



October 2022

Rhode Island Healthy Eating & Active Living

2023–2028 Strategic Plan





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Dear Colleagues, Friends, and Rhode Islanders,

It is with great pleasure that I present you with the *2023–2028 Rhode Island Healthy Eating and Active Living (HEAL) Strategic Plan*. This document provides us with a road map for all Rhode Islanders, regardless of age, race, ethnicity, religion, physical ability, or sexual orientation, to live their most optimal life through culturally appropriate, nourishing, and affordable foods and safe places to recreate. Crosscutting principles that underpin all priorities within HEAL are health equity and the social determinants of health.

Healthy eating and active living create a solid foundation of health for all individuals throughout the life course, from preconception to end of life. It is clear that where individuals live, learn, work, and play affect their physical and emotional well-being. In order to create environments that foster physical and emotional well-being, we need to create environments — schools, worksites, restaurants, neighborhoods, healthcare systems, and child care facilities that support all Rhode Islanders to lead healthy lives. For more than 15 years, the Rhode Island Department of Health (RIDOH) has illuminated the need for partners across all sectors (non-profit, for-profit, local government, State government, federal government and funders) to align their strategies without duplicating efforts. Transportation planners are working with public health practitioners to improve public transportation options, farmers are working with schools to bring local produce to children, Health Equity Zones are collaborating with healthcare system to bring healthy food to people living with chronic conditions. Partners have embraced a collective-impact approach to HEAL that improves the lives of all Rhode Islanders.

We must continue to double down on our successes and promising practices, however. Rhode Island's rate of obesity in 2019–2021 was 30% percent, and higher among non-Hispanic Blacks at 38% and Hispanics at 36%. Since its beginning, the COVID-19 pandemic has underscored the pervasive racial and socioeconomic inequities that have impacted Rhode Islanders' ability to access culturally-appropriate and affordable foods. Preliminary national data indicate an increase in body mass index, diabetes, and cardiovascular disease since the start of the pandemic. The Rhode Island Community Food Bank reports that 18% of households cannot meet their basic needs, including access to healthy foods. We also see disparities in physical activity amongst our minority populations. Non-Hispanic Black and Hispanics are also significantly more likely to report not participating in any physical activity within the last month compared to non-Hispanic Whites.

The Biden-Harris Administration is leading a call to action through the unveiling of the [White House Conference on Hunger, Nutrition and Health](#), the first such conferences in more than 50 years. The Administration recognizes that lack of access to healthy, safe, and affordable food, and to safe outdoor spaces, contributes to hunger and diet-related diseases such as heart disease, type 2 diabetes, cancer, and dementia particularly in our underserved communities. The pandemic has exacerbated these challenges even further. The Administration has also secured more than \$8 billion in new commitments as a part of the Conference's call to action.

We look forward to continuing our strong partnerships with all Rhode Islanders, as we respond to the Administration's call to action.

In good health,

A handwritten signature in black ink that reads "Utpala Bandy".

Utpala Bandy, MD, MPH
Interim Director of Health



Executive Summary

Overview

This report describes the results of a planning process undertaken by RIDOH in partnership with a broad group of stakeholders to develop a statewide strategic plan for physical activity and nutrition. To develop a shared commitment and plan for improved community health, and to help sustain implementation efforts, the planning process engaged RIDOH staff, staff from other government agencies, community-based organizations and coalitions, Rhode Island Health Equity Zones (HEZ), academia, healthcare, and business/industry. Participants in the process identified priorities for the plan based on key findings from data-gathering efforts and attended a series of virtual planning sessions to develop draft elements of the full plan. Of note, all engagement for the *2023–2028 Rhode Island Healthy Eating and Active Living (HEAL) Strategic Plan* was done virtually due to the ongoing COVID-19 pandemic.

Key Elements

The key elements of the plan include: a vision which articulates the preferred future we are trying to create as a result of our work; a *mission statement* that articulates a central purpose: whom do we serve, for what purpose, and in what ways that are unique or distinct; and *core values* that guide every aspect of the work, from decision-making to priority-setting, and from partnerships to engagement strategies. Specific *goals, objectives, and strategies* are developed to fulfill the mission and move toward achieving the vision.

The following table shows the priority areas that were identified for the *2023–2028 Rhode Island Healthy Eating and Active Living (HEAL) Strategic Plan* and the goal statements developed for each priority. Health equity and social determinants of health are cross-cutting principles that extend across every priority of the Strategic Plan.

Cross-Cutting Principles: Health Equity and Social Determinants of Health

Priority Area	Goal Statements
Priority 1: Access to Affordable Nourishing Food	Goal 1: All Rhode Islanders will have access to nourishing, culturally relevant, and affordable food so that all individuals within all communities can thrive to their fullest potential.
Priority 2: Access to Safe Spaces for Play and Physical Activity	Goal 2: Rhode Islanders of all ages and abilities can be physically active in their own neighborhoods and around the state.
Priority 3: Infant, Children, and Youth — Nutrition and Physical Activity	Goal 3: All infants, children, and youth in Rhode Island, no matter where they live, have access to, and enjoy, nourishing and culturally relevant foods and physical activity opportunities that support lifelong healthy habits.
Priority 4: Expansion of Statewide System Coordination	Goal 4: Rhode Island has statewide systems which are coordinated, efficient, strategic, and accessible to streamline and enhance policies, programs, services, and communications related to healthy eating and active living.

Implementation of this Strategic Plan will be a collaborative effort between RIDOH and its many physical activity and food system partners across the state.



Introduction

In January 2022, RIDOH partnered with a broad group of stakeholders to develop a statewide strategic plan to improve access to opportunities for active living and nourishing, affordable food. The planning process engaged stakeholders including RIDOH staff, staff from other government agencies, community-based organizations and coalitions, Rhode Island Health Equity Zones (HEZ), academia, healthcare, and business/industry. This process, and the resulting Strategic Plan, demonstrate a deep interest and dedication of partners to work together to advance physical activity and nutrition across the State of Rhode Island. This plan is intended to complement and build upon other guiding

documents, plans, initiatives, and coalitions already in place to improve the health of Rhode Island's communities. Rather than conflicting with, or duplicating, the recommendations and actions of existing agencies and coalitions, the participants of the planning process identified potential partners and resources wherever possible for inclusion in this Strategic Plan.

Partners and stakeholders provided input and feedback during the development of the following vision, mission, and principles that will guide the work of implementing the *2023–2028 Rhode Island Healthy Eating and Active Living (HEAL) Strategic Plan*.



Vision

Nourishing food and active living are culturally appealing, accessible, and affordable to all Rhode Islanders.



Mission

To advance health equity for healthy eating and active living by collaboratively working with partners to improve policy, system, and environmental changes.



Guiding Principles

- Identify and eliminate inequities and disparities.
- Embrace Rhode Island's abundant cultural diversity.
- Include people of all abilities.
- Identify and address needs across the lifespan.
- Practice community-informed decision making.



What Role Can We Play?

This Strategic Plan is designed to be a broad, strategic framework for community health, and should be modified and adjusted as conditions, resources, and external environmental factors change. It is developed and written in a way that engages multiple perspectives so that all community groups and sectors — private and nonprofit organizations, government agencies, academic institutions, community and faith-based organizations, and citizens — can unite to improve the health and quality of life for all people who live, work, learn, and play in Rhode Island.

We encourage you to review the priorities and goals, reflect on the suggested strategies, and consider how you can participate in this effort, in whole or in part, as either an individual or as a member of an agency, organization, or group. For people who are participating in their role at an agency, it may be helpful to *consider how your current plans align with this Strategic Plan and how your future plans can align with this Strategic Plan?*

See listings after each objective for a full list of potential partners.

Partner Category	Objectives
Businesses and Employers	1.5
Chambers of Commerce	1.1, 1.2, 2.4, 4.1, 4.2, 4.4
Childcare: Early Care and Education	1.4, 4.1
Coalitions and Communities	1.4, 2.2, 2.3, 3.1, 3.3, 4.1
Colleges and Universities	1.3, 1.4, 2.2, 3.2, 3.3, 4.1, 4.4
Communications and Media	1.4
Community Members	2.2
Department of Transportation and Transportation Providers	2.3, 2.4
Faith-Based Organizations	1.4
Fishers, Farmers, Local Growers, Farmers Markets	1.5
Food Pantries	1.5
Food Retailers	1.5, 3.2
Government Officials	1.3, 4.1
Health Equity Zones	1.1, 1.2, 1.4, 1.5, 2.2, 2.3, 2.4, 3.1, 3.3, 4.1, 4.2
Healthcare Systems and Providers	1.3, 1.4, 2.2, 3.1, 3.3
Local, State, and Tribal Governments	Entire Plan
Non-Profits and Service Groups	Entire Plan
Older Adult Services	1.3, 1.4, 2.2, 2.3, 2.4, 4.1, 4.2
Parks and Recreation	1.4, 2.2, 3.1
Professional Organizations	1.1, 1.2, 2.2, 3.2, 3.3
Schools and Department of Elementary and Secondary Education	1.3, 1.4, 1.5, 3.1, 3.2, 3.3, 4.1, 4.2, 4.3
State and Municipal Planning Departments/Boards	1.2, 2.3, 2.4
Youth Programs	1.2, 1.4, 2.2, 3.1, 3.2, 4.1, 3.3



Why Are We Doing This?

Problem Statement

Rhode Islanders are facing serious chronic disease risk factors throughout the life course. These risk factors can lead to the development of many debilitating and costly chronic diseases and contribute to Rhode Island’s current high chronic disease burden. Many of these diseases can be prevented by reducing risk factor exposure through physical activity, proper nutrition, and maintaining a healthy weight, but Rhode Islanders of all ages struggle to achieve these health promoting behaviors.

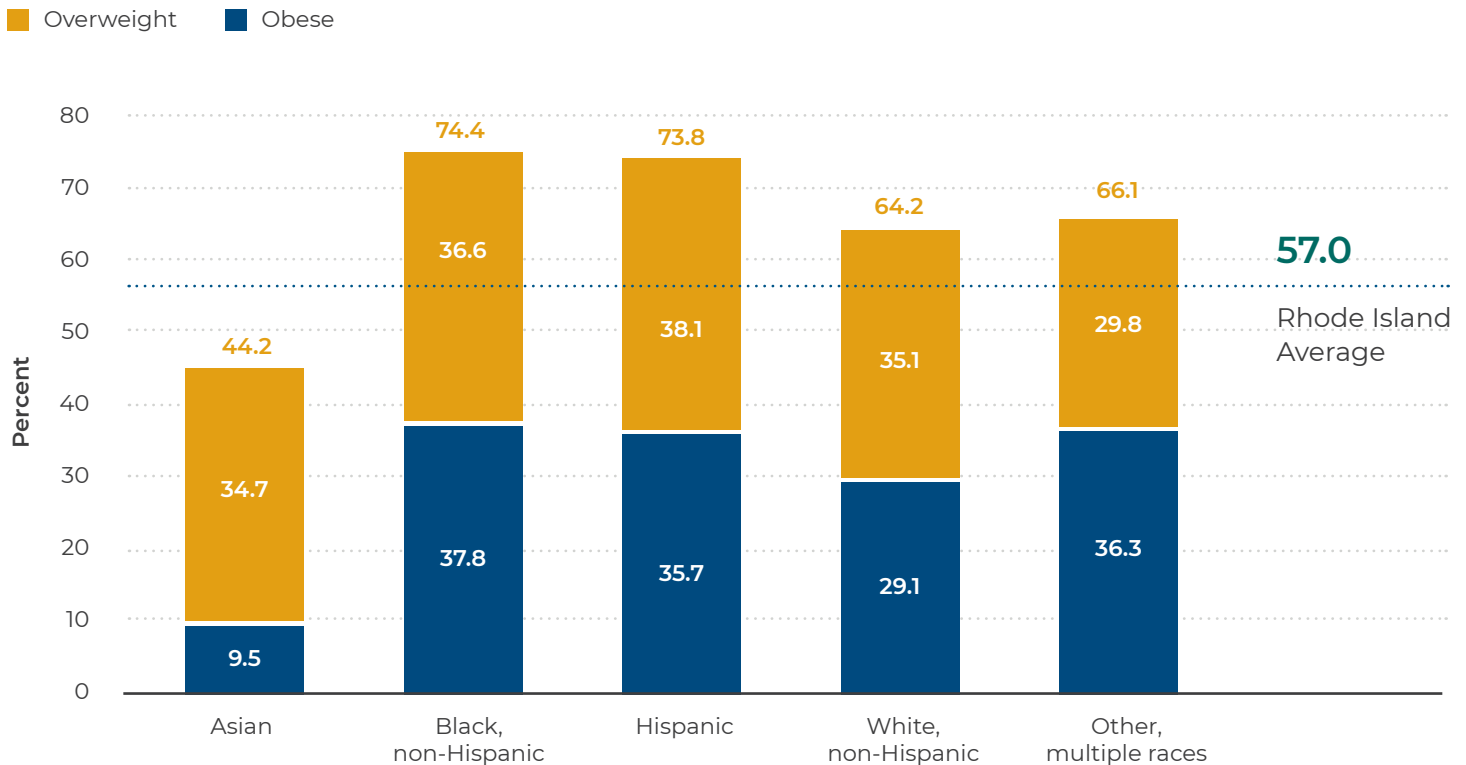
The majority of Rhode Island adults (18 years and older) and a substantial portion of Rhode Island children are obese or overweight (defined as a Body Mass Index (BMI) of 30–34.9 for obese, or 25–29.9 for overweight, where BMI is a person’s weight in kilograms (or pounds) divided by the square

of height in meters (or feet)).¹ In 2019–2021, 57% of Rhode Island adults were either overweight or obese. Nearly one in three Rhode Island adults are obese, but this varies by race and ethnicity with obesity being highest among non-Hispanic Black and multiracial Rhode Islanders (**Figure 1**).⁶ This same pattern extends to Rhode Island youth where one in five children are obese, but this increases to one in four for non-Hispanic Black and Hispanic children.² Household income also plays an important role as obesity was significantly higher within households with annual incomes of less than \$25,000 (35.6%) and between \$25,000–\$50,000 (33.7%) compared to incomes above \$50,000 (28.3%).⁶ Overall, obesity prevalence has been slowly increasing in Rhode Island from 25% of the adult population in 2011 to 30% in 2021.³

BMI Categories

Weight Status Category	BMI Range, Adults	BMI Percentile, age 2–19
Underweight	Less than 18.5	Less than the 5th percentile
Normal or Healthy Weight	18.5 – 24.9	5th percentile to less than the 85th percentile
Overweight	25 – 29.9	85th to less than the 95th percentile
Obese	30 and higher	95th percentile and higher

Figure 1: Rhode Island Adults Who are Overweight or Obese by Race/Ethnicity



Source: Rhode Island Behavioral Risk Factor Surveillance System (BRFSS), 2019–2021

Physical activity is an important part of chronic disease prevention and control throughout life, but most high school and middle school students are not achieving the recommended daily number of minutes spent doing physical activity. Less than half of all Rhode Island middle school and high school students are physically active for at least 60 minutes per day on five or more days.^{4,5} Among adults, non-Hispanic Blacks (29.6%) and Hispanics (41.7%) were significantly more likely to report not participating in any physical activity in the last month compared to non-Hispanic Whites (20.9%).⁶

Furthermore, adults with annual incomes less than \$25,000 (39.4%) and between \$25,000–\$50,000 (31.9%) were significantly more likely to report physical inactivity compared to adults with incomes higher than \$50,000 (14.7%).⁶ Even before the pandemic, time spent on a computer, smartphone, or playing video games was an ongoing issue for Rhode Island youth. Forty four percent of high school students and 47% of middle school students reported playing video games or using their computer or smartphone for more than three hours a day, excluding time spent doing schoolwork.^{4,5}

A minority of Rhode Island children and adults consume the recommended servings of fruits and vegetables. When surveyed, 6.3% and 7.6% of Rhode Island high schoolers ate no fruits or vegetables, respectively, in the preceding seven days.⁴ Among adults, fewer than one in six eat the federally recommended daily intake of fruits and vegetables.⁷ These rates are even lower among the most impoverished Rhode Islanders. According to data from 2019, 8.2% of Rhode Island adults living at or below 125% of the federal poverty level eat the federally recommended servings of vegetables compared to 14.9% of Rhode Island adults with an income higher than 350% of the federal poverty level. While the intake of fruits shows a similar pattern (14.6% among adults living at or below 125% of the federal poverty level versus 15.8% among adults living above 350% of the federal poverty level) the difference is not statistically significant.⁷

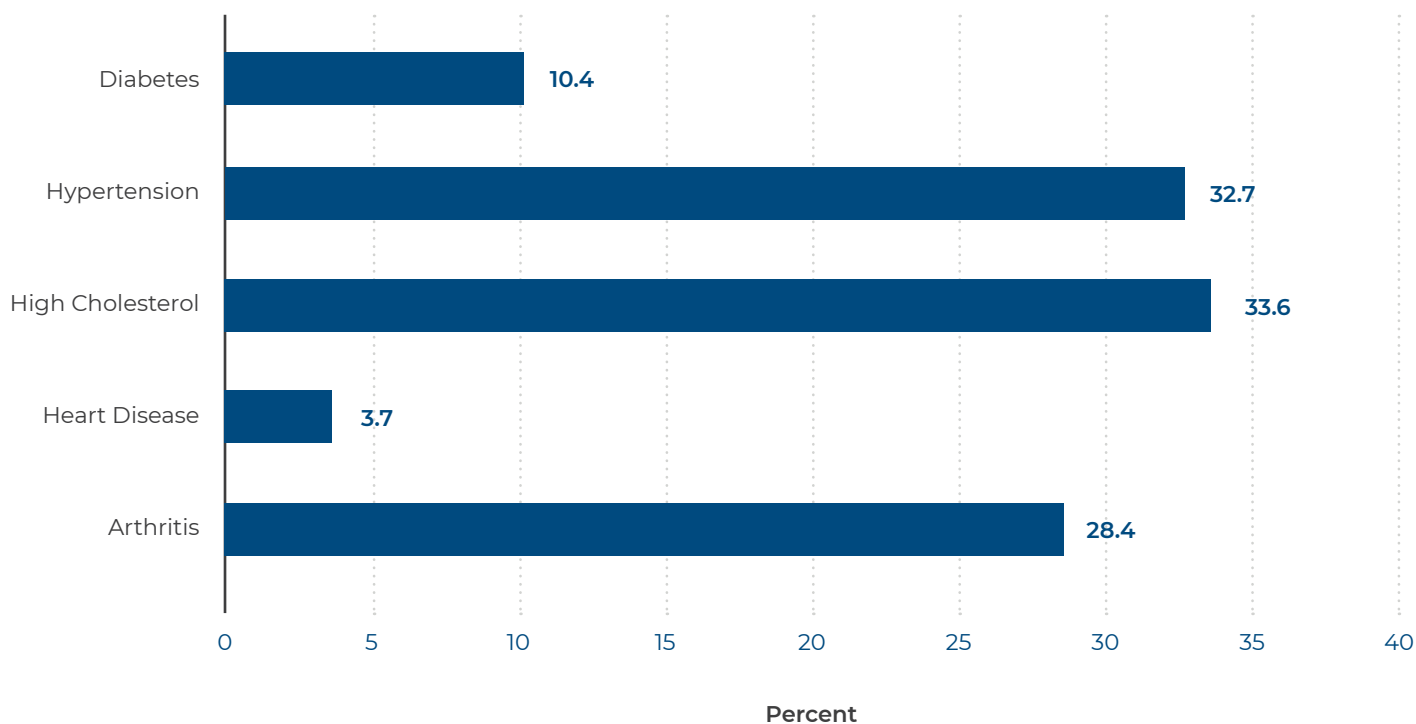
Many Rhode Island households struggle with food insecurity and access to nourishing foods. An estimated 18,000 Rhode Island children live in households that are food insecure.⁸ When surveyed in 2022, 18% of households with children sometimes or often did not have enough food to eat in the past week.⁹ In Rhode Island cities where 25% or more of children are living below the federal poverty level — Woonsocket, Central Falls, Providence, and Pawtucket — 27% of residents feel that most people in the area they live in are not able to access affordable food that is healthy and nutritious.¹⁰ Of the families eligible for the Women, Infant, and Children (WIC) Program, only 44.4% are currently participating, and of those eligible for the Supplemental Nutrition Assistance Program (SNAP) only 82% of the working poor and 60% of older adults (age 60 or older) participate.^{11,12,13}

Breastfeeding rates in Rhode Island have substantial room for improvement. Breastfeeding of infants has many health benefits for infants, children, and mothers and is a key strategy to improve public health. Despite this, only 82.4% of Rhode Island mothers ever breastfeed, and only 54.6% are still breastfeeding their infants six months after birth, even though it's recommended that at six months of age infants continue to be breastfed — with the introduction of complementary foods — until age one or longer if desired.¹⁴

All these factors play a dramatic role in the prevention or proper management of chronic diseases. Complications arising from lack of physical activity, poor diet, excessive body fat, and lack of breastfeeding in infancy can include diabetes, prediabetes, heart disease, hypertension, high cholesterol, arthritis, Alzheimer's disease, and many more. Many Rhode Island adults have been diagnosed with these conditions (**Figure 2**). One out of every three Rhode Island adults reported having been told they have hypertension or high cholesterol — risk factors that can often lead to serious chronic diseases such as heart disease and kidney failure.⁶ More than one in four Rhode Island adults report having been told they have arthritis, and the percentage of non-Hispanic Whites (30.3%) who have ever been told they have arthritis was significantly higher than for non-Hispanic Blacks (17.3%) and Hispanics (13.9%).⁶ Ten percent of Rhode Island adults have been diagnosed with diabetes, and while an estimated one in three have prediabetes, this condition often goes undiagnosed.^{6,13} In fact, it's estimated that eight out of 10 people with prediabetes don't know they have it.¹⁵ Obesity, diabetes, hypertension, and heart disease are all also considered risk factors for the development of Alzheimer's and related dementias. An estimated 24,000 Rhode Island adults age 65 years or older have Alzheimer's disease.¹⁶

Finally, Rhode Islanders with annual household incomes of less than \$25,000 and between \$25,000–\$50,000 were significantly more likely than those with household incomes of greater than \$50,000 to report ever being told by a provider that they had diabetes, heart disease, or arthritis (**Table 1**).⁶

Figure 2: Prevalence of Diagnosed Chronic Disease in Rhode Island Adults, 2021



Source: Rhode Island BRFSS, 2021

Table 1: Percent of Rhode Island Adults Reporting Ever Being Told by a Physician They Have Certain Chronic Diseases, by Household Income

Income	Variable	Label	Percent “Yes”
Less than \$25,000	Diabetes	Ever told diabetes	16.3%
	Arthritis	Ever told have arthritis	31.9%
	Coronary heart disease (CHD)	Ever told CHD	5.5%
\$25,000–\$50,000	Diabetes	Ever told diabetes	13.0%
	Arthritis	Ever told have arthritis	29.5%
	CHD	Ever told CHD	4.7%
\$50,000 or more	Diabetes	Ever told diabetes	7.0%
	Arthritis	Ever told have arthritis	23.4%
	CHD	Ever told CHD	3.0%

Bold: Indicates significantly higher prevalence compared to household income >\$50,000;

*Ever told diabetes excludes gestational diabetes

Source: Rhode Island BRFSS, 2019–2021





The Planning Process

Data Gathering and Key Findings

Gathering data is an important foundation for guiding and constructing a strategic plan. Data gathering efforts for this Strategic Plan included a document review, five key informant interviews, and four focus groups. Health Resources in Action (HRiA) synthesized and compiled the key themes and recommendations from these efforts into a Key Findings Summary.

The table below contains a high-level summary of the themes categorized by the strengths, weaknesses, opportunities, and threats (SWOT) that emerged regarding physical activity and nutrition efforts in the state. These themes were used to identify priority areas for the Strategic Plan, as well as to inform the development of its goals, objectives, and strategies.

Strengths

- Infrastructure
- Health Equity Zones (HEZ)
- Programming
- Leadership and the people
- Rhode Island's natural spaces
- Community response to COVID-19

Challenges/Weaknesses

- Food access
- Food affordability
- Access to physical activity
- School nutrition
- School physical activity
- Lack of coordination and communication across different agencies and programs
- Safety of spaces for physical activity
- Stigma

External Opportunities

- Federal legislation
- Attention to equity and social determinants of health

External Threats

- Climate change
- Funding

Identifying Priority Areas

At a virtual session held in May 2022, key themes were shared from the data gathering efforts and recommended potential priorities for planning based on the key themes. Participants engaged in a facilitated discussion on the themes to identify what resonated with them, what made them look at things from a new angle, and whether there was anything important that was missing from the recommended priorities for consideration. Participants were then asked to use an online poll to select their top three priorities for planning, taking into consideration specific prioritization criteria. Review of the polling results and subsequent discussions with the RIDOH project team resulted in the following priorities for the Strategic Plan.

These four priority areas were the focus of a series of virtual planning sessions conducted to identify goals, objectives, success measures, and strategies to address the key issues in each priority area.

Two important cross-cutting principles, **health equity** and **social determinants of health**, were highlighted for the Strategic Plan and have been integrated across the plan and are incorporated into each priority through related strategies.

Strategic Plan Priorities



Priority 1

Access to Affordable
Nourishing Food



Priority 2

Access to Safe
Spaces for Play and
Physical Activity



Priority 3

Infant, Children,
and Youth —
Nutrition and
Physical Activity



Priority 4

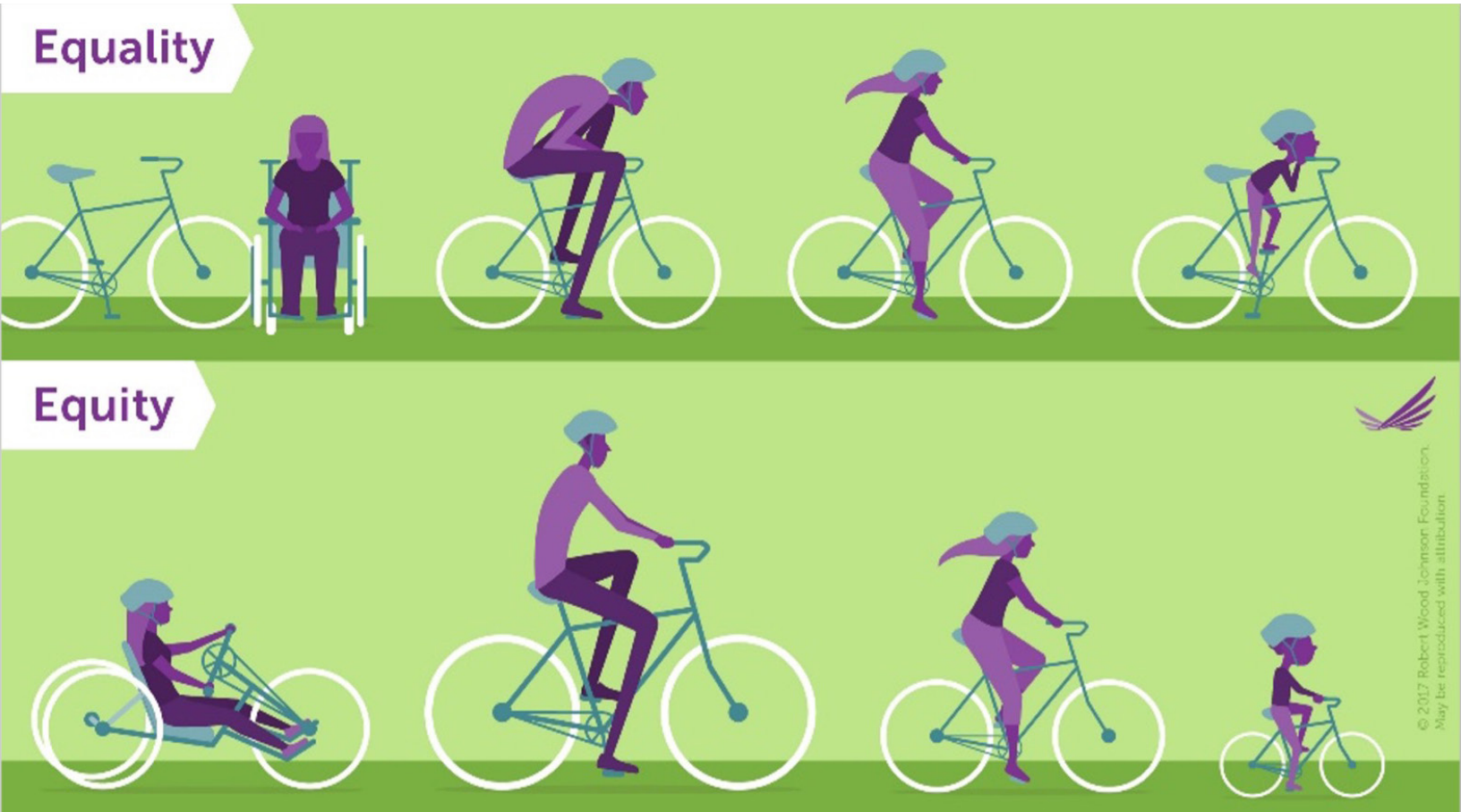
Expansion of
Statewide System
Coordination

Health Equity

As described by the Robert Wood Johnson Foundation, "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare."

Equity was intentionally embedded into the Strategic Plan by planning participants keeping the following questions in mind:

- Who are key groups who would be impacted and how will they be affected?
- How will the goals, objectives, strategies be perceived by affected groups?
- What are ways to increase resident voice and input in processes of implementing, being involved, and overseeing the plan?



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Social Determinants of Health

Healthy People 2030 defines social determinants of health (SDOH) as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.¹⁷ SDOH can be grouped into five domains:

1. Economic stability
2. Education access and quality
3. Healthcare access and quality
4. Neighborhood and built environment
5. Social and community context



Planning Sessions

Development of the Strategic Plan took place virtually due to the ongoing COVID-19 pandemic. All planning participants were invited to participate in a Preplanning Session conducted by HRiA to ensure planning participants were well prepared for the planning sessions, understood the evolution and context for the Strategic Plan, and were clear about expectations for engagement.

Following the Preplanning Session, four virtual planning sessions were held in June 2022. The sessions were structured in both large and small group formats to develop plan components (goals, objectives, potential success measures, strategies, and partners and resources). Sessions were facilitated by HRiA and included opportunities for cross-priority feedback and refinement of each of the core elements of the Strategic Plan.

Of more than 90 invited participants, 54 partners and stakeholders attended one or more of the virtual Key Findings, Preplanning, or Planning Sessions with an average attendance of 28 participants at each session. See Appendix A for a list of partners and stakeholder who contributed to the development of this Plan.

Participants were asked to develop the goals, objectives and strategies taking equity into consideration and using a policy, systems, and environment approach.

Sector and Stakeholder Wheel



Policy, Systems, Environment Approach

Participants were encouraged to use a policy, systems, and environment (PSE) approach as they developed the elements of the plan. This approach is used to encourage long-term, foundation change in physical activity and nutrition in Rhode Island. The intent is not to focus solely on program implementation, but instead strive to create change at the PSE level. The PSE approach seeks to create sustainable change at the population level. While the results are often not immediate, they can have enduring impact.

The output of the planning sessions was reviewed and edited for clarity and consistency across the Plan. The draft components were shared with the full list of more than 90 partners and stakeholders for additional input and feedback. The input and feedback received has been reviewed and incorporated into the final version of this Strategic Plan where appropriate.

Policy

- Legislative (Federal, State, Local)
- Administrative (Guidance/ Rules that govern how laws are implemented)

Systems

- Changes within an organization or system
- Community planning
- Referral systems
- Prevention and health promotion activities

Environment

- Economic environment
- Experienced environment
- Built/Physical environment



The Strategic Plan

A strategic plan includes several key elements: a *vision* which articulates the preferred future we are trying to create as a result of our work; a *mission statement* that articulates a central purpose: whom do we serve, for what purpose, and in what ways that are unique or distinct; and *core values* or *guiding principles* that guide every aspect of the work, from decision-making to priority-setting, and from partnerships to engagement strategies. Specific *goals*, *objectives*, and *strategies* are developed to fulfill the mission and move towards achieving the vision.



Priorities are key issues that provide a focus for planning. A *goal* is a broadly stated, non-measurable change in the priority area. It describes in broad terms a desired result for the priority area. *Objectives* articulate goal-related outcomes in specific and measurable terms. Objectives are SMART (specific, measurable, achievable, relevant, time-phased) and state how much of what you hope to accomplish and by when. Success measures are measure(s) of progress toward the objective. *Strategies* describe HOW an objective will be achieved. They are less specific than action steps but try to broadly to answer the question, “How can we get from where we are now to where we want to be?”



Plan Elements

The following pages outline the goals, objectives, success measures, strategies, and partners and resources for the four priority areas outlined in the Strategic Plan. Targets for identified success measures have been established using available data wherever possible. Where no data were readily available, objectives are noted as developmental, and a primary strategy will be to collect and analyze data and determine a baseline for successive annual comparisons.

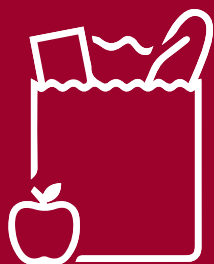
See **Appendix B** for definitions of these planning terms. See **Appendix C** for a list of acronyms used in the Strategic Plan.

Strategic Plan Snapshot

	Goals	Objectives
 <p>Priority 1 Access to Affordable Nourishing Food</p>	<p>Goal 1: All Rhode Islanders will have access to nourishing, culturally relevant, and affordable food so that all individuals within all communities can thrive to their fullest potential.</p>	<p>1.1: Establish at least two policies to address chronic disease prevention by redesigning the food and nutrition experience where Rhode Islanders live and go to school, work, pray, and play by 2028.</p> <p>1.2: Increase the number of nourishing, culturally relevant, and affordable food access points (e.g., food pantries, soup kitchens, mobile markets, bodegas, corner stores) in areas identified to have limited access by 2028. (Developmental)</p> <p>1.3: Increase State and/or local funding for people who are experiencing food insecurity and do not qualify for federal food benefits by 2028. (Developmental)</p> <p>1.4: Increase the percentage of the eligible population that enrolls in SNAP, WIC, the Child and Adult Care Food Program (CACFP), and the National School Lunch Program (NSLP) by 2028.</p> <p>1.5: Increase local food production and distribution to food insecure communities by 2028. (Developmental)</p>
 <p>Priority 2 Access to Safe Spaces for Play and Physical Activity</p>	<p>Goal 2: Rhode Islanders of all ages and abilities can be physically active in their own neighborhoods and around the state.</p>	<p>2.1: Establish at least two policies to address chronic disease prevention by providing opportunities for active living where Rhode Islanders live and go to school, work, pray, and play by 2028.</p> <p>2.2: Increase utilization of recreational facilities and public spaces by 2028.</p> <p>2.3: Increase the number of cities and towns with Complete Streets ordinances from three to 39 by 2028.</p> <p>2.4: Increase the use of public transportation to outdoor spaces by 2028.</p>

	Goals	Objectives
 <p>Priority 3 Infant, Children and Youth — Nutrition and Physical Activity</p>	<p>Goal 3: All infants, children, and youth in Rhode Island, no matter where they live, have access to, and enjoy, nourishing and culturally relevant foods and physical activity opportunities that support lifelong healthy habits.</p>	<p>3.1: Increase healthy eating and active living resources available for infants, children, and youth by 2028.</p> <hr/> <p>3.2: Establish at least two statewide policies and guidance that promote active living and nourishing food for infants, children, and youth by 2028.</p> <hr/> <p>3.3: Update policy and licensing regulations for Early Care and Education Settings to meet at least four specific areas: specific nutrition, sugary drink, active play, and screentime standards by 2028.</p>
 <p>Priority 4 Statewide System Coordination</p>	<p>Goal 4: Rhode Island has statewide systems which are coordinated, efficient, strategic, and accessible to streamline and enhance policies, programs, services, and communications related to healthy eating and active living.</p>	<p>4.1: Define and address five or six strategic systems challenges to improve inter and intra-agency coordination, connection, and efficiency related to healthy eating and active living by 2028.</p> <hr/> <p>4.2: Increase the number of different methods and opportunities for meaningful community engagement regarding healthy eating and active living by 2028.</p> <hr/> <p>4.3: Increase the number of different languages, methods, and frequency in which information about healthy eating and active living is offered/presented by 2028.</p> <hr/> <p>4.4: Identify and secure two to five potential long-term funding sources to sustain validated/evidence informed healthy eating and active living work by 2028.</p>

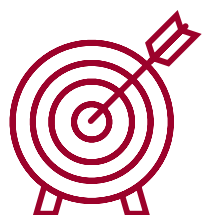




Priority 1

Access to Affordable Nourishing Food

Access to affordable healthy food was the top theme that emerged from the data gathering conducted to identify priorities for this Strategic Plan. Topics related to access to affordable healthy food that planning participants considered included transportation, locations where affordable healthy food is available, investment in local food systems and resources, supplementing WIC and SNAP, food delivery, increasing awareness of federal programs, vegetable prescription programs (Veggie Rx), and connecting local resources to local food insecure communities.



Goal 1:

All Rhode Islanders will have access to nourishing, culturally relevant, and affordable food so that all individuals within all communities can thrive to their fullest potential.

Objective 1.1

Establish at least two policies to address chronic disease prevention by redesigning the food and nutrition experience where Rhode Islanders live and go to school, work, pray, and play by 2028.

Success Measures	Baseline	Target/Change	Data Source
Number of policies established to address chronic disease prevention by redesigning the food and nutrition experience.	0	2	RIDOH

Proposed Strategies

- 1.1.1 Legislate a sugar-sweetened beverage tax and warning labels on sugar-sweetened beverages.
- 1.1.2 Leverage the training and skills of nutrition and dietetic practitioners to establish and implement guidance to improve nutritious options within food banks and pantries, and community meal programs.
- 1.1.3 Expand coverage, increase participation in, and increase community access of the National Diabetes Prevention Program (NDPP), and other Community Health Network chronic disease prevention and management programs offered within the Community Health Network.
- 1.1.4 Improve access and coverage for evidence-based weight loss and management counseling for children, families, and adults.
- 1.1.5 Develop and implement media campaign regarding healthy eating. (See also 2.1.2, 2.2.4 and 2.4.7)
- 1.1.6 Integrate healthy eating and active living into worksite incentives and employee benefits.
- 1.1.7 Work closely with worksites, senior centers, adult day programs, and Program of All-inclusive Care for the Elderly (PACE), as potential areas to increase enrollment in healthy eating and active living programs.

- 1.1.8 Integrate improved nourishing food access into community planning and designs.
- 1.1.9 Expand healthcare coverage to include produce prescriptions, home delivered meals for eligible patients, and other evidence-based approaches to improve access to nourishing foods as part of food is medicine approach.
- 1.1.10 Expand food security resources offered through Unite Rhode Island (Unite RI) and market to healthcare facilities and community-based organizations who are conducting social determinants of health (SDOH) screening.
- 1.1.11 Advance measures to encourage sales of nourishing food and prohibit the sales of unhealthy foods and beverages in public buildings.

Potential Partners and Resources

- Health Equity Zones (HEZ)
- Rhode Island Academy for Nutrition and Dietetics (RIAND)
- Rhode Island Business Group on Health
- Rhode Island Food Policy Council (RIFPC)
- Rhode Island Parent Information Network (RIPIN)

Objective 1.2

Increase the number of nourishing, culturally relevant, and affordable food access points (e.g., food pantries, soup kitchens, mobile markets, bodegas, corner stores) in areas identified to have limited access by 2028. (Developmental)

Success Measures	Baseline	Target/Change	Data Source
Number of nourishing, culturally relevant, and affordable food access points in areas identified to have limited access	TBD		
Utilization of nourishing, culturally relevant, and affordable access points (e.g., transactions)	TBD		
Percent of Rhode Island population that is food insecure	8.2% ¹⁹ (2018–2020)		Rhode Island BRFSS

Proposed Strategies

- 1.2.1 Coordinate with other organizations that have conducted assessments in this space (e.g., RIFPC, Rhode Island Community Food Bank) to better understand the scope and reach of their community assessments and to ensure statewide alignment with regards to measurement.
- 1.2.2 Establish baselines to understand current landscape and to identify assets and where needs are greatest.
- 1.2.3 Create actionable definitions of healthy, culturally relevant, and affordable for target communities.
- 1.2.4 Understand barriers and facilitators (e.g., staffing for food pantries, supply chain issues) to establish nourishing, culturally relevant, and affordable food access points; and work toward prioritizing and addressing them.
- 1.2.5 Develop food access solutions identified by, and in partnership with, high-need communities, with opportunities for community leadership.
- 1.2.6 Advocate for more funding for healthy, culturally relevant, and affordable food access points.

Potential Partners and Resources

- Director of Food Strategy, State of Rhode Island, RI Commerce
- Dr. Martin Luther King, Jr. Community Center
- Farm Fresh Rhode Island
- Federal Hill House
- Food Access and Equity Manager, RI Food Policy Council
- Health Equity Zones (HEZ)
- Hunger Elimination Taskforce (HETF)
- Hunger relief agencies
- Interagency Food Nutrition and Policy Advisory Council (IFNPAC)
- Johnnycake Center
- Meals on Wheels of Rhode Island
- Planning Boards — statewide and community level
- RIAND
- Rhode Island Commerce
- Rhode Island Community Food Bank
- Rhode Island Department of Environmental Management (RIDEM), Division of Agriculture and Forestry
- RIFPC
- Rhode Island Public Health Association
- Rhode Island Public Health Institute (RIPHI)
- RIDOH Quarantine and Isolation Unit
- Southside Community Land Trust (SCLT)
- Unite RI
- United Way of Rhode Island

Objective 1.3

Increase State and/or local funding for people who are experiencing food insecurity and do not qualify for federal food benefits by 2028. (Developmental)

Success Measures	Baseline	Target/Change	Data Source
Amount of state funding for people who do not qualify for federal food benefits, yet are experiencing food insecurity	TBD		
Amount of local funding for people who do not qualify for federal food benefits, yet are experiencing food insecurity	TBD		

Proposed Strategies

- 1.3.1 Establish baseline measures.
- 1.3.2 Conduct assessment of people who are experiencing food insecurity and do not qualify for federal food benefits (e.g., numbers, geographic location, age).
- 1.3.3 Conduct assessment of State and local food security programs.
- 1.3.4 Identify and promote State and local programs that support people who do not qualify for federal food benefits.
- 1.3.5 Ensure the identified programs are properly funded and supported through State-level advocacy.
- 1.3.6 Advocate to change SNAP/WIC eligibility criteria (e.g., WIC program could be expanded to children up to age six, or postpartum parents for two years).
- 1.3.7 Expand Meals on Wheels participation.
- 1.3.8 Develop community level capacity to address food insecurity for those who do not qualify for federal food benefits.

Potential Partners and Resources

- AARP Rhode Island
- Center for Southeast Asians
- Dorcas International
- FAEM
- Healthcare system
- Hunger Elimination Taskforce (HETF)
- Progreso Latino
- Rhode Island Community Food Bank
- RIDEM
- Rhode Island Department of Education (RIDE)
- RIFPC
- Supplemental Nutrition Assistance Program — Education (SNAP Ed)
- SNAP outreach
- State agencies
- State and federal lawmakers
- United Way/Point
- University of Rhode Island (URI)
- Women, Infants, and Children Supplemental Nutrition Program (WIC)

Objective 1.4

Increase the percentage of the eligible population that enrolls in SNAP, WIC, the Child and Adult Care Food Program (CACFP), and the National School Lunch Program (NSLP) by 2028.

Success Measures	Baseline	Target/Change	Data Source
Percent of the eligible population enrolled in SNAP	95%	95%	USDA
Percent of adults age 60 or older enrolled in SNAP	60%	95%	USDA
Percent of the eligible population enrolled in WIC	44.4%	95%	RIDOH WIC Program
Percent of the eligible population enrolled in CACFP	TBD	95%	TBD
Percent of the eligible population enrolled in NSLP	TBD	95%	RIDE

Proposed Strategies

- 1.4.1 Support the continuation of program flexibility and eligibility that started during COVID-19.
- 1.4.2 Identify barriers to enrollment and utilization of benefits.
- 1.4.3 Identify and align existing efforts to increase enrollment and utilization.
- 1.4.4 Support the continued coordination of SNAP and WIC, along with other income-tied benefits (e.g., Medicaid).
- 1.4.5 Partner with trusted community-based organizations (CBOs) to conduct proactive, multi-lingual, culturally appropriate marketing of the importance of healthy eating and active living and the assistance programs available (include content to address/reduce stigma, increase awareness, share eligibility requirements).
- 1.4.6 Maintain multi-lingual assistance with SNAP, WIC, and CACFP applications.
- 1.4.7 Advocate with assistance programs to ensure that their application processes and programs are accessible, including linguistic and cultural appropriateness, and sensitivity to low-literacy population (e.g., use of graphics, simple phrasing, no acronyms).

- 1.4.8 Advocate for a policy streamlining SNAP, WIC, and CACFP application requirements. (See also 4.3.2)
- 1.4.9 Advocate to continue and/or expand SNAP, WIC, and CACFP incentive programs at both direct markets and other retail outlets.
- 1.4.10 Advocate to modernize systems including online shopping for SNAP, WIC, and CACFP.
- 1.4.11 Work with healthcare partners and other organizations (e.g., primary care physicians, dietitians, school nurses, early care educators) to expand the adoption of multi-lingual and culturally appropriate screening for healthy eating and active living needs and referrals to assistance programs.
- 1.4.12 Utilize a diverse lactation support workforce to promote awareness of programs.
- 1.4.13 Educate employers on the benefits of having a breastfeeding policy in the workplace in compliance with state and federal laws, and reinstitute Breastfeeding Friendly Workplace awards.

Potential Partners and Resources

- AARP Rhode Island
- After school program providers
- CACFP
- Community-based organizations and providers
- Director of Food Strategy, State of Rhode Island, RI Commerce
- Early care educators
- Executive Office of Health and Human Services (EOHHS)/Unite RI
- Faith-based organizations
- Farm Fresh Rhode Island
- FAEM
- Federally Qualified Health Centers (FQHC)
- Hasbro Children's Hospital — Primary Care Clinic
- Health and physical education teachers
- Health Equity Zones (HEZ)
- Health Source Rhode Island
- Healthcare providers
- Hunger Elimination Taskforce
- K-12 School Districts
- Media/communications partners
- National School Lunch Program (NSLP)
- Office of Healthy Aging (OHA)
- Parks and Recreation Departments
- Primary Care Physicians
- Rhode Island Department of Human Services (RIDHS) — SNAP Ed and Physical Activity Programs, Family Independence Program, Local offices
- Rhode Island Farm to School Network
- Rhode Island Healthy Schools Coalition (RIHSC)
- RIDE
- RIDOH (WIC, PAN, etc.)
- RIFPC
- School-based mental health providers
- School nurses
- SNAP
- SNAP Outreach
- SNAP-Ed
- Translation and interpretation services for marketing
- Trusted community-based organizations (e.g., HEZ, YMCA, Boys and Girls Clubs, Rhode Island Food Bank and local food pantries)
- Unite RI
- URI
- Youth athletic programs



Objective 1.5

Increase local food production and distribution to food insecure communities by 2028. (Developmental)

Success Measures	Baseline	Target/Change	Data Source
Amount of local food production	TBD	TBD	Rhode Island Food Policy Council
Amount of local food distributed	TBD	TBD	Rhode Island Food Policy Council

Proposed Strategies

- 1.5.1 Conduct assessment of both opportunities for food insecure communities to access local food resources and the emergency food system.
- 1.5.2 Advocate to align State and local grants, incentives, and practices with local projects that support local food businesses (e.g., a requirement for a percentage of food purchases for emergency food come from local sources).
- 1.5.3 Advocate for long-term sustainable funding to support sites and projects that meet this objective (e.g., hunger relief agencies, meal delivery programs, local farms, community gardens, urban farming).
- 1.5.4 Create, foster, and enhance pathways and partnerships between farms to local food insecure communities.
- 1.5.5 Expand resources and culturally informed education for increasing home, community, and urban gardening opportunities.
- 1.5.6 Examine previous opportunities/programs to determine best practices and lessons learned to inform future opportunities.
- 1.5.7 Support opportunities for local farmers, fishers, food entrepreneurs, and other food producers to increase direct sales with local nutrition insecure communities.

- 1.5.8 Invest in food system jobs, jobs training programs, and land access for those most impacted by health inequities who want to increase nourishing food production in Rhode Island.

Potential Partners and Resources

- Aquidneck Community Table
- Cartwheel Rhode Island
- Commercial Fisheries Center of Rhode Island
- Delivery programs
- Director of Food Strategy, State of Rhode Island, RI Commerce
- Eating with the Ecosystem's Seafood for All Program
- Employers of food system jobs
- Farm Fresh Rhode Island/Hope Harvest
- Farm to School Coalition
- FAEM
- Food ambassadors
- Health Equity Zones (HEZ)
- Hunger Elimination Taskforce
- Local farmers
- Local fishers
- Matching Excess and Needs for Stability (MEANS) database
- Relish Rhody
- Rescuing Leftover Cuisine
- Rhode Island Community Food Bank
- RIDE
- RIFPC
- RIPHI
- Roots 2 Empower
- Southside Community Land Trust (SCLT)
- URI Master Gardener Program





Priority 2

Access to Safe Spaces for Play and Physical Activity

Access to safe spaces for play and exercise was another key theme that emerged when looking at opportunities for physical activity. Topics related to access to safe spaces that participants considered included safety, maintenance/cleanliness of spaces, sidewalks, bike lanes, Complete Streets, zoning reform, and transportation.

The US Department of Transportation describes Complete Streets as “... streets designed and operated to enable safe use and support mobility for all users.²⁰ Those include people of all ages and abilities, regardless of whether they are traveling as drivers, pedestrians, bicyclists, or public transportation riders.

The concept of Complete Streets encompasses many approaches to planning, designing, and operating roadways and rights of way with all users in mind to make the transportation network safer and more efficient. Complete Street policies are set at the state, regional, and local levels and are frequently supported by roadway design guidelines.”



Goal 2:

Rhode Islanders of all ages and abilities can be physically active in their own neighborhoods and around the state.

Objective 2.1

Establish at least two policies to address chronic disease prevention by providing opportunities for active living where Rhode Islanders live and go to school, work, pray, and play by 2028.

Success Measures	Baseline	Target/Change	Data Source
Number of policies established to address chronic disease prevention	0	At least 2	RIDOH

Proposed Strategies

- 2.1.1 Develop and implement prescription for physical activity, increase physical activity counseling within primary care.
- 2.1.2 Develop and implement a media campaign regarding active living, to include promotion of walking. (See also 1.1.5, 2.2.4 and 2.4.7)
- 2.1.3 Expand walkable communities (See also Objectives 2.2 and 2.3).
- 2.1.4 Advocate for zoning to create additional green spaces, including spaces that are Americans With Disabilities Act (ADA)-compliant.

Potential Partners and Resources

- AARP Rhode Island
- Grow Smart Rhode Island
- OHA
- Pediatricians
- Planning Boards — statewide and community level
- Primary care providers
- Real Access Motivates Progress (RAMP)
- Rhode Island Department of Administration (RIDOA), Division of Statewide Planning
- RIDOH
- RIDHS

Objective 2.2

Increase utilization of recreational facilities and public spaces by 2028. (Developmental)

Success Measures	Baseline	Target/ Change	Data Source
Utilization of new recreational facilities and public spaces	TBD		

Proposed Strategies

- 2.2.1 Conduct assessment of recreational facilities and public spaces.
- 2.2.2 Compile existing data to identify key population groups (e.g., race, socioeconomic, geographic, age, and abilities) and their greatest barriers to inclusive/equitable use of public spaces.
- 2.2.3 Engage community members and partners to share best practices, identify potential strategies to address barriers and develop an action plan to address prioritized barriers and strategies.
- 2.2.4 Develop and implement media campaign and other communication strategies on recreational facilities, public spaces, and available programming in collaboration with municipalities' park and recreational departments. (See also 1.1.5, 2.1.2, and 2.4.7)
- 2.2.5 Select and provide a tool for cities and towns to assess recreational assets (e.g., usage rates, programs, safety) and establish policies to make it easier for residents to access them.
- 2.2.6 Identify funding to establish, enhance, and maintain recreational facilities and programming (e.g., more signage for amenities (trails, facilities) with emphasis on promoting multi-lingual signage and ADA upgrades, addition of benches and portable toilets at regular intervals to support the use of public spaces by older adults and people with disabilities).
- 2.2.7 Promote the creation of self-guided activities for public spaces.

2.2.8 Work to increase the number of public spaces that are ADA-compliant.

Potential Partners and Resources

- AARP Rhode Island
- Autism Project of Rhode Island
- Boys and Girls Clubs
- Center for Southeast Asians
- City/Town recreation managers
- Colleges and universities (URI)
- Community members
- Developmental Disabilities Council
- Family Voices
- Governor's Commission on Disabilities
- Group home agencies — Perspectives, West Bay, etc.
- Health Equity Zones (HEZ)
- Municipal planners and recreation departments
- Oasis International
- Ocean State Center for Independence Living
- OHA
- Progreso Latino
- RAMP
- Rhode Island American Academy of Pediatrics (RIAAP)
- Rhode Island Commission for Deaf and Hard of Hearing
- RIDOA, Division of Statewide Planning
- RIDEM
- Rhode Island Family Guide
- Rhode Island Independent Living Council
- Rhode Island Parent Information Network
- Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE) Rhode Island
- Sherlock Center on Disabilities
- State coalition(s)
- YMCA

Objective 2.3

Increase the number of cities and towns with Complete Streets ordinances from three to 39 by 2028.

Success Measures	Baseline	Target/Change	Data Source
Number of cities and towns to adopt a Complete Streets ordinance	3	39	RIDOT; RIDOA



Photo Credit: usa.streetsblog.org

Proposed Strategies

- 2.3.1 Identify and partner with stakeholders already working to support Complete Streets.
- 2.3.2 Identify and pursue additional funding specifically for Complete Streets. (See also 4.4)
- 2.3.3 Support cities and towns in the process of implementing Complete Streets.
- 2.3.4 Convene municipal leaders to share Complete Streets learnings and best practices.
- 2.3.5 Promote the benefits of active transportation to increase public support for Complete Streets.
- 2.3.6 Work with partners to prioritize which municipalities should begin planning for Complete Streets.

Potential Partners and Resources

- AARP Rhode Island
- Age Friendly Rhode Island
- Bike associations (e.g., Bike Newport)
- Grow Smart Rhode Island
- Health Equity Zones (HEZ)
- League of Cities and Towns
- Municipal planning departments (Central Falls, Providence, Newport)
- Providence Streets Coalition
- RIDOA, Division of Statewide Planning
- RIDOT
- Rhode Island Governor's Commission on Disabilities
- OHA

Objective 2.4

Increase the use of public transportation to outdoor public spaces by 2028. (Developmental)

Success Measures	Baseline	Target/ Change	Data Source
Use of public transportation to outdoor spaces broken down by specific demographics to address equity (e.g., use of specialized transportation services for people with disabilities)	TBD		

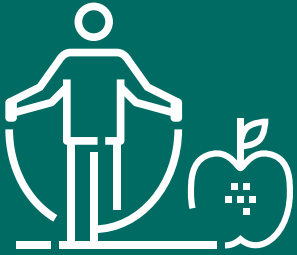
Proposed Strategies

- 2.4.1 Identify cities/towns in Rhode Island with the highest proportion of population without a vehicle.
- 2.4.2 Conduct assessment of public transportation use and outdoor spaces served by public transportation.
- 2.4.3 Engage community members to identify desired solutions.
- 2.4.4 Engage transportation partners to adjust routes to address gaps.
- 2.4.5 Promote existing public transportation options to outdoor spaces using multi-lingual, multi-cultural, and multi-modal approaches.
- 2.4.6 Identify potential incentives to encourage use of public transportation (e.g., Game-ify public transportation (Punch cards, raffles), free weekends, pilot, or pop-up (possibly free) bus routes or trips to State beaches or State parks).
- 2.4.7 Develop and implement a media campaign to promote benefit of physical activity and Rhode Island resources. See also 1.1.5, 2.1.2, and 2.2.4)

Potential Partners and Resources

- AARP Rhode Island
- Chambers of Commerce
- Governor’s Commission on Disabilities
- Grow Smart Rhode Island
- Health Equity Zones (HEZ)
- OHA
- RIDOA, Division of Statewide Planning
- RIDEM
- Rhode Island Governor’s Commission on Disabilities
- Rhode Island Public Transit Authority (RIPTA)
- Transportation partners

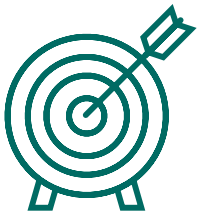




Priority 3

Infant, Children, and Youth — Nutrition and Physical Activity

Nutrition and physical activity for children and youth is addressed in the third priority of the strategic plan. Participants considered the following topics for this priority area: universal school meals, expansion of farm-to-school programs, support and education for teens, school-based and early childcare center nutrition, utilization of a family approach, and approaches that include schools, child care, before and after school programs, and sports organizations.



Goal 3:

All infants, children, and youth in Rhode Island, no matter where they live, have access to, and enjoy, nourishing and culturally relevant foods and physical activity opportunities that support lifelong healthy habits.

Objective 3.1

Increase healthy eating and active living resources available for infants, children, and youth by 2028.

Success Measures	Baseline	Target/Change	Data Source
Percent increase of healthy eating and active living resources for infants, children, and youth	TBD		

Proposed Strategies

- 3.1.1 Collect and create a comprehensive inventory of resources (e.g., community programs, school programs, shared use, Baby Friendly hospitals, breastfeeding support resources, cooking, community gardens, community-based organizations, schools, including resources available in languages other than English).
- 3.1.2 Promote awareness of the comprehensive inventory of resources and how to access/utilize them.
- 3.1.3 Address duplicative resources that are identified.
- 3.1.4 Advocate for more organizations/programs to accept referrals from Unite US/Unite RI.
- 3.1.5 Engage community members to inform decision making (e.g., via focus groups) regarding resources, barriers, and solutions.
- 3.1.6 Advocate for additional healthy eating and active living resources for infants, children, and youth at the State level and/or from alternate sources in a way that ensures equity across communities, including availability of multi-lingual resources.
- 3.1.7 Establish a recommendation for standards and requirements for local and regional grant programs to earmark funding for the purchase of healthy eating and active living equipment/supplies or pay for programming.
- 3.1.8 Support Rhode Island Childhood Body Mass Index (BMI) Data Project (BCBSRI, Brown University School of Public Health, RIDOH)
- 3.1.9 Establish policy to reduce unhealthy food marketing to children at the local level.

- 3.1.10 Increase healthy food options through government food purchasing procurement policies.
- 3.1.11 Advocate for increasing and diversifying the lactation support workforce.
- 3.1.12 Support efforts to educate families about the benefits of breastfeeding and the laws and protections surrounding breastfeeding.

Potential Partners and Resources

- Baby Friendly hospitals
- Boys and Girls Clubs
- Breastfeeding support resources
- Brown University School of Public Health
- City/Town recreation departments
- Community garden organizations
- Community programs
- Cooking programs
- Doulas
- Farm Fresh Rhode Island
- Food Policy Council and Hunger Elimination Task Force
- Funders
- Hasbro Children's Hospital — Primary Care Clinic
- Health Equity Zones (HEZ)
- Health insurers
- Healthy School Coalition
- Hospitals
- Land trusts
- Parks and recreation departments
- Rhode Island Breastfeeding Coalition
- Rhode Island Healthy Schools Coalition (RIHSC)
- Rhode Island Public Health Institute (RIPHI)
- RIDE
- RIDHS (SNAP, SNAP Ed)
- RIDOH (PAN, MCH, WIC, KIDSNET)
- School programs
- Shared use programs
- Unite RI
- Unite US/Unite RI (including funding for workshops)
- United Way of Rhode Island

Objective 3.2

Establish at least two statewide policies and guidance that promote active living and nourishing food for infants, children, and youth by 2028.

Success Measures	Baseline	Target/Change	Data Source
Number of newly established policies and guidance	0	At least 2	RIDOH
Equitable implementation of policies and guidance across communities	0	At least 2	RIDOH

Proposed Strategies

- 3.2.1 Build upon the collaborative working relationship between RIDE and RIDOH to develop high-quality health and physical education standards and framework to be implemented equitably across all Rhode Island communities.
- 3.2.2 Establish recommendations for requirements to be added to the Statewide Food Service Management RFP (short-term).
- 3.2.3 Advocate for school gardens, with emphasis on communities with lower access to home gardening opportunities.
- 3.2.4 Advocate for the expansion of the statewide farm-to-school program, including expansion to early education and childcare settings.
- 3.2.5 Advocate for the continuation of free school lunches and breakfasts for all and/or advocate for modeling a different method for determining poverty in a community to allocate school funding.
- 3.2.6 Advocate for adoption of physical activity best practices in schools and in early care and education (e.g., recess before lunch, not using recess as a reward/punishment, classroom physical activity breaks, after-school programs). (<https://www.cdc.gov/healthyschools/wsc/components.htm>)
- 3.2.7 Promote access to safe, family-focused physical activity (e.g., city and town fun runs and walks, Safe Routes to School, Walking School Bus, Safe Routes to Parks)
- 3.2.8 Advocate for the adoption of Baby Friendly policies in hospitals, healthcare clinics and childcare spaces.

3.2.9 Advocate for improving and extending paid family leave.

Potential Partners and Resources

- American Heart Association
- Brown University School of Public Health, Center for Health Promotion and Health Equity
- Boys and Girls Clubs
- CACFP food providers
- Department of Housing (DOH) — physical activity programming
- Farm Fresh Rhode Island — farm-to-school program
- Food Policy Council
- Greater Providence YMCA
- HeadStartHEZ
- IFNPAC
- LEA’s health and physical education teachers
- Ocean Community YMCA
- Pawtucket YMCA
- RIAAP
- RIAND
- Rhode Island Association for Health, Physical Education, Recreation, and Dance (RIAPERD)
- Rhode Island Breastfeeding Coalition
- Rhode Island Certified School Nurse Teacher Association
- Rhode Island Healthy Schools Coalition (RIHSC)
- Rhode Island Kids Count
- Rhode Island Parent Teacher Association (PTA)
- RIDE
- RIDOH
- School food service providers
- SNAP Ed
- Statewide food service management
- URI food, fitness, and fun grants
- URI Nutrition Department and Exercise Physiology
- Woonsocket YMCA
- YMCA/YWCA

Objective 3.3

Update policy and licensing regulations for early care and education settings to meet at least four specific areas: specific nutrition, sugary drink, active play, and screentime standards by 2028.

Success Measures	Baseline	Target/Change	Data Source
Policy and licensing regulations updated	0	4	RIDOH

Proposed Strategies

- 3.3.1 Evaluate policies and regulations of other states to identify gold standards that we might adopt (Caring for Children, Institute of Medicine, CACFP, the YMCA, Academy of Pediatrics).
- 3.3.2 Build on the relationship between RIDOH, RIDE, RIDHS, and DCYF to identify and establish policies and regulations, and ensure appropriate oversight.
- 3.3.3 Engage child care providers to obtain input and ensure buy in.
- 3.3.4 Ensure that information on updated policy and licensing regulations is provided to early care and education providers.
- 3.3.5 Advocate for expansion of the Bright Stars Program.

Potential Partners and Resources

- Bright Stars Program
- Brown University, Center for Health Promotion and Health Equity
- Care providers
- Children’s Friends (oversees home daycare providers)
- Community partners
- Department of Children, Youth, and Families (DCYF)
- Director of Food Strategy, State of Rhode Island, RI Commerce
- Hasbro Children’s Hospital — Primary Care Clinic
- Health Equity Zones (HEZ)
- RIDOH’s Home Visiting Program
- IFNPAC
- Meeting Street
- Rhode Island Kids Count
- RIAND
- RIDE
- RIDOH
- Rhode Island Parent Information Network (RIPIN)
- SNAP-Ed
- WIC





Priority 4

Expansion of Statewide System Coordination

Improvements to statewide system coordination around nutrition and physical activity will have an impact across all priority areas. Participants considered the following topics: coordination and improvement of statewide data, sustainability, making the connections across the state, advocating for funding and role/positions, inter and intra-department coordination, updating or developing new relevant policy and position statements, guidelines, and guidance.



Goal 4:

Rhode Island has statewide systems which are coordinated, efficient, strategic, and accessible to streamline and enhance policies, programs, services, and communications related to healthy eating and active living.

Objective 4.1

Define and address five or six strategic systems challenges to improve inter and intra-agency coordination, connection, and efficiency related to healthy eating and active living by 2028.

Success Measures	Baseline	Target/Change	Data Source
Number of strategic system challenges addressed via policy and systems changes	0	5 or 6	RIDOH
Level of interoperability/standardization of selected systems (e.g., data, communications)	TBD		

Proposed Strategies

- 4.1.1 Identify which agencies, coalitions, and community-based organizations will be involved/engaged.
- 4.1.2 Establish regular standing meetings between groups identified in 4.1.1
- 4.1.3 Develop an asset map and gap analysis re: systems strengths and challenges related to healthy eating and active living activity, including statewide landscape and details by community. Asset map to include organizations, physical infrastructure, communication platforms, databases, current regulations/policies, etc.
- 4.1.4 Develop dashboard for surveillance and to monitor key measures across agencies and with stakeholders.
- 4.1.5 Use the asset map and gap analysis to prioritize assets to enhance/bring to scale and challenges to address.
- 4.1.6 Develop and disseminate a key findings report that identifies systems improvement priorities from the findings in 4.1.2 and 4.1.3.
- 4.1.7 Develop action plans to address identified systems improvement priorities from 4.1.4.
- 4.1.8 Coordinate with priorities 1–3 of Strategic Plan to ensure continuity.
- 4.1.9 Identify, fund, and secure the dedicated staffing required to oversee/coordinate these activities.

Potential Partners and Resources

- Boys and Girls Clubs
- Brown University School of Public Health
- Community Health Network
- Director of Food Strategy, State of Rhode Island, RI Commerce
- Educational and daycare facilities
- Food Protection Program
- Funding to support 1 FTE State-level coordinator
- Governor’s Office
- HEZ (community needs assessments results)
- IFNPAC
- Municipal and school partners
- Relish Rhody — Director of Food Strategy, State of Rhode Island, RI Commerce
- Rhode Island Business Group on Health
- Rhode Island College Age-Friendly
- Rhode Island Commission for Health Advocacy and Equity
- Rhode Island CurrentCare (Health Information Exchange (HEI) data)
- RIDHS
- Rhode Island Food Bank
- Rhode Island Healthy Schools Coalition (RIHSC)
- Rhode Island League of Cities and Towns (connection to municipal governments)
- Rhode Island Parent Information Network
- Rhode Island Quality Institute (health data)
- Rhode Island State Planning Council
- RIDE
- RIDOH
- RIFPC
- Senior Centers
- State Health Laboratory
- URI Nutrition and Food Sciences Department

Objective 4.2

Increase the number of different methods and opportunities for meaningful community engagement regarding healthy eating and active living by 2028.

Success Measures	Baseline	Target/Change	Data Source
Number of different methods and opportunities for meaningful community engagement regarding healthy eating and active living	0	5	RIDOH

Proposed Strategies

- 4.2.1 Assess and inventory how key agencies, coalitions, community-based organizations, and nonprofits communicate and engage with community; compare with key findings from Objective 4.1.
- 4.2.2 Identify/define key populations for engagement and identify and recruit trusted community partners to help facilitate bi-directional communication in multiple languages.
- 4.2.3 Assess target populations' needs and preferences for information sharing and engage community to tailor solutions to meet identified needs.
- 4.2.4 Compile comprehensive report on communication/engagement assets/gaps.
- 4.2.5 Engage community to develop and implement action plans to address identified communications/engagement gaps from strategy 4.2.4.
- 4.2.6 Coordinate with priorities 1–3 of Strategic Plan to ensure continuity.
- 4.2.7 Develop policy brief from 4.2.4.
- 4.2.8 Assess community responses to changes and adapt accordingly (Continuous Quality Improvement (CQI) feedback loops).

Potential Partners and Resources

- ASTA-USA and PinPoint Translation Services (interpreters/translators/trainers)
- Community Action Programs (info-sharing on health topics, resources, education)
- Community Health Worker Association of Rhode Island
- HEZ (community workgroups on relevant topical areas)
- Lifespan Community Health Institute
- OHA
- Rhode Island Business Group on Health
- RIDE
- RIDHS
- RIDOH Community Health Assessment Group (data, cross-sector collaboration)
- RIFPC
- Rhode Island League of Cities and Towns (connection to municipal governments)
- Rhode Island State Planning Council
- Unite Rhode Island platform and United Way 211 (information hub) for food/social service resources and referrals

Objective 4.3

Increase the number of different languages, methods, and frequency in which information about healthy eating and active living is offered/presented by 2028. (Developmental)

Success Measures	Baseline	Target/Change	Data Source
Number of predominant languages for key populations in which information is offered/presented	2 (English and Spanish)	5	RIDOH
Number of methods (e.g., digital communications, printed materials, in-person presentations in communities) that meet identified community preferences for all ages	TBD		
Frequency in which information is offered/presented	TBD		

Proposed Strategies

- 4.3.1 Identify and secure reliable translation/interpretation services and services for people with disabilities.
- 4.3.2 Promote a coordinated, one-point-of-entry information hub for healthy eating and active living resources in coordination with other State hubs that already exist (e.g., 211, No Wrong Door, Unite US). See also 1.4.8.
- 4.3.3 Identify staffing and training required to ensure more multi-lingual and multi-cultural people have the capacity to deliver information that is timely, current, and relevant.
- 4.3.4 Identify, engage, and support community-based organizations and other community resources to close the linguistic and cultural gaps.
- 4.3.5 Use findings from 4.2 to implement most appropriate/preferred modes of information delivery for key populations.
- 4.3.6 Assess community responses to information offered/presented and adapt accordingly (Continuous Quality Improvement (CQI) feedback loops).

Potential Partners and Resources

- ASTA-USA and PinPoint Translation Services (interpreters/translators/trainers)
- Community Health Worker Association of Rhode Island
- Community Provider Network of Rhode Island
- Early childhood Care
- Funding for dedicated web master
- Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals
- RIDHS
- RIFPC
- Schools

Objective 4.4

Identify and secure two to five potential long-term funding sources to sustain validated/evidence-informed healthy eating and active living work by 2028.

Success Measures	Baseline	Target/Change	Data Source
Number of long-term funding sources (beyond three to five years) identified and secured	0	2 to 5	RIDOH

Proposed Strategies

- 4.4.1 Disseminate healthy eating and active living best practices and related outcomes to State/local government, clinicians, payers, employers, systems of care, education, and philanthropy.
- 4.4.2 Build evaluation into current healthy eating and active living projects and programs to gather data to support future funding.
- 4.4.3 Educate decision makers from 4.4.1 to advocate for public and private infrastructure funding to support promising healthy eating and active living programming.
- 4.4.4 Build on current Local Agriculture and Seafood Act (LASA) and other evaluation data to support education and advocacy efforts (build the business case and return on investment for sustainable funding).
- 4.4.5 Develop and share a report/presentation/white paper on 4.4.2, 4.4.3, and 4.4.4.

Potential Partners and Resources

- Brown University
- Champions to reach State/local government, clinicians, payers, employers, systems of care, education, and philanthropy. (Council?)
- LASA (data)
- Rhode Island Business Group on Health
- RIDOH Community Health Assessment Group (statewide indicators)
- Rhode Island Foundation
- Rhode Island League of Cities and Towns (connection to municipal governments)
- Rhode Island State Planning Council
- RIFPC
- United Way of Rhode Island, Nonprofit Resource Center (low-cost resources for evaluation)



Next Steps for Implementation

The components included in this Plan represent the strategic framework for the Rhode Island Healthy Eating and Active Living Strategic Plan. RIDOH and its partners have finalized the Strategic Plan, and RIDOH looks forward to collaborating with partners on the implementation of this plan.



Appendix A. Acknowledgements

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Appendix B. Definitions of Planning Terms

Term	Definition/Description
Priority	A priority is a key issue identified from an assessment that provides a focus for planning.
Goal	A goal is a broadly stated, non-measurable change in the priority area. It describes in broad terms a desired outcome of the planning initiative.
Objective	An objective articulates goal-related outcomes in specific and measurable terms. Objectives state how much of what you hope to accomplish and by when. Objectives are SMART (specific, measurable, achievable, relevant, time-phased).
Success Measure	A success measure indicates how progress towards achieving the objective will be tracked. Success Measures ultimately let you know if the plan was successful in impacting the priority.
Strategy	A strategy is a statement of HOW an objective will be achieved. It is less specific than action steps but tries broadly to answer the question, "How can we get from where we are now to where we want to be?"

Appendix C. Acronyms

AARP	Formerly American Association of Retired Persons	RIAND	Rhode Island Academy of Nutrition and Dietetics
ADA	Americans with Disabilities Act of 1990	RIASPERD	Rhode Island Association for Health, Physical Education, Recreation, and Dance
BMI	Body Mass Index	RICFB	Rhode Island Community Food Bank
CACFP	Child and Adult Care Food Program	RIDE	Rhode Island Department of Education
CBO	Community Based Organization	RIDEM	Rhode Island Department of Environmental Management
COVID-19	Coronavirus Disease	RIDHS	Rhode Island Department of Human Services
CQI	Continuous Quality Improvement	RIDOA	Rhode Island Department of Administration
DCYF	Department of Children, Youth, and Families	RIDOH	Rhode Island Department of Health
DOH	Rhode Island Department of Housing	RIDOT	Rhode Island Department of Transportation
ECE	Early Childhood Education	RIFPC	Rhode Island Food Policy Council
EOHHS	Rhode Island Executive Office of Health and Human Services	RIHSC	Rhode Island Healthy Schools Coalition
FAEM	Food Access and Equity Manager, RI Food Policy Council	RIPHI	Rhode Island Public Health Institute
FQHC	Federally Qualified Health Centers	RIPIN	Rhode Island Parent Information Network
FTE	Full-time Equivalent	RIPTA	Rhode Island Public Transit Authority
HETF	Hunger Elimination Taskforce	ROI	Return on Investment
HEZ	Health Equity Zone	SAGE	Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders
HIE	Health Information Exchange	SCLT	Southside Community Land Trust
LASA	Local Agriculture and Seafood Act	SDOH	Social Determinants of Health
MCH	Maternal and Child Health	SNAP	Supplemental Nutrition Assistance Program
MEANS	Matching Excess and Needs for Stability	SNAP-Ed	Supplemental Nutrition Assistance Program — Education
NSLP	National School Lunch Program	URI	University of Rhode Island
OHA	Office of Healthy Aging	UWRI	United Way of Rhode Island
PACE	Program of All-inclusive Care for the Elderly	WIC	Women, Infants, and Children Supplemental Nutrition Program
PAN	Physical Activity and Nutrition	YMCA	Young Men's Christian Association
PCP	Primary Care Physician	YWCA	Young Women's Christian Association
PE	Physical Education		
PRAMS	Pregnancy Risk Assessment Monitoring System		
PTA	Parent Teacher Association		
RAMP	Real Access Motivates Progress		
RFP	Request for Proposal		
RI	Rhode Island		
RIAAP	Rhode Island Chapter of the American Academy of Pediatrics		

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