

FIELD EXPERIENCE REPORT: U.S DEPARTMENT OF HEALTH AND HUMAN
SERVICES,
OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

by

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Abstract

In accordance with requirements for the Masters of Public Health degree, I completed my field experience with the U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion (ODPHP) in the Fall of 2011. ODPHP is a policy office whose work involves collaborating and coordinating with various federal and nonfederal agencies in support of programming, information dissemination, et cetera related to national initiatives. ODPHP's major undertakings include developing the *2010 Dietary Guidelines for Americans*, the *2008 Physical Activity Guidelines for Americans*, and *Healthy People 2010 & 2020*. ODPHP is housed within the Office of Public Health and Science under the Assistant Secretary for Health. The primary focus for my experience was to assist members of the Prevention Science Team in fulfillment of team projects and activities, as a Visiting Prevention Scholar. As a member of the science team, I made several contributions including developing a physical activity consumer brochure to be used in addition to an existing Dietary Guidelines brochure. My experience at ODPHP has given me valuable insight into the process of how a government agency supports, advises, and provides leadership to its federal and nonfederal partners in the advancement of mandated programs and policies.

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List of Abbreviations

AIR- American Institutes for Research	MPH- Master of Public Health
ASH- Assistant Secretary for Health	NEL- National Evidence Library
ASPA- Assistant Secretary for Public Affairs	NHANES National Health and Nutrition Examination Survey
CDC- Centers for Disease Control and Prevention	NHIC- National Health Information Center
CNPP- Center for Nutrition Policy and Promotion	NHIS- National Health Interview Survey
CST- Community Strategies Team	NIDDK- National Institute of Diabetes and Digestive and Kidney Disease
DGA- Dietary Guidelines for Americans	NIH- National Institutes of Health
DGAC- Dietary Guidance Advisory Committee	NJCA- National Job Corps Association
DGWG- Dietary Guidance Working Group	OASH- Office of the Assistant Secretary for Health
DRI- Dietary Reference Intakes	ODPHP- Office of Disease Prevention and Health Promotion
EHR- Electronic Health Records	ONC- Office of the National Coordinator for Health Information Technology
FDA- Food and Drug Administration	OPHS- Office of Public Health and Science
FIW- Federal Interagency Workgroup	OSG- Office of the Surgeon General
GSA- U.S.General Services Administration	OWH- Office on Women’s Health
GTA- Graduate Teaching Assistant	PA- Physical Activity
HCT- Health Communications team	PAG- Physical Activity Guidelines for Americans
HEW- Department of Health, Education, and Welfare	PAGAC- Physical Activity Guidelines Advisory Committee
HIT- Health Information Technology	PALA- President’s Active Lifestyle Award
IOM- Institute of Medicine of the National Academies	PCFSN- President’s Council on Fitness, Sports, and Nutrition
LGBT- Lesbian, Gay, Bisexual, and Transgender	PHS- U.S. Public Health Service Commissioned Corp
MAP-IT - Mobilize, Assess, Plan, Implement, and Track	

QGHL- Quick Guide to Healthy Living

SEM- Social Ecological Model

SME- Subject matter experts

USDA- United States Department of
Agriculture

USDHHS/HHS- United States Department
of Health and Human Services

VSP- Visiting Prevention Scholar

WHO- World Health Organization

WIC- Special Supplemental Nutrition
Program for Women, Infants, and Children

WWDOP- Worldwide Day of Play

Acknowledgements

I would first like to thank God for blessing me with the opportunity to work at the Office of Disease Prevention and Health Promotion. It was truly a unique experience that I will always be grateful for. Thank you to my advisors Dr. Bopp, Dr. Fallon, and Dr. Heinrich. All of you have been instrumental to my success inside and outside of the classroom, during my time at K-State. I would also like to thank my supervisor at ODPHP, Holly McPeak, who was willing to accept me as an intern on such short notice. A big thank you Uncle Larry and Aunt Loretta for welcoming me into your home for three months. I truly enjoyed my time with you. Last, but not least, I would like to thank my family, in particular my parents Wesley and Gloria. Thank you for all of your prayers, words of encouragement, and love. I hope to continue to make you proud.

“Being confident of this very thing, that He who has begun a good work in you will complete it until the day of Jesus Christ” (Philippians 1:6)

Introduction

Public Health is a multidisciplinary, yet collaborative field whose goal is to protect the public from anything that may threaten health. Health, as defined by the World Health Organization (WHO), is not simply a disease-free state, but a complete state of physical, mental, and social wellbeing (1998). Given this holistic approach to defining health, public health takes a very broad approach in examining potential and actual impacts on health. These impacts may include environmental factors (such as indoor and outdoor air quality), the spread of infectious disease, the availability of disease preventing services (such as immunizations), or one's choices or behavior. Additionally, public health takes a broad, population-wide approach in targeting the beneficiaries of its initiatives. The philosophy behind this strategy is to prevent disease and illness in as many people as possible. This strategy allows public health professionals to segment the population based on the most relevant characteristics (e.g. geographic location, health need, and ethnic background) in order to best meet the needs of that population.

As a population-centered field, it is recognized that there are multiple levels to making changes in a community in order to preserve the health of its inhabitants. There are numerous frameworks and models devoted to an ecological approach in exploring behavior and behavior change. However, there are four major principles that are central to most ecological-based models (Glanz, Rimer, & Viswanath, 2008). First, ecological models are based on the beliefs that behaviors are influenced by multi-level factors. McLeroy's Ecological Model of Health Behavior (commonly referred to as the Social Ecological Model [SEM]) adequately illustrates the many levels of influence encountered by communities and how public health's multidisciplinary nature aids in targeting those influences (McLeroy, Bibeau, Steckler, & Glanz, 1988). The SEM describes the levels of influence as intrapersonal, interpersonal, institutional, community, and

public policy (McLeroy et al., 1988) For example, efforts toward disease prevention can be encouraged through policy, health education, health services (e.g. cancer screenings), and social marketing on the institutional, community, and policy levels. Impacting the larger levels of the SEM helps to influence the interpersonal and intrapersonal factors that contribute to health behavior. The second principle is that these behavioral influences can have an impact across levels. The third principle is that ecological models should vary according to a particular behavior because the influencers may be different across behaviors. Lastly, ecological models are based on the understanding that a multi-level intervention is the most effective approach to behavior change, due to the many influences that determine behavior (i.e. principle one) (Glanz, et al., 2008).

Health policy, health promotion, and disease prevention are at the very root of all public health initiatives. All three are interrelated while also bearing a distinct role in protecting the health of the public. Health policy has been defined as a plan or action that serves as a framework for achieving health related goals (World Health Organization, 1998). Health policy establishes rules that serve as boundaries for health behavior and decisions. As a result, its impact can be wide-reaching. Health policy can take on many different forms in order to have both a direct and indirect affect on health outcomes. For example, there are laws that set requirements for professionals working in the U.S. health care system. Individual health organizations (e.g. health departments, hospitals, etc.) also establish policies that guide the operation of their services. In return these policies affect the quality of care delivered to those in need of medical attention. Furthermore, regulations of industries outside of the health care system can impact an individual's risk for disease/injury (i.e. safety and emissions inspections for vehicles and city sewage/waste systems) (Mensah, et al., 2004).

There have been many instances where laws/policies have been used successfully as a preventive strategy. In their discussion about health policy Mensah and colleagues (2004) cited three major policy-related interventions: U.S. smoking restrictions and bans, regulations on the blood alcohol concentration (BAC), and statutes on food fortification. Research on smoking restrictions and bans has demonstrated a decrease in environmental tobacco smoke and tobacco consumption when enforced in the workplace (Hopkins et al., 2001). Several states that set regulations lowering the BAC limit to 0.08 saw a median decrease of 7% in the number of alcohol-related vehicle injuries or fatalities (Shults et al., 2001). Lastly, legislation has been enacted requiring the fortification of certain foods (such as breads) to reduce nutrient deficiencies in vulnerable populations. An example is the Food Distribution Order No. 1 which was established in 1942 and required enrichment of breads to prevent *Pellagra* (a disease brought on by niacin deficiency) (Mensah, et al., 2004).

Although health policy can produce health outcomes both directly and indirectly, it does contain limitations in its effectiveness to elicit behavior change. Health promotion is used to engage the public to take the necessary steps to manage and improve or preserve their health (WHO, 1998). Therefore, health promotion is a necessary aspect of public health because it is involved in dispensing knowledge and teaching skills that create opportunities for behavior change. As a result, health behavior and education research is dedicated to understanding the processes by which behaviors are acquired as well as investigating facilitators (and barriers) to change. Knowing these facilitators and barriers can aid in shaping public health programs and communication efforts.

Disease prevention is closely related to health promotion, but differs in that it involves preventing the occurrence of disease and/or its progression. There are three types of prevention:

primary, secondary, and tertiary. Primary prevention seeks to prevent chronic disease or injury in otherwise healthy individuals. Secondary prevention seeks to prevent the progression of disease through screenings for early detection. Tertiary prevention helps individuals currently exhibiting signs of disease manage or improve their condition. Disease prevention and health promotion are used in public health to alert the public about factors (e.g. biological, behavioral, environmental, etc.) that may threaten health. Specifically, both health promotion and disease prevention focuses on modifiable risk factors (WHO, 1998).

The U.S. Department of Health and Human Services is a department that is dedicated to ensuring that all Americans have opportunities to achieve the highest quality of health by performing consumer health education, providing insurance for health care services, and setting standards for health-related policy. As the nation's leading organization for health and health services, the Department's many agencies work to ensure that efforts are directed toward health promotion and disease prevention, as supported by evidence-based policy.

Chapter 1 - United States Department of Health and Human Services (HHS)

Background

The United States Department of Health and Human Services (HHS) was first established in 1953 and was known as the Department of Health, Education, and Welfare (HEW). However, when the Department of Education Organization Act became a law in 1979, the Department of Education seceded from HEW. As a result, HEW officially became HHS in May of 1980. Since its inception the mission of HHS is to provide service and leadership to all Americans (of every demographic) by equipping them with resources to achieve a high quality of life. This mission is upheld through the many HHS agencies and affiliations that seek to protect the wellbeing of U.S. citizens through numerous avenues. Additionally, HHS supports the advancement of new knowledge in health care services by providing more funding through grants than any other government agency. The National Institutes of Health (NIH), in particular, are responsible for making the world's largest financial contribution for medical research. Agencies like the NIH, CDC (Centers for Disease Control and Prevention), and the FDA (Food and Drug Administration) all work independently and cooperatively to fulfill HHS' mission (National Institutes of Health [NIH], 2011; United States Department of Health and Human Services [USDHHS]).

There have been a number of notable achievements in HHS' 58 year history. In 1964, the Surgeon General issued the now infamous report on the hazardous effects of smoking and tobacco on health (Office of the Surgeon General [OSG]). By 1977, the Public Health Service and other key organizations worked to eliminate small pox worldwide through the International

Small Pox Eradication Program. Members of the PHS also worked with scientists from the international community to identify HIV in 1984. In 1990, a precedent in the food industry was made when the National Labeling and Education Act was passed, requiring nutrient labels for food products. Most recently in 2010, President Obama signed the Affordable Care Act, which called for a major overhaul to the current health care system in an effort to make health insurance affordable for all Americans (USDHHS).

Organizational Structure

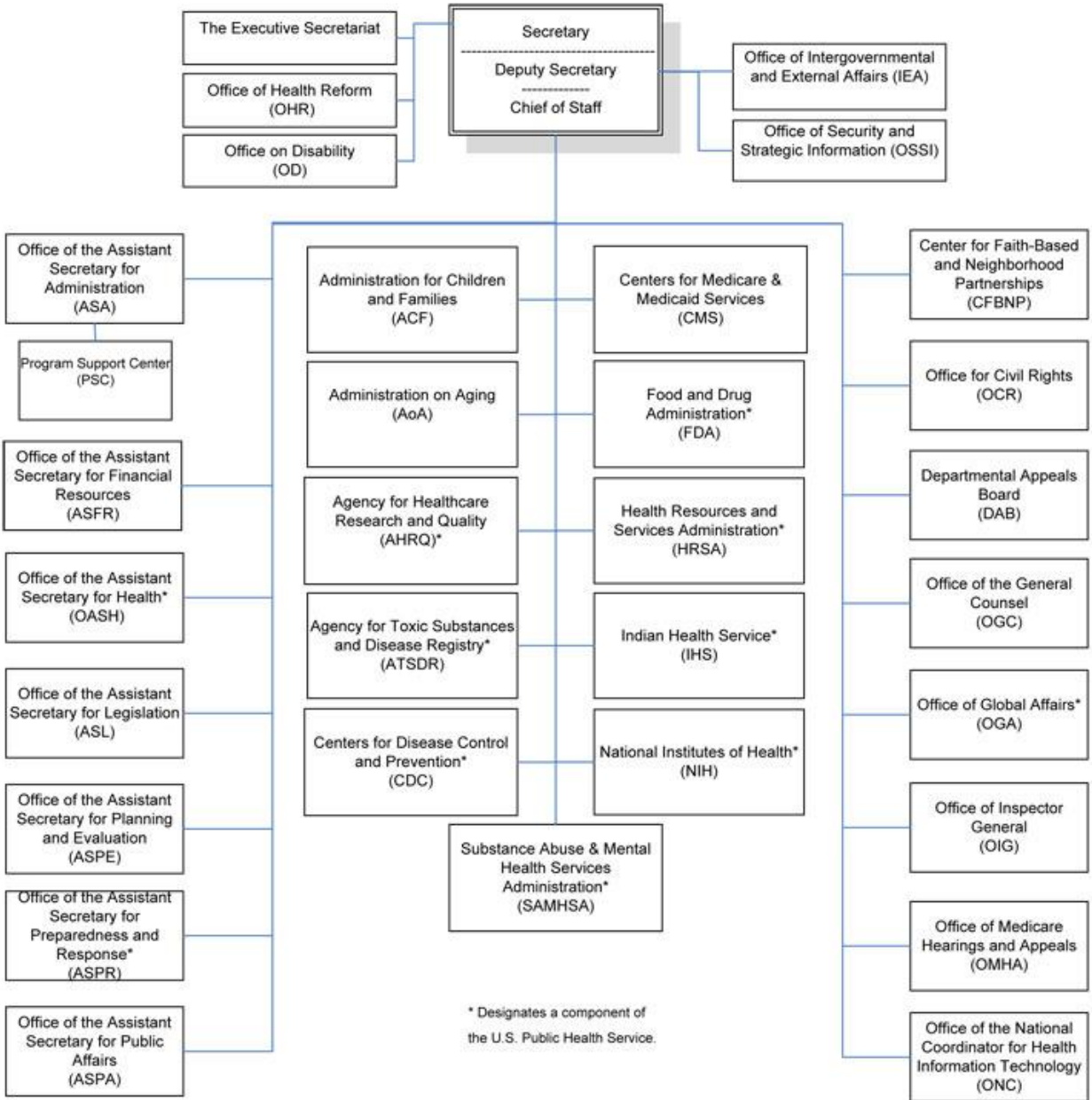
HHS is led by Secretary of Health and Human Services, Kathleen Sebelius and Deputy Secretary Bill Corr. Both the Secretary and Deputy Secretary comprise the Office of the Secretary that includes the Chief of Staff, the Executive Secretariat, Counselors of the Secretary, and four additional offices, which report directly to the Secretary. Secretary Sebelius also oversees 11 Operating Divisions (or agencies) and 16 staff divisions. Figure 1.1 illustrates the organizational structure of HHS. The Centers for Medicare and Medicaid Services, the Indian Health Service, and the Administration for Children and Families are among the 11 operating divisions. Offices in the staff divisions include the Office for Civil Rights, the Office of Global Affairs, and the Office of the Assistant Secretary for Health (OASH) (USDHHS).

The OASH, in particular, is one of seven Assistant Secretary offices in HHS and is led by Dr. Howard Koh, who is also known as the ASH. His leadership team is also comprised of a Principal Deputy Assistant for Health and a Deputy Assistant Secretary for Health (Science and Medicine). Housed within the OASH are 14 public health offices that are collectively known as the Office of Public Health and Science (OPHS) (as depicted in figure 1.2). Within this office is the U.S. Public Health Service Commissioned Corp (PHS), a service organization that recruits and dispatches medical and public health professionals to meet the needs of the United States'

most underserved areas (2010). PHS was first known as the U.S. Marine Hospital Service, which was founded in 1798. However, in 1889 the organization was officially recognized as PHS. In addition, the Surgeon General was the original head of PHS until 1968 (OSG). Today, the Commissioned Corp has over 6,500 professionals who work in a variety of occupations (e.g. dentistry, psychiatry, and veterinary medicine). Alongside overseeing PHS and OPHS, the ASH also supervises 10 advisory committees (such as the President's Council on Fitness, Sports, and Nutrition) and 10 regional offices.

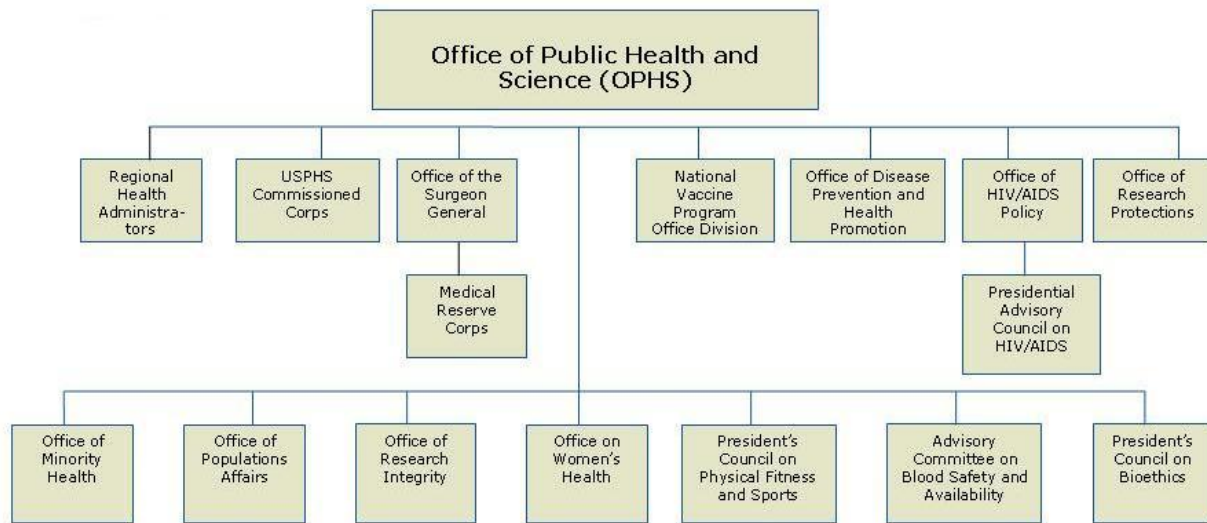
In support of HHS' mission, the OASH has many initiatives amongst its regional offices and advisory committees. For example, the leadership staff in the regional offices is charged with guiding office undertakings towards activities that complement those of other federal agencies. Additionally they also work to insure that office efforts address prevention and preparedness. Collectively, the OASH's initiatives include tobacco control and prevention, viral hepatitis, healthcare-associated infections, multiple chronic infections, and public health quality (OASH).

Figure 1.1 U.S. Department of Health and Human Services Organizational Chart



(USDHHS, 2007)

Figure 1.2 Office of Public Health and Science Organizational Chart



(USDHHS)

Chapter 2 - Office of Disease Prevention and Health Promotion (ODPHP)

History

The Office of Health Information and Health Promotion (later known as ODPHP) was founded in 1976 by Congress through enactment of the National Consumer Health Information and Health Promotion Act. The office was established with the intent to:

“a) coordinate all activities with the Department [of Health and Human Services] which relate to disease prevention, health promotion, preventive health services, and health information..., b) coordinate such activities with similar activities in the private sector, c) establish a national (health) information clearinghouse; d) support (related) projects (and) research.”

In specific fulfillment of its mission, ODPHP (as it became known in 1979) established the National Health Information Center (NHIC). NHIC is a database of health information provided by almost 2,000 federal and leading nonfederal organizations. The database has been maintained since 1979 and was first made available online in 2001. In addition to NHIC, table 3.1 depicts a timeline of ODPHP activities that illustrate its coordinating role as well as its notable achievements (Office of Disease Prevention and Health Promotion [ODPHP]).

Table 2.1 Partial List of ODPHP Accomplishments

Dietary Guidelines for Americans	1980-present
Developed National Children and Youth Fitness Studies (I & II)	1984, 1987
Forum on Interactive Multimedia and Healthcare: Applications of Computer Media, and Communication	1992
Coordinate support for founding of National Public Health Week	1994
Healthy People 2010 and Leading Health Indicators developed	1996-2000
healthfinder® launched	1997-present
Coordinated development of Surgeon General’s Call to Action on Overweight and Obesity	2001
Physical Activity Guidelines for Americans developed	2008

(ODPHP)

Structure

ODPHP is a small office of about 20-25 full time employees, with a number of Association for Prevention Teaching and Research (APTR) Fellows and Visiting Scholars. The senior leadership currently consists of an acting director and a deputy assistant secretary for health. The office is divided into three teams that are each charged with specific initiatives: the Community Strategies team, the Health Communications and Health Literacy team, and the Prevention Science Team. Each team has a team leader that supervises projects and ensures that activities are in line with the office mission.

Community Strategies Team

The Community Strategies Team (CST) is primarily responsible for the Healthy People initiative. The Healthy People initiative is a set of national health objectives that are based on the most current research findings. The objectives span a variety of health topics (such as smoking, immunizations, etc.) with targets for Americans in every age group. The objectives are updated every ten years, with the goal that objectives are met within the ten-year span. The first report

entitled, *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*, was released in 1979. Subsequent objectives were released as *Healthy People 1990: Promoting Health/Preventing Disease: Objectives for the Nation*, *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*, and *Healthy People 2010: Objectives for Improving Health*. In December 2010, Healthy People 2020 objectives were released (USDHHS, 2011).

In developing the healthy people objectives, the CST works to coordinate input from multiple federal agencies that form various workgroups based on a particular topic area. For example, the Office of Adolescent Health led a workgroup that developed topic areas and objectives related to adolescent health. Objectives developed by the workgroups are proposed to the public for input and reviewed by the Federal Interagency Workgroup (FIW). The FIW is comprised of delegates from several agencies, some of which include the U.S. Department of Agriculture (USDA), Department of Education (ED), and the Environmental Protection Agency (EPA). FIW's responsibility is to determine the final objectives based on the expertise of workgroup members and public input. Eight criteria are also used in guiding the selection of the final objectives. The criteria require that objectives be aimed toward prevention, address a wide range of health topics, be measureable, relevant, understandable, action-oriented, and evidence-based (USDHHS, 2009). In the final stage of developing the objectives all objectives include a baseline measure, a data source for that measure, and a specific target (of an increase or decrease). Healthy People 2020 contains 600 objectives with over 1,300 measures. Plans to monitor progress toward the objectives include the use of national data sources like the National Health Interview Survey (NHIS) and the National Health and Nutrition Examination Survey (NHANES) (USDHHS, 2011).

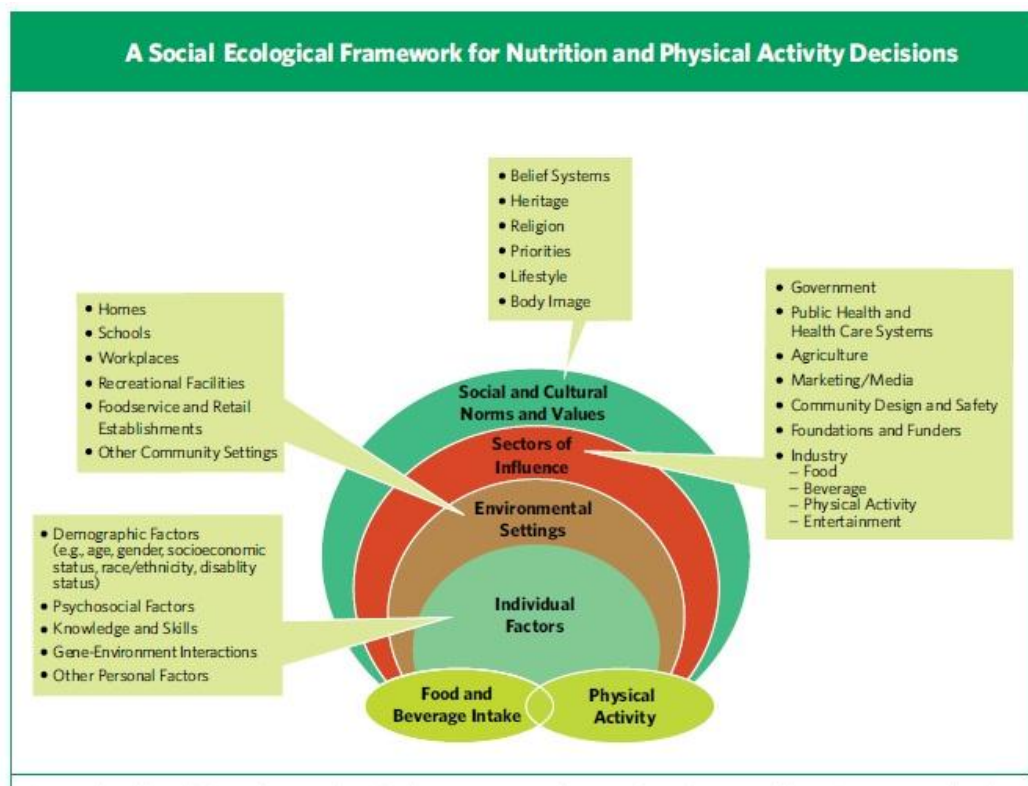
In addition to the aforementioned process of selecting objectives the CST also works with the Institute of Medicine (IOM) to review the proposed objectives and to develop leading health indicators (or LHIs). The purpose of IOM's involvement in the review process is to provide a more refined focus early on in the development of the most current Healthy People initiative. In their review for Healthy People 2020, the IOM committee developed 12 key indicators, 12 topic areas, and 24 objectives that serve as most relevant to the health of Americans. Key indicators were defined as a measurement (such as prevalence measures) that can be related to a particular topic area. A leading health indicator is a measurement that relates to a health issue of particular public health concern. Lastly, the objectives contain quantifiable values that serve as the targets for improvement. The IOMs topic areas, LHIs, and objectives function as a guide for programming, communication strategies, grant proposal, and other efforts for all health-related organizations nationwide (Institute of Medicine, 2011).

There are several new features of Healthy People 2020: 13 new topic areas, use of the determinants of health, and an implementation framework. As a result of the new topic areas, new objectives were added as well. For example, the Lesbian, Gay, Bisexual, and Transgender Health topic area has objectives that target health-related concerns and behaviors unique to the LGBT community. This addition of the topic area demonstrates the recognition of evidence that finds that the LGBT community faces certain hardships (e.g. discrimination) that may impact access to health care services or the adoption of healthy behaviors.

The inclusion of the determinants of health help to shape the objectives by exploring the influence of the social, physical, political, individual, and biological factors on health promotion and disease prevention efforts. This focus is described by Healthy People as an ecological approach. Much like Social Ecological Model, the determinants of health investigate how factors

within each determinant interrelated and are influential toward the health of individuals and communities (as depicted in figure 2.1). The determinants are being tracked and measured by Healthy People through the use of objectives that are specific to determinant categories. For example, there is a social determinant of health area which includes factors within the social and physical environment (such as the socioeconomic profile of a particular community or the built environment). The social determinants of health are also one of the 13 new topic areas, with objectives currently under development.

Figure 2.1 Social Ecological Framework Adapted by the USDA and HHS



(USDA & USDHHS, 2010)

The new implementation framework is designed to assist local organizations with planning, implementing, and evaluating their programs' progress toward the Healthy People objectives. The framework is known as Mobilize, Assess, Plan, Implement, and Track (or MAP-IT). The mobilization step is designed to determine the overall vision and mission of the program

and to identify potential stakeholders and partners. The assessment step evaluates and prioritizes the needs and resources of the target population by gathering relevant data as a baseline. In the planning stage goals and objectives are made. The intervention itself is also developed as well as a plan to measure program toward the objectives. In the implementation stage the intervention plan is further refined to include specific steps, assignment of tasks among stakeholders, and a timeline for execution. Also included in the plan are the details of a communications strategy (e.g. community events, advertisements, etc.). Lastly, the tracking stage is designed to evaluate progress in implementing the intervention plan, achieving goals and objectives, and producing health outcomes that support the Healthy People initiative (USDHHS, 2011).

Health Communications and Health Literacy Team

The Health Communications team (HCT) is also involved in the Healthy People initiative through its coordination of the *Healthy People 2020 Communication and Health Information* topic area. In this topic area specific objectives are set to improve the way in which health information is communicated and accessed by health professionals and the public. In addition, health information technology plays a substantial role in health communication. Modern technology has increased the accessibility of health information among the general public, through social media and websites like WebMD. Health care companies and primary care providers are beginning to store patients' medical records electronically through the use of health information technology (HIT). Greater use of HIT is one of several initiatives of the Affordable Care Act. The Office of the National Coordinator for Health Information Technology (ONC), works to coordinate policy and a national agenda for HIT. Currently, the ONC is working on finalizing the *2011-2015 Federal Health IT Strategic Plan*. The plan has five main goals that look to achieve nationwide adoption of HIT, through the use of electronic health records (EHRs)

and health information exchange (ONC, 2011). The ONC maintains that EHRs will help reduce health care costs and improve the quality of delivery. Through HIT, physicians and patients can quickly access health records and track the use of medications and results from diagnostic testing. Prescriptions can be authorized electronically, saving patients and providers time and money in the long term (Blumenthal, 2010). Goals to improve IT security and privacy and increasing public use of HIT for personal use (e.g. checking medical records, communicating with physicians) are also included in the plan.

The ability to partake in the aforementioned uses of health information is collectively known as “e-health”. E-health has emerged due to the advancement of modern technology and has a meaningful role in health-related fields because of its interactive nature. Health care companies, health websites, and health care providers have used e-health tools to dispense information, form online support networks, and to communicate with patients. An important aspect of these tools is the ability for patients/clients to participate in self-management of health-related lifestyle changes or chronic diseases/conditions. For example, the American Diabetes Association has an online tool called *MyFoodAdvisor* (2009). MyFoodAdvisor is food planner that allows users to search for food items that are suitable for people with diabetes. The nutrition information is displayed for the food item as well as a key that indicates the food groups the item occupies. The tool also contains a goal setting feature and the ability for users to track their meals in reference to their goals. The use of tools like MyFoodAdvisor can have a tremendous impact on how the public receives health information and are equipped to apply the information given to them.

ODPHP currently operates its own e-health tool, known as *healthfinder.gov*. Healthfinder is a website that provides health information and interactive resource tools. Over 1,600 federal

and nonfederal organizations contribute information to the site through the National Information Center, which was established by ODPHP. Additionally, all information posted on the site undergoes a quality checklist to insure that all site content is accurate and reliable. The site features the Quick Guide to Healthy Living (QGHL) that currently contains health information on 12 specific topic areas. Subject matter experts (SME) from various organizations within and outside of HHS, review the content provided for each topic. Topic information is also updated twice a year and reviewed by the SME every year. The communications team helps to coordinate the contributions and reviews made by these organizations. The website also contains “Personal Health Tools” and *myhealthfinder*, which allows users to take quizzes to assess their risk for chronic disease, to utilize menu and activity planners, health calculators, and health widgets (which can make information accessible on blogs and social media sites) (National Health Information Center, 2011; L. Harris, personal communication, August 1, 2011).

Although, there are many benefits of quick access to health information, there is a growing concern about how well the public understands health information, whether it is communicated online or through a primary care provider. Health literacy is defined as having the ability to receive, process, and understand health information so that consumers can make an informed decision regarding their health care (USDHHS, 2000). Health literacy is applied in a variety of ways, such as in understanding and following directions on medication labels. Research finds that almost 80 million Americans have reduced health literacy (Kutner, Greenberg, Jin, & Paulsen, 2006). Furthermore, evidence suggests that those with low health literacy are more likely to be unable to read and follow medication directions and less likely to practice preventative behaviors such as mammograms and immunizations (Berkman, Sheridan, Donahue, Halpern, & Crotty, 2011). There are higher rates of hospitalizations and use of

emergency room services among those with low literacy scores. Additionally, there is evidence that disparities in literacy exist among older adults and in certain ethnic/racial groups (Kaphingst, Goodman, Pyke, Stafford, Lachance, 2011; Zamora, & Clingerman, 2011). These findings demonstrate potential public health concerns for particular subgroups of the American population.

The health communications team at ODPHP has developed an initiative to increase health literacy among Americans. In 2010, the team helped to coordinate and facilitate the activities of the HHS Health Literacy Workgroup, which was responsible for creating the *National Action Plan to Improve Health Literacy*. In developing the National Action Plan, the Health Literacy Workgroup sought to target both health care professionals, policymakers, and the general public for involvement to fulfill the plan's seven goals (see Table B.1). The plan's ultimate goal is to improve the quality of life of Americans by encouraging health care organizations to value and practice health literacy in their services. The Workgroup's vision is to generate community engagement and mobilization to produce a health care system that "provides everyone with access to accurate and actionable information", "delivers person-centered health information and services", and "supports lifelong learning and skills to promote good health" (USDHHS, & ODPHP, 2010).

Prevention Science Team

The Prevention Science Team has three main initiatives: the *Dietary Guidelines for Americans* (DGA), the *Dietary Reference Intakes* (DRI), and the *Physical Activity Guidelines for Americans* (PAG). The dietary guidelines are a list of evidence-based recommendations for healthful eating for all Americans aged two and older. They serve as guidance for individuals, families, schools, and other food service organizations for meeting nutrient requirements to

maintain health, to reduce chronic disease risk, and to adopt food safety practices (L. Harris, personal communication, August 1, 2011). Development of the DGA is led by the prevention science team (PST) and the USDA. Therefore, the DGA are the leading recommendations for policy development for all USDA food service programs, including the *National School Lunch Program* and the *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC). The overall goal of the Dietary Guidelines is to promote healthy eating and physical activity behaviors in ways that encourage Americans to adopt them for a lifetime.

The first dietary guidelines, “Nutrition and Your Health: Dietary Guidelines for Americans”, were published in 1980. Since then the Guidelines have been mandated by law to be published (or updated if necessary) every five years. The most recent edition, *Dietary Guidelines for Americans, 2010*, was released in January 2011 (USDA, & USDHHS, 2010). ODPHP and a team from USDA’s Center for Nutrition Policy and Promotion (CNPP) collaborated to coordinate the formation of the Dietary Guidelines. Each set of guidelines are developed in three stages, with the first stage involving the Dietary Guidance Advisory Committee (DGAC).

The 2010 DGAC consisted of 13 experts from a variety of disciplines (such as nutrition, food safety, epidemiology, and pediatrics), who were appointed to the committee (USDHHS, & ODPHP). The DGACs role was to investigate the occurrence of new scientific evidence (related to nutrition and its role in preventing disease) that would warrant an update to the DGA. In addition, the committee also investigated the current state of health and nutrition-related behaviors in all U.S. demographics. In their analysis, the committee used the USDA’s National Evidence Library (NEL) to systematically conduct the reviews. The NEL method of reviewing data involves developing questions that one seeks to answer through scientific evidence. The evidence found in addressing each question is evaluated, combined, and graded based on

strength in addressing the question (USDA, 2010). For the 2010 DGA, the DGAC developed over 130 scientific questions based on topic areas from the 2005 DGA (USDA & USDHHS, 2010). In gathering and analyzing the scientific evidence, the committee determined that the Guidelines needed to be updated. As a result, the committee published a report summarizing their analysis of evidence and recommendations for topics that the 2010 Guidelines should address (Dietary Guidance Advisory Committee, 2010).

In the second stage of the development for the 2010 DGA, both USDA and HHS worked to write the Guidelines themselves in the form of a policy document, based on the recommendations and analysis from the DGAC. As with the process of developing Healthy People objectives, additional input regarding the DGA is received from other applicable federal agencies as well as the public. The document itself is written particularly for policy makers, educators, nutritionists, and other relevant professionals. Consumer messages used to communicate the DGA to the general public in a clear and concise manner are developed in the third stage.

The Dietary Guidelines Advisory Committee's report produced recommendations for the 2010 Guidelines with a slightly different focus than the previous ones. Based on the committee's recommendation, the 2010 DGA addresses the increasing prevalence of overweight and obesity in children and adults. As a result, a centralized theme of the Guidelines is the role of nutrition in preventing chronic disease, often brought on by overweight and obesity. There are six chapters in the policy document, with chapters two through five being devoted to four focus areas: "balancing calories to manage weight", "foods and food components to reduce", "foods and nutrients to increase", and "building healthy eating patterns" (USDA, & USDHHS, 2010). Each chapter is summarized with key recommendations.

Chapter Two “Balancing Calories to Manage Weight” addresses the role caloric consumption plays in weight gain and recent trends in overweight and obesity prevalence in the U.S. Balancing caloric intake and expenditure in producing weight loss or preventing weight gain was also discussed. Some of the key recommendations for this chapter were to reduce caloric intake and increase physical activity as a means to induce weight loss or prevent weight gain. It was suggested that this caloric balance be maintained through every stage of life and that less time be spent doing sedentary activities.

In chapter three (“Foods and Food Component to Reduce”), the Guidelines recommend that Americans reduce or limit consumption of solid fats (e.g. saturated and trans fats), sodium, alcohol, refined grains and sugars. Current data of consumption of foods containing these nutrients served as evidence for the proposed recommendations. The report provides specific details on the amount of each nutrient that should be consumed, in terms of milligrams per day or as the percent of one’s total calories. Chapter four describes foods and nutrients that should become a larger part of one’s diet. The key recommendations include eating more fruits and vegetables, replacing full fat dairy products (e.g. whole milk, cheese) with low or fat free products, choosing leaner meats (e.g. seafood, poultry), and increasing intake of whole grains. The goal is to encourage the intake of nutrient-dense foods that are typically lower in calories and contain nutrients such as calcium, potassium, and vitamin D (which are essential in disease prevention).

Chapter five (“Building Healthy Eating Patterns”) provides guidance on how Americans can utilize the DGA according to their specific dietary needs and preferences. The chapter discusses research on different types of eating patterns (e.g. Mediterranean and vegetarian diets) and their impact on health outcomes. For example, Mediterranean diets are traditionally

comprised of fruits, vegetables, nuts, and whole grains. This eating pattern is also low in solid fats due to limited consumption of meats and whole milk. Commonalities between various eating patterns were analyzed to determine what consumers should be mindful of when developing a healthy eating pattern. The resulting key recommendations for this chapter were to choose a pattern within one's healthy caloric and nutrient requirements. In addition, Americans should consider the nutritional value of all foods and beverages when selecting an eating pattern. Lastly, recommendations for proper preparation, cooking, and storage of food should be followed to prevent foodborne illness (USDA, & USDHHS, 2010).

The sixth chapter in the report is unique in that it discusses the DGA and the American overweight and obesity epidemic from a public health perspective. In the chapter ("Helping Americans Make Healthy Choices"), it discusses the multilevel impact on the American diet and activity habits using the Social Ecological Model as a framework. As previously discussed, behavior is influenced by a variety of personal, interpersonal, and environmental factors. The overall purpose of this chapter was to present the basis of a call to action for various "sectors of influence" (e.g. health professionals, businesses, and policy makers) to understand their role in creating an environment that is supportive of an individual making healthy choices regarding eating and physical activity. The chapter further discusses potential strategies that these sectors can use in increasing access to healthy foods, increasing opportunities for physical activity, making environmental changes that support behavior change, and taking steps to insure that these changes are lifelong. Some of these strategies include increasing access to grocery stores and farmers markets, funding research that seeks to study ways to affect behavior change, and enhancing nutrition and physical education programming in schools to cement healthy behaviors during childhood.

In addition to the DGA, consumer messages are designed to translate the DGA document into simple and concise recommendations for making improvements to one diet. The USDA, ODPHP, and other government agencies collaborate to design these messages and communication materials. The messages are centered on the major themes of the DGA as well as the physical activity guidelines. Specifically, CNPP has developed a communication messages calendar from September 2011 to December 2013. Key messages are implemented and changed every four months. Currently, messaging is based on the “foods to increase” theme. Therefore, from September 2011 to December 2011 the consumer message is “Make half your plate fruits and vegetables”. USDA and its partners are also producing promotional materials that reinforce the current consumer message. One major initiative led by USDA in conjunction with the new dietary guidelines was the introduction of the “MyPlate” icon. The icon is a plate showing the recommended proportions of the major food groups based on the dietary guidelines. The plate serves as a replacement of the “MyPyramid” icon. Additionally, the new website “ChooseMyPlate.gov” will soon feature online interactive tools that consumers can use to track and manage dietary choices and physical activity (USDA, 2011).

In addition to working on the *Dietary Guidelines*, the prevention science team also coordinates updates to the Dietary Reference Intakes (DRIs). DRIs are a list of recommended range of values of intake for specific nutrients. The DRIs are developed by the IOM and were previously known as the Recommended Daily Allowance (or RDA) and the Recommended Nutrient Intake values, for the United States and Canada, respectively. Like the DGA, the DRIs provide the leading recommendations for nutrient intake and aids policy makers, educators, and health professionals in nutrition-related policymaking and information dissemination. The DRIs also help to guide recommendations made by the DGAC for the DGA. The PST works to

coordinate the development of the DRIs. The PST leads what is known as an interagency steering committee that consists of several agencies within the government, such as USDA, CDC, FDA, Department of Defense (DOD), and Health Canada. These agencies provide IOM with funding and further guidance in developing the DRIs (IOM; L. Harris, personal communication, August 1, 2011).

In 2008, the Physical Activity Guidelines Advisory Committee (PAGAC) published the first federal physical activity guidelines (PAG). The overall purpose of the PAG was to create a leading set of guidelines designed to promote physical activity and its role in reducing one's risk for chronic disease. A process similar to the *Dietary Guidelines* was used in developing the PAG. Committee members were nominated and later appointed for membership by the HHS Secretary Michael Leavitt in 2007. The 13 committee members were viewed as experts in numerous fields (such as obesity, health promotion, and racial/ethnic minority populations). The PAGAC was tasked with conducting an extensive scientific review of research pertaining to physical activity and disease prevention. Following their analysis the committee was to determine if scientific evidence was strong enough to establish physical activity guidelines for all Americans. In executing the review of scientific evidence, the PAGAC was divided into 11 subcommittees. Nine subcommittees were devoted to one of the following specific health outcomes, cardiorespiratory health, all-cause mortality, energy balance, metabolic health, musculoskeletal health, cancer, functional health, mental health, and adverse events. The remaining committees were devoted to underserved populations (i.e. those with disabilities) and the youth (Physical Activity Guidelines Committee, 2008). Each committee was led by a chair and vice-chairperson.

Each subcommittee used a systematic review process developed by CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO), which helped guide the search for abstracts and articles. Literature between 1995 and 2006 was reviewed for three main life stages, youth (5-19 years), adults (19-64), and older adults (65 and older). The PAGAC also used several research questions and characteristics of PA (e.g. frequency, intensity, duration, & type) to further guide their search for literature and analysis of evidence for their particular health outcome. Although each subcommittee worked independently to review evidence pertaining to their health outcome, several public PAGAC meetings were held to allow subcommittees to present a written report of their analysis and resulting conclusions, which would subsequently serve as a chapter in the final report. In addition, the PAGAC meetings also gave subcommittees the opportunity to answer questions from fellow committee members and to also make revisions as needed (PAGAC, 2008).

The committee's final report to the HHS Secretary consisted of an extensive introduction, a summary of the scientific evidence gathered for each health outcome, and the PAGAC's recommendations of areas for further study. In a very broad conclusion of the summary of evidence, the committee concluded that there was substantial support for the association between PA and reduced incidence of chronic disease in those who were physically active. Consequently, the PAGAC's report was used by several agencies within HHS to write the guidelines themselves, as well as the policy document. The representatives of these agencies were known as the Physical Activity Guidelines writing group. Members of the PST from ODPHP helped oversee the work of the PAGAC and the writing group (PAGAC, 2008).

The work of the PAG writing group produced the *2008 Physical Activity Guidelines for Americans* policy document. The document details key guidelines for children/adolescents,

adults, older adults, women during and after pregnancy, adults with disabilities, and safety in PA participation. The document also describes the many physical and mental health benefits of PA as supported by the research presented by the PAGAC. The PAGAC's findings served as justification for determining the frequency, duration, intensity, and mode of PA for Americans. Therefore, individuals who follow the PAG can expect to acquire the health benefits with a proven association to PA. In addition the PAG writing group included a chapter focusing on ways in which Americans can increase their PA. Like the *Dietary Guidelines*, the PAG views strategies for behavior change from a social ecological perspective. As a result, the document makes suggestions for what individuals and communities can do to increase PA. Some of these suggestions include personal goal setting, marketing campaigns, program development, alterations for physical education curricula, and PA counseling conducted by health care providers.

As the Nation's first federal PA guidelines there is currently no law determining how often they be updated. However, like the *Dietary Guidelines*, HHS has developed consumer messages to promote the PAG. HHS published a toolkit for the PAG containing the policy document, several factsheets, posters, powerpoint presentation, a toolkit user's guide, and other materials. The toolkit materials are available on the PAG website for use by community organizations. ODPHP oversaw the production of the toolkit as well as the "Be Active Your Way" A Guide for Adults", a consumer brochure. The brochure provides guidance on increasing activity for adults on three different stages: the currently inactive, the somewhat active, and the active (ODPHP-USDHHS, 2011).

As the lead coordinator of the PAG, ODPHP has partnered with the President's Council on Fitness, Sports, and Nutrition (PCFSN) to promote the PAG using creative and interactive

community programming. For example, PCFSN has developed the President's Active Lifestyle Award (PALA) challenge. The PALA challenge is open to all adults and children who want to commit to meeting PA recommendations or achieving 8,500 to 13,000 steps each day, for at six out of eight weeks. Participants can register for the challenge online and can track their PA as well as receive tips for increasing PA. Upon completing the challenge, participants receive the PALA (i.e. a certificate). In an effort to promote the PALA, PCFSN established the "Million PALA Challenge", which set a goal for one million Americans to register for the PALA. PALA is also promoted by the Council members, who consist of 16 current and former athletes, as well as leaders in the fields of nutrition and exercise. In addition, some of PCFSN's many other partnerships and initiatives include First Lady Michelle Obama's "Let's Move" campaign and Box Tops for Education's "Family Fitness Nights".

Chapter 3 - My Field Experience

From July to September 2011, I served as the Visiting Prevention Scholar (VSP) for the Prevention Science Team at ODPHP. The team consisted of a team lead, two nutrition advisors, two fellows, and a program assistant. During the majority of my time at ODPHP I worked closely with Holly McPeak, a Nutrition Advisor with extensive experience working in food safety and nutrition policy. In support of the MPH field experience requirements we collaborated to construct a personalized focus, goals and objectives, and a potential list of activities and products.

Focus, Goals, and Objectives

The overall focus of my internship was to observe and participate in team initiatives associated with the 2010 DGA and 2008 PAG. The goals of my experience were to attend meetings with PST staff (both in person and through telephone conferencing) and to assist in team projects. The experience of attending various meetings was designed to give me insight on the process of coordination and collaboration in which the ODPHP is heavily involved. The primary objectives for my experience were to develop physical activity education materials for potential distribution at various community events and to assist in reviewing consumer materials based on the PAG and DGA from federal agencies.

Activities

Meetings

A large portion of my role as a VSP was sitting in on various meetings. At ODPHP, PST meetings were held weekly, while office-wide meetings were held biweekly. In these meetings, team members provided the team or the entire staff with updates on current projects. The

majority of meetings were held via telephone conference. However, I have the opportunity to attend a few in-person meetings. In July I attended a meeting hosted by the NIH's National Institute of Diabetes and Digestive and Kidney Disease (NIDDK). The meeting also included a presentation by a researcher from NIDDK who had developed a weight simulator program, designed to predict changes in body weight and composition over time. In addition, a representative for USDA gave a presentation about SuperTracker (a new interactive tool for ChooseMyPlate.gov), that would allow users to track their food intake and physical activity. The purpose of the meeting was to exchange information and to begin a discussion about the way in which the weight simulator technology could be further developed into a usable form by the health care professionals and/or public. Members from USDA, NIH, HHS, and the Department of Defense were in attendance to discuss possible research collaboration opportunities. I enjoyed this meeting in particular, because it gave me insight to the kinds of topics researchers are interested in as well as the trends in using technology to help consumers begin or maintain a behavior change. Also, in attending USDA's presentation I was able to receive a preview of SuperTracker which will be launching in the fall. In addition to the NIH meeting, I also attended a meeting at with the Assistant Secretary for Planning and Evaluation, and Kaiser Permanente. Overall, I enjoyed attending meetings in person, as it gave me an opportunity to visit various places in D.C. and Maryland such as the NIH campus, HHS Headquarters, Kaiser Permanente's Center for Total Health, and the National Cancer Institute.

Projects

The teams at ODPHP are involved in many different projects and thus have numerous partnerships with federal and non-federal agencies. Some of the projects that the PST is involved in are described in Table 3.1 below.

Table 3.1 Partial List of Current PST Projects

Project	Description
Dietary Guidance Review Process	Reviews federal documents and materials (i.e. brochures, video scripts, etc.) containing nutrition and physical activity messages for accuracy and consistency with the <i>Dietary Guidelines for Americans, 2010</i> and the <i>2008 Physical Activity Guidelines for Americans</i> . Reviews are conducted by members of various federal agencies that comprise the Dietary Guidance Working Group (DGWG).
Eat Healthy, Be active: Community Workshop	Features six workshops promoting healthy eating and physical activity using simple and practical messages. Workshops are designed to be used by community health workers. Each workshop contains talking points for lecture on each workshop topic, instructors for in class activities, educational handouts, and video vignettes. ¹
Health and Sustainability Guidelines for Federal Concessions and Vending Operations	A set of guidelines promoting food options based on the DGA. Also, promotes practices that encourage environment sustainability (e.g. participating in composting and recycling). Guidelines are intended to be implemented in all food service facilities at HHS and the General Services Administration (GSA)-managed facilities. ²
Motivating Individuals toward Sustained Healthful Diet and Physical Activity Behaviors: A Stakeholder Dialogue	HHS has partnered with the International Food Information Council (IFIC) and USDA to host two roundtable discussions between experts in nutrition, physical activity, and behavior change. These experts will explore how the social ecological model can be applied to promote behavior change for physical activity and nutrition. The roundtables will take place in the DC area, in December 2011 and early 2012. ³

¹H. McPeak, personal communication, July 15, 2011.

²National Center for Chronic Disease Prevention and Health Promotion, 2011.

³W. Reinhardt Kapsak, personal communication, September 13, 2011.

As a VSP I was involved (in varying degrees) with a few of the projects listed above.

However, I took on a large role in the Dietary Guidance Review Process. My supervisor is the

HHS agency representative for the DGWG and is tasked with distributing materials that have been submitted for review from federal agencies to the HHS DGWG members. The members then formally submit their comments, which are then compiled by ODPHP and sent to the agency that requested the review. During my time at ODPHP, I was trained to use the protocol for distributing the materials, compiling the comments, and sending out a finalized copy of the HHS review. In addition, I also occasionally participated in reviewing various materials (e.g. Community Workshops) and submitting my comments as part of the review process. This task required a great deal of organization as ODPHP received multiple requests for reviews each month.

There were a few last minute tasks that I was also able to assist my supervisor and other team members with. For example, I helped in assembling a list of top five ways the PAG and DGA have made a major public health impact on various sectors of influence. The list was requested by the ASH, Dr. Howard Koh, during a briefing meeting attended by one of the PST members. I helped in conducting the search for impacts and providing references for my findings. The list was later presented to the ASH, who intended to use it to create awareness for the value of ODPHP as an agency.

Community Events and Other Activities

There were a few miscellaneous events in which I was able to participate. One in particular was the “HHS Night at the Ballpark”. The event is held annually at Nationals Stadium and allows all HHS employees to purchase tickets for the baseball game at a discounted price. In addition, the ASH was invited to throw out the first pitch. Interns and fellows from ODPHP held a booth to pass out brochures and booklets about the PAG and DGA. Staff members from

PCFSN also attended to promote and register attendees for the Million PALA challenge. The event was a fun and gave me an opportunity to engage in community outreach.

The PST has a very strong emphasis in nutrition and as a result many of the community events I was involved in were nutrition-related. For example, in August I visited the Humphrey Café at HHS Headquarters to watch my supervisor film a video describing how the Health and Sustainability Guidelines were being implemented at the café. The video was made as part of the “HHS Innovation Award Program”, a program where HHS agencies can submit a particular project that demonstrates an innovative way in which a particular project has improved HHS agencies. These guidelines have already been fully implemented at the Humphrey Café and members of their team that worked on the guidelines are looking to implement them all HHS and GSA controlled- locations. While at the Humphrey Café, I also assisted my supervisor in conducting an internal food safety inspection in the café’s kitchen. The experience provided me with a brief tutorial on one aspect of the food safety field.

Towards the end of my internship, I volunteered at Nickelodeon’s Worldwide Day of Play (WWDOP). WWDOP is a huge event coordinated by the PCFSN and Nickelodeon to promote physical activity and healthy eating in kids. The event had numerous sponsors and partners that attended to host games on the National Mall. I volunteered at the PCFSN exhibit which featured a small obstacle course and nutrition wheel that the kids could spin for a prize.. Nickelodeon recruited many of its stars from popular TV shows (e.g. Victoria Justice from “Victorious” and Keke Palmer from “True Jackson, V.P.”) to make an appearance. PCFSN had a few of their Council members (such Chris Paul, Michelle Kwan, and Dominique Dawes) in attendance as well.

Products

I have developed four products during my time at ODPHP: a PA consumer brochure, a Dietary Guidelines banner, a blog post for Let's Move.gov, and a flyer for the new Physical Activity Spanish Resources. At the start of my internship I was asked to design a PA consumer brochure that highlighted the consumer messages from the PAG. The brochure was to serve as a companion piece to the previously developed "Let's Eat: for the health of it" consumer education brochure, which was designed by both HHS (ODPHP) and USDA. In the Let's Eat brochure there was a very small section on PA. As a result, my goal was to expand that section into a full brochure, as well as to take a family approach in its content. My brochure, "Let's Get Moving", has undergone internal review by members of PST is currently undergoing a clearance process with the Communications Services Division of the Assistant Secretary for Public Affairs (ASPA). ASPA is currently putting the brochure's graphics and logo placement into clearance, as well as making editorial changes. The final brochure is intended to be printed (at least 10,000 copies) and posted online to Health.gov. ODPHP would also like to have the brochure available to distribute at the American Public Health Association's 139th Annual Meeting and Exposition in Washington, DC in late October 2011.

After developing the Let's Get Moving brochure, I was asked to come up with designs for a banner for the Dietary Guidelines. My supervisor did not like the previous mockups for the banner and suggested that I try to come up with a design. She liked my design and submitted it to the American Institutes for Research (AIR) for further development. ODPHP contracts AIR to design, review, and publish many of its materials. The purpose of the banner is to display it alongside two others that promote ODPHP, and the PAG at professional meetings and conferences. The banner was displayed at the 2011 American Dietetic Association's Food & Nutrition Conference and Expo in San Diego, California. In addition, I designed a small flyer

that will be displayed at the ODPHP exhibit to create awareness of two new PAG resources on Health.gov that are now available in Spanish.

Lastly, I was tasked with helping my supervisor write a blog post documenting her experience as judge for the “Job Corps’ Top Chefs: Creating Healthy and Nutritious Food Services” summit. The cooking contest was sponsored by the National Job Corps Association (NJCA) and Sodexo, Inc. and featured 19 food service managers from Job Corps centers across divided into teams of 3-4. The “Top Chef” competition was the last event of the three day summit. I was able to attend the event, which was held at a lounge on Capitol Hill. As a result, I wrote the blog post on my supervisor’s behalf and she edited it as needed. The blog has now been posted to the White House’s *Let’s Move* blog and will be featured on NJCA’s website as well. All of the products described above are found in Appendix A.

Chapter 4 - Discussion

As I look back on my experience as a Visiting Prevention Scholar (VPS) at the Office of Disease Prevention and Health Promotion, I feel that I was provided with a real-world perspective in public health. The internship met my expectations by allowing me the unique opportunity of understanding how federal nutrition and physical activity-related policies are developed. By working with the Science team, I was able to observe how federal government agencies are collaborating within and outside of HHS to lead this nation's major health initiatives. I found the experience to be very rewarding, as I was able to attend several meetings with other HHS agencies, visit the HHS headquarters on two occasions, and volunteer for an event that directly supports the White House's Let's Move initiative.

The experience of interning for a federal agency also gave me valuable insight into two aspects of public health in which I am interested: health policy and health education. Although, a large portion of my involvement as an intern was observation, I feel that I have a better understanding of the skills and abilities needed to be a public health professional. While working at ODPHP, I learned that public health professionals must be team-oriented, effective in seeking and maintaining partnerships, creative and critical thinkers, and passionate about their work. I was able to acquire many of these qualities as I was challenged to facilitate a major Science team project (i.e., the Dietary Guidance Review Process) and to exercise my creativity and communication skills in designing several consumer materials. These experiences have enhanced my organization, multi-tasking, and communication skills.

The activities I participated in allowed me to directly apply my K-State Master of Public Health (MPH) education. In creating my four products, I drew from my experiences in creating brochures in Microsoft Publisher for KIN655 Fitness Promotion. In this course I learned how to

use Publisher and to develop content from the consumer's perspective. In addition, taking KIN818 Social & Behavior Bases of Public Health and KIN830 Advanced Public Health Physical Activity Theory prepared me with a thorough understanding of several behavior change theories and how they may be applied in health coaching, community programming, and communications strategies. This proved beneficial during my internship as many of the ODPHP's initiatives and projects are rooted in behavior theory and frameworks (e.g., the Transtheoretical Model and Social Ecological Model).

Although I have concluded my internship at ODPHP I am confident that I will continue to utilize my K-State education. Currently, I am serving as an intern for the Office on Women's Health (OWH). OWH is also a federal agency in HHS, housed within the Office of the Assistant Secretary for Health. OWH has 10 regional offices across the country. I am working in region seven, which services Missouri, Kansas, Iowa, and Nebraska. Each regional office is led by a regional women's health coordinator, who helps to facilitate public health programming among its various partners at the regional, state, and local levels. I began the internship at OWH very recently and have begun to gain experience reviewing grant proposals. In reviewing these proposals for community programs I am applying my knowledge from KIN610 Program Planning and Evaluation. Reviewing grant applications requires knowledge of how programs are planned as well as the steps to implement and evaluate them. In KIN610, I participated in a group project that was designed to give experience in creating an intervention and evaluation plan for an original community program.

My teaching experience as a Graduate Teaching Assistant (GTA) has and will continue to provide a positive contribution to receiving internships and enhancing my resume as I seek full-time employment. As a GTA I not only reinforced my education in kinesiology and public

health, but developed leadership, prioritization, critical thinking, and presentation skills as well. These skills will be beneficial to me if I choose to work in a community setting, which often involves making presentations and working on multiple projects concurrently. In addition, my experience as a GTA has strengthened my decision-making and editing/reviewing skills. In my first semester of teaching KIN346 Laboratory Experience for Social and Behavioral Epidemiology of Public Health Physical Activity, I assisted the course instructors with reviewing and editing a major research paper. I provided the students with constructive comments on how to improve the content and organization of their papers. This experience will also prove beneficial in reviewing grant proposals, which I have come to understand is an important skill to acquire in the public health field.

Lastly, classes such as KIN635 Nutrition & Exercise and KIN840 Exercise Adherence taught me how to effectively search for public health-related literature and how to evaluate the strength of a particular study. This skill will be needed in the public health field as health programs and policy are evidence-based. Therefore, it is important to know how and where to access credible information, as it will often serve as justification for how programs are designed.

Limitations

There were only a few aspects of my internship that I would count as limitations. From a practical standpoint, the internship was unpaid and there were no formal incentives (e.g. stipend, transportation subsidies) provided for Visiting Scholars. APTR fellows, however, are appointed for at least one year of service and therefore received compensation. There were also instances where I was not given enough tasks to work on throughout the day. However, during these times my supervisor permitted me to work on my field experience report and presentation. Lastly, the ODPHP's work has more of a nutrition focus, despite their role in coordinating the physical

activity guidelines. As a result, I was somewhat unfamiliar with the dietary guidelines. However, the experience did make me more aware of my need to increase my knowledge about nutrition.

Recommendations and Next Steps

In light of the aforementioned limitations, I would recommend that the ODPHP reserve some funding (if at all possible) to at least subsidize commuting expenses for Visiting Scholars. In addition, the Science team is also in need of a public health advisor that specializes in physical activity. The team does have an APTR fellow with an extensive experience in both nutrition and physical activity. However, recently one of the team's nutrition advisors resigned, leaving a vacancy to hire a full time employee. It is my understanding that the Science team lead is looking to fill the position with someone with a physical activity background.

If a position were made available in the ODPHP that was representative of my background and education, I would work to engage the Science team in more physical activity initiatives. As previously mentioned the ODPHP has many partnerships and projects that are nutrition related. However, there is a need for more promotion of the physical activity guidelines as well as principles for active living. Useful next steps in facilitating this process would be to seek out potential partnerships for programming, communications strategies, and research support for initiatives that promote health and disease prevention through physical activity. An example of the need to increase the promotion of physical activity is the Eat Healthy, Be active: Community Workshop. The workshop is divided into six sessions, however only one is devoted to physical activity. It would be helpful to devote at least two sessions on physical activity so that a variety of topics could be covered (e.g. physical and mental benefits, strategies for increasing or physical activity, and available community resources).

Overall, I am grateful for the opportunity to experience working in the U.S. Department of Health and Human Services. In the three months that I interned for ODPHP, I witnessed how HHS is working to uphold its mission. I have received valuable working experience in public health that has afforded me an opportunity to continue working in HHS. As I anticipate receiving my MPH degree, I look forward to building up on the firm foundation my K-State has given me.

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Appendix A - Field Experience Products

Physical Activity Consumer Brochure



Did you know that there are risks to being sedentary?

By nature our bodies have been designed to move, but due to our busy schedules many of us find ourselves spending most of our time sitting at our desks, in our cars, or in front of the TV.

Over time, a sedentary lifestyle has negative affects on health. It raises your risk for heart disease, some cancers, and even early death. Living a sedentary lifestyle can also lead to weight gain.

By living an active lifestyle you can reduce your risk for disease, which means you can live a longer, happier life. You will have more time to watch your children grow and spend time with loved ones.



Benefits of active living

- Lower risk of diseases like diabetes & heart disease
- Stronger muscles and bones
- Manage stress
- More restful sleep
- Improve self-esteem

Getting Started

In order to get the benefits of active living adults should aim for at least **2 hours and 30 minutes** per week of moderate activity.

If you're just getting started keep these tips in mind:

- "Start low and go slow"- pick activities that are appropriate for your fitness level and gradually increase the intensity for more of a challenge.
- Some activity is better than none at all- you can still get health benefits if you do your activity **10 minutes** at a time.
- Do muscle-strengthening activities (like push-ups or weight training) at least **2 days** per week.
- Choose activities that you enjoy!

Moderate Activities

- Walking briskly
- Water aerobics
- Biking on level ground or with few hills
- Sports where you catch & throw (baseball, softball, volleyball)
- General gardening (raking, trimming, shrubs)
- Tennis (doubles)
- Using your manual wheelchair
- Using hand cyclers- also called ergometers

Already doing some activity?

Keep going!!!

Use the following tips to stay motivated:

- ◆ Ask family or friends to join you.
- ◆ Try a new sport or activity.
- ◆ Plan your activity for the week ahead of time and keep track of what you do.
- ◆ Set a short or long-term goal and reward yourself when you reach it.

Need more of a challenge?

Aim to double your weekly activity time to **5 hours** each week.

- ◆ Try more vigorous activities (like jogging, basketball, swimming laps).
- ◆ Mix up the intensity of the activity (such as running or biking in intervals).

By doing so you will receive even more health benefits!

Physical activity is great for kids!

Whether they're in a sports league, dance group, or playing outdoors in the neighborhood your child can begin to develop an active lifestyle.

Research shows that children who are active will be less likely to be overweight as adults. Physical activity also creates opportunities for kids to make new friends and to learn a new sport, hobby, or skill.

Children 6 years and older should be physically active for least **60 minutes** each day

- ◆ Choose activities appropriate for your child's age and make physical activity part of your family routine.
- ◆ Children may choose activities such as playing with friends on the playground, while adolescents may choose organized activities.
- ◆ At least **3 days** each week, these activities should include muscle-strengthening activities, like climbing, and bone-strengthening activities, like jumping.
- ◆ Keep them moving-spend less time watching TV or playing video games.



A special note to parents

You are your child's most important role model. Your children pay attention to what you do more than what you say. You can set a good example by joining in on active play around the house or planning activities to do as a family.

Let's Move.gov is a great resource for active families!



Don't forget about healthful eating!

You can also take steps to improve what and how much you eat.

Here are some ways you can make better choices:

- Build a healthy plate.
 - Half should be fruits & vegetables.
 - Include whole grains, fat-free or low-fat (1%) milk.
- Cut down on foods high in solid fats, added sugars, and salt.
- Eat the right amount of calories for you.
 - Get your personal daily calorie limit at www.ChooseMyPlate.gov and keep that number in mind when deciding what to eat.



2008 Physical Activity Guidelines for Americans

The *2008 Physical Activity Guidelines for Americans* provides science-based guidance to help Americans aged 6 and older improve their health through appropriate physical activity.

Becoming physically active and improving what you eat will reduce your risk of chronic diseases such as diabetes, heart disease, some cancers, and obesity. Taking the steps in this brochure will help you follow the Guidelines.



2008 Physical Activity Guidelines for Americans



Be Active, Healthy, and Happy!

www.health.gov/paguidelines



For more information, go to:

- www.Health.gov/paguidelines
- www.Health.gov/dietaryguidelines
- www.Healthfinder.gov
- www.ChooseMyPlate.gov

Dietary Guidelines Exhibit Banner

Dietary Guidelines for Americans

Eat Healthy • Be Active


Health.gov
Improve nutrition. Learn how.

Office of Disease Prevention and Health Promotion


DEPARTMENT OF HEALTH & HUMAN SERVICES

The banner features a collage of images: a woman in a white shirt shopping for produce in a grocery store, a basket of blueberries, a bowl of mixed vegetables, a plate of colorful salad, a bowl of tomatoes, a plate of salmon and vegetables, a glass of milk, a plate of shrimp and vegetables, and a bowl of broccoli. The text is set against a dark blue background at the top and a light blue background at the bottom.

Physical Activity Guidelines Spanish Resources flyer



Physical Activity Guidelines for Americans
Resources now available in Spanish!




Be Active Your Way: A Guide for Adults- Encourages individuals to get the amount of physical activity they need, based on the Guidelines and their own goals.

&

Be Active Your Way: Fact Sheet for Adults- Is a quick overview of the types and amount of physical activity recommended in the Guidelines.

Both resources provide simple, adaptable strategies & tools for individuals to incorporate regular physical activity into an overall healthy lifestyle.

To download both resources visit: <http://www.health.gov/paguidelines/>



LET'S MOVE **BLOG**

Job Corps' Top Chefs Competition Promotes Let's Move! Healthy Meals

Posted by Holly H. McPeak, Nutrition Advisor, HHS/OASH on September 26, 2011

In Lounge 201 on Capitol Hill, 19 Job Corps food service managers from Job Corps centers nationwide exercised their culinary creativity in a "Top Chef" food competition in support of *Let's Move!* This event known as "Job Corps' Top Chefs: Creating Healthy and Nutritious Food Services," was the culmination of a three day summit, September 13- 15, 2011, held in Washington DC. It was hosted by the National Job Corps Association (NJCA) is held annually, with this year being the second conference.

As a nutrition advisor for the U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion, I was asked to be one of nine judges at the Top Chef competition and judge a lunch session. I brought my appetite (as well as my curious intern, Mellina Stephen) to the Top Chef competition.

When seated at the judges table, I had the pleasure of making new acquaintances as well as reconnecting with former ones. The distinguished judges were Edna Primrose, National Director of Job Corps, U.S. Department of Labor; David Scanlan, President of Sodexo Government; Lance Lemin, Executive Chef, Sodexo; Daniel Thomas, Chef, U.S. Capital Senate; and my good friend and chef, Terrell "Chef Tee" Danley (owner of Crème Café in D.C.). Job Corps also reached out to three students from the Potomac Job Corps Center for their valuable input.

The nutritionist in me wanted to ensure that the "healthy" meals presented met the [Dietary Guidelines for Americans, 2010](#) and promoted the nutrition messages from [ChooseMyPlate.gov](#).

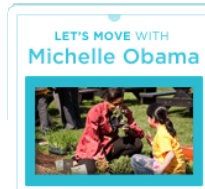
The competition which was enthusiastically moderated by LaVera Leonard, President of the NJCA, divided the chefs into 6 teams. Two teams battled head-to-head in one of three categories: side dish, entrée, and dessert. They were tasked with preparing a dish that was visually appealing, creative, and tasty ("student friendly").

All of the dishes were very delicious and presented a refreshing, "healthier" interpretation of classic dishes. For example, the winning side dish was macaroni and cheese made with whole wheat pasta, broccoli, low fat cheddar cheese, and low fat milk. The dish was perfectly portioned from a cupcake-like mold and was a true favorite for the students! The winning entrée dish featured baked chicken breast topped with sliced pear halves, and a balsamic and fig glaze. For dessert, a warm sweet potato bread pudding made with sunflower bread, and sweetened with agave won its category. All food items were selected from the local farmers market, in support of the USDA's initiative [Know Your Farmer, Know Your Food](#).

Overall, I was impressed by the entire competition and enjoyed the animated feedback from the chef judges and the honest remarks from the student judges.

The event ended on a positive note as Sodexo President, David Scanlan, encouraged the Job Corps student judges to take advantage of job opportunities. Chef Daniel Thomas also offered words of inspiration to the contestants, and to further promote making healthy choices, I distributed copies of the [Let's Eat](#) consumer brochure.

The Top Chef winning recipes can be found [here](#) (pdf). I would encourage you to take a look and maybe try them out. I know I will!



HEAR FROM THE FIRST LADY ▶

BLOGROLL

[Student Conservation Association the National Park Service website](#)

CATEGORIES

[Accessible Food](#)
[Chefs](#)
[Recipe](#)
[Success Stories - Chefs](#)
[Success Stories - Faith-based & Community Organizations](#)
[Success Stories - Kids](#)
[Success Stories - Mayors & Municipal Officials](#)
[Success Stories - Parents](#)
[Success Stories - Teachers & Schools](#)
[Eat Healthy](#)
[Faith-based & Community Organizations](#)
[Get Active](#)
[Kids](#)
[Healthier Schools](#)
[Mayors & Municipal Officials](#)

Appendix B - Additional Tables

Table B.1 Seven Goals from the National Action Plan to Improve Health Literacy

1. Develop and disseminate health and safety information that is accurate, accessible, and actionable
 2. Promote changes in the health care system that improve health information, communication, informed decision making, and access to health services
 3. Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university
 4. Support and expand local efforts to provide adult education through the university level
 5. Build partnerships, develop guidance, and change policies
 6. Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy
 7. Increase the dissemination and use of evidence-based health literacy practices and interventions
-

(USDHHS, & ODPHP, 2011)