

Community Action Plan

INTRODUCTION

The Community Action Plan (CAP) is intended to be completed in sections as your CHART progresses through the phases of ACHIEVE. These phases are:

1. Commitment
2. Assessment
3. Planning
4. Implementation
5. Evaluation

Each section of this plan gathers information relevant to a phase of ACHIEVE which, when complete, will provide a comprehensive plan and summary of your ACHIEVE activities.

Each section should be completed as relevant activities are completed. Communities have the option of submitting sections of the CAP as they are completed or submitting the entire CAP all at once. CAPs must be submitted through the community page within the collaboration section of the ACHIEVE website (under the “Coach” section within “Documents”).

PART 1: COMMITMENT/STEP 1

Columbus Public Health CHART MEMBERSHIP

| CHART Member Name | Organization Name | Organization Role | Organization Type (choose from the following) Academia/Education An Individual Profit/Consultant Civic Organization Community Based Organization Cultural/Ethnic Organization Environmental Organization Foundations/Philanthropic Health Care Organization Nonprofit organization priority Professional Association Public Relations/Media Advocacy Group Business/For Coalition/Alliance CommunityHealthCenter Elected/Appointed Official Faith-based Organization Government Organization Health Insurance Company Organization representing population Public Health Organization Other (specify) | Sector (choose from the following) Community-at-large Community Institution/Organization Health Care School Work Site | Coach? Yes/No |
|-------------------------|-------------------------------|--|--|---|------------------|
| Anita Ba | Resident | Community Advocate | An Individual | CAL | No |
| Rev. Merv Brereton | Kicks for Kids | CEO | Nonprofit Organization | CIO | No |
| Jackie Broderick-Patton | Columbus City Schools | Nurse | Academia/Education | School | No |
| Ericka Clark-Jones | Mayor's Office | Dir. of Homeless and Social Service Advocacy | Government Organization | CAL | No |
| Cheryl Graffagnino | Columbus Public Health | Obesity Prevention Dietitian | Public Health Organization | Health Care | Yes |
| Betsy Pandora | Columbus Public Health | Healthy Places Coordinator | Public Health Organization | CAL | No |
| Marilyn Taylor | Columbus Recreation and Parks | Recreation Administrative Coordinator | Government Organization | CAL | No |

| | | | | | |
|------------------|--------------------------------|--|----------------------------|----------------------|-----|
| Autumn Trombetta | Columbus Public Health | Obesity Prevention Manager | Public Health Organization | CAL | Yes |
| Dana Sims | Molina Healthcare of Ohio | Community Outreach | Health Insurance Company | CIO | No |
| Carol Smathers | OSUPreventionResearchCenter | Program Manager | Academia/Education | CAL | No |
| Doug Wolf | Nationwide Children’s Hospital | Obesity Prevention Initiatives Coordinator | Health Care Organization | Health Care/Worksite | Yes |

STEP 2: CREATE YOUR VISION

Your vision statement is your inspiration, the framework that describes your strategic planning. It highlights what will be achieved when the activity is successful. It describes a healthier future and answers the question, “Where do we want to be in a few years?” Example: “All citizens of Any Town, USA will, on a daily basis, consume a nutritionally-balanced diet, acquire the minimum recommended daily physical activity, and refrain from using tobacco products.” The vision is what will be achieved by your efforts.

THE NEIGHBORHOODS IN 43205, 43206 AND 43207 WILL BE A MODEL community in which all children have daily opportunities for active play and access to nutritious foods that lead to children entering kindergarten ready to live, learn and play at their best.

STEP 3: CREATE YOUR MISSION

The mission statement informs what impact your CHART will make and describes why it is important to achieve the vision. Example: “The ACHIEVE CHART of Any Town, USA will work with top-level leaders in all community sectors to implement policy and environmental strategies to facilitate for residents better diets, increased physical activity, and the cessation and abstinence of tobacco products.” The mission includes efforts your CHART will undertake to achieve the vision.

The ACHIEVE CHART of Columbus, Ohio will engage top level leaders in all community sectors to implement policy and environmental strategies to increase the initiation and duration of breastfeeding and facilitate better diets and increased physical activity for all children ages birth to 5 years old in zip codes 43205, 43206 and 43207.

STEP 4: WHAT IS YOUR COMMUNITY DESCRIPTION

Demographic information, target population, socio-economic and health data, community size.

Columbus is the capital and largest city in Ohio. According to the 2008 American Community Survey, the population of Columbus is 65.2% white; 26.1% African American; 5% Hispanic and 4.3% Asian. Columbus City Schools (CCS) is the largest school district in the city, serving approximately 53,000 students in pre-kindergarten through 12th grade. Three-fourths of CCS students receive free and reduced lunches and 61% of students are African American. In 2009-2010, 29% of the children entering kindergarten and 47% of fifth graders were overweight or obese.

The Columbus ACHIEVE project targets an area comprised of three zip codes 43205, 43206, 43207 situated within the City of Columbus. At the time of the 2010 census, 79,280 people (6,654 children ages birth to 5 years) lived in these three zip codes. More than half of the population is African American, with unemployment rates as high as 11.2% in the 43205 zip code. There are 28 licensed child care centers, 46 Type B home child care homes, 12 elementary schools, 1 middle school and 3 high schools. There are 55 parks and 6 community centers operated by the Columbus Recreation and Parks department.

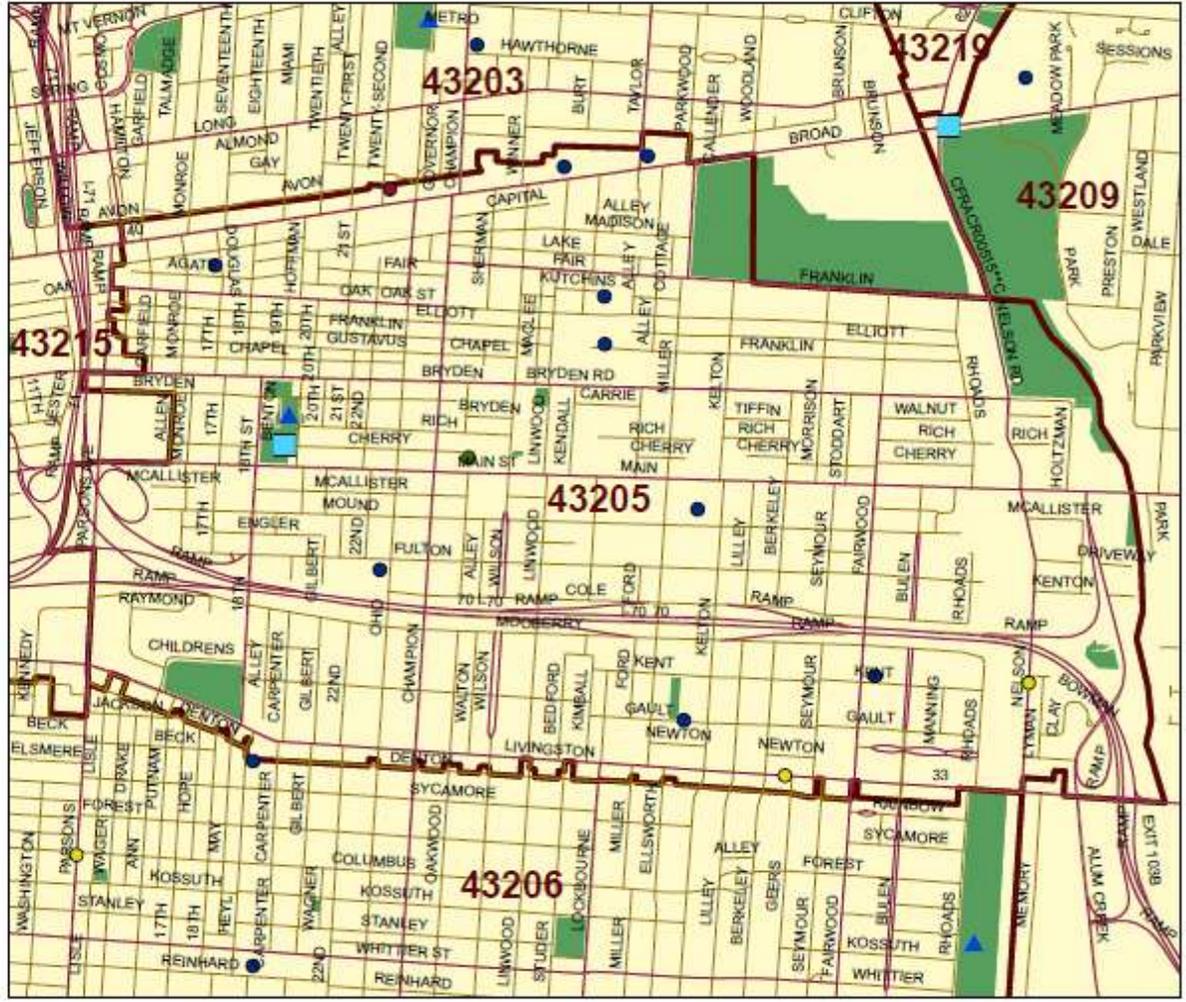
With eleven locations and an Urgent Care, Nationwide Children's Primary Care Network (PCN) is the primary healthcare provider for the target population in this area. In 2009, the PCN had approximately 157,000 office visits. Of the 56,000 unique patients seen, 94% were on Medicaid.

STEP 5: INTERVENTION AREA MAP

CITY OF COLUMBUS, OHIO
 COLUMBUS PUBLIC HEALTH, DIVISION OF PLANNING AND PEAK PERFORMANCE, OFFICE OF PLANNING
 MICHAEL B. COLEMAN, MAYOR
 TERESA C. LONG, M.D., M.P.H., HEALTH COMMISSIONER

Legend

- CDC_V_CROSS
- ▲ CDC_V_LABORATORY_CENTER
- CDC_V_NEIGHBORHOOD_HEALTH_CENTER
- CDC_V_PUBLIC_LIBRARY
- CDC_V_SCHOOL
- CDC_V_CAREER_CENTER
- CDC_V_MAJOR_ROAD
- CDC_V_MINOR_ROAD
- CDC_V_TSP_CODE
- CDC_V_PARK



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 COLUMBUS PUBLIC HEALTH
 HEALTH PLACES PROGRAM

CITY OF COLUMBUS, OHIO

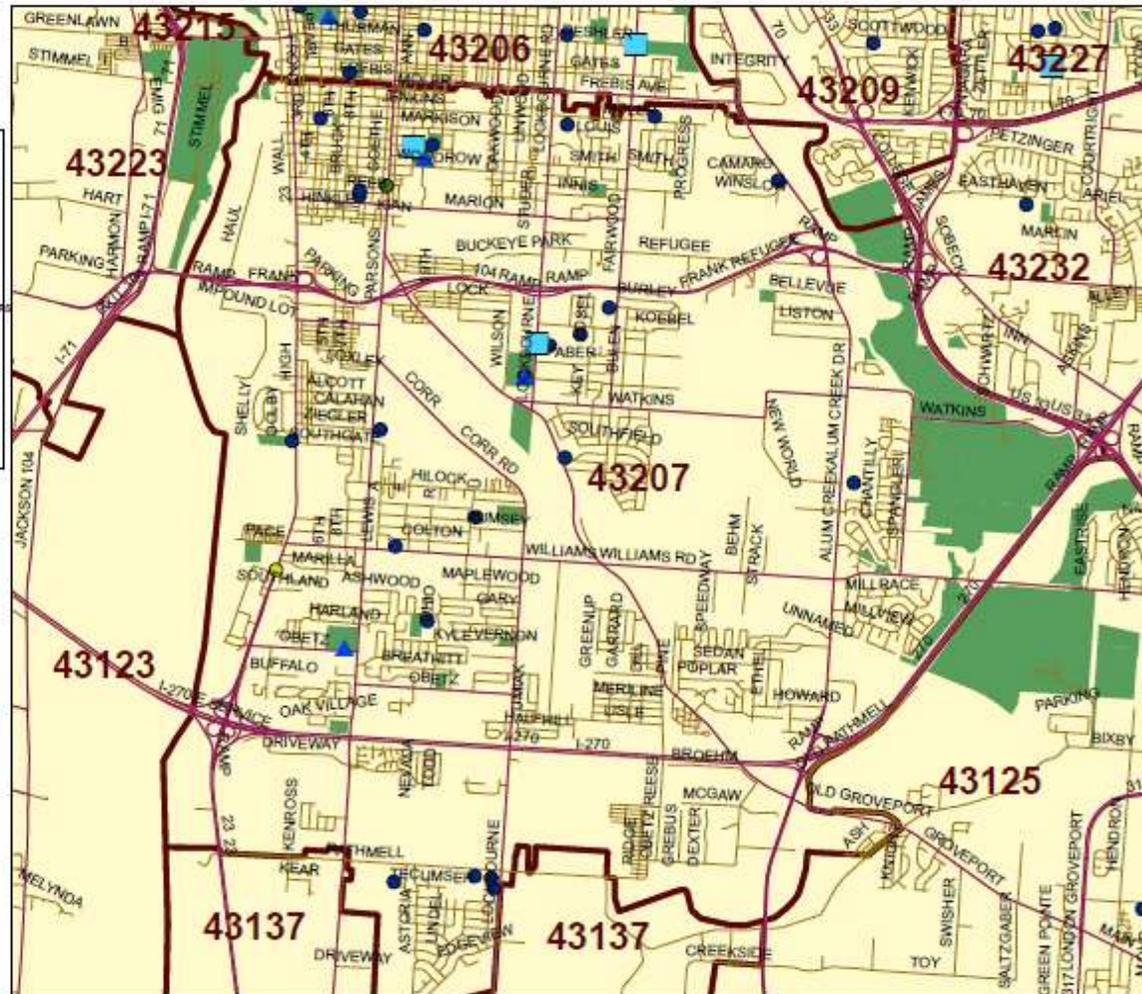
COLUMBUS PUBLIC HEALTH, DIVISION OF PLANNING AND PEAK PERFORMANCE, OFFICE OF PLANNING

MICHAEL B. COLEMAN, MAYOR
TERESA C. LONG, M.D., M.P.H., HEALTH COMMISSIONER



Legend

-  ooc_v_pools
-  ooc_v_recreation_centers
-  ooc_v_neighborhood_health_centers
-  ooc_v_public_libraries
-  ooc_v_schools
-  ooc_v_senior_centers
-  ooc_v_major_roads
-  ooc_v_street_centerlines
-  ooc_v_zip_codes
-  ooc_v_parks



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COLUMBUS PUBLIC HEALTH
HEALTHY PLACES PROGRAM



STEP 6: DO YOU HAVE ANY Existing Efforts IN COMBATING CHRONIC DISEASE

Describe existing efforts and experience with the identified sectors, populations, risk factors, and chronic disease areas that may support or be a barrier to the implementation of policy, systems, and environmental change strategies. Also describe existing coalitions and efforts that have been made and that will be leveraged to advance ACHIEVE.

- Healthy Children Healthy Weights (HCHW) is a Columbus Public Health (CPH) program that targets licensed childcare centers in Columbus, Ohio. Starting in 2004, HCHW developed and delivered a curriculum for child care staff intended to encourage healthier food choices, increased physical activity and decreased screen time while engaging parents through a parent outreach campaign. In 2010 CPH partnered with Ohio Child Care Referral and Resource Agency (OCCRA) to develop Ohio's Healthy Program, a statewide designation for licensed childcare centers. This intervention included expanded training for staff, adherence to healthy menu planning guidelines and implementation of at least 3 center policies to address nutrition, physical activity and/or breastfeeding support. In the City of Columbus, HCHW has continued to engage licensed childcare centers providing technical assistance to help them achieve Ohio's Healthy Program status. HCHW is on target to engage at least 35 centers, including all 28 centers in 43205, 43206 and 43207, in this over the next year. With financial support from partners such as Cardinal Health and Nationwide Children's Hospital, HCHW awards each center up to \$500 in physical activity and nutrition equipment for their classrooms. The incentive is awarded in \$100 increments based on the number of Ohio's Healthy Program requirements met.
- CPH convened the Early Childhood Obesity Prevention Coalition (ECOPC) in May 2009. With funding from the Ohio Department of Health (ODH), CPH led this coalition in the development of the Early Childhood Obesity Prevention Plan (ECOPP). When ODH funding for the coalition and plan ended in September 2009, CPH staff and community partners committed to maintaining the coalition and continuing to develop and implement the plan. The coalition has maintained monthly meetings and regular electronic communications. The monthly meetings have provided multiple opportunities for community partners to share resources and leverage partnerships to implement PSE strategies. Examples include recruitment for partners sharing resources to seek funding to build natural play spaces and food production gardens at a Head Start site and inclusion of BMI screening and healthy prenatal weight gain messages in the Caring for Two program. As a direct result of the relationships developed in coalition meetings, the HCHW program provided 6 hours of professional development training on creating a healthy weight environment in the classroom for all CCS pre-kindergarten teachers and classroom aides. The education provided was supported by the development and implementation of eleven district wide policies governing physical activity and nutrition practices in the pre-kindergarten classrooms. CPH is also leading the city in an effort to implement Snackwise® vending system in all city-buildings including all recreation centers.

- CPH also participates in the Nationwide Children’s Hospital’s (NCH) Ohio’s Healthy Weight Collaborative and serves as an active participant in the Ohio State University’s Prevention Research Center (OSU PRC). These partnerships have resulted in and expansion of the HCHW program in 43205, 43206 and 43207 and two large scale community surveys to evaluate policies, systems and environment. A survey of the breastfeeding practices and policies of all central Ohio maternity hospitals was completed in 08/11 and the results presented to the Central Ohio Hospital Association to consider a possible collaborative approach to breastfeeding support. A random sample of more than 300 licensed child care centers and licensed type B home care providers in Columbus has been completed. Results are currently under review.

STEP 7: YOUR CHART TEAM

Summarize the structures and processes developed for decision making within the CHART.

The CHART Team has built decision making on a foundation of open, honest and respectful communication. Columbus ACHIEVE is led by three co-coaches, who meet at least weekly to provide direction for the CHART team processes. Columbus Public Health serves as the fiscal agent for the project. Coaches communicate regularly through e-mail, telephone and in person interactions to engage CHART members and gain consensus in decision making. Meetings are held monthly and the co-coaches have facilitated weekly walks in the neighborhoods to gather more information about the target areas. Validated tools such as the Safe Routes to School Walkability Checklist and the CHANGE tool have been used to evaluate the community environment. Through consensus building, additional tools such as a playability checklist have been developed and implemented. Electronic communications including e-mail and a blog format have been developed. CHART members have worked together to define the direction of the project while coaches have worked to draft documents and allow CHART members the chance to review and provide feedback.

Describe the structures and processes that have been put in place to ensure that CHART member involvement matches their skills, interests, and resources.

CHART members invited to the project were selected to bring a variety of talents and skills to the project as they represent different community sectors. Members volunteered for projects that fit their interest, skills and intersected with the work of their respective agencies and organizations.

Summarize structures and processes for communication within the CHART.

Monthly in-person meetings have been supplemented with weekly walking tours and at least weekly e-mail communications. Each weekly walking tour was followed by a debriefing session to discuss observations made on the walk. A blog format is in development to communicate the observations made on the walks with the community at large. E-mail communication was also utilized to keep the Southside Health Advisory and Near East Health Advisory Committee's and the Neighborhood Pride Center Liaisons informed of our walk schedule. In addition to the 2 community resident members of our CHART, the Southside Neighborhood Pride Liaison also joined us for some walks as did the Health Commissioner, Theresa C. Long MD, MPH.

Describe how the CHART prioritized strategies within the CAP.

The CHART Team held a ½ day retreat to review the findings of the CHANGE Tool and assign scores. Within 2 weeks, the CHART Team held their regular meeting to review the final scores and go over the findings of the walking tours including walkability and playability scores. Through discussion and consensus building, the CHART Team utilized this information to identify the major strategies identified in the CAP. The coaches drafted an initial version of the CAP and then hosted an additional ½ day retreat for the CHART to finalize the CAP.

PART 2: COMMUNITY ASSESSMENT

STEP 1: CHANGE TOOL INFORMATION

Describe key findings of CHANGE and how the data will be used to inform the CAP

Overall, the CHANGE tool demonstrated that many positive environmental elements that support healthy behaviors have been implemented across all sectors. Although many participants scored high environmentally, policy to maintain and improve healthy standards in the community is yet to be implemented. In the City of Columbus, scores rated medium/low to medium for environmental factors and policy implementation. At the community institution/organization level, organizations that are not built around physical activity scored significantly lower in both policy and environment. The Columbus City Schools rated exceptionally with environment and policy related to nutrition. However, the CHANGE tool highlighted opportunities for improvement in the physical activity curriculum and for tobacco. Work sites generally scored in the medium levels for policy and environment with Nationwide Children's Hospital taking the lead, consistently scoring relatively high with room for improvement for policy implementation. United Way and Southside Learning and Development Center followed close behind. In regards to the health care sector, the scores were relatively high although in the sites surveyed, there were opportunities for improvement in physical activity and chronic disease management environment and policy.

2012 Update: The CHANGE Tool reassessment was completed for the Community-at-Large and for the Community Institution/Organization sectors in August, 2012. In the Community-at-Large, progress was made in the area of nutrition policy and standards, primarily related to support of breastfeeding and the adoption of healthy meeting recommendations for food and activity breaks. In the Community Institution/Organization sector nutrition policies and standards showed marked progress. Over the past year, the YMCA of Central Ohio has eliminated the sale of sugar sweetened beverages and instituted policies and nutrition standards for foods sold in vending machines and concessions. As a result of the CHANGE tool process, Central Community House (CCH) requested technical assistance from Columbus Public Health to identify healthier meal options for their summer youth programs. The ACHIEVE Team also worked with CCH to provide a healthier lunch for children who participated in the annual Columbus Children's Parade. At the 2011 Columbus Children's Parade, the menu consisted of a hot dog on a white bun, chips, fruit snacks and Capri Sun. In 2012 Columbus ACHIEVE connected CCH with Nationwide Children's Hospital Healthy Neighborhoods Healthy Families program for support of the lunch. The hospital donated \$500.00 in gift cards to allow the purchase of fresh fruits and vegetables. The 2012 lunch consisted of a hot dog on a whole wheat bun, baby carrots, bananas, water in a reusable water bottles provided by Columbus Public Health and a 0.875 ounce package of baked Cheetos. This eliminated 8 teaspoons of added sugar and 100 empty calories in comparison to the 2011 lunch for over 400 children. Columbus ACHIEVE is currently engaged with CCH to draft and implement nutrition standards for future events. The CHANGE tool reassessment also identified an opportunity to expand the partnership between Columbus ACHIEVE and United Way of Central Ohio (UWCO). The UWCO has been a long-time partner in the City of Columbus Early Childhood Obesity Prevention Coalition and also supports many community efforts for health. However, there are no standards for UWCO funded agencies related to the types of foods served or sold, tobacco or physical activity

infrastructure and policies. UWCO has agreed to ongoing discussions with Columbus ACHIEVE to look for ways to connect the Healthy Policies for Health Children resources developed during the ACHIEVE process to their funded agencies to assist them in drafting and implementing healthy policies in their organizations and programs.

STEP2: COMMUNITY ASSESSMENT INFORMATION

Enter any assessments conducted in addition to CHANGE. If no other assessments have been conducted, leave this section blank. Add additional rows as needed.

| Name of Assessment | Date Assessment Completed | Description of Assessment | How Assessment Data Informed the CAP |
|--|---------------------------|--|---|
| Walkability Checklist | 7/2011-8/2011 | Checklist to assess walkability features in a neighborhood and to identify barriers to physical activity (i.e. cleanliness, traffic, maintenance of sidewalks) that would prevent children from walking to school. | The walkability checklist was completed in a sampling of neighborhoods in zip codes 43205, 43206 and 43207. It demonstrated that most of the neighborhoods evaluated in this project could be considered walkable with room for improvement in specific areas. The data collected from the walkability checklist in conjunction with the neighborhood playability checklist created a "snapshot" of the nutrition and physical activity assets and barriers for families with young children. |
| Neighborhood Playability Checklist for a Healthy Early Childhood Environment | 7/2011-8/2011 | A checklist, similar to the walkability checklist, was developed by the CHART team to gather additional observations that would specifically promote healthy behaviors for young children and their families. The checklist included playable spaces, places of safety (e.g. an adult presence in the area), healthcare resources and healthy food resources. A stroller was used on several walks to evaluate the ease with which a parent of young children could navigate the walk. | The CHART team concluded that the 55 well appointed and well maintained parks and 6 recreation centers throughout the target zip codes offer numerous opportunities for residents to be physically active. Increased availability of programming for children ages 0-5 and their families is a current goal of the recreation and parks department. However, of the more than 20 parks visited during our mid-morning summer walks, we observed children playing in only 1. There were only limited signs of outdoor play (tricycles, ride-on toys, sandboxes, etc.) noted in the neighborhood. |

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| Prevention Research Center: Parent-Focus groups | 11/2010 | The parent focus groups were developed to inform a larger community survey that will begin in late 2011/2012. The focus groups included more than 85 parents/and grandparents raising children ages 2-5 in 43205, 43206 and 43207. Participants were recruited through WIC, CCS Pre-K and Head Start. Participants were asked to describe the challenges of raising healthy children related to nutrition, physical activity and family meals. | The PRC manager serves on the CHART and provided extensive reviews of the reports from these parent focus groups. Parents identified numerous barriers to healthy eating including costs, competing demands for time and resources and the perception that meat was more important to the diet than fruits and vegetables. One of the primary barriers to physical activity was the perception of a lack of physical safety in the neighborhoods where they live and a lack of (or lack of knowledge of) opportunities for structured physical activity. |
|---|---------|--|--|

PART:3A CHART STRATEGY RANKING

| CHART Strategies Identified | Political Will | Community Receptivity | Sustainability | Cost Effectiveness/Feasibility | Effectiveness in Key Communities |
|--|--|---|--|--|--|
| Personal safety strategies | Strong – numerous city-wide initiatives | Strong – Personal safety concerns are a recurring point in community meetings related to health | CHART members will participate in existing community efforts to improve safety. CHART members will advocate for PSE and efforts that target safety and perception of safety for families and children ages 0-5 | Instead of developing a new initiative related to safety for early childhood, CHART members will choose to target existing community safety efforts to bring an early childhood focus and an emphasis on PSE. By engaging organizations that are working to improve safety in the mini-action institute and incentive process, we are able to leverage resources for a broader impact. | By coordinating with and supporting existing efforts we increase our capacity to share a PSE approach and advocate for Crime Prevention Through Design Strategies. These efforts support and are supported by strategies such as block watches and community policing. |
| Public policy process to address chronic diseases and related risk factors | Strong – Multiple City departments are already engaged | Moderate – residents and employees are supportive of efforts that limit the availability of unhealthy foods for | Implementation of City policies ensures that changes will be sustained over time. | Most of the costs associated with policy for healthy meeting guidelines, breastfeeding, Snackwise® vending and reducing the availability of sugar sweetened beverages on City property will be incurred in the form of staff hours to work on this project. The | The American Academy of Pediatrics, The Business Case for Breastfeeding and The CDC’s Recommended Community Strategies and Measurements to Prevent Obesity in the United States support these policy targets for childhood obesity prevention. |

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|--|---|---|--|---|---|
| | | children, however there is some concern over the issue of limits on personal choice for adults. | | commitment of the CHART team and their organizations allows this cost to be shared among several organizations. | Locally, NCH and HCHW have demonstrated that policy changes such as those outlined here result in direct changes in the availability of sugar sweetened beverages, calories, fruits, vegetables and whole grains in the diet. |
| Private spaces for nursing or pumping/Right to breastfeed in public places | Moderate – Nationwide Children’s Hospital and WIC are strong allies. However Abbott, makers of Similar, are headquartered in Columbus, Ohio | Our Neighborhood Pride events and several local family-friendly festivals have featured dedicated space for nursing mothers. The response has been very positive. Many of the faith-based organizations that provided space for these events have maintained breastfeeding friendly spaces. | Once policy is enacted at the City level and space is allocated continued demand for the space will help continue. In other sectors, ongoing technical assistance related to policy implementation will be offered by the ECOPC and CPH. | Space limitations may be an issue for some locations in implement policies to provide a clean private space. ECOPC, CPH and COBC along with ODH can provide a variety of resources and strategies to help minimize costs. | It will be of primary importance to target employers with a significant number of young female employees including those in the health care sector and community institutions/organizations such as child care centers. |

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|--------------------|--|---|---|---|--|
| Pricing strategies | Strong – Multiple City departments are already engaged | Moderate – residents and employees are supportive of efforts that limit the availability of unhealthy foods for children, however there is some concern over the issue of limits on personal choice for adults. | Implementation of policies at the City and Organizational level ensures that changes will be sustained over time. | Most of the costs associated with policy for healthy meeting guidelines, breastfeeding, Snackwise® vending and reducing the availability of sugar sweetened beverages on City property will be incurred in the form of staff hours to work on this project. The incentive process will help organization’s defray the initial cost of drafting, adopting and implementing policy. | The CDC’s Recommended Community Strategies and Measurements to Prevent Obesity in the United States support this policy target for obesity prevention. Locally, NCH and HCHW have demonstrated that policy changes such as those outlined here result in direct changes in the availability a of sugar sweetened beverages, calories, fruits, vegetables and whole grains in the diet. |
|--------------------|--|---|---|---|--|

| | | | | | |
|---|---|--|--|--|---|
| <p>Healthy food and beverage options in vending machines</p> | <p>Strong – Multiple City departments are already engaged</p> | <p>Moderate – residents and employees are supportive of efforts that limit the availability of unhealthy foods for children, however there is some concern over the issue of limits on personal choice for adults.</p> | <p>Implementation of policies at the City and Organizational level ensures that changes will be sustained over time.</p> | <p>Most of the costs associated with policy for healthy meeting guidelines, breastfeeding, Snackwise® vending and reducing the availability of sugar sweetened beverages on City property will be incurred in the form of staff hours to work on this project. The incentive process will help organization’s defray the initial cost of drafting, adopting and implementing policy.</p> | <p>The CDC’s Recommended Community Strategies and Measurements to Prevent Obesity in the United States support this policy target for obesity prevention. Locally, NCH and HCHW have demonstrated that policy changes such as those outlined here result in direct changes in the availability a of sugar sweetened beverages, calories, fruits, vegetables and whole grains in the diet.</p> |
| <p>Healthy food and beverage options at meetings and events</p> | <p>Strong – Multiple City departments are already engaged</p> | <p>Moderate – residents and employees are supportive of efforts that limit the availability of unhealthy foods for children, but concern over the issue of limits on personal choice for adults.</p> | <p>Implementation of policies at the City and Organizational level ensures that changes will be sustained over time.</p> | <p>Most of the costs associated with policy for healthy meeting guidelines, breastfeeding, Snackwise® vending and reducing the availability of sugar sweetened beverages on City property will be incurred in the form of staff hours to work on this project. The incentive process will help organization’s defray the initial cost of drafting, adopting and implementing policy.</p> | <p>The CDC’s Recommended Community Strategies and Measurements to Prevent Obesity in the United States support this policy target for obesity prevention. Locally, NCH and HCHW have demonstrated that policy changes such as those outlined here result in direct changes in the availability a of sugar sweetened beverages, calories, fruits, vegetables and whole grains in the diet.</p> |

PART 3B: PLANNING, IMPLEMENTATION, AND EVALUATION

Columbus Public Health WORK PLAN TEMPLATE

Project Goal 1.0

Goal:

By September 30, 2013 increase the number of community advocates for a PSE approach to early childhood obesity prevention, in zip codes 43205, 43206 and 43207, from 8 to 25 advocates.

Priority area(s) the goal addresses:

Chronic diseases: arthritis cancer cardiovascular disease diabetes obesity

Related risk factors: nutrition physical activity tobacco

How the goal impacts the priority area(s):

By increasing the number of advocates who are trained in and committed to a PSE approach to early childhood obesity prevention, there is a greater opportunity to gather momentum and support for changes to City policy as well as organizational policies that impact the breastfeeding, nutrition and physical activity environments for children age 0-5 years.

Measuring progress:

| Primary Data Source | Secondary Data Source |
|---|--|
| Meeting attendance records | CHART Team Meeting Minutes; |
| Describe the progress | <p>Current CHART members are sharing the knowledge they gained at the ACHIEVE Action Institute in June, 2011 and serving as advocates for the PSE approach.</p> <p>2012 Update: Through the technical assistance and incentive project 14 policymakers in 10 different organizations were engaged and extensively trained in a PSE approach. Two of these individuals have become actively engaged in the Columbus ACHIEVE CHART team.</p> |
| Describe barriers or issues and plans to overcome them | <p>Many CHANGE tool participants are, or believe they are, already supporting healthy behaviors through their environment. While most are willing to adopt policies, many do not see a need for that step. With resources already stretched, adding policies that promote healthy behaviors is not necessarily a priority at this time.</p> <p>2012 Update: Only 3 organizations that participated in the local Action Institute applied to participate in the Healthy Policies for Healthy Children Technical Assistance and Incentive process. We were able to recruit an additional 7 organizations but the incentive process did not seem adequate to encourage action on the part of community institutions and organizations. We are exploring opportunities to work with our local funding agencies (e.g. UWCO) to engage community organizations and institutions in the PSE process.</p> |

Annual Objective 1.1 (minimum of 1 objective per goal)

Setting/Sector:

Community at large Community institution/organization Health care School Work site

Policy/environmental change strategy to achieve this objective:

CAL;Leadership; Chronic disease community coalitions and partnerships

Evidence/practice base for the strategy:

Center for Disease Control's *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*

Target number of people that will be reached:

8

How the objective impacts the problem:

Training for PSE advocates in the target community enhances CPH and the CHART's ability to promote changes that make the healthy choice the easy choice for families and young children.

Objective:

By September 30, 2012 increase the number of capacity building technical assistance opportunities attended by CHART members from 0 to 10.

Measuring progress:

| Primary Data Source | | Secondary Data Source | |
|---|---|-----------------------|--|
| Meeting attendance records | | Meeting Minutes | |
| Describe the progress | 8 members of the CHART attended the ACHIEVE Action Institute in Baltimore, MD June, 2011. 2012 Update: As documented in the CHART Team meeting minutes (see minutes on Columbus ACHIEVE community page), each meeting agenda included a PSE training opportunity and in some cases monthly meetings were held in conjunction with training opportunities. Monthly agenda items included viewing and discussion of archived webinars, review and discussion of peer reviewed articles, viewing of a segment of the Weight of the Nation documentary and attendance at the Get Moving! Central Ohio Summit. | | |
| Describe barriers or issues and plans to overcome them | CHART Members are eager to participate in additional trainings. There are no significant barriers at this time. 2012 Update: CHART members have continued to attend meetings and trainings consistently. | | |

Action Steps (list up to 10):

| Action Steps | Specific Person(s)/ Organization(s) Responsible | Timeframe |
|---|---|-------------------|
| 1. Identify policy, system and environment trainings available for CHART members (may include live and archived webinars, local and national conferences, and ACHIEVE technical assistance resource calls). | CHART Coaches and CPH | Oct 2011 |
| 2. Engage additional resident(s) of the target neighborhoods to join the CHART and participate in PSE trainings and activities | CHART | Oct – Nov 2011 |
| 3. Develop a plan to include PSE training in monthly CHART Team meetings | CHART Coaches | Nov 2011 |
| 4. Communicate available policy, system and environment trainings to CHART team | CHART Coaches | Nov 2011 |
| 5. Identify 3 individuals to attend the CDC Weight of the Nation Conference in Washington DC May7-9, 2012. At least 1 attendee should be a resident of the target zip codes and ideally a parent of a child under the age of 5 years. | CHART Team | Nov 11 – Feb 2012 |

| | | |
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| 6. Facilitate PSE trainings for CHART members, track attendance | CHART Coaches | Dec 11- Sept 2012 |
| 7. Utilize expanded PSE knowledge base of CHART team to develop and plan a mini-action institute for policy makers in 43205, 43206 and 43207 for organizations that serve children 0-5 and their families. | CHART Team | March– July 2012 |
| 8. Develop plan for incentives to be announced at Action Institute - focus on ways to incentivize organizations that serve children ages 0-5 and/or pregnant women to develop, adopt and implement PSE efforts that improve nutrition, physical activity and/or breastfeeding environment. Require completion of CHANGE Tool in process. | CHART Team | March – July 2012 |

Annual Objective 1.2 (minimum of 1 objective per goal)

Setting/Sector:

Community at large Community institution/organization Health care School Work site

Policy/environmental change strategy to achieve this objective:

CAL;Physical Activity; Public recreation programs and activities (e.g., walking, biking, or other physical activity opportunities) for all, personal safety strategies

Evidence/practice base for the strategy:

Center for Disease Control’s *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*

Target number of people that will be reached:

8

How the objective impacts the problem:

Motivated and highly trained CHART members are advocates for a PSE approach to early childhood obesity prevention. They will engage existing community coalitions currently working on, physical activity programming, crime/safety interventions in 43205, 43206 and 43207. Through these connections CHART members will identify ways to leverage ACHIEVE resources and capitalize on the efforts and resources of existing projects to promote safe, playable neighborhoods for young children and their families.

Objective:

By September 30, 2012 increase the number of community coalition meetings focused on personal safety and physical activity programming attended by CHART members from 0 to 10.

Measuring progress:

| Primary Data Source | Secondary Data Source |
|-------------------------------------|---|
| Meeting attendance records | Meeting Minutes |
| <p>Describe the progress</p> | <p>8 members of the CHART attended the ACHIEVE Action Institute in Baltimore, MD June, 2011 and are highly motivated to share their experience. MidOhio Regional Planning Commission, Recreation and Parks, Civic Association and the Division of Safety have a number of existing initiatives in these focus areas and the target neighborhoods.</p> <p>2012 Update: We were able to make connections and draw safety advocates into CHART Team meetings throughout the year. Neighborhood policing officers attended one CHART team meeting and a positive discussion developed. Additionally, the CPH Director of the Institute for Active Living has become an active member of the CHART Team. She has a long standing connection to Public Safety in Columbus and continues to provide guidance to the CHART Team on engaging Public Safety in this process. Additionally, Autumn Trombetta, an ACHIEVE co-coach, has participated in the Southside Internal Team meeting, facilitated by the Mayor’s Office. This team includes all city initiatives in the Columbus ACHIEVE target area, including safety.</p> |

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| <p>Describe barriers or issues and plans to overcome them</p> | <p>Getting involved and promoting PSE and obesity prevention in early childhood will be relatively easy for our CHART members. While there is great synergy in the community, moving other agencies to action and gathering their support in making these needs a priority will be more challenging. Nationwide Children’s Hospital is a champion for the 43205, 43206 and 43207 neighborhoods and their involvement may help facilitate opportunities.</p> <p>2012 Update: Engaging traditional safety advocates and making the connection between neighborhood safety and childhood obesity prevention remains somewhat challenging. However the Healthy Policies for Healthy Children Technical Assistance and Incentive process identified three new and innovative connections for promoting a sense of safety in our neighborhoods.</p> <p>APPS (Applications for Pride Purpose and Success) – a joint project of the Mayor’s Office and Columbus Recreation and Parks, is focused on reducing neighborhood violence by engaging 14-24 year olds in positive activities at our neighborhood recreation centers especially during the late evening hours on weekend nights. Many of these youth are also the parents of young children. In the first year more than 2700 youths participated in the events associated with the project. By moving teens and young adults off the streets and utilizing our community recreation centers for their intended purposes, the sense of safety in our communities is enhanced for all, including families with young children.</p> <p>CAP City Nights is specific summertime effort to engage teens and young adults in active, positive activities in our parks at a time when street violence often peaks. Through the Healthy Policies for Healthy Children technical assistance and incentive project, both APPS and CAP City Nights adopted extensive health and wellness policies outlining the types of foods that will be served, establishing criteria to limit the availability of sugar sweetened beverages; the inclusion of physical activity opportunities and making all of their events completely tobacco free.</p> <p>The Nationwide Children’s Hospital Center for Family Safety and Healing also engaged in the Healthy Policies for Healthy Children technical assistance and incentive process. They are currently drafting nutrition and physical activity policies for their programs. Additionally they are a local advocate for violence prevention.</p> |
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Action Steps (list up to 10):

| Action Steps | Specific Person(s)/ Organization(s) Responsible | Timeframe |
|--|---|----------------------|
| 9. Identify a list of community coalitions and groups that are actively working on safety and physical activity resources in 43205, 43206 and 43207. | CHART Coaches/CPH | Oct 2011 |
| 10. Develop a 10-15 minute presentation about ACHIEVE, early childhood obesity and the finding of our PSE assessment completed in 2011. This presentation will include the desired PSE actions for safety, complete streets and physical activity resources for all in which we wish to engage the partner group/coalitions. | CHART Team | Nov 11-Jan 2012 |
| 11. Coordinate volunteers from the CHART team to contact coalitions/groups and arrange to attend a meeting to share the presentation developed in step 9. | CHART Coaches | Feb - April 2012 |
| 12. CHART members attend meetings of groups engaged in step 10 and deliver presentation. | CHART Team | March-Sept 2012 |
| 13. Maintain regular contact with engaged coalitions/groups to promote PSE and early childhood obesity prevention. | CHART Team | March 12–Sept 2014 |
| 14. Provide technical assistance and support for partner groups/coalitions to include PSE and early childhood obesity prevention in written plans, goals and objectives and/or funding requests | CHART Coaches | March 12 – Sept 2014 |

Annual Objective 1.3 (minimum of 1 objective per goal)

Setting/Sector:

- Community at large
 Community institution/organization
 Health care
 School Work site

Policy/environmental change strategy to achieve this objective:

CIO, Health Care, Work site; Leadership; Chronic disease community coalitions and partnerships

Evidence/practice base for the strategy:

Center for Disease Control’s *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*

Target number of people that will be reached:

How the objective impacts the problem:

Training for PSE advocates in the target community enhances CPH and the CHART’s ability to promote changes that make healthy choices the easy choice for families and young children.

Objective:

By September 30, 2012 increase the number of policy makers in 43205, 43206 and 43207 who have attended a Columbus ACHIEVE Mini - Action Institute from 0 to 25.

Measuring progress:

| Primary Data Source | | Secondary Data Source | |
|---|--|---|--|
| Mini-Action Institute Attendance | | Healthy Policies for Healthy Children Technical Assistance and Incentive project applications | |
| Describe the progress | 8 CHART members attended the Action Institute in Baltimore to serve as PSE advocates. 2012 Update: On April 27, 2012 Columbus ACHIEVE hosted the Healthy Policies for Healthy Children Action Institute (see Appendix B). Twenty community institutions/organizations were represented by more than 49 individuals. | | |
| Describe barriers or issues and plans to overcome them | None identified as of yet. 2012 Update: The Healthy Policies for Healthy Children Action Institute required significant | | |

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| | financial resources and likely cannot be repeated in the same fashion for future trainings. Ohio State Prevention Research Center in conjunction with the Ohio Department of Health has created a web-based PSE training that could be used. Additionally, the Healthy Policies for Healthy Children Action Institute was recorded so that it could be used to help facilitate future trainings to engage more local policymakers in a PSE approach. |
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Action Steps (list up to 10):

| Action Steps | Specific Person(s)/ Organization(s) Responsible | Timeframe |
|--|---|------------------|
| 1. Identify key policy makers in 43205, 43206 and 43207 in organizations serving children 0-5 and their families. Include groups/organizations who address personal safety issues. | CHART Team | Sept 2012 |
| 1. Invite identified policy makers to participate in Mini-Action Institute developed in annual objective 1.1. | CHART Team | May 2012 |
| 2. Host Columbus Mini-Action Institute and announce incentive opportunities developed in annual objective 1.1. | CHART Team | July 2012 |
| 3. Review and approve incentives | CHART Team | July-August 2012 |
| 4. Award incentives to organizations and distribute funds | CHART Team | Sept 2013 |
| 5. Provide technical assistance to overcome barriers to implementation | CHART Team | Sept 13-15 |

Project Goal 2.0 (list up to 5)

Goal:

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| By September 30, 2013, as evidenced by the CHANGE tool, increase the number of places in zip codes 43205, 43206 and 43207 that adopt and implement policies that support breastfeeding from 2 to 6. |
|---|

Priority area(s) the goal addresses:

Chronic diseases: arthritis cancer cardiovascular disease diabetes obesity
 Related risk factors: nutrition physical activity tobacco

How the goal impacts the priority area(s):

Implementation of policies that support breastfeeding directly supports the evidence-based goals and objectives of the City of Columbus Early Childhood Obesity Prevention Plan (ECOPP). Increased breastfeeding initiation and duration is supported as a strategy to reduce childhood obesity by the American Academy of Pediatrics and the Centers for Disease Control and the Center for Disease Control’s *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*. Rising rates of obesity have been linked to rising rates of diabetes, hence improving the breastfeeding environments has the potential to help reduce diabetes as well.

Measuring progress:

| Primary Data Source | Secondary Data Source |
|------------------------------|--|
| Change Tool Data | Policy documents |
| Describe the progress | CPH and Employee Wellness for the City of Columbus are highly engaged in policy promotion for City employees. Change tool results found that while the Community at Large, numerous worksites, community institutions and schools have adopted environmental practices that support breastfeeding, only a limited number of policies exist throughout the community. 2012 Update: On September 14, 2012 Mayor Coleman signed an Executive Order (Appendix C) providing space and time for nursing mothers to nurse and/or express breastmilk for later feeding. As of October 1, 2012 3 new policies supporting breastfeeding have been adopted. |

Describe barriers or issues and plans to overcome them

For City employees, there is good support for policy implementation from administration. As we expand our PSE efforts to organizations in our target zip codes, the incentive process will help us incentivize participation. Through our experiences with the CHANGE tool and the HCHW program, we have found that establishing policies is often a low priority when there are limited resources. The HCHW program has found that offering a modest financial incentive is an effective way to engage organizations in the PSE approach.

2012 Update: Most engaged organizations support breastfeeding through their practices. They have been willing to adopt policies that protect and maintain this support. We do not anticipate barriers at this time.

Annual Objective 2.1 (minimum of 1 objective per goal)

Setting/Sector:

X Community at large Community institution/organization Health care School Work site

Policy/environmental change strategy to achieve this objective:

Community-at-large; Nutrition, Private spaces for nursing or pumping; Right to breastfeed in public places

Evidence/practice base for the strategy:

U.S. Department of Health and Human Services Office on Women’s Health *The Business Case for Breastfeeding*; Center for Disease Control’s *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*

Target number of people that will be reached:

79,280

How the objective impacts the problem:

By focusing initially on City of Columbus policies that support breastfeeding we set a positive precedence as we seek to engage organizations that serve children 0-5 and their families in 43205, 43206 and 43207 in a PSE approach to early childhood obesity prevention. Through city and organizational policies, families living in the target zip codes will find it easier to continue to breastfeed.

Objective:

By September 30, 2012 increase the number of City of Columbus policies that support breastfeeding from 0 to 1.

Measuring progress:

| Primary Data Source | Secondary Data Source |
|--|---|
| CHANGE Tool | City of Columbus Employee Policies; City Code and Charters |
| <p>Describe the progress</p> | <p>Numerous City departments including Columbus Public Health, Employee Wellness and City Real Estate Services are currently engaged in drafting and implementing policies to provide a clean private space for employees and visitors to nurse and/express breast milk. In 2011, all Neighborhood Pride events included a nursing mother’s lounge but no policy was adopted 2012 Update: On September 14, 2012 Mayor Coleman signed an Executive Order (See Breastfeeding Executive Order) supporting breastfeeding. The Order contains language providing space and time for nursing mothers. Ohio law already protects the rights of mothers to breastfeed on all City properties.</p> |
| <p>Describe barriers or issues and plans to overcome them</p> | <p>The Mayor and City Council are supportive of health measures but a balance of quality of worklife issues and health policies have posed a challenge in implementation. By coordinating the efforts of employee wellness and CPH, we are able to provide a gradual implementation plan with recurrent assessment and modification to overcome barriers. 2012 Update: Primary barriers to implementation have been identified and resolved prior to the signing of the Executive Order. No additional issues anticipated.</p> |

Action Steps (list up to 10):

| Action Steps | Specific Person(s)/ Organization(s) Responsible | Timeframe |
|--|---|-----------------|
| 6. Convene representatives of City Departments that will draft, adopt and implement breastfeeding policies for the City of Columbus. | CHART and CPH | Sept – Nov 2011 |
| 7. Define minimum targets for Citywide policy implementation including but not limited to: Protecting a woman’s right to breastfeed in public and providing a clean private space for employees and visitors to nurse or express breast milk | CHART and CPH | Nov – Dec 2011 |

| | | |
|---|---------------------|------------------|
| 8. Identify key policy makers within the City whose support is needed to adopt and implement policies and develop a presentation to promote the desired policies. | CHART/CPH | Jan 2012 |
| 9. Engage policy makers and deliver presentation to promote policy adoption | CHART/CPH | Feb-April 2012 |
| 10. Implement policy | CHART/CPH | May 2012 |
| 11. Develop press releases and engage local media to publicize policy implementation | CHART/CPH | June-August 2012 |
| 12. Monitor implementation and develop strategies to overcome barriers. | CHART/CPH | Sept 2012 |
| 13. Use CHANGE tool to evaluate changes in PSE | CPH/Employee Health | Sept 2012 |
| 14. Use Health Impact Assessment as a tool to present the positive health impacts associated with each policy change | CHART | Sept 2012 |

Annual Objective 2.2 (minimum of 1 objective per goal)

Setting/Sector:

Community at large Community institution/organization Health care SchoolWork site

Policy/environmental change strategy to achieve this objective:

CIO, Health Care, Worksite; Nutrition, Private spaces for nursing or pumping; Right to breastfeed in public places

Evidence/practice base for the strategy:

U.S. Department of Health and Human Services Office on Women’s Health *The Business Case for Breastfeeding*; Center for Disease Control’s *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*

Target number of people that will be reached:

How the objective impacts the problem:

Establishing policies in CIO’s, health care organizations and worksites that serve children 0-5 and/or their families in 43205, 43206 and 43207 that support breastfeeding creates an environment that makes it easier for families to choose to initiate and continue

breastfeeding.

Objective:

By September 30, 2012 as evidenced by the CHANGE tool, increase the number of policies in organizations serving pregnant women and children ages 0-5 and/or their families in 43205, 43206 and 43207 that support breastfeeding from 2 to 5.

Measuring progress:

| Primary Data Source | Secondary Data Source |
|--|---|
| CHANGE Tool | Written policy documentation |
| <p>Describe the progress</p> | <p>All CHANGE tool participants are supportive of breastfeeding and have implemented many practices and some policies supportive of a healthy environment. There has been a very positive response to the ACHIEVE project thus far and talk of PSE has created a lot of positive energy in the community.</p> <p>2012 Update: As of September 30, 2012 3 new policies supporting breastfeeding have been adopted by 3 different organizations. The CAP City Night Festivals and APPS Project have included placing visible support of breastfeeding through “Breastfeeding Welcome Here” signage at all events. Community Development for All People adopted a policy dedicating private space for nursing mothers. (Appendix C)</p> <p>4 organizations are still in process of identifying, drafting and implementing policies as part of the Healthy Policies for Healthy Children Technical Assistance and Incentive project. We anticipate 1-3 additional breastfeeding policies will be adopted by December 31, 2012.</p> |
| <p>Describe barriers or issues and plans to overcome them</p> | <p>As noted above, policy development, adoption and implementation may not be a top priority when resources are scarce. Offering the mini-action institute and incentive opportunities can provide an incentive to help move agencies to action.</p> <p>2012 Update: As organizations move from policy adoption to implementation they may experience challenges related to space, signage and/or resistance from others. Columbus ACHIEVE will maintain regular contact to identify problems as they arise and provide technical assistance to overcome any challenges.</p> |

Action Steps (list up to 10):

| Action Steps | Specific Person(s)/ Organization(s) Responsible | Timeframe |
|---|---|-------------------|
| 15. Engage CIO's, worksites and healthcare providers in target areas through Mini-Action Institute and Incentive Processes described in Project Goal 1.0 | CHART | June– Sept 2012 |
| 16. Provide technical assistance for drafting organization specific breastfeeding policies in accordance with incentive guidelines developed in Project Goal 1.0. | CHART/CPH | Oct 12-April 2013 |
| 17. Provide technical assistance for adoption and implementation of breastfeeding policies developed in previous step. | CHART/CPH | April-July 2013 |
| 18. Develop press releases and engage local media to publicize policy implementation | CHART/CPH | July–Sept 2013 |
| 19. Use CHANGE tool to evaluate changes in PSE | CHART | July-Sept 2013 |
| 20. Use Health Impact Assessment as a tool to present the positive health impacts associated with each policy change | CHART | July-Sept 2013 |
| 21. Create a localized PSE for Early Childhood Obesity Prevention toolkit including lessons learned and model policy actions to share with other communities throughout Columbus. | CHART and incentive recipients | July-Sept 2013 |
| 22. Monitor implementation | CHART/CPH | Sept 2013-15 |

Project Goal 3.0 (list up to 5)

Goal:

By September 30, 2013, as evidenced by the CHANGE tool, increase the number of places in zip codes 43205, 43206 and 43207 that adopt and implement policies that support healthy eating from 34 to 39.

Priority area(s) the goal addresses:

Chronic diseases: arthritis cancer cardiovascular disease diabetes obesity

Related risk factors: nutrition physical activity tobacco

How the goal impacts the priority area(s):

Implementation of policies that support healthy eating directly supports the evidence-based goals and objectives of the City of Columbus Early Childhood Obesity Prevention Plan (ECOPP). Changes to the nutrition environments in communities is supported as a strategy to reduce childhood obesity by the American Academy of Pediatrics and the Centers for Disease Control and the Center for Disease Control's *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*. Rising rates of obesity have been linked to rising rates of diabetes, hence improving the nutrition environment for pregnant women and children ages 0-5 has the potential to help reduce diabetes as well.

Measuring progress:

| Primary Data Source | Secondary Data Source |
|---|---|
| Change Tool Data | Policy documents |
| Describe the progress | <p>CPH and Employee Wellness for the City of Columbus are highly engaged in policy promotion for City employees. Change tool results found that while the Community at Large, numerous worksites, community institutions and schools have adopted environmental practices that support healthy eating, few written policies exist to support this effort.</p> <p>2012 Update: At the City level, policy promotion efforts remain active however city-wide nutrition policies have not been enacted. In August 2012, the Mayor's Office engaged Columbus Public Health in identifying the top 10 City priorities for Obesity Prevention (See Columbus Top 10)). As of September 30, 2012 6 community institutions/organizations have adopted 12 policies that support healthy eating directly as a result of the Healthy Policies for Healthy Children Technical Assistance and Incentive Project. (appendix C)</p> |
| Describe barriers or issues and plans to overcome them | <p>For City employees, there is good support for policy implementation from administration. However, there has been some resistance to limiting the availability of sugar-sweetened beverages and changing pricing structures. This is viewed by some as an infringement on personal choice. We have found an implementation process that focuses on modest, gradual changes is most effective in overcoming this concern.</p> <p>As we expand our PSE efforts to organizations in our target zip codes, the technical assistance and</p> |

incentive process will help us incentivize participation. Through our experiences with the CHANGE tool and the HCHW program, we have found that establishing policies is often a low priority when there are limited resources. The HCHW program has found that offering a modest incentive is an effective way to engage organizations in the PSE approach.

2012 Update: At the City level, nutrition policies must be given careful thought as many programs such as Recreation and Parks and Neighborhood Pride rely on financial incentives and donations from sugar sweetened beverage manufacturers to provide services and programs. In partnership with Ohio State University College of Public Health, we are proposing a comprehensive Health Impact Assessment to evaluate this relationship.

Annual Objective 3.1 (minimum of 1 objective per goal)

Setting/Sector:

X Community at large Community institution/organization Health care School Work site

Policy/environmental change strategy to achieve this objective:

Community-at-large; Nutrition, Healthy food and beverage options at public parks and recreation facilities; Pricing strategies

Evidence/practice base for the strategy:

Center for Disease Control's *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*

Target number of people that will be reached:

79,280

How the objective impacts the problem:

By focusing initially on City of Columbus policies that support healthy eating, we set a positive precedence as we seek to engage organizations that serve children 0-5 and their families in 43205, 43206 and 43207 in a PSE approach to early childhood obesity prevention. Through city and organizational policies, families living in the target zip codes will find it easier to make healthy food and beverage choices in vending machines and at events.

Objective:

By September 30, 2012 increase the number of City of Columbus policies that support healthy eating and from 1 to 3.

Measuring progress:

| Primary Data Source | Secondary Data Source |
|--|---|
| CHANGE Tool | City of Columbus Employee Policies; City Code and Charters |
| <p>Describe the progress</p> | <p>Numerous City departments including Columbus Public Health, Employee Wellness and City Real Estate Services are currently engaged in drafting and implementing policies to offer healthier food choices on City properties and at City events. CPH and Recreation and Parks have implemented Snackwise®, a color coded nutrition labeling system for vending machines. Other City buildings have begun to implement Snackwise® and have started to phase out red (least healthy) products. CPH has eliminated sugar sweetened beverages and developed healthy meeting guidelines.</p> <p>2012 Update: Snackwise Nutrition Rating System has been fully implemented in all vending machines at Columbus Public Health and at City Hall as well as all City of Columbus Recreation Centers. Columbus Public Health has also eliminated to the sale of all sugar-sweetened beverages. Columbus Public Health, supported by Columbus ACHIEVE has recommended that Snackwise Nutrition Rating system be implemented in all vending machines in all City buildings. We have also recommended that the Columbus Public Health Healthy Meeting guidelines be made policy for all City meetings.</p> |
| <p>Describe barriers or issues and plans to overcome them</p> | <p>The Mayor and City Council are supportive of health measures but a balance of quality of worklife issues and health policies have posed a challenge in implementation. By coordinating the efforts of recreation and parks, employee wellness and CPH, we are able to provide a gradual implementation plan with recurrent assessment and modification to overcome barriers.</p> <p>2012 Update: There continues to be employee resistance to recommended changes and as noted above, many programs rely on the financial relationships with companies that produce and market sugar sweetened beverages. The Health Impact Assessment process and findings will guide next steps in this process.</p> |

Action Steps (list up to 10):

| Action Steps | Specific Person(s)/ Organization(s) Responsible | Timeframe |
|--|---|------------------|
| 23. Convene representatives of City Departments that will draft, adopt and implement nutrition policies for the City of Columbus. | CHART and CPH | Sept – Nov 2011 |
| 24. Identify a minimum of 2 nutrition policy targets for Citywide implementation by September 30, 2012 including but not limited to: 1) Requiring Snackwise® vending system and pricing strategies that promote healthier choices in all vending machines located on City real estate; 2) Establishing nutrition guidelines for food served at City events and meetings. | CHART and CPH | Nov – Dec 2011 |
| 25. Identify key policy makers within the City whose support is needed to adopt and implement policies and develop a presentation to promote the desired policies. | CHART/CPH | Jan 2012 |
| 26. Engage policy makers and deliver presentation to promote policy adoption | CHART/CPH | Feb-April 2012 |
| 27. Implement policy | CHART/CPH | May 2012 |
| 28. Develop press releases and engage local media to publicize policy implementation | CHART/CPH | June-August 2012 |
| 29. Monitor implementation and develop strategies to overcome barriers. | CHART/CPH | Sept 2012 |
| 30. Use CHANGE tool to evaluate changes in PSE | CPH/Employee Health | Sept 2012 |
| 31. Use Health Impact Assessment as a tool to present the positive health impacts associated with each policy change | CHART | Sept 2012 |
| 32. Reconvene representatives of City Departments to identify additional policy targets and plan for future City-wide policy efforts including limiting availability of sugar sweetened beverages on City properties and at City events. | CHART/CPH | Nov 2012 |

Annual Objective 3.2 (minimum of 1 objective per goal)

Setting/Sector:

Community at large
 Community institution/organization
 Health care
 School Work site

Policy/environmental change strategy to achieve this objective:

CIO, Health Care, Worksite; Any Nutrition PSE Change Strategies

Evidence/practice base for the strategy:

Center for Disease Control’s *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*

Target number of people that will be reached: 79,280

How the objective impacts the problem:

Establishing policies in CIO’s, health care organizations and worksites that serve children 0-5 and/or their families in 43205, 43206 and 43207 that support healthy food choices creates an environment that makes it easier for families to make healthy choices for their children and themselves.

Objective:

By September 30, 2012 as evidenced by the CHANGE tool, increase the number of policies in organizations serving children 0-5 and/or their families in 43205, 43206 and 43207 that support healthy eating from 33 to 37.

Measuring progress:

| Primary Data Source | Secondary Data Source |
|-------------------------------------|--|
| CHANGE Tool | Written policy documentation |
| <p>Describe the progress</p> | <p>All CHANGE tool participants are supportive of healthy eating and have implemented many practices and some policies supportive of a healthy environment. There has been a very positive response to the ACHIEVE project thus far and talk of PSE has created a lot of positive energy in the community.</p> <p>2012 Update: As of September 30, 2012 6 community institutions/organizations have adopted 12 policies that support healthy eating directly as a result of the Healthy Policies for Healthy Children Technical Assistance and Incentive Project (Appendix C).</p> <p>There are 4 additional organizations actively engaged in the process that are drafting additional</p> |

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| | policies. We anticipate at least 4 more nutrition related policies will be adopted by December 31, 2012. |
| Describe barriers or issues and plans to overcome them | As noted above, policy development, adoption and implementation may not be a top priority when resources are scarce. Offering the mini-action institute and incentive opportunities can provide an incentive to help move agencies to action. 2012 Update: We have provided guidance to participating organizations on gradual changes that can help minimize resistance to nutrition policies. We will remain engaged with organizations over the next 6-12 months to provide technical assistance in implementation. We have also provided extensive tools to help in menu planning, cost management and storage issues for healthier menus. |

Action Steps (list up to 10):

| Action Steps | Specific Person(s)/ Organization(s) Responsible | Timeframe |
|---|--|-------------------|
| 33. Engage CIO's, worksites and healthcare providers in target areas through Mini-Action Institute and incentive processes described in Project Goal 1.0 | CHART | June– Sept 2012 |
| 34. Provide technical assistance for drafting organization specific nutrition policies in accordance with incentive guidelines developed in Project Goal 1.0. | CHART/CPH | Oct 12-April 2013 |
| 35. Provide technical assistance for adoption and implementation of policies developed in previous step. | CHART/CPH | April-July 2013 |
| 36. Develop press releases and engage local media to publicize policy implementation | CHART/CPH | July–Sept 2013 |
| 37. Use CHANGE tool to evaluate changes in PSE | CHART | July-Sept 2013 |
| 38. Use Health Impact Assessment as a tool to present the positive health impacts associated with each policy change | CHART | July-Sept 2013 |
| 39. Create a localized PSE for Early Childhood Obesity Prevention toolkit including lessons learned and model policy actions to share with other communities throughout Columbus. | CHART and incentiverecipients | July-Sept 2013 |
| 40. Monitor implementation | CHART/CPH | Sept 2013-15 |

Project Goal 4.0 (list up to 5)

Goal:

By September 30, 2013, as evidenced by the CHANGE tool, increase the number of places in zip codes 43205, 43206 and 43207 that adopt and implement policies that support physical activity from 22 to 26.

Priority area(s) the goal addresses:

Chronic diseases: arthritis cancer cardiovascular disease diabetes obesity

Related risk factors: nutrition physical activity tobacco

How the goal impacts the priority area(s):

Implementation of policies that support physical activity directly supports the evidence-based goals and objectives of the City of Columbus Early Childhood Obesity Prevention Plan (ECOPP). Changes to the physical activity environments in communities is supported as a strategy to reduce childhood obesity by the American Academy of Pediatrics and the Centers for Disease Control and the Center for Disease Control's *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*. Rising rates of obesity have been linked to rising rates of diabetes, hence improving the physical activity environments for children ages 0-5 has the potential to help reduce diabetes as well.

Measuring progress:

| Primary Data Source | Secondary Data Source |
|--|---|
| Change Tool Data | Policy documents |
| <p>Describe the progress</p> | <p>CPH and Employee Wellness for the City of Columbus are highly engaged in policy promotion for City employees. Change tool results found that while the Community at Large, numerous worksites, community institutions and schools have adopted environmental practices that support physical activity, few written policies exist to support this effort.</p> <p>2012 Update: In 2012 Columbus Public Health, with the support of Columbus ACHIEVE, has developed 2 new resources for physically active play targeting activity for young children. The resources include the purchase of an Imagination Playground set and the development of an Active Play Tool Kit as part of the Early Childhood Obesity Prevention Coalition Speaker’s Bureau. The CAP City Nights and APPS projects within Columbus Recreation and Parks Department have committed to including physically active play opportunities at all events and Recreation and Parks staff participated in the planning and delivery of the Healthy Policies for Healthy Children Action Institute.</p> |
| <p>Describe barriers or issues and plans to overcome them</p> | <p>For the community-at-large, there is good support for physical activity policy implementation from administration.</p> <p>As we expand our PSE efforts to organizations in our target zip codes, the incentive process will help us incentivize participation. Through our experiences with the CHANGE tool and the HCHW program, we have found that establishing policies is often a low priority when there are limited resources. The HCHW program has found that offering a modest financial incentive is an effective way to engage organizations in the PSE approach.</p> <p>2012 Update: Course offerings for young children in our most health disparate neighborhoods continue to be more plentiful than in years past. Limited financial resources, especially in the Recreation and Parks programs, remain the greatest barrier for city-wide policy. Because programming at Recreation Centers is supported through individual Community Recreation Councils a single city policy is difficult to develop and implement. The Health Impact Assessment process described above will be utilized to further evaluate city policies.</p> |

The Mayor's commitment to the APPS and CAP City Nights projects along with their policies for including physically active play opportunities for all events will significantly increase active play resources in our target areas.

Annual Objective 4.1 (minimum of 1 objective per goal)

Setting/Sector:

Community at large Community institution/organization Health care School Work site

Policy/environmental change strategy to achieve this objective:

1. Community-at-large; Physical Activity, Public recreation programs and activities (e.g., walking, biking, or other physical activity opportunities) for all

Evidence/practice base for the strategy:

Center for Disease Control's *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*

Target number of people that will be reached: 79,280

How the objective impacts the problem:

By focusing initially on City of Columbus policies that support physical activity we set a positive precedence as we seek to engage organizations that serve children 0-5 and their families in 43205, 43206 and 43207 in a PSE approach to early childhood obesity prevention. Through city and organizational policies, families living in the target zip codes will find it easier to be physically active.

Objective:

By September 30, 2012 increase the number of City of Columbus policies that support physical activity from 7 to 8.

Measuring progress:

| Primary Data Source | Secondary Data Source |
|--|--|
| CHANGE Tool | City of Columbus Employee Policies; City Code and Charters |
| <p>Describe the progress</p> | <p>Numerous City departments including Columbus Public Health, Recreation and Parks and Public Safety are currently engaged in efforts to increase the availability of public recreation programs for all with an emphasis on increasing the availability of early childhood activity resources in our target zip codes. In the first 2 quarters of 2011, the number of recreation offerings for children under age 6 years increased 4-fold in our target zip codes. However no policy exists to ensure this momentum is sustained.</p> <p>2012 Update: Through the Healthy Policies for Healthy Children Technical Assistance and Incentive Process, the City supported CAP City Nights and APPS programs have adopted and implemented 4 policies supporting physical activity. These policies include planning physically active opportunities at all events and the use of active gaming systems when video games are utilized (appendix C)</p> |
| <p>Describe barriers or issues and plans to overcome them</p> | <p>The Mayor, City Council and the leadership of our Recreation and Parks Department are supportive of efforts to increase programming and resources for early childhood in our parks and recreation centers. Cost and competing demand for limited resources are the biggest barrier to policy implementation.</p> <p>2012 Update: As described above, the structure of the Community Recreation Councils and the financial support of programs at individual recreation centers makes a general policy for all centers and programming challenging. We look forward to the Health Impact Assessment process to identify potential opportunities for policies and growth.</p> |

Action Steps (list up to 10):

| Action Steps | Specific Person(s)/ Organization(s) Responsible | Timeframe |
|--|--|------------------|
| 41. Convene representatives of City Departments that will draft, adopt and implement physical activity policies for the City of Columbus. | CHART and CPH | Sept – Nov 2011 |
| 42. Identify the minimum policy targets for Citywide implementation. | CHART and CPH | Nov – Dec 2011 |
| 43. Identify key policy makers within the City whose support is needed to adopt and implement policies and develop a presentation to promote the desired policies. | CHART/CPH | Jan 2012 |
| 44. Engage policy makers and deliver presentation to promote policy adoption | CHART/CPH | Feb-April 2012 |
| 45. Implement policy | CHART/CPH | May 2012 |
| 46. Develop press releases and engage local media to publicize policy implementation | CHART/CPH | June-August 2012 |
| 47. Monitor implementation and develop strategies to overcome barriers. | CHART/CPH | Sept 2012 |
| 48. Use CHANGE tool to evaluate changes in PSE | CPH/Employee Health | Sept 2012 |
| 49. Use Health Impact Assessment as a tool to present the positive health impacts associated with each policy change | CHART | Sept 2012 |
| 50. Reconvene representatives of City Departments to identify additional policy targets and plan for future City-wide policy efforts including establishing requirements for crosswalks and other walkability features within ½ mile of all recreation and park resources. | CHART/CPH | Nov 2012 |

Annual Objective 4.2 (minimum of 1 objective per goal)

Setting/Sector:

Community at large Community institution/organization Health care School Work site

Policy/environmental change strategy to achieve this objective:

CIO, Health Care, Worksite; Any Physical Activity PSE Change Strategies

Evidence/practice base for the strategy:

Center for Disease Control's *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*

Target number of people that will be reached:

How the objective impacts the problem:

Establishing policies in CIO's, health care organizations and worksites that serve children 0-5 and/or their families in 43205, 43206 and 43207 that increase the availability of opportunities for physical activity creates an environment that makes it easy for families to make healthy choices for their children and themselves.

Objective:

By September 30, 2012 as evidenced by the CHANGE tool, increase the number of policies in organizations serving children 0-5 and/or their families in 43205, 43206 and 43207 that support physical activity from 15 to 18.

Measuring progress:

| Primary Data Source | Secondary Data Source |
|--|--|
| CHANGE Tool | Written policy documentation |
| <p>Describe the progress</p> | <p>All CHANGE tool participants are supportive of physical activity and have implemented many practices and some policies supportive of a healthy environment. There has been a very positive response to the ACHIEVE project thus far and talk of PSE has created a lot of positive energy in the community.</p> <p>2012 Update: As of September 30, 2012 one organization has adopted 1 policy specifically related to increasing physical activity opportunities. (appendix C) As a direct result of the Healthy Policies for Healthy Children Technical Assistance and Incentive project, \$4,500 worth of active play materials will be in use in zip codes 43205, 4306 and 43207 by November 30, 2012. We anticipate at least 3-4 additional physical activity policies will be implemented by December 31, 2012.</p> |
| <p>Describe barriers or issues and plans to overcome them</p> | <p>As noted above, policy development, adoption and implementation may not be a top priority when resources are scarce. Offering the mini-action institute and incentive opportunities can provide an incentive to help move agencies to action.</p> <p>2012 Update: Feedback from community institutions/organizations have indicated that attendance at offerings for young children has been poor. However, parent focus groups suggest that the lack of physical activity offerings for young children prevents them from engaging their child in more activity. Columbus ACHIEVE will engage representative from various sectors to brainstorm ideas to improve participation in physical activity offerings.</p> |

Action Steps (list up to 10):

| Action Steps | Specific Person(s)/ Organization(s) Responsible | Timeframe |
|---|---|-------------------|
| 51. Engage CIO's, worksites and healthcare providers in target areas through Mini-Action Institute and incentive Processes described in Project Goal 1.0 | CHART | June– Sept 2012 |
| 52. Provide technical assistance for drafting organization specific physical activity policies in accordance with incentive guidelines developed in Project Goal 1.0. | CHART/CPH | Oct 12-April 2013 |

| | | |
|---|--------------------------------|-----------------|
| 53. Provide technical assistance for adoption and implementation of physical activity policies developed in previous step. | CHART/CPH | April-July 2013 |
| 54. Develop press releases and engage local media to publicize policy implementation | CHART/CPH | July–Sept 2013 |
| 55. Use CHANGE tool to evaluate changes in PSE | CHART | July-Sept 2013 |
| 56. Use Health Impact Assessment as a tool to present the positive health impacts associated with each policy change | CHART | July-Sept 2013 |
| 57. Create a localized PSE for Early Childhood Obesity Prevention toolkit including lessons learned and model policy actions to share with other communities throughout Columbus. | CHART and incentive recipients | July-Sept 2013 |
| 58. Monitor implementation | CHART/CPH | Sept 2013-15 |

STEP 4: CAP Resubmission Process:

Each community will be asked to review and update their CAP two times each year, in March and September. The CHART should review the most recent CAP and provide updates and include additional information as needed. Review the current goals and objectives. Provide details about the work that has been completed toward the goal/objective in the progress section and describe barriers or difficulties in the barriers section. Be sure to clearly indicate the current numerical level you have achieved (i.e. achieved 1 new policy out of the target 3 policies). If the goals or objectives have changed and certain ones are no longer being pursued, please indicate this and a brief explanation in the progress and barriers section of the goal/objective. If additional areas are being pursued, please add these as new goals/objectives.

PART 3C: SUSTAINABILITY PLAN

Describe the plan to maintain the CHART and/or associated activities beyond the national funding commitments. Elements of sustainability include CHART infrastructure, maintenance, and development of local capacity, identification of additional funding sources, or policy implementation that may continue beyond the life of this funding.

Our CHART Team is made up of community members and organizational leaders who are committed to their community and to early childhood obesity prevention. Their involvement in ACHIEVE is a result of their own interest and commitment to the process. In the past four months, the CHART Team has logged countless, uncompensated hours to complete the community assessment and CAP. Their enthusiasm and commitment continues to grow through each phase of the project. It is our primary intention to engage

and expand our CHART with additional residents living in our target zip codes to help guide and inform our implementation. We have been fortunate to have several very engaged community advocates serving on our CHART but recognize the importance of having extensive representation from our target neighborhoods in the next two years as we implement the CAP. Columbus Public Health specifically sought the ACHIEVE opportunity to broaden and strengthen the Early Childhood Obesity Prevention Coalition which has been maintained since May, 2009 without outside funding. ACHIEVE has provided a model for implementing the City of Columbus Early Childhood Obesity Prevention Plan in a specific neighborhood. The CHART team members also participate in the City of Columbus Early Childhood Obesity Coalition and the CHART has allowed us to engage new members who are important to implementation of the plan at the neighborhood level. As this ACHIEVE project concludes, the CHART team will likely remain an active subgroup of the ECOPC to expand neighborhood-based implementation.

Nationwide Children’s Hospital and The Ohio State University College of Public Health have been vital partners and will provide extensive support in sustaining a PSE approach to early childhood obesity prevention. Nationwide Children’s Hospital has provided funding for programming and extensive in-kind donations such as printing, grant-writing and staffing to help support the ECOPC and CHART. The OSU College of Public Health Prevention Research Center has provided extensive in-kind evaluation services and a constant stream of eager Masters of Public Health students willing to volunteer their time to complete a culminating project.

In year one, we anticipate implementing breastfeeding, nutrition and physical activity policies in city buildings and at city events. We maintain that the example set by the City of Columbus through these policies will extend far beyond the life of this funding. As employees and residents experience the positive effects of these changes on their lives and the lives of their children we will leverage their positive experiences to encourage local businesses and institutions to follow a similar model.

COMMUNICATIONS PLAN

Describe any plans your CHART has to communicate this plan or your ACHIEVE work to your greater community or stakeholders.

There will be 3 primary efforts to communicate the ACHIEVE work to the greater community:

- 1) CHART Members will engage in existing community groups and coalitions that are working on safety, physical activity resources for all and complete streets, including extensive walkability and bikeability initiatives. By engaging with these groups and organizations, our highly motivated and extensively trained CHART members can bring awareness of the needs of young children and their families and advocate for PSE approaches that benefit the community as a whole. Through this effort, we also network with other advocates for a healthy community.
- 2) The Mini-Action Institute provides another positive opportunity to share the work of our ACHIEVE project while also training

others to be PSE advocates as well.

3) As City and organizational policies are adopted and implemented, CPH and NCH will utilize their internal media and public relations services to engage the local media and publicize our ACHIEVE efforts. Signage and materials will be distributed at point of sale and at community events where PSE has been adopted to inform residents of the PSE changes they are experiencing.

We will also maintain the Columbus ACHIEVE website and provide links through the CPH and NCH websites.

RESOURCES

Describe what additional resources (e.g., funding, equipment, media, human resources, in-kind) that have been committed, and by whom, to leverage ACHIEVE resources.

\$2000.00 Meeting services – Columbus Public Health
\$1000.00 Printing – Nationwide Children’s Hospital
\$34,000 Personnel – Columbus Public Health/Nationwide Children’s Hospital
\$500.00 Office Supplies – Columbus Public Health

| | |
|----------------|------------|
| Date completed | 09/29/2011 |
| Date revised | 10/02/2012 |
| Date revised | |

Appendix A

Community-At-Large Sector

Focus Area: Physical Activity

PSE CHANGE STRATEGIES

2. Sidewalks
3. Land use plan
4. Bike facilities
5. Complete streets plan
6. Walking route maintenance
7. Biking route maintenance
8. Park maintenance
9. Parks, shared-use paths and trails, or open spaces
10. Mixed land use
11. Sidewalk compliance with the Americans with Disabilities Act
12. Public parks and recreation facilities compliance with the Americans with Disabilities Act
13. Public recreation programs and activities (e.g., walking, biking, or other physical activity opportunities) for all
14. Public transportation within reasonable walking distance
15. Street traffic calming measures
16. Personal safety strategies
17. Other (specify)

Focus Area: Nutrition

PSE CHANGE STRATEGIES

1. Healthy food and beverage option retail strategies
2. Healthy food and beverage options at local restaurants and food venues
3. Healthy food and beverage options at public parks and recreation facilities
4. Community gardens
5. Public transportation to supermarkets and grocery stores
6. Farmers' markets
7. WIC and food stamp vouchers or food stamp benefits at farmers' markets
8. Locally grown foods
9. Fruit and vegetable promotion
10. Nutritional labeling
11. Smaller portion sizes
12. Trans fat ban
13. Recruitment of supermarkets and large grocery stores in underserved areas
14. Private spaces for nursing or pumping
15. Right to breastfeed in public places
16. Pricing strategies
17. Safe, unflavored, cool drinking water at no cost at public parks and recreation facilities
18. Other (specify)

Focus Area: Tobacco

PSE CHANGE STRATEGIES

1. Smoke-free policy 24/7 for indoor public places
2. Tobacco-free policy 24/7 for indoor public places
3. Smoke-free policy 24/7 for outdoor public places
4. Tobacco-free policy 24/7 for outdoor public places
5. Tobacco advertisement ban
6. Tobacco promotions, promotional offers, and prizes ban
7. Tobacco retail outlets regulation
8. Tobacco vending machine restriction
9. Single cigarette sale ban
10. Tobacco product price increase
11. Tobacco cessation referral system
12. Other (specify)

Focus Area: Chronic Disease Management

PSE CHANGE STRATEGIES

1. Chronic disease self-management programs
2. Obesity prevention strategies
3. High blood pressure control strategies
4. Cholesterol control strategies
5. Blood sugar or insulin level control strategies
6. Heart attack and stroke symptom strategies
7. Preventive care strategies
8. Emergency medical services
9. Chronic disease health disparities strategies
10. Other (specify)

Focus Area: Leadership

PSE CHANGE STRATEGIES

1. Chronic disease community coalitions and partnerships
2. Public policy process to address chronic diseases and related risk factors
3. Financing shared-use paths or trails
4. Financing public recreation facilities
5. Financing public parks or greenways
6. Financing public sports facilities
7. Financing pedestrian enhancements
8. Financing bicycle enhancements
9. Physical activity a priority in operating budget
10. Mixed land use promotion through regulation or other incentives
11. Management program to improve transportation system safety
12. Staff for overseeing community-wide healthy living opportunities
13. Marketing of community-wide healthy living strategies
14. Other (specify)

Community Institution/Organization Sector

Focus Area: Physical Activity

PSE CHANGE STRATEGIES

1. Stairwell use
2. Safe area outside to walk or be active
3. Walking path
4. Non-motorized commutes
5. Public transportation within reasonable walking distance
6. Onsite fitness center or classes
7. Changing room or locker room with showers
8. Bicycle parking
9. Access to competitive and noncompetitive physical activities
10. Opportunity for unstructured play or leisure-time physical activity
11. Physical activity as punishment prohibition
12. Screen time restriction
13. Direct support for community-wide physical activity opportunities
14. Other (specify)

Focus Area: Nutrition

PSE CHANGE STRATEGIES

1. Healthy food and beverage options in vending machines
2. Healthy food and beverage options at meetings and events
3. Healthy food and beverage options in onsite cafeteria and food venues
4. Healthy food purchasing
5. Healthy food preparation practices
6. Pricing strategies
7. Marketing ban of less than healthy foods and beverages
8. Smaller portion sizes
9. Nutritional labeling
10. Safe, unflavored, cool drinking water
11. Food as a reward or punishment
12. Direct support for community-wide nutrition opportunities
13. Private space for nursing or pumping
14. Other (specify)

Focus Area: Tobacco

PSE CHANGE STRATEGIES

1. Smoke-free policy 24/7 for indoor public places
2. Tobacco-free policy 24/7 for indoor public places
3. Smoke-free policy 24/7 for outdoor public places
4. Tobacco-free policy 24/7 for outdoor public places
5. Tobacco vending machine sales ban
6. Tobacco promotions, promotional offers, and prizes ban
7. Tobacco advertisements ban
8. Tobacco cessation referral system
9. Other (specify)

Focus Area: Chronic Disease Management

PSE CHANGE STRATEGIES

1. Chronic disease self-management programs
2. Onsite nurse
3. Onsite medical clinic
4. Routine screening, follow-up counseling and education
5. Heart attack and stroke curricula adoption
6. 9-1-1 curricula adoption
7. Chronic disease prevention promotion
8. Emergency response plan
9. Other (specify)

Focus Area: Leadership

PSE CHANGE STRATEGIES

1. Chronic disease prevention incentives
2. Public policy process to address chronic diseases and related risk factors
3. Wellness coordinator
4. Wellness committee
5. Health promotion budget
6. Mission statement including patron health and well-being
7. Needs assessment for health promotion programs
8. Evaluation of health promotion programs
9. Patron feedback about health promotion programs
10. Chronic disease community coalitions and partnerships
11. Other (specify)

Health Care Sector

Focus Area: Physical Activity

PSE CHANGE STRATEGIES

1. Stairwell use
2. Screening of patients' physical activity habits
3. Regular counseling about physical activity
4. Physical activity referral system
5. Other (specify)

Focus Area: Nutrition

PSE CHANGE STRATEGIES

1. Breastfeeding initiative
2. Screening of patients' nutritional habits
3. Regular counseling about good nutrition
4. Weight management or nutrition programs
5. Nutrition referral system
6. Healthy food and beverage options in vending machines
7. Healthy food and beverage options served to patients
8. Healthy food and beverage options in the onsite cafeteria and food venues
9. Pricing strategies
10. Healthy food purchasing
11. Healthy food preparation practices
12. Nutritional labeling
13. Marketing ban of less than healthy foods and beverages
14. Smaller portion sizes
15. Other (specify)

Focus Area: Tobacco

PSE CHANGE STRATEGIES

1. Smoke-free policy 24/7 for indoor public places
2. Tobacco-free policy 24/7 for indoor public places
3. Smoke-free policy 24/7 for outdoor public places
4. Tobacco-free policy 24/7 for outdoor public places
5. Screening of patients' tobacco use
6. Screening of patients' exposure to tobacco smoke
7. Regular counseling about the harm of tobacco use and exposure
8. Tobacco cessation referral system
9. Pharmacological quitting aids
10. Provider-reminder system
11. Other (specify)

Focus Area: Chronic Disease Management

PSE CHANGE STRATEGIES

1. Chronic disease referral system
2. Routine follow-up counseling and education
3. Screening for chronic diseases
4. BMI measurement
5. Plan to increase patient adherence to chronic disease treatment
6. Systematic approach to diabetes care
7. Emergency heart disease and stroke treatment guidelines
8. Stroke rating scale training
9. Specialized stroke care units
10. Specialized heart disease units
11. Other (specify)

Focus Area: Leadership

PSE CHANGE STRATEGIES

1. Chronic disease community coalitions and partnerships
2. Public policy process to address chronic diseases and related risk factors
3. Childhood overweight prevention and treatment services
4. Standards of modifiable risk factor practice
5. Standardized treatment and prevention protocols
6. Electronic medical records system and patient data registries
7. Chronic Care Model
8. Provider care team
9. Medical services or access to medical services outside of regular working hours
10. Collaboration between health care professionals
11. Partners to provide chronic disease health screenings, follow-up counseling, and education
12. Cultural competence training
13. Other (specify)

School Sector

Focus Area: District

PSE CHANGE STRATEGIES

1. Physical education for middle and high school students
2. Physical education for elementary school students
3. Daily recess education for elementary school students
4. Physical education waivers
5. Fruits or vegetables required wherever foods and beverages are sold
6. Sale and distribution of less than healthy foods and beverages eliminated
7. Sugar-sweetened beverages
8. Tobacco-free policy 24/7
9. Tobacco advertising ban
10. Tobacco promotions, promotional offers, and prizes ban
11. Full-time, qualified healthcare provider
12. Case management plan for students with chronic diseases or conditions
13. Access to prescribed medications
14. District health group
15. Designated school health coordinator
16. School compliance with district school wellness policy
17. Public use of school buildings and facilities
18. Physical education curriculum adoption
19. Nutrition education curriculum adoption
20. Tobacco-use prevention curriculum adoption
21. Other (specify)

Focus Area: Physical Activity

PSE CHANGE STRATEGIES

1. Physical activity as punishment ban
2. Active time during physical education class
3. Competitive and noncompetitive physical activities
4. Walk or bike to school initiative
5. Proper equipment and facilities
6. School location within reasonable walking distance of residential areas
7. Other (specify)

Focus Area: Nutrition

PSE CHANGE STRATEGIES

1. Healthy food and beverage options beyond the school food services
2. School breakfast and lunch programs
3. Healthy food preparation practices
4. Marketing ban of less than healthy foods and beverages
5. Promotion and marketing only of healthy food and beverage options
6. Adequate time to eat school meals
7. Safe environment to eat school meals
8. Food as a reward or punishment ban
9. Safe, unflavored, cool drinking water
10. School garden and resources
11. Multiple channels to promote healthy eating behaviors
12. Other (specify)

Focus Area: Tobacco

PSE CHANGE STRATEGIES

1. Tobacco cessation referral system
2. Other (specify)

Focus Area: Chronic Disease Management

PSE CHANGE STRATEGIES

1. Chronic disease self-management programs
2. Nutritional needs of students with special health care or dietary requirements
3. Heart attack and stroke curricula adoption
4. 9-1-1 curricula adoption
5. CPR curricula adoption
6. Family involvement in the development of school plans
7. Other (specify)

Focus Area: Leadership

PSE CHANGE STRATEGIES

1. Chronic disease community coalitions and partnerships
2. Public policy process to address chronic diseases and related risk factors
3. School building health group
4. Individual responsible for leading school health activities
5. Health promotion budget
6. Mission or position statement that includes student health and well-being
7. Teachers with appropriate training, education, and background
8. Training and support to food service/relevant staff
9. Professional development or continued education to staff
10. Training for teachers and staff on school physical activity, nutrition, and tobacco prevention policies
11. Health-promoting fund raising efforts
12. Other (specify)

Focus Area: After-School

PSE CHANGE STRATEGIES

1. Physical activity as punishment ban
2. Food as reward or punishment ban
3. Physical activity programs
4. Active time during after-school programs or events
5. Healthy food and beverage options
6. Sugar-sweetened beverages prohibition
7. Other (specify)

Work Site Sector

Focus Area: Physical Activity

PSE CHANGE STRATEGIES

1. Stairwell use
2. Flexible work arrangements
3. Non-motorized commutes
4. Public transportation within reasonable walking distance
5. Clubs or groups to encourage physical activity
6. Safe area outside to walk or be active
7. Walking path
8. Onsite fitness center or classes
9. Changing room or locker room with showers
10. Subsidized membership to offsite workout facility
11. Bicycle parking
12. Activity breaks for meetings
13. Direct support for community-wide physical activity opportunities
14. Other (specify)

Focus Area: Nutrition

PSE CHANGE STRATEGIES

1. Healthy food and beverage options at meetings and events
2. Healthy food and beverage options in vending machines
3. Healthy food and beverage options in onsite cafeteria and food venues
4. Healthy food purchasing practices
5. Healthy food preparation practices
6. Marketing ban of less than healthy foods and beverages
7. Smaller portion sizes
8. Safe, unflavored, cool drinking water
9. Nutritional labeling
10. Pricing strategies
11. Refrigerator access
12. Microwave access
13. Sink with water faucet access
14. Direct support for community-wide nutrition opportunities
15. Breastfeeding support through maternity care practices
16. Other (specify)

Focus Area: Tobacco

PSE CHANGE STRATEGIES

1. Smoke-free policy 24/7 for indoor public places
2. Tobacco-free policy 24/7 for indoor public places
3. Smoke-free policy 24/7 for outdoor public places
4. Tobacco-free policy 24/7 for outdoor public places
5. Insurance coverage for tobacco cessation services
6. Insurance coverage for tobacco cessation products
7. Tobacco vending machine sales ban
8. Tobacco promotions, promotional offers, and prizes ban
9. Tobacco advertisements ban
10. Tobacco cessation referral system
11. Other (specify)

Focus Area: Chronic Disease Management

PSE CHANGE STRATEGIES

1. Routine screening, follow-up counseling and education
2. Onsite nurse
3. Onsite medical clinic
4. Time off to attend health promotion programs or classes
5. Insurance coverage for preventive services and quality medical care
6. Free or low cost employee health risk appraisal or health screenings
7. Chronic disease self-management programs
8. Heart attack and stroke curricula adoption
9. 9-1-1 curricula adoption
10. Chronic disease prevention promotion
11. Emergency response plan
12. Other (specify)

Focus Area: Leadership

PSE CHANGE STRATEGIES

1. Reimbursement for preventive health or wellness activities
2. Public policy process to address chronic diseases and related risk factors
3. Wellness coordinator
4. Wellness committee
5. Health promotion budget
6. Mission statement that includes employee health and well-being
7. Employee health and well-being organizational or performance objectives
8. Health insurance plan
9. Office-based incentives for participating in chronic disease prevention measures
10. Needs assessment for health promotion program
11. Evaluation of health promotion programs
12. Employee feedback about health promotion programs
13. Chronic disease community coalitions and partnerships
14. Other (specify)

Appendix B

ACHIEVE HEALTHY POLICIES FOR HEALTHY CHILDREN ACTION INSTITUTE

APRIL 27, 2012

AGENDA

| | |
|-------------------------------|--|
| 8:00-8:30 am | Registration and Networking Healthy breakfast with support from Nationwide Children's Hospital |
| 8:30-8:45 am Health | Teresa Long MD, MPH – Health Commissioner, Columbus Public Health Welcome and Introduction |
| 8:45-8:50 am | Tuesday Ryan-Hart, MSW– Confluence Unlimited Overview of Today's Events |
| 8:50-9:20 am | Phyllis Pirie, PhD - Ohio State University Prevention Research Center Listening to the Community: What are parents and caregivers saying? <ul style="list-style-type: none">• Background on focus groups• Building on the strengths of parents in the community• Challenges/needs expressed by parents |
| 9:20-9:30 am | John Tolbert, MA – Columbus Public Health <ul style="list-style-type: none">• Raising Healthy Preschoolers: A Case Study |
| 9:30-10:00 am | Andy Wapner, DO – Ohio Department of Health Improving Opportunities for Healthy Living |

- What is the ecological approach to public health?
- Big P, little p: How does policy and environment change help children develop healthy habits?

10:00-10:30 am

Jason Reece, MA – The Ohio State University Kirwan Institute

Communities Taking Charge: *Engaged Communities Supporting Healthy Kids, Healthy Families & Healthy Neighborhoods*

- How does the system and environment approach relate to children and families living in zip codes 43205, 43206 and 43207?

10:30 -10:40 am
Center

Mike Terlecky – Recreation Supervisor, Sullivant Gardens Recreation

Physical Activity Break

10:40-10:50 am

Break

10:50-11:00 am
Project

Announcement: Columbus ACHIEVE Technical Assistance and Resource

11:00-12:15 am

Tuesday Ryan-Hart MSW – Confluence Unlimited

Being in Conversation Together: How can we use policy, system and environment change to create our vision?

- Our vision of a community in which breastfeeding, eating healthy and being physically active are the easy choices for pregnant women and young children living in zip codes 43205, 43206 and 43207.
- How can we use policy, system and environment change to create our vision?

12:15-12:30

Next Steps

Appendix C

Healthy Policies for Healthy Children Technical Assistance and Incentive Project: Policies Adopted

Applications for Purpose, Pride and Success Healthy Choices Policy

A. PURPOSE

- a. To enrich the lives of youth (ages 14-21) and young adults by connecting the individual and their families to services and programs focused on building life skills, character development, jobs, post-secondary education, and other components that foster success in life. This initiative is a violence prevention and intervention program aimed at reducing the incidence of gang-involved shootings and youth homicides in four Columbus neighborhoods where the majority of shootings and homicides historically has occurred. Our goal is to create a comprehensive strategy inspired by and based on the National Gang Reduction Program's model, which highlights prevention, intervention, and suppression as the main components: and as a program that will complement Columbus Police Department's suppression efforts with data driven prevention and intervention services. . The four 2012 APPS expansion neighborhoods are Beatty (43203), Linden (43211), Glenwood (43223), and Barack (43207). Each Site was chosen for its strategic geographic location and for its historically documented propensity for violence.

B. SCOPE

- a. This policy applies to all APPS employees, contractors, student interns, and volunteers.
- b. This policy describes the organization's objectives and policies regarding sustaining a program model that will promote active living and healthy choices for families that attend the CCN festivals.

C. DEFINITIONS

1. Promoting Physical Activity

- 1.1. APPS events utilize the physical activity resources of recreation centers including basketball courts and gymnasiums to draw youth for events.

2. Tobacco Use

- 2.1. No customer, staff member, volunteer, or visitor shall be permitted to smoke, inhale, dip, chew or use tobacco at any time during APPS programs.

3. Screen Time:

- 3.1. X-Box active gaming systems are available during APPS programming.

- 3.2. Active games that require standing and movement of major muscle groups will be available for use on gaming systems such as Xbox, Wii etc.
4. **Marketing and Promotion**
 - 4.1. We provide visible support for breastfeeding, good nutrition and physical activity through the use of posters, pictures, and books displayed common areas.
 - 4.2. To support the health of those we serve, we will not allow the marketing or promotion of tobacco products or unhealthy foods and beverages at our events. We will follow the principles set forth in “Preliminary Proposed Nutrition Principles for Marketing Foods to Children Ages 2-17” (see attached).
5. **Sugar Sweetened Beverages**
 - 5.1. APPS events will not serve sugar-sweetened beverages. Only water, unflavored skim or 1% milk or 100% fruit juice will be offered.
6. **Promoting Healthy Eating**
 - 6.1. Foods purchased, prepared and/or served by APPS program staff and volunteers will provide a meaningful contribution to a healthful diet and have minimal amounts of nutrients that have a negative impact on health or weight. We will select foods, recipes and preparation methods that are consistent with the principles set forth in the “Preliminary Proposed Nutrition Principles for Marketing Foods to Children Ages 2-17” (see attached).

D. STAFF RESPONSIBILITIES

- a. Recreation Administrative Coordinator
 - i. Establish program objectives
 - ii. Establish budget parameters
 - iii. Establish and approve program policies
 - iv. Coordinate cooperation of City departments
 - v. Establish and approve Program procedures
- b. CCN Program Specialist
 - i. Coordinate intra-center programming
 - ii. Establish program policies
 - iii. Manage budget
- c. APPS Center Program Specialist
 - i. Work with CCN Program Specialist to implement intra-center programming

Cap City Nights Festival Healthy Choices Policy

E. PURPOSE

- a) The mission of the CCN Festivals is to foster a safe, healthy community, with strong ties and relationships, by bringing together neighborhood residents, worshipers, service providers, and business owners. By welcoming the entire community to come out to enjoy the parks at night, the free festival discourages violent and/or gang activity; due to the presence of neighborhood stakeholders and law enforcement, the festival creates an atmosphere of safety and calm. Festival activities encourage relationship building amongst families and neighbors, thereby strengthening community ties and empowering the community to work together to reduce violence.

F. SCOPE

- a. This policy applies to all APPS employees, contractors, student interns, and volunteers.
- b. This policy describes the organization's objectives and policies regarding sustaining a program model that will promote active living and healthy choices for families that attend the CCN festivals.

G. DEFINITIONS

7. Physical Activity/Screen Time

- 7.1. We will promote "An Hour a Day for Play" at all CAP City Nights events to encourage young parents to involve their children in physical activity. All events will include at least 1 opportunity for parents and young children to be active together.

8. Promoting Healthy Eating

- 8.1. Foods purchased, prepared and/or served by CAP City Nights program staff and volunteers will provide a meaningful contribution to a healthful diet and have minimal amounts of nutrients that have a negative impact on health or weight. We will select foods, recipes and preparation methods that are consistent with the principles set forth in the *"Preliminary Proposed Nutrition Principles for Marketing Foods to Children Ages 2-17"* (see attached).

9. Tobacco Use

- 9.1. No customer, staff member, volunteer, or visitor shall be permitted to smoke, inhale, dip, chew or use tobacco at any time during CAP City Nights programs.

10. Sugar Sweetened Beverages

- 10.1. CAP City Nights events will not serve sugar-sweetened beverages. Only water, unflavored skim or 1% milk or 100% fruit juice will be offered.

11. Marketing and Promotion

- 11.1. We provide visible support for breastfeeding, good nutrition and physical activity through the use of posters, pictures, and books displayed common areas.

- 11.2. To support the health of those we serve, we will not allow the marketing or promotion of tobacco products or unhealthy foods and beverages at our events. We will follow the principles set forth in “Preliminary Proposed Nutrition Principles for Marketing Foods to Children Ages 2-17” (see attached).

H. RESPONSIBILITIES

a. Administrative Coordinator

- (1) Establish program objectives
- (2) Establish budget parameters
- (3) Establish and approve program policies
- (4) Coordinate cooperation of City departments
- (5) Establish and approve Youth Squad Program procedures

b. CCN Program Specialist

- (6) Coordinate festival program
- (7) Establish and evaluate program policies
- (8) Manage budget
- (9) Establish and manage Youth Squad program

c. APPS Center Program Specialist

- (10) Work with CCN Program Specialist to implement policies at festival
- (11) Evaluate festival program policies
- (12) Select, train, and manage youth squad

2 Franklin County WIC Policies to encourage healthy Living

Screen Time: children should be limited to less than 2 hours of screen time daily.

- Television, video, computers and other visual recordings shall be limited to those that are an integral part of our services. This would include the Explanation of WIC video or a breastfeeding video for class. We would also include those that provide opportunities for physical activity (e.g. 10 minute recess video, etc.).
- To limit children's exposure to advertising for low-nutrition foods, the television located in the common area will only be used to show WIC approved videos. Use of these televisions for commercial television viewing is prohibited while families are in the clinic.

Promoting Healthy Eating

- Marketing of brands promoting predominantly low-nutrition foods in the clinic is prohibited.
- Foods purchased, prepared and/or served by Columbus Public Health WIC clinic will provide a meaningful contribution to a healthful diet and have minimal amounts of nutrients that have a negative impact on health or weight. We will select foods, recipes and preparation methods that are consistent with the principles set forth in the We will select foods and serve only foods that can be purchased with WIC coupons and water for thirst.

Community Development for All People HEAL Healthy Policies Approved by Church Council September 2012

Tobacco Use

Policy

No customer, staff member, volunteer or visitor shall be permitted to smoke, inhale, dip, chew or use tobacco at any time in, on or immediately outside of Community Development for All People.

Procedure

1. Signs will be posted stating that CD4AP is a tobacco free facility.
2. Individuals who are participating in programs sponsored by CD4AP who smoke outside of the doors of the ministry center will be asked to move beyond center boundaries.
3. Individuals who use tobacco in any form within the building will be reminded that we are a tobacco-free facility and will be asked to leave.

Support for Breastfeeding Mothers

Policy

CD4AP will provide an environment that supports breastfeeding mothers. Breastfeeding is welcomed and encouraged in our programs and facility. We will provide a private place for mothers to express breast milk or breastfeed their babies. The area will have an electrical outlet, comfortable chair and nearby access to running water.

Procedure

1. During week day programming, the first floor children's room will be designated as a breast feeding space. The room will remain locked when not in use and any staff person will unlock the door when mothers request it.
2. Signs indicating support for breastfeeding will be posted in the Free Store area.
3. Breastfeeding mothers will be invited to access the private space with their babies.

Sugar Sweetened Beverages

Policy

CD4AP will serve only water or unsweetened beverages for any meals or events. CD4AP will not serve sugar sweetened beverages (e.g., kool-aid, soda, fruit flavored drinks) at any meal or event. Water will always be available whenever other beverages such as coffee, tea, 100% fruit juice and/or milk are offered.

Procedure

1. Other groups who serve meals for CD4AP will be asked not to serve sugar sweetened beverages with the meal.
2. In addition to the water fountain, fresh water will be available near the coffee pot.

Columbus Urban League Head Start

The staff, Policy Council and volunteers at Columbus Urban League (CUL) Head Start Academy are committed to supporting the health and wellness of our families, children, volunteers, and staff. Recognizing that the choices individuals make are shaped by the choices they have in their daily environment, we will strive to make the healthy choice the easy choice in our daily operations and at special events.

Columbus Urban League Head Start will implement the following standards at parent meetings:

- Water will be made freely available and encouraged whenever beverages are offered. Currently water dispensers are in every classroom-effective October 2011. A water dispenser will also be made available for all special events where beverages are served.
- When food is served at meetings and special events and intended as a full meal (e.g.: pancake breakfast), the menu will always include a fruit and/or a vegetable and a whole grain.
- In addition to our regular physical activity in the classroom, children will take home activities will complete an additional thirty minutes of physical activities monthly.
- Our Head Start Academy classrooms will only serve water, 100% fruit juice or fat-free or 1% milk. No sugar sweetened beverages such as lemonade, sodas, sports drinks or juice drinks will be served.

Sample menus and a list of appropriate snack items will be available at CUL Main office.

The following is a sample of approved items that will be served but not limited:

Whole Grains

Whole wheat roll, buns
Whole wheat pasta
Brown Rice
Whole wheat crackers
Whole wheat bagels/English muffins
Whole wheat pits, flat bread, pretzels

Fruits

Apples
Oranges
Kiwi
Tropical Fruit
Mixed Fruit
Peaches
Pears
Bananas

Vegetables

Peas
Corn
Green Beans
Mixed Vegetables
Italian Blend
Tossed Salad
Coleslaw
Spinach
Broccoli
Greens
Kale
Collards
Okra
Mustards