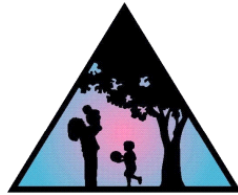


Utah Healthy Living Survey



WIC

***Cornerstones of a Healthy
Lifestyle Blueprint for
Nutrition & Physical Activity***

Utah WIC Program

Utah Healthy Living Survey

November 2008

**Utah Department of Health
Division of Community & Family Health Services
Women, Infants, and Children & Data Resources Programs**

WIC Healthy Living Survey Report

Introduction

Healthy lifestyle choices are much easier when neighborhoods, worksites, and schools support them. The choices that are made about the foods eaten and the activities engaged in are closely linked with easy access and affordability. The United States is currently experiencing an obesity epidemic that threatens to erode the gains in life expectancy and quality of life made during recent decades. Obesity is related to reduced quality of life, development of serious chronic conditions such as heart disease and diabetes, increased medical care costs, and premature death. While obesity directly results from the choices individuals make concerning physical activity and diet, strong environmental forces are at work that influence those choices. Every day individuals make food choices based on convenience and price. When communities have too many sources of cheap, low-nutrient, high-calorie food, and limited access to affordable fresh fruits and vegetables, meals reflect what is available. The prevalence of obesity varies by gender, age, socioeconomic status, and ethnicity, and those most at risk come from low-income, ethnically/racially diverse communities that have the least access to parks, bike trails, and public pools.

An objective of *Healthy People 2010* is to reduce to 15% the proportion of adults who are obese.¹ In 2007, no state met this target, and 25.6% of adults in the United States were obese.² In Utah during 2007, 22.4% of adults were obese.³ To reach the *Healthy People 2010* target, increased national attention on actions that promote healthy eating and physical activity is essential. Priority must be given to interventions that move beyond only increasing individual awareness about health choices, toward those that provide tangible support for environmental changes that promote healthy lifestyles among those with the greatest need. In the Surgeon General's 2001 *Call to Action to Prevent and Decrease Overweight and Obesity*, many activities were identified that focus on increased access to healthy food choices and safe physical activity in settings such as worksites, communities, and schools.⁴ This Utah WIC study seeks to assess current access to healthy food choices and the availability of safe physical activity among a Utah population at high-risk for obesity.

¹ U.S. Department of Health and Human Services. 19-2. Available at <http://www.healthypeople.gov/document/html/objectives/19-02.htm>

² CDC. State-Specific Prevalence of Obesity Among Adults—United States, 2007. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5728al.htm>

³ CDC. Behavioral Risk Factor Surveillance System, prevalence and trends data. Available at http://apps.nccd.cdc.gov/BRFSS/display_PF.asp

⁴ US Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease obesity. Available at <http://www.healthypeople.gov/document/html/objectives/19-02.htm>

Grant Objective

Utah was the recipient of an Association of State and Territorial Public Health Nutrition Directors (ASTPHND) *Blueprint Seed Grant* in 2008. Consequently, the Maternal and Child Health Bureau (MCH), in collaboration with the Bureau of Health Promotion at the Utah Department of Health, implemented a project--*Cornerstones of a Healthy Lifestyle*--designed to address both nutrition and physical activity as important components of healthy living. The grant representatives determined that the most beneficial use of grant monies would be to develop a family-based community needs assessment tool to ascertain existing resources for physical activity and healthy eating in a community at high risk for overweight and obesity. The resulting findings of this needs assessment survey would allow WIC staff to develop strategies, consistent with available community resources, to target nutrition intervention/education in a way that would best support families in their efforts to practice healthy lifestyles.

Process

The ASTPHND grant representatives hired a University of Utah graduate student in January of 2008 to conduct a literature review of existing needs assessment tools and to develop an appropriate tool for the Utah WIC community. After review by grant representatives, and with input from the MCH bureau's Data Resources Program, the newly developed assessment tool entitled, *WIC Healthy Living Survey*, was ready for administration by the end of April 2008. The survey itself consisted of 31 questions divided into three distinct parts: individual and family physical activity levels; individual and family food and nutrition patterns; and demographics.

The Weber county WIC community was selected as a target community at highest risk for overweight and obesity through examination of the findings of the Utah Behavioral Risk Factor Surveillance System, Small Area Report, 2001-2005⁵. Thus, the *WIC Healthy Living Survey* was administered to WIC participants at the Ogden WIC clinic only during May of 2008. There were 650 surveys distributed and administered in both English and Spanish versions. In June of 2008, the completed surveys were turned over to the Utah Correctional Institute (UCI) for data record formatting and data entry. The UCI provided the completed data output in the form of an excel spreadsheet. The database was provided to the MCH Data Resources Program for analysis during October and November 2008. All analyses were conducted using SAS and Excel.

⁵ Utah Risk Factor Behavioral Surveillance System. Small Area Report, 20. Obese. Available at http://health.utah.gov/oph/publications/brfss/SA2001-2005/SA_Obese.pdf

Highlights of Results

(Detailed tables of results follow as an appendix)

Demographics

- 83% of survey respondents were adult women between the ages of 18 and 35 years.
- 60% of those taking the English version identified themselves as White.
- 46% of all respondents identified themselves as Mexican, Puerto Rican, or Other Hispanic/Latino.
- The average number of people per household among those taking the English version was 4.2, versus 4.7 among those taking the Spanish version.
- The average number of children per household was 2.2 among those taking the English version, compared to 2.6 among Spanish language respondents.

Physical Activity Access

- 69% overall said there are trails for walking, hiking, or bicycling near their homes.
- 49% overall reported that there are community recreations centers nearby.
- 16% overall said they don't use any community recreational resources in a given week, however there was a disparity between language versions (19% English vs. 9% Spanish).
- 64% overall said their children do not play on sports teams or do after school activities with physical activities, however here was a disparity between language versions (73% English vs. 32% Spanish).
- 88% overall feel safe being active outdoors near their homes.
- 30% overall indicated that they have no time for physical activities.
- 17% overall said that cost was a barrier to physical activity.

Healthy Food Access

- 96% among those taking the English version reported that there are grocery stores near their home that offer healthy foods, while only 82% among those taking the Spanish version agreed.
- 60% overall said that there are restaurants nearby that offer healthy foods, however there was a disparity between language versions (67% English vs. 38% Spanish).
- 19% overall said their family eats both fresh fruits and vegetables every day.
- 15% overall said that they eat at restaurants or fast food three or more days per week, however there was a disparity between language versions (19% English vs. 3% Spanish).
- 86% overall reported that they eat meals cooked at home five or more days per week.
- 38% overall said the cost of healthy foods was a main reason they were unable to provide more healthy meals for their families.
- 14% overall said that lack of time was a main reason they were unable to cook healthy meals.

Conclusion

The results of this community needs assessment survey piloted in the Ogden clinic allow Utah WIC staff to now develop strategies, consistent with available community resources, that target nutrition interventions and education to best support families in their efforts to practice healthy lifestyles. The information ascertained about the influences of safe, affordable, and convenient opportunities for physical activity on healthy lifestyle choices provide the foundation from which evidence-based strategies may be developed to improve physical activity levels for individuals and families. The findings of this survey focusing on the links between nutrition knowledge and easy access to healthy food choices among a community at high risk for overweight and obesity, offers valuable insight to direct the advance of strategies that better support healthy food choices.

Examination of the results of this Utah WIC community needs assessment survey suggests further questions and study directions that promise to offer additional insight into the building blocks that make up a healthy lifestyle. Further study may explore the impact of WIC nutrition and physical activity education on individual lifestyle choices through comparison of new WIC participants with those who have had the benefit of the ongoing educational opportunities provided by WIC professionals. By contrasting the healthy lifestyle choices of families participating in the WIC program with those in other demographic groups, additional pieces to the puzzle of how to best support and facilitate healthy living among the most vulnerable populations may become apparent. Such a comparison might be made between families in the WIC program and families in the Medicaid program, for example. Refinements of the survey tool itself may provide additional clarification of the motivations behind crucial choices regarding healthy eating and optimal physical activity. Other Utah WIC clinics, as well as WIC programs in several other states, have expressed interest in conducting studies similar to this in their own unique areas.

The receipt of this Association of State and Territorial Public Health Nutrition Director's (ASTPHND) *Blueprint Seed Grant* in 2008 was the catalyst for enabling the Utah WIC program to go a long way towards removing the barriers to a vital, healthy lifestyle for Utah families.

