HEALTHY ACTIVE

ARKANSAS

A 10-year Plan for Arkansas

WINTHROP ROCKEFELLER INSTITUTE

UNIVERSITY OF ARKANSAS SYSTEM

CONTENTS

Introduction

DEFINITION OF OVERWEIGHT AND OBESITY

For adults, Body Mass Index is a number calculated using a person's height and weight. BMI is an indicator of body fatness. A BMI of 25 to 29.9 constitutes overweight; a BMI of 30 or more constitutes obesity.

For children and adolescents ages 2–19, BMI is calculated the same as for adults. In addition, the BMI number must be plotted on a CDC BMI-for-age growth chart (for either boys or girls) to obtain a percentile ranking. The age- and sex-specific percentiles take into account varying growth rates and different body composition. A BMI percentile at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex constitutes overweight. A BMI at or above the 95th percentile for children of the same age and sex constitutes obesity.[1] (For BMI calculators and charts, see resources in Appendix B.)

For the year 2012, 34.2 percent of adults in Arkansas were classified as overweight, and 34.5 percent as obese[2] (based on self-reported data. There is evidence that measured rates are approximately 50 percent higher[3]).

For the 2012-2013 assessment period, measured rates for overweight and obesity in Arkansas public school students in grades K, 2, 4, 6, 8 and 10 were 16.8 percent overweight and 20.7 percent obese.[4]

What does a healthy, active Arkansas look like? It's a state in which all of our citizens enjoy access to wholesome foods and opportunities for fun, exertive activities.

It's one in which individuals are more apt to maintain healthy weights, allowing them as well as businesses and communities to prosper from lower health care expenses, higher productivity and improved quality of life.

Healthy Active Arkansas is a vision that can be a reality.

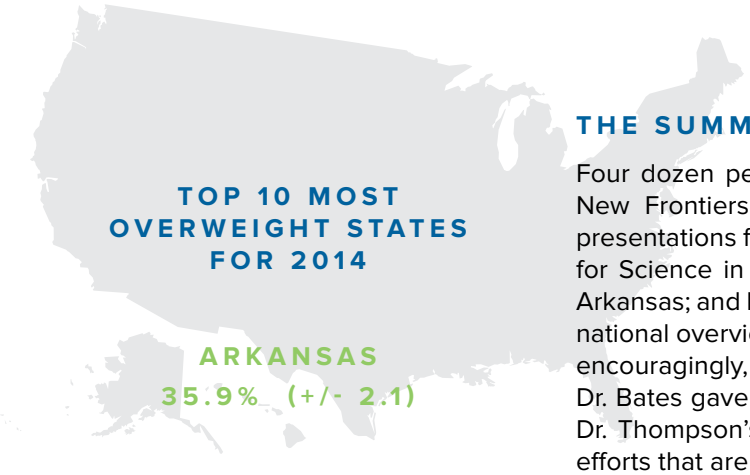
This report provides a framework of research-based strategies to guide community-based efforts to reduce obesity — a major factor to improving health — on the home front, accompanied by efforts that must be orchestrated on the state level.

HEALTHY ACTIVE ARKANSAS: THE GENESIS OF AN IDEA

Arkansas is a place where healthy lifestyles are achievable. Between the abundance of outdoor recreation opportunities, the state's longstanding farming tradition and the presence of world-renowned health care organizations and facilities, Arkansas has the type of environment and resources that can contribute to a healthy population.

There are some clear steps that need to be taken to achieve more positive health outcomes in Arkansas, and one of those steps began in late 2012. That's when senior staff at the Winthrop Rockefeller Institute met with a group of science researchers, primarily from the University of Arkansas for Medical Sciences and the University of Arkansas at Fayetteville, who were engaged in projects that could have significant impact on the health of the state. We discussed how the Institute could be involved with efforts to reduce obesity in the state, given many other adverse health outcomes are tied to obesity. As a result of ensuing conversations with representatives from other Arkansas entities involved in improving health outcomes, including the Surgeon General's Office, the Arkansas Center for Health Improvement, the Arkansas Coalition for Obesity Prevention and the Arkansas Department of Health, among others, it was decided that the best use of the Institute's facilities and resources would be to convene a group that could develop a framework for a new plan to improve health in Arkansas.

Advisory, scientific and steering committees were created, and roughly a year went into planning the New Frontiers in Combating Obesity summit, to be held at the Institute in December of 2013. The summit was conceived as a heavily facilitated planning session that would bring together the best minds currently at work solving the problem of obesity in Arkansas to discuss best practices and make solid recommendations for a comprehensive new 10-year plan. Leaders in health care, education, business, nonprofits, research, foundations, policy and state and local government were engaged to apply their experience and expertise to the issue.



TOP 10 MOST OVERWEIGHT STATES FOR 2014

ARKANSAS
35.9% (+/- 2.1)

WEST VIRGINIA
35.7% (+/- 1.5)

MISSISSIPPI
35.5% (+/- 2.1)

LOUISIANA
34.9% (+/- 1.5)

ALABAMA
33.5% (+/- 1.5)

OKLAHOMA
33.0% (+/- 1.3)

INDIANA
32.7% (+/- 1.2)

OHIO
32.6% (+/- 1.5)

NORTH DAKOTA
32.2% (+/- 1.8)

SOUTH CAROLINA
32.1% (+/- 1.2)

Trust for America's Health and Robert Wood Johnson Foundation. The State of Obesity: Better Policies for a Healthier America. Washington, DC 2015. http://healthyamericans.org/assets/files/TFAH-2015-ObesityReport-final.22.pdf

THE SUMMIT

Four dozen people came together at the Winthrop Rockefeller Institute for the New Frontiers in Combating Obesity summit, which kicked off with keynote presentations from Dr. Margo Wootan, the director of nutrition policy for the Center for Science in the Public Interest; Dr. Joe Bates, deputy state health officer for Arkansas; and Dr. Joe Thompson, surgeon general for Arkansas. Dr. Wootan gave a national overview that focused on federal and community programs, and stressed, encouragingly, that Arkansas can be a leader and is already on the right path. Dr. Bates gave an overview of obesity statistics in Arkansas, setting the stage for Dr. Thompson's presentation, which highlighted specific groups, individuals and efforts that are already making an impact.

Fired up from Dr. Thompson's talk, the larger group of participants dispersed into smaller discussion groups, each of which would focus on one of eight priority areas that had been developed by the steering committee based on Institute of Medicine (IOM) goals. These priority areas were: Nutrition Standards in Schools; Physical Activity and Education in Schools; Government/Private Sector/Institutional Nutrition Standards; Physical and Built Environment; Healthy Worksites; Breastfeeding; Sugar-Sweetened Beverage Reduction; and Marketing. (During discussions, a new priority area was identified: Access to Healthy Foods, which is also based on IOM goals.) The purpose of the discussions was to devise a set of objectives and actions for each priority that would form the basis of the framework.

Mitchell Communications of Fayetteville, Arkansas, conducted the two-day facilitation and produced a record of the proceedings, including recommendations for the next steps. In addition to the drafting of the framework itself, the primary recommendation was the formation of an Arkansas obesity prevention commission or foundation. This independent entity would take ownership of the framework and oversee both the creation and implementation of the new statewide plan to improve overall health by reducing obesity.

WHY THIS IS IMPORTANT: ARKANSAS PORTRAIT

When Arkansas passed Act 1220 of 2003, which mandated the measurement and confidential reporting of the Body Mass Index (BMI) of schoolchildren, new and important ground in the effort to reduce obesity was broken, and Arkansas emerged as a leader in addressing childhood obesity through school-based interventions. Subsequent to that legislation—which also required the creation of the Child Health Advisory Committee (CHAC), which makes recommendations to the state Board of Education and Board of Health; the development of nutrition and physical activity standards, along with local school district committees to promote them; the limitation of access to vending machines in schools; and the disclosure of school revenues from competitive food contracts—came numerous programs, efforts and initiatives to improve Arkansas children's health.

Evaluations during the years following the passage of 1220 showed marked improvements: the rise in obesity rates in children has plateaued, and policies regarding nutrition and physical activity have been implemented in more and more schools. Other states looked to Arkansas as a model, and began to adopt similar policies.

Despite many successes, adult obesity rates in Arkansas have continued to rise. A 2014 report from the Robert Wood Johnson Foundation and the Trust for America's Health showed that in 2013 Arkansas was the third most obese state in the nation, the same as in 2012.[5] In 2014, Arkansas had risen to become the most obese state in the nation, according to the 2015 edition of that report.

1.25 Billion

ANNUAL OBESITY-ATTRIBUTABLE EXPENDITURES IN ARKANSAS, OF WHICH NEARLY 40% IS FINANCED BY MEDICARE AND MEDICAID.[6]

ANNUAL MEDICAL COSTS FOR OBESE ADULTS WERE $1,429 HIGHER THAN FOR PEOPLE OF A HEALTHY WEIGHT IN 2006.[7]

IN ARKANSAS NEARLY 760,000 ADULTS ARE OBESE.[8]

When comparing the average annual total cost of health care for normal weight and obese Arkansans, the costs increased with age at a greater rate for the obese group. The cost difference was **8%** at ages 10-14 progressively growing to **104%** by ages 65-74.[9]

Reducing the average BMI of Arkansans by only 5 percent could lead to health care savings of more than **$2 billion** in 10 years and **$6 billion** in 20 years, while also preventing thousands of cases of stroke, coronary heart disease, type 2 diabetes, hypertension and cancer. [10]

OBESITY CAUSES OR EXACERBATES NUMEROUS CHRONIC DISEASES & CONDITIONS, INCLUDING:

- **Cardiovascular disease**
- **Type 2 diabetes**
- **Various cancers**
- **High blood pressure**
- **Hypertension**
- **High cholesterol**
- **Stroke**
- **Liver and gallbladder disease**
- **Arthritis**
- **Asthma**
- **Metabolic syndrome**
- **Sleep disorders**
- **Depression**

In 2009, total hospital charges for **cardiovascular disease** in Arkansas totaled over **$2.1 billion**.[11] In 2012, hospital costs in Arkansas for **stroke** totaled **$57 million**.[12] Obesity increases the likelihood of stroke by **64%**.[13] Costs for **hypertension** totaled **$3.6 million**, and for **asthma** totaled **$13 million**.[14]

SPECIAL PORTRAIT: DIABETES AND OBESITY

Nearly a quarter of a million adults in Arkansas have diabetes[15] and 85% of diabetics are overweight.[16] The cost of diabetes in Arkansas for 2007 was estimated at $1.4 billion.[17] Diabetes causes 38% of all kidney failure, and 40% of diabetics will develop chronic kidney disease (CKD). In 2009, national Medicare expenditures for people with CKD and diabetes were $18 billion. The savings to Medicare for each kidney disease patient who does not go on dialysis is estimated to be $250,000.[18]

WHO SHOULD USE THE FRAMEWORK?

ANYONE can use this framework! Examples include:

- Businesses/Employers
- Chambers of Commerce
- Colleges and Universities
- Communities
- Consumers
- Daycares/Early Childhood Education
- Elected Officials
- Health Care Systems and Providers
- Local and State Governments
- Media
- Parks and Recreation
- Professional Organizations, Nonprofits,
- Foundations, and Service Groups
- Religious/Faith-based Organizations
- Restaurants/Grocers
- Schools
- Transportation/City/Urban Planners
- Worksites

THE FRAMEWORK

This framework for encouraging and enabling healthier lifestyles in Arkansas was developed via a series of facilitated discussions among leaders in the field who were selected by the conference advisory, steering and scientific committees (full list in appendix C). The priority areas are modeled after IOM goals outlined in their 2012 report *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*. The discussions during the conference and at two subsequent meetings focused on refining the priority areas and on developing strategies and action steps to be completed within a reasonable timeframe.

In order for the state's priorities to be realized, Arkansas will need a new organization to provide infrastructure, authority and ownership. This entity will be responsible for planning, implementation, oversight and ongoing leadership. Funding for this organization will need to be secured from private and public sources.

These are the nine priority areas this framework is built around:

1. PHYSICAL AND BUILT ENVIRONMENT: Encourage all stakeholders to create livable places that improve mobility, availability and access within the community where they live, work and play.
2. NUTRITIONAL STANDARDS IN GOVERNMENT, INSTITUTIONS AND THE PRIVATE SECTOR: Ensure uniform access to healthy foods and beverages to consumers in government, institutional and private sector settings.
3. NUTRITIONAL STANDARDS IN SCHOOLS—EARLY CHILD CARE THROUGH COLLEGE: State and local governments, early child care providers, school districts and colleges will provide food and beverages that align with the Dietary Guidelines for Americans and promote health and learning.
4. PHYSICAL EDUCATION AND ACTIVITY IN SCHOOLS—EARLY CHILD CARE THROUGH COLLEGE: State and local governments, early child care providers, school districts and colleges ensure that all students have opportunities for daily physical activity and quality physical education that promotes healthy lifestyles.
5. HEALTHY WORKSITES: Worksites will establish healthy environments that promote good health through prevention, reduce health care costs associated with chronic illness and disability and improve employee productivity.
6. ACCESS TO HEALTHY FOODS: State and local governments and other stakeholders will promote education, public policies and access to affordable healthy foods for all Arkansans.
7. SUGAR-SWEETENED BEVERAGE REDUCTION: Decision-makers in the business community/private sector, nongovernmental organizations, educational institutions and at all levels of government will adopt comprehensive strategies to reduce overconsumption of sugar-sweetened beverages in worksites, public places, recreational facilities and schools.
8. BREASTFEEDING: Women, health service providers, employers, communities and other key stakeholders will adopt, implement and monitor policies that support and increase the proportion of mothers who initiate and continue optimal breastfeeding practices.
9. MARKETING PROGRAM: Develop and implement a robust, sustained and culturally appropriate targeted communications and marketing program aimed at changing norms and behaviors with respect to physical activity and nutrition.

Strategies and action steps for each priority area are organized into timespan tiers that suggest the number of **YRS** in which an action step might feasibly be accomplished.

Our single, overarching goal: To increase the percentage of adults, adolescents and children who are at a healthy weight."

THE FRAMEWORK:

Priority Areas, Strategies and Action Steps

HEALTHY COMMUNITY DESIGN

The way we design and build our communities can affect our physical and mental health. This fact sheet explains healthy community design and its health benefits.

What Is Healthy Community Design?

Healthy community design is planning and designing communities that make it easier for people to live healthy lives. Healthy community design offers important benefits:

- Decreases dependence on the automobile by building homes, businesses, schools, churches and parks closer to each other so that people can more easily walk or bike between them.
- Provides opportunities for people to be physically active and socially engaged as part of their daily routine, improving the physical and mental health of its citizens.
- Allows persons, if they choose, to age in place and remain all their lives in a community that reflects their changing lifestyles and changing physical capabilities.
- Ensure access to affordable and healthy food, especially fruits and vegetables.

What Are the Health Benefits of Healthy Community Design?

Healthy community design can provide many advantages:

- Promote physical activity.
- Improve air quality.
- Lower risk of injuries.
- Improve healthy eating habits.
- Increase social connection and sense of community.
- Reduce contributions to climate change.

What Are Some Healthy Community Design Principles?

Healthy community design includes a variety of principles:

- Encourage mixed land use and greater land density to shorten distances between homes, workplaces, schools and recreation so people can walk or bike more easily to them.

1 PHYSICAL AND BUILT ENVIRONMENT

Defining Statement

Encourage all stakeholders to create livable places that improve mobility, availability and access within the community where they live, work and play.

Strategies and Action Steps

1. Create communities that are denser and more connected and livable, incorporating mixed-use neighborhoods, safety, walkability and access to schools and other positive destinations and healthy food options.
   a. Provide resources, technical assistance and education to the community on policy, environmental and systems changes **5 YRS**
   b. Create master community, park and recreational facility plans that encourage physical activity **10 YRS**
   c. Create master pedestrian and bike plans at community level that connect to AR State Highway Dept. Statewide Bicycle and Pedestrian Plan **10 YRS**
   d. Develop plans and policies to create public spaces for people using all forms of mobility (wheelchair, stroller, bicycle, etc.) **10 YRS**

   Partners: ArCOP, MetroPlan, Safe Routes to School, ADE, ADH, local leaders, Municipal League, Arkansas Association of Counties, Developers

2. Encourage design principles that support a statewide healthy highways policy.
   a. Incorporate Health Impact Assessments into highway design requirements **2 YRS**
   b. Educate stakeholders along the proposed roadway construction route on design principles **10 YRS**
   c. Promote grassroots support of Complete Streets principles in every community across Arkansas **10 YRS**
   d. Adopt a statewide healthy highways policy using Complete Streets principles **10 YRS**
   e. Work with city, county and other planners to incorporate increased Connectivity Index scores into relevant policies and regulations **2 YRS**

   Partners: State Government, Metroplan, AHTD, ArCOP, ACHI, local leaders, Municipal League, AAC

3. Ensure the built environment supports access to sources of healthy foods.
   a. Conduct walkability assessments that identify access to sources of healthy foods **10 YRS**
   b. Support zoning legislation that increases access to healthy foods (e.g. community gardens, groceries, restaurants)

   Partners: Community members, ArCOP, neighborhood leaders, student organizations, CSPS, civic organizations

- Provide good mass transit to reduce the dependence upon automobiles.
- Build good pedestrian and bicycle infrastructure, including sidewalks and bike paths that are safely removed from automobile traffic as well as good right of way laws and clear, easy-to-follow signage.
- Ensure affordable housing is available for people of all income levels.
- Create community centers where people can gather and mingle as part of their daily activities.
- Offer access to green space and parks.
- Create outlets for fresh fruits and vegetables, such as community gardens and farmers markets.

Conclusion

Designing and building healthy communities can improve the quality of life for all people who live, work, worship, learn and play within their borders—where every person is free to make choices amid a variety of healthy, available, accessible and affordable options

For more information, go to http://www.cdc.gov/healthyplaces.

4. Increase formal joint-use agreements between communities and organizations such as schools and faith-based organizations to provide access to physical activity areas.
   a. Increase awareness of joint-use agreements with schools, faith-based organizations, etc. and potential partners **2 YRS**
   b. Increase number of school districts with policies supportive of joint-use agreements **2 YRS**
   c. Provide model joint-use policies to communities, schools, faith-based organizations and others **2 YRS**

   Partners: ADE, ArCOP, city government, school districts, AAEA, ASBA

5. State, county and local policy makers will create incentives to encourage denser, more walkable communities and multi-use developments.
   a. Create a statewide award similar to Leadership in Energy and Environmental Design (LEED) certification or Active Community Environments (ACE) philosophy that is based on healthy community "livability" **2 YRS**

   Partners: Local leaders, ArCOP, community members, chambers of commerce, ADPT

6. Create a shared community vision to develop and improve livability and economic vitality.
   a. Utilize focus groups, needs assessments and town hall meetings to identify shared values **2 YRS**
   b. Create action plan based on shared values **2 YRS**
   c. Market the shared vision of the community **5 YRS**

   Partners: Local leaders, ArCOP, community members, chambers of commerce, ADPT

2 NUTRITIONAL STANDARDS IN GOVERNMENT, INSTITUTIONS AND THE PRIVATE SECTOR

Defining Statement

Ensure uniform access to healthy foods and beverages to consumers in government, institutional and private sector settings.

Strategies and Action Steps

1. Implement Health and Sustainability Guidelines for Federal Concessions and Vending Operations. **2 YRS**
   a. Create a distribution plan for the guidelines **2 YRS**
   b. Implement the guidelines via multiple avenues, e.g. a pilot program, changes in organizational policy among different sectors, legislation, Executive Order **5 YRS**
   c. Continually evaluate, adjust and identify best practices, and market success stories to other organizations

   Partners: Governor's office, ADH, AHA, DHS, ARFEA, ARML, chambers of commerce, AAC, SBA, state and local government

2. Generate a culture of and a demand for healthier foods. **10 YRS**
   a. Create a marketing plan for healthier options that includes components such as differential pricing, product placement, messaging, taste-testing **2 YRS**
   b. Increase awareness of the wide array of healthy, delicious, better-tasting options **2 YRS**
   c. Work with vendors to provide healthy food and beverage options **2 YRS**
   d. Phase in the sale/provision of foods and beverages to primarily healthy options **5 YRS**

   Partners: Governor's office, ADH, AHA, DHS, ARFEA, ARML, chambers of commerce, AAC, SBA, state and local government

WAYS TO ENCOURAGE CHILDREN TO HAVE POSITIVE ATTITUDES TOWARD FOOD

Food Preparation and Snack Time Activities are a Shared Responsibility

- Have a positive attitude toward foods and the mealtime experience. Remember, a negative attitude expressed by adults and children may influence other children not to try that food.
- When introducing new food to children, serve a small amount of the new food along with more popular and familiar foods.
- Include children in the food activities to encourage children to try new foods and also to gain self-confidence.
- Serve finger foods such as meat or cheese cubes, vegetable sticks, or fruit chunks. Foods cut smaller are easier for children to handle.
- Do not force a child to eat. Children often go through food jags. It is normal for a child to ask for second helpings of food one day, yet eat very lightly the next day.
- Provide a comfortable atmosphere at mealtime. Mealtime is also a social activity. Therefore, allow children to talk with others.
- Encourage children to eat food or new foods in a low-key way. For instance, read a book about a new food that will be served that day, and serve the new food at snack time when children are hungrier.
- Introduce a new food five or six times over a few weeks, instead of only once or twice. The more exposure children have to a food, the more familiar and comfortable it becomes and the more likely they will be to try the food.
- Offer the new food to a child who eats most foods. Children usually follow other children and try the food.
- Have staff eat with the children. Have them eat the same foods that have been prepared for the children.
- Do not offer bribes or rewards for eating foods. This only reinforces that certain foods are not desirable. Respect refusals.

Taken from Healthy Heart Snack Choices, a facts sheet from the Cornell Cooperative Extension; Cornell University, Plainview, New York

3 NUTRITIONAL STANDARDS IN SCHOOLS—EARLY CHILD CARE THROUGH COLLEGE

Defining Statement

State and local governments, early child care providers, school districts and colleges will provide food and beverages that align with the Dietary Guidelines for Americans and promote health and learning.

Strategies and Action Steps

1. Provide mandatory evidence-based nutrition education to improve the health of children attending early child care centers through college. **5 YRS**
   a. Enact legislation requiring evidence-based nutrition education
   b. Identify and disseminate evidence-based nutrition instruction resources with a focus on hands-on, experiential learning (school gardens, etc.)
   c. Provide students a minimum of 20 hours of healthy food education/ activities per year
   d. Provide professional development opportunities for instructional staff in the content area of nutritional education

   Partners: DHS, ADE, ADHE, UAEX, ARHRA, professional organizations, health advocacy groups

2. Increase participation in federally funded school meal programs. **5 YRS**
   a. Develop a marketing plan targeting nonparticipating schools and early child care centers
   b. Require federally funded school meal programs to develop and implement an annual marketing plan in collaboration with district wellness committees
   c. Provide training and professional development according to state and federal guidelines for child nutrition directors and food service staff, with a focus on quality
   d. Require all school districts with a minimum of 3,000 students to employ a registered dietitian

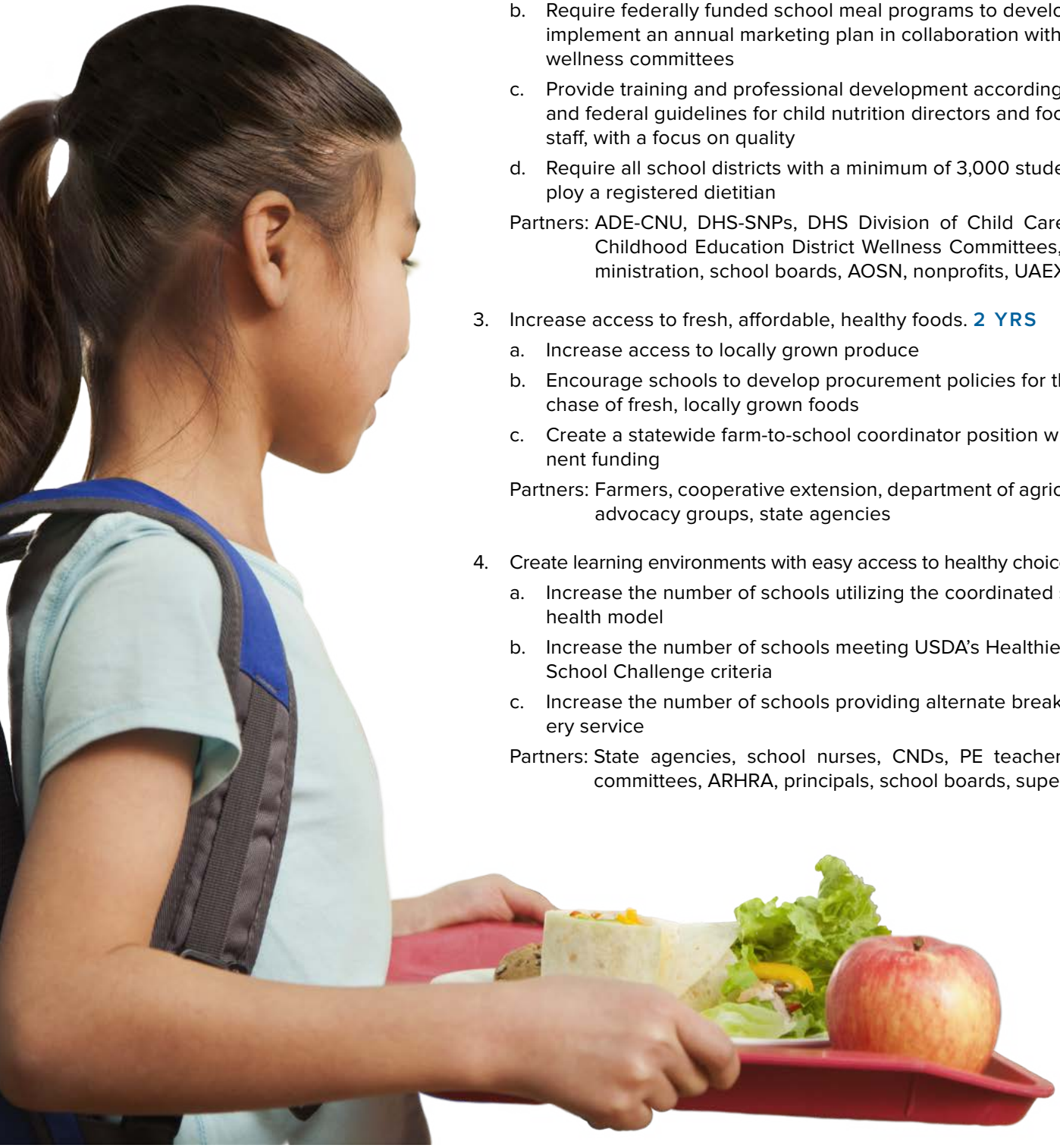
   Partners: ADE-CNU, DHS-SNPs, DHS Division of Child Care and Early Childhood Education District Wellness Committees, school administration, school boards, AOSN, nonprofits, UAEX, ARHRA

3. Increase access to fresh, affordable, healthy foods. **2 YRS**
   a. Increase access to locally grown produce
   b. Encourage schools to develop procurement policies for the purchase of fresh, locally grown foods
   c. Create a statewide farm-to-school coordinator position with permanent funding

   Partners: Farmers, cooperative extension, department of agriculture, farm advocacy groups, state agencies

4. Create learning environments with easy access to healthy choices. **2 YRS**
   a. Increase the number of schools utilizing the coordinated school health model
   b. Increase the number of schools meeting USDA's Healthier US School Challenge criteria
   c. Increase the number of schools providing alternate breakfast delivery service

   Partners: State agencies, school nurses, CNDs, PE teachers, wellness committees, ARHRA, principals, school boards, superintendents



4 PHYSICAL EDUCATION AND ACTIVITY IN SCHOOLS—EARLY CHILD CARE THROUGH COLLEGE

Defining Statement

State and local governments, early child care providers, school districts and colleges ensure that all students have opportunities for daily physical activity and quality physical education that promotes healthy lifestyles.

Strategies and Action Steps

1. Create an environment that complies with appropriate physical activity federal standards.
   a. Comply with federal guidelines for physical activity **2 YRS**
   b. Research and recommend a state-level system of measurement for physical activity **2 YRS**
   c. Provide a "menu" of activity that demonstrates how federal guidelines for physical activity can realistically be achieved **2 YRS**

   Partners: ADE, ArCOP, ACH, ADH, DHS, AAPHERD (SHAPE), CHAC, ASBE, legislature, school administration, DHS-ECC, ADHE

2. Create a mindset that promotes lifelong physical activity.
   a. Promote activities that have continuity into adulthood
   b. Create opportunities for "intergenerational" physical activity (kids should see the adults in the environment doing it as well— teachers, administrators and parents) **2 YRS**
   c. Link physical education and activity with the community through joint-use agreements **2 YRS**
   d. Promote activities that encourage students to walk or bike safely to school (e.g. walking school bus, bike education programs, etc.) **2 YRS**

   Partners: ADE, schools, community leaders, ArCOP, ADH, AAPHERD/SHAPE, school districts, athletic assn., Boys/Girls Club

3. Integrate physical activity with learning.
   a. Integrate physical activity strategies into the AR Curriculum Frameworks **5 YRS**

   Partners: ADE, ASBE, ArCOP, AACF, ACH, Natural Wonders

5 HEALTHY WORKSITES

Defining Statement

Worksites will establish healthy environments that promote good health through prevention, reduce health care costs associated with chronic illness and disability and improve employee productivity.

Strategies and Action Steps

1. Help employers establish effective wellness programs for their worksites. **10 YRS**
   a. Collect and use evidence-based best practices
   b. Develop a communication plan to reach and enlist decision-makers, leaders, stakeholders and worksite champions
   c. Advocate for tax incentives, insurance premium reductions, etc. for employers
   d. Advocate for and implement employee incentives

2. Help employers reduce the health care costs of obesity-related chronic conditions. **10 YRS**
   a. Measure the level of obesity-related chronic conditions at worksites
   b. Educate employees on chronic conditions, prevention and treatment options
   c. Employers and insurers provide support programs for obesity related chronic conditions internally or through outreach
   d. Implement worksite wellness policies or formal written agreements to decrease obesity-related chronic conditions
   e. Encourage individual employers to adopt *Health and Sustainability Guidelines for Federal Concessions and Vending Operations*
   f. Provide employers with model policies around other wellness topics

3. Create a more effective worksite by educating employers about the business case for worksite wellness. **10 YRS**
   a. Work to compile, analyze, and utilize health trend data such as medical and pharmacy costs, short and long-term disability, absenteeism, etc.
   b. Compile and share success stories from Arkansas employers that have realized a positive ROI from their worksite wellness initiatives

4. Increase the number of worksite wellness programs and employee participation in those programs. **2 YRS**
   a. Establish a statewide healthy employer recognition system
   b. Develop a web-based tracking system to collect and share aggregate employer and employee wellness participation data
   c. Utilize data collected to tailor a worksite wellness program to a specific worksite guided by external vendors such as: state and local government agencies, non-profits, insurance companies, employee assistance companies and wellness vendors

   Partners: ArCOP, ADH, ADE, chambers of commerce, hospitals, businesses, insurance providers, schools, CAHRA, AHA, EHCARK

6 ACCESS TO HEALTHY FOODS

Defining Statement

State and local governments and other stakeholders will promote education, public policies and access to affordable healthy foods for all Arkansans.

Strategies and Action Steps

1. Work to eliminate food deserts.
    a. Work with Arkansas Economic Development Commission to address and incentivize access to healthy foods (gas stations, convenience stores, discount outlets, groceries) **2 YRS**
    b. Promote nutrition education in retail food outlets **2 YRS**
    c. Educate policy- and decision-makers about access issues **2 YRS**
    d. Identify local resources that can be utilized for food distribution (buildings, people and money) **2 YRS**
    e. Develop local partnerships to ensure food outlets are making the healthy choice the easy choice **5 YRS**

    Partners: AGRMA, AEDC, ADH, UAEX, ARHRA

2. Expand local garden projects, small farms, farmers' markets and gleaning programs.
    a. Expand participation in UAEX and AAD MarketMaker/Arkansas Grown programs **5 YRS**
    b. Increase number of farmers and stakeholders participating in gleaning programs **5 YRS**
    c. Establish a farm-to-school program with a full-time program coordinator **5 YRS**
    d. Expand number of school and community gardens **2 YRS**
    e. Establish a mechanism for developing local farmers' markets and mobile markets **2 YRS**
    f. Collaborate to educate and assist the start-up of small farm operations **5 YRS**
    g. Create mechanisms to facilitate the growth of urban farming **5 YRS**

    Partners: AR Farm to School, AAD, DOC, UAEX, ARHRA, AFMA, AR Locally Grown, ArCOP

CREATING ACCESS TO HEALTHY, AFFORDABLE FOOD

The Farm Bill defines a "food desert" as "an area in the United States with limited access to affordable and nutritious food, particularly such an area composed of predominately lower-income neighborhoods and communities." Using the USDA Food Desert Locator Tool, we can determine that of Arkansas's 75 counties, 64 contain tracts where low-income neighborhoods do not have a source for healthy foods within one mile in urban areas and within 10 miles in rural areas. That's 85%!

The USDA has many programs that can help communities improve access to healthy foods.

To learn more about food deserts and programs that support access to healthy foods, visit the USDA's Agricultural Marketing Service at http://apps.ams.usda.gov/fooddeserts/Default.aspx

3. Increase participation in nutrition assistance programs.
   a. Increase participations in all USDA food programs **2 YRS**
   b. Increase number of farmers' markets accepting EBT, WIC, etc. **2 YRS**
   c. Increase participation in farmers' markets by removing barriers and improving access **2 YRS**

   Partners: AFMA, UAEX, ARHRA, DHS, ADE, ArCOP

4. Utilize evidence-based nutrition education programs.
   a. Increase awareness of need for nutrition education among key stakeholders (faith-based organizations, school and community leaders, parents, food outlets, businesses, etc.) **5 YRS**
   b. Increase participation in community-based resources/programs such as Cooking Matters, Cooking Matters at the Store, SNAP-Ed, Expanded Food and Nutrition and Education Program **2 YRS**
   c. Increase training opportunities in nutrition education for care givers (elderly, chronic diseases, etc.) **5 YRS**
   d. Mandate statewide comprehensive pre-K-12 nutrition education **10 YRS**
   e. Integrate nutrition education into core content areas **10 YRS**
   f. Ensure inclusion of nutrition courses as degree requirement for education majors **10 YRS**
   g. Strengthen requirement for licensure in early child care settings to include nutrition standards and nutrition education **5 YRS**
   h. Educate after-school program providers in nutrition and nutrition education **2 YRS**
   i. Require federal and state funded after-school programs to meet nutrition standards **5 YRS**

   Partners: UAEX, ARHRA, DHS, ADHE, ADE, AOSN

5. Educate health care professionals and cross-functional hospital teams in nutrition education and about access to healthy food.
   a. Ensure integration of nutrition assessment, lifestyle modification and the role of nutrition and physical activity in disease management and prevention in medical school and allied health curricula and continuing education opportunities
   b. Assist with best practices in establishing hospital-based food pantries
   c. Develop programs to link access to food and nutrition education to health care teams

   Partners: AHA, UAEX, ARHRA, ARCHWA, care coordinators, hospital chaplains, PCMH, social workers

6. Expand current public policies to assure inclusion of healthy foods, such as by increasing state food-purchasing program to include fresh fruits and vegetables for distribution to low-income Arkansans.

   Partners: ARHRA, DFA, AAD

7 SUGAR-SWEETENED BEVERAGE REDUCTION

Defining Statement

Decision-makers in the business community/private sector, nongovernmental organizations, educational institutions and at all levels of government will adopt comprehensive strategies to reduce overconsumption of sugar-sweetened beverages in worksites, public places, recreational facilities and schools.

Strategies and Action Steps

1. Reduce consumption of sugar-sweetened beverages (SSBs) in worksites, public places and recreation.
   a. Develop educational messages to agencies, businesses and the public **2 YRS**
   b. Review model policies and adapt and distribute them to local and state partners **2 YRS**
   c. Work with local and state partners to initiate policies that will lead to decreased intake of sugar-sweetened beverages **2 YRS**
   d. Create an advocacy campaign to address need, urgency and cost benefit of SSB reduction targeted at decision-makers (such as HR and administration) **5 YRS**
   e. Review model beverage contract language, adapt as needed and distribute to local and state partners **2 YRS**
   f. Identify lead corporations (e.g. hospitals) to adopt SSB policies, then recruit other businesses to participate **5 YRS**

   Partners: ADH, ACHI, ADPT, chambers of commerce, state and local government, UAEX, ARML, AAC, ArCOP, faith-based organizations, worksites, HHI coalitions, ArAND, ADE, AHA, ACS, ADA

2. Reduce consumption of SSBs in schools.
   a. Review model beverage contract language, adapt as needed, and distribute through local and state partners **2 YRS** [see appendix C]
   b. Develop and implement district policies that prohibit the sale of SSBs **5 YRS** [see appendix C]
   c. Incorporate SSB policy implementation, as needed, into the Wellness Priority of the Arkansas Consolidated School Improvement Plan (ACSIP) to assure accountability **2 YRS**
   d. Develop local means (in addition to state agency reviews) to perform policy compliance checks **2 YRS**
   e. Develop a recognition system for achievements in SSB reduction within local school districts **5 YRS**
   f. Utilize campaigns to increase consumption of water and fat-free/low-fat milk **2 YRS**

   Partners: School boards, school wellness committees, PTAs/PTOs, school administration, ADE, ADE-CNU, professional education associations, professional school health associations, ASNA, MDC, ArCOP, CHAC, ACHI, ADH, AAA

3. Use policy incentives and disincentives (such as limits on time SSBs are available, size of containers and/or product mix) that will impact sugar-sweetened beverage purchases.
   a. Increase water availability through pricing strategies, product location/placement and free water fountains **2 YRS**
   b. Increase fat-free/low-fat milk availability through pricing strategies and product location/placement **2 YRS**
   c. Require caloric labeling of SSBs in vending machines **5 YRS**
   d. Limit portion size of all SSBs sold in state and local government owned or operated facilities **10 YRS**
   e. Promote a "kids-meal" default beverage as fat-free/low-fat milk **5 YRS**

   Partners: ADH, ACHI, ArCOP, HHI, ArAND, ADE, ADPT, chambers of commerce, state and local government, UAEX, ARML, faith-based organizations, worksites, AHA, ACS, ADA, AAC

4. Eliminate use of SSBs in licensed day care centers.
   a. Develop and implement policies through DHS Child Care Licensing (CECE) to eliminate the use of SSBs
   b. Increase free water availability at all times
   c. Utilize campaigns to increase consumption of water and milk (fat-free/low-fat for children age 2 and older)

   Partners: DHS, ArCOP, AECA, school districts, AOHC

EASY STEPS TO SUPPORTING BREASTFEEDING EMPLOYEES

1. Privacy for milk expression.

This can be a woman's private office (if it can be locked) or an onsite, designated lactation room(s) with an electrical outlet where breastfeeding employees can use a pump to express milk during the work period.

2. Flexible breaks and work options.

Women need to express milk about every 3 hours, or two to three times during a typical work day. Each milk expression time takes around 15 minutes, plus time to go to and from the lactation room.

3. Education.

Employer-provided information and resources accessible through the worksite during pregnancy and after the baby is born help prepare women for balancing the requirements for breastfeeding with their job responsibilities. This information is also beneficial for expectant fathers. Companies that provide lactation information and support for male employees and their partners have lower absenteeism rates among men and lower health insurance claims.

4. Support.

A positive, accepting attitude from upper management, supervisors, and coworkers helps breastfeeding employees feel confident in their ability to continue working while breastfeeding.

Easy Steps to Supporting Breastfeeding Employees. Published in 2008 by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau. For more information: http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/easy-steps-to-supporting-breastfeeding-employees.pdf

8 BREASTFEEDING

Defining Statement

Women, health service providers, employers, communities and other key stakeholders will adopt, implement and monitor policies that support and increase the proportion of mothers who initiate and continue optimal breastfeeding practices.

Strategies and Action Steps

1. Develop programs, provide support, and build awareness that breastfeeding is the optimal way of providing young infants with nutrients they need for healthy growth and development. **2 YRS**
   a. Promote evidence based breastfeeding education and certification programs for medical providers, including students of health care professions
   b. Create a statewide resource guide for International Board Certified Lactation Consultant breastfeeding support
   c. Provide adequate inpatient and outpatient lactation support for ALL women who give birth in the state of Arkansas
   d. Establish reimbursement for lactation consultation from public and private insurance plans
   e. Provide evidence based education for families to promote breastfeeding with a focus on low-income Arkansans

   Partners: Universities, professional groups, government agencies, AHA, ADH, ARBFC, ADHE, AATYC, LLLA, ACOG-AR, AAP-AR

2. Encourage adoption of "baby friendly" guidelines as outlined by *The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies*. **2 YRS**
   a. Promote the concept and benefit of "baby friendly" to all birthing facilities
   b. Establish incentives and recognition for facilities that achieve baby-friendly status

   Partners: Birthing hospitals and facilities

3. Develop awareness and encourage limitations on the marketing practices of infant formula. **10 YRS**
   a. Review and adopt policy elements as they relate to The World Health Organization's (WHO) *International Code of Marketing of Breast-milk Substitutes* (the Code) as reflected in *The CDC Guide to Strategies to Support Breastfeeding Mothers & Babies*
   b. Promote these policies to hospital corporate compliance departments and physician practices

   Partners: Hospitals

4. Ensure support for breastfeeding within child care centers. **2 YRS**
   a. Increase the number of child care centers that provide support for their breastfeeding employees and breastfeeding mothers of the babies within their care
   b. Create policies to ensure all child care facilities are breastfeeding friendly

   Partners: Child care and early education, government agencies, DOC

5. Generate breastfeeding support within the community. **5 YRS**
   a. Advocate for community and public spaces to provide safe and welcoming areas for mothers to nurse or express milk for their children

   Partners: Universities, professional groups, government agencies, AHA, ADH, ARBC, ADHE, AATYC, LLLA, ACOG-AR, AAP-AR

6. Create breastfeeding campaigns that recognize the cultural diversity of communities.
   a. Develop culturally relevant media efforts that include virtual and in-person tactics that will promote breastfeeding
   b. Raise awareness of all Arkansas laws that eliminate barriers and promote a mother's right to breastfeed

   Partners: Universities, professional groups, government agencies, AHA, ADH, ARBC, ADHE, AATYC, LLLA, ACOG-AR, AAP-AR

7. Work with employers to develop worksite lactation support programs. **2 YRS**
   a. Raise awareness of Arkansas Act 621 of 2009 as well as the Patient Protection and Affordable Care Act's break time requirement for nursing mothers to express breast milk
   b. Provide outreach and education to businesses on the positive aspects of breastfeeding for employers and employees via roundtable forums, fact sheets, speakers' bureau
   c. Promote use of HRSA Business case for breastfeeding toolkit among human resource professionals and the State Chamber of Commerce
   d. Recognize businesses that go above and beyond what is required in breastfeeding support

   Partners: Chamber of commerce businesses and other employers

9 MARKETING PROGRAM

Defining Statement

Develop and implement a robust, sustained and culturally appropriate targeted communications and marketing program aimed at changing norms and behaviors with respect to physical activity and nutrition.

Strategies and Action Steps

1. Create a community culture of fitness and good nutrition through an evidence-based marketing strategy.
   a. Identify funding sources and secure a marketing firm **2 YRS**
   b. Define messages and identify target audiences and appropriate communication channels using evidence-based marketing strategies that engage local communities and create ownership **5 YRS**
   c. Develop and implement an evidence-based marketing campaign that promotes the improvement of health outcomes for communities, families and individuals **5 YRS**
   d. Develop ways to measure the effectiveness of campaigns **5 YRS**

   Partners: ArCOP, ADH, local media and marketing firms, local and state foundations, government agencies, private donors, community members, faith-based organizations

2. Implement appropriate communications strategies and engage various media to reach the greatest number of people. **2 YRS**
   a. Identify appropriate tools to reach targeted audiences (tools may include: earned media, paid media, social media, etc.) **2 YRS**
   b. Develop media kits that can be used and adapted by local communities **5 YRS**

   Partners: ArCOP, ADH, local media and marketing firms, local government agencies, community organizations and coalitions, faith-based organizations, schools

3. Engage local champions that can influence the "culture of health."
   a. Work with local coalitions and organizations to identify and recruit key champions **2 YRS**
   b. Engage local elected officials to promote message **5 YRS**
   c. Capture and share local success stories **2 YRS**

   Partners: ArCOP, ADH, local media and marketing firms, local government agencies, community organizations and coalitions, faith-based organizations, schools, elected officials, worksite leaders community members

MEASURABILITY

The 2010 Healthy People 2020 recommendations were a jumping-off point for many discussions during the creation of this framework. Healthy People is a program of the U.S. Department of Health and Human Services that evaluates health data to set 10-year, national objectives for improving the health of all Americans. From these national recommendations, an Arkansas framework, *Healthy People 2020: Arkansas's Chronic Disease Framework for Action*, was created. For context and to indicate basic guidelines for evaluation, Healthy People 2020 objectives for which baseline data in Arkansas was available have been included here, organized by priority area, for reference. (As the Marketing priority includes action steps drawn from all other priorities, a specific list has not been included here, to avoid repetition.)

PHYSICAL AND BUILT ENVIRONMENT

1. Increase the proportion of adolescents who participate in extracurricular and/or out-of-school activities
2. Reduce the proportion of adults who engage in no leisure-time physical activity
3. Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity
4. Increase the proportion of public and private schools that provide access to their physical activity spaces and facilities for all persons outside the normal school hours
5. Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities
6. Increase the number of state-level policies that incentivize retail outlets to provide foods that are encouraged by the Dietary Guidelines for Americans

NUTRITIONAL STANDARDS IN GOVERNMENT,INSTITUTIONS AND THE PRIVATE SECTOR

1. Increase the percentage of schools that offer nutritious foods and beverages outside of school meals
2. Increase the contribution of fruits to the diets of the population aged two years and older
3. Increase the variety and contribution of vegetables to the diets of the population aged two years and older

NUTRITIONAL STANDARDS IN SCHOOLS—EARLY CHILD CARE THROUGH COLLEGE

1. Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in unhealthy dietary patterns
2. Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in unhealthy dietary patterns
3. Increase the proportion of college and university students who receive information from their institution on unhealthy dietary patterns
4. Increase the number of states with nutrition standards for foods and beverages provided to preschool-aged children in child care
5. Increase the proportion of schools that offer nutritious foods and beverages outside of school meals

PHYSICAL EDUCATION AND ACTIVITY IN SCHOOLS—EARLY CHILD CARE THROUGH COLLEGE

1. Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in inadequate physical activity
2. Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in inadequate physical activity
3. Increase the proportion of college and university students who receive information from their institution on inadequate physical activity
4. Increase the proportion of adolescents who meet current physical activity guidelines for aerobic physical activity and for muscle-strengthening activity
5. Increase the proportion of adolescents who participate in daily school physical education
6. Increase the proportion of public and private schools that require daily physical education for all students

HEALTHY WORKSITES

1. Increase the proportion of worksites that offer an employee health promotion program to their employees
2. Increase the proportion of worksites that offer nutrition or weight management classes or counseling
3. Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs

*The full Healthy People 2020 Arkansas framework can be viewed here:

HP2020: Arkansas's Chronic Disease Framework for Action

ACCESS TO HEALTHY FOODS

1. Eliminate very low food security among children
2. Reduce household food insecurity and in doing so reduce hunger
3. Increase the proportion of schools with a school breakfast program
4. Increase the contribution of fruits to the diets of the population aged 2 years and older
5. Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older
6. Increase the number of state-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines for Americans

SUGAR-SWEETENED BEVERAGE REDUCTION

1. Increase the number of state-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines for Americans
2. Increase the number of states with nutrition standards for foods and beverages provided to preschool-aged children in child care
3. Increase the proportion of schools that offer nutritious foods and beverages outside of school meals

BREASTFEEDING

1. Increase the proportion of infants who are breastfed
2. Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life
3. Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies

SUCCESS STORIES

The Communities Putting Prevention to Work Initiative in Independence County, Arkansas

Independence County, Arkansas, is creating a climate more conducive to healthy weights throughout the rural community, which is home to 36,647 residents. The adult obesity rate in Independence County is 29%. Additionally, 38.5% of the students enrolled in the Independence County public school system are overweight or at risk for becoming overweight. Further, 22% of youth in the county live below the Federal poverty level, compared to the 18% of children nationwide who live in poverty.

Communities Putting Prevention to Work (CPPW) is an initiative designed to make healthy living easier by promoting environmental changes at the local level. In addition to obesity-prevention efforts aimed at Independence County's entire population, certain initiatives specifically target youth.

COMMUNITY SUCCESSES

With the support of the CPPW initiative, Independence County has implemented a variety of changes throughout the community to make healthy living easier.

To decrease the prevalence of obesity, Independence County:

1. Encouraged schools to develop wellness plans that foster increased physical activity and healthy eating for students.
2. Began development and implementation of the Eat Smart initiative that leverages school meals as an opportunity to encourage children to learn, practice and adopt healthy eating habits.
3. Supported the Coordinated Approach to Child Health (CATCH) family initiative, which fosters the involvement of students, parents and extended family members in practicing and adopting healthy eating and physical activity behaviors at home.
4. Established Joint Use Agreements to provide free exercise, nutrition education and weight management classes to low-income residents whose opportunities for physical activity are otherwise limited.[19]

Nabholz Construction Wellness Program

In 2010, Nabholz Construction CEO Greg Williams had the innovative idea to move the company's wellness program from participation-based to outcome-based, addressing the five areas driving health insurance claims: obesity, nicotine use, cholesterol, blood pressure and blood glucose (sugar).

Currently, 100% of employees and employee spouses are screened; 99% of employees and 100% of employee spouses earn an incentive based on the results of their health screenings. Having an annual physical exam and dental check-up and participating in tobacco cessation programs are additional incentive-driven goals.

In five years, Nabholz has had an estimated $13 increase in its per-member, per-month health care costs, which is a fraction of the increase seen across the country alongside inflation. In the long term, Nabholz's data shows an annual savings of $1.1 million. In the last three years, pre-diabetes rates among Nabholz employees have dropped 13.4%, while high cholesterol rates have dropped 18%. Having grown to include a registered dietitian and personal trainer, the wellness program is considered a benefit, and Nabholz features the program to help recruit and retain skilled employees. [20]

City of North Little Rock Fit 2 Live Program

North Little Rock is a community committed to healthy eating and active living. The Fit 2 Live initiative was created in 2009 by the City of North Little Rock and the North Little Rock School District to address the city's obesity epidemic and help make the healthy choice the easy choice for residents.

In 2013, two North Little Rock neighborhoods were awarded "Jump Start" planning grants through a U.S. Department of Housing and Urban Development (HUD)-funded initiative of the metropolitan planning organization Metroplan. Jump Start involves an innovative approach to community revitalization through stakeholder engagement, pedestrian-friendly and denser land-use planning and environmentally sustainable development. To date, Jump Start has engaged over 300 individuals in the planning process, which resulted in the development of two new merchants' associations and a Jump Start implementation coalition. The final grant outcome at the end of 2014 will be City Council-adopted zoning overlays to guide future development of streets, green spaces and buildings, and cost estimates for the development of pilot projects.

Jump Start has given local stakeholders a stronger voice in the future development of their neighborhoods and attracted outside attention as well. For example, a local community development organization, Pop Up in the Rock, chose Park Hill, one of the Jump Start neighborhoods, for its annual Pop Up event, a daylong demonstration of what a "better block" can look like. Volunteers constructed temporary bus shelters, the city installed a temporary crosswalk across a busy arterial, police presence and increased pedestrian traffic ensured slow vehicle speeds, and pop up restaurants, activities and food trucks created a vibrant atmosphere for the approximately 3,000 individuals who attended the event.

Appendices

APPENDIX A: NOTES AND REFERENCES

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18. http://www.report.nih.gov/NIHfactsheets/Pdfs/ChronicKidneyDiseaseAndKidneyFailure%28NIDDK%29.pdf

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APPENDIX B: GLOSSARY

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2. Connectivity Index Score: http://www.vtpi.org/tdm/tdm116.htm, http://www.onestl.org/toolkit/list/practice/connectivity-indexes-transportation-network-design
3. Design Principles: http://www.uli.org/wp-content/uploads/ULI-Documents/10-Principles-for-Building-Healthy-Places.pdf
4. Earned media: http://en.wikipedia.org/wiki/Earned_media
5. Food desert: https://apps.ams.usda.gov/fooddeserts/foodDeserts.aspx
6. Food insecurity: http://feedingamerica.org/hunger-in-america/impact-of-hunger.aspx
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APPENDIX C: LINKS AND RESOURCES

Resources by Priority Area

PHYSICAL AND BUILT ENVIRONMENT

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APPENDIX C: LINKS AND RESOURCES

Resources by Priority Area

NUTRITIONAL STANDARDS IN SCHOOLS

1. http://www.healthykidshealthyfuture.org/home/startearly.html
2. http://www.healthykidshealthyfuture.org/content/dam/hkhf/filebox/resources/ECELCresources/toolsandresources/3-nutrition.pdf
3. School Foods Tool Kit: https://www.cspinet.org/schoolfoodkit/
4. "Adolescent and School Health: Nutrition Facts" – CDC, http://www.cdc.gov/healthyyouth/nutrition/facts.htm
5. School Wellness Policies: http://www.schoolwellnesspolicies.org/WellnessPolicies.html
6. No or Low Cost Policies to Support a Healthy School Nutrition Environment: http://cspinet.org/nutritionpolicy/School-Meals-Tip-Sheet-No-or-Low-Cost-Policies.pdf
7. Healthier Snacks and Beverages in Schools: http://cspinet.org/nutritionpolicy/smartsnacks.html
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9. Arkansas Department of Education Commissioner's Memo – Maximum Portion Size and All Foods Sold on Campus Rules for 2014-15: http://adesharepoint2.arkansas.gov/memos/Lists/Approved%20Memos/DispForm2.aspx?ID=1244&Source=http%3A%2F%2Fadesharepoint2%2Earkansas%2Egov%2Fmemos%2Fdefault%2Easpx
10. Sweet Deals: School Fundraising Can Be Healthy and Profitable: http://cspinet.org/new/pdf/schoolfundraising.pdf
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2. Healthy Resources for Walking & Biking to School: http://changelabsolutions.org/news/healthy-resources-srts
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5. Youth Physical Activity Guidelines Toolkit: http://www.cdc.gov/HealthyYouth/physicalactivity/guidelines.htm
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APPENDIX C: LINKS AND RESOURCES

Resources by Priority Area

ACCESS TO HEALTHY FOODS

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2. The Farmer's Legal Guide to Producer Marketing Associations: http://nationalaglawcenter.org/wp-content/uploads/assets/articles/obrien_producermarketing_book.pdf
3. Farmers Market Coalition: http://farmersmarketcoalition.org/
4. Calculating Selling Area for Healthy Retail: http://changelabsolutions.org/sites/default/files/Calculating_Selling_Area_for_Healthy_Retail_FINAL_20140210.pdf
5. Taking stock: Creating Healthy Changes at Grocery Stores and Small Markets: http://changelabsolutions.org/sites/default/files/Taking%20Stock_CX3_CDPH_FINAL_20140410.pdf
6. Mix It Up: A Guide to Changing Corner Store Offerings: http://changelabsolutions.org/sites/default/files/Assess%20Demand%20%28Mix%20It%20Up%29_CDPH_20140410.pdf
7. My Neighborhood My Store: Building Community Leadership for Healthy Changes: http://changelabsolutions.org/sites/default/files/My%20Neighborhood%2C%20My%20Store_CDPH_FINAL_20140410.pdf
8. Model Ordinance: Healthy Food Zone: http://changelabsolutions.org/sites/default/files/HealthyFoodZone_Ordinance_FINAL_20130823.doc
9. Creating a Permit Program for Produce Cart Vendors: http://changelabsolutions.org/sites/default/files/ProduceCartOrd_FactSheet_FINAL_20130425.pdf
10. Supplemental Nutrition Assistance Program (SNAP) at Farmers Markets: A How-To Handbook: http://www.ams.usda.gov/AMSv1.0/getfile?dDocName=STELPRDC5085298
11. Dig, Eat and Be Healthy: A Guide to Growing Food on Public Property: http://changelabsolutions.org/sites/default/files/Dig_Eat_and_Be_Happy_FINAL_20130610_0.pdf
12. Ground Rules: A Legal Toolkit for Community Gardens: http://changelabsolutions.org/sites/default/files/CommunityGardenToolkit_Final_%28CLS_20120530%29_20110207.pdf
13. Seeding the City: Land Use Policies to Promote Urban Agriculture: http://changelabsolutions.org/sites/default/files/Urban_Ag_SeedingTheCity_FINAL_%28CLS_20120530%29_20111021_0.pdf

HEALTHY WORKSITES

1. The Healthy Meeting Toolkit, Guidelines and Resolution: http://cspinet.org/nutritionpolicy/healthy-meeting.html
2. Health and Sustainability Guidelines for Federal Concessions and Vending Operations: http://www.cdc.gov/chronicdisease/pdf/guidelines_for_federal_concessions_and_vending_operations.pdf
3. CDC Workplace Wellness resources: http://www.cdc.gov/features/WorkingWellness/index.html

APPENDIX C: LINKS AND RESOURCES

Resources by Priority Area

SUGAR-SWEETENED BEVERAGE REDUCTION

1. "Reduced Consumption of Sugar-Sweetened Beverages Can Reduce Total Caloric Intake," http://www.obesity.org/publications/reduced-consumption-of-sugar-sweetened-beverages-can-reduce-total-caloric-intake.htm
2. Sugar-Sweetened Beverages Playbook: http://changelabsolutions.org/sites/default/files/SSB_Playbook_FINAL-20131004.pdf
3. 10 Ways to Limit SSBs: http://changelabsolutions.org/sites/default/files/SSB_Playbook-Poster_FINAL-20131004_0.pdf
4. Revenue Calculator for Sugar-Sweetened Beverage Taxes: http://www.uconnruddcenter.org/revenue-calculator-for-sugar-sweetened-beverage-taxes
5. "Hiding Under a 'Health Halo'," http://www.publichealthadvocacy.org/healthhalo.html
6. Sugar-sweetened beverage policy recommendations: http://www.publichealthadvocacy.org/_PDFs/healthhalo/HealthHalo_PolicyRecommendations.pdf

BREASTFEEDING

1. Arkansas laws regarding breastfeeding: http://www.arkleg.state.ar.us/assembly/2009/R/Acts/Act621.pdf
2. Patient Protection and Affordable Care Act amendment to Section 7 of the Fair Labor Standards Act (FLSA) Fact Sheet#73: "Break Time for Nursing Mothers under the FLSA," http://www.dol.gov/whd/regs/compliance/whdfs73.pdf
3. AR Act 680 of 2007 An Act to protect women who breastfeed their children: http://www.arkleg.state.ar.us/assembly/2007/R/Acts/Act680.pdf
4. "Supporting Nursing Moms at Work: Employer Solutions," http://www.womenshealth.gov/breastfeeding/employer-solutions/
5. The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies: http://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.PDF

APPENDIX C: LINKS AND RESOURCES

Resources by Priority Area

MARKETING

1. Policy addressing marketing in schools: http://www.foodmarketing.org/policy/policy-addressing-marketing-in-schools-2/
2. Policy addressing marketing in restaurants: http://www.foodmarketing.org/policy/policy-addressing-marketing-in-restaurants/
3. Policy addressing marketing in other community settings: http://www.foodmarketing.org/policy/policy-addressing-marketing-in-other-community-settings/
4. Restricting Unhealthy Food and Beverage Advertising on School Buses: http://changelabsolutions.org/sites/default/files/SchoolBusAds_FactSht_FINAL_20121109.pdf
5. Model Ordinance for Toy Giveaways at Restaurants: http://changelabsolutions.org/sites/default/files/Toy-Giveaway-Model-Ordinance_FINAL_20140325.doc
6. Enforcement Provisions: http://changelabsolutions.org/publications/implementation-enforcement-clauses

APPENDIX C: LINKS AND RESOURCES

Resources by Priority Area

OTHER HELPFUL RESOURCES:

1. Defining overweight and obesity: http://www.cdc.gov/obesity/adult/defining.html
2. Adult body mass index calculator: http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html
3. Child body mass index calculator: http://nccd.cdc.gov/dnpabmi/Calculator.aspx
4. CDC Obesity statistics: http://www.cdc.gov/obesity/data/adult.html
5. "Diseases and Conditions" Childhood Obesity – Mayo Clinic, http://www.mayoclinic.org/diseases-conditions/childhood-obesity/basics/definition/con-20027428
6. "Obesity"– healthychildren.org, http://www.healthychildren.org/English/health-issues/conditions/obesity/Pages/default.aspx
7. "Physical Activity for a Healthy Weight" – CDC, http://www.cdc.gov/healthyweight/physical_activity/index.html
8. "Eat Right" – NIH (National Heart, Lung and Blood Institute), http://www.nhlbi.nih.gov/health/educational/wecan/eat-right/index.htm
9. "National Prevention Strategy" – National Prevention Council, office of the US Surgeon General: http://www.surgeongeneral.gov/priorities/prevention/strategy/
10. "Childhood Obesity Prevention Strategies for Rural Communities," http://www.nemours.org/content/dam/nemours/wwwv2/filebox/service/healthy-living/growuphealthy/nhps/Childhood%20Obesity%20Prevention%20Strategies%20for%20Rural%20Communities.pdf
11. Health in All Policies: A Guide for State and Local Governments Toolkit webpage: http://naccho.org/toolbox/tool.cfm?id=3818&program_id=32
12. Licensing & Zoning: Tools for Public Health: http://changelabsolutions.org/sites/default/files/Licensing%26Zoning_FINAL_20120703.pdf
13. Eat Healthy Be Active Community Workshops: http://www.health.gov/dietaryguidelines/workshops/DGA_Workshops_Complete.pdf
14. "Health and the Built Environment," http://metroplan.org/files/53/2014Demo.pdf
15. "Action Strategies Toolkit" – Leadership for Healthy Communities: http://www.leadershipforhealthycommunities.org/wp-content/uploads/2014/12/LHC_Action_Strategies_Toolkit_1002221.pdf
16. "Healthy Community Design," http://www.cdc.gov/healthyplaces/docs/Healthy_Community_Design.pdf
17. "Design Principles," http://www.healthyplaces.org.au/site/design.php

APPENDIX D: PARTNERS AND COMMITTEES

NEW FRONTIERS IN COMBATING OBESITY CONFERENCE ADVISORY COMMITTEE

Thomas Badger, PhD, Director of the Arkansas Children's Nutrition Center (ACNC) and principal investigator for the Dietary Factors Research Project within the ACNC

Joseph Bates, MD, MS, Deputy State Health Officer, Chief Science Officer and Science Advisory Committee Chair

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Reza Hakkak, PhD, Professor and Chair, Department of Dietetics & Nutrition, UAMS

Arlo Kahn, MD, Policy Advisor, Arkansas Center for Health Improvement (ACHI); Professor, UAMS College of Medicine, Department of Family and Preventive Medicine; Professor, UAMS College of Public Health, Department of Health Policy

Curtis Lowery, MD, professor and chair of the Department of Obstetrics and Gynecology, UAMS; Director, Translational Research Institute (TRI); Medical Director, Antenatal & Neonatal Guidelines, Education and Learning System (ANGELS); Executive Director, The Center for Distance Health

Robert E. McGehee, Jr., PhD, Dean, UAMS Graduate School; Professor, UAMS Department of Pediatrics; Director, Arkansas Biosciences Institute

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James Rankin, PhD, Vice Provost for Research and Economic Development, University of Arkansas at Fayetteville

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Joe Thompson, MD, MPH, Surgeon General for Arkansas

Judith L. Weber, PhD, RD, Associate Professor, Department of Pediatrics, College of Medicine, UAMS; Co-Director, Childhood Obesity Prevention Research Program, Arkansas Children's Hospital Research Institute

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Joseph Bates, MD, MS, Deputy State Health Officer, Chief Science Officer and Science Advisory Committee Chair

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PARTNERS

Arkansas Center for Health Improvement

The Arkansas Center for Health Improvement (ACHI) has served the state of Arkansas since 1998 as a nonpartisan, independent health policy center. ACHI's mission is to be a catalyst for improving the health of Arkansans through evidence-based research, public issue advocacy and collaborative program development. ACHI is jointly supported by the Arkansas Department of Health, Arkansas Blue Cross and Blue Shield, Arkansas Children's Hospital and the University of Arkansas for Medical Sciences. This support allows ACHI to respond to emerging issues and provides the nimbleness necessary to take advantage of emerging health policy opportunities. ACHI has worked in the area of childhood and adolescent obesity prevention since its inception.

Arkansas Coalition for Obesity Prevention

The Arkansas Coalition for Obesity Prevention (ArCOP) is focusing on making the healthy choice the first choice. The coalition's mission is to improve the health of all Arkansas communities by increasing physical activity and healthy eating to reduce and prevent obesity. Growing Healthy Communities (GHC), the Coalition's primary project, brings together individuals, companies and organizations across sector lines to recognize that a healthy community is a better community on virtually every measure of success.

Arkansas Department of Health

The Arkansas Department of Health (ADH) is a centralized health department, operating health units in each of the state's 75 counties. ADH works to protect, improve and promote the health of all Arkansans with the support of dedicated employees and public and private partners. Each year, Department employees monitor and investigate public health disease and threats, provide preventive health services in clinical settings, enforce laws and regulations, support Hometown Health Improvement, promote healthy behaviors, and respond to public health emergencies.

Arkansas Minority Health Commission

The mission of the Arkansas Minority health Commission (AMHC) is to ensure all minority Arkansans access to health care that is equal to the care provided to other citizens of the state and to seek ways to provide education, address issues and prevent diseases and conditions that are prevalent among minority populations. AMHC's vision is that all minority Arkansans have equal access to quality health and preventive care.

The Commission supports its mission through:

- Studying diseases prevalent in racial and ethnic minority populations and issues related to minority health care access and service delivery
- Identifying any gaps in the state's health care delivery system that particularly affect minorities
- Recommending policy changes to relevant agencies and the Arkansas legislature to improve health and healthcare delivery and access for racial and ethnic minorities

Our goal is to be a catalyst in bridging the gap in the health status of the minority population and that of the majority population in Arkansas. To accomplish this, the commission focuses on addressing existing disparities in minority communities, educating these communities on healthier lifestyles, promoting awareness of services and accessibility within our health care system, and making recommendations to relevant agencies, the Governor and to the state legislature.

Baptist Health

Baptist Health is the state's most comprehensive healthcare system. With more than 175 points of access, including eight hospitals, Baptist Health is committed to delivering "All Our Best" in healthcare to Arkansans. For more information about Baptist Health, call Baptist Health HealthLine at 1-888-BAPTIST or visit our website at baptist-health.com.

University of Arkansas for Medical Sciences

The University of Arkansas for Medical Sciences (UAMS) is the state's only comprehensive academic health center, with colleges of Medicine, Nursing, Pharmacy, Health Professions and Public Health; a graduate school; a hospital; a northwest Arkansas regional campus; a statewide network of regional centers; and seven institutes: the Winthrop P. Rockefeller Cancer Institute, the Jackson T. Stephens Spine & Neurosciences Institute, the Myeloma Institute, the Harvey & Bernice Jones Eye Institute, the Psychiatric Research Institute, the Donald W. Reynolds Institute on Aging and the Translational Research Institute. It is the only adult Level 1 trauma center in the state. UAMS has 2,890 students and 782 medical residents. It is the state's largest public employer with more than 10,000 employees, including about 1,000 physicians and other professionals who provide care to patients at UAMS, Arkansas Children's Hospital, the VA Medical Center and UAMS regional centers throughout the state.

Winthrop Rockefeller Institute

In 2005, the University of Arkansas System established the Winthrop Rockefeller Institute with a grant from the Winthrop Rockefeller Charitable Trust. By integrating the resources and expertise of the University of Arkansas System with the legacy and ideas of Gov. Winthrop Rockefeller, this educational institute and conference center creates an atmosphere where collaboration and change can thrive.

Program areas include Agriculture, Arts and Humanities, Civic Engagement, Economic Development and Health. To learn more, visit the website at www.rockefellerinstitute.org.

ACRONYMIC PARTNER LIST

ADE Child Nutrition Unit	ADE-CNU
American Academy of Periodontology	AAP-AR
American Cancer Society	ACS
American College of Obstetricians and Gynecologists	ACOG-AR
American Diabetes Association	ADA
American Heart Association	AHA-ARK
Arkansas Academy of Nutrition and Dietetics	ArAND
Arkansas Activities Association	AAA
Arkansas Advocates for Children and Families	AACF
Arkansas Agriculture Department	AAD
Arkansas Association of Counties	AAC
Arkansas Association of Educational Administrators	AAEA
Arkansas Association of Two-Year Colleges	AATYC
Arkansas Breastfeeding Coalition	ARBFC
Arkansas Center for Health Improvement	ACHI
Arkansas Children's Hospital	ACH
Arkansas Coalition for Obesity Prevention	ArCOP
Arkansas Community Health Worker Association	ARCHWA
Arkansas Department of Correction	ADC
Arkansas Department of Education	ADE
Arkansas Department of Finanace and Administration	ADFA
Arkansas Department of Health	ADH
Arkansas Department of Higher Education	ADHE
Arkansas Department of Parks and Tourism	ADPT
Arkansas Early Childhood Association	AECA
Arkansas Farmers Market Association	AFMA
Arkansas Festivals and Events Association	ARFEA
Arkansas Grocers and Retail Merchants Association	AGRMA
Arkansas Highway and Transportation Department	AHTD
Arkansas Hospital Association	AHA
Arkansas Hunger Relief Alliance	ARHRA
Arkansas Local Food Network	ALFN
Arkansas Municipal League	ARML
Arkansas Oral Health Coalition	AOHC
Arkansas Out-of-School Network	AOSN
Arkansas School Nutrition Association	ASNA
Arkansas Small Business Administration	SBA
Arkansas State Board of Education	ASBE
Central Arkansas Human Resource Association	CAHRA
Child Health Advisory Committee	CHAC
Child Nutrition Director	CND
Clinton School of Public Service	CSPS
Department of Human Services	DHS
DHS Early Childcare Centers	DHS-ECC
DHS Special Nutrition Programs	DHS-SNP
Employers Health Coalition	EHCARK
Hometown Health Initiative	HHI
La Leche League of Arkansas	LLLA
Midwest Dairy Council	MDC
Parent Teacher Assocation	PTA
Parent Teacher Organization	PTO
Patient-Centered Medical Home	PCMH
Safe Routes to School	SRTS
Society for Health and Physical Educators	SHAPE
University of Arkansas Cooperative Extension Service	UAEX

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UNIVERSITY OF ARKANSAS SYSTEM