



Surveillance, Epidemiology, and Research

Accurate data are needed to guide the formation of programs that will improve the public's health behaviors and to assess the success of those programs. We require several different methods to identify state and community needs and attitudes, to determine priorities and actions, to test interventions, and to evaluate progress. We should include state-level surveys and formative research in ongoing data collection.

RATIONALE

Surveillance and epidemiology are essential public health tools for monitoring trends, setting priorities, conducting statewide planning, mobilizing action, allocating resources, forming policy decisions for local grants, and evaluating results. Systems of surveillance and research that focus on the trends, antecedents, and deter-

minants (particularly behavioral and environmental determinants) of eating, exercise, and obesity are needed for tracking the incidence of overweight and obesity and for measuring and evaluating the impact of efforts to modify behavioral risk factors. A mix of survey, surveillance, and qualitative research systems—including social marketing research—is needed. Data sources to design, implement, and evaluate a comprehensive nutrition, physical activity, and obesity control need to be identified.

SAMPLE ACTIVITIES

1. Develop the scientific capacity to assess in the priority population(s) the burden of poor nutrition, inactivity, obesity, and related chronic diseases. Data systems should monitor trends, disseminate data and information, and support evaluation efforts.

2. Develop or identify surveillance and evaluation strategies to monitor environmental and policy measures relevant to the plan's objectives, such as auditing the physical activity resources in a community or the low-fat foods available in stores.

3. Measure availability and utilization of parks, open space, green space, pocket parks, and alternative transportation.

4. Identify and assess existing and desired sources of data for use in the development and enhancement of surveillance system(s) to monitor (at minimum) body mass index (BMI), dietary, and physical activity behaviors in the priority population(s).

5. Undertake alternative surveillance strategies to address state or community-specific unmet surveillance needs—for example, oversampling, special surveys, sentinel surveillance systems, “stand-alone” telephone surveys, or other state-specific surveys and surveillance systems such as representative surveys of children and public opinion polling.

6. Develop and implement a review process for considering changes in current surveillance systems to address state, regional, and local data needs.

7. Allocate resources and staff time toward surveillance, data management, evaluation, and other activities associated with surveillance and evaluation efforts.

8. Conduct studies to examine situational and environmental variables for all age groups.

9. Undertake qualitative research or use existing research to understand consumer segments and intermediaries. Techniques include focus groups, key informant interviews, ethnographic mapping, media tracking and content analysis, opinion leader reviews, theater testing, and mall intercept studies.

10. Conduct consumer research to identify audiences, pilot test new initiatives, evaluate interventions, and transfer new technologies to different settings or population segments. This objective may be met by the state program or through contract with an academic center, market research company, or university.

Sample Practices and Programs

California High School Fast Food Survey—

This survey documented types of fast food sold on California high school campuses, the factors that influence such sales, and the economic and policy issues associated with them. The survey was conducted in 171 school districts representing 345 high schools. The survey concluded that over the past 10 years, fast foods have become a staple on high school campuses. **Contact:** The Public Health Institute, www.phi.org, Select newsroom 510-644-8200.

1999 California Children's Eating and Exercise Practices Survey—

This survey was conducted in April and June 1999 by the California Endowment and the U.S. Department of Agriculture. A sample of parents assisted their 9- to 11-year-old children to maintain a two-day food and physical activity diary. A total of 814 children completed the survey. Results showed that children who participated in school lunch and breakfast programs ate more fruit and vegetable servings, and children who were overweight or at risk for overweight ate fewer fruit and vegetable servings than normal-weight children. Physically inactive children also consumed fewer servings than active children consumed. **Contact:** The Public Health Institute, www.phi.org, Select newsroom 510-644-8200.

Wateree Health District Physical Activity Assessments—

The Santee Healthy People Coalition worked with the South Carolina Department of Health and Environmental Control and the Prevention Research Center to assess the environment for promotion of physical activity. This research included community interviews about assets, needs and values, inventory of existing physical activity programs offered in the community, and conduct of windshield tours and walkability audits to assess community resources and supports. This information is being used to train community teams and to develop collaborative strategies to improve physical activity. **Contact:** Barbara Ainsworth, <http://prevention.sph.sc.edu>, 803-777-4253.

REFERENCES AND RESOURCES

1. Centers for Disease Control and Prevention. Framework for Program Evaluation in Public Health. *MMWR*, 1999; 48(No. RR-11).
2. Centers for Disease Control and Prevention. School Health Index for Physical Activity and Healthy Eating: A Self-Assessment and Planning Guide: Middle School/High School. 2000. www.cdc.gov
3. Centers for Disease Control and Prevention. School Health Index for Physical Activity and Healthy Eating: A Self-Assessment and Planning Guide: Elementary School. 2000. www.cdc.gov
4. Healthy Weight, Physical Activity, and Nutrition: Focus Group Research with African American, Mexican American, and White Youth. Executive Summary, CDC, June 2000.

