

Utah Physical Activity, Nutrition, and Obesity Program

PANO

Physical Activity, Nutrition & Obesity Program
Utah Department of Health



Results of 2009 Local Health District Needs Assessment for PANO Program



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Funding for this document was provided by the Centers for Disease Control and Prevention Cooperative Agreement Number U58/DP001386.

Suggested citation: Bureau of Health Promotion; Physical Activity, Nutrition, and Obesity Program. Results of the 2009 Local Health District Needs Assessment for PANO Program. Salt Lake City, UT: Utah Department of Health 2009.

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Report published June 2009.

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Background

A Zoomerang™ Local Health District Needs Assessment Survey was distributed to all 12 local health districts (LHDs) via email on March 10, 2009 and each LHD was asked to have one representative from their organization complete the survey by March 26, 2009. The purpose of the survey was to document the current resources, interests, and training needs of Local Health Districts (LHDs) related to physical activity, nutrition, and obesity.

The Centers for Disease Control and Prevention's (CDC) six target areas for physical activity, nutrition, and obesity interventions are:

- Increase physical activity;
- Increase fruit and vegetable consumption;
- Decrease sugar-sweetened beverage consumption;
- Increase breastfeeding initiation and duration;
- Decrease high-energy-dense food consumption; and
- Decrease TV screen time.

Survey Results

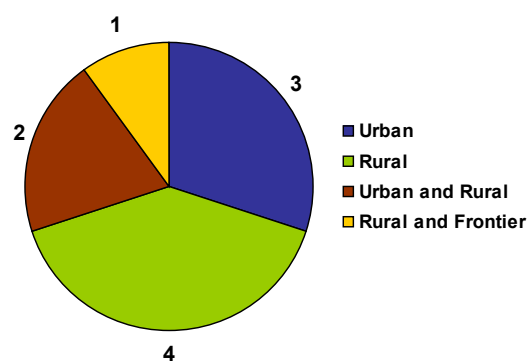
Demographics

Ten of the 12 LHDs completed the survey for a response rate of 83%. Two completed surveys were received from Davis County LHD and no surveys were received from Southwest or TriCounty LHDs.

More completed surveys were received from LHDs that are considered rural (4/10, 40%) and urban (3/10, 30%). LHDs with an urban/rural (2/10, 20%) and rural/frontier (1/10, 10%) mix were also represented in the survey.

Respondents who completed the survey were in the following job positions: Local Health Officer, Health Promotion Manager (2), Health Program Manager, Health Educator, Associate Director of Health, Nursing Director, Health Promotion and Nursing, Health Promotion Deputy Director, Health Promotion/Health Education, and Health Promotion Manager/WIC Director. The majority of respondents (7/11, 64%) had a masters degree. The program of study for academic degrees ranged widely and included public health, community health education/health promotion, public administration, nursing, clinical psychology, education/school health, community health education, and nutrition.

Population Density for Responding LHDs



Priorities

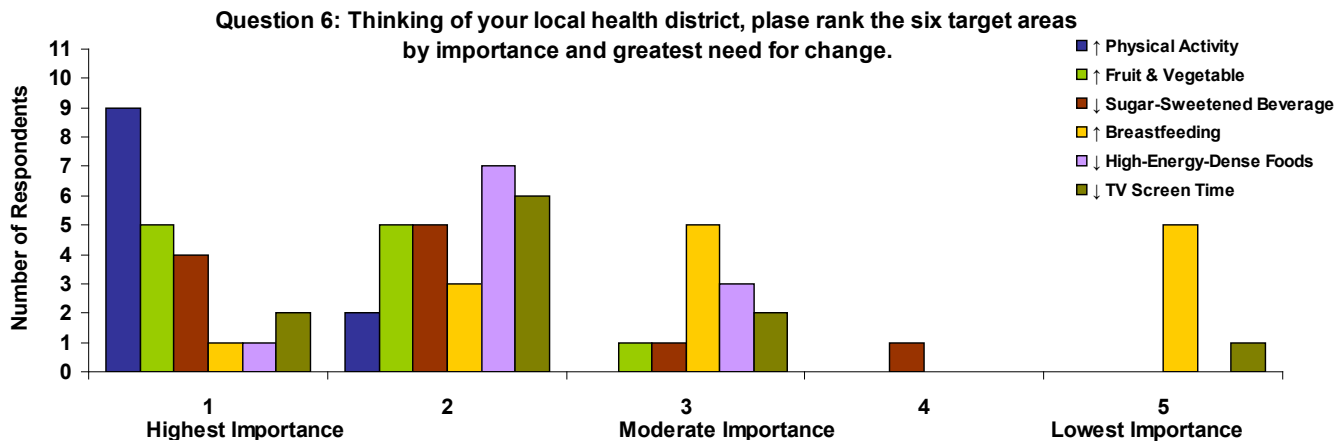
What are the priorities of your local health district's community partners regarding obesity prevention?

There were no responses to this question.

What do you think your Local Health District should focus on?

Importance and Highest Need for Change

A total of 9/11 respondents ranked increasing physical activity as being of highest importance with the greatest need for change, followed by increasing fruit and vegetable consumption. Increasing breast-feeding initiation and duration was ranked as being of least importance by 5/11 respondents. Decreasing sugar-sweetened beverage consumption, decreasing high-energy-dense food consumption, and decreasing TV screen time were generally ranked as being of moderate importance.

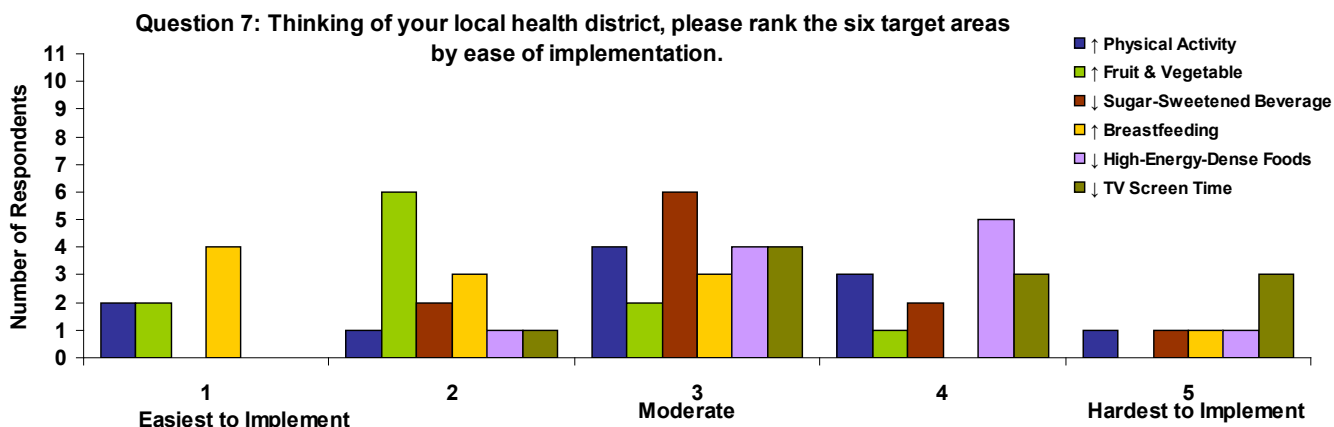


Results in Order of Rank:

Rank 1 (most important)	Increase physical activity
Rank 2 – 4 (moderately important)	Increase fruit and vegetable consumption; Decrease sugar-sweetened beverages; Decrease high-energy-dense foods; Decrease TV screen time
Rank 5 (least important)	Increase breastfeeding initiation and duration

Ease of Implementation

A total of 4/11 respondents ranked increasing breastfeeding initiation and duration as being the easiest of the six target areas to implement change. Increasing physical activity and increasing fruit and vegetable consumption tied as second with 2/11, respectively. Decreasing TV screen time was ranked as the hardest to implement with 3/11 responses. Decreasing sugar-sweetened beverage and high-energy-dense food consumption were ranked as moderate for ease of implementation.



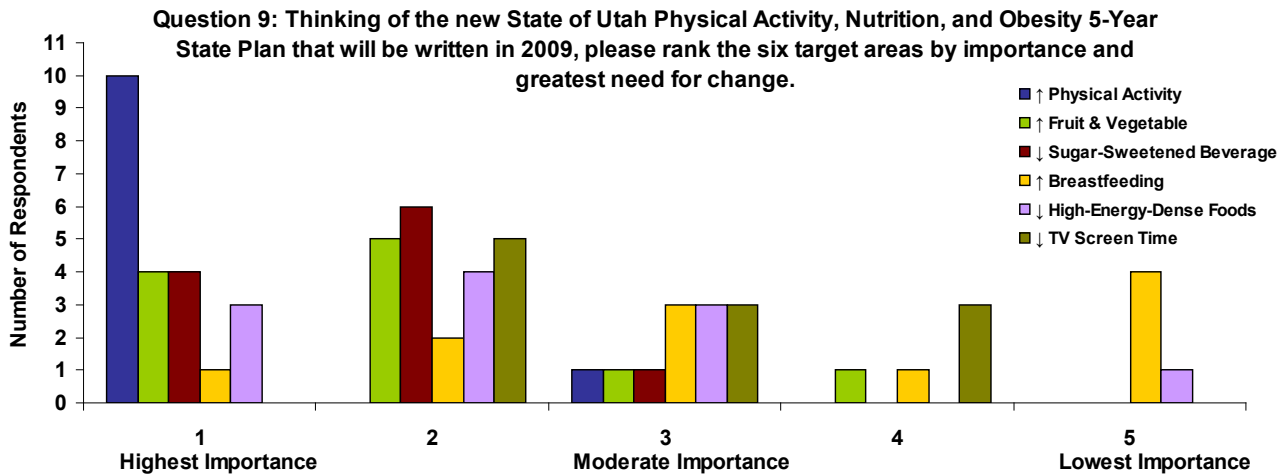
Results in Order of Rank:

Rank 1 (easiest to implement)	Increase breastfeeding initiation and duration
Rank 2 – 4 (moderate)	Increase physical activity; Increase fruit and vegetable consumption; Decrease sugar-sweetened beverages; Decrease high-energy-dense foods
Rank 5 (hardest to implement)	Decrease TV screen time

What do you think the Utah Department of Health should focus on?

Importance and Highest Need for Change

A total of 10/11 of respondents ranked increasing physical activity as being of highest importance with the greatest need for change, followed by increasing fruit and vegetable consumption and decreasing sugar-sweetened beverage consumption. Increasing breastfeeding initiation and duration was ranked as being of least importance by 4/11 respondents. Decreasing high-energy-dense food consumption and decreasing TV screen time were generally ranked as being of moderate importance.

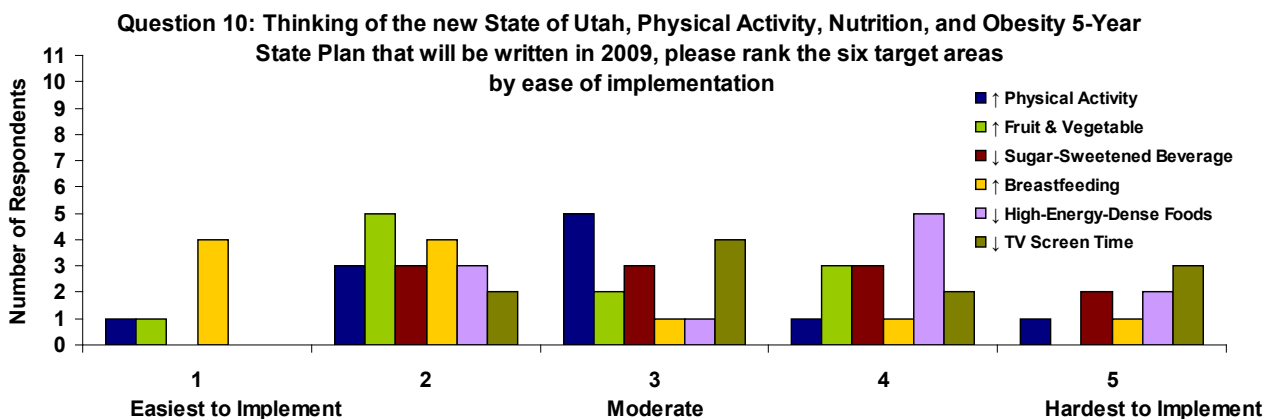


Results in Order of Rank:

Rank 1 (most important)	Increase physical activity
Rank 2 – 4 (moderately important)	Increase fruit and vegetable consumption; Decrease sugar-sweetened beverages; Decrease high-energy-dense foods; Decrease TV screen time
Rank 5 (least important)	Increase breastfeeding initiation and duration

Ease of Implementation

A total of 4/11 respondents ranked increasing breastfeeding initiation and duration as being the easiest of the six target areas to implement change. Decreasing TV screen time was ranked as the hardest to implement with 3/11 responses, followed by decreasing high-energy-dense foods and decreasing sugar-sweetened beverages. Increasing physical activity was ranked as moderate for ease of implementation.



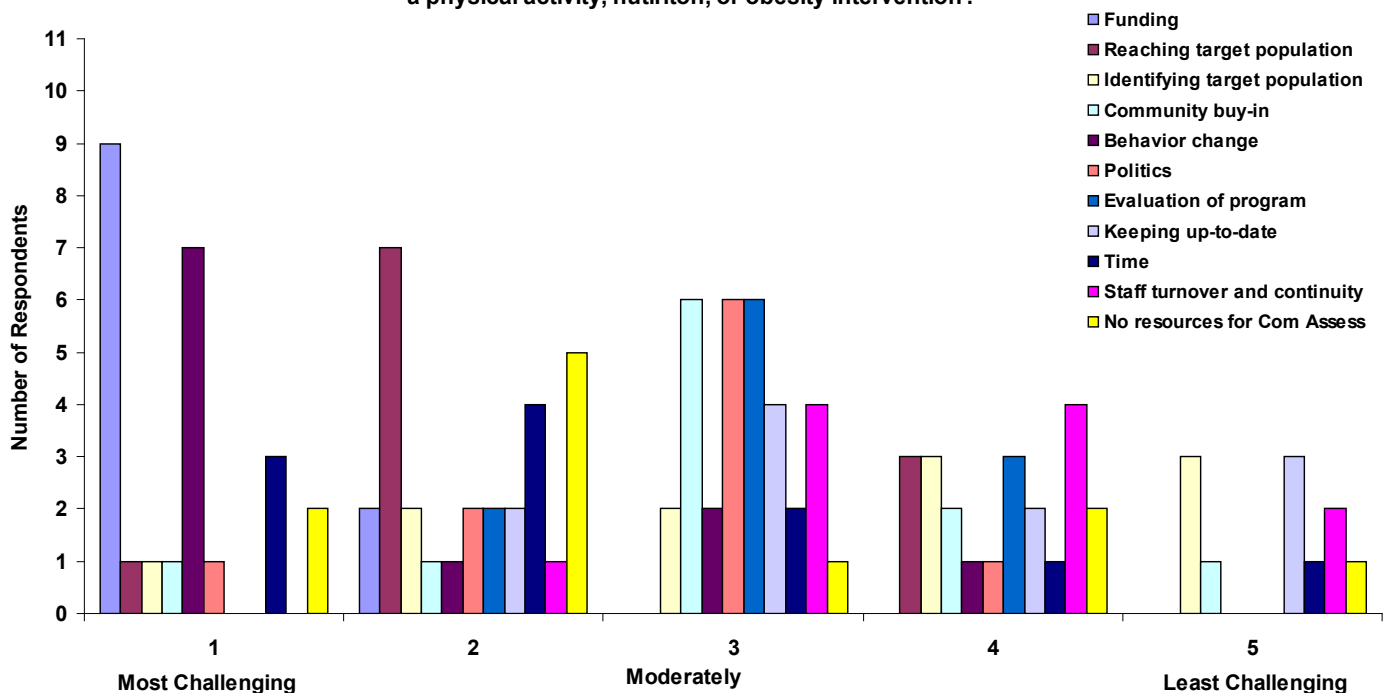
Results in Order of Rank:

Rank 1 (easiest to implement)	Increase breastfeeding initiation and duration
Rank 2 – 4 (moderate)	Increase fruit and vegetable consumption; Increase physical activity; Decrease sugar-sweetened beverages; Decrease high-energy-dense foods
Rank 5 (hardest to implement)	Decrease TV screen time

What are your greatest barriers to implementing a physical activity, nutrition, or obesity intervention?

Funding was the barrier that was ranked as the most challenging by 9/11 respondents, followed by behavior change (7/11). Reaching the target population (ranked 2 by 7/11), community buy-in (ranked 3 by 6/11), politics (ranked 3 by 6/11), evaluation of program (ranked 3 by 6/11), and staff turnover and continuity (4/11) were ranked to be moderately challenging barriers. Identifying target populations (3/11) and keeping up-to-date on information and technology (3/11) were ranked as the least challenging barriers. Additionally, the following barriers were included in the “others” category: funding for adequate staff to implement program (rank 1) and resources in rural communities, i.e., recreation facilities, cost of programs; and turf battles (rank 3).

Question 11: In your opinion, what are the most challenging issues you face implementing a physical activity, nutrition, or obesity intervention?

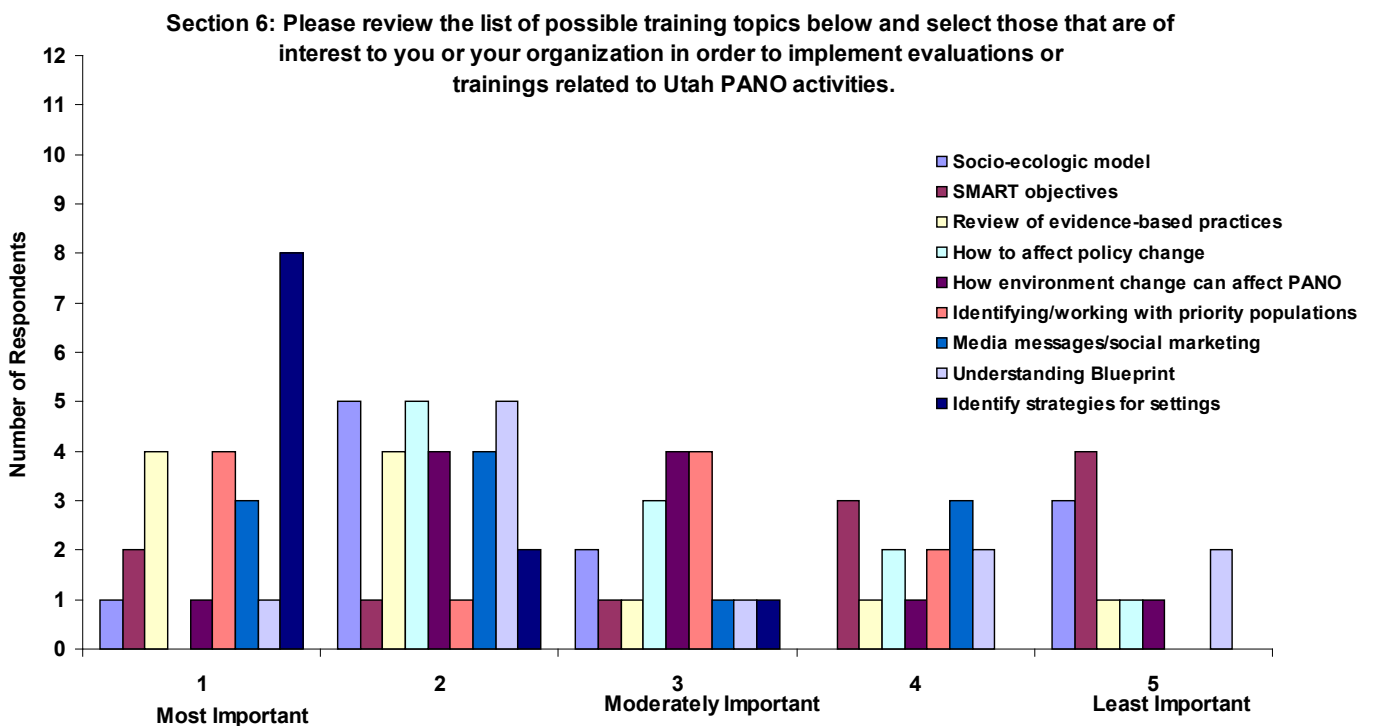


Results in Order of Rank:

Rank 1 (most challenging)	Funding; Behavior change
Rank 2 – 4 (moderately challenging)	Reaching target population; Time; Community buy-in; Politics; Evaluation of program; Lack of resources for community needs assessment; Staff turnover and continuity
Rank 5 (least challenging)	Identifying target population; Keeping up-to-date on information and technology;
Other	Funding for adequate staff to implement program (rank 1); Resources in rural communities, i.e., recreation facilities, cost of programs (rank 3); Turf battles (rank 3)

What trainings would help you implement a physical activity, nutrition, or obesity intervention?

The training topics with the highest importance included identifying strategies for Blueprint settings, review of evidence-based practices, identifying and working with priority populations, and media messages/social marketing. The training topics of moderate importance included socio-ecologic model, how to affect policy change, understanding the Blueprint, and how environment change can affect physical activity, nutrition, and obesity. The training topic with the lowest importance was SMART objectives. Additionally, there were three training topics that were suggested by respondents: school lunch and vending machine policy changes (ranked 2, moderate importance); how to adequately fund a program (ranked 2, moderate importance); and research: where to find and how to interpret reliable data on obesity measures and trends (ranked 3, moderate importance).



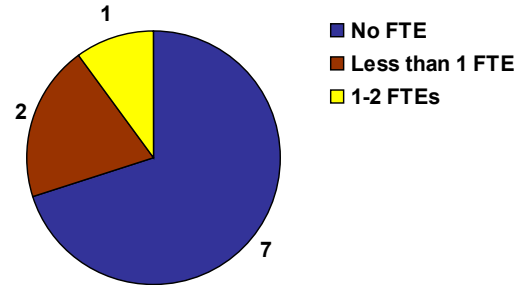
Results in Order of Rank:

Rank 1 (most important)	Identify strategies for Blueprint settings; Review of evidence-based practices; Identifying/working with priority populations; Media messages/social marketing
Rank 2 – 4 (moderately important)	Socio-ecologic model; How to affect policy change; Understanding Blueprint; How environment change can affect physical activity, nutrition, and obesity
Rank 5 (least important)	SMART objectives
Other	School lunch and vending machine policy changes (ranked 2); How to adequately fund a program (ranked 2); Research: where to find and how to interpret reliable data on obesity measures and trends (ranked 3)

Current Local Health District Resources

One LHD has 1 FTE dedicated to obesity prevention and two LHDs have a fraction of an FTE dedicated to obesity prevention. The remaining seven LHDs do not have any employees dedicated to obesity prevention.

Question 23: Number of Full-time Staff Dedicated to Obesity Prevention



Federal Funding

One LHD respondent stated that they receive funding for the Gold Medal School program and one LHD respondent stated that they receive funding for the WIC program, which promotes all PANO objectives.

State Funding

Five LHD respondents stated that they receive funding for the Gold Medal School program.

Local Government Funding

Three LHD respondents stated that they receive funding from local government to support obesity prevention efforts.

Weber-Morgan: Up to \$50,000 of local tax dollars to be allocated towards 1/2 FTE, program activities, and related expenses. Target audience is primarily children and adolescents, though the general population of Weber and Morgan counties will not be excluded. Specifics of activities, guaranteed funding amount, and duration of funding have not been established. Obesity prevention is a priority of our LHD, and our counties have committed to supporting program efforts in the community, but we felt it was best to wait on the specifics of the new PANO grant to make any separate plans of our own.

Bear River: Program 271: Help one community in achieving healthy community framework, assist school district in the "North Cache Mile" complete assessments with Logan and Cache school nurses, early stages of coalition development.

Salt Lake Valley: "Weigh Active & Healthy" program funded by Salt Lake County: conducts community events through emails and a website presence. Ongoing funding is uncertain, and is currently limited to less than one FTE and small amounts of office supplies.

Private Source Funding

A Davis County respondent stated that they receive a "little" private source funding. All other LHD respondents reported receiving no private source funding.

Summary of Results

What do you think your local health district should focus on?

Highest importance: increasing physical activity

Lowest importance: increase breastfeeding initiation and duration

Easiest to implement: increase breastfeeding initiation and duration

Hardest to implement: decrease TV screen time

What do you think the PANO Program should focus on?

Highest importance: increasing physical activity

Lowest importance: increase breastfeeding initiation and duration

Easiest to implement: increase breastfeeding initiation and duration

Hardest to implement: decrease TV screen time

Barriers

Most challenging: funding and behavior change

Least challenging: identifying target populations and keeping up-to-date on information and technology.

Trainings (in order of importance)

Identify strategies for Blueprint settings

Review evidence-based practices and identifying/working with priority populations

Media messages/social marketing

Recommendations

Since the results of the survey show that the respondents view increasing physical activity of highest importance for both the LHDs and the PANO Program, it is recommended that interventions focus on this target area. Increasing physical activity was viewed as easy-to-moderate in terms of ease of implementation.

The greater barriers to implementing interventions were funding and behavior change. The recommendation is to help LHDs secure funding and to hold trainings on how to effect behavior change.

When specifically asked about training needs, the topic rated of highest importance was identifying strategies for settings. Some of this work will be accomplished during the state planning process when work groups for each setting will identify strategies to implement for upcoming fiscal year. The training topics that tied for second most important were review of evidence-based practices and identifying/working with priority populations. It is recommended that LHD trainings on these topics be scheduled.

Appendix 1: Zoomerang™ Survey

Zoomerang Survey of Importance and Ease of Implementation of Physical Activity, Nutrition, and Obesity Program Target Areas and Local Health District Training Needs

The Utah Department of Health (UDOH) has been awarded a five-year grant from the Centers for Disease Control and Prevention (CDC) to establish a Physical Activity, Nutrition, and Obesity (PANO) Program within the Bureau of Health Promotion. The activities for the first grant year are to build state capacity, to solicit information from local health districts regarding resources and needs for obesity prevention, and to write a five-year state plan. The CDC grant requires UDOH to focus on the following areas:

- Increase physical activity
- Increase consumption of fruits and vegetables
- Decrease consumption of sugar-sweetened beverages
- Increase breastfeeding
- Decrease consumption of high-energy-dense foods
- Decrease television viewing

The purpose of this survey is to solicit information from local health districts to help guide future physical activity, nutrition, and obesity prevention efforts in Utah. The goals of this survey are to rank the six focus areas listed above based on: (1) importance/need for change and (2) ease of implementation, as well as to identify current local resources and training needs.

Section 1: Demographics

1. Which local health district do you work for?

- Bear River
- Central Utah
- Davis County
- Salt Lake Valley
- Southeastern
- Southwest
- Summit County
- Tooele County
- Tricounty County
- Utah County
- Wasatch
- Weber-Morgan

2. Your health district is located in an area that is...

- Urban
- Rural
- Frontier
- Combination of urban and rural
- Combination of urban and frontier
- Combination of rural and frontier
- Combination of all three

3. What is your current position/title?

- Local Health Officer
- Health Promotion Manager
- Health Program Manager
- Health Educator
- Other, please specify

4. What is your current level of academic education?

- Associate degree
- Bachelor degree
- Master degree
- Doctorate degree
- Other, please specify

5. Please select the program(s) of study for your academic degree(s).

- Community Health Education/Health Promotion
- Public Health
- Epidemiology
- Health Administration
- Public Administration
- Nursing
- Education/School Health
- Other, please specify

Section 2: What do you think your local health district should focus on?

6. Thinking of your local health district, please rank the six target areas by importance and greatest need for change. Use a scale from 1 to 5, with 1 being the most important.

- Increase physical activity
- Increase consumption of fruits and veggies
- Decrease consumption of sugar-sweetened beverages
- Increase breast feeding
- Decrease consumption of high energy dense foods
- Decrease television viewing

7. Thinking of your local health district, please rank the six target areas by ease of implementation. Use a scale from 1 to 5, with 1 being the easiest to implement in your jurisdiction.

- Increase physical activity
- Increase consumption of fruits and veggies
- Decrease consumption of sugar-sweetened beverages
- Increase breast feeding
- Decrease consumption of high energy dense foods
- Decrease television viewing

Section 3: What are the priorities of your local health district’s community partners regarding obesity prevention?

8. Thinking of your local health district’s community partners, please identify which, if any, of the six target areas are priorities for your community partners. If none of the six target areas are priorities for your community partners, please check “other” and fill in their priorities. You can select more than one answer.

- Increase physical activity
- Increase consumption of fruits and veggies
- Decrease consumption of sugar-sweetened beverages
- Increase breast feeding
- Decrease consumption of high-energy-dense foods
- Decrease television viewing
- Other, please specify

Section 4: What do you think the statewide focus should be?

9. Thinking of the new state of Utah Physical Activity, Nutrition, and Obesity 5-Year State Plan that will be written in 2009, please rank the six target areas by importance and greatest need for change. Use a scale from 1 to 5, with 1 being the most important.

- Increase physical activity
- Increase consumption of fruits and veggies
- Decrease consumption of sugar-sweetened beverages
- Increase breast feeding
- Decrease consumption of high-energy-dense foods
- Decrease television viewing

10. Thinking of the new state of Utah Physical Activity, Nutrition, and Obesity 5-Year State Plan that will be written in 2009, please rank the six target areas by ease of implementation. Use a scale from 1 to 5, with 1 being the easiest to implement.

- Increase physical activity
- Increase consumption of fruits and veggies
- Decrease consumption of sugar-sweetened beverages
- Increase breast feeding
- Decrease consumption of high-energy-dense foods
- Decrease television viewing

Section 5: What are your greatest barriers to implementing a physical activity, nutrition, or obesity intervention?

11. In your opinion, what are the most challenging issues you face when implementing a physical activity, nutrition, or obesity intervention(s). Please rank by order of challenge with 1 being the most challenging.

- Funding
- Reaching target population
- Identifying target population
- Community buy-in
- Behavior change
- Politics
- Evaluation of program
- Keeping up-to-date with info and technology
- Time
- Staff turnover and continuity
- Lack of resources for community needs assessments

12. Are there other challenges that are not listed above? If so please describe below and rank from 1 to 5 using the same scale as above; with 1 being the most important.

Section 6: What trainings would help you implement a physical activity, nutrition, or obesity intervention?

Please review the list of possible training topics below and select those that are of interest to you or your organization in order to implement evaluations or trainings related to Utah PANO activities. Please rank by order of importance, with 1 being the most important. Note: you can have multiple training topics with the same rank. Questions 13 - 22; you can request your own topic in question 22.

- 13. Explanation of the socio-ecological model and how it relates to the Utah PANO program. (Describes the impact of the environment on individual behavior.)
- 14. How to write SMART (specific, measureable, achievable, realistic, time-bound) objectives.
- 15. Review of proven evidence-based obesity prevention practices.
- 16. Information on how to effect policy change.
- 17. Information on how environmental change can affect physical activity, nutrition, and obesity.
- 18. Identifying and working with priority populations or disparate populations.
- 19. Media messages/social marketing
- 20. Understanding Utah's Blueprint for Healthy Weight document.
- 21. Identifying obesity prevention strategies for worksites, family/home, health care, schools, community, and government
- 22 OTHER: Please enter topic and rank.

Section 7: Current local health district resources

23. What resources does your local health district currently have in place for obesity prevention?

- Staff
- No full time employee (FTE)
- Less than 1 FTE
- More than 1 and less than 2 FTEs
- More than 2 and less than 3 FTEs
- More than 3 and less than 4 FTEs
- More than 4 and less than 5 FTEs
- Other, please specify

24. What resources does your local health district currently have in place for obesity prevention?

Federal Funding:
Please specify the name of the program/project, target audience, a brief description of activities including any activity restrictions, amount of funding, and anticipated duration of funding. If you do not have any federal funding please write "N/A" below.

25. What resources does your local health district currently have in place for obesity prevention?

State Funding:
Please specify the name of the program/project, target audience, a brief description of activities including any activity restrictions, amount of funding, and anticipated duration of funding. If you do not have any state funding please write "N/A" below.

26. What resources does your local health district currently have in place for obesity prevention?

Local Government Funding:
Please specify the name of the program/project, target audience, a brief description of activities including any activity restrictions, amount of funding, and anticipated duration of funding. If you do not have any local government funding please write "N/A" below.

27. What resources does your local health district currently have in place for obesity prevention?

Private Source Funding:
Please specify the name of the program/project, target audience, a brief description of activities including any activity restrictions, amount of funding, and anticipated duration of funding. If you do not have any private source funding please write "N/A" below.

Thank you for taking the time to complete the survey!

