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Evaluating the Impact of a Community-Wide Healthy Lifestyles Coalition

DJ McCarty¹, BN Mukesh¹, BR Pfaller¹, LA Coleman¹, CS McCauley²

¹Epidemiology Research Center, Marshfield Clinic Research Foundation

²Department of Cardiology, Marshfield Clinic, Marshfield WI 54449 USA

Background: Many communities are responding locally to the obesity epidemic by forming coalitions to promote physical activity and healthy eating. Simple, low cost approaches are needed to target interventions and to evaluate overall coalition effectiveness. Conducting periodic local Behavioral Risk Factor Surveillance System (BRFSS) surveys is one means to do this. These surveys can be used to monitor health behaviors in a community over time relative to state and national trends. Here, we present results of an abbreviated BRFSS in Marshfield, Wisconsin (population 18,000), where we have formed the Marshfield-area Healthy Lifestyles Coalition.

Methods: A ten minute random telephone survey of 1500 Marshfield residents was conducted from October 2003 through September 2004 using selected core questions from the national BRFSS. Data were directly entered into the computer during interview. Survey results were age- and gender-adjusted to allow for comparisons between local, state and national data for non-Hispanic whites. The binomial distribution was used to calculate 95% confidence intervals (95% CI). Questions were added regarding familiarity with the local Healthy Lifestyles Coalition.

Results: The survey response rate was 78%; the age distribution of respondents closely matched the 2000 Census for Marshfield. Obesity was higher in Marshfield (25%, 95% CI 23%-28%) compared to Wisconsin (22%, 95%CI=20%-23%) and the US (22%). Approximately 18% (95% CI=16%-21%) of Marshfield residents smoke cigarettes, a slightly lower rate than for Wisconsin (21%, 95%CI=20%-23%) and the US (21%). Rates of physical inactivity within the past month were similar in Marshfield compared to Wisconsin and the US (19%, 17% and 20%, respectively). Only 8% (95%CI=1% to 14%) of Marshfield residents eat 5 or more servings of fruits and vegetables per day, compared with 15% (95% CI=13%-18%) for Wisconsin and 17% for the US. Familiarity with the local Healthy Lifestyles Coalition ranged from 26% for those with less than a high school education to 66% for those with a college degree.

Conclusions: This survey provides baseline measures of health behaviors in Marshfield, Wisconsin. The results can be used to target health promotion activities. Future abbreviated BRFSS surveys can provide a low cost means of evaluating the overall effectiveness of the Coalition over time.