



Promoting Healthy Weight:

The Role of Title V

The AMCHP Role

The Association of Maternal & Child Health Programs (AMCHP) is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs.

AMCHP supports state maternal and child health (MCH) programs and provides national leadership on issues affecting women and children. We work with partners at the national, state and local levels to expand medical homes; provide and promote family-centered, community-based, coordinated care for children with special health care needs; and facilitate the development of community-based systems of services for children and their families.



**Association of Maternal
& Child Health Programs**

2030 M Street, NW, Suite 350
Washington, DC 20036

MAIN 202 775 0436
FAX 202 775 0061

WWW.AMCHP.ORG

Introduction

Childhood obesity is a common, growing and serious problem in our country today. It not only affects the individual, but families, communities and the well-being of our nation. Obesity rates have risen sharply in the United States over the past 30 years and, currently, nearly one-third of children and adolescents are overweight or obese.¹ Obesity can have serious physical, psychological and social consequences for adults and children. For example, obese children and adolescents are developing “adult” diseases, such as type 2 diabetes and hypertension, and are at an increased risk for heart disease, stroke, certain types of cancer and other serious chronic conditions.² Obese children and adolescents also are more likely to become obese as adults.³ Additionally, obesity can cause problems during pregnancy or make it more difficult for a woman to become pregnant.⁴

State maternal and child health (MCH) programs share a common mission to improve the health and well-being of women, children, including children with special health care needs, and families. In any given jurisdiction, the scope of the program is configured to best address the population needs and resources in that state or territory.⁵ MCH programs play a significant role in delivering clinical and preventive and primary care services to women, children, and youth with state or local health agency staff. MCH programs also identify MCH priority needs and address these priority needs through comprehensive services that include infrastructure building, population-based services, enabling services, and direct health care services. This issue brief highlights how state Title V MCH programs are working to promote healthy weight in their states and communities by presenting an environmental scan of Title V activities and snapshots of several comprehensive state efforts.

Environmental Scan: Title V Healthy Weight Activities

To ensure accountability for funded activities, all states and territories are required to report on a core set of measures, including performance measures that describe a specific MCH need that, when successfully addressed, can lead to a better health outcome within a specific time frame. All Title V programs report on 18 National Performance Measures (NPM), one of which relates to obesity prevention and healthy weight in children (NPM 14: Percentage of children, ages two to five years, receiving WIC services with a body mass index (BMI) at or above the 85th percentile). In addition, Title V programs set State Performance Measures to further address their priority needs. A search of the 2011 Title V Maternal and Child Health Services Block Grant state narratives contained in the Title V Information System (TVIS) online database⁶ found 58 state performance measures related to obesity/overweight, nutrition and/or physical activity in 43 states and territories. Information on Title V activities related to healthy weight was obtained through a qualitative analysis of the activities reported under NPM14 and state performance measures related to obesity/overweight, nutrition and/or physical activity in the state narratives. It does not represent an exhaustive list of every state healthy weight activity.

Figure 1 highlights the most frequent strategies to address healthy weight that states described in their MCH Block Grant narratives. The more common strategies states are using include:

- **Health promotion, education and training efforts:** Many programs are engaged in activities to promote healthy behaviors, such as proper nutrition, physical activity and limiting screen time, through awareness and social marketing campaigns; providing education to child care staff, home visiting and school staff, and parents on nutrition and physical activity; and developing and disseminating educational materials, such as wellness toolkits, Web-based resources, fact sheets and booklets. Program staff also provide training to health professionals through workshops, webinars, developing curricula, etc.
- **Data monitoring, surveillance and evaluation:** Title V programs play an important role in collecting, analyzing and using data to ensure evidence-based decisions and programming in regards to healthy weight initiatives and interventions. Efforts include conducting data surveillance and assessments in order to monitor the current status of weight, nutrition and physical activity in MCH populations. Data is used to develop fact sheets or reports that demonstrate the most recent data, as well as current efforts to impact this health concern and recommended actions. These can be used to inform policymakers, and develop interventions to address risk factors in the population. States also are using assessment tools to engage children, adolescents and parents to think about their health. Title V programs also conduct evaluations of interventions to ensure activities are having the desired impact.
- **Increasing collaborations and partnerships:** Title V programs work to establish, maintain, and improve collaborations and partnerships with state and local health programs, community organizations, and other partners to implement strategies to reduce obesity in women, children, young adults, and families. Examples include working to create and implement statewide obesity plans; convening workgroups of health department and early childhood community partners to develop a logic model guiding evidence-based strategies and activities for obesity prevention; collaborating on statewide nutrition or fitness programs; and ensuring like efforts are coordinated between agencies.
- **Developing and implementing policies and guidelines:** MCH programs are often involved in developing and carrying out parts of statewide obesity prevention plans, and provide input for legislative measures related to topics such as BMI measurements in public schools, school vending machine policies, and nutrition and physical activity advisory committees. Title V programs took a lead in developing and promoting policies for child-care facilities and schools to encourage practices and supports for children to be physically active and eat healthy food. Title V staff also contribute to guidelines for agencies and programs, such as healthy food options in state parks, wellness policies in schools, nutrition education guidance for state WIC plans, and a healthy retailer designation program.

About Title V Programs

State Title V MCH programs have a 77-year history of building comprehensive, integrated systems to ensure the health and well-being of women, children, including children with special health care needs, and their families. All states and U.S. territories receive funds from the Title V Maternal and Child Health Services Block Grant program (Title V Block Grant) to build a comprehensive system of programs, services and supports for these populations. This federal program provides critical funds to states for programs, services, supports and leadership in areas including improving infant and child health outcomes, reducing infant and maternal mortality rates and providing prenatal care to low-income pregnant women.

Leveraging the Title V Block Grant can help advance state efforts to improve overall maternal and child health and well-being. This statute authorizes funds for all states and territories to:

- Provide and ensure mothers and children (in particular those with low income or with limited availability of health services) have access to quality maternal and child health services
- Increase the number of children in low-income households who receive assessments and follow-up diagnostic and treatment services
- Facilitate the development of comprehensive, family-centered, community-based, culturally competent, coordinated systems of care for children and youth with special health care needs

Source: *Understanding Title V of the Social Security Act*. Health Resources and Services Administration, Maternal and Child Health Bureau, 2000. Accessed on 1/28/13 at: mchb.hrsa.gov/about/understandingtitlev.pdf.

- **Capacity and systems building:** State MCH programs work to build, improve and sustain the systems of care for maternal and child health populations, which include comprehensive efforts to address healthy weight. This can be accomplished by providing technical assistance and funding to communities to promote evidence-based policies and interventions at state and local levels, as well as through leveraging funding to create a comprehensive approach to improving healthy weight, nutrition and physical activity. Other examples include disseminating best or promising practices around healthy eating and physical activity, and providing oversight and technical assistance on initiatives in communities and states, such as implementation of the Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC).

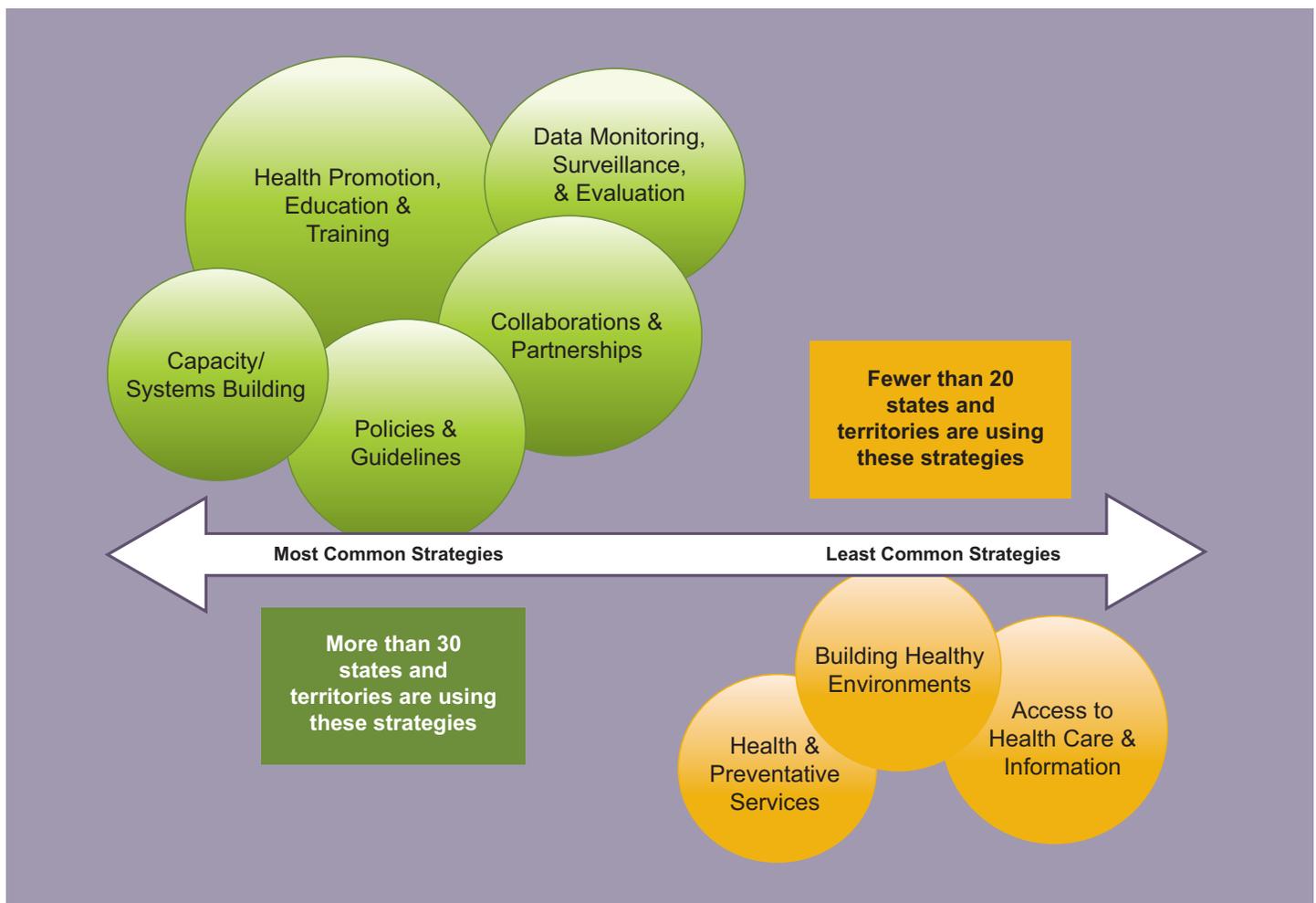
Some of the less common or emerging strategies that Title V programs are engaged in to address healthy weight include:

- Increasing or improving access to health care and information:** Title V programs work to improve or increase access for MCH populations to healthy foods, programs and resources on healthy weight. In some states, Title V provides grants to local communities for activities to increase access to fresh fruits and vegetables through initiatives such as farm to school programs, working with local food shelves to offer produce from farmers and community gardens, and creating new community gardens in underserved areas. Title V also establishes referral systems and resources to connect MCH populations to providers in their area, nutrition counseling and specific programs such as community resources to assist them achieve a healthy diet and appropriate weight gain during pregnancy.
- Health and preventive services:** In some states, Title V staff provide nutrition education to families and children through community programs, work with school-based health centers to provide health risk assessments and develop individual healthy weight plans, and work in wellness clinics to conduct BMI assessments and provide counseling and referrals.

- Building healthy environments:** Some Title V programs are working to enhance the physical environments in states and communities in ways that support physical activity and healthy eating. Activities include working with state officials and town planners to conduct built environment assessments to identify areas for improvement, such as creating livable streets with improved sidewalks and bicycle routes/lanes, and improving community playgrounds and equipment in community centers. Another example is Title V staff working with schools to integrate farm to school programs in the community, classroom, and cafeteria, thereby increasing children's exposure and acceptance of new fruits and vegetables.



FIGURE 1: Title V Strategies to Address Healthy Weight



State Snapshots

The following state snapshots present brief summaries of how Title V programs are addressing healthy weight in their states. The snapshots include one state from each of the 10 Health Resources and Services Administration (HRSA) regions to show the breadth of activities and roles for Title V program involvement.

MASSACHUSETTS (REGION 1)

The 2010 Massachusetts Needs Assessment identified “promoting healthy weight” as a Title V program priority. The program is developing an MCH healthy weight measure that aligns with Massachusetts Department of Public Health (MDPH) overall strategy for promoting healthy weight across all populations.

Mass in Motion: The statewide Mass in Motion (MiM) obesity prevention and wellness initiative was launched in January 2009. MiM is designed to promote wellness and reduce risk factors for chronic disease with a specific focus on overweight and obesity prevention. Successful outcomes of the campaign include the release of the Health of Massachusetts: Impact of Overweight and Obesity; BMI regulations for schools; calorie posting regulations for chain restaurants (later rescinded due to federal legislation); an Executive Order on food purchasing requirements for state agencies; the expansion of the state-sponsored Workplace Wellness program; a Municipal Leadership and Wellness grant program now in 52 municipalities and reaching approximately a third of the state population; and the launch of a statewide communications campaign to promote healthy eating and active living. In 2012, MiM communities had the opportunity to apply for catalyst grants aimed at improving breastfeeding support post-hospital discharge, based on the protective effect of breastfeeding on a healthy weight. For more information about MiM, visit mass.gov/massinmotion.

Health Promotion, Education and Training:

The MDPH Nutrition Division ensures consistent messaging for young children and pregnant women, now reinforced by the availability of low-fat dairy, fruits and vegetables and whole grains as part of the new WIC food package. Implementation of the new WIC food package was expanded by increasing the farmers’ market pilot project with the fruit and vegetable voucher. Cooking classes and shopping tours are planned for WIC families utilizing the Cooking Matters and Shopping Matters curricula from Share Our Strength. A Fit WIC initiative, modeled after the Head Start *I am Moving, I am Learning*, has been launched to encourage families to incorporate physical activity into their everyday lives. WIC added emotion-based nutrition educational materials to its inventory by developing, translating, and printing advertising style messages to encourage breastfeeding, water consumption, iron-rich foods, and positive role modeling. MDPH continues performance improvement and social marketing projects to promote breastfeeding.



MDPH also will include training in healthy weight and breastfeeding as part of core competency for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. Training curriculum and intervention strategies will be shared with all home visiting programs.

Capacity and Systems Building: The MDPH funds 26 organizations across the state to implement wellness activities in the community, school and workplace. School based health centers (SBHCs) are involved in a number of activities, and report BMI to MDPH through the SBHC data system. SBHCs provide nutrition assessment and risk reduction counseling; nutrition education via health education classes and health fair displays; and assessment of physical activity, specifically sports involvement and TV/internet time. Several SBHCs had a licensed nutritionist on site, and others provided sports physicals to students. Several have conducted continuous quality improvement (CQI) activities for healthy weight.

Policy and Guidelines: MDPH also is working with the state Department of Elementary and Secondary Education (DESE) to promote healthy weight among school-aged children. In response to the “Act Relative to School Nutrition,” signed into law on Jul. 30, 2010, MDPH, DESE, and community partners established standards for competitive foods and beverages sold or provided in public schools during the school day as required by the new legislation. The standards are intended to ensure that public schools offer students food and beverage choices that will enhance learning, contribute to their healthy growth and development, and cultivate lifelong healthy eating behaviors. The standards are part of the Commonwealth’s broad-based, collaborative initiative to reduce childhood obesity and prevent its complications in childhood and later in adulthood.

Monitoring, Surveillance and Evaluation:

Data collection, monitoring and analysis are used to inform program planning. The Nutrition Division examines trend data on overweight/obese children by race/ethnicity, age and WIC local agency through monthly and annual data extracts from the

WIC management information system. The Nutrition Division also collects and examines pre-pregnancy BMI and maternal weight gain data and trend data for breastfeeding initiation and duration. Local WIC programs receive site specific data to inform their planning.

MDPH analyzed data from the National Survey of Children's Health and found that overweight/obese children, especially girls, were more likely than children of normal weight to have parent-reported negative emotions, suggesting an association between weight status and mental health. Lower levels of physical activity were associated with negative mental health outcomes, supporting the benefits of physical activity for all children. Using these findings and data from BMI screenings in schools, MDPH will work with school nutrition and physical activity programs to translate data into action. MDPH also is reaching out to school nurses and superintendents with less than 20 percent overweight/obesity to identify promising practices regarding physical activity in the adolescent population. BMI results from the 2010-2011 school year are available in The Status of Childhood Weight in Massachusetts 2011 report, which forms a picture of current obesity rates necessary to track future changes.

For more information about MiM, contact:

Jaime Corliss
Phone: (617) 624-5470
E-mail: Jaime.corliss@state.ma.us

NEW YORK (REGION 2)

Overweight and obesity are challenging smoking as the top public health threat in New York state (NYS), with NYS ranking second among all states in obesity-related medical expenditures. An estimated 3.5 million NYS adults and a significant percentage of children and youth are obese. Obesity results in serious health issues such as Type 2 diabetes, heart disease, high cholesterol, high blood pressure, asthma, several forms of cancer and premature births. The review done by the Department of Health (DOH) of maternal deaths for the period 2006-2008 revealed that in 59 percent of the cases, the mother was obese. Public health strategies that influence the behavior of large populations in communities and multiple settings, such as child care facilities, schools, work places and health care facilities are essential to support New Yorkers in making healthier choices. NYS, including the Title V maternal and child health program, uses an evidence-based approach to increase opportunities to make healthy food and physical activity choices and to implement health systems change. Current interventions and policy development emphasize prevention beginning in infancy and childhood, and address strategic opportunities for obesity prevention and control throughout the life span.

With a state as large and diverse as New York, it takes multiple strategies as well as collaborative efforts across various programs and populations, including:

Capacity and Systems Building:

- Infant and early childhood interventions focus on breastfeeding in early care and education settings. All hospitals in NYS are encouraged to promote exclusive breastfeeding. The Breastfeeding Quality Improvement in Hospitals (BQIH) learning collaborative engaged 12 low performing hospitals in testing and implementing recommended maternity care practices to increase the proportion of women exclusively breastfeeding at hospital discharge. Based on the success of the first cohort, the BQIH will be spread to all NYS hospitals providing maternity care. The NYS WIC program, in addition to implementing the Breastfeeding Peer Counselor Program in all 94 local agencies, also provides breastfeeding resources through the expansion of its website, breastfeedingpartners.org.
- DOH implemented the Nutrition and Physical Activity Self-Assessment for Child Care statewide to introduce obesity prevention best practices in the child care system. To achieve sustainability, collaborative work continues with the state Office of Children and Family Services, Head Start Statewide Collaboration and the NYS Early Childhood Advisory Council to institute nutrition, physical activity, screen time and breastfeeding measures in licensing regulations and quality rating standards. Additional obesity prevention efforts include the WIC Healthy Lifestyles Initiative and statewide availability of the WIC Farmers Market Nutrition Program. The NYS Child and Adult Care Food Program (CACFP) administers a Breastfeeding Friendly Child Care designation, and has instituted Healthy Infant and Healthy Child meal patterns that exceed current USDA requirements. Educational support for healthy eating and physical activity provided to parents, child care providers and children through the CACFP Eat Well Play Hard in Child Care Settings intervention has been expanded to day care homes.
- DOH also established the Overweight and Obesity Prevention Program to increase physical activity and improve nutrition among NYS residents. The program allocates funding and engages public and private sector partners to address age-specific obesity prevention issues.
- Healthy Schools New York (HSNY) contractors provide technical assistance to school district personnel to develop and implement district-specific wellness policies supporting improved nutrition and increased opportunities for physical activity during the school day. HSNY has assisted schools in making changes that affect more than 185,000 students. NYS continues to mandate physical education in schools and the completion of a semester-long course in health. Public school districts outside New York City continue to report Student Weight Status Category data biennially. Student Weight Status Reports are provided to school districts, county health departments, and posted on the NYS Department of Health website. School based health centers are required to document the weight status of enrolled students based on Body Mass Index-for-age percentile. NYS oversees the largest network of School Based Health Centers (SBHCs) in the country. All 225 SBHCs sponsored by 53 Article 28 facilities are required to document the weight of enrolled students based on Body Mass Index-for-age percentile.

- Obesity Prevention in Pediatric Health Care Settings is a systems change intervention designed to increase the capacity of pediatric primary care settings to implement the Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity. The goal of this intervention is to increase early identification, prevention, and treatment to prevent the onset or progression of unhealthy growth patterns and obesity. Through its Medicaid Redesign process, the New York State Medicaid Program has proposed reimbursement for treatment for obesity in children and adolescents based on the standard of care established by the American Medical Association and Expert Committee and recommended by the U.S. Preventive Services Task Force.

Building Healthy Environments:

- Creating Healthy Places to Live, Work and Play (CHPLWP) is designed to promote the implementation of organizational policies, systems, and environmental change that will create healthy places for people to live, work, and play. The 22 contractors engage community partners in developing supports and resources for healthy eating and physical activity such as community gardens, increasing access to healthy foods in 'food deserts,' adopting complete street agreements, and expanding community parks, trails and recreation areas. CHPLWP has made changes that can reach 280,000 people.

Health Promotion and Training:

- Designing a Strong and Healthy New York is a statewide obesity prevention, research, and training center that coordinates and supports an obesity prevention advisory group, writes issue briefs on obesity reduction/healthy eating/active living topics, and provides training to stakeholders to support statewide prevention efforts.

Policies and Guidelines:

- NYS also is working on policy changes to address the obesity epidemic including Medicaid enhancements to promote maternal and child health, including breastfeeding support (lactation counseling support during pregnancy and postpartum), and coverage of intensive behavioral therapy for treatment of obesity for children and adolescents.
- The ACT (Assets Coming Together) for Youth Center of Excellence developed the Guidelines for Healthy Food and Beverages for Adolescent Health Programs to provide guidance for DOH funded adolescent program providers. All programs are required to purchase and serve foods and beverages that promote healthy nutrition. These guidelines give practical ideas for offering healthy food choices, raising awareness about nutrition, and engaging participants in menu planning and food preparation.

Additionally, a focus on preconception/interconception health to improve birth outcomes through promoting healthy behaviors throughout the life span to prevent or address health issues, such as obesity, is a priority of New York.

For more information, contact:

Kristine Mesler, Director
Bureau of Maternal and Child Health,
Division of Family Health, NYS Department of Health
Phone: (518) 474-0535
E-mail: Kxm04@health.state.ny.us

Kyle Restina, Coordinator,
Overweight and Obesity Prevention Program
Bureau of Community Chronic Disease Prevention, Division
of Chronic Disease Prevention, NYS Department of Health
Phone: (518) 408-5142
E-mail: krr01@health.state.ny.us

VIRGINIA (REGION 3)

As reported in the 2010 Needs Assessment, Virginia has the 27th highest rate of overweight youths ages 10-17. In addition, many children live in areas that are not conducive to safe physical activity. The Title V program public health approach to the overweight issue includes population-based services, such as public awareness and education and coordinating school and community based physical activity programs, as well as an infrastructure-level approach to monitor obesity data and policy development.

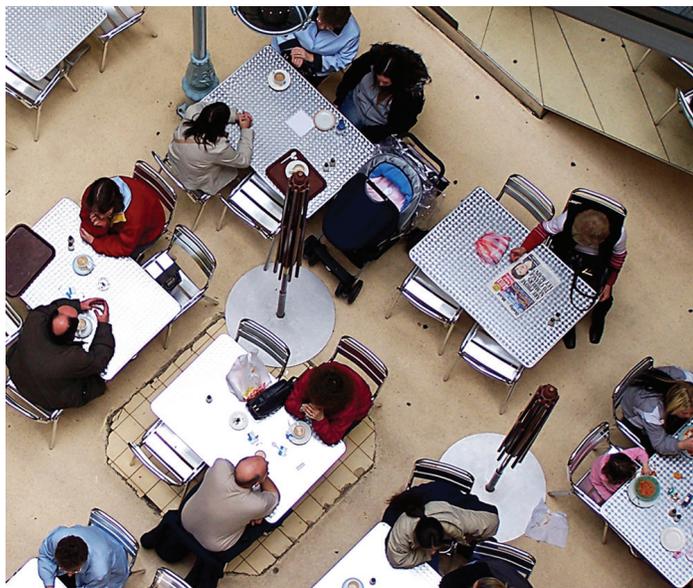
Collaborative Approach – The CHAMPION

Program: The Virginia Department of Health (VDH) implemented the CHAMPION program to address the growing overweight and obesity problem in Virginia. CHAMPION – the Commonwealth's Healthy Approach and Mobilization Plan for Inactivity, Obesity, and Nutrition – targeted communities with tools and evidence-based intervention strategies to reduce obesity and overweight within their respective region and groups. The project was developed through a broad collaborative effort to identify strategies to promote and increase opportunities for physical activity and healthy eating and to prevent and reduce overweight and obesity across the life span. The VDH Division of Nutrition, Physical Activity and Food Programs (NuPAFP) took the lead in implementing CHAMPION to address the increase in obesity rates statewide. CHAMPION provided funding, training, and technical assistance to aid communities in developing, delivering, and evaluating evidence-based obesity prevention strategies and programs. Specifically, funding was provided for programs to address nutrition education, physical activity, and policy change in preschool settings, for parents of adolescents, to create active living environments, to promote workplace wellness, and to support breastfeeding promotion. Through the American Recovery and Reinvestment Act (ARRA) Communities Putting Prevention to Work (CPPW) initiative, CHAMPION funded 31 community obesity prevention programs in 2009-2011. Of the 31 contracts awarded, 14 contracts targeted obesity prevention for adults.

Health Promotion, Education and Training:

In addition, CHAMPION provided Color Me Healthy tools and resources to all WIC clinics as an evidence-based program emphasizing nutrition, physical activity, and staff wellness. Through a partnership with the Virginia Breastfeeding Advisory Committee, CHAMPION selected, promoted, and provided training for the Business Case for Breastfeeding, which offers resources to help lactation specialists and health professionals educate employers in their communities and teaches them how to successfully present the need for lactation programs to businesses. Six regional trainings were held throughout Virginia promoting the Business Case for Breastfeeding. Through the funding from ARRA/CPPW, VDH worked to establish lactation support programs in additional worksites across the Commonwealth. The ARRA/CPPW funds also were leveraged through increased reach to school age children through Safe Routes to School and Snack Smart. These programs promote policy and environmental changes focused on increased opportunities for physical activity and access to healthy foods on school campuses.

The HealthBites program allows WIC participants to receive nutrition education credits for completing the lessons available through an interactive website. All programs within NuPAFP have collaborated on content development and promotion of HealthBites to WIC participants and the public. Additionally, NuPAFP partnered with the University of Virginia for educational design, accreditation services, participation tracking, and implementation of an interactive learning program that provides nutrition education to physicians and health care professionals. In 2010, NuPAFP began administering the Child and Adult Care Food Program and the Summer Food Service Program. With these two new programs, WIC and CHAMPION had additional opportunities to provide evidence-based programs to meet the needs of young children and adolescents. In 2011, NuPAFP was renamed to the Division of Community Nutrition.



Capacity and Systems Building: There were infrastructure and organizational changes at VDH in 2011. The obesity prevention program was relocated to the new Prevention and Health Promotion Division (DHP) under the Health Promotion unit. In addition, ARRA/CPPW funds that supported the CHAMPION ended in 2011. As a result, focus of the CHAMPION program was shifted from obesity prevention to a healthy eating and active living (HEAL) approach. The HEAL program awarded mini-grants to local health districts to address healthy eating and active living for obesity prevention in their respective communities. Funded projects included promoting breastfeeding, community gardens, community nutrition classes and physical activity events, healthy menu options in restaurants, healthy check out aisle project in grocery stores, and updating community trails with mile markers.

The HEAL program also partnered with the Virginia Department of Education to pilot “Welnet,” an online fitness assessment for students. Funds were provided to implement “Five for Life,” an evidence-based K-12 physical education curriculum. Five school divisions implemented the program to assess student fitness levels and gauge improvements in health and physical education through the use of cognitive and behavior assessment self-evaluation tools.

In addition to the HEAL program activities, VDH provided other nutrition education programs and services. The VDH Child Health Program supports “Bright Futures” as the standard of well-child care. Bright Futures addresses healthy weight, nutrition, and physical activity from the perspective of anticipatory guidance for parents and well-child visits. In the Reproductive Health Program, Virginia Healthy Start/Loving Steps Initiative targets pregnant or newly parenting women and follows post-delivery women for two years. The program provides interconception care that includes obtaining or maintaining a healthy weight. As part of the standard of prenatal care, dietitians provide nutrition counseling and education services promoting healthy weight to pregnant women. VDH and the Virginia WIC Program partnered with the University of Virginia (UVA) Office of Continuing Medical Education to offer a free Web-based training to health care professionals. The emphasis was on increasing the knowledge base of physicians in lactation management. As a bonus, this course counts toward the required education that hospitals need in moving toward Baby-Friendly designation. The course offers free continuing education units to physicians, nurse practitioners, physician assistants, nurses, dietitians, etc. Due to the success of the Web-based education course, VDH and UVA expanded the project to offer a free performance improvement project. The performance improvement initiative was developed for physicians seeking Maintenance of Certification (MOC) credit. It allows physicians to collect and analyze practice data over time to document improved quality of care. This initiative helps physicians utilize data to identify gaps and provide tools and strategies to improve practice efficiency and patient outcomes.

For more information, visit vdh.virginia.gov/ofhs/prevention/obesityprevention/.

FLORIDA (REGION 4)

The Florida Department of Health Infant, Maternal, and Reproductive Health Unit, which operates under the Bureau of Family Health Services and the Title V program, collaborates on sharing data, health initiatives, and interventions that affect all residents in Florida.

Examples include:

Monitoring, Surveillance and Evaluation: Staff are involved in the development of the new WIC data system, working to improve efficiencies in the program and reduce duplication and paperwork thus enabling staff to provide more time for nutrition education and breastfeeding promotion. Additionally, through the process of data collection, analysis and interpretation the Florida Pregnancy-Associated Mortality Review (PAMR) team aims to identify factors or determinants associated with pregnancy-related deaths and propose recommendations in order to reduce morbidity and prevent mortality. Obesity has been found to be a major risk factor in pregnancy. The Florida PAMR team findings show the percentage of pregnancy-related deaths were higher among women with preexisting chronic disease and who also were overweight or obese than for those with preexisting conditions who were of normal weight. In an effort to move recommendations to practice, members of the Florida team are presenting these findings via annual report posted on the Florida Department of Health website and at professional meetings, such as the National Perinatal Association and the Maternal Child Health Epidemiology conferences. See: doh.state.fl.us/Family/mch/pamr/2010_Update_Report-Final.pdf.

Health Promotion, Education and Training: The Bureau of WIC Program Services conducts a number of activities to help reduce the number of children who are overweight. The Bureau developed nutrition kits to promote food items and healthy nutrition. Included as part of these kits were lesson plans; English, Spanish, and Haitian/Creole flyers and training flipcharts; coloring sheets for children; and posters. Nutrition kits were developed on topics such as: WIC Families: Be Active Each Day (physical activity); Eat Fish, Choose Wisely (promotion of health fish while avoiding fish high in mercury); Rise and Shine It's Breakfast Time; A Healthy Smile for You and Your Family; Where's the Sodium; and Healthy & Homemade. Nutrition training modules for the staff that provide nutrition services are currently being updated. Educational pamphlets also are produced and distributed to families.

Collaboration: In addition to partnerships mentioned above, the department works closely with the Department of Education to provide technical assistance and resources to schools to support their wellness efforts. The department also contracts with four school districts to provide district wellness coordinators who establish and support wellness programs for district school employees. This models healthy behavior in the school setting and provides opportunities for increased physical activity and healthy eating to pregnant women within the school system. The Healthy Communities, Healthy People (HCHP) staff also support a

Robert Wood Johnson Foundation grant that focuses on childhood obesity prevention as a model project for community mobilization.

Florida Healthy Start Redesign: The Florida Healthy Start program seeks to improve maternal and infant health outcomes. In 2011, the Florida Department of Health and the Florida Association of Healthy Start Coalitions began a process to redesign the provision of Healthy Start core service components. The goal is to increase the delivery of evidence-based services where these services have been shown through a meta-analysis of rigorous evaluations to impact outcomes such as infant mortality, low birth weight babies, and pre-term babies. The redesign will require delivery of consistent core components. Nutritional counseling is a component that is being addressed. Additionally, Florida provides for universal risk screening of all pregnant women and newborn infants in Florida to identify those at risk of poor birth, health and developmental outcomes. The screening tool assigns points for risk factors, with some risk factors weighted. Given the tool scoring, the most likely woman to be offered the Healthy Start core components will have some combination of the following risk factors: a poor birth outcome, African-American, overweight, suffering from an illness requiring medical care, or experiencing their first pregnancy.

Gestational Diabetes Initiative: The Florida Department of Health was one of 10 sites chosen to form a collaborative project to foster integration of maternal and child health and chronic disease programs in the development of a diabetes prevention initiative. The initiative was supported by AMCHP, CDC and the National Association of Chronic Disease Directors to address the impact that Gestational Diabetes Mellitus (GDM) has on the life of the mother and infant, during pregnancy and in the future. The Florida Department of Health formed the Florida GDM Collaborative Team to identify goals and strategies to lower the prevalence of GDM and subsequent type 2 diabetes in women with a history of GDM. The initiative was the first step to assess the prevalence of GDM in the state and identify populations most at risk. With this knowledge, education campaigns about GDM can be better directed toward women and providers to improve



the quality of care during pregnancy, but more importantly post-partum. The department is currently seeking ways to incorporate GDM information into existing outreach materials aimed to educate women and providers about interconception care and preventing chronic disease. The department also is exploring avenues for creating checklists for health care providers that include information about post-partum screening for blood glucose in women diagnosed with GDM. Additionally, improving data collection and reporting at multiple points in the health care system will ensure that efforts made to improve post-partum screening for elevated blood glucose will be properly documented for enhanced administrative research and reporting.

The Florida Healthy Communities, Healthy

People Program: The Florida Department of Health Healthy Communities, Healthy People (HCHP) program is a statewide network of community projects working to prevent chronic disease by making the healthy choice the easy choice. Housed within the Bureau of Chronic Disease Prevention and Health Promotion, one of the primary objectives is to increase healthy eating habits and physical activity among people of all ages.

The department has adopted a framework of promoting health across the life span. Several programs highlight this framework:

- The Hispanic Obesity Prevention and Education Program (HOPE) was developed to provide nutrition education and obesity information geared toward the Hispanic population, including women of childbearing age. The online portion of the project remains active.
- The Road to Health Curriculum provides community health workers with interactive tools that can be used to counsel and motivate those at high risk for type 2 diabetes. These tools help reduce their risk for type 2 diabetes by encouraging healthy eating, increased physical activity and moderate weight loss for those who are overweight.

The Communities Putting Prevention to Work Program (CPPW) consists of two components. Component I focuses on obesity prevention and tobacco cessation/prevention through local policy and environmental change. Activities include increasing physical activity for elementary aged children the Safe Routes to School–Walking School Bus Program, increasing support for lactating employees of state agencies and school districts, and increasing the number of tobacco-free parks and recreational facilities. Component II provides resources to implement an evidence-based, comprehensive physical activity program in all Florida middle schools.

For more information, contact:

Kris-Tena Albers, CNM, MN
Chief, Bureau of Family Health Services
Florida Department of Health
Phone: (850) 245-4467
E-mail: Kris-Tena_Albers@doh.state.fl.us

OHIO (REGION 5)

The 2010 Ohio needs assessment identified reducing obesity and overweight among the critical MCH priority needs, with a focus to increase physical activity and improve nutrition. The MCH program conducts and supports the inventory of statewide resources and programs addressing the treatment of childhood obesity (Obesity Inventory Tool) as necessary through WIC clinics, Child and Family Health Services projects, and Rural Health programs.

Monitoring, Surveillance and Evaluation: As part of the MCH program, School and Adolescent Health Services staff coordinate the statewide 3rd grade BMI surveillance program. BMI data is one of the most requested types of data used to help inform local health programs and policies related to nutrition and healthy lifestyles. In addition, the BMI data collected for surveillance purposes have been used to establish baselines, monitor trends and, in some instances, evaluate the impact of interventions targeted to reduce obesity. BMI surveillance data in concert with the obesity inventory tool is used to educate legislators on the BMI surveillance program and to inform policymakers about childhood obesity in Ohio.

Health Promotion, Education and Training: In terms of health education and promotion, the MCH program distributes educational pieces on topics such as cultural competency and critical thinking to local WIC staff. It also provides advanced education topics via a Health Professional Newsletter to staff related to the new WIC food package implementation.

Child and Family Health Services subgrantees work with early childhood programs and with K-12 centers to increase nutrition education, access to healthy food choices, and/or physical activity. Subgrantees must implement evidence-based and/or best practice programs. There are 38 subgrantees (\$650,000+) funded to work with child care centers and 24 subgrantees (nearly \$400,000) funded to work with K-12.

School and Adolescent Health provide BMI screening equipment and training materials to school personnel and local health department staff in an effort to improve and expand the quality of BMI screenings conducted in school and community settings. Trainings have been developed and posted as webinars to increase access to the educational offerings statewide.

The MCH program also works to increase health care provider awareness and involvement in prevention and treatment initiatives. MCH program staff promoted the Ounce of Prevention is Worth a Pound childhood obesity prevention toolkit in which primary care providers discuss evidence-based messages on nutrition and physical activity during well-child visits for children from birth through 18 years of age. The toolkit was developed by staff at the Ohio Department of Health (School and Adolescent Health and Healthy Ohio), the Ohio Chapter of the American Academy of Pediatrics (Ohio-AAP), the American Dairy Association Mideast and the Ohio Dietetic Association. MCH staff serve on the advisory committee for the toolkit. The Ohio-AAP continues to train health care providers across the



state in using the Ounce of Prevention is Worth a Pound toolkit in addition to the newly developed Pound Of Cure toolkit, which was developed for those adolescents who are already overweight or obese. Physicians provide monthly data to Ohio-AAP and receive MOC credit for attending the trainings. To identify progress and areas for improvement, the Ohio MCH program provides evaluation support in several areas focusing on childhood obesity prevention. For example, staff continue to evaluate the WIC participant survey to gather data on participant perception of weight, WIC obesity interventions and healthy eating behavior. Evaluation data are used to revise the Ohio WIC nutrition education plan for addressing childhood overweight.

Ohio Department of Health (ODH), School and Adolescent Health staff work with the Ohio Department of Education (ODE) to promote evidenced-based physical education programs such as, SPARK PE. This program was offered regionally to approximately 80 teachers as a pilot. ODH staff also provided CATCH (Coordinated Approach To Child Health) kits and trainings to school teachers on request, and has partnered with the Ohio Action for Healthy Kids (OAFHK) to continue to promote the implementation and evaluation of the CATCH Kids Club program in after-school programs.

Collaborations and Partnerships: Collaborations are vital to promoting healthy weight. The Ohio MCH program collaborates with the Bureau of Healthy Ohio to support efforts to create opportunities for children to be physically active, to eat healthfully and to live tobacco free in communities across the state. Within ODH, the Bureau of Healthy Ohio and MCH staff assist in reviewing grants, providing technical assistance related to evidence-based programs for improving nutrition and physical activity in schools and after school populations. In addition, staff worked with the Ohio legislature in 2010 to improve physical activity and nutrition in Ohio schools through the passage of Senate Bill 210 Healthy Choices for Healthy Children Act. The program seeks partnership and collaboration opportunities by serving on the Supplemental Nutrition Assistance Program for Education committee for partnership, information and education resources. In addition, MCH staff served as lead for standards-writing teams for the ODE Race to the Top Early Learning Challenge Grant. These included standards for physical activity and nutrition for young children and were adopted by the Ohio State Board of Education in October, 2012.

The Five A's for Obesity is a novel approach to address overweight and obesity among women of childbearing age who are seen in the Reproductive Health and Wellness Centers (RHWC). Developed by staff in the Ohio Connections for Children with Special Needs (OCCSN), the Ohio birth defects registry program, the model was adapted from the Five A's for Tobacco Cessation. The coordinated effort is facilitated in the RHWCs by program consultants and researcher who performs workflow analyses for centers throughout Ohio. Educational materials on healthy eating and physical activity from CDC are given to women who choose to participate in the brief intervention program. The Ohio Diabetes Prevention and Control Program (ODPCP) provide pedometers for tracking walking efforts. Preliminary reports from local-level staff reveal that women are engaging in the campaign and changing to positive behaviors. Evaluation of the Five A's will be forthcoming in the upcoming months and replication in addition centers is anticipated.

Other partnerships include those with the Ohio Afterschool Network and Buckeye Healthy School Alliance. These partnerships were formed to build evidence-based programming for physical activity and nutrition in the afterschool programs and promote nutrition and physical activity standards in all Ohio schools.

For more information, contact:

Angela Norton, School and Adolescent Health Administrator
Bureau of Community Health Services and Patient-Centered Primary Care, Ohio Department of Health
E-mail: angela.norton@odh.ohio.gov

Karen Hughes, MPH, Chief
Division of Family and Community Health Services, Ohio Department of Health
E-mail: Karen.hughes@odh.ohio.gov

ARKANSAS (REGION 6)

Arkansas has one of the highest childhood obesity rates in the United States. To address these high rates, Act 1220 of 2003 was a major legislative feat in the battle against childhood obesity in Arkansas. Act 1220 prescribed a number of measures, including formation of the Child Health Advisory Committee, mandatory BMI measurements for public school students, prohibition of vending machine access by elementary school students, creation of nutrition and physical activity advisory committees in all school districts, and requirements for school districts to disclose expenditures and receipts related to competitive food and beverage contracts. While rates of overweight/obese among school-aged children in Arkansas have changed little over the last five years, by instituting stricter controls on school nutrition and vending practices, the state hopes to help stabilize what before was a rapidly increasing trend.

Collaborations and Partnerships: The Family Health Branch and other Arkansas Department of Health (ADH) staff address child obesity prevention efforts through participation on Child Health Advisory Committee (CHAC), Arkansas Coalition

for Obesity Prevention (ArCOP), Coordinated School Health activities, and through ongoing efforts by regional Community Health Nursing and Health Promotion Specialists (CHNS and CHPS). The Child Health Advisory Committee meets monthly to discuss the need for new anti-obesity approaches. These included wide-ranging guidelines on nutrition practices, physical activity, health and social services/mental health. The committee includes state-level representation from public schools, nutrition, pediatrics, public health, family medicine, physical activity, cooperative extension service, school nurses, the PTA, child advocates and other relevant groups. The CHAC also provides guidance for the Coordinated School Health Program. Many of the committee recommendations have been translated to policy within the education system.

Increasing Access to Healthy Foods and Health Promotion:

The Fresh Fruit and Vegetable Program, conducted through the Department of Education, provides students with fresh produce throughout the school day in an effort to inform and promote healthier dietary choices. Additionally, the Arkansas Tobacco Settlement Commission funded 57 schools for the Child Wellness Intervention Project (CWIP). Participating schools agreed to use proven curricula and assessments including SPARK, PE4Life, Fitnessgram, and HealthTeacher.com. Tobacco settlement funds also continued to support CHPS and CHNS in each public health region of the state that work with schools and community organizations (particularly Hometown Health Improvement Coalitions) to provide obesity prevention training, policy guidance, and resources. Recently, the Arkansas Tobacco Settlement Commission has stopped funding the CWIP program due to lack of funding; however it remains an important strategy in reducing childhood obesity.

Monitoring, Surveillance and Evaluation: The University of Arkansas for Medical Sciences College of Public Health has performed an ongoing evaluation of Act 1220 outcomes. Results have shown a decrease in the number of students reported access to a food vending machine at school (23 percent in 2010, compared to 64 percent in 2004). Half of students reported making no beverage machine purchases in 2010, compared to 22 percent in 2004. Students also reported eating less often at fast-food restaurants compared to the first year evaluated. Arkansas has a large amount of BMI data from school-aged children available as a result of Act 1220, which will continue to be used to inform programs and policies. Family Health and other ADH staff will continue to weigh in on child obesity prevention efforts through participation on CHAC, ArCOP, and Coordinated School Health activities, and through collaboration with CHPS and CHNS.

For more information, contact:

Joy Rockenbach , Act 1220 Coordinator
Phone: (501) 371-8039
E-mail: Joy.Rockenbach@arkansas.gov

MISSOURI (REGION 7)

The Missouri MCH program priorities include reducing obesity among women, children and adolescents, and collaborating with statewide partners to achieve healthy weight among the MCH population through increased physical activity and healthy eating habits. Many of the efforts related to promoting healthy weight are achieved through maternal and child health services contracts to local public health agencies.

Capacity and Systems Building/Building

Healthy Environments: Through the MCH Coordinated System, Local Public Health Agencies (LPHA) have used Title V funding to leverage additional funding in grants to create a comprehensive systems approach, such as Complete Streets in building/repairing sidewalks. LPHAs have received funding from a food pantry grant for storage and distribution of fresh produce and to work with community partners to address environmental and policy changes on obesity prevention and community events, such as Walk a Hound, Lose a Pound and Bike, Walk & Wheel Week. Missouri Livable Streets (livablestreets.missouri.edu) is a public-private partnership between the University of Missouri Extension, Missouri Department of Transportation, Department of Health and Senior Services, and more than 11 other organizations. Some examples for creating Livable Streets include sidewalks and crosswalks, wheelchair ramps and curb cuts, bicycle lanes or paths for mixed-use, bus stops, and parking facilities (Park and Ride).

Policies and Guidelines: The MCH Coordinated System promotes the use of the Spectrum of Prevention framework for LPHAs to work with local school districts to advocate for recommendations by the Missouri Council on Activity and Nutrition. These include assessing physical activity levels of school students; identifying walking routes; partnering with a local youth coalition to seek opportunities for physical activity in the community; forming walking groups with students and hosting a pedometer classroom contest; utilizing social media on Facebook; and assessing barriers to participating in physical activity. LPHAs participate on School Health Advisory Committees and in development of school wellness policies. MCH staff participates on Council for Adolescent and School Health to impact policy change on physical activity requirements for schools at the state level. Increased minutes of physical activity are monitored through a semiannual statewide survey of public schools.

Health Promotion, Education and Training: Women enrolled in the Missouri Community Based and Building Blocks programs are assessed for pre-pregnancy weight and weight gain during pregnancy. Nutrition education was provided to all pregnant women, with referrals made as indicated. Further, education regarding nutrition and physical activity for children is applied to child care staff health. Many women working in child care facilities are of reproductive age, making this type of training significant. LPHAs implement Fit WIC with WIC families; survey WIC clients on amount of physical activity and where

they get their activity; developing social media to market to WIC clients and community; assess whether families use the foods available through WIC; and evaluate caloric and fat content of foods offered at school sporting events.

Promoting breastfeeding also was identified as a strategy to achieve healthy weight. Through staff and community education, careful monitoring and compliance, the Missouri Show Me 5 steps supportive of breastfeeding for hospitals will address the public health issues of childhood through adult obesity prevention and begin a lifelong goal of health and wellness. With MCH obesity prevention funds, LPHAs assess current practices in businesses, offer sample policies and technical assistance on setting up lactation rooms; promote increased breastfeeding through prenatal case management; survey parents of children in child care breastfeeding; work with child care providers to encourage supporting breastfeeding moms; and develop recommendations for breastfeeding and anticipatory guidance for practices and programs.

For more information, contact:

Cindy Leuthen, RN, Public Health Nursing Coordinator
Center for Local Public Health Services, Missouri Department of Health and Senior Services
Phone: (573) 526-0449
E-mail: cindy.leuthen@health.mo.gov



will determine the BMI. Parents of a child determined to be overweight or obese are provided additional WIC counseling as requested by the family at future WIC appointments. All infants and children who are weighed and measured for WIC certification may be referred when appropriate to a Registered Dietitian for high-risk nutrition follow-up. Title V also supports the Breastfeeding Peer Counselor Program, which recently expanded to 11 local programs in Montana. Title V provides training to state and local WIC staff on breastfeeding support (Loving Support).

MONTANA (REGION 8)

Montana has seen an increase in the obesity prevalence among youth over the past several years, including high schools students, which increased significantly from 6 percent in 1999 to 10 percent in 2009. The 2011 Montana Youth Risk Behavior Survey indicated that now 9 percent of Montana adolescents (grades 9-12) are obese – i.e. students who were greater or equal to the 95th percentile for BMI, by age and sex, based on reference data. Obesity is a key risk factor for heart disease, type 2 diabetes, certain cancers and high blood pressure. Preventing these chronic diseases is a key focus for the Montana Title V program.

The Montana Title V program, which includes the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), is involved with the state Coordinated Chronic Disease Prevention work, the statewide Breastfeeding Coalition, the Montana Food Bank Network and the Montana No Kid Hungry campaign. All of the partners work together throughout the year to promote healthy eating, physical activity, supporting breastfeeding and reducing hunger in Montana.

Monitoring, Surveillance and Evaluation: To monitor and assess rates of obesity and overweight, Montana uses the SPIRIT system (MSPIRIT), which identifies the anthropometric risks of those at-risk of overweight and overweight using CDC growth criteria. A report in MSPIRIT counts the number of participants that were assigned these nutrition risk codes at program certification. Local WIC staff collects weight and height measurements of the child at each certification, which

Policy and Systems Changes: While the decision to breastfeed is a personal one, evidence shows the importance of breastfeeding is key for the health and well-being of mothers and children. Hospitals, worksites and communities across Montana are working at the policy and system levels to remove barriers to breastfeeding, such as through promotion of breastfeeding friendly clinics and workplace policies. An excerpt from the 2012 policy statement on breastfeeding⁷ from the American Academy of Pediatrics reads: *“breastfeeding and human milk are the normative standards for infant feeding and nutrition. Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice.”*

Health Promotion and Education: To promote healthy eating and nutrition, WIC provides information about resources and training/continuing education including Web-based and conferences through the weekly WIC newsletter that is sent to all direct-service local program staff, their supervisors and other interested parties. WIC has partnered with wichealth.org to provide online nutrition education for WIC participants. A wide range of educational modules are targeted toward young families to better understand how to create healthy eating habits. Some of the topics include: Steps to a Healthier Family, Be Healthy with Fruits and Vegetables, Healthy Whole Grains, Preparing for a Healthy Pregnancy and Be Healthy As Your Baby Grows.

For more information, contact:

Denise Higgins, Montana Title V Director
Family and Community Health Bureau, Department of Public Health and Human Services
Phone: (406) 444-4743
E-mail: dehiggins@mt.gov

Joan Bowsher, Montana WIC Director
 Family and Community Health Bureau,
 Department of Public Health and Human Services
 Phone: (406) 444-4747
 E-mail: jbowsher@mt.gov

CALIFORNIA (REGION 9)

The California Department of Public Health (CDPH) is the lead state entity in California providing core public health functions and essential services. The Maternal Child and Adolescent Health (MCAH) Division manages the Title V MCH Block Grant, and is housed under the Center for Family Health (CFH). The MCAH Division addresses risk factors before pregnancy, in utero, and in infancy to reduce the prevalence of overweight and obesity. One of the California Title V priorities is to, "Promote healthy nutrition and physical activity among MCAH populations throughout the life span beginning with exclusive breastfeeding of infants to six months of age." MCAH is the leader within CDPH to promote key messages associating obesity with unfavorable perinatal health outcomes and was instrumental in including these concepts in the California Obesity Prevention Plan (2010).⁸ MCAH promotes: 1) optimal preconception weight and euglycemia pre-pregnancy, 2) optimal prenatal weight gain, 3) glycemic control in pregnancy, and 4) healthy infant feeding (breastfeeding).

Optimal Preconception Weight and Euglycemia

Pre-Pregnancy: The MCAH Preconception Health and Health Care Initiative promotes screening, health promotion and interventions before pregnancy. Title V funds are used to support the Preconception Health Council of California (PHCC), a statewide forum of diverse leaders from public and private sectors that provide direction for the preconception health initiative. In 2009, the PHCC developed a comprehensive website, everywomancalifornia.org, which includes English and Spanish resources, best practices and guidelines⁹ related to preconception health, including healthy weight, food choices and physical activity to guide physicians in counseling women during their well-woman visit that is now included in the Affordable Care Act Essential Health Benefits for women. The site also features the widely disseminated Interconception Care Project of California, a collection of clinical algorithms and patient handouts¹⁰ in English and Spanish to ensure appropriate content during the postpartum visit, which place a strong emphasis on nutrition and healthy weight.

MCAH collaborates with the Genetic Disease Screening Program to produce "Your Future Together," a preconception and prenatal health information booklet distributed to marriage license applicants and domestic partners in California. The booklet contains information and strategies to 1) work toward a healthier weight, 2) eat healthy foods, 3) limit unhealthy foods and 4) begin exercising now and set achievable goals.

Optimal prenatal weight gain: MCAH promotes healthy prenatal weight through development of resources for local programs. In 2012, nutrition, physical activity and breastfeeding

guidelines for the Comprehensive Perinatal Services Program,¹¹ California Diabetes and Pregnancy Program (CDAPP): Sweet Success (cdappsweetsuccess.quexion.net), and Adolescent Family Life Program (AFLP)¹² were updated. In addition, a healthy adolescent cookbook, "*Easy Meals and Snacks*"¹³ was revised and translated into Spanish and is posted online. The cookbook has nutrition and physical activity tips and promotes the use of seasonal fruits and vegetables. The Black Infant Health Program has developed resources for educating participants on perinatal weight gain, nutrition, physical activity and breastfeeding.

Perinatal weight resources were developed and posted on the MCAH website. New nutrition assessment forms utilize the revised Institute of Medicine weight gain guidelines and "California My Plate for Moms,"¹⁴ a handout for pregnant and breastfeeding women, encourages including a variety of fruits, vegetables, whole grains, lean proteins and dairy on their plates every day. This handout has been adopted by other states. A Spanish version is in development.

Glycemic control in pregnancy: New resources were developed and posted online in 2012. CDAPP: Sweet Success Guidelines for Care includes medical, nutrition, physical activity and breastfeeding guidelines for maintaining euglycemia in the perinatal period. A stand-alone handout, "California My Plate for Gestational Diabetes,"¹⁵ provides nutrition and physical activity guidance for women who have or had gestational diabetes. It is being adopted by other states.

Breastfeeding: MCAH is a leader in CDPH lactation accommodation including establishing department lactation rooms, signage and an employee policy. A variety of breastfeeding resources and technical assistance are available to hospitals on the CDPH Breastfeeding and Healthy Living website, cdph.ca.gov/breastfeeding:

1. Regional Perinatal Programs of California (RPPC) consultants are available to assist hospitals in implementing evidence-based maternity care that promotes and supports breastfeeding
2. Model Hospital Policy Recommendations list proven actions to increase breastfeeding within the hospital. An Internet-based toolkit is available to assist hospitals
3. Birth and Beyond California (BBC) Hospital Breastfeeding Quality Improvement & Staff Training Demonstration Project utilizes quality improvement (QI) methods and training to implement evidence-based policies and practices that support breastfeeding within the maternity care setting
4. The MCAH Division analyzes and publishes annual hospital breastfeeding initiation data and regional and county-level Maternity Practices in Infant Nutrition and Care (mPINC) Benchmark Reports to facilitate local stakeholders with their work improving hospital breastfeeding support. Utilizing data from the California Maternal and Infant Health Assessment Survey, MCAH reports on the effect that maternity care practices have on breastfeeding

MCAH and WIC partnered with the California Breastfeeding Coalition to host the Third Annual Breastfeeding Summit in January 2013, californiabreastfeeding.org, which brought together hospital and public health staff to strengthen breastfeeding support throughout the continuum of care.

MCAH provided technical expertise in the development of *Caring for Our Children: National Health and Safety Performance Standards - Guidelines for Early Care and Education Programs* (3rd ed.),¹⁶ a comprehensive set of health and safety standards for early child care and education settings. MCAH also supplied input for the related toolkit: nrckids.org/Toolkit/Infant%20Feeding%20Toolkit.pdf.

Capacity Building: To increase local capacity, MCAH provides technical assistance to local MCAH programs to address nutrition, physical activity and breastfeeding. For example, the *Systems and Environmental Changes for Nutrition and Physical Activity Toolkit*¹⁷ was developed in 2012 to support optimal nutrition, physical activity, and breastfeeding through fostering partnerships between local health jurisdiction MCAH programs and existing organizations to promote healthy environmental changes. The resources in this toolkit are feasible projects for local MCAH program involvement. MCAH also awarded the “Here is Where Healthy Starts” award for local MCAH agencies that had policies/programs in place to support good nutrition, physical activity, safety and breastfeeding. MCAH assists local and partner programs with capacity building by providing current and science-based resources on its Web pages, such as “Healthy Weight Among Women of Reproductive Age.”¹⁸ MCAH is collaborating with the California Obesity Prevention Program (COPP) to increase breastfeeding duration rates in California communities of color by enhancing the capacity of 15 community safety-net clinics to develop “breastfeeding-friendly” clinic policies and practices to promote and support the decision of the mother to breastfeed. Successful pilot strategies will be shared.

To increase capacity of MCAH, as well as partner organizations to promote healthy lifestyles to reduce obesity, MCAH serves an integral role with the state obesity, nutrition and breastfeeding organizations. The MCAH nutrition and physical activity coordinator is the president-elect for the Association of State and Territorial Public Health Nutrition Directors and a member of the United States Breastfeeding Promotion Committee. MCAH has been on the planning committee of all bi-annual California Childhood Obesity Conferences¹⁹ and the 2009 Weight of the Nation.

Monitoring and Evaluation: MCAH utilizes a variety of national and statewide data systems to monitor infant feeding practices and weight status indicators:

DATA SOURCE	INDICATOR
Genetic Disease Screening Program, Newborn Screening	In-hospital breastfeeding initiation
Maternal and Infant Health Assessment Survey (MIHA)	Infant feeding practices including breastfeeding initiation, duration and exclusivity, and hospital and worksite support for breastfeeding mothers and infants
Maternity Practices in Infant Nutrition and Care (mPINC)	Evidence-based policies and practices that support breastfeeding among hospitals providing maternity care services
Pediatric Nutrition Surveillance System (PedNSS) and California Health Interview Survey (CHIS)	Weight status among children and adolescents

DATA SOURCE	INDICATOR
CHIS and Behavioral Risk Factors Surveillance System (BRFSS)	Weight status among reproductive age women
MIHA and Birth Statistical Master File	Pre-pregnancy weight status and weight gain during pregnancy in accordance with Institute of Medicine guidelines

For more information, contact:

Suzanne Haydu, MPH, RD
 Nutrition and Physical Activity Coordinator
 Maternal, Child & Adolescent Health Division, Center for Family Health, California Department of Public Health
 Phone: (916) 650-0382
 E-mail: Suzanne.Haydu@cdph.ca.gov

WASHINGTON (REGION 10)

In Washington, 29 percent of children ages 10-17 are overweight or obese. Approximately 80 percent of children who are obese grow up to be obese adults, making prevention critical. Preventing and reducing childhood obesity involves a comprehensive set of strategies aimed at changing family behaviors, school systems, community environments and state policies. The Washington Department of Health (DOH) partners with other state and local agencies to implement policy, environmental and system changes that help adults make healthy choices for the children in Washington state.

Educating parents, guardians and child care providers:

The Department of Health provides in-person or printed education about how to incorporate healthy food and physical activity into their child’s life.

- Child Profile mailings go out to every person in the state with a child under age six. These mailings provide age-specific information about a variety of health issues including nutrition and physical activity.
- The Women, Infants and Children (WIC) Nutrition Program serves half of all infants born in Washington. Services include nutrition education, breastfeeding promotion and funding for specific nutritious foods.
- SNAP-Ed provides education for low income people to help them make healthy food and beverage choices within a limited budget.
- The Active Bodies Active Minds website provides tools for child care settings on minimizing screen time and maximizing physical activity.

Supporting health care providers: DOH develops tools for screening, assessing and promoting healthy weight gain for pregnant women. Staff train pediatric and family medicine clinics to track and monitor the body mass index of children and provide appropriate weight management counseling. Staff also train nutritionists on managing nutrition issues for children with special health care needs.

Promoting breastfeeding: Breastfeeding can protect against a child becoming overweight or obese. DOH promotes breastfeeding with WIC clients before and after the birth of the baby through one-on-one education, peer support, classes and providing breast pumps. DOH supplies funding and guidance to the Breastfeeding Coalition of Washington, which works to improve systems in hospitals and community health centers to increase breastfeeding success. Other activities include partnering with the Washington Correctional Center for Women to support incarcerated breastfeeding women, and collaboration between the children with special health care needs program and WIC to add chapters on breastfeeding and physical activity to the “*Nutrition Interventions for Children with Special Health Care Needs*,” 3rd edition, 2010 (here.doh.wa.gov/materials/nutrition-interventions).

Partnering with state agencies on school-based changes: DOH collaborates with the Office of the Superintendent of Public Instruction (OSPI) and other agencies on a statewide Breakfast Action Team to increase participation in the school breakfast program. DOH also works with the Department of Transportation and the Department of Commerce to support implementation of the Safe Routes to School program.

Funding local health departments to implement community-level changes: DOH supports 26 local health jurisdictions in their involvement with Healthy Communities Washington, funded in part by the Community Transformation Grant. This initiative promotes physical activity and healthy eating through locally driven, evidence-based projects in schools, businesses, and neighborhoods with a focus on low-income populations.

Projects include:

- Partnering with schools to increase physical activity opportunities before, during, and after school and improve healthy food and beverage options in vending machines
- Working with local corner stores to stock fruits and vegetables
- Creating biking and walking paths in local neighborhoods and promoting improved street designs
- Developing community gardens, and assisting farmer’s markets in accepting Supplemental Nutrition Assistance Program and WIC benefits

The Department of Health will continue state and local initiatives to increase access to healthy food and beverages and improve opportunities for physical activity. Future plans included joining with OSPI to implement new dietary guidelines for schools and strengthen school wellness policies, as well as partnering with Department of Early Learning to promote physical activity, healthy food and beverages choices, and reduction of screen time in child care and early learning settings.

For more information, contact:

Allene Mares, Prevention and Community Health
Phone: (360) 236-3723
E-mail: Allene.Mares@doh.wa.gov

Looking for more effective MCH practices to address healthy weight?

The AMCHP Innovation Station is searchable database of emerging, promising and best practices in maternal and child health. All practices in Innovation Station are reviewed by an expert panel on evidence-based criteria. Below are current programs that address healthy weight:



- **ARIZONA: Empower Program:** A statewide policy change that prioritized health by offsetting child care licensing fees. The policy incentivized centers to adopt evidence-based standards that promote health for young children, specifically focused on healthy eating, physical activity and smoke-free environments. (*Best Practice*)
- **ARIZONA: Women Together for Health:** A free, community-based program that addresses modifiable lifestyle behaviors to improve the health of women and their families, including healthy weight, physical activity, proper nutrition, stress management, and tobacco use in women of childbearing age. (*Emerging Practice*)
- **FLORIDA: Body and Soul:** A 12-week education and exercise program, which consisted of weekly meetings with lectures, cooking, and physical activity to improve the health and well-being of overweight African American church members. The program also included an additional 12-week phase that involved maintaining weight loss and sustaining healthy behaviors via peer support groups. (*Promising Practice*)
- **ILLINOIS: La Vida Sana, La Vida Feliz:** A program based on a promotora model that was designed to promote a healthy weight in Latinas facing weight loss barriers such as access to healthy foods, time, economic resources, family commitments and motivation. (*Promising Practice*)
- **MASSACHUSETTS: Healthy Weight Program:** A bilingual, culturally appropriate program to help overweight/obese Latina participants develop and maintain positive behavior changes and improve health outcomes for themselves and their families. (*Promising Practice*)
- **NEW MEXICO: Get Healthy Together:** An 18-month intervention to improve WIC staff self-efficacy and counseling skills with WIC clients related to pediatric overweight prevention and management. (*Promising Practice*)

Find out more about these and other practices at amchp.org/innovationstation.

Conclusion

Obesity and overweight pose a serious threat to the health of our nation. Title V programs play a critical role in providing leadership for, developing, and implementing comprehensive programs and systems that address healthy weight, nutrition, and physical activity for women, children, infants, and families. The findings and successes in this document can be used to inform healthy weight activities and strategies nationwide.



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Additional Resources

- Collaborate for Healthy Weight collaborateforhealthyweight.org
- Community Guide – Obesity Prevention & Control Recommendations thecommunityguide.org/obesity/index.html
- HRSA: Healthy Weight, Healthy People, Healthy Communities hrsa.gov/healthyweight/
- Let's Move letsmove.gov
- We Can! (Ways to Enhance Children's Activity & Nutrition) Wecan.nhlbi.nih.gov