
Cornerstones of a Healthy Lifestyle

Blueprint for Nutrition & Physical Activity

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PURPOSE

This Blueprint outlines practical, consumer-focused, state and local strategies for improving eating and physical activity that will lead to healthier lives for children, adults and families. The Blueprint provides communities, consumers, organizations, agencies and programs with strategies and potential actions to address priority nutrition and physical activity issues in the context of their own community resources and needs. The suggested strategies and actions are based on the Healthy People 2010 objectives and the Dietary Guidelines for Americans, and reflect the perspectives of a range of public and non-profit sector organizations.

In addition to these national objectives, the suggested strategies compliment and reinforce the strategic plan objectives from federal agencies. The Blueprint focuses on eating behaviors and physical activity as cornerstones for improving health and well-being. It is not designed to directly address the problem of overweight and obesity but instead, to address critical eating and physical activity behaviors that affect the broad spectrum of health promotion and disease prevention.

The Blueprint was created to address both nutrition and physical activity as these two behaviors together provide a viable approach for addressing health promotion and disease prevention. Physical activity and nutrition are complex behaviors. In the development of the Blueprint, the advisory group of physical activity and nutrition stakeholders worked diligently to ensure the content reflected the areas of expertise in physical activity and nutrition professionals in research and practice.

Nutrition and physical activity specialists working in community and public health organizations will benefit from collaboration on assessment, intervention and evaluation of policies, programs and messages that influence eating and activity behaviors. Using the Blueprint will facilitate collaboration.

HOW WAS THE BLUEPRINT DEVELOPED?

The first step in the development of the Blueprint included an initial review by a group of stakeholders in April 2004. In addition to reviewing and offering guidance on the development of this Blueprint, these stakeholders urged a more thorough analysis of the document by varied and wider audiences. The ultimate outcome of this refinement process is a framework that outlines the critical actions needed to meet national health goals.

Based on recommendations from the 2004 stakeholders, a draft of the Blueprint was reviewed by a wider audience from June through December 2004. In April 2005, a second stakeholder group was assembled to further clarify and develop the Blueprint Goals, Strategies and Initial Steps for Action. The stakeholders participating in the 2005 meeting included individuals and organizations from the original group of stakeholders as well as a broader range of physical activity and nutrition representatives.

INTRODUCTION

Finally, from February through April 2006, an editorial panel of nutrition and physical activity experts provided a final review of the document.

TO WHOM IS THE BLUEPRINT ADDRESSED?

The Blueprint was written for key state and local policy makers, public leaders, government bodies, public health partners, businesses, voluntary and private organizations with a mission to improve the health and well-being of those who live in our communities.

HOW CAN THIS BLUEPRINT BE USED?

The strategies and action steps in this Blueprint have been suggested by experts and leaders in the field of nutrition and physical activity. ***Please consider and use these strategies and steps, prioritizing them for use in your own communities and organizations.*** You may want to add or change the strategies or steps to fit more closely with the needs of your community.

Stakeholders will be able to apply relevant aspects of the Blueprint in the assessment, development or planning of their policies and programs to address nutrition and physical activity. An important factor for success is getting commitment from various partners to work together to implement the proposed actions. Another critical factor for success is establishing an infrastructure or process to support the work of various partners to provide feedback and to monitor and report progress.

As you consider how you might use this Blueprint, it may be helpful to follow a community-based planning model. As with any planning process, the first step is to review the available data and information, followed by a community physical activity and nutrition assessment to identify areas of need and interventions that should be recommended. Once priorities are identified, further assessment/formative research is needed to address a priority problem. Hopefully it can be matched with a goal and strategy, and the information provided in the Blueprint can then be used to further develop your plans.

MISSION

Improve the nation's health by integrating sound policy, programs, resources, services and messages where individuals, children, and families make healthy choices about eating and physical activity.

VISION

Eating healthy and being active are an integral part of daily life for everyone.

GUIDING PRINCIPLES

- The actions are consumer-focused and community-based, focusing on strengths, assets and community involvement in determining priorities and how to address them.

- Strategies reflect the cultural dimensions of the community through acknowledgement of their contributions.
- The cultural and linguistic competency of individuals and organizations participating in the planning and implementing of strategies within the community is critical for success.
- Physical activity is defined broadly to include Healthy People 2010 objectives to increase moderate physical activity and reduce sedentary behaviors.
- Healthy eating is defined broadly to include Healthy People 2010 nutrition-related objectives and U.S. Dietary Guidelines for Americans.
- A public health planning process is used to engage stakeholders in assessing strengths and needs, setting goals and objectives, developing and implementing interventions and evaluating outcomes.
- Public health professionals in nutrition and physical activity work collaboratively to lead change for improved health outcomes in communities.

THE GOALS OF THE BLUEPRINT FOR NUTRITION AND PHYSICAL ACTIVITY REFLECT HEALTHY PEOPLE 2010 OBJECTIVES:

- To promote healthy eating and physical activity.
- To improve the quality of life through health promotion and disease prevention.
- To eliminate inequalities in healthy eating and physical activity due to race, ethnicity, culture, gender, age, disabilities and socioeconomic status.

The Blueprint advisory group identified five overarching critical elements to help people in communities be physically active and eat healthfully. These elements are called Cornerstones. The Blueprint is organized around five Cornerstones. Each Cornerstone has at least three strategies and there are several possible actions for each strategy.

THE CORNERSTONES

1. **ACCESS** – Assure access to healthy foods and locations to engage in physical activity.
2. **COLLABORATION** – Promote healthy lifestyles by maximizing collaboration and partnerships.
3. **SCIENCE AND RESEARCH** – Build the science base and accelerate the transfer of science to practice.
4. **WORKFORCE** – Increase the diversity, capacity and flexibility of the nutrition and physical activity workforce.
5. **COMMUNICATIONS** – Promote health and create awareness of the investment value of nutrition and physical activity through effective communications.



CORNERSTONE 1 — ACCESS

Assure access to healthy foods and locations to engage in physical activity.



STRATEGY 1

Assure access to a food supply and healthy food choices.

POTENTIAL ACTIONS

1. Inventory existing and potential resources and assets that promote healthy eating and identify barriers that make healthy eating difficult.
2. Identify gaps in services and resources related to eating healthy.
3. Review federal nutrition programs, such as child care and school meals, WIC and senior meals in light of the dietary preferences of diverse groups as well as the dietary guidelines and recommendations for healthy eating. Where possible make changes at the community level and advocate for federal policy changes as needed.
4. Advocate for healthful food choices in all settings (e.g. restaurants, groceries, vending, worksites).
5. Improve access to nutrition services and federal nutrition programs by simplifying and standardizing eligibility applications for services.
6. Encourage development of local, sustainable food systems including farmers' markets and community gardens that support food security for low income populations.



STRATEGY 2

Assure access to safe, affordable, convenient opportunities to be physically active.

POTENTIAL ACTIONS

1. Inventory existing and potential resources and assets including policies, funding, partnerships and stakeholders that promote physical activity.
2. Identify barriers that make physical activity difficult.
3. Identify gaps in services and resources related to physical activity.
4. Advocate for policies and environmental changes that support daily physical activity opportunities in all settings.



STRATEGY 3

Increase the number and types of settings where culturally and linguistically appropriate nutrition and physical activity services are supported and offered to people of all income levels, stages of life, special needs and abilities.

CORNERSTONE I — ACCESS

Assure access to healthy foods and locations to engage in physical activity.

▶ POTENTIAL ACTIONS

1. Establish worksite wellness programs with a focus on improving eating and physical activity habits.
2. Use the School Health Index and Healthier US Schools as tools to evaluate and improve nutrition and physical activity in schools.
3. Engage faith-based organizations in providing healthy eating and physical activity messages and programs.
4. Engage retail groceries in consumer education programs that encourage healthier eating and activity choices.
5. Engage child care centers in modeling health education and physical activity for young children and their families.
6. Advocate for the inclusion of nutrition and physical activity standards for state child care accreditation.
7. Use USDA Child Nutrition Programs that comply with the dietary guidelines to promote Healthier US Schools.
8. Identify funding mechanisms and partnerships to advance programs.
9. In planning and implementing programs, work with non-traditional partners, such as juvenile justice, which may provide access to hard-to-reach populations.
10. Increase opportunities within a variety of settings for skill-building that supports lifelong physical activity and healthy food preparation.



CORNERSTONE 2 — COLLABORATION

Promote healthy lifestyles by maximizing partnerships.



STRATEGY 1

Build new or enhance existing relationships among community, public, non-profit, voluntary and private sectors at the community, county, state, multi-state and federal levels that directly or indirectly have potential to improve physical activity and healthy eating.

▶ POTENTIAL ACTIONS

1. Inventory existing partnerships related to healthy eating, nutrition and physical activity.
2. Enhance or expand existing partnerships.
3. List new partners by reviewing documents and reports related to community and state partnerships involved in promoting better nutrition and increased physical activity and by contacting leaders and stakeholders for needed input. Possible partners could include target audiences affected by services and programming, transportation, urban planning/land use organizations and agencies, media, child care, food service, hunger advocacy groups and charitable organizations, food retailers, agriculture, parks and recreation, adult and youth sport organizations, public housing, education – preschool, primary, secondary and post-secondary, business/industry, state and community government, physical activity professionals, health insurance companies, elected officials, private business and industry, chambers of commerce, foundations, juvenile justice, prison systems and faith-based organizations.
4. Utilize above information to develop a matrix of partnerships, members and their current and planned programs/activities and geographical coverage.



STRATEGY 2

Support community-directed initiatives to reduce inequalities for healthy eating and physical activity that engage the community members in addressing community change.

▶ POTENTIAL ACTION

1. Identify key community leaders and influencers who can promote better physical activity and eating habits among their constituents. This includes representatives from: churches, advocacy groups, foundations, local businesses, school leaders, parent teacher associations, students, groups representing persons with disabilities, businesses, grocery stores, health providers, state and local government, community agencies, public television and radio, parks and recreation, local senior centers, Special Olympics, health and fitness centers, foundations, grass roots organizations, refugee organizations, agencies which advocate for and support persons with limited incomes.

CORNERSTONE 2 — COLLABORATION

Promote healthy lifestyles by maximizing partnerships.



STRATEGY 3

Maintain collaborative efforts by building the capacity of leaders and members from all sectors of the community.

⌚ POTENTIAL ACTIONS

1. Prioritize and select specific activities.
2. Promote and teach self advocacy to leaders from various sectors of the community.



STRATEGY 4

Identify, assess and access funding resources and partners.

⌚ POTENTIAL ACTIONS

1. Identify federal, state, and local private and public funding streams that could potentially support nutrition and physical activity programming. Develop a matrix of funders, their funding cycles and priorities for funding, contact information and amounts of funds available.
2. Utilize this information to plan a strategy to access adequate funding for the planning, implementation and evaluation of physical activity and nutrition programs.
3. Directly partner with key players who control resources related to health promotion and disease prevention. For example, engage third party payers and employers early in identifying and planning interventions; partner with the food industry to decrease marketing of unhealthy foods to children.
4. Build process and mechanisms to maintain strong communications between partners to support long-term collaboration.
5. Advocate for funding of research and evaluation of policy and program interventions.
6. Secure resources for initial program assessment and formative research, program process and outcome evaluation.



CORNERSTONE 3 — SCIENCE AND RESEARCH

Build the science base and accelerate the transfer of science to practice.



STRATEGY 1

Develop a community-based research agenda that integrates nutrition and physical activity policies, programs and services.

POTENTIAL ACTIONS

1. Engage key stakeholders at local and state levels.
2. Listen to community members in the process of defining their community.
3. Identify partners with relevant expertise and skills to support and guide research efforts.
4. Identify and engage community members in planning and implementing research.
5. Teach community health professionals and others interested in research.



STRATEGY 2

Utilize and improve data systems to measure the development and impact of community-based policy and program interventions at the individual, organizational and community level.

POTENTIAL ACTIONS

1. Identify available data systems.
2. Assess data systems for their ability to measure the development and impact of community-based policy and program interventions.
3. Where appropriate, utilize existing data systems to track program development and impact.
4. As needed seek partners, such as local health departments and other agencies to enhance existing data or create new data systems.
5. Share best practices for data collection on eating patterns, weight, height and physical activity practices, surveillance and confidentiality.
6. Partner with academic researchers.
7. Include methods for analyzing community and organizational change in reporting results of policy and program interventions.
8. Use local data to advocate for programming to address needs and priorities.
9. Establish national standards for surveillance particularly regarding confidentiality and privacy.



STRATEGY 3

Incorporate research and evaluation into all phases of policy and program development based on the best evidence available.

POTENTIAL ACTIONS

1. Develop a community needs assessment to identify strengths and gaps.
2. Plan and design research consistent with national guidelines for nutrition and physical activity.

CORNERSTONE 3 — SCIENCE AND RESEARCH

Build the science base and accelerate the transfer of science to practice.

3. Create a planning process that reflects self-determination of communities and consumers/constituents.
4. Use formative evaluation to inform development of programs and policies.
5. Develop a system for effective communication and integration between partnerships.
6. Implement and evaluate community-based interventions using evidence-based strategies.
7. Monitor program implementation and initial program results through process evaluation techniques.
8. Conduct impact and outcome evaluation.
9. Translate research findings into sustainable practices.
10. Create a repository of “best practices” for improving healthy eating and physical activity based on established criteria.



STRATEGY 4

Include training on research and evaluation of policy and program interventions for researchers, health care providers, program staff and community members.

POTENTIAL ACTIONS

1. Provide training on community-based participatory research approaches and methods for community level health professionals and community members involved in programming.
2. Incorporate training on formative, process and outcome research and evaluation.
3. Train researchers to integrate cultural competencies in all aspects of research and evaluation.
4. Engage community members as research partners in learning about the community-based research and evaluation.



STRATEGY 5

Use and communicate results of program and policy interventions that contribute to evidence-based strategies.

POTENTIAL ACTIONS

1. Conduct evidence-based reviews.
2. Translate research into practice.
3. Use evidence that is meaningful to all stakeholders.
4. Conduct cost effectiveness/cost benefit analysis.
5. Establish reasonable standards for evidence-based reviews.
6. Communicate evidence-based research to community.
7. Report research findings in venues that reach consumers, program planners, policy makers and researchers.



CORNERSTONE 4 — WORKFORCE

Increase the diversity, capacity and flexibility of the nutrition and physical activity workforce.



STRATEGY 1

Recruit, hire and retain a diverse, competent workforce that is representative of populations served.

POTENTIAL ACTIONS

1. Promote public health nutrition and physical activity careers to high school(s), colleges and universities and to local, state and national organizations.
2. Enhance education experiences for diverse and disadvantaged students through mentoring, tutoring, volunteer and scholarship opportunities, and work experiences in public health programs.
3. Identify and promote establishment of entry-level opportunities in various health professions.
4. Develop strategies to enhance promotional opportunities and allow for upward mobility.
5. Provide incentives for workers to stay in the community.
6. Develop support among national and professional organizations, universities and grant making foundations for policies and funding that allows for educational opportunities and advancement for public health workers.
7. Embrace the values of building a diverse workforce.
8. Develop recruitment strategies for diversifying the workforce.
9. Provide continuing education to enhance job performance and satisfaction.



STRATEGY 2

Increase the number and types of well-trained, diverse personnel who plan, facilitate, deliver and evaluate services to support healthy eating and physical activity.

POTENTIAL ACTIONS

1. Develop competency-based training for the public health/health care professionals and lay workers on healthy eating and physical activity.
2. Develop training opportunities for health professionals on healthy eating and physical activity using a variety of venues and training settings, including distance learning.
3. Expand training and technical assistance on strategies for increasing physical activity in populations served by federal programs including WIC, Head Start, child care, early intervention programs and programs for seniors.

CORNERSTONE 4 — WORKFORCE

Increase the diversity, capacity and flexibility of the nutrition and physical activity workforce.



STRATEGY 3

Promote quality training and/or credentialing of health promotion professionals to support a competent, diverse workforce for health education.

POTENTIAL ACTIONS

1. Promote education on nutrition and physical activity in curriculum reform for health promotion professionals in the following topic areas: fundamentals of kinesiology/exercise science, dietetics and nutritional/food science, health promotion and education, health science, physical education, health and safety education, behavior change, health literacy, community-based planning, cultural and linguistic competency and leadership development with an emphasis on policy, advocacy and community change.
2. Support the credentialing activities for health promotion providers such as physical activity coordinators and breastfeeding coordinators.
3. Provide continuing education where appropriate from credentialing organizations, member associations, academic institutions and other groups.
4. Support the hiring of credentialed health promotion professionals.



STRATEGY 4

Support training of researchers and practitioners on evidence-based interventions that promote healthy eating and physical activity.

POTENTIAL ACTIONS

1. Provide training for researchers and practitioners on evidence-based interventions.
2. Sponsor evidence-based reviews of nutrition, physical activity and obesity prevention/treatment interventions.
3. Identify ongoing necessary research to develop additional evidence-based interventions.
4. Develop courses, continuing education and degrees that use evidence-based interventions.
5. Establish and disseminate a catalog of intervention research.



CORNERSTONE 5 — COMMUNICATIONS

Promote health and create awareness of the investment value of nutrition and physical activity through effective communications.



STRATEGY 1

Establish communications plans for dissemination of messages, programs and services.

POTENTIAL ACTIONS

1. Form partnerships to speak with one voice when developing communications plans.
2. Increase the number and types of settings where culturally appropriate nutrition and physical activity services are supported and offered to individuals and communities.
3. Collaborate with the community and partners to design consistent messages and interventions.
4. Work with diverse partners to include strategies to address hard-to-reach populations.



STRATEGY 2

Develop sustained state and local public awareness campaigns that support healthy eating and physical activity.

POTENTIAL ACTIONS

1. Design campaigns based on formative research.
2. Engage health care professionals in delivering consistent healthy eating and physical activity messages.
3. Reach at-risk populations with appropriate communication and messages for prevention and intervention.



STRATEGY 3

Design and disseminate consistent and culturally and linguistically accurate messages to individuals and communities.

POTENTIAL ACTIONS

1. Promote consistent messages with best evidence available.
2. Utilize assessment techniques and other available information to identify and to select potential topic areas, target populations and channels for messages.
3. Create appropriate messages focused on behaviors and involve the specific audience in creating the messages that:
 - i. *Promote effective dialogue.*
 - ii. *Utilize cultural translation in message development.*
 - iii. *Test messages using principles of social marketing.*
 - iv. *Utilize media appropriate to the target group.*
4. Utilize culturally competent public health workers in message development.
5. Encourage professional groups to select consistent nutrition and physical activity messages.

CORNERSTONE 5 — COMMUNICATIONS

Promote health and create awareness of the investment value of nutrition and physical activity through effective communications.



STRATEGY 4

Improve health literacy by creating clear, consistent audience-specific physical activity and healthy eating messages that are culturally and linguistically appropriate to enhance understanding and application.

POTENTIAL ACTIONS

1. Improve health literacy by promoting consistent, clear health messages that enable individuals to understand, communicate and apply health information and are based on proven sciences.
2. Advocate for infrastructure development in the area of nutrition and physical activity (e.g. clinical services, facilities, training, policies, environments and research).
3. Increase opportunities, within a variety of settings including elementary to high school and community-based programs, for skill-building in selecting foods and planning, preparing and providing healthy meals.
4. Encourage and promote health care professionals to become role models for healthy eating and physical activity.
5. Encourage state medical societies to adopt role modeling into their program of work.



STRATEGY 5

Disseminate cost-benefit information that supports healthy eating and physical activity programming.

POTENTIAL ACTIONS

1. Disseminate evaluation results that provide outcome-based results linked to benefits and costs.
2. Mobilize coalitions to advocate for funding for comprehensive nutrition services (for example, the American Dietetics Association, Association of Maternal and Child Health Programs, American Public Health Association, Association of State and Territorial Public Health Nutrition Directors, National WIC Association).
3. Disseminate information on results of expanded nutrition and physical activity training for professionals and paraprofessionals providing interventions and education to populations across the lifespan that improve health outcomes and lower medical costs.
4. Develop state and community public awareness campaigns that link lower medical costs with increased healthy eating habits and physical activity.
5. Provide reimbursement for the inclusion of nutrition and physical activity behavior change counseling in performance standards for health care providers.

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