



P Innovation Profile:

Foundation Supports Rural Stakeholders in Promoting Better Eating and Physical Activity, Leading to Anecdotal Reports of Improved Behaviors and Outcomes

Snapshot

Summary

An initiative of the Community Foundation of Northwest Mississippi, the *Get a Life!* program supports schools, churches, local governments, and employers in eight rural Mississippi counties in addressing the area's obesity epidemic. The program offers networking opportunities, training, and grant money designed to help these stakeholders develop and operate programs that promote access to healthy food and opportunities for physical activity. The program has been successful in getting stakeholders to create multiple programs, which in a few cases have led to anecdotal reports of improvements in health-related behaviors and outcomes.

Evidence Rating (What is this?)

Suggestive: The evidence consists of post-implementation information on the activities of various stakeholders targeted by the program, along with anecdotal reports of improvements in health-related behaviors and outcomes in a few settings.

Developing Organizations

Community Foundation of Northwest Mississippi

Date First Implemented

2005

Patient Population

Vulnerable Populations > Children; Impoverished; Racial minorities; Rural populations

What They Did

Problem Addressed

Mississippi leads the nation in the prevalence of overweight and obesity, and many residents also suffer from diseases associated with these conditions, such as diabetes and hypertension. Major factors causing this epidemic include unhealthy eating habits and lack of physical activity. Poverty and lack of education are contributing factors.

- **First among states in overweight and obesity:** More than two-thirds (68.8 percent) of Mississippi residents are obese or overweight, including over 21 percent of children. Racial minorities in the state face the highest risk of obesity, with 42.6 percent of blacks being obese and 35.4 percent of Latinos (compared with 30.4 percent of whites).¹ Mississippi residents also tend to suffer disproportionately from diseases associated with overweight and obesity, including diabetes and hypertension.
- **Driven by poor diet, little physical activity:** With the exception of Desoto County, levels of physical activity among residents of counties served by the Community Foundation of Northwest Mississippi tend to be among the lowest in the nation.² The area also ranks poorly within the state on both health outcomes and health-related behaviors, including diet and exercise.³ Focus groups conducted by the foundation found that the fast pace of modern life, and traditional southern cooking (which often involves fried, high-fat, and high-

sugar foods) have contributed to unhealthy habits, including skipping breakfast, choosing unhealthy foods, and not exercising.⁴

- **Poverty and lack of education as contributing factors:** In several counties served by the foundation, roughly one in five residents live in poverty and one in three have not completed high school. Poverty and lack of education increase the risk of overweight and obesity. For example, nearly a third of Mississippi adults who did not graduate from high school are obese, compared with only about a fifth of college graduates.¹ Focus group results showed that many residents with limited education do not understand educational information about obesity, weight loss, and "normal" childhood weight and development, especially when various sources conflict with each other.⁴

Description of the Innovative Activity

The *Get a Life!* program supports schools, churches, local governments, and employers in eight rural Mississippi counties in addressing the area's obesity epidemic. The program offers networking opportunities, training, and grant money designed to help these stakeholders develop and operate programs that promote access to healthy food and opportunities for physical activity in the community.

Key program elements include the following:

- **Supporting local community health councils:** The *Get a Life!* program supports community health councils in each of the eight counties. Made up of local volunteers who act as "health champions," these councils identify obesity-related health issues and barriers to addressing them, support existing programs, identify service gaps, and develop local initiatives to address these gaps. Members include health care professionals and administrators, grocery store managers, major employers, attorneys, ministers, and others. Specific ways in which the foundation supports council activities include the following:
 - **Local and regional training programs:** *Get a Life!* organizes and publicizes training opportunities for community health council members and other interested parties. Training covers evidence-based approaches to addressing obesity, community planning, and program execution.
 - **Grant funds to support local action plans:** *Get a Life!* provided \$10,000 in seed money for obesity prevention efforts to councils that develop action plans to address local needs. Each of the eight councils have developed such a plan, with most focusing on training and equipment that will have lasting value to the community. Some counties devised more extensive plans to revise policies and zoning to encourage development of farmers markets, community gardens, safe walking routes, and bike lanes.
- **Technical support for key stakeholders:** *Get a Life!* provides technical support to key stakeholders, including schools, churches, local governments, and employers, including training and networking opportunities designed to support these stakeholders in developing and implementing programs to target obesity, as outlined below:
 - **Schools:** Program staff work with school health councils, regional school health council summits, and the Mississippi Department of Education's Office of Healthy Schools to encourage efforts to improve school meals, increase opportunities for physical activity, and teach nutrition and wellness to students. Examples of school-based projects include:
 - **Better nutrition:** The program helps schools replace frying equipment with ovens and integrate healthier food choices into lunch and snack menus.
 - **Opportunities for physical activity:** The program supports the purchase of new playground equipment to encourage physical activity during the school day.
 - **Participation in state and national programs:** *Get a Life!* helps schools participate in various state and national programs to encourage physical activity, including *SPARK* (a physical education curriculum for grades K-12); *Project Fit America* (a physical education curriculum and playground equipment); and *I'm Moving, I'm Learning* (a movement-based preschool curriculum). Links to more information on these programs can be found in the Tools and Other Resources section.
 - **Religious congregations:** Through its *Healthy Congregations* initiative, *Get a Life!* provides technical support and training to congregations seeking to improve access to healthy foods and safe places for recreation. Examples include the following:
 - **Regional board and toolkit:** The *Healthy Congregations* board includes representatives of congregations from across the region who periodically meet to share ideas, evaluate programs, organize training sessions, and support the efforts of individual congregations. The board

developed a toolkit for congregations interested in starting a health ministry. The toolkit includes information on how to develop walking trails or gardens on church property, how to make church dinners healthier, how congregants can work together to address health issues, and other ways to create a healthy environment.

- **Training for pastors and lay leaders:** The program offers several types of training for pastors and congregants. For example, in February 2010, 7 registered nurses and 19 lay health ministry leaders from 20 congregations completed 32 hours of training developed by the International Parish Nurse Resource Center.
- **Seed money:** The program provides seed money for various projects, such as church gardens, walking clubs, fitness classes, healthy food at church gatherings, and health-related special events.
 - **Employers:** The program provides support to businesses interested in developing fitness and wellness programs. For example, it recently sponsored a health summit for area employers.
- **Regional planning:** Representatives from the community health councils, health professionals, and others in the eight-county area meet quarterly to promote regional collaboration and projects in three priority areas: healthy eating and active living within faith communities, availability of local vegetables, and getting elected officials involved in these efforts. Examples of activities that came out of these gatherings include the following:
 - **Annual training for local officials:** Elected officials gather annually to learn how policy and the environment affect childhood obesity. The event typically draws about 30 people, including mayors and their staff, city council members, and aldermen.
 - **Community garden toolkit:** Members of the regional health council developed a toolkit to help communities and congregations develop gardens to encourage consumption of fruits and vegetables.

References/Related Articles

Smith B. On the road with WhyHunger: community grown—a Mississippi delta tradition. *Why Reporter*. 2008. Available at: <http://www.whyhunger.org/news-and-alerts/why-reporter/1068-on-the-road-with-whyhunger-community-grown-a-mississippi-delta-tradition.html>

Trust for America's Health. New report: Mississippi is most obese state in the nation. July 7, 2011. Available at: <http://www.healthyamericans.org/reports/obesity2011/release.php?stateid=MS>

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Did It Work?

Results

The *Get a Life!* program has been successful in encouraging key stakeholders to create multiple programs to promote improved nutrition and increased physical activity, which in a few cases have led to anecdotal reports of improvements in health-related behaviors and outcomes.

- **Better nutrition options and more opportunities for physical activity in schools:** The program has encouraged a number of schools within the targeted counties to improve nutrition options and create new opportunities for physical activity, as outlined below:
 - **Less fat in meals:** Children are eating healthier lunches at local schools where frying equipment has been replaced with ovens (so food can be baked), thus reducing the fat content of meals. At last count, 19 schools in the eight counties had installed ovens.

- **Establishment of gardens and greenhouses:** Twenty schools established gardens or greenhouses on school grounds to promote the availability of fresh herbs and vegetables at school, and to encourage students to start gardens at home.
- **New equipment and curricula to encourage physical activity:** In the eight-county region, 25 schools purchased new equipment and/or developed new curricula to encourage more physical activity during the school day. At several schools, trails have been created to encourage students and community members to walk more.
- **Systems to track health-related behaviors:** One middle school implemented a system that allows students to track their eating and exercise habits. At least half of the 430 students at the school did so, earning the school second place in a national competition to promote healthful eating habits in school-aged children.
- **More community and church gardens:** At least 11 churches and communities have established gardens to supply vegetables to residents and parishioners. Although formal numbers are not available, anecdotal evidence and press coverage indicate that increasing numbers of local residents have created backyard gardens to grow their own vegetables.⁵
- **New government policies and plans to promote healthy behaviors:** The program has led to the development and adoption by local governments of policies and environmental changes to promote healthy eating and active living. Examples include making public land available for farmer's markets, community gardens, and recreation and exercise; requiring sidewalks in new subdivisions; and limiting the availability of unhealthy foods at schools.
- **Anecdotal evidence of improved behaviors and outcomes:** Several anecdotes suggest that the stakeholder activities outlined above have begun to influence health-related behaviors and outcomes. For example:
 - **Improved fitness:** At one elementary school, student performance improved 9.1 percent for pull-ups, 29.6 percent for sit-ups, and 23.4 percent for the quarter-mile run.
 - **Weight loss:** Staff at one elementary school who participated in onsite *Weight Watchers* programs lost a total of 400 pounds in 11 weeks. At a middle school, the principal lost more than 100 pounds over the course of 2 years.

Evidence Rating (What is this?)

Suggestive: The evidence consists of post-implementation information on the activities of various stakeholders targeted by the program, along with anecdotal reports of improvements in health-related behaviors and outcomes in a few settings.

How They Did It

Context of the Innovation

The Community Foundation of Northwest Mississippi is a philanthropic organization that seeks to maximize the impact of donated dollars through opportunities for collaboration to improve education, health, and other services for youth. Since 2002, it has contributed \$4.5 million to 200 nonprofit organizations in its eight-county region. In 2004, the organization identified the state's high rate of obesity as a primary area of interest. The impetus for *Get a Life!* came from the foundation's board, which had earmarked \$60,000 to invest in childhood obesity prevention efforts. When the board and staff began looking into existing programs in the area, they found no organized efforts to address childhood obesity.

Planning and Development Process

Key steps included the following:

- **Establishing steering committee:** This committee guided the effort by assessing and evaluating community needs and programs. Initially, the committee met every month to establish focus areas, conduct focus groups, and learn the facts about childhood obesity in Mississippi. Members included health care professionals and administrators, grocery store managers, major employers, attorneys, ministers, and others. After completing its planning work, this committee became the DeSoto County Community Health Council.
- **Conducting focus groups:** The steering committee hired a consultant to organize focus groups of children, parents, and stakeholders to get their perspectives on what contributed to the childhood obesity problem and strategies to address these issues. The first focus groups were held in DeSoto County, with additional

sessions later in four other counties. The focus groups also helped program leaders decide which key stakeholders to support.

- **Researching target areas:** The steering committee decided to focus on school nutrition, physical activity, and nutrition education. Program staff and steering committee members researched different programs, tools, and curricula that have worked elsewhere in Mississippi and across the nation.
- **Developing community survey:** The foundation worked with Delta State University, Mississippi State University, and the University of Mississippi to develop a survey that can be used to identify specific opportunities for healthy eating and active living within local communities. The survey was used in one community in each county to obtain "community snapshots" that county leaders could use to evaluate access to healthy foods and safe places to play. The information provided benchmarks for planning and implementing the program in each of the eight counties.

Resources Used and Skills Needed

- **Staff:** The program had a full-time director from August 2007 to July 2010. Currently, the foundation's executive director and the community development director continue to devote time to the project. The staff of stakeholder organizations within local communities (e.g., schools, religious organizations, local government agencies, employers) participate in program-related activities as part of their regular duties.
- **Costs:** The program's annual budget has varied from year to year depending on grants received. *Get a Life!* began in 2005 with funding from the Community Foundation of Northwest Mississippi of \$50,000. Since 2007 the program's annual budget has been approximately \$172,000, which covers staff salaries; mini-grants for counties and health ministries; *Healthy Congregations* conferences; scholarships for training for faith community nurses, lay health ministry advocates, elected officials, childcare center staff, and school food service personnel; and physical fitness equipment for Head Start and childcare centers.

Funding Sources

Duke University; Robert Wood Johnson Foundation; Kellogg Foundation; Minnesota Department of Health; General Mills; Blue Cross Blue Shield of Mississippi Foundation; Bower Foundation; Dreyfus Health Foundation; Mississippi Humanities Council; Points of Light Institute; Youth Service America; MGM Mirage Voice Foundation; Rock River Foundation; Clarksdale Garden Club

Tools and Other Resources

- Healthy Congregations Toolkit, Community Foundation of Northwest Mississippi, available at: <http://www.cfnm.org/gal/Resources.htm>
- Community Gardens Toolkit, Community Foundation of Northwest Mississippi, available at: http://www.cfnm.org/gal/starting_a_garden.htm
- Fuel Up to Play 60, available at: <http://www.fueluptoplay60.com/>
- Project Fit America, available at: <http://www.projectfitamerica.org/index.html>
- SPARK, available at: <http://www.sparkpe.org>

Adoption Considerations

Getting Started with This Innovation

- **Identify local champions:** The steering committee's initial search for relevant community programs did not turn up organized efforts to address obesity in the area, but did identify local health champions who helped drive the success of the program. These included a local pastor who preached about the connection between good health and spirituality (see Back Story for more details), and a mayor who had already begun building city support for healthy habits.
- **Investigate local causes of overweight/obesity:** Cultural attitudes about weight, food, and exercise vary greatly from community to community. The focus groups held in several counties helped identify the cultural roots of the obesity problem, which allowed local champions to develop suitable programs to address those issues.
- **Build on proven resources:** Many resources already exist to help stakeholders address the obesity epidemic. For example, instead of developing their own physical education programs, many schools in the targeted counties chose to participate in already established national and state programs.

- **Start in one county, then expand:** The foundation chose to start in DeSoto County, which has the most resources in the area, including the largest population and school district. After achieving success in that county, the foundation secured a grant from the Robert Wood Johnson Foundation to expand the program to the other counties.

Sustaining This Innovation

- **Network with similar initiatives:** The program's success can be enhanced through collaboration with other efforts, thus allowing for the promotion of mutual goals and the sharing of relevant information, resources, and lessons learned. For example, representatives from several Mississippi organizations with similar goals have met during the Southern Obesity Conference, after which they began discussing development of a statewide obesity prevention plan. Similarly, a staff member from the Community Foundation of Northwest Mississippi now participates in a statewide council that has been successful in bringing about changes in state food policies.

¹ Trust for America’s Health. New report: Mississippi is most obese state in the nation. July 7, 2011. Available at: <http://www.healthyamericans.org/reports/obesity2011/release.php?stateid=MS>

² Centers for Disease Control. County level estimates of leisure-time physical inactivity, 2008. Available at: http://apps.nccd.cdc.gov/DDT_STRS2/NationalDiabetesPrevalenceEstimates.aspx?mode=PHY

³ University of Wisconsin Population Health Institute. County health rankings 2011: Mississippi. Available at: http://www.countyhealthrankings.org/sites/default/files/states/CHR2011_MS.pdf (If you don't have the software to open this PDF, download free Adobe Acrobat Reader® software.)

⁴ Community Foundation of Northwest Mississippi. Get a Life! Fighting childhood obesity: a roadmap for success. Available at: <http://www.cfnm.org/gal/PDF%20FILES/roadmap.pdf>

⁵ Smith B. On the road with WhyHunger: community grown—a Mississippi delta tradition. Why Reporter. 2008. Available at: <http://www.whyhunger.org/news-and-alerts/why-reporter/1068-on-the-road-with-whyhunger-community-grown-a-mississippi-delta-tradition.html>

Comment on this Innovation

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| Innovation Profile Classification | |
|--|---|
| Disease/Clinical Category: Overweight | Patient Care Process: Behavioral or mental health therapy |
| Patient Population: Children Impoverished Racial minorities Rural populations | Coordination of care Disparities reduction Improving access to care Improving patient self-management Outreach to patients Patient education |
| Stage of Care: Chronic care Preventive care Primary care | Primary care Primary prevention Provider-patient communication |