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Improving nutrition, increasing physical activity, and, in particular, reversing the trend toward overweight and obesity are issues that require broad, long-term solutions. The responsibility for improving Maine citizens' health lies with both the individual and the community. This Plan is intended to serve as a guiding document for public health leaders, health care providers, educators, policy makers, and citizens to promote healthy eating and regular physical activity and improve health and the quality of life in Maine. It is also designed to provide suggestions for action by public and private Maine organizations and agencies wishing to contribute toward these same efforts. The process of implementing the Plan will need continued evaluation and assessment—a role to which Maine Health and Human Services' Public Health and its partners are committed.

Implementation of the Plan will require collaboration among all State and local programs and organizations with nutrition and physical activity components. Appendix C provides an organizational chart of State Government programs related to physical activity and nutrition. Appendix D consists of a matrix listing a sample of Maine's physical activity and nutrition initiatives. Although there are many nutrition and physical activity issues in Maine, none are as compelling as the problems of excess weight gain, inadequate physical activity, and poor nutrition, with their relationship to chronic diseases. Maine must invest in health promotion and disease prevention now. Our future health depends upon that investment.

The components of the narrative section of this Plan include a description of the strategic planning processes; the demographic profile of Maine; the relationship of nutrition and physical activity to health; a synopsis of the health status of Maine citizens associated with nutrition and physical activity; and a summary of the burden of poor nutrition, physical inactivity, obesity, and other chronic diseases on Maine's citizens and systems. Brief descriptions of the conditions in Maine related to breastfeeding, food safety, food security, and eating disorders are included. Acronyms used throughout the Plan are identified in Appendix A. Please note that the name for the Bureau of Health, Department of Health and Human Services has been changed to the Maine Health and Human Services' Public Health. The PAN Plan includes references and figures that refer to the Bureau of Health, Department of Health and Human Services because these references and figures were published prior to the name change.

A vision and mission for Maine and a broad overarching goal with corresponding objectives and strategies for the period 2005–2010 complete the Plan. This Plan is for *all* Maine populations and includes objectives and strategies to address the problems of overweight and obesity in children, youth, and adult populations as well as key objectives and strategies for food safety, food security, and eating disorders. Input was gathered from a broad group of Maine stakeholders as well as a review of national recommendations. Documents that were reviewed include: *Healthy*

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People 2010—Conference Edition; Healthy Maine 2010; The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity; America’s Children: Key National Indicators of Well-Being; Maine’s Marks For Children, Families, and Communities: Leading By Results; and Guide to Community Preventive Services—Promoting Physical Activity. All six documents provided insight into priority nutrition and physical activity indicators and evidence-based effective interventions currently recognized by leading public health professionals. ^{1, 2, 3, 4, 5, 6}

Planning Processes

1999–2001 Strategic Planning Process

In 1999, Maine Health and Human Services’ Public Health initiated the development of a strategic plan to address emerging nutrition and physical activity issues within the State. Several hundred people were invited to participate, representing a broad range of nutrition and physical activity programs throughout Maine. An advisory group was formed among these stakeholders to guide the planning process.

The advisory group conducted a needs assessment to determine the nutrition and physical activity issues to be included in the Plan. Focus groups were held with stakeholders in southern and northern Maine. The advisory group categorized the information gathered from the focus groups into eight key issues.

- 1. Consistent Communication**—Public health professionals, health organizations, and the media must work together to provide the public with basic and consistent information.
- 2. Resource Allocation**—Resources such as funding; safe facilities and opportunities for physical activity; the availability of healthy affordable food; and easily accessible, accurate information are all needed to support efforts to improve the nutrition and physical activity status of Maine citizens.

1 U.S. Department of Health and Human Services. *Healthy People 2010, Conference Edition*. Washington, D.C. January 2000.

2 Maine Department of Human Services, Bureau of Health. *Healthy Maine 2010: Opportunities for All*. December 2002.

3 U.S. Department of Health and Human Services. *The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity*. Rockville, MD: Office of the Surgeon General. 2001.

4 Federal Interagency Forum on Child and Family Statistics. *America’s Children: Key National Indicators of Well-Being*. Washington, D.C.: U.S. Government Printing Office. 1999.

5 Maine Children’s Cabinet. *Maine’s Marks For Children, Families, and Communities: Leading by Results*. Augusta, Maine. 2001.

6 U.S. Department of Health and Human Services. *Guide to Community Preventive Services—Promoting Physical Activity*. Centers for Disease Control and Prevention. 2001.

- 3. Consumer Education**—Maine citizens should have basic education on nutrition and physical activity in order to overcome the barriers to achieving a healthy lifestyle.
- 4. State Public Health Infrastructure**—A public health system that acknowledges the value of nutrition and physical activity is necessary to support the Plan’s goals and objectives.
- 5. Societal Norms**—Maine citizens must perceive good nutrition, regular physical activity, and healthy body weight as the norm. Health delivery systems need to shift emphasis from treatment of disease to prevention and health promotion.
- 6. Food Safety**—Illness can result from microbial or chemical contaminants in food. Maine citizens need knowledge to assure that the food they prepare and consume is safe.
- 7. Food Security**—Food security for a household means access by all members at all times to enough food for an active, healthy life. Food security includes, at a minimum, the ready availability of nutritionally adequate and safe foods and an assured ability to acquire acceptable foods in socially acceptable ways (that is, without resorting to emergency food supplies, scavenging, stealing, or other coping strategies).⁷ Strategies and policies must be adopted that ensure food security is realized for all Maine citizens.
- 8. Rural Geography and Economic Diversity**—A variety of demographic factors must be considered when developing programs, including the economic diversity of Maine citizens and the rural, isolated nature of some areas of the State.

Since 1999, Maine Health and Human Services’ (HHS) Public Health has begun work to address Key Issues 1, 3, and 4. The Healthy Maine Partnerships (HMP) were created and funded by the Maine HHS Public Health in 2001 with tobacco settlement monies to address tobacco use, poor nutrition, and lack of physical activity. Simultaneously, Maine HHS Public Health also proceeded with a Healthy Weight Awareness social marketing campaign to provide consistent nutrition and physical activity messages. One of the first messages recommended reducing soda consumption because national data showed extraordinarily high rates of soda consumption, particularly by teenage boys.⁸ Additionally, Maine HHS Public Health submitted a proposal for and was awarded a capacity-building grant from the Centers for Disease Control and Prevention (CDC) to establish a State Physical

⁷ U.S. Department of Agriculture. Guide to Measuring Household Food Security, Revised 2000. Alexandria, VA: Food and Nutrition Service. March 2000.

⁸ U.S. Department of Agriculture, Agricultural Research Service. Data tables: Results from USDA’s 1994–96 Continuing Survey of Food Intakes by Individuals and 1994–96 Diet and Health Knowledge Survey. 1997.

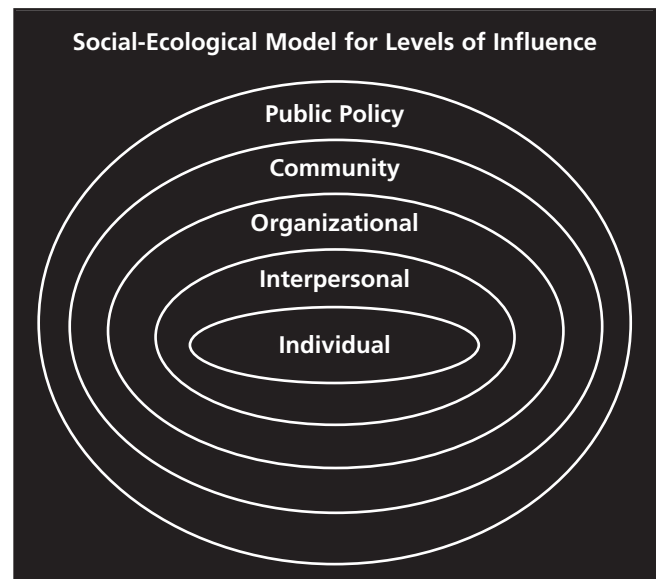
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Activity and Nutrition Program. The purpose of the PAN Program is to prevent obesity and address other nutrition and physical activity issues that can prevent chronic diseases. The CDC made suggestions to Maine's initial draft PAN Plan, and the newly established PAN Program proceeded with the next cycle of identifying subsequent priorities for the Plan.

2003–2004 Strategic Planning Process

An extensive group of stakeholders was invited to participate in roundtable discussions in October 2003 to determine priorities for the period 2005–2010. These priorities align with the *Healthy Maine 2010 Plan*, which corresponds to *Healthy People 2010*. Four workgroups were self-selected to develop strategies to reduce overweight and obesity and improve the nutrition and physical activity status of Maine people. These workgroups represented four settings where interventions could be focused: schools, communities, worksites, and health care. PAN Program staff met with the workgroups, drafted strategies from their recommendations, and further refined the strategies with input from the workgroup members. This intensive process resulted in the Maine PAN Plan goal and corresponding objectives and strategies. Strategies are designed to result in policy changes and economic, social, and physical environments that support improved nutrition and increased physical activity.

The strategies align with McLeroy's *Social-Ecological Model* as illustrated at the right.⁹ This social-ecological model proposes that the most effective practices for changing health behaviors are actions that operate on multiple levels simultaneously, including individual, interpersonal, organizational, community, and public policy. Individual characteristics that influence behavior include knowledge, attitudes, beliefs, and personality traits. The interpersonal sphere includes family, friends, and social networks that provide social identity and role definition. The organizational level consists of rules, regulations, and informal structures. Community includes social networks, norms, standards, or



9 McLeroy KR *et al.* An ecological perspective on health promotion programs. *Health Education Quarterly*. 1988; 15(4):351–377.

other existing channels (e.g., public agenda, media agenda). The policy level consists of national, State, and local laws that regulate or support healthy actions.

Health promotion campaigns can reach individuals on many levels, but in order to effectively change behavior, strategies must address policy and the environment as well as the individual person. Policy and environmental change interventions may reduce barriers and make healthy options more accessible.¹⁰ The implementation of a school classroom policy that assures fruits and vegetables will be served at classroom events is an example of increasing access to fruits and vegetables, thereby making healthy options more available to students. Access to an indoor facility can provide residents of a neighborhood with an opportunity to walk during the cold winter months.

As stated in the 2001 Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity:¹¹

Key actions to address overweight and obesity include communication, action, research, and evaluation. Within this framework, effective actions must occur at multiple levels. Obviously, individual behavioral change lies at the core of all strategies to reduce overweight and obesity. Successful efforts, however, must focus not only on individual behavioral change, but also on group influences, institutional and community influences, and public policy. Actions to reduce overweight and obesity will fail without this multidimensional approach. Individual behavioral change can occur only in a supportive environment with accessible and affordable healthy food choices and opportunities for regular physical activity.

10 Schmid TL, Pratt M & Howze E. Policy as intervention: environmental and policy approaches to the prevention of cardiovascular disease. *American Journal of Public Health*. 1995; 85(9):1207-1211.

11 U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity. Rockville, MD: Office of the Surgeon General. 2001.