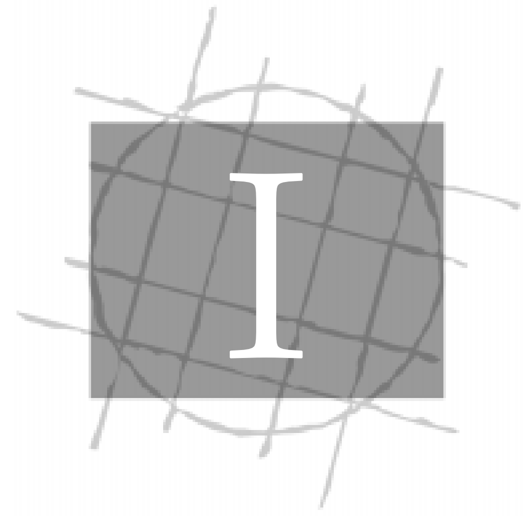

Leadership, Planning/Management, and Coordination

One major obstacle to program effectiveness is a lack of consistency in the delivery of program messages and activities. Therefore, effective first steps in program development are to locate committed leaders, involve all related agencies, and conduct thorough planning so that efforts are coordinated and adequately supported and evaluated. By taking these steps, we can secure funding from multiple streams, use that funding more efficiently, and have a better chance of affecting the target population.

RATIONALE

Three elements are critical for establishing an entity, focus, and vision for nutrition and physical activity: leadership, planning/management, and coordination. Each is discussed in the following sections.

LEADERSHIP

Collective action is required at the federal, state, and local levels to create programs, policies, and practices that encourage healthy eating and physically active lifestyles. Partners at all levels are needed to assume leadership roles in responding to this public health challenge. Elected individuals, employers, community representatives, and school officials must advocate for an environment that makes physical activity and healthy food choices easy, enjoyable, affordable, and safe. Health care dollars are needed to fund prevention. The money needs to be utilized both within health care delivery and within programs in the community.

Each state needs the capacity to frame the issues, create a vision, set goals and objectives,

determine strengths, and integrate intervention programs. Along with the visionary elements of leadership comes the crucial need to develop infrastructure and attract resources.

PLANNING/MANAGEMENT

An effective nutrition, physical activity, and obesity prevention program requires strong management structure and planning. Program components must be coordinated, have adequate fiscal and program monitoring, and include effective communication. Management and resource development are cornerstones for effective planning. Leaders who achieve effective planning and management are those who are willing to accept many roles, including convener, facilitator, participant, collaborator/partner, trainer, broker, negotiator, and funder.

COORDINATION

The responsibility for state nutrition and physical activity programs, policy, and practices is spread across state agencies and varies from state to state. At times, messages and methods are disjointed, uncoordinated, and contradictory. In most states, the Department of Education directs the U.S. Department of Agriculture's (USDA) school nutrition programs, such as the National School Lunch Program (NSLP), the Child and Adult Care Feeding Program (CACFP), Team Nutrition, and the School Milk Program (SMP). Education or social service departments may administer the Head Start Program and set the standards for physical education and health curriculums.

Human services departments usually administer the USDA Food Stamp Program, and nutrition programs for the elderly may be administered through an agency for the aging. Medicaid, state children's health insurance programs, and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) may be administered through the Department of Human Services or the State Health Department, depending on the state. Nutrition services are also provided through Cooperative Extension.

Within state health departments, nutrition and physical activity services are often fragmented: maternal and child health funding and the women, infants, and children (WIC) programs address the needs of children and young families; chronic disease programs address several populations with established risk factors; and diabetes programs only recently have started to address primary prevention. Councils on physical fitness may report directly to the governor's office, and little collaboration may exist between departments of parks and recreation or between transportation agencies and health-related agencies and programs.

It is essential that nutrition and physical activity programming be integrated with other programs at the national, state, county, and community levels to achieve the greatest impact for the funding available. The more that consistent eating and physical activity messages are reinforced across programs, the greater chance the consumer will implement a behavior change.

State health departments and other state agencies may sponsor a variety of programs in which physical activity, diet, and obesity prevention and treatment are good practice. These programs include the following:

- cardiovascular disease
- cancer prevention
- diabetes
- youth tobacco control
- adolescent health programs
- school nutrition programs
- maternal and child programs
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Food Stamp Nutrition Education Programs
- Social Marketing Networks
- 5-a-Day Programs
- arthritis
- obesity prevention
- coordinated school health
- family planning programs
- school health and physical education programs
- Other programs, including state-specific health initiatives for women, men, or the elderly

Achieving leadership and focus for nutrition and physical activity can be accomplished in several ways. Perhaps the most successful would be to form a distinct unit or team to develop policies, to provide a primary voice, and to nurture cross-program work that pulls from the expertise and resources of categorical programs. The effect would be a broader, more comprehensive approach to the population, thereby increasing the impact of programs aimed at specific diseases and target populations.

SAMPLE ACTIVITIES

Leadership

1. Identify a core entity or unit to link all other programs with nutrition and physical activity components. Identify organizational placement of the program primarily within nutrition and physical activity. Links for consistent and coordinated communication among all relevant programs should be clear to allow for crosscutting coordination.

2. Focus resources for interventions in communities and populations at greater risk. Design interventions through a community-based process that incorporates the needs and wants of the community.

3. Incorporate supportive policies, programs, and actions within state programs. Work for changes in state rules or policies that affect nutrition and physical activity messages and intervention.

4. Establish statewide partnerships that plan and direct large-scale interventions as well as advocate the implementation and enforcement of legislation and policies that promote physical activity and healthy eating.

5. Assist state and local partners in identifying financial resources for implementing and evaluating program activities.

6. Identify infrastructure and staffing needs to implement population-based strategies to address nutrition and physical activity.

Planning/Management

1. Identify, hire, and supervise key staff with appropriate competencies to plan and implement programs. If these staff members are not employed on staff, the services of consultants, subcontractors, and vendors are required. These include marketing and public relations, as well as media and communications that include media advocacy, creative services, applied evaluation, public health law, resource development, and grant writing. Staffing patterns should include program skills and expertise in the following areas:

- Data collection, management, and analysis
- Epidemiology and surveillance
- Research and evaluation
- Health promotion, education, and communication
- Partnership and coalition building
- Science of physical activity, nutrition, and obesity
- Program coordination, management, and strategic planning
- Social marketing and behavioral science
- Population-based interventions and social and environmental change
- Policy
- Administration and management

2. Monitor, evaluate, and develop strategies to assure the availability, effectiveness, and quality of the personnel needed for the delivery of both personal and population-based services. Develop personnel standards based on *Personnel in Public Health Nutrition in the 1990s* (1995) and the American College of Sports Medicine Certification Standards.

3. Administer funds from multiple sources—for example, state general funds, state special funds (snack and soda taxes, tobacco settlement, fees), grants and contracts from different programs of the federal government, sister state agencies, charitable foundations, and other sources such as direct contributions and the sale of program materials.

4. Assess, analyze, interpret, and disseminate data related to nutrition and physical activity. Assessment activities should include the following: monitoring morbidity and mortality; evaluating socioeconomic factors, risk behavior, and the economic burden associated with poor nutrition and sedentary behaviors; monitoring the environmental and socioeconomic data that affect nutrition and physical activity behaviors; tracking policy and legisla-

tion; and evaluating environmental interventions.

5. Develop and maintain a nutrition and physical activity state plan that includes primary strategies for prevention across state-level programs.

6. Develop a process to determine priority populations for interventions; define the criteria for selecting priority populations in the state; and establish the objectives of the interventions, such as the reduction of racial and ethnic disparities. Both epidemiological and market research information are needed to identify priority populations.

7. Develop methods and systems for local and state program use in evaluating an intervention's effectiveness. These data should be comparable across programs. Efforts should focus on assessing disease burden and risk behavior prevalence at the local level.

8. Establish measures to maintain standards, assure accountability, and monitor programs.

9. Support training for partners and stakeholders (internal and external) that focuses on the attitudes, skills, and key actions to promote population-based interventions for nutrition and physical activity.

Coordination

1. Maximize use of state-level resources through formal interagency memoranda of agreement and through regular meetings with state and local agency staff.

2. Ensure that programs address nutrition and physical activity issues in similar or compatible ways both within programs and in messages to the public.

3. Collaborate with other agencies, voluntary and professional organizations, relevant academic organizations, and the health care industry to share materials and methods for educating health care providers.

4. Assist local health departments and organizations to deliver community-based programs for promoting physical activity and healthy eating by providing technical assistance, training, and funds.

5. Assist local health departments by providing coordinated, timely, and accurate information to the public on nutrition and physical activity; by being proactive with health information; and by working closely with the media.

6. Collaborate with federal agencies on data analysis, coordinated technical assistance, financial support, national nutrition and physical activity promotion campaigns, materials and methods development and training, and state-based surveillance of nutrition and physical activity indicators.

7. Form public and private partnerships to combine intervention strategies and to deliver consistent messages across programs and throughout a community. Partners include government, health and consumer organizations, voluntary organizations, trade organizations, affinity organizations (churches, Kiwanis, service groups), private sector agriculture, food production, marketing, food service, grocery stores, physical activity equipment companies, and transportation agencies.

Sample Practices and Programs

The Healthy Hawaii Initiative—development of a noncategorical approach to blending nutrition, physical activity, and tobacco programs. Strategic planning for environmental and policy related initiatives. Funded by tobacco settlement funds. Support for school-based programs, community grants, a single point of access data warehouse, and professional and public education. **Contact:** Susan Jackson, **sjjackso@mail.health.hi.us**, 808-586-4530.

Virginia Chronic Disease Prevention Program (CDPP)—a coalition of programs at the state and local levels that focus on multiple settings and strategies for chronic disease reduction. Infrastructure has been modified to encourage a comprehensive approach to address chronic disease issues, including collaboration with WIC. Physical activity and nutrition are considered common crosscutting factors for collaboration, communication, and sharing resources. **Contact:** Ramona Schaeffer, **rschaeffer@vdh.state.va.us**, 804-786-5420.

California Cancer Prevention and Nutrition Section—social marketing partnerships with businesses, government entities, nonprofit organizations, and individuals that provide financial and technical assistance for a variety of campaigns for promotion of nutrition and physical activity to food-stamp and low-income households. **Contact:** California Nutrition Network, 916-323-0594.

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