



Active Living Research

Building the Evidence to Prevent Childhood Obesity and Support Active Communities

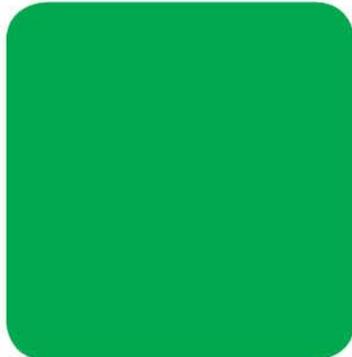
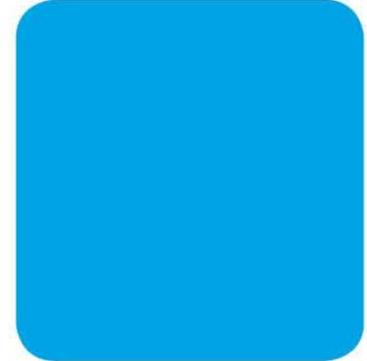
Using Evidence to Create Active Communities: Stories from the Field

Panel Presentation, ALR Annual Conference, March 14, 2012

- **Adam B. Becker**, Ph.D., M.P.H., Executive Director, CLOCC
- **Christine T. Bozlak**, Ph.D., M.P.H., Advocacy Program Manager, CLOCC
- **Sarah Strunk**, M.H.A., Director, ALbD and HKHC

Using Evidence to Create Active Communities: Stories from the Field – Policy and Research with Chicago’s Child Care Centers

Adam B. Becker, PhD, MPH
Christine Bozlak, PhD, MPH



Active Living
Research Conference

March 14, 2012



Consortium to Lower Obesity in Chicago Children – Background and History

- Founded in late 2002 with ~80 partner organizations
- Now a nationally recognized leader; comprised of more than 1200 partner organizations.
- Mission:
 - To confront the childhood obesity epidemic by promoting healthy and active lifestyles for children throughout the Chicago metropolitan area. Our work will foster and facilitate connections between childhood obesity prevention researchers, public health advocates and practitioners, and the children, families, and communities of Chicagoland.



CLOCC's Goals

- To **improve the science and practice** of childhood obesity prevention.
- To **expand and strengthen the community** of public health practitioners, community leaders and organizations, clinicians, researchers, corporations, and policy makers **working collaboratively** to confront childhood obesity in Chicago and beyond.
- To expand the **5-4-3-2-1 Go!**[™] **public education** campaign to shift our local culture toward one that supports lifestyle measures that will bring about reduction in childhood obesity in Chicago.
- To cultivate a long-term, broad base of government, philanthropic, and industry **funding to sustain** childhood obesity prevention work in Chicago and beyond.
- To identify culturally appropriate and relevant childhood **obesity reduction approaches that work** and disseminate and institutionalize them at all levels of social ecology (individual, family, community, institutional, public policy).



CLOCC Structure, Process, and Products

- Primary Work Areas
 - Community (Geographic, Identity)
 - Schools
 - Public Education
 - Networking and Capacity Building
 - Corporate Engagement
 - Communications and Information Dissemination
 - Research and Evaluation
 - Policy and Advocacy (city, state, federal)



What do we mean by “policy”?

- “Policy”
 - 1. a definite course of action adopted for the sake of expediency, facility, etc.: We have a new company policy.
 - 2. a course of action adopted and pursued by a government, ruler, political party, etc.: our nation's foreign policy.
 - 3. action or procedure conforming to or considered with reference to prudence or expediency: It was good policy to allow it.
- “little p and Big P”
 - Institutional policy
 - Community environment and norms
 - City, State, Federal policy



"Big P and Little p" Examples

- “Little p” Institutional policy:
 - Include salads and/or fresh fruits and vegetables in every meal
 - Shift to healthy vending machine policy
 - Healthy fundraising (either nutritious low-calorie food or no food at all)
 - Require minimum minutes of physical activity in all children’s programming
- “Big P” Public Policy
 - Pass an ordinance banning new fast food restaurants within 1 mile of a school (city)
 - Pass a law requiring school districts to submit aggregate student data on BMI to the state health department (state)
 - Pass a law raising the reimbursement rates for school lunch and improving nutrition standards (federal)



Environmental Change as an Outcome of Policy Change

- Making improvements in the physical (built) or social environment that will support healthy eating and physical activity
 - Pertains to “access” and making sure the healthy option is the easy option
- Sometimes takes “big P” policy
 - Laws, ordinances, zoning codes can change environments
- Sometimes takes “little p” policy
 - Organizations, businesses, community residents can improve their environments



CLOCC Societal Initiatives and Projects

- Illinois Childhood Obesity Prevention Consensus Agenda
- Illinois Alliance to Prevent Obesity (convened by IPHI)
- Inter-Departmental Task Force on Childhood Obesity
- CLOCC's Policy Agenda for 2011-2015
- Healthy Places
- Part of Chicago Healthy Kids, Healthy Communities Partnership



City of Chicago's Inter-Departmental Task Force on Childhood Obesity

- Formed in 2006 with four City departments; led by Public Health
- Eleven City departments in 2011
- CLOCC provides technical assistance
- Mission is to strategically coordinate the provision of City services using the advancement of evidence-based practices and policies to improve nutrition and physical activity in a wellness-enhancing environment.
- Activities include: policy change, public education, cross-agency training and programmatic opportunities, and the development of wellness campuses.
- Received Model Practice Award in 2011 from NACCHO



IDTF work on child care standards

- Prevalence data indicate 22% of children ages 4-7 (at school entry) are obese (5th %ile BMI)
- 2008 – 2009: The IDTF develops a policy approach to improving childcare environments.
 - Review of model language, best practices, and existing state and city regulations
 - Drafting of language by CDPH; Review by clinical partners – including CLOCC partners
 - Board of Health and CDPH approve joint resolution to improve childcare standards – November 2009
 - “Soft” roll out for two years; more public “hard” roll out beginning November 2011
 - Strengthened in 2011 when dairy was added
- CLOCC, with blessing of IDTF, receives HER grant to study impact of changes on childcare practices and environments



Chicago Child Care Standards

- Reduction/Elimination of SSBs: only children over 2 yrs. - 4 oz. max, 100% fruit juice
- Low-fat dairy: children over 2 (unless MD prescribed) – 1% or non-fat dairy only (Added to standards in 2011)
- Children ages 12 months or older attending a program for six or more hours in a day shall be scheduled to participate in at least 60 minutes of physical activity per day.
 - For children ages three (3) and older, at least 30 of the 60 minutes shall be structured and guided physical activity.
 - Adequate periods of outdoor play shall be provided daily for all children, except during inclement weather.
- Children shall not be allowed to remain sedentary or to sit passively for more than 60 minutes continuously, except during scheduled rest or naptime.
- For children ages two (2) and older no more than 60 minutes per day of screen time, only educational programs or programs that actively engage child movement, in 30-minute increments or less.



Study Design and Methods

- Specific Aims
 - Assess and compare center-level changes in menus, physical activity programming and levels, and the use of screen-time in licensed childcare facilities that comply with regulation changes during a voluntary phase-in period vs. those that choose to wait for changes to become mandatory;
 - Identify childcare center factors that facilitate or inhibit compliance with the regulation changes;
 - Use the information gathered under aims 1 and 2 to provide guidance to the Chicago Department of Public Health on steps to optimize successful implementation when regulations become mandatory; and
 - Share these findings with other local agencies and with national groups, so the beyond-Chicago utility of the findings can be effectively applied.



Study Design and Methods

- Recruitment Plan/Criteria
 - Goal to recruit 30 centers
 - Eligibility:
 - licensed by the Illinois Department of Child and Family Services and Department of Public Health
 - providing services to children between 3 and 6 years old
 - serving between 30 and 50 children total
 - located in community with avg. household income < \$40,000
 - excluded if: offering Head Start Services, accredited by NAEYC, complying with **all** of the new regulations.
 - An eligibility screener used to determine eligibility and place centers into the appropriate study group



Study Design and Methods

- Three “waves” of data collection
 - Baseline (all centers)
 - Interviews with director, head teacher, kitchen staff
 - Policies, practices, beliefs, and background of center and staff
 - Activity log (documenting all elements of the days programming)
 - Observation
 - Meals, activity programming and behaviors (kids and staff), environment (equipment, space, etc.)
 - Accelerometers
 - Midpoint (only intervention centers)
 - After education session, brief interviews focused on new standards; facilitating factors and barriers to meeting them
 - Follow-up (all centers)
 - Baseline + midpoint



Recruitment and Participating Center Characteristics

- 155 centers contacted
- 37 declined to participate in screening
- 97 were ineligible
 - 17 meeting all of the standards
 - 14 because of number of 3-6 year olds
 - 36 Head Start not NAEYC
 - 15 Head Start and NAEYC
 - 4 NAEYC not Head Start
 - 11 other reasons (location, dual site, licensing, etc.)
- 3 declined to participate after screening
- 18 recruited (11 intervention, 7 comparison)



Baseline Practices: Nutrition (existing standards)

- Fruit served at baseline
 - Breakfasts: 7 observed, 5 included fruit
 - A.M. Snacks: 3 observed, 1 included fruit
 - Lunch: 18 observed, all included fruit
 - P.M. Snack: 18 observed, 3 included fruit
- Vegetables served at baseline
 - Breakfasts: 7 observed, none included vegetables
 - A.M. Snacks: 3 observed, none included vegetables
 - Lunches: 18 observed, 17 included vegetables
 - P.M. Snacks: 18 observed, none included vegetables
- Beverage: milk, when served, 50% was 2%, 50% was whole – never 1% or skim; juice only served at 3 centers (2 – 100%, 1 ssb); water not served



Baseline Practices: Physical Activity

- Wide range of things measured for physical activity (not reporting on today)
 - Whether it occurred
 - Teacher lead, structured, free
 - Indoor/outdoor
 - Equipment and environments available for PA
- Physical Activity measured with Accelerometers
 - 5 sec epochs (good for young children)
 - PA level categories set using cut points for pre-school aged children (Evenson)
 - Data from 95 children in 14 centers



Baseline Practices: Physical Activity

Data included

- Child wore accelerometer at least 6 hours
- Child had both baseline and follow-up data (n=95)

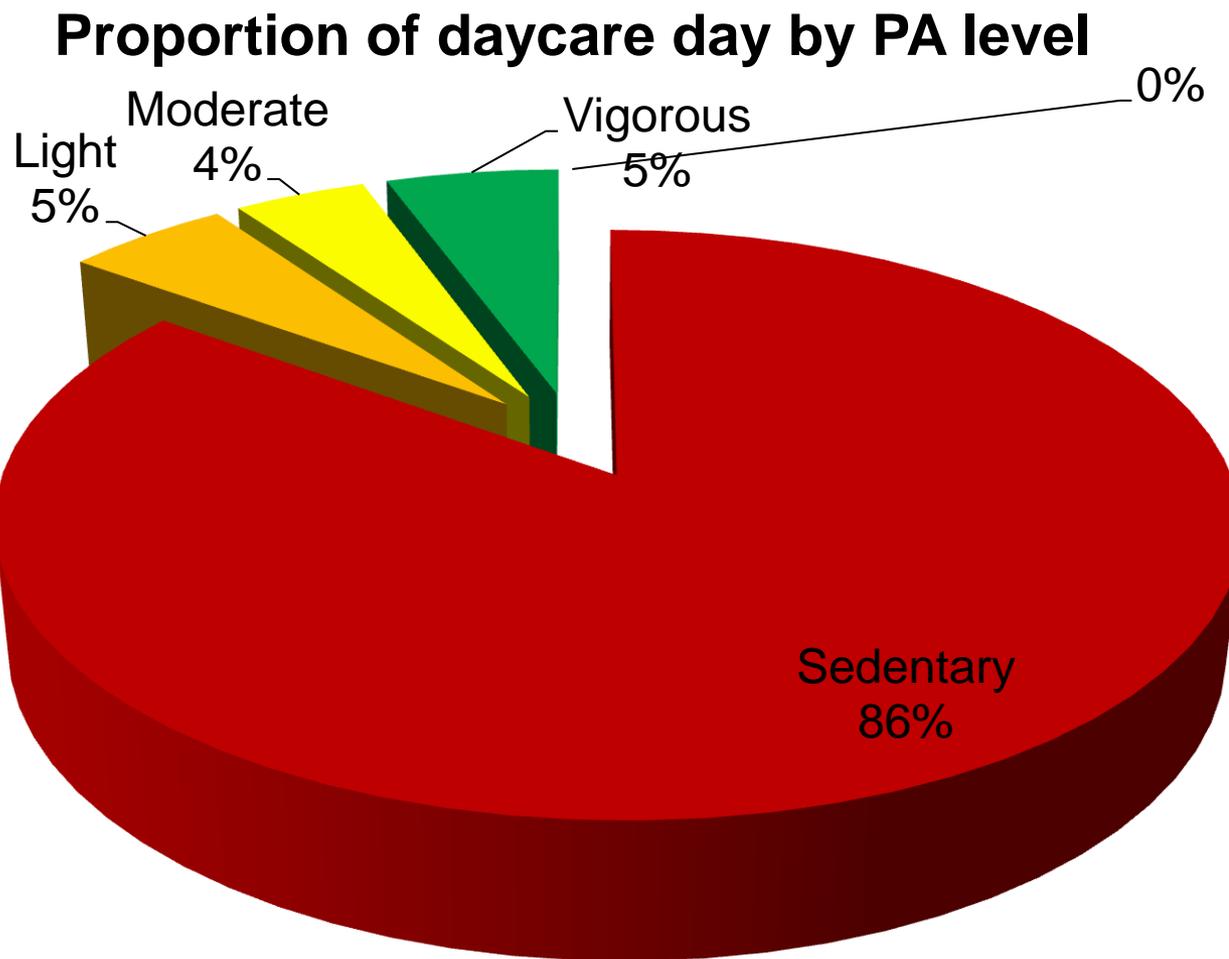
Data excluded

- Hours with no data (i.e.- consecutive zero counts. Rationale: very unlikely a preschool child would have NO activity for an hour at a time –even small movements register as activity)

Time in daycare in this sample varies from 6 to 9 hours, mean 7.4

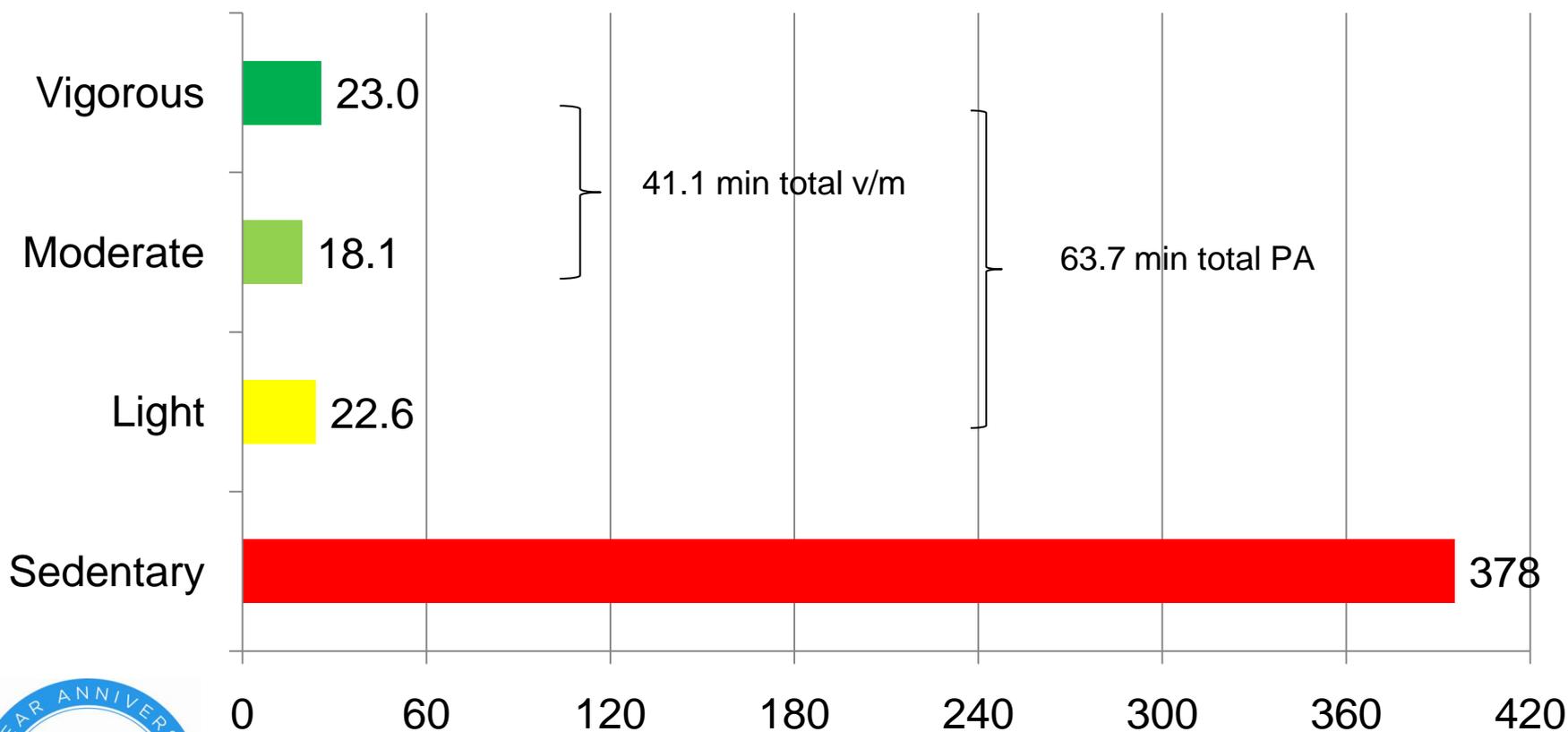


Baseline Practices: Physical Activity



Baseline Practices: Physical Activity

Average Minutes of PA by PA Level



Education Session

- Hour-long session, required for director, lead teacher – offered to all
- Interactive PowerPoint and discussion
- Overview of relevant topics and resources
 - Chicago obesity rates
 - Joint resolution (new standards)
 - Promoting physical activity (philosophy and environmental supports)
 - Kids in Action (activities and games)
 - Weather watch (helping providers make systematic choices)
 - Food pyramid (helping providers make good choices, support for families)



Practices at Follow Up: Nutrition (preliminary)

- Very few changes post-intervention
- Fruit:
 - One intervention center changed no serve to serve at breakfast.
 - One control group changed serve to no serve at PM snack.
- Vegetable
 - Two intervention centers changed no serve to serve in lunch.
- Low fat milk
 - Two (of six that served milk) did not serve low fat milk at baseline PM snack served low fat milk at follow-up PM snack.
- Water
 - Very mixed results



Practices at Follow Up: Physical Activity (preliminary)

- No major changes observed
 - pre: mean 41 minutes (min 8 minutes, max 87 minutes)
 - post: mean 44 minutes (min 14 minutes, max 99 minutes)
- Slight, but statistically insignificant changes (positive) among boys in intervention sites
- Ongoing analysis: to discern any differences in PA (time, levels) during free play, structured PA time



Preliminary Findings: Education Sessions

- 22 staff (teachers and directors) at 11 intervention sites
- Brief interview about the education session
- Findings:
 - 82% found session very or extremely helpful at midpoint (3-4 weeks after session)
 - 90% found session to be very or extremely helpful at follow-up (10 weeks after session)
 - Areas to expand/improve:
 - PA: concrete activities, age-specific, for teacher-led, free-play, indoor/outdoor, music-based (11)
 - Additional trainings/education: follow-up sessions, webinar, more handouts (10)
 - Nothing to add/change (7)
 - Nutrition: nutrition education resources, portion sizes, meal examples, activities with healthy food (5)



Preliminary Findings: Creating a Healthy Food Environment

- **Supports**
 - Policies on nutrition and food served (15)
 - High quality food retailer (13)
 - Support from staff (12)
- **Barriers**
 - Insufficient funds (8)
 - Lack of staff training (7)
 - Inadequate food prep/storage space (6)
 - Lack of parental support (6)
 - Limited time to teach nutrition (6)
 - Lack of nutrition education resources (6)
 - Serving unhealthy foods at celebrations (6)



Preliminary Findings: Creating a Supportive PA Environment

- Supports
 - Support from staff (17)
 - Successful policies (15)
 - High quality space (12)
 - Support from parents (12)
- Barriers
 - Insufficient funds for curricula/equipment (15)
 - Lack of resources on appropriate PA (11)
 - Lack of quality staff training (9)



Implications and Next Steps in Practice

- Physical activity, low-fat dairy, and water seem to be important opportunities for improvement.
- More than policy change, informing centers of new standards and providing brief education session is needed.
- Centers may be more able to meet nutrition standards (through catering or shopping); less able to make PA changes (requires training)
- PA training needs seem to center around structured physical activity (as opposed to free play – accelerometer data analysis under way)

UPDATES

- Standards further strengthened with inclusion of low-fat dairy – July 2011



Additional Trainings to Support the Policy Change

- CDPH/Action for Illinois Children/Erikson Institute
- Trainings informed by the CLOCC study and Chicago Healthy Kids, Healthy Communities project
- 87 trainings conducted in the last nine months in the Chicagoland area (plus CLOCC trainings)
- 480 individuals from child care centers; 984 home-based providers
- Overall, the providers were very receptive to the training
- Official report available soon



Advocacy for Statewide Policy Changes

- CLOCC asked to convene small group of key advocacy partners in 2011 to discuss statewide standards
- CLOCC added statewide standards to the CLOCC Policy Agenda in 2012
- Currently monitoring State climate and opportunities with partner, Illinois Action for Children

Opportunities to address nutrition, physical activity, and screen time in child care settings:

- Integration with QRIS
- Requirement for licensing



Opportunity: Integration into revised QRIS

- QRIS = Quality Rating and Improvement System
- Voluntary incentive program for child care providers
- Goal - improve the quality of child care
- Implemented by most states
- Altarum Institute. (Jan. 2012). *State efforts to address obesity prevention in child care quality rating and improvement systems.*
- QRIS administered by IL Department of Human Services Advisory Council
- Quality Committee of the Council is reviewing Chicago's standards and federal recommendations this morning for integration into IL QRIS.



**Illinois Department of Human Services
Quality Rating System – Star Levels
LICENSED CENTER BASED PROGRAMS**

*All applicants must have an IDCFS License in good standing**

STAR LEVEL	★	★★	★★★	★★★★
CCAP Rate Add-on	5%	10%	15%	20%
Learning Environment	ERS Rating of 3.0	ERS Rating of 3.5 Receive information on National Accreditations	Current National Accreditation** in good standing <i>or</i> ERS Rating of 4.25	Current National Accreditation** in good standing <i>and</i> ERS Rating of 5.0
Program Administration	Receive information packet: professional development and program resources; developmental screening information	Receive information on Program Administration Scale (PAS)	Current National Accreditation** in good standing <i>or</i> PAS Rating of 4.25	Current National Accreditation** in good standing <i>and</i> PAS Rating of 5.0
Staff Qualifications & Training	10% of staff*** meet Great START education levels <i>(for Great START eligible positions)</i>	20% of staff*** meet Great START education levels <i>(for Great START eligible positions)</i>	25% of teaching staff*** meet Great START education levels for teachers <i>(Must meet Great START education level 3C, 5C or above)</i>	30% of teaching staff*** meet Great START education Level 6 or above for teachers 30% of staff** have current certification in CPR/First Aid

* Day Care Information Line is contacted for violations.

** Level 3 & 4: Recognized national accreditations are: National Association of the Education of Young Children (NAEYC), National Early Childhood Program Accreditation (NECPA), National Association of Child Care Professionals (NAC), Council on Accreditation (COA) for School-Age Programs. If various age groups are cared for, must have a minimum of one national accreditation for the largest age group(s) in care.

*** Staff defined as permanent full time or part time, not substitute or temporary.

Opportunity: Changing the licensing requirements

- IL Department of Children and Family Services licenses child care centers
- IL DCFS currently reviewing model standards related to nutrition, physical activity, and screen time
- Opportunity: Bill in IL legislature to transfer licensing from DCFS to DHS
- If transfers to DHS, then might simultaneously address nutrition, physical activity, and screen time in licensing and QRIS
- Consideration: Leadership change at DCFS – may impact ability to transfer licensing to DHS at this time



Next Steps

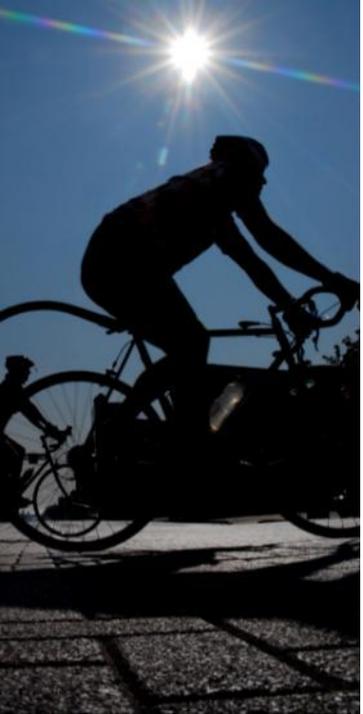
- CLOCC Study Results Dissemination Part II – April 2012
- CLOCC advocating for breastfeeding promotion to be addressed in Chicago standards, State QRIS, and State licensing standards
- Hopeful for movement at State level in the next few months, both with the QRIS and licensing standards
- More trainings needed - education is key to this policy change



Thank You!!

- For more information:
 - info@clocc.net
- Follow us:
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 - Twitter:
 - <https://twitter.com/#!/cloccexec>
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Using Evidence to Create Active Communities: Stories from the Field

Active Living Research Annual Meeting

March 14, 2012

Sarah Strunk

sarah_strunk@unc.edu

919-843-3122



“Amenities” --- or a way of life?



McClure Junior High School



The Pool



SPRING ROCK PARK



Home - 4900 Lawn Ave.



Forest Hills Elementary School



Presbyterian Church of Western Springs



0.00 0.25

Scale (in Miles)

Outline

Context

Examples

- Active Living by Design
- Healthy Kids, Healthy Communities
- Healthy, Active Native Communities

A Few Lessons Learned

Questions



Background

Communities Supported by ALBD 2003-2012



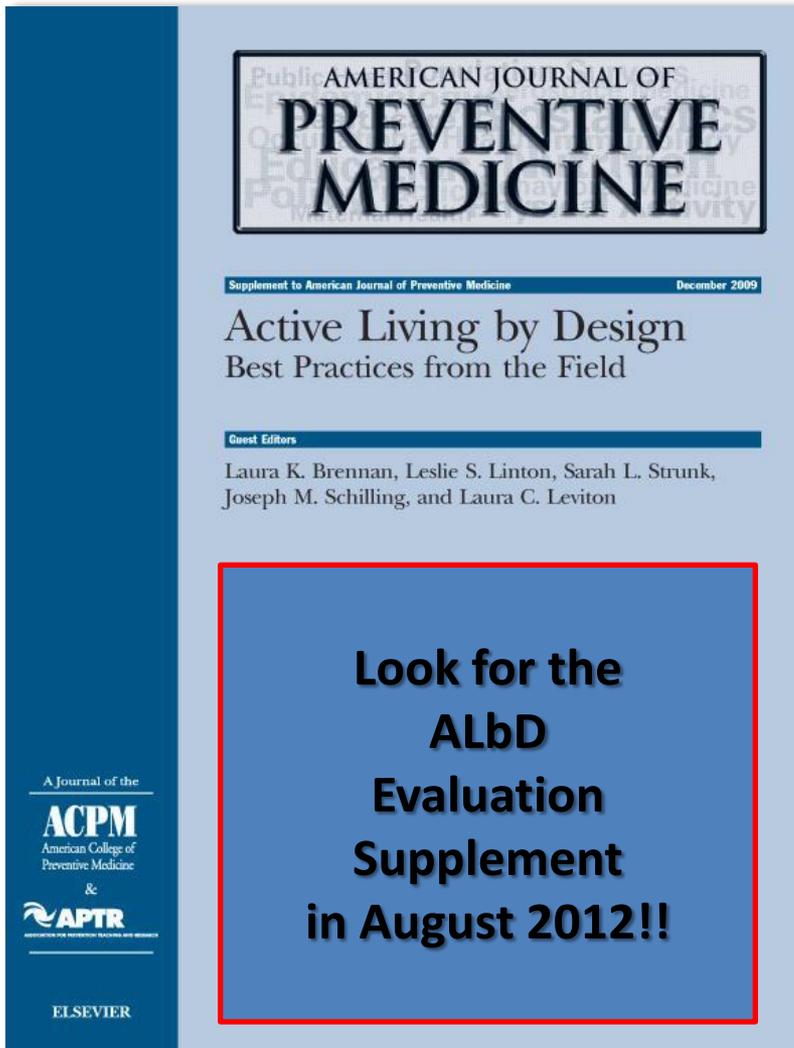
- Part of the UNC Gillings School of Global Public Health in Chapel Hill, NC
- Multidisciplinary team of practitioners
- Community-led change to help build a culture of active living and healthy eating
- Since 2002:
 - Multi-year partnerships with seven funders across ten grant programs
 - TA and coaching to nearly 200 communities in 31 states, DC and Puerto Rico
 - 50+ other consulting and advisory relationships

Active Living by Design Grant Program (11/03-10/08)



- A record-breaking 966 proposals
- 25 grantees
- \$200,000 awards over 5 years
- \$256+ million in new funding
- 115 policy changes
- 2,656 media hits
- 115 new programs
- 45 new planning products
- 118 improvements to the built environment

ALbD Impact



*The ALbD grant program provided valuable lessons for communities, technical assistance organizations, and funders. **Community partnerships experienced success** in a variety of settings and their collaborative approaches encouraged multiple organizations, including funders, to participate **in improving conditions for active living**. Strong local leadership was a key to success and community partnerships benefited considerably from peer-to-peer learning. The 5P model, while challenging to implement comprehensively, proved to be a useful model for community change.*

(Am J Prev Med 2009;37(6S2):S313–S321) © 2009 American Journal of Preventive Medicine

HKHC – Where We Are

**Healthy Kids,
Healthy Communities**
Supporting Community Action to
Prevent Childhood Obesity



49 Sites

- 9 Leading Sites (Year 4 of 4)
- 40 Round Two sites (Year 3 of 4)
- Multidisciplinary community coalitions
- \$90,000-100,000/year + matching funds

Focus

- Evidence-based* local solutions
- Healthy eating and active living PSE
- Lower-income communities and populations at greatest risk for obesity

What's Changed Since 2008 Launch

- The economy and the political climate
- + Synergy among advocates
- + Better coordination with researchers

*See Ohri-Vachaspati P, Leviton L, Bors P, Brennan L, Brownson RC, Strunk S. Strategies proposed by Healthy Kids, Healthy Communities partnerships to prevent childhood obesity. *Prev Chronic Dis* 2012;9:100292.

HKHC: Building the Movement



- Building the HKHC learning network
 - Coaching
 - Site visits
 - Customized training
 - Grantee meetings
 - Peer-to-peer mentoring
- Collaborating across RWJF programs
- Supporting coalitions
- Participating in advisory committees
- Working with other funders
- Consulting with nonprofits
- “Walking the talk” locally

COMMUNITY COMMONS
together for the common good

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**From all walks of life, we are united in one purpose:
To create healthy, livable, sustainable communities.**

**Bring your passion, your stories, your experience.
Find allies, see what's working, make a map, get data!**

**Let's revitalize our great nation.
Community by community.**

Recent News:
CommunityCommons.org beta goes live!
Oct 22, 2022
Tyler Norris: Boulder, Colorado

Welcome:
A welcome from Wayne Giles, MD, MS, Director
of the Division of Population Health, Centers for
Disease Control and Prevention.

Join Us!
Free registration takes just a minute. It's
worth it - you'll be able to:

HKHC by the Numbers

Strategy Area	Policy Changes	Environment Changes	Total Changes
Childcare Policy	16	N/A	16
Community Gardens	11	44	55
Corner and Grocery Stores	8	10	18
Farmers' Markets	14	32	46
Other Active Living Policies	9	N/A	9
Other Healthy Eating Policies	12	N/A	12
Parks and Recreation	0	23	23
Street Design	13	25	38
Trails/Greenways	2	10	12
Total	85	144	229



Data in this slide was gathered from Actions in the HKHC Dashboard as of Oct 31, 2011

HKHC by the Numbers

Submitted ▼	Community ▼	Action ▼	Resource/Funding Type ▼	Partnership Role ▼	Cash amount ▼	In-kind estimate ▼
Oct 1 2010 Ray Sharp	Houghton County, MI	Health Department and six schools funded for Safe Routes to School FY2011 (3 schools in Houghton County, aprox \$14,000 will count toward HKHC match)	Cash <i>State Government</i>	Directly attributed to partnership	\$27545.00	
Oct 1 2010 Ray Sharp	Houghton County, MI	The proposed Baraga and Hancock school/community gardens were funded, \$1500 each, from the State Building Healthy Communities grant	Cash <i>State Government</i>	Directly attributed to partnership	\$3000.00	
Sep 1 2010 Ray Sharp	Houghton County, MI	Site cleared and leveled, City delivering composted soil, volunteers are screening and preparing soil for raised beds	In-kind <i>Local Government</i>	Directly attributed to partnership		\$2250.00
Total SUM					\$30545.00	\$2250.00

Leveraging the Investment

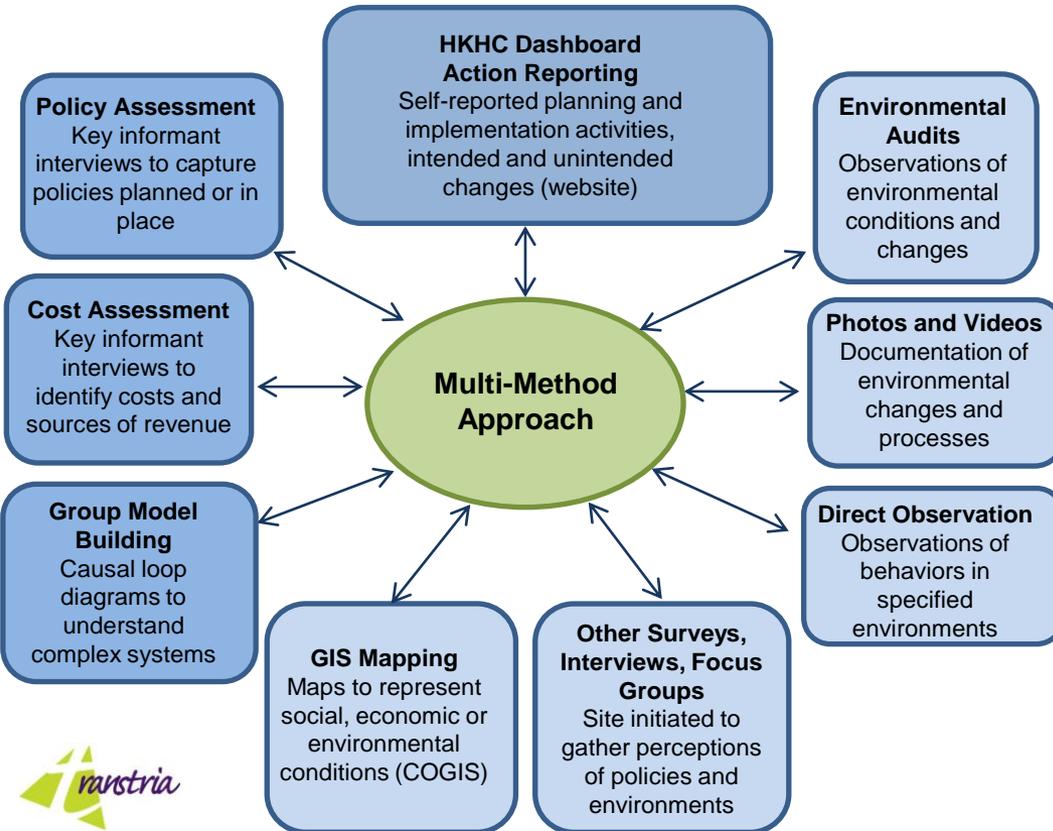
- 100% of sites have met the 50% match requirement each year
- 88% have exceeded the match in all years
- 226% average match secured in Year 2 (approximately \$200,000)
- \$41.4 million secured over two years (and growing)

“The HKHC grant provided a strong foundation for our work and allowed us to leverage over \$11.6M in federal funds (CPPW and CTG) between 2010 and 2012.”

- Marigny Bostock, HKHC Louisville

Evaluation

Evaluation of HKHC



We're Evaluating

- Process steps
- Accomplishments/outcomes
 - Resources leveraged
 - Policy and organizational changes
 - Built environment changes
 - New/expanded programs

We're Not Evaluating

- Individual behavior change
- BMI changes



Welcome to Louisville



HKHC Examples:

Active Living, Healthy Eating

[Home](#) > [Louisiana Politics & Government](#) > [Breaking News](#)

New Orleans' 'complete streets' ordinance draws praise

Published: Friday, December 23, 2011, 8:30 PM

Many ordinances passed by the **New Orleans City Council** attract little notice beyond other offices in City Hall. But it didn't take long for an ordinance approved this month on the subject of "complete streets" to begin attracting compliments. Tributes to the council's wisdom rolled in from sources such as the Louisiana Public Health Institute, Tulane University's Prevention Research Center and the University of New Orleans Transportation Institute.



The basic premise of the growing "complete streets" movement is that city streets should not be designed only with cars and other motorized vehicles in mind. Instead, advocates say, designers and engineers ought to consider everyone else who uses the streets, including bicyclists, pedestrians, people in wheelchairs and transit riders.

The goal, according to the **National Complete Streets Coalition**, is "road networks that are safer, more livable and welcoming to everyone."

[View full size](#)
Chris Granger, The Times-Picayune
Kate Parker rides her bike across the Canal Street neutral ground in downtown New Orleans, on her way to work.



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Urban farmers collide with Kansas City rules

Monday, November 23, 2009 | 12:01 a.m. CST



Active Living

New Orleans, LA

- Complete Streets Policy

Central Valley, CA

- Joint Use Agreement Fresno USD

Rancho Cucamonga, CA

- Pacific Electric Trail

Healthy Eating

Kansas City, MO

- Zoning ordinance for urban agriculture

Grant County, NM

- Food Policy Council
- Countywide EBT at farmers' markets

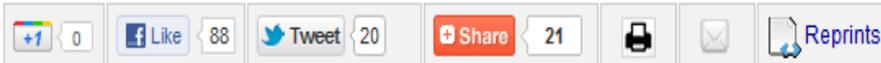
Watsonville/Pajaro Valley, CA

- Healthy Restaurant Ordinance

HKHC Examples: Integrated Policy Change

Chicago parks' vending machines limiting offerings to healthy only

By Lisa Donovan Staff Reporter/lidonovan@suntimes.com August 30, 2011 5:08PM



Updated: November 16, 2011 1:30AM

The Chicago Park District is slowly saying "goodbye" to vending machines stocked with fried, salty tortilla chips and mega candy bars, and hello to granola bars and baked veggie chips.

On Tuesday, park officials formally announced they've been installing vending machines at fieldhouses — where kids congregate for day camps and soon enough afterschool art, music and athletic programs — across the city with healthier snacks that are lower in sodium, sugar and calories.

"It's a new business," Mike Kelly, interim superintendent of



NEWS EXCLUSIVE

Boarch
ided
GOP
group

ate's ex-chairman:
gambling money
ent to campaigns

Rules raise bar for child care



Changes on your
I-65 commute

Galleria deal OK'd
LOCAL | Section C

Alabaste
to form
school

Chicago, IL

- Healthy vending standards in city parks

Jefferson County, AL

- Childcare licensing changes

AAIP Healthy, Active Native Communities

One of 10 national organizations funded to provide technical assistance to CPPW and AI/AN communities

Areas of focus:

- Support the CPPW Matched Communities
 - Cherokee Nation (Tahlequah, OK)
 - Pueblo of Jemez (Jemez, NM)
- Support all CPPW communities broadly
- Develop media campaign (launching this week!)
- Foster work among AAIP members and networks
 - 10 mini-grant subcontracts
 - Webinars, newsletters, presentations
 - National training, round tables, policy templates
 - Call to action with member physicians

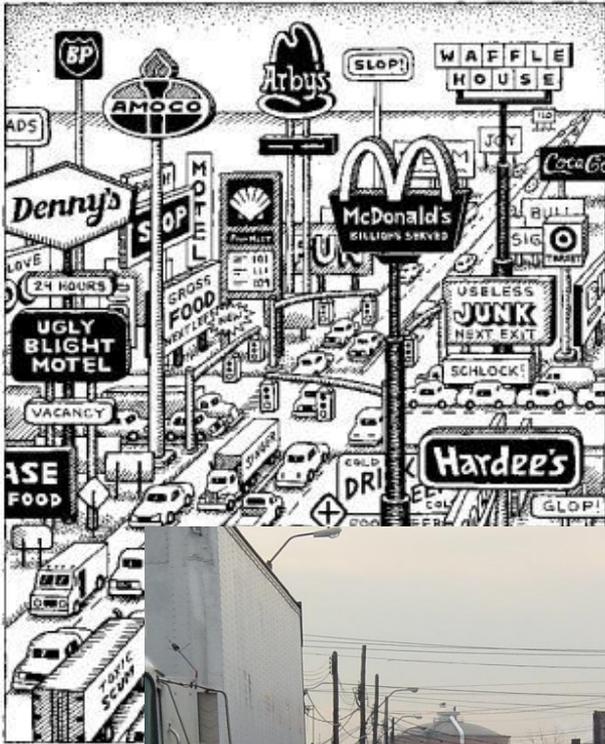


www.aaip.org/?page=ARRAHomePage

Multidisciplinary partnerships are the
cornerstone of this work.



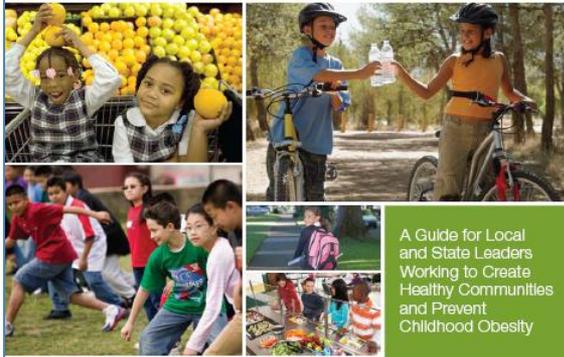
Active living, healthy eating and/or obesity aren't always the most powerful entry points.



Respect the evidence...

**Leadership for
Healthy Communities**
Advancing Policies to Support
Healthy Eating and Active Living

ACTION STRATEGIES TOOLKIT



A Guide for Local
and State Leaders
Working to Create
Healthy Communities
and Prevent
Childhood Obesity

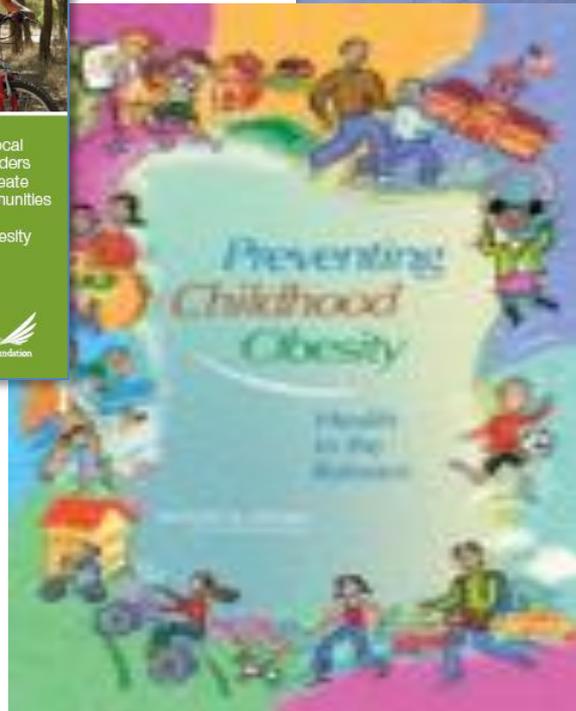
Leadership for Healthy Communities is a national program of
the Robert Wood Johnson Foundation.


Robert Wood Johnson Foundation



RECOMMENDED COMMUNITY STRATEGIES
AND MEASUREMENTS TO PREVENT
OBESITY IN THE UNITED STATES:
Implementation and Measurement Guide

July 2009




**SOLVING THE PROBLEM
OF CHILDHOOD OBESITY
WITHIN A GENERATION**

White House Task Force on Childhood Obesity
Report to the President

MAY 2010



...but be flexible;
there is no “one size fits all” approach.



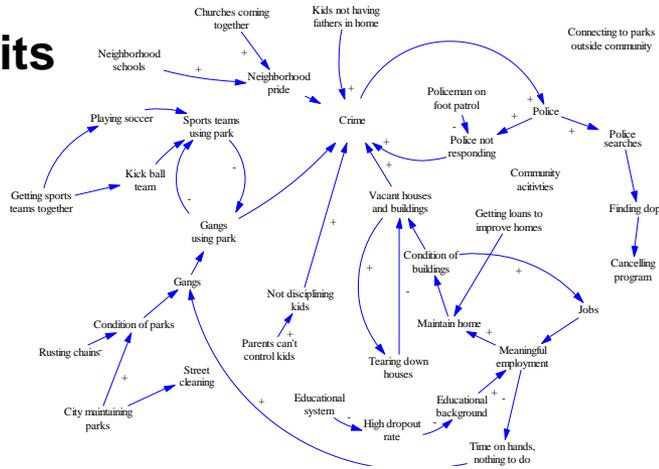
Policy adoption alone does not produce impact.



Don't let "our work" overwhelm their work.



Site Visits



Budget Reports and Revisions

Evaluation Studies

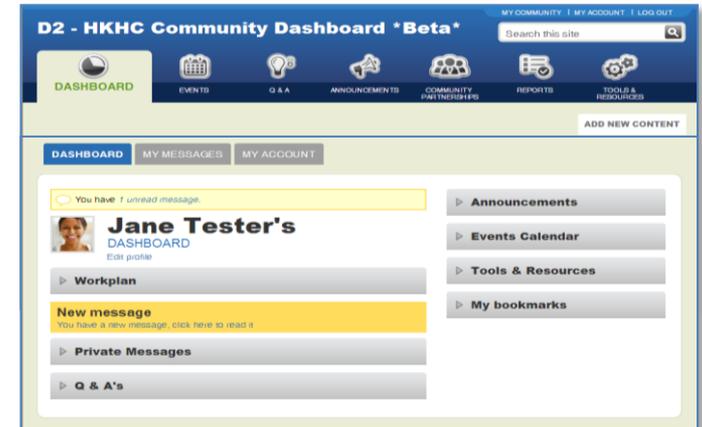
Progress Reports

Healthy Kids, Healthy Communities Logic Model

Focus Groups



Case Studies



Logic Models

Satisfaction Surveys

Learning networks with passionate leaders are critical to success.



Keep walking the talk!

A Few Examples...

- Local government advisory committees
- Healthy community coalitions
- Boards of non-profit organizations
- School volunteer programs
- Organizational policies
- Family practices and norms
- Personal behaviors and habits



Resources:

www.activelivingbydesign.org

www.healthykidshealthycommunities.org

ACTIVE LIVING BY DESIGN
INCREASING PHYSICAL ACTIVITY AND HEALTHY EATING THROUGH COMMUNITY DESIGN

committees in action | what we do | our approach | events & resources | media center | about albd | search ALBD

Cross country skiers make tracks in Upper Valley, VT [read more](#)

Active Living By Design creates community-led change by working with local and national partners to build a culture of active living and healthy eating. Established by the Robert Wood Johnson Foundation, ALBD is part of the North Carolina Institute for Public Health at the UNC Gillings School of Global Public Health in Chapel Hill, North Carolina.

Our vision is healthy communities, where routine physical activity and healthy eating are accessible, easy and affordable to everyone.

ACTIVE LIVING BY DESIGN
We've changed our look to better reflect our mission: building a culture of active living and healthy eating. [Learn more](#)

FIVE INITIATIVES IN MORE THAN 80 COMMUNITIES
Find active living and healthy eating initiatives across the country [>>](#)

featured community

Beets
The mountains of North Carolina provide perfect weather for growing beets. So perfect, in fact, that beets were the featured food at Black Mountain Elementary School's recent garden tasting. [READ MORE](#)

HEALTHY EATING IN SCHOOLS CASE STUDY

PROMISING STRATEGIES
How school districts can improve their active living and healthy eating programs. [ACTIVE LIVING BY DESIGN](#)

community action model

2P: Promotion
Promoters are the leaders by which the project connects with the public. Innovation strategies should also help to ensure that other policy, programmatic and infrastructure goals are successfully achieved. [LEARN MORE ABOUT PROMOTION](#)

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HOME | COMMUNITIES

Communities in Action

Healthy Kids Healthy Communities | ALBD Committee | HSD Communities | New Cross-Border North Carolina Initiatives | West Coast Black World Initiatives | Building Food & Fitness Communities | DC Health and Wellness Food Policy Communities

Abbeville, NH
Barnes, NY
Buffalo, NY
Chapel Hill, NC
Charleston, SC
Chicago, IL
Cleveland, OH
Columbia, MO
Denver, CO
Horseshoe, HI
Isard County, TN
Jackson, MI
Lynchville, VA
Nashville, TN
Oakland, CA
Omaha, NE
Orlando, FL
Portland, OR
Sacramento, CA
Santa Ana, CA
Seattle, WA
Somerville, MA
Upper Valley, NH/VT
Wilkes-Barre, PA
Winnebago, ND

Case Studies

Project Profiles

Lessons from the Field: Promoting Healthy Eating in Communities

Lessons from the Field: Promoting Healthy Eating in Schools

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LESSONS LEARNED

Policy and Environmental Change

Evaluation

Promotion

Sustaining Community Change

Programs

Preparation

Thank You, ALR!

