

**Blueprint for Nutrition & Physical Activity
Seed Grant Mid-Report
Alabama Department of Public Health
Submitted September 2008
(Final Report to be submitted upon completion of Project)**

In 2007, the Alabama Department of Public Health (ADPH), Nutrition and Physical Activity Division, received a seed grant from the Association of State and Territorial Public Health Nutrition Directors (ASTPHND) to develop Alabama's first State Wellness Plan. The Health Department took the lead in forming Alabama's Wellness Coalition made up of statewide partners to help develop a comprehensive state wellness plan using the Blueprint document. Alabama's wellness plan builds upon the blueprint areas of nutrition and physical activity and addresses six dimensions of wellness.

Alabama was very fortunate to again receive a seed grant in 2008 for activities which were new, but had to build on the 2007 awarded activities. Alabama asked for and has been granted an extension on the completion date of the 2008 seed grant project because the new activities can not be completed until the State Wellness Plan is finalized. The State Wellness Plan has taken longer than expected to complete because of the complexity of developing a very broad-scoped plan covering many dimensions of wellness but is now very close to being finalized.

Presentations on the State Wellness Plan will be made to many of the Alabama Wellness Coalition partner groups including: Alabama Comprehensive Cancer Control Coalition, Alabama Diabetes Council, Cardiovascular Task Force, Obesity Task Force and the Nutrition and Physical Activity Coalition upon completion of the Plan. At all presentations, the Blueprint document and the State Wellness Plan will be distributed.

In addition, the Alabama Department of Public Health will be teaming up with the Alabama Wellness Coalition and other key partners to host a Statewide Wellness Conference. The State Wellness Plan will be unveiled and introduced at the Wellness Conference. The Blueprint will also be provided to all conference participants. The Conference is tentatively scheduled for February 2009.

Alabama's seed grant projects have focused on Cornerstone 2 – Collaboration to promote healthy lifestyles by maximizing partnerships. The most exciting and rewarding development from the seed funding has been the creation of the Alabama Wellness Coalition. Initially, a broad-scoped group of partners were invited to help develop the State Wellness Plan. During the process, the group decided to form a State Wellness Coalition to not only write the plan, but to help disseminate and implement it. It is anticipated that the excitement and commitment of the Wellness Coalition partners will help to sustain the work of this group for the unforeseeable future. The Cornerstone of Collaboration has been the key to helping build on the limited resources of the seed funding.

Partners have been involved over the past year in the planning of the upcoming Wellness Conference. Additionally, key partners have expressed interest in helping to provide funding to host a yearly Wellness Symposium. The seed funding has opened new doors and provided a welcome opportunity to plant the seeds of growth.

Alabama partners are sharing project plans and ideas while figuring out how better to work together; exploring ways to pool resources so that programs can be offered which may not be provided otherwise; and exploring ways to work together for policy and environmental changes in the state.

And, the Alabama Wellness Coalition is committed to working together to bring about cultural changes to improve the health and wellbeing of Alabamians.

**ASTPHND Blueprint Seed Grant
Final Report**

Missouri Department of Health & Senior Services (DHSS)
Bureau of Health Promotion

Activities

The activities utilized in Missouri to disseminate the *Blueprint for Nutrition and Physical Activity – Cornerstones of a Healthy Lifestyle* included:

- Presentations and distribution of the Blueprint document at meetings
- Mailing of the Blueprint document to all local public health agencies in the state
- Collaboration with different agencies to promote community nutrition and physical activity interventions
- Support of an existing initiative to promote physical activity in elementary school classrooms

A lunchtime presentation was made in May 2008 at the Community Engagement and Policy Development Summit. The University of Missouri Extension hosted this summit as a follow-up to a previous Childhood Obesity Summit. Participants at the first summit had expressed a desire to come together again to identify issues and develop skills needed to advocate for specific actions and policies. The 100 attendees came from universities, non-profits, state departments of Agriculture, Health and Higher Education, county health departments, foundations, hospitals, and state legislature. Each attendee received a copy of the Blueprint. A comparison was made between the Blueprint and Missouri's Nutrition and Physical Activity Plan, pointing out that Blueprint strategies and actions fit closely with the strategies that Missouri has already identified. As a result of Seed Grant funds being used to provide lunch for this meeting, money is available to support a third summit to continue the work. A similar presentation was made in August 2008 at a meeting of the Missouri Council for Activity and Nutrition (MoCAN). MoCAN pulls together partners from over 40 organizations statewide to work on implementation of Missouri's Nutrition and Physical Activity Plan.

A copy of the Blueprint was mailed to the administrator of all 118 local public health agencies in Missouri. In addition to encouraging use of the Blueprint, the cover letter for this mailing included information on the National Environmental Nutrition and Activity Community Tool (ENACT), a national database of local obesity policies. The Missouri Foundation for Health is developing a statewide database of all local policies on healthy eating and physical activity to help populate the national ENACT database. We encouraged local public health agencies to share information about their local policy efforts with the Statewide Local Policy Assessment Team. As a follow up to the Blueprint mailing, we put an article on the Blueprint in the Friday Facts, a weekly e-newsletter that goes to all local public health agencies.

Some of the Seed Grant funding was used to support travel by DHSS staff to the rural community of Poplar Bluff to help facilitate their planning efforts for a community wide nutrition and physical activity intervention emphasizing policy change. The intervention was initiated by MoCAN's Families and Communities Work Group, and has been supported by funding from the CDC Nutrition, Physical Activity, and Obesity grant, MU Extension, and the Missouri Foundation for Health. This community was chosen based on their high rates of obesity and the willingness of community leaders to do something about it. The intervention planning is ongoing. DHSS staff also participated in working with five communities through MU Extension's Healthy Lifestyle Initiative. This initiative is working to create healthy communities that support the availability of healthy, affordable, locally produced food and safe, accessible physical activity. By working with families, youth, community members, agricultural producers, business leaders, and healthcare providers, the Initiative will create a replicable model to combat obesity, sedentary lifestyle and related diseases, and create positive behavior change and impact lifelong health within communities.

Seed grant money was also used to purchase classroom activity cards in support of the state's Team Nutrition project, which promotes physical activity in 4th and 5th grade classrooms. These cards provide a user-friendly way to incorporate physical activity into the school day.

Cornerstones

Missouri's Blueprint efforts centered on Cornerstone 2, collaboration. At the state level, we maximized existing partnerships by tying together different initiatives and funding streams. In our work with communities, we guided them through the process of engaging the different partners in their communities necessary to address policy and environmental changes. Within the primary focus on collaboration, we also emphasized Cornerstone 1, access.

Opportunities

One opportunity brought about by the Seed Grant was the ability to promote Missouri's Nutrition and Physical Activity Plan, *Preventing Obesity and Other Chronic Diseases*, which was released in 2005. The plan was promoted at the Community Engagement and Policy Development Summit and with the mailing to local public health agencies. There are potential partners who are not familiar with the plan and how they can become involved in implementation. A state legislator came up after the presentation at the Summit and expressed interest in the plan. With knowledge that there are potential partners who could be more involved in implementing our state Nutrition and Physical Activity Plan, we will look at different ways to reach out. Another opportunity was the ability to promote the ENACT database and the ongoing project to collect local policies.

Barriers

The initial plan for our Seed Grant was to conduct 4 regional trainings on the Blueprint. After studying the document, it appeared that we might have difficulty getting enough people to attend these stand-alone trainings. The grant provided travel expenses for these trainings, but was not sufficient to cover staff time needed to develop and promote the trainings.

Other Sources of Funding

The activities supported by the Blueprint Seed Grant also received financial support from the CDC Nutrition, Physical Activity and Obesity Program, University of Missouri Extension, Missouri Foundation for Health, and USDA Team Nutrition.

Advice for Future Recipients

As the Seed Grant is not a large amount of money, future grantees should think about ways to incorporate it into existing projects and initiatives in your organization. The Blueprint covers a broad range of nutrition and physical activity strategies. Many of these strategies and actions will reinforce projects and initiatives that you are already working on.

ASTPHND Blueprint Seed Grant 2008 Final Report
Submitted by South Carolina Department of Health and Environmental Control
Bureau of Community Health and Chronic Disease Prevention

Overview

South Carolina has used the Blueprint for Nutrition and Physical Activity as a resource for developing community plans that address healthy eating and active living issues. The Seed Grant was a collaborative effort among three internal partners: the South Carolina Department of Health and Environmental Control's (DHEC) Bureau of Community Health and Chronic Disease Prevention; Bureau of Maternal and Child Health; and Office of Public Health Nutrition; and one external partner, Eat Smart Move More SC. The Seed Grant funds made it possible to provide both a training opportunity and a new planning resource for community-based and state-level organizations throughout South Carolina. The method for disseminating the Blueprint was through Eat Smart Move More SC (ESMMS), a newly formed coalition resulting from the merger of two key statewide health and wellness groups. The coalition leads and sustains collaborative efforts to support healthy eating and active living where South Carolinians live, learn, work, play and pray. Eat Smart Move More SC has over 700 statewide members comprised of businesses, organizations, faith-based entities, schools, communities, cities, parks/recreation, individuals, and state agencies.

Dissemination of Blueprint

Summary of Activities:

- 1. Statewide Obesity Prevention Summit, March 2008
 - 2. Blueprint as suggested planning tool for ESMMS Community Seed Grant applicants
 - 3. Blueprint integrated into the Eat Smart Move More SC website
1. In March 2008, ESMMS held an Obesity Prevention Summit attended by 350 participants from all over South Carolina. The Summit allowed participants time to develop or revise their local community plans for obesity prevention. The Blueprint was highlighted as a resource in these efforts, through a presentation by an expert presenter. Bonnie A. Spear, PhD, Professor of Pediatrics, University of Alabama at Birmingham, spoke about the Blueprint at a well-attended session. The Blueprint Mission, Vision and Guiding Principles were explained. Using examples from S.C. and a number of other states, Dr. Spear illustrated the five Cornerstones of the planning document.
 - a. Additionally, all meeting participants received a copy of the Blueprint.
 - b. Travel scholarship assistance was available to community-level registrants.
 2. The availability of Community Seed Grants was announced at the Summit for use in implementing policy and environmental changes to improve nutrition and physical activity. Applicants were encouraged to use the Blueprint as a resource in preparing applications.
 3. Information about the Blueprint is also integrated into the Eat Smart Move More SC website and can be found in the Community section of the Options for Action page at <http://eatsmartmovemore.org/options-for-action/>

Cornerstones Addressed

South Carolina focused on three Cornerstones with our award:

#2 – Collaboration

#3 – Work Force

#5 – Communications

Collaboration and Work Force were addressed through the Obesity Prevention Summit by providing a training session on use of the Blueprint and dedicated time for groups to develop local action plans. While Seed Grant funds were not used to develop public awareness messages, Communication is an identified priority for ESMMS. Through the on-going efforts of a communications work-group, coordinated, consistent Eat Smart, Move More health messages are being created for use throughout South Carolina. The work-group includes representatives from hospitals, universities, state department of education (SDE), and state and local level public health agencies.

New Opportunities

An opportunity to work with our Division of Cancer Prevention was identified as a result of other collaborative efforts. The Blueprint is a recommended resource by the Division of Cancer Prevention, SC Department of Health and Environmental Control (DHEC) for their statewide Cancer Mini-Grant Program. Funds are awarded annually to the eight DHEC health regions for cancer related activities that may include nutrition and physical activity initiatives. An orientation session for Region staff is planned for September 24th on use of the Blueprint.

The Blueprint lends itself to use in a number of settings and we are open to additional opportunities to share it beyond the grant award period. Contacts have been initiated with Clemson University Extension EFNEP, other Divisions in the Bureau of Chronic Disease Prevention & Control and the Medical University of SC's Diabetes Community Outreach Program.

Additional Funding Support

Funding support from DHEC's Preventive Health and Health Services Block Grant (PHHSBG) and Division of Obesity Prevention and Control (DOPC) enabled staff to accomplish the plans described in our Seed Grant application. In addition, ESMMS made available approximately \$30,000 in public and private funds in the form of community seed grants. Ten communities received awards of between \$1,000 and \$5,000.

Lessons Learned

- The simplicity of the grant application process made it very appealing and like previously funded states, we encourage others to take action. For South Carolina, the timing was fortuitous with the objective "to disseminate the Blueprint through state and local agencies" fitting very well with the upcoming obesity prevention summit and the four priorities of Eat Smart Move More SC – advocacy, communication, training and implementation. Consider possibilities in your state that would increase the effectiveness of this funding opportunity.
- It would have been helpful if the local planning teams had more one-to-one planning time with Dr. Spear to receive more intense consultation. The agenda for the obesity summit was dynamic and tightly scheduled. A pre- or post-conference orientation session or perhaps a

follow-up session several weeks out may have further strengthened the practical application of the Blueprint Cornerstones and strategies.

- Although the grant period has ended, we will continue to promote use of the Blueprint on a state and local level. There are both on-going and new opportunities to utilize the Blueprint by a variety of organizations as a framework for healthy living strategies. Staff has had a number of occasions to describe and recommend the Blueprint.

Utah WIC Blueprint Seed Grant Final Report

**Submitted by Phyllis S. Crowley, MS, RD, IBCLC
Due Date: 9/12/2008**

Background and Overview

The Utah Department of Health Division of Community and Family Health Services, Maternal and Child Health (MCH) Bureau in collaboration with the Bureau of Health Promotion, implemented a 2008 ASTPHND Blueprint Seed Grant to address both nutrition and physical activity. The grant representatives decided that the development and implementation of a community needs assessment tool to identify available resources for physical activity and healthy eating in a WIC community at high risk for overweight and obesity would be most beneficial. The results of this needs assessment tool would allow WIC staff to better target nutrition intervention/education that is consistent with available resources in the community which would support families in their efforts to practice healthy lifestyles.

A University of Utah health related graduate student was hired to review the literature for existing needs assessment tools and develop one specific for the Utah WIC community in consultation with the grant representatives. This community needs assessment tool was entitled, WIC Healthy Living Survey, and it was administered in the Ogden WIC clinic which was identified as high risk for overweight and obesity using the Utah Behavioral Risk Factor Surveillance System, Small Area Report, 2001 - 2005. There were 500 English surveys and 150 Spanish surveys completed and submitted to the Utah Correctional Institute (UCI) for data record formatting and data entry. These data record formats were presented to the MCH Data Resources Program for analysis.

The Seed Grant Activities

Phase 1. - Research/review literature for community needs assessment tools

Phase 1 conducted from 1/08 through 3/08

Phase 2. - Adapt and/or develop a needs assessment tool

Phase 2 conducted from 3/08 through 4/08

Phase 3. - Administer needs assessment in identified WIC community

Phase 3 conducted from 5/08 through 6/08

Phase 4. - Analyze results of needs assessment

Phase 4 in process 7/08 through 10/08

Phase 5. - Develop strategies to address issues identified in the needs assessment

Phase 5 to be completed following Phase 4

This ASTPHND Seed Grant project, the ASTPHND's Blueprint for Nutrition and Physical Activity-- Cornerstones of a Healthy Lifestyle, the WIC Healthy Living Survey and preliminary results will be presented and disseminated to representatives from all 49 of the local Utah WIC clinics at the Utah State WIC Conference on Thursday, September 18, 2008 at the Homestead Resort. It is anticipated that all Utah WIC clinic staffs will be interested in implementing the WIC Healthy Living Survey so that they can better assist their WIC families in practicing healthy lifestyles.

Blueprint Cornerstones Addressed

This grant application focused on adapting Cornerstone 1 - Access: Assure access to healthy foods and locations to engage in physical activity into the existing Utah Blueprint Family Objective 1. Strategy 1. to conduct a family-based community needs assessment and identify available resources for physical activity and healthy eating.

The strategies and potential actions that will be implemented include the following.

Strategy 1 - Assure access to a healthy food supply and healthy food choices.

Potential Action 1 - Inventory existing and potential resources and assets that promote healthy eating and identify barriers that make healthy eating difficult.

Strategy 2 - Assure access to safe, affordable, convenient opportunities to be physically active.

Potential Action 1 - Inventory existing and potential resources and assets including policies, funding, partnerships and stakeholders that promote physical activity.

Opportunities as a Result of the Seed Grant

This seed grant resulted in a very strong collaborative effort between the Maternal and Child Health Bureau and the Bureau of Health Promotion. In addition, I was asked to speak at the MCH Epidemiology and Data Group meeting on the Utah WIC Blueprint Seed Grant, the ASTPHND's Blueprint for Nutrition and Physical Activity and the WIC Healthy Living Survey. This was an opportune time to share the Blueprint with other health programs such as, Baby Your Baby, Pregnancy Risk Line, Reproductive Health Program, Oral Health Program and Immunizations. Future opportunities will be available to present the ASTPHND's Blueprint and the WIC Healthy Living Survey to the following entities:

- Utah Healthy Weight Work Group
- Utah Partnership for Healthy Weight
- National WIC Association: 2009 Conference

Barriers and Lessons Learned

A large amount of this grant was administered as a set monthly student stipend which is not a routine process for the Finance/Payroll divisions in the Utah Department of Health. As a result, this process involved multiple steps that were unfamiliar to the staffs and, unfortunately, meant that the reimbursement check for the graduate student was not always mailed in a timely manner. This may have been associated with a decrease in the graduate student's interest and motivation in the project, especially during the months of July and August. In addition, I learned that having a timeline at the beginning of the project was important to maintain on task, however, it took longer than anticipated to get the surveys completed by the Ogden WIC participants which meant the deadline for analyzing the results had to be delayed. In addition, the Data Resources Program lost staff which will also mean that it will take longer for the results to be analyzed. Though this delay in the initial timeline was disappointing, it was a reality of working in a collaborative effort with many different programs. The ASTPHND grant awardees were very understanding of the reasons for the delay in the deadline and were very supportive of grant activities continuing after the official termination date of the grant in September 2008.

Other Sources of Funding

In-kind salary funding was associated with staff time for the grant representatives' consultation and the Ogden WIC clinic staff time spent in the administration of the WIC Healthy Living Survey.

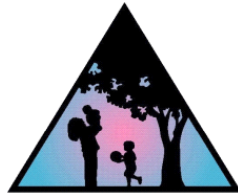
Advice for Future Seed Grant Award Recipients

The Utah WIC Program was so grateful for this opportunity to apply for and receive the Blueprint Seed grant funds. These ASTPHND seed funds allowed the program to conduct a community needs assessment that could never have been implemented with the existing resources (money, staffing, time) currently in the Utah WIC Program.

For future grant award applicants and recipients, I would strongly recommend completing the easy application. This seed grant is especially suitable for a project that has always been put on the "back burner" due to limited resources.

Remember to think creatively while maintaining flexibility with the grant application, activities and implementation process, and the reward will be positive outcomes that can be continued long after the grant period has concluded.

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.

