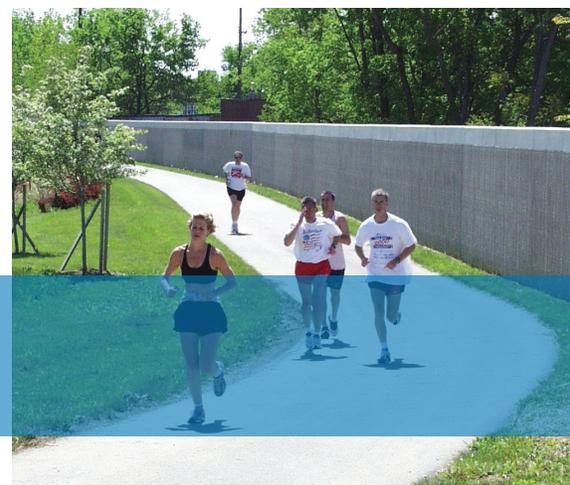


Franklin County Physical Activity Plan

2010-2014



EXECUTIVE SUMMARY

Approximately sixty-one percent of Franklin County residents were obese or overweight in 2008¹. Being either obese or overweight increases the risk for many chronic diseases such as heart disease, type 2 diabetes, certain cancers, and stroke². Reversing the obesity epidemic in Franklin County will require a comprehensive and coordinated approach that uses policy and environmental change to transform communities into places that support and promote healthy lifestyle choices, including physical activity for all residents.

Environmental factors such as a lack of access to safe places to play and exercise contribute to the increase in obesity rates by inhibiting or preventing active living behaviors. Columbus Public Health, over one hundred individuals and over sixty organizations representing community organizations, local government, worksites and other agencies have created the Franklin County Physical Activity Plan to help communities encourage their residents to increase their physical activity levels.

The Franklin County Physical Activity Plan is an effort to build momentum to support physical activity in Franklin County. The plan challenges professionals working in the community, schools, worksite and transportation sectors to promote physical activity through systems, environment, and policy changes. Each sector of the Franklin County Physical Activity Plan contains two – four goals to promote physical activity and strategies that can be implemented to reach each goal.

Community organizations, local government, worksites and other agencies are encouraged to use this action plan to increase opportunities for physical activity and to educate Franklin County residents about the benefits of increased physical activity.

PLAN GOALS

Community

- Promote physical activity and unstructured play through policies or planning projects.
- Increase access to, opportunities for, and improvements to infrastructure to promote physical activity for all populations.
- Implement a communications campaign to encourage residents to increase physical activity levels.
- Increase residents' perceived safety of being active in their neighborhood.

PLAN GOALS, *continued*

School

- Adopt a comprehensive wellness policy for the school district that aligns with all eight components of the Coordinated School Health Model.
- Increase students' opportunity for and access to physical activity.
- Increase students' opportunity for and access to physical education.
- Establish a network of before and after school programs to share practices to increase youth's opportunities for and access to physical activity.



Worksite

- Establish an information collection process to allow Franklin County worksite wellness coordinators to report and share their physical activity promotion initiatives with other Franklin County Worksite Wellness Network members.
- Increase access to and opportunities for employees and families to be active during and after the workday.

Transportation

- Allocate funding for and create a transportation system that provides options for safe, active transportation.
- Promote a mixed-land use and pedestrian, bicycle, and public transit friendly design in new developments.
- Educate Franklin County residents about sharing the road.

A list of strategies that community partners can implement to accomplish the goals above can be found in the full version of the Franklin County Physical Activity Plan. The ongoing coordination of the plan's proposed strategies will be led by the Creating Healthy Communities Network at Columbus Public Health.

The full plan can be downloaded at <http://www.publichealth.columbus.gov/fc-physical-activity-plan.aspx>. Organizations that are committed to making Franklin County a place where all residents live a healthier, more active lifestyle are encouraged to fill out the Partner Endorsement form on page 3 of this document and page 21 of the Franklin County Physical Activity Plan.

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1. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008.
 2. Centers for Disease Control and Prevention. Recommended Community Strategies and Measurements to Prevent Obesity in the United States]. MMWR 2009;58(No. RR-7):1.

FRANKLIN COUNTY PHYSICAL ACTIVITY PLAN

IMPLEMENTING THE PLAN - PARTNER ENDORSEMENT FORM

Please copy and fax your endorsement of the Franklin County Physical Activity Plan at 614-645-5888, or complete it online at <http://www.publichealth.columbus.gov/fc-physical-activity-plan.aspx>. Your endorsement may be publicly acknowledged on the Columbus Public Health website and in plan-related materials.

1. Name of my organization or group:

2. The type of organization I represent (choose up to three):

- | | |
|---|--|
| <input type="checkbox"/> Coalition | <input type="checkbox"/> Public Health Department |
| <input type="checkbox"/> Communication/Media | <input type="checkbox"/> Recreational/Sports Setting |
| <input type="checkbox"/> Community Group | <input type="checkbox"/> Research Institution |
| <input type="checkbox"/> Faith Community | <input type="checkbox"/> Resident |
| <input type="checkbox"/> Food Service/Restaurant | <input type="checkbox"/> Retail/Business Setting |
| <input type="checkbox"/> Health Care Delivery | <input type="checkbox"/> School |
| <input type="checkbox"/> Health Plan/Insurer | <input type="checkbox"/> University |
| <input type="checkbox"/> Government Agency Non-Profit | <input type="checkbox"/> Worksite/Employer |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Other _____ |

3. I will provide a link from my organization's website to the Franklin County Physical Activity Plan

- Yes No

4. I/we can work on the following activities in the Franklin County Physical Activity Plan to help accomplish its goals:

5. I would like to become a member of the Creating Healthy Communities Network

- Yes No

Contact Information

Contact Name: _____

Organization (if applicable): _____

Position/Title: _____

Mailing Address: _____

Telephone Number: _____ Fax number: _____

Email: _____