



February 2010

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Partnership ~ Where More Can Be Accomplished

By Dennis Haney, Iowans Fit for Life Program Coordinator

The January partnership meeting evolved to a leadership committee conference call and a series of individual work group conference calls. The leadership committee provided input on the partnership annual implementation plan (see below article), a partnership asset mapping resource, and planned for upcoming 2010 partnership meetings. The work group conference calls were well attended and 2010 action plans were finalized. Thank you for all of your hard work and dedication shared through the partnership and work groups that ultimately will improve the nutrition and physical activity environment in Iowa.

Mark your calendars now for the remaining 2010 partnership meetings:

- Friday, April 23
- Wednesday, July 21
- Friday, October 22

Planning Solutions ~ the Partnership at Work

By Dennis Haney, Iowans Fit for Life Program Coordinator

The Iowans Fit for Life partnership wrote a comprehensive state plan, Iowa's Comprehensive Nutrition and Physical Activity Plan, in 2005/2006. The state plan has recently been revised based on three years of experience with the plan. The revised state plan, the Iowans Fit for Life Plan, will be finalized and posted to the Iowans Fit for Life Web site in the near future. The plan is more concise, easier to read, and (ideally) more user friendly.

New in 2010 is a partnership annual implementation plan. Building on the work group action plans, this plan creates an annual roadmap for the partnership of the work to be completed and how it relates to goals, objectives, and strategies in the state plan. The annual implementation plan will be updated each year in January.

The work group action plans are significantly improved in 2010. The action plans compile the specific activities of each work group, what will be done, by when, and towards what outcome. The action plans must directly connect to a goal, objective and strategy in the state plan and provide concrete direction for the work groups.

The three plans connect well and demonstrate coordinated progress towards the ultimate vision of Iowans Fit for Life: Iowans will enjoy balanced nutrition, lead physically active lives and live in healthy communities.

Training Opportunity ~ Coming Soon to a Location Near You

By Carol Voss, Iowans Fit for Life Nutrition Coordinator

Nutrition Environment Measurement Survey (NEMS) is a proven set of tools that can be used to evaluate how a community influences personal nutrition behaviors. The tools were developed with funding from the Robert Wood Johnson Foundation through Emory University in Atlanta, Georgia.

To learn more details about the NEMS tools visit <http://www.med.upenn.edu/nems/>. In 2008 the Iowa-South Dakota Wellmark Foundation funded a grant to create an additional tool to be used with vending machines (NEMS-V) in communities. As part of the grant, regional trainings using all of the NEMS tools are being held in Iowa. These workshops are available to communities on a first-come first-serve basis. The two-day workshops will include field experiences to practice using the tools. Trained surveyors will be with each group to oversee the learning experience. The workshop is free and will include a continental breakfast and lunch each day as well as training materials. If you have questions regarding the trainings feel free to contact:

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DATES	CITY	LOCATION
April 8 - 9	Cherokee	Cherokee County Extension Office
April 15 - 16	Iowa City	Montgomery Hall – Johnson County Fairgrounds
April 22 - 23	Mason City	Cerro Gordo County Extension Office
April 26 - 27	Atlantic	Atlantic Area Chamber of Commerce
April 29 - 30	Altoona	Polk County Extension Office

Community grants will be available upon completion of the 2-day workshops.

Registrations taken by: Amy Marek, (515) 957- 5763, amarek@iastate.edu

Stimulus Funding ~ Improving Nutrition and Physical Activity in Iowa

By Kala Shipley, Health Promotion Unit Executive Officer II

The health promotion unit at IDPH recently applied to the Centers for Disease Control and Prevention for American Recovery and Reinvestment Act funds. Both competitive and non-competitive applications were submitted. All applications required statewide policy and environmental change using MAPPS interventions. MAPPS is the acronym for media, access, point of purchase/promotion, price, and social support and services.

The applications for the stimulus funds created a unique opportunity for the health promotion unit to partner with the IDPH Division of Tobacco Use Prevention and Control. Iowans Fit for Life, as part of the IDPH health promotion unit, will educate on the importance of increasing the number of birthing hospitals with “Baby Friendly Hospital” breastfeeding policies and, in partnership with the Department of Human Services, will put a policy in place for children in licensed child care centers. The Division of Tobacco Use Prevention and Control will promote passage of a statewide tobacco-free school campus, enhance services to Quitline Iowa, and provide incentives to health care clinics to implement electronic systems for tobacco use screening and cessation.

2010 Winter Olympics ~ an Opportunity to Embrace Winter Fun

By Sarah Taylor, Iowans Fit for Life Physical Activity Coordinator

The 2010 Winter Olympic Games began February 12th. With an Iowa winter that has been abundant with snow and ice, the Olympics provide us with a great reminder that physical activity can occur during the winter months, and it can be fun and even be exciting and inspirational. XXI Olympic Winter Games or the 21st Winter Olympics are being held February 12–28, 2010, in Vancouver, British Columbia, Canada. The 2010 Olympics are the third Olympics hosted by Canada. Some interesting facts about the games include:

- The cost of the 2010 winter games is projected to be \$1.76 billion all raised from non-government sources, primarily through sponsorships and the auction of national broadcasting rights. In addition there are some items that are tax-payer funded such as a major highway upgrade and funds that go to security for a grand total of \$6 billion. Projected revenues for the city and province are around \$10 billion.
- There are over 80 nations represented and 5,500 athletes participating in 15 winter sports. There are eight sports categorized as ice sports: bobsled, luge, skeleton, ice hockey, figure skating, speed skating, short track speed skating and curling. Three alpine skiing and snowboarding events: alpine, freestyle and snowboarding. And four Nordic events: biathlon, cross country skiing, ski jumping and Nordic combined.
- The 2010 Winter Games are the first time since the National Hockey League (NHL) allowed its players to compete in Olympic Games that the games will be held in an NHL city. To avoid conflict for players involved in Olympic hockey squads and their NHL

teams, the league will not hold games during the 2010 Olympic Games. In addition, the Vancouver Canucks will be displaced from their home rink. As a result, the Canucks will be faced with the longest road trip in NHL history, over 6 weeks, from January 27 to March 13, 2010.

Live Healthy Iowa Kids

By Tim Lane, Iowans Fit for Life Community Coordinator

In 2010 Live Healthy Iowa Kids and the Iowa Governor's Council on Physical Fitness and Nutrition will join forces to offer all Iowa youth a free 100-day program to encourage and then recognize physical activity and nutrition behaviors. The Live Healthy Iowa Kids Governor's Challenge will stress that being active and eating well can be fun and rewarding. Participating schools or organizations can win up to \$3,000 to be used toward new playground equipment or physical education equipment for participating and children can earn a medal from the governor.



It operates much like Live Healthy Iowa without any reference to weight loss. Each team operates with an adult leader and can consist of 5-30 youth. While most are classroom groups, there are also 4-H clubs, youth program members at YMCAs, church youth groups or scout troops. Any age group K-12 may participate. Each participant aims for 60 minutes of activity, five days a week and is given various food goals. Those goals include adding fruits, vegetables, milk and water and reducing screen time.

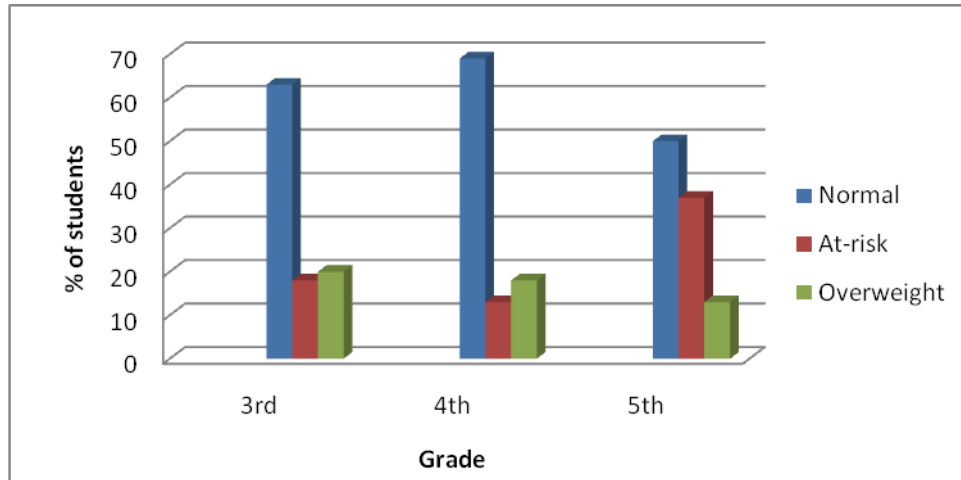
Weekly activity and nutrition tips will be sent via e-mail to the team captain and also posted on the Live Healthy Iowa Kids Web site along with other activity and nutrition resources. The adult "Captain" will receive a large wall chart to help record the team's activity minutes and nutrition efforts that will qualify them for monthly incentives. Teams that average 4,200 minutes per team member during the 100 day program will qualify for a chance to win the monetary awards at the conclusion of the program. Last year **9,587 youth** participated on **484 teams** and logged **over 30 million minutes of activity!** For more information, visit [Live Healthy Iowa Kids](#).

Body Mass Index Rates among Iowa Children

By Cathy Lillehoj, Iowans Fit for Life Evaluator

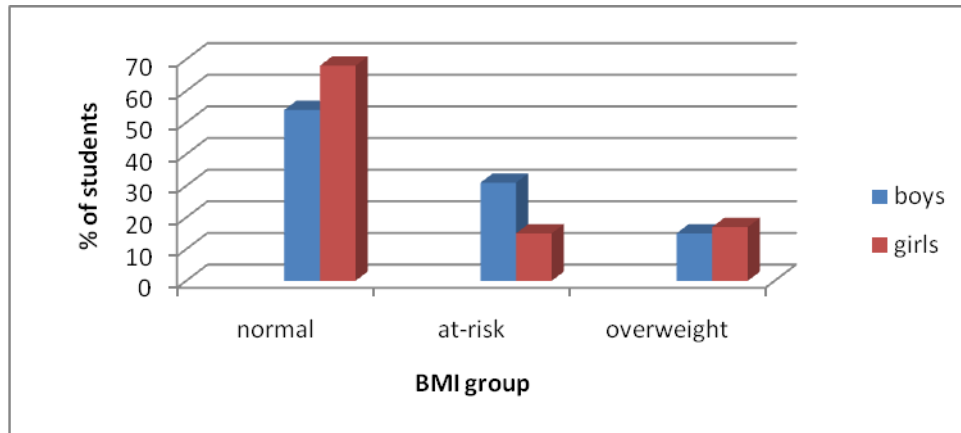
Since fall, 2005, the Iowa Department of Public Health has measured biannually the height and weight of over 5,000 3rd, 4th, and 5th grade students in 12 schools across the state. From the measured height and weight, Body Mass Index (BMI) scores have been calculated. Among the 3rd, 4th, and 5th grade participating youth, 61% had a normal BMI; 23% were considered at-risk for overweight; and 16% were considered overweight. 63% of 3rd graders, 69% of 4th graders, and 50% of 5th graders had a normal BMI (see below).

BMI Prevalence Rates by Grade, Spring 2009 (N=954)



Among all boys, 31% of 3rd graders, 37% of 4th graders, and 33% of 5th graders were in the normal BMI group. Among all girls, 28% of 3rd graders, 37% of 4th graders, and 35% of 5th graders were in the normal BMI group.

BMI Prevalence Rates by Gender, Spring 2009 (N=954)



Nationally, BMI among children has remained relatively stable over the past 10 years. According to Dr. William Dietz, who directs the CDC Division of Nutrition, Physical Activity and Obesity, this trend may be in part due to schools making positive changes by trying to offer more healthy alternatives. "Schools are not serving as much high-fat, high-salt snack foods and sugar-sweetened beverages and other high-calorie foods," Dietz says. In addition, many school districts have removed vending machines that offer unhealthy snacks. More schools are trying to prepare healthier lunches, and are even offering salad bars as a lunch option.

There is, however, one exception to the leveling off of obesity rates. According to Dr. Cynthia Ogden, CDC epidemiologist, the heaviest boys are getting even heavier. Recent national data found an increase in obesity prevalence among boys ages 6 to 19 who are considered obese and at the very heaviest weight levels.

Getting Serious about Salt ~ Celebrate Heart Month

By Doris Montgomery, Iowa Nutrition Network Program Coordinator

Two out of three American adults - about 145 million people - should consume less salt. This includes people over the age of 40, those who are African American, or anyone with high blood pressure. The new recommendation from CDC is to aim for 1500 mg of sodium each day or about two-thirds of a teaspoon of salt.

Darwin Labarthe, MD, PHD, director of the CDC's division for heart disease and stroke has said, "There is no room for debate any longer that a high level of salt causes stroke and heart disease, and that lowering salt intake will diminish these very serious health consequences." When you eat salt your blood pressure goes up. And high blood pressure dramatically increases your risk of heart disease and stroke. (WebMD Health News)

The 2005 Dietary Guidelines for Americans recommend that adults in general should consume less than 2,300 mg of sodium (approximately one teaspoon of salt) per day - and most of us are unable to meet this guideline. During 2005-2006 the estimated average intake of sodium for persons in the United States age 2 years and older was 3,435 mg per day. How are we going to meet an even lower guideline?

It makes sense to start with the foods that contribute the most sodium to our diets. Up to 75% of our sodium intake comes from processed foods such as canned foods, condiments and prepared mixes. For example, a plain baked potato has 16 mg of sodium while a serving of scalloped potatoes from a boxed mix can provide over 800 mg; one tablespoon of soy sauce may have 1,000 mg and one cup of spaghetti sauce can pack over 1,200 mg. of sodium. Choosing "healthier" options may not be the answer. Lean meats may be injected with saline solution and actually have more sodium than their higher-fat counterpart.

Watch for both natural and added sodium. Read food labels carefully and look for all forms of sodium – not just salt. However, the current daily percentage value for sodium in the nutrition facts panel of packaged foods is based on a previous federal guideline of 2,400 mg/day and is likely to mislead the majority of consumers, for whom the 1,500 mg/day limit is applicable. You can find tips on how to lower your sodium intake by viewing WebMD's salt shocker slideshow: <http://www.webmd.com/diet/slideshow-salt-shockers>.

Eat foods rich in potassium (colorful fruits & veggies, dried beans, milk) because a diet rich in potassium blunts the effects of salt on blood pressure. In addition, consider adopting an eating plan such as the Dietary Approaches to Stop Hypertension (DASH) Diet, which is reduced in sodium and rich in potassium and calcium. It has been shown to decrease blood pressure among persons with and without hypertension.

American Medical Association Recommendations

- Minimum of 50% reduction of sodium in process and restaurant foods over the next decade
- Removal by the FDA of the generally recognized as safe (GRAS) status of sodium

- Better sodium product labeling; warnings for foods high in sodium
- Exploration by FDA of all options to reduce sodium
- National consumer education initiative on sodium

Source: Report 10 of the Council on Science and Public Health (A-06) Promotion of Healthy Lifestyles I: Reducing the Population Burden of Cardiovascular Disease by Reducing Sodium intake

Health Care Provider – IDPH Collaborative Sodium Project

By Terry Meek, Heart Disease and Stroke Prevention Project Coordinator

The IDPH Heart Disease and Stroke Prevention Program (HDSP) is launching a project funded by the Centers for Disease Control and Prevention (CDC) that will work in partnership with healthcare providers across the state to reduce sodium consumption in women who participate in the Well-Integrated Screening and Evaluation for WOMen Across the Nation (WISEWOMAN) program.

WISEWOMAN is a CDC-funded program that provides uninsured, underinsured and other low-income women between 40 and 64 with the knowledge, skills, and opportunities to improve diet, physical activity, and other lifestyle behaviors to prevent, delay, and control cardiovascular and other chronic diseases. Eligible women receive cardiovascular screening and referrals to healthcare providers if found to be hypertensive.

WISEWOMAN pays for the screening. Women can access these services from programs in 98 Iowa counties. In 2008, 2,276 women received cardiovascular screening through WISEWOMAN.

HDSP will collaborate with state WISEWOMAN staff to identify participating health care providers from the following networks: Iowa WISEWOMAN Program health care providers and interventionists, healthcare providers who screen WISEWOMAN participants and are members of the IA/Nebraska Primary Care Association, healthcare providers who screen WISEWOMAN participants and work for Rural Health Clinics, and other healthcare providers who screen WISEWOMAN participants and are interested in participating in the project.

Cathy is a WISEWOMAN participant caring for a young adult son with cerebral palsy. Cathy's WISEWOMAN screenings showed increasing lipid values and weight, smoking, and that she was obese. "I decided that if I was going to die, at least I didn't want it to be from something I'd caused," Cathy said. Cathy quit smoking, only drank diet soda without caffeine occasionally, ate foods low in fat, sugar, and salt, cooked at home, and replaced her high-calorie, salty snacks. Cathy attended the WISEWOMAN intervention sessions to learn about good nutrition and physical activity. Instead of smoking, she walked in her neighborhood. After six months, Cathy's total cholesterol dropped 35 points, her triglycerides dropped 87 points, her LDL "bad" cholesterol dropped 20 points, and her HDL "good" cholesterol increased two points. Cathy reports that her blood pressure has also decreased significantly and she now sleeps through the night. WISEWOMAN helped Cathy understand her cardiovascular risks, and supported her lifestyle changes.

The project's message is "Reduce Salt/Sodium Consumption." Its objectives are to increase provider-initiated patient education with pre-hypertensive or hypertensive participants; reduce high blood pressure in sample participants who receive the targeted education; and demonstrate that increased provider-initiated health education can result in positive patient outcomes.

Outreach and recruitment of interested healthcare providers is currently underway. Contact Terry Y. Meek, Project Coordinator, at tmeek@idph.state.ia.us or (515) 281-6016 for additional information.

Enjoy Sweet Potatoes in February

Used by Permission – Pick a **better** snack™ – The Color Way

Wash. Cook. Eat. How easy is that?

The sweet potato, a smooth-skinned, oblong tropical tuber, is high in vitamin A and vitamin C and a good source of vitamin B₆, potassium, and fiber. Including yellow/orange fruits and vegetables in your low-fat diet helps maintain:

- A healthy heart
- A healthy immune system
- Vision health
- A lower risk of some cancers

Twice Baked Garlic Sweet Potatoes (makes 6 servings)

1 small whole head garlic	1/3 cup low-fat sour cream
vegetable cooking spray	1/4 teaspoon salt
6 small unpeeled sweet potatoes (2 1/4 lbs)	1/8 teaspoon pepper

Remove outer covering from garlic; do not peel or separate cloves. Wrap garlic in aluminum foil coated with vegetable spray; place garlic and sweet potatoes on a baking sheet. Bake in 400°F oven for 1 hour and 15 minutes; let cool 10 minutes. Separate cloves and squeeze to extract 2 teaspoons pulp. Slice skin away from top of each potato; carefully scoop out pulp, leave shells intact. Mash pulp; stir in garlic pulp, sour cream, salt and pepper. Spoon into shells. Bake at 400°F for 15 minutes or until thoroughly heated.

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