity

Regular physical activity is critical to overall physical and mental health, physical fitness, and to achieving and maintaining a healthy weight. It is essential to the development of strong bones, muscles, and cardiovascular health in children, and to maintaining that foundation in adults and older adults. Most importantly perhaps is the fact that healthy habits formed in youth are most likely to be maintained into adulthood.

Adult Physical Activity Recommendations:

To reduce the risk of chronic disease, engage in at least 30 minutes of *moderate* intensity physical activity, *above usual activity*, most days of the week.

To manage body weight and prevent weight gain, engage in about 60 minutes of moderate to vigorous activity most days of the week while not exceeding calorie intake requirements.

To sustain weight loss in adulthood, participate in 60-90 minutes of moderate intensity activity most days of the week, while not exceeding calorie intake requirements.

Generally, greater health and fitness benefits are obtained by more vigorous or longer duration activity.

Children and adolescents should participate in at least 60 minutes of moderate to vigorous intensity physical activity most days of the week, preferably daily.

—U.S. Department of Health and Human Services (US DHHS), 2005.

Physical activity helps control a variety of common health conditions including arthritis, blood lipid disorders, and diabetes. Elderly persons can reduce the risk of falls and related fractures in part by increasing lower body strength and improving balance through regular physical activity (Judge et al. 1993; Campbell 1999). Elevating the level of physical activity may also provide indirect nutritional benefits. A sedentary lifestyle limits the number of calories that can be consumed without gaining weight. The higher a person's physical activity level, the higher his or her energy requirement and the easier it is to plan food choices that meet nutrient needs within the recommended calorie range (US DHHS, 2005).

those in the at-risk of overweight category, 41% of females and 38% of males said they exercised (New Mexico Department of Health and New Mexico Public Education Department, 2004).

New Mexico public school physical education requirements, like many other states', are limited. For all New Mexico students, there are content standards for physical education, but currently no requirements on the frequency or amount per day or week, and teachers don't need to be licensed in PE to teach PE in elementary schools. Middle school students must have one year of PE in either 7th or 8th grade, and in high school, just one year is required (Section 22-1-2 NMSA 1978).

A NM youth survey indicates that 43% of middle school students do not participate in any PE classes (NM YTS, 2004). Half of all New Mexico high school students did not participate in a physical education class the previous week (2003 NM YRRS). National recommendations for quality daily physical education include at least 150 minutes per week of physical education for elementary students from a licensed physical education teacher, and at least 225 minutes of PE a week for middle and high school students (National Association of Sports and Physical Education, 2004).

Physical Activity in Adults

Adult participation in the recommended amount of physical activity differs by education, income, gender, age, and race/ethnicity. Table 1 illustrates the differences between subgroups within these categories. To improve health and reduce risk of chronic disease, regular lifelong physical activity needs to become a reality for more New Mexicans of all ages and abilities. Those with the lowest levels of activity are currently

In spite of its importance, New Mexicans are not achieving the levels of physical activity recommended to ensure their health.

Only half of all New Mexico adults report getting the minimum recommended amount of physical activity (2003 NM BRFSS).

Table 1. NM Adults with 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week.

Recommended Physical Activity		
College graduate	59.2	↑ Increases with education
High school graduate	48.9	
Less than high school	33.7	
>\$50,000	59.1	↑ Increases with income
<\$15,000	44.6	
Female	48.5	↓ Decreases with age
Male	54.3	
18-24	60.4	
35-44	50.7	
65+	40.9	
Non-Hispanic White	54.3	
Hispanic	47.4	

Source: NM BRFSS 2003

at the highest risk, and this should be considered in efforts to improve opportunities for and access to physical activity.

Television and other Screen Media Time

The amount of time spent watching television is another influence on weight, and has been studied most extensively in young people. Children and adolescents who watch more than three hours a day are more likely to be overweight (Dietz, 1985). Several research studies support that each hour of additional television time corresponds to a two to six percent increase in a child's likelihood of being overweight (Dietz et al., 1985; Dennison et al., 2002; Proctor et al., 2003). Time spent passively engaged with other screen media such as video and computer games and DVDs has not been studied as extensively but is implicated in children's unhealthy weight as well (Stettler, 2004; Vandewater, 2004).

The American Academy of Pediatrics together with the TV-Turnoff Network, an organization that encourages children and adults to watch much less television in order to promote healthier lives and communities, recommends no screen time for children under two years of age and limiting older children's media and screen time to no more than two hours daily (American Academy of Pediatrics, 2001).

Research focusing on children suggests that the role of television and screen media in overweight and obesity stems from several areas:

- 1) Television time displaces time children could spend in more physically active pursuits;
- 2) The food advertisements children are exposed to on TV influence them to make unhealthy food choices (Taras et al., 1989; Borzekowski, 2001), and;
- 3) Children snack excessively while watching TV and using other screen media (Crespo et al., 2001).

Of New Mexico middle school students recently surveyed, 20% reported watching two hours of TV on an average school day, and 16% watch five or more hours per day (NMYTS, 2004). Half of all high school students watch from one to three hours of TV on an average day, while 20% watch four or more hours (New Mexico Department of Health and New Mexico Public Education Department, 2004).

For adults, decreasing the amount of time spent watching television also has the potential to positively effect attaining and maintaining a healthy weight. In the Nurse's Health Study, researchers found that regardless of exercise levels, TV watching (more so than other sedentary activities) was associated with significantly elevated risk of obesity and type 2 diabetes, whereas even light to moderate activity was associated with substantially lower risk. This study emphasizes the importance of reducing prolonged TV watching and other sedentary behaviors for preventing both obesity and diabetes (Hu et al., 2003).

The Kaiser Family Foundation estimates that children view 20,000 - 40,000 television ads per year, and that at least 50 percent are for foods targeting children (The Role of Media in Childhood Obesity, 2004).

By the time the average American reaches age 65, he or she will have watched about nine entire years of television.

Healthful Eating

Good nutrition is essential for the proper growth of infants, children and adolescents and is vital for a healthier weight and chronic disease prevention for all ages. Healthful nutrition includes enjoying a variety of food and beverage choices that provide adequate nutrients within calorie needs. Since calorie needs are related to levels of physical activity, elevating the level of physical activity may also provide indirect nutritional benefits by making it easier to plan food choices that meet nutrient needs within the recommended calorie range (US DHHS, 2005). Portion size, fruit and vegetable consumption, sweetened beverage consumption and breastfeeding have been studied for their roles in obesity prevention.

Portion Size

Increased caloric intake (approximately 200 calories-per-day per capita increase since the 1970s) may account for much of the energy imbalance seen today, since reported levels of physical activity have not changed much in the past decade. Portion sizes began to grow in the 1970s, rose sharply in the 1980s, and have continued to parallel increasing body weights (Young and Nestle, 2002). Consumers are faced with conflicting information between federal standards and common marketplace food portions that typically exceed those federal standards (USDA, 2005).

Fruits and Vegetables

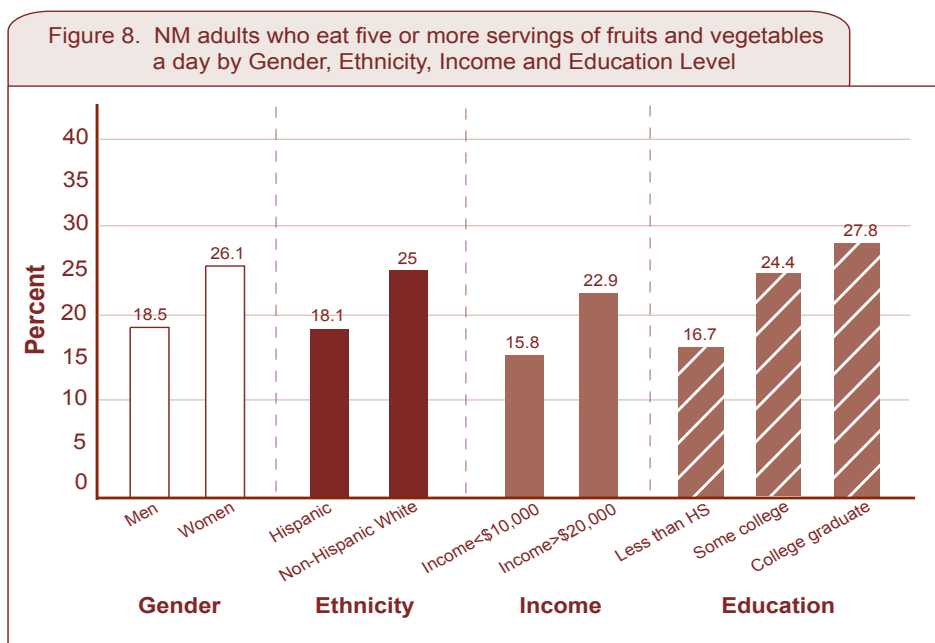
Ample data suggests that consuming the recommended five to nine or more servings a day of fruit and vegetables are likely to provide protection from cardiovascular disease and some cancers, as well as promoting overall good health (Produce for Better Health Foundation, 2002).

The water and fiber in these foods make them naturally low in calories, or energy density, but also make them satisfying to consume. A diet that includes five to nine or more servings of fruits and vegetables is also associated with lower rates of obesity and overweight (Lin and Morrison, 2002).

Currently, only 23% of New Mexico adults and 17% of New Mexico teens consume five or more servings of fruit and vegetables a day (NM BRFSS, 2003). Figure 8 illustrates differences in fruit and vegetable consumption among different groups in New Mexico.

Sweetened Beverages

As for sweetened beverages, U.S. per capita soft drink consumption has increased over 100% since the 1970s, and has tripled for adolescents. Americans are drinking sweetened beverages more often and in larger portions. Some studies suggest that liquid sugar does not send the brain fullness signals to the same extent as solids, and is one of the reasons sweetened beverages can be over consumed (Bray,



2004). There is currently no New Mexico-specific data on sweetened beverage or soft drink consumption.

Breastfeeding

Breastfeeding with its many benefits for mothers and babies is also widely recognized for its potential to reduce childhood overweight. Exclusive breastfeeding for the first six months is associated with a 20% or better reduction in the risk of overweight in childhood or adolescence (Armstrong, 2002; Dietz, 2001; Grummer-Strawn and Mei, 2004). The U.S. Department of Health and Human Services and the American Academy of Pediatrics recommend that infants be exclusively breastfed at a minimum from birth to 6 months, and preferably through the first year of life (US DHHS, 2000). The National Healthy People 2010 goals for breastfeeding initiation and duration are: 75% initiation of breastfeeding, 50% continuation at 6 months, and 25% at one year (US DHHS, Office of Disease Prevention and Health Promotion).

Breastfeeding provides economic and social benefits to the family, the health care system, the employer, and the nation. Families can save several hundred dollars over the cost of feeding formula, even after accounting for the costs of breast pump equipment and additional food required by the nursing mother (Riordan, 1997; Montgomery, 1997). Breastfed infants typically require fewer sick care visits, prescriptions, and hospitalizations. Total medical care expenditures can be about 20% lower for fully breastfed infants than for those never breastfed (US DHHS, 2000).

Physiological benefits for the breastfeeding mother include quicker recovery from childbirth and return to pre-pregnancy weight, and the reduction in risk of premenopausal and possibly postmenopausal breast cancer. In addition, the risk of ovarian cancer may be lower among women who have breastfed their children (Newcomb, 1999; Brinton et al., 1995).

New Mexico Breastfeeding Data

Eighty-two percent of NM mothers initiated breastfeeding in 2002, surpassing the Healthy People 2010 goal of 75%. Among those women 70% continued for at least nine weeks. In 2001-2002, women with high school education or less had a considerably lower initiation rate than those with more than high school education (75% versus 91%). Only 78% of Hispanic mothers initiated breastfeeding compared with 84% of Native Americans or 85% of non-Hispanic whites. Similar disparities appeared for continuation (NM PRAMS 2000-2001). There is insufficient data at this time regarding African American mothers in New Mexico.

In the New Mexico Women, Infants and Children (WIC) program, the percentage of mothers who began breastfeeding was 69% in 2005. The element of social support boosted rates significantly; in WIC clinics with peer counselors, the average breastfeeding initiation rate was 74% (NM Women Infants and Children Nutrition Program, Breastfeeding Promotion Program).

Several studies demonstrate a relationship between maternal obesity and overweight in their children, supporting the common assertion that children are more likely to be overweight when one or both parents are overweight or obese. Additionally, these overweight and obese mothers were 50% less likely to breastfeed, perhaps because maternal adiposity prevents successful initiation or maintenance of breastfeeding (Gillman et al., 2001, Hediger et al., 2001). This suggests that a combined effect of maternal overweight with the absence of breastfeeding may result in an increased risk for children of becoming overweight in later years.

The mechanism by which breastfeeding may protect against later overweight and obesity is unclear. The rising number of overweight children, adolescents and adults, however, calls for employing all promising approaches to achieve healthier weight for New Mexicans of all ages.

Other Contributors to Obesity and Overweight

There is no doubt that obesity results from energy imbalance related to “calories in” from food and beverages consumed and “calories out” burned during physical activity. Understandably, the majority of initiatives to promote healthier weight focus on improving energy balance through individual behavior change and creating environments that support healthful behavior.

However, Bray and Champagne note that “it is what the energy balance concept does not tell us that is most important in dealing with obesity.” The concept of energy balance does not tell us anything about how genes are involved in metabolism, or why men and women deposit and store fat differently, or why some drugs affect weight loss or gain. They add that “understanding these mechanisms will allow us to tackle the epidemic of obesity” (2003).

It's important to recognize that complex factors exist whose effects on energy balance are not currently understood. These "other contributors" to overweight and obesity may include hereditary and biological factors, which can influence not only food intake but also how many calories an individual burns through generating body heat, digesting food, resting, and even "fidgeting."

Other contributors can also include an individual's medical or psychological conditions or treatment, which require identification and management in partnership with a knowledgeable health care professional. A personal history of physical, sexual or emotional trauma can also greatly affect weight status for individuals in complicated direct and indirect ways. These latter factors are included in what are sometimes known as Adverse Childhood Experiences (ACEs), and have been studied for their relationship to later risky behavior, poor health outcomes, and the development of numerous chronic conditions, including obesity (Felitti et al. 1998, Felitti 2002).

Finally, environmental factors such as pre-natal exposures, viruses, toxins, and even sleep-deprivation are all being investigated as potential contributors to the "obesity epidemic." Even evidence-based interventions focused on moving more and eating better alone will be predictably inadequate in addressing these complex and not fully understood factors. Professional and community education, increased resources for clinical assessment and treatment, and ongoing scientific research will be crucial to addressing these under-explored contributors to unhealthy weight.

Summary

There are genuine health concerns for the overweight youth and obese adults in New Mexico. Certainly many people are eating too much and engaging in too little physical activity, which are related to poor health outcomes and the development of chronic disease. Employing a multi-level approach that creates supportive environments to address these behavioral factors may be the most promising direction to take.

Strategic Plan



Vision

The vision for *The New Mexico Plan to Promote Healthier Weight* is that,

New Mexicans value and enjoy optimal health in communities where it's easy to be active and make good nutritional choices. Families, communities, organizations, businesses and government work effectively together to create a vibrant, healthy society where health disparities no longer exist and obesity, overweight and related chronic disease rates are low.

Purpose

The purpose of the plan is to,

Build on the strengths of New Mexico communities and their diverse cultures to reverse the trend of increasing rates of overweight and obesity over the next ten years.

Outcomes

Achievement of plan activities and objectives will result in significant outcomes in four key areas. These include:

Physical Activity: Increase regular lifelong physical activity among adults and youth of all abilities.

Regular physical activity refers to usual activities at work, school and home, plus leisure time physical activity. Increasing regular physical activity and reducing sedentary behaviors will promote health through improved physical fitness, psychological well-being and healthier weight.

Nutrition: Improve lifelong healthful nutrition for all New Mexicans.

Healthful nutrition means enjoying a variety of food and beverage choices that provide adequate nutrients within calorie needs. Breastfeeding provides the best nutrition for infants. Good nutrition is essential for the healthy growth of children and adolescents and is vital for a healthier weight and chronic disease prevention for all ages.

Other Contributors: Recognize and reverse when possible, the effects of complex contributors to unhealthy weight gain in individuals.

“Other contributors” include hereditary and biological factors,

medical or psychological conditions or treatment, and physical, sexual or emotional trauma. These factors can greatly affect weight status for a given individual, and likely will not be adequately addressed solely by socio-ecologic interventions focused on increasing physical activity and improving healthful nutrition. Professional and community education, increased resources for clinical assessment and treatment, and ongoing scientific research will be crucial to effectively addressing these contributors to unhealthy weight.

Disparities: Identify and decrease obesity and overweight-related disparities.

Obesity and overweight disproportionately affect racial and ethnic minority groups, people living in rural communities, and those with low incomes or low levels of education. This results in a greater burden of disease and financial impact to individuals, families, communities, governments, and businesses.

Strategic Goals

The following strategic goals will be employed to activate the *New Mexico Plan to Promote Healthier Weight*. Some of this plan's strategic goals were developed with guidance from recommended strategies contained within *The Guide to Community Preventive Services* (Centers for Disease Control and Prevention, 2001; Katz et al., 2005). The recommended strategies are based on thorough reviews of scientific studies around effective physical activity and worksite interventions. The strategic goals will be applied to those contributing factors to obesity and overweight outlined in the *Social, Environmental, Behavioral and Economic Other Contributors to Overweight and Obesity* section of the plan: caloric balance, physical activity, fruit and vegetable consumption, sweetened beverage consumption, breastfeeding, television viewing, and food insecurity. Other factors or promising approaches that may not be as well-supported by scientific study will also continue to be explored.

Partnerships and Resource Development: Mobilize a network of community and statewide partners.

A key focus is on establishing and strengthening relationships, creating or linking coalitions, and developing other types of formal and informal agreements between groups in order to accomplish plan objectives. State, federal and other financial resources need to be identified and acquired. While the New Mexico Department of Health Physical Activity & Nutrition Program for Healthier Weight will take the lead in coordinating partners through a newly developed New Mexico Healthier Weight Council, other organizations will play equally important leadership roles and carry out portions of the plan activities.

Policy: Develop, implement and enhance policies that support healthful nutrition and physical activity.

The purpose of this goal is to affect populations by creating long-term changes in laws, policies, and organizational and societal norms. Policies support healthful behaviors and social and physical environments that encourage healthy lifestyles. These can be implemented at multiple levels, such as in families, workplaces, healthcare settings and schools as well as municipal, county, state, and Tribal governments.

Behavioral Management Skills and Social Support: Increase the use of behavioral and social strategies among individuals and groups.

Behavioral strategies include teaching widely applicable behavior management skills such as goal setting, monitoring progress, and structured problem solving. Social strategies focus on building, strengthening, and maintaining social networks that provide supportive relationships for healthy lifestyles. Both strategies involve changes in the home, family, community, school, and work environments.

Information: Boost the use of media and educational activities.

Media and educational activities focus on providing information that will inform, motivate and enable individuals and policymakers to make decisions that influence their health and the health of others. Materials developed and used to support this goal will be appropriate for the target audience. Counter marketing with media literacy will be used to address advertising and marketing that promotes unhealthy weight.

Evaluation, Surveillance and Research: Contribute to building the evidence base of effective strategies to prevent and control obesity.

Partners will share evaluation, surveillance and research results with New Mexican and national partners to contribute to this developing area of knowledge and practice. This will enable communities and states to learn from each other, provide opportunities to identify and replicate effective interventions, and adapt them as necessary. Partners will also participate in developing data collection and management tools for the state plan.

Long-term Objectives

By employing the strategic goals described above and achieving the intermediate objectives described in subsequent pages, the following statewide long-term objectives should be accomplished within the next 10 years. It should be noted that longer-term objectives to decrease obesity-related disability, decrease incidence, prevalence, and premature mortality from obesity-related chronic diseases, and increase quality of life extend beyond the scope of this 10-year plan and are therefore not included.

1. By 2015, reverse the increasing trend in the proportion of New Mexicans who are obese or overweight.

2003 Baseline:

- Adults 20.3% obese
- High School 10% overweight
- 2-5 year olds 9% overweight

Data/evaluation sources: 2003 New Mexico Behavioral Risk Factor Surveillance System (NM BRFSS), 2003 New Mexico Youth Risk and Resiliency Survey (NM YRRS), 2002 Pediatric Nutrition Surveillance System

2. By 2015, increase the proportion of New Mexicans who consume five or more servings of fruits and vegetables per day.

2003 Baseline:

- Adults 22.4%
- High school students 17%

Data/evaluation sources: 2003 NM BRFSS, 2003 NM YRRS

3. By 2015, increase the proportion of New Mexicans who engage in moderate physical activity for at least 30 minutes on five or more of the previous seven days and/or vigorous physical activity for at least 20 minutes on three or more of the previous seven days.

2003 Baseline:

- Adults 51.3%.
- High school students 78.3%
 - High school students (vigorous) 56%
 - High school students (moderate) 22.3%

Data/evaluation sources: 2003 NM BRFSS, 2003 NM YRRS

4. By 2015, decrease disparities in obesity rates in New Mexico.

2003 Baseline:

- Native American adults (29.2% obese) versus non-Hispanic White adults (17.3% obese)

- Hispanic adults (23.3% obese) versus non-Hispanic White adults (17.3% obese)
- Southeastern NM (26.5% obese) versus Northeast NM (17.3% obese), Southwest NM (19.2% obese), and Bernalillo County (17.5% obese)
- Northwestern NM (23.4% obese) versus Northeast NM (17.3% obese) and Bernalillo County (17.5% obese)
- New Mexico adults living in households with annual incomes of less than \$10,000 (29.5% obese) versus New Mexico adults living in households with annual incomes of \$20,000 or more (21.2% obese)
- Fourteen percent of New Mexicans are food insecure or hungry

Data/evaluation sources: 2003 NM BRFSS and *Household Food Security in the United States, 2003*/FANRR-42 Economic Research Service/USDA

Intermediate Objectives

Intermediate objectives focus on changes in behavior, policy, and the environment. The aim is to begin achieving them within the next five years. They are arranged below by the six settings in which interventions will occur: Community and Regional Planning, Education Systems, Families and Communities, Food Systems, Healthcare Systems, and Worksites. One “overarching” intermediate objective is included in the plan because it addresses all settings. A brief description of each setting is provided, along with one example of a current initiative in New Mexico.

Short-term Objectives

Short-term objectives focus on knowledge, attitudes, and skills, and contribute to achieving the intermediate objectives. Improvements are observed within 1-2 years of initiation. The short-term objectives will be supported by partner activities each year.

A new system for capturing how objectives are accomplished through partner activities, the New Mexico Healthier Weight Plan Annual Progress Monitoring Report, is being developed. The system is briefly described in the Partner Collaboration and Evaluation Plan sections.

Activities

Partner activities linked to one or more of the strategic goals noted above will be listed in an annual implementation plan. The 2006 Implementation Plan is located in Appendix B.

Settings

1. Community and Regional Planning

This setting includes coalitions, citizens, and community leaders as well as planners, developers and governments whose efforts focus on local policies related to physical infrastructure (such as roads, sidewalks, activity trails, parks, community gardens, as well as access to parks, grocery stores, and other businesses). Programs may include community-based activities, advocacy in support of funding for non-motorized transportation, or support of coalitions whose goals include improving the accessibility of healthful food or “walkability” in communities.

Intermediate Objective 1.1: Increase the number of state or local nutrition and physical activity policies, environmental supports, and/or regulatory actions that are initiated, adopted, or modified for the prevention or control of obesity, overweight and related chronic diseases.

Data Source and Evaluation Indicators:

New Mexico Legislature

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of policies, environmental supports, and regulatory actions initiated, adopted or modified
- Description of policies, environmental supports, and regulatory actions initiated, adopted, or modified

Short-term Objective 1.1.A: Increase advocacy and educational efforts among local and state government planners, policymakers, developers, and community members to support or adopt implementable and funded zoning and land use policies which provide safe parks, trails, tracks, pedestrian walkways, bicycle paths, and recreational facilities.

Data Source and Evaluation Indicators:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of advocacy groups mobilized around issue
- Number of educational initiatives conducted to support issue
- Number of presentations to city councils, county commissions, tribal councils/governments, and state legislative committees

Short-term Objective 1.1.B: Increase advocacy and educational efforts among local and state government planners, policymakers, developers, and community members to support or integrate design standards which increase access to healthful foods and physical activity by connecting places of residence, local stores, pathways, parks, trails, businesses, workplaces, schools, and mass transit.

Data Source and Evaluation Indicators:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of advocacy groups mobilized around issue

- Number of educational initiatives conducted to support issue
- Number of presentations to city councils, county commissions, tribal councils/governments, and state legislative committees

Intermediate Objective 1.2: Increase physical activity in communities reached through community and regional planning interventions.

Data Source and Evaluation Indicator:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Intervention reports

Short-term Objective 1.2.A: Increase the number of programs or campaigns that promote active transportation (walking, bicycling, and public transportation) for daily trips such as to work and school.

Data Source and Evaluation Indicator:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of campaigns or programs

Community and Regional Planning Case Study

The Albuquerque Alliance for Active Living's mission is to build partnerships to change public attitudes and behavior, improve public policies, and develop projects that make it easy, safe and pleasant to walk, ride bicycles, and enjoy other outdoor activities on a regular basis to improve community health. The Albuquerque Alliance is one of 25 community partnerships that receive financial support from the Robert Wood Johnson Foundation.

The Alliance works with policy makers and planners to establish and support public funds for pedestrian, bike and transit friendly projects over the long term. It is also working with one neighborhood, Vecinos del Bosque, to improve its wellness. An ongoing Community Bike Recycle Project started by the Alliance has donated over 200 used bicycles to students in elementary schools serving a diverse, low-income population. The program is promoted through press coverage that generates bicycle donations from the community.

The Alliance is partnering with the neighborhood in implementing a Safe Routes to School program at Valle Vista Elementary School, together with a program to increase walking among residents of all ages. Messages to promote walking for men and women were separately tested at a neighborhood association meeting; promotional materials are being created from the community residents' feedback. Through Safe Routes to School, the Alliance is working with families to improve the walking and biking environment in their community. In addition to involving families, the Alliance is partnering with community leaders, public safety, and public health representatives.

Finally, the Healthy Eating by Design initiative at Valle Vista School puts fresh fruit in the hands of over 500 children at the school twice each week, thanks to an additional grant from the Robert Wood Johnson Foundation. In addition to the fruit snacks, many of which are obtained



from New Mexico growers, the initiative provides nutrition and wellness classes for parents, and bilingual education materials that the children take home. Many children report they are eating fruit more regularly, instead of less healthy snacks.

The Alliance also supports a University of New Mexico course called “Town Design and Public Health” a joint venture by the Masters in Public Health Program and the School of Architecture and Planning. This multidisciplinary course has been offered regularly since 2004 and in it, students examine the role of urban planning in public health outcomes, with special attention to current efforts to promote active living and address problems of physical inactivity and related illnesses.



2. Education Systems

This setting includes public and private schools for K-12, pre-kindergarten, day care and higher educational systems including technical and vocational schools, community colleges and universities. Interventions may focus on the students themselves (such as classes that are provided on physical activity and nutrition), or may address the various environments to support healthful nutrition and physical activity.

Intermediate Objective 2.1: Increase the number of state or local nutrition and physical activity policies, environmental supports, and/or regulatory actions that are adopted or modified for the prevention or control of obesity, overweight and related chronic diseases in New Mexico schools.

Data Source and Evaluation Indicators:

New Mexico Legislature

New Mexico Public Education Department Reports

New Mexico Action for Healthy Kids Reports

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of policies, environmental supports, and regulatory actions initiated, adopted or modified
- Description of policies, environmental supports, and regulatory actions initiated, adopted, or modified

Short-term Objective 2.1.A: Increase advocacy and educational efforts among state policymakers, local school board members, and community members to support or adopt statewide policies requiring daily quality physical education and increased access to healthful foods for grades K-12.

Data Source and Evaluation Indicators:

New Mexico Action for Healthy Kids Reports

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of advocacy groups mobilized around issue
- Number of educational initiatives conducted to support issue
- Number of presentations to school boards and state legislative committees

Short-term Objective 2.1.B: Increase the number of educational initiatives aimed at implementation and enforcement of school wellness policies and school nutrition standards that govern foods and beverages sold outside school meal programs.

Data Source and Evaluation Indicators:

New Mexico Action for Healthy Kids Reports

Public Education Department Reports

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of educational initiatives conducted to support issue

Short-term Objective 2.1.C: Increase the number of schools that develop and implement wellness policies addressing physical

activity and nutrition.

Data Source and Evaluation Indicators:

Public Education Department Reports

New Mexico Action for Healthy Kids Reports

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of schools that develop and implement policies

Intermediate Objective 2.2: Increase physical activity and improve nutritional behaviors in students reached through school interventions.

Data Source and Evaluation Indicator:

Public Education Department Reports

NM Action for Healthy Kids Reports

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Intervention reports

Short-term Objective 2.2.A: Increase the number of instructional programs that include physical activity and nutrition in New Mexico schools and classrooms.

Data Source and Evaluation indicators:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of schools with programs

Short-term Objective 2.2.B: Increase the number of evaluated school-based media literacy interventions related to nutrition and physical activity.

Data Source and Evaluation indicators:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of interventions
- Number of students reached by interventions



Education Systems Setting Case Study

The National Dance Institute of New Mexico (NDI-NM) was founded with the knowledge that the arts have a unique power to engage and motivate children. The purpose of its distinctive dance programs is to help children develop discipline, a standard of excellence, and a belief in themselves that will carry over into all aspects of their lives. Dance is used to teach an important life lesson: that teamwork, tenacity, and joyful concentration can equal success. Since its founding in New Mexico in 1994, NDI-NM has taught more than 26,000 children. In 2005-2006, NDI-NM programs will reach more than 5,600 children in 74 schools.

NDI-NM has launched a fitness and nutrition curriculum called HIP (Health Initiative Plan) to be Fit, which is designed to inspire children and their teachers. The three components are: 1) train the trainer, where NDI methodology is used to train teachers to incorporate physical activity into curricula. Tied to NM state education, PE and dance

standards, the new curriculum gets kids moving while they learn the core curriculum; 2) Student Nutrition Activity Curriculum Kit (SNACK) brings nutrition and fitness curriculum to teachers. SNACK is a series of nutrition-based learning activities for children to do at school and at home; 3) a fitness evaluation that will measure the impact of NDI-NM's dance programs on improving students' fitness and helping them meet state PE standards. HIP to be Fit is supported by a three-year grant from the U.S. Department of Education that will allow it to continue through September 2007.



3. Families and Communities

This setting focuses on the support structures of family groups and individuals and peers within their respective communities. Healthy behaviors are created and facilitated when strategies include support by family members and peers. Interventions may target environmental factors as well as interpersonal and behavioral patterns affecting family and community members. Programs may include educational sessions on health, goal setting, problem-solving, family behavioral management, and community-wide initiatives.

Intermediate Objective 3.1: Increase the number of nutrition and physical activity policies, environmental supports, and/or regulatory actions that are adopted or modified for the prevention or control of obesity, overweight and other chronic diseases among families and communities.

Data Source and Evaluation Indicators:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of family and community policies, environmental supports, and regulatory actions initiated, adopted, or modified
- Description of policies, environmental supports, and regulatory actions initiated, adopted, or modified

Short-term Objective 3.1.A: Increase the number of community members and organizations that mobilize around physical activity, nutrition, obesity, and overweight-related issues that affect their families and/or communities.

Data Source and Evaluation Indicator:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of advocacy groups mobilized
- Number of educational initiatives conducted to support issues
- Number of presentations to organizations, city councils, county commissions, and state legislative committees

Intermediate Objective 3.2: Increase physical activity and improve nutritional behaviors in communities reached through interventions.

Data Source and Evaluation Indicator:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Intervention reports

Short-term Objective 3.2.A: Increase the number of interventions tailored to specific communities that include both nutrition and physical activity.

Data Source and Evaluation Indicators:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of community-based programs implemented
- Description of target populations for each program
- Description of how programs were culturally appropriate for populations

Short-term Objective 3.2.B: Increase the number of programs tailored to specific communities that are family-focused, and address screen time, healthy feeding relationships, and/or being physically active together.

Data Source and Evaluation Indicators:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of family-focused programs implemented
- Description of target populations for each program
- Description of how programs were culturally appropriate for populations
- Evaluation results from each program

Short-term Objective 3.2.C: Increase the number of instructional programs implemented in New Mexico communities that include either physical activity or nutrition.

Data Source and Evaluation indicator:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of physical activity instructional programs
- Number of nutrition instructional programs
- Number of programs that incorporated social marketing principles

Intermediate Objective 3.3: Increase breastfeeding initiation and six months duration rates.

Data Source and Evaluation Indicator:

New Mexico Pregnancy Risk Assessment Monitoring System

New Mexico Women Infants and Children (WIC) Nutrition Program

Reports

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Proportion of New Mexico mothers who initiate breastfeeding
- Proportion of New Mexico WIC mothers who initiate breastfeeding

Short-term Objective 3.3.A: Increase the number of breastfeeding and healthier weight interventions.

Data Source and Evaluation Indicator:

NM Breastfeeding Task Force Reports

New Mexico Healthier Weight Plan Annual Progress Monitoring

Report

- Number of interventions that support mothers who breastfeed and address weight

Families and Communities Setting Case Study

The Roswell Local Motion is a social marketing campaign to increase physical activity, and calcium and Vitamin D consumption in adults with arthritis and/or osteoporosis. Three components include a media campaign, a physical activity intervention, and three community events. The Local Motion incorporates social support through a team approach where the overall goal for each team is to achieve the highest



percentage of participants successfully meeting their personal physical activity goals. In this way, each individual's success adds to the team's success.

The city of Roswell is located in southeastern New Mexico, a region with one of the highest rates of obesity in the state. In 2005, Roswell Parks and Recreation, the NM Department of Health Arthritis and Osteoporosis Program, and the local Department of Health public health office teamed up to deliver this intervention, and met with unprecedented success. Over 500 people comprising 40 teams and representing seven organizations signed up; 11 out of 40 teams achieved 100% goal attainment and 26 out of 40 teams achieved 75% or greater goal attainment. Eighty percent of individuals met their personal goals. Thanks to the community's positive reception to the program, it will be implemented again in 2006, with a goal of reaching even more residents.

The Local Motion physical activity intervention is a version of the 10-week Take Charge Challenge, which has been tailored to and successfully delivered in multiple settings in New Mexico. Those settings include senior centers, a variety of worksites, and a Native American community. Interventions based on the Take Charge Challenge boast a greater than 70% goal achievement rate everywhere they have been implemented, thanks in large part to the use of multiple effective strategies for behavior change, which themselves are based in large part upon the recommendations from The Guide to Community Preventive Services. Those include: social support, individually adapted health behavior change, setting and tracking exercise goals, and community-wide campaigns.



4. Food Systems

This setting includes the production, distribution, marketing and availability of foods and beverages. Interventions may target the availability and/or cost of healthful food choices in grocery stores, restaurants, vending machines, farmers markets, food banks, and food stamp or food voucher programs.

Intermediate Objective 4.1: Increase the number of state or local food systems policies, environmental supports, and/or regulatory actions that are adopted or modified for the prevention or control of obesity, overweight and other chronic diseases.

Data Source and Evaluation Indicator:

New Mexico Legislature

New Mexico Food and Agriculture Policy Council Reports

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of food system policies, environmental supports, and regulatory actions initiated, adopted, or modified
- Description of policies, environmental support, and regulatory actions initiated, adopted, or modified

Short-term Objective 4.1.A: Increase advocacy and educational efforts to ensure affordable, convenient and accessible healthful foods for New Mexicans.

Data Source and Evaluation Indicators:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of advocacy groups mobilized around issue
- Number of educational initiatives conducted to support issue
- Number of presentations to city councils, county commissions, tribal councils/governments, and state legislative committees

Intermediate Objective 4.2: Improve nutritional behaviors in communities reached through food systems interventions.

Data Source and Evaluation Indicator:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Intervention reports

Short-term Objective 4.2.A: Increase availability of and access to healthful food among individuals and families with low incomes.

Data Source and Evaluation Indicator:

New Mexico Association of Food Banks Reports

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of people reached through interventions
- Amount of healthful food distributed

Food Systems Setting Case Study

The New Mexico Association of Food Banks (NMAFB) Fresh Produce Initiative gets fresh produce to low income, food insecure families and individuals throughout the state. When the NMAFB was incorporated in



2000, one of its core missions was to deliver fresh produce throughout the food bank system. Through advocacy and supportive state and local policymakers, the New Mexico state legislature has appropriated funding for the initiative each year since 2001. These funds have helped to leverage new money from private and corporate foundations for fiscal year 2006. The New Mexico Health and Human Services/Income Support Division is an important partner who has supported both funding and implementing this initiative.

In the initiative, fresh fruits and vegetables from within and outside of the state are donated or purchased and conveyed to Albuquerque. From Albuquerque, produce is transported by the Association's refrigerated truck to each of the eight member food banks throughout the state. When it reaches those food banks the food is made available to more than 760 charitable food providers free of charge. These organizations include food pantries, soup kitchens, and homeless shelters that serve low income individuals and families. The majority of these are faith-based organizations. The NM Association of Food Banks also tries to include fresh fruits or vegetables into the food-filled backpacks in its Food for Kids Programs in more than 50 schools. Of course these must be items that will survive transportation in a backpack filled with small cans and packages.

During fiscal year 2005 the New Mexico Association of Food Banks distributed more than seven million pounds of fresh fruits and vegetables.



5. Healthcare Systems

This setting may include health care providers, staff and administrators, health care settings (offices, clinics, school-based health centers, hospitals); training programs (university programs in medicine, nursing, nutrition, behavioral health, exercise physiology); health care systems and payors (managed care organizations, Medicare, Medicaid, Veterans Administration, military, Indian Health Service, fee for service plans); and purchasers of health insurance (employers and individuals). Interventions may address affordability of and access to health care services for patients, training and/or provision of resources to health care providers, and health system changes that support promotion of healthier weight in clinical settings.

Intermediate Objective 5.1: Increase the number of New Mexicans who are working with their healthcare providers to achieve or maintain healthier weight.

Data Source and Evaluation Indicator:

New Mexico Behavioral Risk Factor Surveillance System
Managed Care Organization Utilization Data

- Proportion of New Mexico adults who report a doctor, nurse, or other health professional gave advice about their weight in the past 12 months

Short-term Objective 5.1.A: Increase the number of New Mexicans involved in health care delivery who are trained on “other contributors” identified in the state plan and trained to promote healthier weight in clinical settings and systems.

Data Source and Evaluation Indicators:

New Mexico Clinical Prevention Initiative Healthier Weight Workgroup Reports

ENVISION New Mexico Reports

- Number of trainings held
- Number of training participants
- Description of trainings

Short-term Objective 5.1.B: Increase the number of weight management instructional programs or interventions delivered through healthcare systems to covered individuals that include strategies contained within the state plan.

Data Source and Evaluation Indicators:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of healthcare systems providing weight management instruction using strategies in the state plan
- Description of weight management instruction

Intermediate Objective 5.2: Increase access to primary and preventive care related to obesity, overweight, and “other contributors,” and obesity-related chronic diseases.

Data Source and Evaluation Indicator:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of healthcare payors providing coverage for evidence-based weight management interventions by healthcare professionals

Short-term Objective 5.2.A: Review and evaluate the reimbursement policies of public and private health insurance payors regarding overweight and obesity prevention and treatment efforts.

Data Source and Evaluation Indicator:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of reimbursement policies reviewed
- Summary of reimbursement policy evaluation



Healthcare Systems Setting Case Study

Envision New Mexico: The Initiative for Child Healthcare Quality is a statewide pediatric collaborative that provides a systems based approach to help healthcare providers address the issue of overweight children. Medicaid providers were recruited from community practices and school based health centers, which are funded in part by the NM Department of Health Office of School Health. Key messages for providers to communicate to youth ages 2-18 and their families are based on best evidence based practices, and were initially developed with support from the National Initiative for Children's Healthcare Quality and Kaiser Permanente, a large HMO in Northern California.

Envision New Mexico created materials, including posters and handouts, that present key messages under the heading "Get More Energy." These messages are:

**Get up and play hard*

**Cut back on TV and video games to no more than 1 hour daily*

**Eat 5 servings of fruit and vegetables daily*

** Cut back on soda and juice*

The poster also includes a simple readiness to change scale that providers can use as a tool to assess a patient or family's readiness to change lifestyle habits.

In its first year, Envision New Mexico trained 110 community primary care providers at 10 different sites, and 17 providers from school based health centers. Trainings included communication techniques to facilitate change with youth and families, and current best practices for addressing childhood overweight. Envision New Mexico developed a menu of facilitating change skills specifically for busy providers who have time constraints. A central goal of this initiative is to promote collaboration and mobilize schools and their communities in preventing disease and promoting healthier lifestyles. Their Community Outreach Coordinator is mapping each community's resources, strengths, capacities, and social structures to support this goal. In the next year Envision New Mexico will train an additional 25-30 providers throughout the state.

6. Worksites

Public and private employers and workplaces are included in this setting. Interventions may focus on the environments and policies that affect nutrition and physical activity in large and small workplaces and opportunities for employees to make healthful nutrition and physical activity choices.

Intermediate Objective 6.1: Increase the number of worksite nutrition and physical activity policies, environmental supports, and/or regulations that are adopted or modified for the prevention or control of obesity, overweight, and other chronic diseases.

Data Source and Evaluation Indicators:

New Mexico Legislature

PRAMS

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of worksite policies, environmental supports, and regulations initiated, adopted, or modified
- Description of worksite policies, environmental supports, and regulatory actions initiated, adopted, or modified
- Percentage of mothers of infants who report supportive breastfeeding policies at work

Short-term Objective 6.1.A: Increase advocacy efforts among employers to adopt policies, environmental supports, and/or regulations to increase physical activity and improve nutrition in workplaces.

Data Source and Evaluation Indicators:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of worksite groups mobilized around issues
- Number of employers mobilized around issues
- Number of educational initiatives conducted to support issues
- Number of presentations to employers

Short-term Objective 6.1.B: Increase advocacy and educational efforts among employers to create a supportive environment for breastfeeding employees.

Data Source and Evaluation Indicator:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of worksite groups mobilized around issues
- Number of educational initiatives conducted to support issues
- Number of presentations to employers

Intermediate Objective 6.2: Increase physical activity and improve nutritional behaviors in workplaces and organizations reached through worksite interventions.

Data Source and Evaluation Indicator:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Worksite intervention reports.



Short-term Objective 6.2.A: Increase the number of worksite wellness instructional programs that include physical activity and nutrition.

Data Source and Evaluation Indicator:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of worksite wellness instructional programs
- Number of employees reached by programs

Short-term Objective 6.2.B: Increase the number of worksite wellness interventions for physical activity and nutrition that are evaluated.

Data Source and Evaluation Indicator:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of interventions that are implemented and evaluated
- Number of employees reached by the interventions

Worksite Setting Case Study

Los Alamos National Laboratories Wellness Program

The Health Promotion program at Los Alamos National Laboratory (LANL) offers a wide range of healthful eating and physical activity opportunities for its workforce to participate in. A Wellness Center offers a wide variety of exercise classes, along with fitness assessments, for eligible employees. Selected programs are available to retirees and spouses as well. Past walking incentive programs have motivated employees and their families to log steps using pedometers. In addition to the many hiking trails in the nearby Jemez Mountains, a 1 ½ mile fitness trail adjacent to the Wellness Center is available for the LANL workforce.

The LANL Health Promotion program plan includes health education activities targeted to the needs and interests of its workforce. Colorful Choices and Healthy Harvest are two popular nutrition incentive programs that promoted eating more fruits and vegetables, and Healthy Harvest supported local agriculture by awarding farmers market prizes to drawing winners. Registrants in the Colorful Choices program were encouraged to increase vegetables and fruits in family meals, and were offered a colorful tracking log to use at home. By offering this changing menu of opportunities for physical activity and healthful eating, LANL supports its employees to learn new healthy habits and make behavior changes. They're able to capitalize on the workplace's built in social support to strengthen individuals' commitments to change.

LANL applied for and was awarded a Bronze "Well Workplace" Award from The Wellness Councils of America, and maintained the award for three years. Driven by a pre-defined set of worksite wellness criteria, organizations of all kinds compete to be recognized as one of America's healthiest companies. This initiative recognizes quality and excellence in worksite health promotion, and requires quality programs, the integration of wellness throughout the worksite as well as support from

the highest levels of management. The Wellness Councils of America bases its worksite health promotion on the principles of Healthy People 2010 which call for decision makers in the public and private sector to, among other things, promote a safer and healthier environment for all Americans at work. LANL policy makers needed to participate in the process of applying for this award, which helped to increase their commitment to and awareness of the need and value of the program. By working to receive the “Well Workplace” award, LANL has shown that it operationalized this principle to the benefit of its employees and their families.

7. Overarching Objectives

Intermediate Objective 7.1: Integrate two or more state plan settings into community initiatives.

Data Source and Evaluation Indicator:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

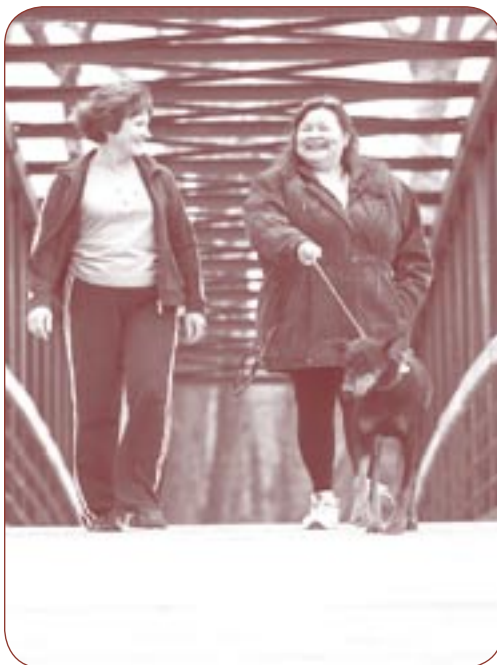
- Intervention reports

Short-term Objective 7.1.A: Increase collaboration and the number of trainings provided to the New Mexico Healthier Weight Council.

Data Source and Evaluation Indicator:

New Mexico Healthier Weight Plan Annual Progress Monitoring Report

- Number of Healthier Weight Council trainings and meetings
- Number of training and meeting participants



Partner Collaboration and Plan Implementaton

The Strategic Goals of The New Mexico Plan to Promote Healthier Weight

Partnerships and Resource Development:

Mobilize a network of community and statewide partners.

Policy:

Develop, implement and enhance policies that support healthful nutrition and physical activity.

Information:

Boost the use of media and educational activities.

Behavioral Management Skills and Social Support:

Increase the use of behavioral and social strategies among individuals and groups.

Evaluation, Surveillance and Research:

Contribute to building the evidence base of effective strategies to prevent and control obesity.

Partner Collaboration

The New Mexico Plan to Promote Healthier Weight is a tool to address obesity and related conditions in multiple settings. The NM Department of Health's Physical Activity & Nutrition Program for Healthier Weight (referred to here as the Healthier Weight Program) will promote the plan's use by supporting, guiding and encouraging the development of programs and activities that support the goals, objectives and strategies of the plan itself.

The New Mexico Healthier Weight Council

In order to promote collaboration among a broad range of partners, the New Mexico Healthier Weight Council will begin operating in the summer of 2006. Through this council, partners will begin engaging in organized cooperative efforts designed to facilitate integration of the plan's strategies with those of their own organizations. The main function of the council will be to oversee implementation of the plan through partner collaboration.

New relationships in particular will be sought in those plan settings where fewer partners have been identified and engaged, such as food systems and for-profit business and industry. Specific ways of partnership-building and communication with tribal entities will also be developed to maximize information and resource sharing, and to reach more Native American communities in the state. The development of a directory to identify resources and help all partners communicate more effectively is in progress.

Members of the council will include partners who participated in the plan's development and new partners committed to the plan's overall aim and strategic goals. The council's leadership will include at least one representative from each of the six settings described in the plan, the plan's evaluation team, and representatives from the Healthier Weight Program.

The council will provide a forum for partners to discuss relevant issues and learn from each other's experiences. Results of their activities will be included in the New Mexico Healthier Weight Plan Annual Progress Monitoring Report, a new system being developed for this purpose. Council members will present the new plan to policymakers at the state and local levels and work within each setting to determine where policies can impact obesity issues. They will also work to engage organizations in all areas to align their prevention, education and service delivery efforts with the state plan. Finally, the council will coordinate opportunities for partners to receive training on related topics, such as behavior management skills and evaluation of interventions.

Plan Implementation

In 2006, at least 40 partners statewide will conduct activities in alignment with the plan's objectives (see Appendix B for the 2006 Implementation Plan). Each of these partners has committed to carrying out a piece of the plan in this first year, and to providing both intervention results and 'lessons learned' to inform subsequent year's efforts.

The annual implementation plan will list the plan's intermediate and short term objectives and will identify supportive activities, target populations, key partners, and indicators to denote progress or completion of activities.

As the plan's steward, the Healthier Weight Program will work to identify, develop, pilot, and evaluate interventions, which subsequently may be replicated in other communities and modified as necessary to ensure cultural and regional appropriateness.

Pilot Intervention

Planning for a physical activity and nutrition pilot intervention is underway. The community of Grants, NM, and the target audience of adolescents and their families were selected based on state level data of populations at greatest risk. Grants is an ethnically diverse community located in the northwest part of the state. Grants sits in Cibola County, and is surrounded by Native American pueblos and Navajo communities. Forty percent of county residents are Native American, and 30% are Hispanic, according to the 2000 U.S. Census. This community has had fewer health promotion or obesity-related interventions compared to others in the northwest region. Early

discussions with key community members indicate a strong interest in and realistic capacity for piloting the intervention and possibly broadening it to reach other county residents at a later time.

Social marketing principles will be used to tailor this intervention to the needs and wants of Grants, ensuring an intervention that is useful, sustainable, provided in an accessible place, with pleasing and comprehensible promotion, and with enough value to result in high participation rates.

A partnership has been formed with local health and community groups to involve the population in developing the intervention. A statewide survey to be conducted in 2006 coupled with focus groups conducted with members of the populations of interest in Grants will provide the critical information to design an effective and meaningful intervention. Information will be sought about residents' knowledge, attitudes, and beliefs relating to nutrition and physical activity. Environmental factors and readiness to change behaviors also will be explored by these interviews. The intervention will be designed to include an environmental or policy component and address at least two levels of the socio-ecologic model (i.e., individual, interpersonal, organizational, community and society).

Updates to the Plan

The plan will be updated regularly. The Healthier Weight Council will be responsible for monitoring progress and reviewing strategic goals to ensure they reflect the best approaches to achieve the plan's outcomes. Decisions to alter the plan will be made based upon the experiences of partners and new evidence emerging in the scientific literature regarding effective and promising population-based approaches to prevent and control obesity and overweight. As a living document, the plan will be improved with each update. Subsequent annual implementation plans are expected to demonstrate greater collaboration and refined approaches to implement the most effective strategies for New Mexico. The stakeholders who contributed to the plan and the partners listed in the Acknowledgements and 2006 Implementation Plan are prepared to begin working together, and building relationships with new partners to achieve the outcomes outlined in this plan.

Evaluation Plan



The overall purpose of the evaluation plan is to measure the extent to which goals and objectives of the 10-year plan are met. The evaluation plan is designed to inform and provide evidence to stakeholders and funding agencies about progress being made in New Mexico on nutrition and physical activity behaviors and environmental supports, as well as obesity, overweight, and related chronic diseases. The evaluation plan will be carried out through the use of surveillance systems and routine monitoring, measurement, and assessment of interventions and activities that support the plan.

The strategic plan and accompanying logic model, upon which the evaluation plan is based, are products of the organized input of multiple partners, and were developed using evidence-based practice and the collective knowledge of state health program officials and experts from the community. The logic model is included at the end of this section to illustrate the relationship between partner activities and their intended effects.

The evaluation plan is guided by what partners and stakeholders want to know, within the limits of resources available to conduct evaluation and data already collected as part of the regular state surveillance system. Like the overall state plan, the evaluation plan will be refined and improved as New Mexico partners gain experience in this new collaborative endeavor to impact the obesity epidemic in New Mexico.

The New Mexico Department of Health with guidance from the New Mexico Healthier Weight Council will oversee the implementation of the evaluation plan using a combination of Departmental epidemiology and evaluation resources plus partners' evaluation resources. The University of New Mexico Prevention Research Center has extensive experience in evaluation, and has been identified as the lead agency to provide technical assistance and tools to carry out the evaluation plan. A representative from the University of New Mexico Prevention Research Center will participate on the New Mexico Healthier Weight Council Executive Committee and will consult with Executive Committee members about collecting and analyzing information, drawing conclusions and results, and developing reports for dissemination.

Members of the New Mexico Healthier Weight Council will contribute to the New Mexico Healthier Weight Plan Annual Progress Monitoring Reports as a condition of Council membership, and will routinely review these reports so they may assess the progress and impact of

collaborative efforts and strategies contained within the plan, and adjust them as needed. A Council evaluation workgroup will be formed to determine the best method(s) to collect accurate evaluation information from partners. As the plan is implemented, the intent is to identify and secure additional funding to build upon the accomplishments of the 10-year plan, using evaluation data to support applications for new or continued funding. An important outcome of the evaluation plan is to contribute to the evidence base of successful interventions addressing overweight and obesity by testing and further refining strategies to improve nutrition and physical activity behaviors and reducing health-related disparities in New Mexico.

Surveillance and Evaluation of Long-term Objectives (10 years)

Surveillance is “the continuous monitoring of routine data collection on various factors over a regular interval of time” (US DHHS, 2005). These evaluation efforts will rely heavily on surveillance strategies led by the New Mexico Department of Health Office of Epidemiology in partnership with the Centers for Disease Control and Prevention. The Department of Health surveillance systems will monitor obesity and overweight trends, as well as provide data to assess other long-term objectives associated with implementation of the multi-level, comprehensive approach to promote physical activity and nutrition for healthier weight. The Department of Health will explore opportunities to include new questions in these surveys as identified by the New Mexico Healthier Weight Council.

The Department of Health currently uses the following surveillance systems and survey data to track targeted behaviors, obesity, overweight, arthritis, cancer, cardiovascular diseases, diabetes, and other information related to the plan’s statewide long-term objectives:

- New Mexico Behavioral Risk Factors Surveillance System (NM BRFSS)
- New Mexico Youth Risk and Resiliency Survey (NM YRRS)
- New Mexico Pregnancy Risk Assessment Monitoring System (NM PRAMS)
- University of New Mexico Health Sciences Center New Mexico Tumor Registry
- New Mexico Vital Statistics
- Health Policy Commission Hospital Inpatient Discharge Data (HPC HIDD)
- Centers for Disease Control and Prevention Pediatric Nutrition Surveillance System (CDC PedNSS)

- CDC Wide-ranging OnLine Data for Epidemiologic Research (WONDER)
- National Cancer Institute Surveillance Epidemiology and End Results (SEER)
- U.S. Census

Evaluation of Intermediate Objectives (5 years)

Intermediate objectives contained within the New Mexico plan are designed to promote and achieve sustainable changes in policies, regulations, environmental and social norms, and physical activity and nutrition behaviors. Three to five objectives were developed for each of the six settings plus one overarching intermediate objective to unify partner efforts. Intervention reports from partners will contribute to monitoring progress towards achieving the nutrition and physical activity intermediate objectives since state surveillance data is not designed to measure community-specific data.

The Department of Health currently uses the following data sources to track policies, regulations, and other information related to the intermediate objectives:

- New Mexico Behavioral Risk Factor Surveillance System
- New Mexico Youth Risk and Resiliency Survey (NM YRRS)
- New Mexico Pregnancy Risk Assessment Monitoring System (NM PRAMS)
- New Mexico Health Policy Commission
- New Mexico Legislature
- New Mexico Municipal League
- National Conference of State Legislators
- CDC Division of Nutrition and Physical Activity

Evaluation of Short-term Objectives (1-2 years)

By December 2007 the Department of Health will develop a system (The New Mexico Healthier Weight Plan Annual Progress Monitoring Report) to collect primary data for the short-term objectives, with input from the New Mexico Healthier Weight Council. Short-term objectives for each setting focus on knowledge, attitudes, and skills. Assessment of these short-term objectives, including the development of indicators, is very specific and not typically available from state-level data sources. The evaluation of short-term objectives will rely heavily on intervention-specific data, e.g., pre- and post tests or surveys, and on information from partners.

In spring 2006 the Department of Health will conduct a statewide survey among adults about their knowledge, attitudes and beliefs toward physical activity, nutrition, determinants of obesity, readiness to change behaviors, and other related issues. Results of the survey will inform future planning efforts, and may provide baseline data for certain objectives.

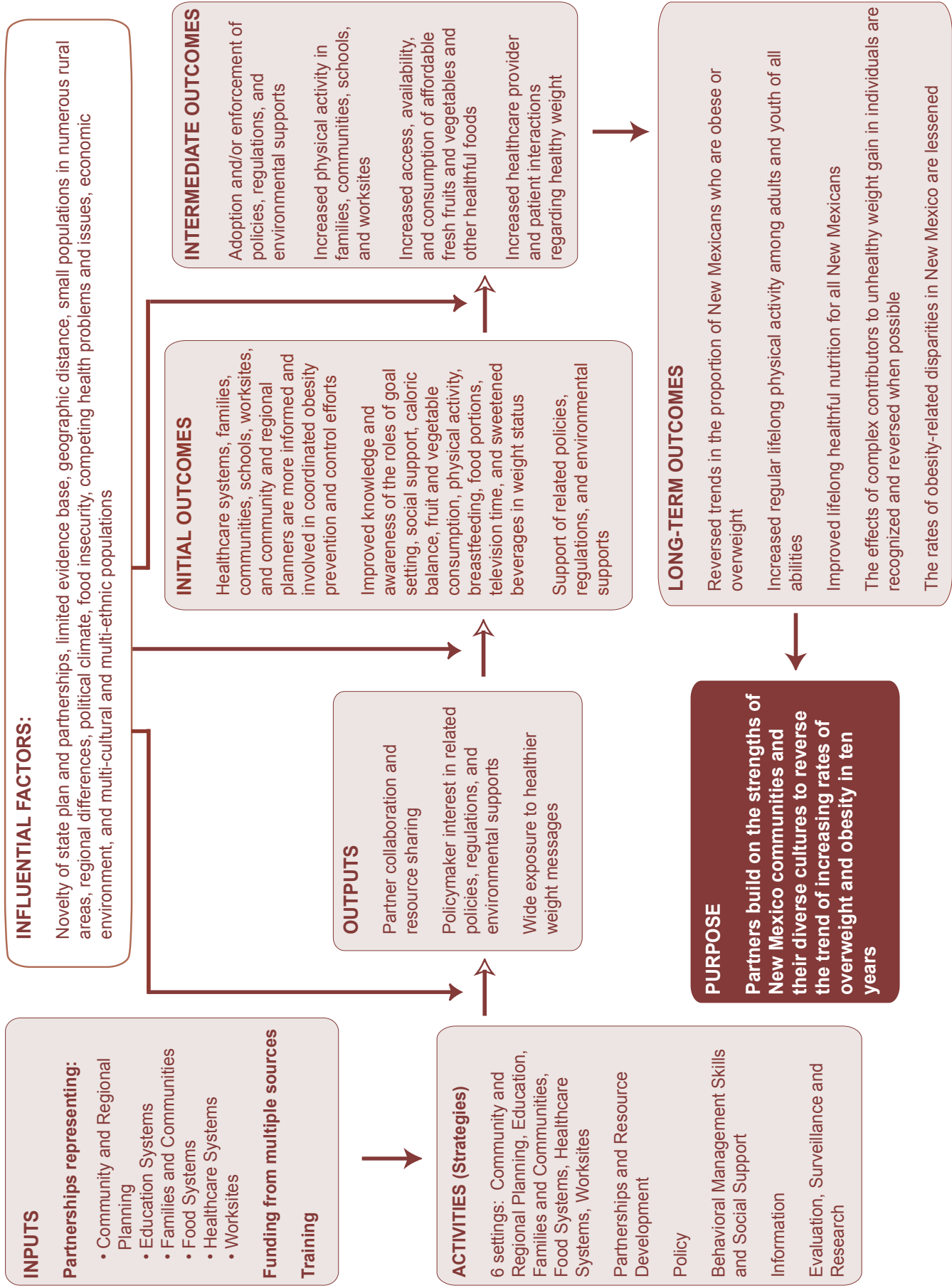
Process Evaluation

Process evaluation objectively describes implementation progress and assesses challenges and barriers to implementation in order to inform future plans. In the New Mexico plan, it will be used to document and analyze partner activities and provide information to improve ongoing implementation efforts. The Department of Health and the New Mexico Healthier Weight Council will work together to obtain process evaluation data from partners on an annual or semi-annual basis. The University of New Mexico Prevention Research Center is working with Department of Health staff to pilot a process evaluation tool in spring 2006 with at least 25 partners. Several partners provided input to determine the most effective approaches to collecting data and evaluating the plan's activities. Process evaluation data collection will be organized by the plan settings and strategic goals. Examples of information that will be collected include program activities, information on people served (e.g., number and demographic information) and resources used (including staffing and materials).

The evaluation plan also includes training for partners to improve their capacity to conduct evaluation activities. The evaluation training timeline will be determined by the results of a Department of Health training needs assessment among partners.

Finally, when planning participants identified major elements of the New Mexico plan, they emphasized the need to continue building inter-organizational capacity to contribute to successful implementation of nutrition, physical activity, and healthier weight efforts. As a result, the evaluation plan contains elements to assess the quality and strength of the collaborative network that has evolved from the planning process. The University of New Mexico Prevention Research Center will conduct an annual assessment of the New Mexico Healthier Weight Council to evaluate partner satisfaction with the plan implementation process, the benefits of council membership, and partner participation, commitment, and contribution of resources (including staffing and technical resources) to achieving state plan objectives.

NM HEALTHIER WEIGHT PLAN LOGIC MODEL



New Mexico Statewide Strategic Action Plan



Physical Activity and Nutrition in the Schools

April 26 & 27, 2004

Officially endorsed by the: New Mexico Governor's Council on Physical Fitness and Health

Sponsored by: Action for Healthy Kids New Mexico State Team; School & Family Support Bureau and Student Nutrition Program, Public Education Department; Office of School Health, Department of Health

Physical Activity and Nutrition Forum

Executive Summary

Action for Healthy Kids™ is a national and statewide initiative dedicated to improving children's nutrition and physical activity in schools. The New Mexico Action for Healthy Kid's state team, in collaboration with the School and Family Support Bureau in the New Mexico Public Education Department and the Office of School Health in the New Mexico Department of Health, coordinated a statewide steering committee and convened a strategic planning forum on physical activity and nutrition for school aged children in the school setting.

Vision

The vision of New Mexico Action for Healthy Kids is that healthy, active students will make lifelong choices for optimal health.

Mission

The mission of the strategic planning forum was to identify strategies to support New Mexico schools to collaborate with families and communities to help students build and maintain healthy, lifelong nutritional and fitness habits.

Focus Areas and Themes

The two day strategic planning forum addressed seven focus areas: economics of food at school, school meals, nutrition education curriculum, quality physical education, integration of physical activity into the curriculum, extracurricular activities, and parent & community education and involvement. Discussion groups were focused on five common themes: integration, training, facilities and equipment, resources, and policy.

The strategic planning forum was comprised of 105 visionary individuals from communities around New Mexico, committed to making a contribution to the education reform movement. The results of their work are provided in this document. These goals, strategies, and objectives form the foundation for a statewide strategic action plan for New Mexico's schools and policy makers regarding the important connections among nutrition, physical activity, student health and student achievement.

Goals and Recommendations

The forum resulted in five goals and 15 recommendations. This document will be used to inform the work of policy makers, legislators, administrators, teachers and parents in the areas of physical activity and nutrition for school aged children in the school setting.

GOALS

- Goal 1: Health Education: Provide comprehensive health education for grades K-12 and mandate health education as a graduation requirement.
- Goal 2: Physical Education: Provide all students in New Mexico with quality, daily physical education that meets the national standards as well as maintaining the physical education graduation requirement, not allowing options for alternative credit for physical education and ensuring that physical education will be taught by a licensed and endorsed physical educator.
- Goal 3: Nutrition: Provide all students in New Mexico with access to healthful food choices throughout the school day.
- Goal 4: Parent and Community: Increase knowledge and awareness in the community about the importance of nutrition and physical activity for the health of New Mexico's children and families.
- Goal 5: Physical Activity: Provide all youth in New Mexico with access to extracurricular physical activity programs.



RECOMMENDATIONS

Physical Education

- Update statewide physical education content standards with benchmarks emphasizing the benefits of an active and healthy lifestyle.
- Train K-12 teachers to promote movement and to integrate physical activity into non-physical education classrooms throughout each day for all students.
- Promote and seek resources to support quality, daily physical education that meets national standards.

Nutrition

- Create a statewide nutrition policy that supports enhanced nutrition for students and nutrition education.
- Create a statewide policy on competitive food and vending machine sales.
- Create a statewide policy that promotes the use of locally-grown foods in schools.
- Create a statewide policy requiring training for school food service personnel leading to certification.
- Mandate food and nutrition training for K-12 teachers.
- Integrate Food and Nutrition Education Curricula with existing curricula and structure.
- Explore the feasibility of placing a Nutrition Education Coordinator in each school district.

Physical Activity

- Create a statewide plan for providing community-based physical activity programs for all youth.
- Provide training on developmentally appropriate activities to those who coach or lead extracurricular activities, including parents of children who participate in the activities.

Parent and Community

- Develop a comprehensive, integrated statewide training program for policy makers, health care and youth care professionals, parents and community members to provide current child-centered nutrition and physical activity information.
- Develop appropriate policies within communities to create environments conducive to physical activity and healthful food choices for everyone.
- Develop school-centered workplace policies conducive to appropriate physical activities and healthful food choices for teachers, parents and staff.

Appendix B - 2006 Implementation Plan

1. Community and Regional Planning

Intermediate Objective 1.1: Increase the number of state or local nutrition and physical activity policies, environmental supports, and/or regulatory actions that are initiated, adopted, or modified for the prevention or control of obesity, overweight and related chronic diseases.

Short-term Objective 1.1.A: Increase advocacy and educational efforts among local and state government planners, policymakers, developers, and community members to support or adopt implementable and funded zoning and land use policies which provide safe parks, trails, tracks, pedestrian walkways, bicycle paths, and recreational facilities.

Activity 1.1.A-1 Offer *Town Design and Public Health* course at the University of New Mexico (UNM).

- Target Audience: UNM students of architecture, community and regional planning, and public health fields
- Progress Measured by: Number of students taking the class and class evaluations
- Funding Source: Robert Wood Johnson Foundation through the Albuquerque Alliance for Active Living
- Key Partners: UNM, Albuquerque Alliance for Active Living, NM Department of Health
- Strategic Goals: Partnerships and Resource Development, Policy and Information

Activity 1.1.A-2. Promote and advocate for a stand-alone pedestrian component in the Metropolitan Regional Council of Government's (MRCOG) *Metropolitan Transportation Plan*, and set aside 10% of transportation funds in the regional Transportation Improvement Plan.

- Target Audience: Elected officials and staff representing MRCOG members
- Progress Measured by: The number of Metropolitan Transportation Board members who support the initiative, and if the pedestrian component is adopted by MRCOG
- Funding Source: New Mexico Department of Transportation via UNM Center for Injury Prevention Research and Education (CIPRE), Safety Seed Grant, and Robert Wood Johnson Foundation via Albuquerque Alliance for Active Living
- Key Partners: Walk Albuquerque, UNM CIPRE, and Albuquerque Alliance for Active Living
- Strategic Goals: Partnerships and Resource Development, Policy, and Information

Activity 1.1.A-3. Implement a campaign to persuade elected officials in Albuquerque to adopt the American Association of State Highway and Transportation Officials (AASHTO) Guide for the Planning, Design, and Operation of Pedestrian Facilities as the standard for all new or reconstructed pedestrian infrastructure in the City.

- Target Audience: Community members, elected officials, municipal staff, neighborhood leaders, developers, architects, and planners in Albuquerque.
- Progress Measured by: The number of people who support the initiative, and if the standards are adopted by the City of Albuquerque.
- Funding Source: New Mexico Department of Transportation via UNM CIPRE, Safety Seed

- Grant, and Robert Wood Johnson Foundation via Albuquerque Alliance for Active Living
- Key Partners: Walk Albuquerque, UNM CIPRE, and Albuquerque Alliance for Active Living
- Strategic Goals: Partnerships and Resource Development, Policy, and Information

Activity 1.1.A-4. Conduct public outreach and education on the need to secure long-term funds for pedestrian, bicycle, and transit friendly environments.

- Target Audience: Community members, officials and staff in the Albuquerque area
- Progress Measured by: Number of community meetings, presentations and media reports
- Funding Source: Robert Wood Johnson Foundation via Albuquerque Alliance for Active Living
- Key Partners: Albuquerque Alliance for Active Living
- Strategic Goals: Partnerships and Resource Development, Policy, and Information

Activity 1.1.A-5. Advocate for funding to support pedestrian, bicycle, and transit friendly environments.

- Target Audience: State and local governments
- Progress Measured by: Number of communities that receive funding for pedestrian, bicycle and transit friendly environments
- Funding Source: New Mexico Department of Transportation Pedestrian Safety Seed grant via University of New Mexico CIPRE, paid membership dues to Walk Albuquerque, Robert Wood Johnson Foundation via the Albuquerque Alliance for Active Living
- Key Partners: Albuquerque Alliance for Active Living, Mid Region Council of Governments (MRCOG), Walk Albuquerque
- Strategic Goals: Partnerships and Resource Development, Policy, and Information

Short-term Objective 1.1.B: Increase advocacy and educational efforts among local and state government planners, policymakers, developers, and community members to support or integrate design standards which increase access to healthful foods and physical activity by connecting places of residence, local stores, pathways, parks, trails, businesses, workplaces, schools, and mass transit.

Activity 1.1.B-1. Develop and implement a Walkability Education Course for neighborhood leaders.

- Target Audience: Neighborhood leaders in Albuquerque
- Progress Measured by: Number of leaders completing the class and post class evaluations
- Funding Source: New Mexico Department of Transportation via UNM CIPRE, Safety Seed Grant, and Robert Wood Johnson Foundation via Albuquerque Alliance for Active Living
- Key Partners: Walk Albuquerque, UNM CIPRE, Albuquerque Alliance for Active Living
- Strategic Goals: Partnerships and Resource Development, Policy, and Information

Activity 1.1.B-2. Convene quarterly meetings of the Bicycle, Pedestrian, and Equestrian Advisory Committee in various locations statewide to obtain public input on local non-motorized transportation issues.

- Target Audience: Municipal and county planners and other employees, public health representatives, interested community members and walking and bicycling advocacy groups of local communities

- Progress Measured by: Number of meetings held and number of meeting participants
- Funding Source: Federal Highway Safety Grant through New Mexico Department of Transportation
- Key Partners: New Mexico Department of Transportation and local communities
- Strategic Goals: Partnerships and Resource Development, Policy, and Information

Activity 1.1.B-3. Designate bicycle routes on state highways.

- Target Audience: Bicyclists in New Mexico
- Progress Measured by: Number of routes designated
- Funding Source: Federal Highway Administration and State of New Mexico
- Key Partners: New Mexico Department of Transportation
- Strategic Goals: Information

Activity 1.1.B-4. Construct and maintain bicycle and pedestrian facilities within the state transportation system; fund off-system facilities such as local roads and trails.

- Target Audience: New Mexico residents
- Progress Measured by: Number of facilities planned, constructed, and maintained
- Funding Source: Federal Highway Administration and State of New Mexico
- Key Partners: New Mexico Department of Transportation
- Strategic Goals: Partnerships and Resource Development

Intermediate Objective 1.2: Increase physical activity in communities reached through community and regional planning interventions.

Short-term Objective 1.2.A: Increase the number of programs or campaigns that promote active transportation (walking, bicycling, and public transportation) for daily trips such as to work and school.

Activity 1.2.A-1. Develop and promote a state Safe Routes to School Program.

- Target Audience: New Mexico children and parents, school administrators, local community residents, local government officials, law enforcement officials
- Progress Measured by: Number of communities that become actively involved in developing Safe Routes to Schools
- Funding Source: 6-year Federal Highway Safety Grant
- Key Partners: New Mexico Department of Transportation, MRCOG
- Strategic Goals: Partnerships and Resource Development, Information, and Behavioral Management Skills and Social Support

Activity 1.2.A-2. Develop and implement Safe Routes to School for Valle Vista Elementary School in the Atrisco area in Albuquerque.

- Target Audience: Families with school children in the Atrisco area
- Progress Measured by: Number of students who walk or bike to school
- Funding Source: Robert Wood Johnson Foundation via Albuquerque Alliance for Active Living
- Key Partners: Albuquerque Alliance for Active Living

- Strategic Goals: Partnerships and Resource Development and Behavioral Management Skills and Social Support

Activity 1.2.A-3. Develop a Comprehensive Transportation Safety Plan that considers pedestrians, bicyclists, and individuals impacted by the American Disabilities Act and addresses safety for alternative modes of transportation to decrease New Mexico's high pedestrian fatality rate.

- Target Audience: All organizations in New Mexico that have a stake in roadway safety
- Progress Measured by: Development of the plan. (Long-term progress will be measured by the reduction in pedestrian fatalities, injuries and crashes on New Mexico roads)
- Funding Source: U.S. Department of Transportation through New Mexico Department of Transportation
- Key Partners: Federal Highway Administration, NM Department of Transportation
- Strategic Goals: Partnerships and Resource Development, Policy, and Information

Activity 1.2.A-4. Convene regular meetings of Walk Albuquerque to promote walking for transportation, health and recreation through education and advocacy

- Target Audience: Albuquerque elected officials, municipal staff, neighborhood leaders, developers, architects, and planners
- Progress Measured by: Progress made toward achievement of goals in the Walk Albuquerque strategic action plan
- Funding Source: New Mexico Department of Transportation via UNM CIPRE, Safety Seed Grant, and Robert Wood Johnson Foundation via Albuquerque Alliance for Active Living
- Key Partners: Walk Albuquerque, UNM CIPRE, Albuquerque Alliance for Active Living
- Strategic Goals: Partnership and Resource Development, Policy, and Information

2. Education Systems

Intermediate Objective 2.1: Increase the number of state or local nutrition and physical activity policies, environmental supports, and/or regulatory actions that are adopted or modified for the prevention or control of obesity, overweight and related chronic diseases in New Mexico schools.

Short-term Objective 2.1.A: Increase advocacy and educational efforts among state policymakers, local school board members, and community members to support or adopt statewide policies requiring daily quality physical education and increased access to healthful foods for grades K-12.

Activity 2.1.A-1. Educate policymakers on the benefits of daily physical education and access to nutritious foods for grades K–12.

- Target Audience: Local legislators and policymakers
- Progress Measured by: Number of legislative acts introduced during the 2006 legislative session, number of legislative acts passed and signed by Governor, number of presentations delivered to policymakers
- Funding Source: Grant from National Action For Healthy Kids
- Key Partners: New Mexico Action for Healthy Kids, NMSU Cooperative Extension, Governor’s Council on Physical Fitness and Health, NM Public Education Department, NM Department of Health, New Mexico Cancer Society, American Heart Association, UNM Institute of Public Health, NM Food and Agriculture Policy Council
- Strategic Goals: Policy and Information

Short-term Objective 2.1.B: Increase the number of educational initiatives aimed at implementation and enforcement of school wellness policies and school nutrition standards that govern foods and beverages sold outside school meal programs.

Activity 2.1.B-1. Implement a Vending Pricing Program in which healthier choices must be priced lower than less healthful choices.

- Target Audience: Individuals who access vending machines in middle and high schools within the Las Cruces Public School District
- Progress Measured by: Vending machine sales data and monitoring for potential system abuse
- Funding Source: Las Cruces Public Schools
- Key Partners: Las Cruces Public Schools
- Strategic Goals: Policy

Activity 2.1.B-2. Conduct a survey regarding foods available in vending machines in NM schools.

- Target Audience: New Mexico public school students, staff, and community members
- Progress Measured by: Survey results
- Funding Source: Farm to Table
- Key Partners: Farm to Table
- Strategic Goals: Evaluation, Surveillance and Research

Short-term Objective 2.1.C: Increase the number of schools that develop and implement wellness policies addressing physical activity and nutrition.

Activity 2.1.C-1. Provide web-based trainings to school wellness teams regarding school nutrition standards and wellness policies, physical activity, policy initiatives, and advocacy.

- Target Audience: Local school and district teams including parents, teachers, students, and administrators
- Progress Measured by: Number of schools that request and receive training
- Funding Source: Grant from National Action for Healthy Kids, NMSU Cooperative Extension
- Key Partners: New Mexico Action for Healthy Kids, NMSU Cooperative Extension, NM Public Education Department
- Strategic Goals: Policy and Information

Intermediate Objective 2.2: Increase physical activity and improve nutritional behaviors in students reached through school interventions.

Short-term Objective 2.2.A: Increase the number of instructional programs that include physical activity and nutrition in New Mexico schools.

Activity 2.2.A-1. Provide the HIP to be Fit cross-curricular program, and a train-the-trainer workshop for teachers to incorporate nutrition and movement into their classrooms.

- Target Audience: Elementary public school teachers and their students
- Progress Measured by: Survey of each workshop, analysis of curriculum materials, and results of teacher and student focus groups
- Funding Source: U.S. Department of Education Grant, Robert Wood Johnson Foundation grant and private donations
- Key Partners: National Dance Institute of New Mexico
- Strategic Goals: Information and Behavioral Management Skills and Social Support

Activity 2.2.A-2. Increase the number of schools offering the Coordinated Approach to Child Health (CATCH) program.

- Target Audience: New Mexico public elementary school students and their families
- Progress Measured by: Process evaluation
- Funding Source: State of New Mexico through the DOH Diabetes Prevention and Control Program, NM Public Education Department; and Paso Del Norte Health Foundation
- Key Partners: NM Department of Health, NMSU Cooperative Extension Service, Paso Del Norte Foundation
- Strategic Goals: Information and Behavioral Management Skills and Social Support

Activity 2.2.A-3. Increase the number of schools that offer *Before and After School* physical activity and nutrition programs specifically designed to address obesity and overweight.

- Target Audience: New Mexico public elementary school students
- Progress Measured by: Evaluation component is being developed
- Funding Source: State of New Mexico
- Key Partners: NM Public Education Department
- Strategic Goals: Information and Behavioral Management Skills and Social Support

Activity 2.2.A-4. Promote physical activity and nutrition in after school programs in Zuni, NM.

- Target Audience: Zuni Pueblo community residents
- Progress Measured by: Number of Zuni residents participating in the programs
- Funding Source: Indian Health Services Special Diabetes Program non-competitive grant
- Key Partners: Zuni School Health Lifestyles
- Strategic Goals: Information, Behavioral Management Skills and Social Support

Activity 2.2.A-5. Provide health education that includes physical activity and nutrition to grades K-12 in Zuni, NM.

- Target Audience: Students attending Zuni schools
- Progress Measured by: Number of students participating in health education classes
- Funding Source: Indian Health Service Special Diabetes Program grant
- Key Partners: Zuni School Healthy Lifestyles, Indian Health Service
- Strategic Goals: Information and Behavioral Management Skills and Social Support

Activity 2.2.A-6. Implement *Healthy Eating by Design* fresh fruit snack program.

- Target Audience: Students in grades K-6 at Valle Vista Elementary School in Albuquerque.
- Progress Measured by: Robert Wood Johnson Foundation exploratory evaluation, to include visits by staff from Wake Forest University School of Medicine
- Funding Sources: Charitable Foundation grant, Robert Wood Johnson Foundation via Albuquerque Alliance for Active Living
- Key Partners: Farm to Table, Albuquerque Alliance for Active Living, Albuquerque Public Schools, NM Department of Health Physical Activity & Nutrition Program for Healthier Weight.
- Strategic Goals: Information

Activity 2.2.A-7. Provide Farmer in the Classroom and Farm Field Trips

- Target Audience: Students in grades K-12 in the Santa Fe and Pecos School Districts
- Progress Measured by: Number of schools offering programs, number of students participating in the program, verbal feed back and pre- and post- testing
- Funding Sources: McCune Charitable Foundation
- Key Partners: Farm to Table, Santa Fe and Pecos Schools
- Strategic Goals: Information

Activity 2.2.A-8. Provide Cooking With Kids, a multicultural food education program that works to improve children's nutrition.

- Target Audience: Students in grades K-6 in Santa Fe Public Schools
- Progress Measured by: Number of schools offering programs, number of students participating in the program, verbal feedback and pre- and post- testing
- Funding Sources: U.S. Department of Agriculture Food Stamp Nutrition Education Program via the New Mexico Human Services Department and NMSU Cooperative Extension Service, Santa Fe Public Schools, McCune Charitable Foundation, City of Santa Fe, New Mexico Department of Agriculture, Buckaroo Ball, Con Alma Health Foundation, Azalea Foundation
- Key Partners: Cooking With Kids, NMSU Cooperative Extension Service, Santa Fe Public Schools, New Mexico Department of Agriculture, UNM Prevention Research Center
- Strategic Goals: Information

Activity 2.2.A-9. Provide Kids Can! nutrition education program throughout New Mexico.

- Target Audience: Students in low income school districts
- Progress Measured by: Number of schools offering programs and number of students participating in the program, verbal feedback and pre- and post- testing
- Funding Sources: USDA Food and Nutrition Service Food Stamp Programs, USDA Cooperative State Research Education and Extension Service Expanded Food and Nutrition Education Program
- Key Partners: NMSU Cooperative Extension, NM Income Support Division, local schools and other youth organizations, numerous state and local agencies providing food assistance and other resources for low-income populations
- Strategic Goals: Information

Activity 2.2.A-10. Initiate USDA Fresh Fruit and Vegetable Program in a total of 32 schools in New Mexico

- Target Audience: Children in grades K-12 where 50% or more qualify for free or reduced lunch
- Progress Measured by: Number of students reached
- Funding Source: USDA
- Key Partners: Zuni Tribal organization, NM Public Education Department, NM Department of Health Physical Activity & Nutrition Program for Healthier Weight
- Strategic Goals: Information

Activity 2.2.A-11. Develop and implement a fruit and vegetable cookbook for children, to be used as a school fundraiser instead of food.

- Target Audience: New Mexico school-age children
- Progress Measured by: Number of students participating in development of the cookbook
- Funding Source: NM Department of Health and American Heart Association
- Key Partners: New Mexico Wellness Coalition 5 A Day Subcommittee, Farm to Table, NM Department of Health Physical Activity & Nutrition Program for Healthier Weight, American Heart Association, RSB Nutrition
- Strategic Goals: Partnerships and Resource Development and Information

Short-term Objective 2.2.B: Increase the number of school-based media literacy interventions related to nutrition and physical activity.

Activity 2.2.B-1. Provide media literacy education for students in public schools.

- Target Audience: Students in public schools
- Progress Measured by: Pre- and post- testing for six day curriculum
- Funding Source: NM Department of Health via New Mexico Media Literacy Project
- Key Partners: New Mexico Media Literacy Project, NM Department of Health
- Strategic Goals: Information

Activity 2.2.B-2. Provide media literacy resources for nutrition and healthful lifestyles.

- Target Audience: New Mexico youth K-12
- Progress Measured by: Number of resources distributed
- Funding Source: NM Department of Health Tobacco Use Prevention and Control Program

via New Mexico Media Literacy Project and proceeds from the sale of these resources

- Key Partners: New Mexico Media Literacy Project, NM Department of Health
- Strategic Goals: Information

3. Families and Communities

Intermediate Objective 3.1: Increase the number of nutrition and physical activity policies, environmental supports, and/or regulatory actions that are adopted or modified for the prevention or control of obesity, overweight and other chronic diseases among families and communities.

Short-term Objective 3.1.A: Increase the number of community members and organizations that mobilize around physical activity, nutrition, obesity, and overweight-related issues that affect their families and/or communities.

Activity 3.1.A-1. Convene regular meetings of the Governor’s Council on Physical Fitness and Health.

- Target Audience: Members of the Governor’s Council
- Progress Measure by: Number of meetings held, number of meeting participants, meeting agendas and minutes
- Funding: None
- Key Partners: NM Department of Licensing and Regulation, members appointed by Governor Bill Richardson, NM Public Education Department, NM Department of Health Physical Activity & Nutrition Program for Healthier Weight
- Strategic Goals: Partnerships and Resource Development and Policy

Activity 3.1.A-2. Develop a chronic disease prevention plan for Indian Health Service’s Health Promotion and Disease Prevention program, to include healthier weight management strategies.

- Target Audience: Indian Health Service providers
- Progress Measured by: Plan development
- Funding Source: Federal IHS
- Key Partners: Albuquerque Indian Health Service
- Strategic Goals: Partnerships and Resource Development, Policy, Information, Behavioral Management Skills and Social Support

Activity 3.1.A-3. Convene regular meetings of New Mexico Action for Healthy Kids.

- Target Audience: Coalition members
- Progress Measured by: Number of meetings held, number of meeting participants, meeting agendas and minutes
- Funding Source: National Action for Healthy Kids
- Key Partners: New Mexico Action for Healthy Kids executive committee and coalition members
- Strategic Goals: Partnerships and Resource Development, Policy, Information, and Behavioral Management Skills and Social Support

Activity 3.1.A-4. Convene regular meetings of the New Mexico Wellness Coalition and its New Mexico on the Move and 5 A Day subcommittees.

- Target Audience: Coalition members
- Progress Measured by: Number of meetings held, number of meeting participants, meeting agendas and minutes

- Funding Source: America on the Move
- Key Partners: NM Wellness Coalition executive committee and members
- Strategic Goals: Partnerships and Resource Development, Policy, Information, and Behavioral Management Skills and Social Support

Activity 3.1.A-5. Increase the number of Community Health Councils with obesity listed as a leading priority.

- Target Audience: Members of Community Health Councils in New Mexico
- Progress Measured by: Number of Community Health Councils that list obesity as their first or second priority
- Funding Source: State of New Mexico
- Key Partners: Community Health Councils, NM Department of Health Regional Health Promotion Teams
- Strategic Goals: Partnerships and Resource Development

Activity 3.1.A-6. Convene regular meetings of the New Mexico Diabetes Advisory Council (DAC) and address obesity and overweight at some of these meetings.

- Target Audience: Representatives from organizations addressing diabetes in NM
- Progress Measured by: Number of meetings held with obesity as a key topic and number of people participating in those meetings
- Funding Source: CDC via the NM Department of Health Diabetes Prevention and Control Program
- Key Partners: DAC executive committee and members
- Strategic Goals: Partnerships and Resource Development, Policy, and Information

Activity 3.1.A-7. Promote increased fruit and vegetable consumption and increased physical activity through implementation of the New Mexico Cancer Plan.

- Target Audience: New Mexicans interested in cancer related issues
- Progress Measured by: New Mexico Cancer Plan objectives
- Funding Source: CDC via the NM Department of Health Comprehensive Cancer Program
- Key Partners: New Mexico Department of Health Comprehensive Cancer Program and New Mexico Cancer Council members
- Strategic Goals: Partnerships and Resource Development, Policy, and Information

Activity 3.1.A-8. Convene regular meetings of the New Mexico Chronic Disease Prevention Council.

- Target Audience: Representatives from organizations addressing chronic disease
- Progress Measured by: Number of meetings held with obesity discussed and number of people participating in those meetings
- Funding Source: CDC via the NM Department of Health Comprehensive Cancer Program
- Key Partners: Council executive committee and members
- Strategic Goals: Partnerships and Resource Development, Policy, and Information

Activity 3.1.A-9. Convene a new State of New Mexico Interagency Council to address state plan implementation.

- Target Audience: New Mexico state agencies that address prevention and treatment of

overweight and/or obesity

- Progress Measured by: Formation of new council, number of meetings held, number of meeting participants, and meeting agendas and minutes
- Funding Source: None
- Key Partners: NM Department of Health Physical Activity & Nutrition Program for Healthier Weight and other departments
- Strategic Goals: Partnerships and Resource Development, Information

Intermediate Objective 3.2: Increase physical activity and improve nutritional behaviors in communities reached through interventions.

Short-term Objective 3.2.A: Increase the number of interventions tailored to a specific community that include both nutrition and physical activity.

Activity 3.2.A-1. Develop, implement, and evaluate a physical activity and nutrition pilot intervention in Grants, NM. The intervention addresses environmental factors or policy and incorporates social marketing principles with emphasis on formative research using results from a statewide telephone survey, focus groups, and community assessments to be conducted in 2006.

- Target Audience: Adolescents and their families in Grants, NM
- Progress Measured by: Development and initiation of pilot intervention
- Funding Source: CDC via the New Mexico Department of Health Physical Activity & Nutrition Program for Healthier Weight
- Key Partners: Future Foundations Family Center, Interagency Alliance of the Cibola County Health Council, Research and Polling, Inc., Ana Matiella and Associates, the New Mexico Department of Health's Regional Health Promotion Team which serves the area and the Physical Activity & Nutrition Program for Healthier Weight
- Strategic Goals: Partnerships and Resource Development, Policy, Information, Behavioral Management Skills and Social Support, Evaluation, Research, and Surveillance

Activity 3.2.A-2. Pilot the *Fit Families* healthy lifestyles program.

- Target Audience: Overweight children and their families in Sandoval and Dona Ana Counties
- Progress Measured by: Number of families participating, number of pediatricians participating, and post program evaluation
- Funding Source: General Mills
- Key Partners: Local pediatricians, New Mexico Department of Health WIC
- Strategic Goals: Information, Behavioral Management Skills and Social Support, Evaluation, Research, and Surveillance

Activity 3.2.A-3. Implement *Healthy Body Awareness: A nutrition and physical activity education program for Navajo Elders*.

- Target Audience: Navajo elders and Navajo Area on Aging senior center staff throughout the Navajo Nation
- Progress Measured by: Evaluation of staff training and curriculum implementation by staff and elders

- Funding Source: USDA Food Stamp Nutrition Education Program through NMSU Cooperative Extension Service, Arizona Nutrition Network
- Key Partners: UNM Prevention Research Center, Navajo Area Agency on Aging, Navajo Council on Aging, NMSU Cooperative Extension, New Mexico Income Support Division
- Strategic Goals: Information, Behavioral Management Skills and Social Support

Activity 3.2.A-4. Provide media literacy workshop focusing on nutrition and obesity.

- Target Audience: Native American community
- Progress Measured by: End of workshop evaluation
- Funding Source: Indian Health Service, New Mexico Media Literacy Project
- Key Partners: New Mexico Media Literacy Project, Indian Health Service
- Strategic Goals: Information

Short-term Objective 3.2.B: Increase the number of programs tailored to specific communities that are family-focused, and address screen time, healthy feeding relationships, and/or being physically active together.

Activity 3.2.B-1. Utilize WIC FIT KIDS in WIC clinics. WIC FIT KIDS focuses on increasing physical activity, decreasing screen time, increasing fruit and vegetable intake, decreasing consumption of sweetened beverages, drinking low fat milk, and empowering families to develop healthy lifestyles.

- Target Audience: WIC women and children and their families
- Progress Measured by: Baseline BMI and risk factors on children ages 2-5 with yearly follow-up
- Funding Source: NM Department of Health
- Key Partners: NM Department of Health WIC Program
- Strategic Goals: Information and Behavioral Management Skills and Social Support

Activity 3.2.B-2. Use Ellyn Satter counseling techniques with families in WIC who have overweight children.

- Target Audience: Pueblo of Isleta WIC clients
- Progress Measured by: Number of clients reached
- Funding Source: Federal WIC funds
- Key Partners: NM Department of Health WIC Program
- Strategic Goals: Information and Behavioral Management Skills and Social Support

Activity 3.2.B-3. Provide refurbished bicycles to school children.

- Target Audience: Low income children and their families in the Vecinos del Bosque neighborhood in Albuquerque
- Progress Measured by: Number of bicycles that are delivered
- Funding Source: Robert Wood Johnson Foundation via Albuquerque Alliance for Active Living
- Key Partners: Albuquerque Alliance for Active Living, Albuquerque Public Schools, local donors
- Strategic Goals: Partnerships and Resource Development

Short-term Objective 3.2.C: Increase the number of instructional programs implemented in New Mexico communities that include either physical activity or nutrition.

Activity 3.2.C-1. Implement the *Start Walking* communication campaign to encourage women to walk more.

- Target Audience: Hispanic women in Las Cruces, NM
- Progress Measured by: Annual surveys of a sample of the target population to assess level of walking, and the number of people who participate in the program
- Funding Source: State of New Mexico via New Mexico Department of Health Diabetes Prevention and Control Program
- Key Partners: New Mexico Department of Health Diabetes Prevention and Control Program and Public Health Division, Walk Doña Ana, City of Las Cruces, NMSU Cooperative Extension
- Strategic Goals: Information, Behavioral Management Skills and Social Support

Activity 3.2.C-2. Encourage community members in Grant and Hidalgo Counties to participate in *Active and Alive*, a program that provides safe physical activity opportunities for people with mobility limitations, and group physical activities for all community members.

- Target Audience: People with diabetes and community members of Hidalgo and Grant Counties
- Progress Measured by: Pre- and post- survey that focuses on behavior change and regularity of exercise
- Funding Source: State of New Mexico via New Mexico Department of Health Diabetes Prevention and Control Program
- Key Partners: New Mexico Department of Health Diabetes Prevention and Control Program and Public Health Division, Hidalgo Medical Services, Gila Regional Medical Center
- Strategic Goals: Information, Behavioral Management Skills and Social Support

Activity 3.2.C-3. Offer *Come Back to School and Dance* physical activity program in the Las Cruces public schools for community members.

- Target Audience: Community members in Las Cruces school district
- Progress Measured by: Number of participants, and a questionnaire on activity habits
- Funding Source: Paso del Norte Health Foundation
- Key Partners: Las Cruces School District, Citidance
- Strategic Goals: Behavioral Management Skills and Social Support

Activity 3.2.C-4. Increase the number of Arthritis Foundation exercise classes offered and increase the number of participants.

- Target Audience: Adults with arthritis in NM
- Progress Measured by: An impact evaluation tool and Greater Southwest Chapter of the Arthritis Foundation through the Team Approach database and an impact evaluation tool
- Funding Source: Federal funds through CDC
- Key Partners: NM Department of Health Arthritis and Osteoporosis Program, Greater Southwest Chapter of the Arthritis Foundation
- Strategic Goals: Information, Behavioral Management Skills and Social Support

Activity 3.2.C-5. Implement the *Take Charge Challenge* physical activity program for people with arthritis in Santa Fe senior centers.

- Target Audience: People with disabilities at senior centers in Santa Fe
- Progress Measured by: Evaluation provided by UNM Center for Development and Disability
- Funding Source: CDC National Center on Birth Defects and Developmental Disabilities Disability and Health team
- Key Partners: NM Department of Health Office of Disability and Health, senior centers in Santa Fe, UNM Center for Development and Disability
- Strategic Goals: Information, Behavioral Management Skills and Social Support

Activity 3.2.C-6. Implement the *Local Motion* social marketing campaign to increase physical activity in people who have arthritis and/or osteoporosis in one New Mexico community.

- Target Audience: People over age 35, low income, at risk for arthritis or osteoporosis, and living in a predominantly Hispanic community
- Progress Measured by: Process evaluation and outcome evaluation for changes in behavior from a sample of the participants
- Funding Source: CDC via NM Department of Health Arthritis and Osteoporosis Program and State of New Mexico
- Key Partners: NM Department of Health Arthritis and Osteoporosis Program, Greater Southwest Chapter of the Arthritis Foundation, Cooney Watson and Associates, Well Balance Health and Wellness Services, Roswell Parks and Recreation Department
- Strategic Goals: Information, Behavioral Management Skills and Social Support

Activity 3.2.C-7. Develop a *Ditches-with-Trails* walking tour guide.

- Target Audience: Community members in Albuquerque, NM
- Progress Measured by: Guide development and distribution
- Funding Source: New Mexico Department of Transportation via UNM CIPRE, Safety Seed Grant, and Robert Wood Johnson Foundation via Albuquerque Alliance for Active Living
- Key Partners: Walk Albuquerque, UNM CIPRE, Albuquerque Alliance for Active Living
- Strategic Goals: Information, and Behavioral Management Skills and Social Support

Activity 3.2.C-8. Create and distribute a refrigerator magnet for families in the Atrisco area to encourage walking.

- Target Audience: Community members in the Atrisco neighborhood in Albuquerque
- Progress Measured by: Number of magnets distributed
- Funding Source: Robert Wood Johnson Foundation via Albuquerque Alliance for Active Living
- Key Partners: Albuquerque Alliance for Active Living
- Strategic Goals: Information and Behavioral Management Skills and Social Support

Activity 3.2.C-9. Promote seasonal physical activity programs in the Ramah Navajo Community, to include the Ramah Navajo Walk/Run, *99 miles in 99 days* walking program, classes at the Pine Hill Wellness Center, a 12-week weight maintenance/loss program, and *Honoring the Gift of Heart* program.

- Target Audience: Ramah Navajo community members
- Progress Measured by: Number of participants in each activity, miles walked, and weight

change for specific programs

- Funding Source: Indian Health Service Special Diabetes Program for Indians
- Key Partners: Pine Hill Health Center
- Strategic Goals: Information and Behavioral Management Skills and Social Support

Activity 3.2.C-10. Offer the *I CAN* nutrition education program in low income communities.

- Target Audience: People in New Mexico with limited resources, particularly those receiving food stamps
- Progress Measured by: Number of classes offered, number of people attending
- Funding Source: USDA Food and Nutrition Service Food Stamp Programs, USDA Cooperative State Research Education and Extension Service Expanded Food and Nutrition Education Program, State of New Mexico
- Key Partners: NMSU Cooperative Extension, NM Income Support Division, state and local agencies providing food assistance and other resources for low income populations
- Strategic Goals: Information, Behavioral Management Skills and Social Support

Activity 3.2.C-11. Offer *Kitchen Creations* cooking school for people with diabetes in most counties in New Mexico.

- Target Audience: People with diabetes and their families and caregivers
- Progress Measured by: Process and outcome evaluations for changes in behavior from a sample of participants, and number of classes by county
- Funding Source: State of New Mexico through the NM Department of Health Diabetes Prevention and Control Program
- Key Partners: NM Department of Health Diabetes Prevention and Control Program, NMSU Cooperative Extension Service, local Certified Diabetes Educators and dietitians
- Strategic Goals: Information and Behavioral Management Skills and Social Support

Intermediate Objective 3.3: Increase breastfeeding initiation and six months duration rates.

Short-term Objective 3.3.A: Increase the number of breastfeeding and healthier weight interventions.

Activity 3.3.A-1: Conduct a two-day training on the program *Using Loving Support to Create a Breastfeeding-friendly Community* for community partners from Albuquerque and Grants

- Target Audience: Healthcare partners with offices statewide, community and healthcare partners from Grants
- Progress Measured by: Number of participants in the training and post workshop evaluation
- Funding Source: CDC
- Key Partners: WIC, New Mexico Department of Health Physical Activity & Nutrition Program for Healthier Weight, NM Breastfeeding Task Force, La Leche League
- Strategic Goals: Partnerships and Resource Development and Information

Activity 3.3.A-2. Recruit participants from a *Loving Support* training class to participate on a Steering Committee and develop an implementation plan.

- Target Audience: *Loving Support* training participants

- Progress Measured by: Formation of Steering Committee and completion of implementation plan
- Funding Source: CDC
- Key Partners: WIC, New Mexico Department of Health Physical Activity & Nutrition Program for Healthier Weight, NM Breastfeeding Task Force, La Leche League
- Strategic Goals: Partnerships and Resource Development

4. Food Systems

Intermediate Objective 4.1: Increase the number of state or local food systems policies, environmental supports, and/or regulatory actions that are adopted or modified for the prevention or control of obesity, overweight and other chronic diseases.

Short-term Objective 4.1.A: Increase advocacy and educational efforts to ensure affordable, convenient and accessible healthful foods for New Mexicans.

Activity 4.1.A-1: Conduct public outreach and education on the need to obtain funding for Farmers Market vouchers for low income seniors, and funding to provide local produce to be used in the children's backpack program.

- Target Audience: Low income seniors and children, policymakers, and community leaders
- Progress Measured by: Passage of legislation, and if passed number of people served by the programs
- Funding Source: NM Food and Agriculture Policy Council
- Key Partners: Council executive committee and members
- Strategic Goals: Policy

Activity 4.1.A-2: Conduct public outreach and education on the need to obtain funding to provide locally grown produce for public schools and food banks.

- Target Audience: Low income seniors and children, policymakers, and community leaders
- Progress Measured by: Passage of legislation, and if passed number of people served by the programs
- Funding Source: NM Food and Agriculture Policy Council
- Key Partners: Council executive committee and members
- Strategic Goals: Information, Behavioral Management Skills and Social Support, Policy

Activity 4.1.A-3. Convene regular meetings of the New Mexico Food and Agriculture Policy Council.

- Target Audience: Private and public organizations and individuals interested in policies that affect New Mexico's food and agriculture system
- Progress Measured by: Number of meetings held, number of meeting participants, meeting agendas and minutes
- Funding Source: NM Food and Agriculture Policy Council
- Key Partners: Council executive committee and members
- Strategic Goals: Partnerships and Resource Development, Policy, and Information

Activity 4.1.A-4: Convene regular meetings of public and private partners to support the New Mexico Task Force to End Hunger.

- Target Audience: Organizations and individuals interested in food insecurity in NM
- Progress Measured by: Number of meetings held, number of meeting participants, meeting agendas and minutes
- Funding Source: None
- Key Partners: Task Force executive committee and members
- Strategic Goals: Partnerships and Resource Development, Policy, and Information

Intermediate Objective 4.2: Improve nutritional behaviors in communities reached through food systems interventions.

Short-term Objective 4.2.A: Increase availability and access of healthful food among individuals and families with low incomes.

Activity 4.2.A-1: Purchase and distribute fresh produce to food pantries, shelters, and soup kitchens served by NM Food Banks.

- Target Audience: Food banks and people in NM who are food insecure and are clients of food distribution centers for the poor
- Progress Measured by: Number of sites participating, number of clients served, and pounds of fresh produce distributed
- Funding Source: State of New Mexico and a grant from Daniels Fund
- Key Partners: HHS, NM Association of Food Banks, NM Food and Agriculture Policy Council
- Strategic Goals: Partnerships and Resource Development and Policy

5. Healthcare Systems

Intermediate Objective 5.1: Increase the number of New Mexicans working with their healthcare providers to achieve or maintain healthier weight.

Short-term Objective 5.1.A: Increase the number of New Mexicans involved in health care delivery who are trained on “other contributors” identified in the state plan and trained to promote healthier weight in clinical settings and systems.

Activity 5.1.A-1. Develop protocol, resources, and training for physicians and primary care providers (including mental health professionals and bariatric physicians and surgeons) to address overweight and obesity issues with adult patients.

- Target Audience: Physicians and primary care providers in New Mexico
- Progress Measured by: Number of physicians trained and description of protocol, resources and training
- Funding Source: CDC funds via NM Department of Health Physical Activity & Nutrition Program for Healthier Weight
- Key Partners: New Mexico Medical Society Clinical Prevention Initiative Healthier Weight Workgroup, New Mexico Department of Health, UNM Institute for Public Health, UNM Health Sciences Center, Presbyterian Health Plan, Molina Health Plan, Blue Cross Blue Shield of New Mexico, Lovelace Health Plan, private practice physicians and primary care providers, New Mexico Healthcare Takes on Diabetes
- Strategic Goals: Partnerships and Resource Development, Policy, and Information

Activity 5.1.A-2. Train physicians and implement a systems based approach to diagnose and treat overweight pediatric patients.

- Target Audience: Physicians and primary care providers in NM, Medicaid-eligible children who are overweight and their families
- Progress Measured by: Number of physicians trained and collection of data on providers who are using BMI percentile and providing key messages to parents
- Funding Source: UNM Pediatric Department, New Mexico Department of Health, and New Mexico Human Services Department
- Key Partners: ENVISION New Mexico, UNM Pediatric Department, New Mexico Department of Health Office of School Health, New Mexico Public Education Department
- Strategic Goals: Partnerships and Resource Development, Policy, Information, Behavioral Management Skills and Social Support and Evaluation

Activity 5.1.A-3. Plan, implement and evaluate the 4th Annual UNM Obesity Symposium.

- Target Audience: Health care and allied health professionals, state plan partners, individuals interested in obesity related issues
- Progress Measured by: Post conference evaluation forms and description of how “other contributors” were included in symposium
- Funding from: Public and private sponsors
- Key Partners: UNM, NM Department of Health, Southwest Endocrinology Associates, New Mexico Wellness Coalition, New Mexico Action for Healthy Kids

- Strategic Goals: Partnerships and Resource Development, Policy, Information, Behavioral Management Skills and Social Support, and Evaluation

Activity 5.1.A-4. Begin planning the 5th Annual UNM Obesity Symposium

- Target Audience: New planning committee
- Progress Measured by: Draft agenda and registration materials
- Funding from: Public and private sponsors
- Key Partners: UNM, NM Department of Health, Southwest Endocrinology Associates, New Mexico Wellness Coalition, New Mexico Action for Healthy Kids
- Strategic Goals: Partnerships and Resource Development, Policy, Information, Behavioral Management Skills and Social Support, and Evaluation

Activity 5.1.A-5. Offer a Certificate and/or Associate of Science Degree as Diabetes Prevention Specialist at UNM/Gallup.

- Target Audience: Students enrolled in the Diabetes Prevention Specialist program
- Progress Measured by: Class evaluation and grades, number of students who enroll and number of students who complete the Certificate or Associates Degree programs
- Funding Source: Native American Diabetes Wellness Program with CDC grant
- Key Partners: University of New Mexico/Gallup, CDC Native American Diabetes Wellness Program
- Strategic Goals: Information

Short-term Objective 5.1.B: Increase the number of weight management instructional programs or interventions delivered through healthcare systems that include strategies contained within the state plan.

Activity 5.1.B-1. Implement the Ramah Navajo Heart Saver Project, a team-based case management approach to diabetes, to include cardiovascular risk factors, weight management, education classes and cooking classes.

- Target Audience: Ramah Navajo adult community members
- Progress Measured by: Number of participants, change in BMI, and related laboratory tests
- Funding Source: Indian Health Service Coronary Vascular Disease Risk Competitive Grant, through 9/30/08
- Key Partners: Pine Hill Health Center
- Strategic Goals: Information and Behavioral Management Skills and Social Support

Activity 5.1.B-2. Offer *Healthy Weight Initiative*, a weight management program for Lovelace Health Plan members.

- Target Audience: Lovelace Health Plan members
- Progress Measured by: Number of participants, weight loss, increase in physical activity, and results of selected laboratory tests
- Funding Source: Lovelace Health Plan Disease Management Department
- Key Partners: Lovelace Health Plan
- Strategic Goals: Information, Behavioral Management Skills and Social Support

Intermediate Objective 5.2: Increase access to primary and preventive care related to obesity, overweight, and “other contributors,” and obesity-related chronic diseases.

Short-term Objective 5.2.A: Review and evaluate the reimbursement policies of public and private health insurance payors regarding overweight and obesity prevention and treatment efforts.

Activity 5.2.A-1. Convene regular meetings of the Clinical Prevention Initiative’s Payor Liaison Workgroup to determine managed care organizations’ payment practices regarding obesity and overweight.

- Target Audience: Health care providers and clinic administrators, managed care organizations
- Progress Measured by: Survey results
- Funding Source: NM Department of Health
- Key Partners: New Mexico Medical Society Clinical Prevention Initiative, NM Department of Health, Blue Cross Blue Shield of New Mexico, Lovelace Sandia Health Plan, Molina Health Care, Presbyterian Health Care, Indian Health Service, private practitioners
- Strategic Goals: Partnerships and Resource Development and Policy

Activity 5.2.A-2. Build infrastructure for Diabetes Self Management programs where obesity is addressed in clinics and hospitals in rural New Mexico.

- Target Audience: Healthcare practitioners who will be staffing the programs in rural New Mexico
- Progress Measured by: Number of Certified Diabetes Educators on staff in programs, number of referrals to programs and number of follow up visits
- Funding Source: State of New Mexico
- Key Partners: New Mexico Department of Health Diabetes Prevention and Control Program
- Strategic Goals: Information, Behavioral Management Skills and Social Support

Activity 5.2.A-3. Assist Diabetes Self Management Education (DSME) programs to receive American Diabetes Association Education Recognition, which allows DSME programs to meet national standards of care and receive reimbursement for services.

- Target Audience: Established Diabetes Self Management programs in New Mexico
- Progress Measured by: The number of programs that receive recognition status and establish a billing system
- Funding Source: State of New Mexico
- Key Partners: New Mexico Department of Health Diabetes Prevention and Control Program
- Strategic Goals: Information, Behavioral Management Skills and Social Support

6. Worksites

Intermediate Objective 6.1: Increase the number of worksite nutrition and physical activity policies, environmental supports, and/or regulations that are adopted or modified for the prevention or control of obesity, overweight, and other chronic diseases.

Short-term Objective 6.1.A: Increase advocacy efforts among employers to adopt policies, environmental supports (including supports for breastfeeding employees), and/or regulations to increase physical activity and improve nutrition in workplaces.

Short-term Objective 6.1.B: Increase advocacy and educational efforts among employers to create a supportive environment for breastfeeding employees.

Activities are to be determined.

Intermediate Objective 6.2: Increase physical activity and improve nutritional behaviors in workplaces and organizations reached through worksite interventions.

Short-term Objective 6.2.A: Increase the number of worksite wellness instructional programs that include physical activity and nutrition.

Activity 6.2.A-1. Promote the *Governor's America on the Move Challenge for Healthier Communities and Worksites* to employers.

- Target Audience: Employers and employees
- Progress Measured by: Number of presentations to worksites, number of workplaces that implemented America on the Move, and number of employee participants
- Funding Source: America on the Move and NM Department of Health Physical Activity & Nutrition Program for Healthier Weight via the NM Wellness Coalition
- Key Partners: NM Wellness Coalition New Mexico on the Move subcommittee, NM Department of Health Physical Activity & Nutrition Program for Healthier Weight, NM Department of Health Region Health Promotion Teams, NM Department of Health Administration
- Strategic Goals: Information and Behavioral Management Skills and Social Support

Activity 6.2.A-2. Offer an online Health Risk Assessment (HRA) at Intel and deliver results to management team.

- Target Audience: Intel employees and family members
- Progress Measured by: Summarized results of HRA
- Funding Source: Intel
- Key Partners: Intel and HRA vendor
- Strategic Goals: Information

Activity 6.2.A-3. Promote the 10 Week Fitness Challenge at Intel to increase employee physical activity.

- Target Audience: Intel employees and family members
- Progress Measured by: Post event evaluations, number of employees
- Funding Source: Intel
- Key Partners: Intel
- Strategic Goals: Information and Behavioral Management Skills and Social Support

Activity 6.2.A-4. Provide Healthy Nutrition, Stress Reduction, and Mental Health online teleconference seminars to Intel employees.

- Target Audience: Intel employees and family members
- Progress Measured by: Post event evaluations
- Funding Source: Intel
- Key Partners: Intel
- Strategic Goals: Information and Behavioral Management Skills and Social Support

Activity 6.2.A-5. Offer physical activity and nutrition opportunities, which include gym membership subsidy, free cereal, health screenings, and sponsorship of employee participation in outside wellness activities to General Mills employees.

- Target Audience: General Mills employees and family members
- Progress Measured by: Number of employees that participate in each component
- Funding Source: General Mills
- Key Partners: General Mills
- Strategic Goals: Information and Behavioral Management Skills and Social Support

Short-term Objective 6.2.B: Increase the number of worksite wellness interventions for physical activity and nutrition that are evaluated.

Activity 6.2.B-1. Offer Colorful Choices program to Los Alamos National Laboratory (LANL) employees during National Nutrition Month to encourage increased fruit and vegetable intake.

- Target Audience: LANL employees and their families
- Progress Measured by: Participant evaluation forms and pre- and post- consumption change
- Funding Source: LANL
- Key Partners: LANL
- Strategic Goals: Information and Behavioral Management Skills and Social Support

Activity 6.2.B-2. Provide Pilates and yoga classes to Las Cruces Public Schools employees.

- Target Audience: Las Cruces school district staff
- Progress Measured by: Pre and post program survey and focus group results
- Funding Source: Grant application currently pending
- Key Partners: Las Cruces Public Schools
- Strategic Goals: Information and Behavioral Management Skills and Social Support

7. Overarching Objectives

Intermediate Objective 7.1: Integrate two or more state plan settings into community initiatives.

Short-term Objective 7.1.A: Increase collaboration and the number of trainings provided to the New Mexico Healthier Weight Council.

Activity 7.1.A-1. Commence the New Mexico Healthier Weight Council and convene regular meetings to collaborate on implementing the state plan and monitoring progress.

- Target Audience: State plan partners
- Progress Measured by: Executive Committee membership list, Healthier Weight Council membership list, number of Healthier Weight Council meetings held, number of partners participating in each meeting and meeting minutes
- Funding Source: CDC via the NM Department of Health Physical Activity & Nutrition Program for Healthier Weight
- Key Partners: Physical Activity & Nutrition Program for Healthier Weight and state plan partners
- Strategic Goals: Partnerships and Resource Development, Policy, Information, Behavioral Management Skills and Social Support, and Evaluation, Surveillance and Research

Activity 7.1.A-2. Assess training needs of plan partners, and provide three trainings based on results of the assessment.

- Target Audience: State plan partners
- Progress Measured by: Training needs assessment summary, number of trainings held, number of partners trained and training evaluation summaries
- Funding Source: CDC via the NM Department of Health Physical Activity & Nutrition Program for Healthier Weight
- Key Partners: Physical Activity & Nutrition Program for Healthier Weight, Policy Matters
- Strategic Goals: Partnerships and Resource Development and Evaluation

Activity 7.1.A-3. Develop a state plan identity and communications strategy to be used in all settings.

- Target Audience: State plan partners
- Progress Measured by: Delivery and use of plan logo and feasible communications strategies
- Funding Source: CDC via the NM Department of Health Physical Activity & Nutrition Program for Healthier Weight
- Key Partners: Physical Activity & Nutrition Program for Healthier Weight, Three Advertising, NM Healthier Weight Executive Committee, state plan partners
- Strategic Goals: Partnerships and Resource Development and Information

Activity 7.1.A-4. Develop and pilot an electronic evaluation form for partners, and compile a resource directory based on the information obtained from the evaluation form.

- Target Audience: State plan partners

- Progress Measured by: Electronic evaluation form, summary of pilot, resource directory
- Funding Source: CDC via NM Department of Health Physical Activity & Nutrition Program for Healthier Weight
- Key Partners: Physical Activity & Nutrition Program for Healthier Weight, University of New Mexico Prevention Research Center, state plan partners
- Strategic Goals: Partnerships and Resource Development, Evaluation, Surveillance and Research

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Resources for Obesity, Physical Activity and Nutrition

Obesity and Overweight

Centers for Disease Control and Prevention, Nutrition and Physical Activity Program <http://www.cdc.gov/nccdphp/dnpa/index.htm>

The Institute of Medicine of the National Academies was created by the federal government to be an adviser on scientific and technological matters.

Food Marketing to Children and Youth: Threat or Opportunity?:

<http://www.iom.edu/Object.File/Master/31/337/0.pdf>

Preventing Childhood Obesity: Health in the Balance

<http://www.iom.edu/CMS/3788/5867/22596.aspx>

Kaiser Permanente Institute for Health Policy, Roundtable Summary Report: *Prevention and Treatment of Overweight and Obesity: Toward a Roadmap for Advocacy and Action.*

http://www.kpihp.org/publications/briefs/Obesity_Summary.pdf

NAASO, The Obesity Society is a leading scientific society dedicated to the study of obesity. <http://www.naaso.org/>

National Heart, Lung and Blood Institute Obesity Education Initiative

<http://www.nhlbi.nih.gov/about/oei/index.htm>

NIH Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults

http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm

The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity, 2001 Report

http://www.surgeongeneral.gov/topics/obesity/calltoaction/1_1.htm

Physical Activity

Active Living by Design is a national program of The Robert Wood Johnson Foundation and is a part of the UNC School of Public Health in Chapel Hill, North Carolina. This program establishes innovative approaches to increase physical activity through community design, public policies and communications strategies.

<http://www.activelivingbydesign.org/>

Active Transportation refers to human-powered transportation, and most commonly refers to walking and bicycling, to get to primary destinations such as work and school. The goal of this website is to provide resources, suggestions and information on Active Transportation.

<http://www.activetransportation.org/>

American College of Sports Medicine
ACSM.org

American Council on Exercise
Acefitness.org

Healthful Eating

CDC 5 A Day Website
<http://www.cdc.gov/nccdphp/dnpa/5aday/>

Dietary Approaches to Stop Hypertension (DASH) Eating Plan
<http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/>

Food and Health Communications
<http://foodandhealth.com/>

Produce for Better Health
<http://www.pbhfoundation.org/educators/teachers/>

Team Nutrition, USDA
<http://teamnnutrition.usda.gov/>

USDA, Food and Nutrition Service: Eat Smart Play Hard
<http://www.fns.usda.gov/eatsmartplayhard/>

United States Department of Agriculture, My Pyramid
<http://www.mypyramid.gov>

United States Department of Agriculture, 2005 Dietary Guidelines for Americans, <http://www.health.gov/dietaryguidelines/>

