eat smart
move more



RHODE ISLAND: A PLAN FOR ACTION 2010–2015

RHODE ISLAND DEPARTMENT OF HEALTH

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Data Source: Rhode Island Behavioral Risk Factor Surveillance System, 2000-2007, Center for Health Data and Analysis, Rhode Island Department of Health, and supported in part by the National Center for Chronic Disease Prevention and Health Promotion Programs, Centers for Disease Control and Prevention, Cooperative Agreement U58/CCU100589 (1990–2002), U58/CCU122791 (2003–2006), 5U58DP122791 (2007–2008), Collaborative Chronic Disease, Health Promotion, and Surveillance Program 1U58DP001988 (2009–2014).

"Many people believe that dealing with overweight and obesity is a personal responsibility. To some degree, they are right, but it is also a community responsibility. When there are no safe, accessible places for children to play or adults to walk, jog or ride a bike, that is a community responsibility. When school lunchrooms or office cafeterias do not provide healthy and appealing food choices, that is a community responsibility. When new or expectant mothers are not educated about the benefits of breastfeeding, that is a community responsibility. When we do not require daily physical education in our schools, that is also a community responsibility. There is much we can and should do together."

David Satcher, MD, PhD, US Surgeon General,
The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity, 2001

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A VISION FOR RHODE ISLAND

We have a vision.

It's a vision of a Rhode Island (RI) where eating smart and moving more are easy choices for all Rhode Islanders. Where all our communities have safe and well maintained parks. Where neighborhood stores and restaurants sell fresh, healthy foods at affordable prices. Where our schools have daily physical education, recess, and healthy meals. Where preventing chronic disease is a routine part of our medical care. And where children can walk to school safely.

We see a RI without aggressive, targeted marketing of unhealthy foods, without high-priced healthy foods, without difficulties accessing services, and without inequalities in access to healthy foods, safe neighborhoods, and recreation. We see a RI where healthy eating and active living are the norm, not the exception, for people living in every community.

"Real change will occur when government, business, agriculture, schools, land use planners, developers, transportation, retailers, public safety, healthcare, and media begin to work together proactively and collaboratively to create environments that allow people to safely integrate everyday physical activity such as bicycling or walking into their lives and to easily access affordable, healthy foods."

California Obesity Prevention Plan: A Vision for Tomorrow, Strategic Actions for Today

We plan to make this vision a reality.

We have watched big things happen with RI's successful tobacco control initiative – changes to policies, environments, and social norms that all worked together to significantly reduce smoking in our state. By learning from the tobacco model and focusing our efforts on initiatives that are sustainable, effective, and have a public health impact, we will realize our vision.

For example, tobacco advocates used policy and regulatory action to increase the cost of tobacco products, make smoking in public places more difficult, and secure insurance coverage for cessation services. These initiatives have been used along with social- and counter-marketing strategies to expose aggressive marketing tactics and educate children and adults about the dangers of smoking. The result has been a reduction of smoking among adults from 24% in 2001 to 17% in 2007; and among youth from 25% in 2001 to 15% in 2007. We know we can make great progress with reducing obesity, too.

It is becoming more and more clear that where people live, learn, work, and play affects their health. Preventing obesity, and in turn the many chronic conditions associated with it, means that we need to create environments – schools, worksites, restaurants, neighborhoods, healthcare systems, and childcare facilities – that better support healthy decisions. The lines that have existed between professional fields are merging. Transportation planners are working with health professionals to improve public transportation options. Farmers are working with schools to bring fresh, local produce to children. Together, professionals are seeing that their work can improve the health of RI families.

We are calling on all sectors of the state to work together to create a RI where eating smart and moving more are easy choices for all Rhode Islanders. City planners, healthcare providers, public health professionals, transportation engineers, restaurateurs, legislators, nutritionists, farmers, physical activity specialists, childcare providers, and teachers need to work together to make this vision a reality.

This Action Plan provides guidance on where action is needed in order to create sustainable change. **You are the change agent. Together we can make it happen!**

The Action Plan presents 12 objectives and strategies for reducing and preventing overweight and obesity in these settings:

Built environment
Childcare
Communities
Healthcare and Insurance
Schools
Worksites
Infrastructure

ABOUT THE ACTION PLAN

Eat Smart Move More Rhode Island: A Plan for Action 2010–2015 (Action Plan) was developed for state and local policy makers, organization leaders, and community advocates to guide the way towards coordinated efforts to reduce and prevent overweight and obesity in RI. The Action Plan identifies RI's priority objectives, and offers strategies that should be used by policy makers, organizations, and professionals to make healthy eating and active living easier for all Rhode Islanders.

We developed the Action Plan to:

» Educate and inform leaders on effective public health obesity prevention strategies.

» Guide a statewide, coordinated response to the rise in overweight and obesity.

» Reduce duplication of efforts and identify opportunities for collaboration.

» Foster sustainable, evidence-based policy, environmental, and social changes.

» Help stakeholders leverage and realign resources.

» Ensure the tracking and monitoring of progress.

The Action Plan will be updated annually to reflect progress, incorporate new science and recommendations, and realign priorities when needed.

How Objectives and Strategies in the Action Plan Were Developed

In 2006 the Healthy Eating and Active Living Collaborative (HEAL) and the RI Department of Health's (HEALTH) Initiative for a Healthy Weight (IHW) developed RI's Plan for Healthy Eating and Active Living (State Plan).

The State Plan is a starting point for coordinated statewide obesity prevention efforts. It contains a comprehensive list of evidence-based recommendations for policy, environmental, and behavior change strategies to reduce overweight and obesity.

State Level Support

In 2008, Governor Donald Carcieri kicked off the Healthy Weight in 2008 Campaign. The campaign website, www.healthyweightin2008.ri.gov, provides information and tools for adults, families, workplaces, people with disabilities, seniors, and Spanish-speaking residents on how to achieve or maintain a healthy weight through physical activity and healthy eating. The website also includes links to partner websites, recreational resource listings, and a calendar of events. Through the support and commitment of the Governor, a number of partners including the various state departments, representatives of the state's major health insurers, medical organizations, health advocacy groups, and community organizations came together monthly to plan and carry out the campaign. As a result, a number of activities and events were held throughout the year to engage Rhode Islanders, including:

» *RI Great Outdoors Pursuit*, organized by the Department of Environmental Management and Governor's Office, provides incentives for families to play outdoors in RI state parks and forests.

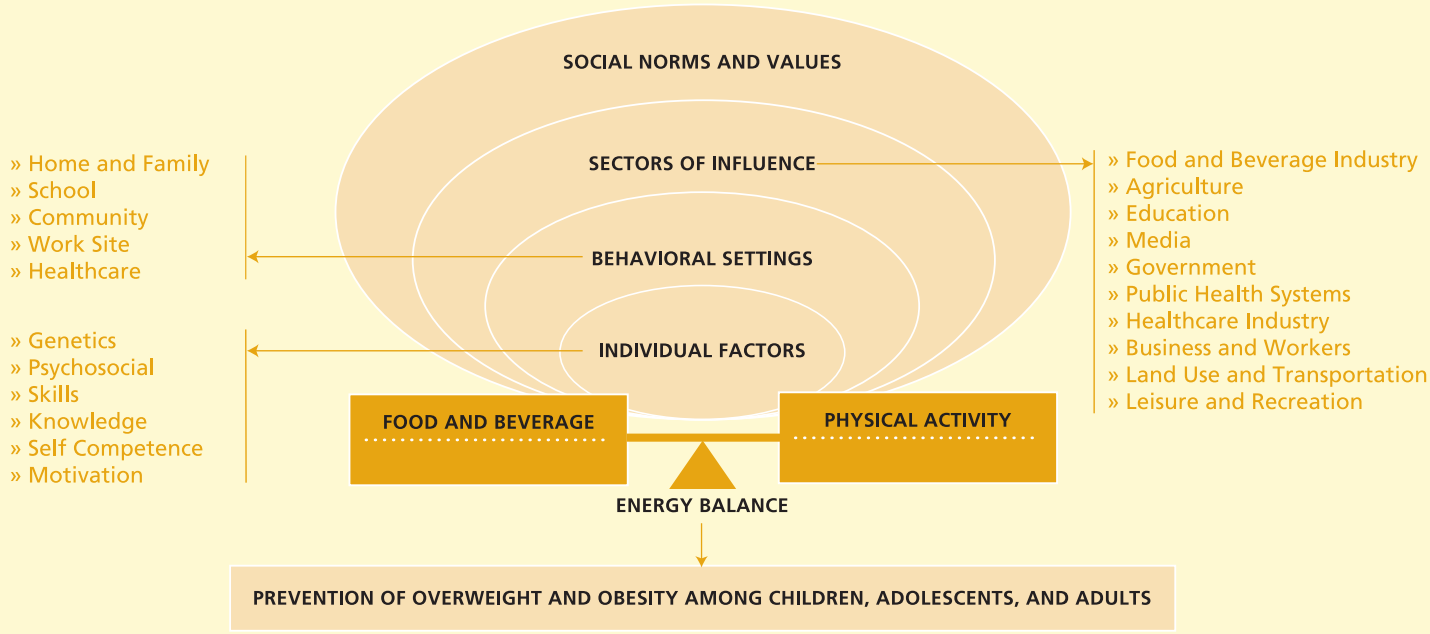
» *Fresh to You*, a worksite produce program, delivers fresh, discounted fruits and vegetables directly to worksites and community centers.

» *Eat Smart Restaurant Initiative* kicked off a collaborative, supportive initiative to encourage restaurants to offer healthier menu options.

» A radio campaign with Clear Channel Communications featured public service announcements with messages about physical activity, healthy eating, and tips for achieving/maintaining a healthy weight.

» President's Challenge partnership with *Shape Up RI* raised RI's physical activity rank from #48 to #12 – the highest of any of the New England states.

SOCIOECOLOGICAL MODEL



The State Plan identifies the following long-term (health outcome) and intermediate-term (behavior change) objectives:

» Decrease the proportion of adults, adolescents, and children who are overweight or obese.

» Increase the proportion of adults, adolescents, and children who eat five or more servings of fruits and vegetables per day.

» Decrease consumption of sugar-sweetened beverages by adolescents and children.

» Decrease the proportion of adults, adolescents, and children who eat fast food once or more per week.

» Increase breastfeeding initiation, duration, and exclusivity.

» Increase the proportion of adults, adolescents, and children who meet national physical activity recommendations.

» Increase the proportion of adolescents and children who meet national screen time recommendations.

IHW and HEAL partners prioritized the recommendations in the State Plan and identified the most critical areas to address in each setting (built environment, childcare, communities, healthcare, schools, worksites, and infrastructure). This Action Plan presents 12 short-term, measurable objectives and key strategies needed to reduce and prevent overweight and obesity.

The objectives and strategies in the Action Plan were selected because of their potential public health impact, evidence of effectiveness, sustainability, feasibility, and collaborative nature.

This does not mean that the other recommendations in the State Plan are not important. The goal of the Action Plan is to narrow the areas of focus to those where we can make the greatest impact in the next five years. The Action Plan reflects those areas which will serve as "primary drivers" of collaborative initiatives.

Theoretical Underpinning of the Action Plan

Socioecological Model. The behaviors that lead to overweight and obesity are influenced by the social, political, and physical environment – forces largely outside individual control. The Socioecological Model identifies the levels of influence on health behavior and recognizes that the best route to sustainable behavior change is to target both the individual and the many outside forces that influence the individual. In this way, the environment supports behavior change – so the healthy choice is the easy choice. The Action Plan includes strategies that affect all levels of this model.

Measuring Success

The Initiative for a Healthy Weight will track the impact and implementation of the Action Plan and share results, successes, and lessons learned annually.

Obesity is a Major Health Problem

Overweight and obesity have been increasing at alarming rates and research has linked these conditions to life-threatening health problems such as diabetes, heart disease, stroke, and certain cancers. Among children, overweight and obesity increase the risk of diabetes, early development of chronic diseases, orthopedic problems, and depression. Obesity is a leading contributor to premature death, second only to tobacco. Because of rising obesity rates, this may be the first generation of children who live shorter lives than their parents.[1]

Not only are overweight and obesity affecting our health, they are affecting our economy. The economic costs of obesity have doubled since 1998. Currently, the burden is about $147 billion a year in direct medical costs in the United States. Medical spending on obese patients is about 40% higher than for average weight patients.[2] Unless we effectively prevent and manage obesity, costs will continue to climb.

Overweight and obesity are the result of energy imbalance – consuming too many calories and not expending enough energy to burn those calories. While individual choice is a component of overweight and obesity that cannot be overlooked, we know that the environment influences individual decisions. The Centers for Disease Control and Prevention has identified the following behaviors as those most closely associated with overweight and obesity:

» Inadequate consumption of fruits and vegetables

» High consumption of sugar sweetened beverages

» High consumption of energy dense foods

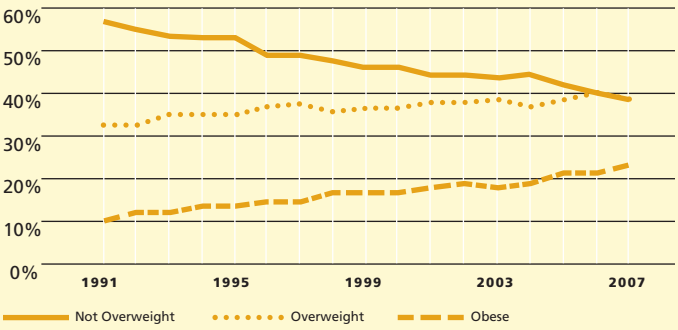
» Inadequate levels of physical activity

» High levels of screen time (TV, videos)

"The obesity epidemic is harming the health of millions of Americans. Rising rates of obesity over the past few decades are one of the major factors behind the skyrocketing rates of health care costs in the United States."

F as in Fat Report
by the Robert Wood Johnson Foundation

FIGURE 1. WEIGHT STATUS AMONG RI ADULTS, 1991–2007



Data Sources: BRFSS, RI Department of Health, and Centers for Disease Control and Prevention

Understanding the Problem Among Adults

In RI, more adults than ever before report being obese (22%) and overweight (39%). Though risk for all groups continues to climb, RI adults at highest risk for overweight and obesity are:

- » Men of all racial and ethnic groups
- » Black women
- » Hispanic women
- » White men
- » Middle income women of all races
- » Rhode Islanders living in core cities (Pawtucket, Providence, Woonsocket, Newport, West Warwick, and Central Falls)

Men are at higher risk of being overweight than women. However, women are of about equal risk for obesity. For men, risk of obesity increases with age, but for women, risk is higher among women who live in core cities, as well as the lower income and lower education groups.[3]

Contributing Factors

In RI, 74% of adults do not consume five or more servings of fruits and vegetables daily. Fifty-seven percent (57%) of adults consume fast foods one or more times a week and 28% consume at least one sugar-sweetened beverage a day. In addition, 50% of adults do not meet physical activity recommendations and 60% watch two or more hours of TV a day. That means a combination of nutritional factors along with low levels of activity have created a perfect storm for the increase of overweight and obesity in our state.

Understanding the Problem Among Children

Children in RI are at risk for overweight and obesity at proportions slightly higher than the national average. About 18% of young children (ages 24–59 months) were overweight in RI in 2007 and 17% were obese,[4] compared with 16% overweight and 15% obese nationally. High school students report weights consistent with overweight at about the national average (16% for each), while they report weights consistent with obesity slightly lower for RI (11%) compared with the national average (13%).[5]

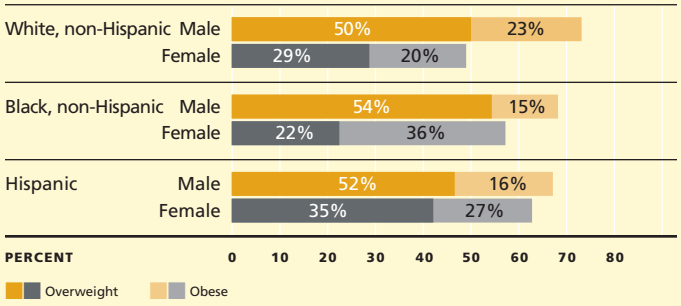
Among RI children, Hispanic children and children from core cities are more likely to be overweight or obese compared to non-Hispanic white children and children living outside of core cities.*

**African American children are not assessed separately, as the numbers participating in the child surveys are not large enough to form a conclusion.*

"Rhode Island has an obesity problem affecting the population across the lifespan. The Department of Health has made obesity prevention a top priority."

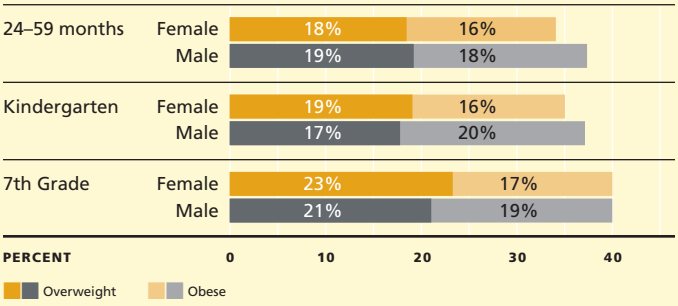
Dr. David Gifford, Director, Rhode Island Department of Health

FIGURE 2. PROPORTION OF OVERWEIGHT AND OBESE ADULTS BY GENDER AND RACE/ETHNICITY



Data Source: BRFSS 2007, RI Department of Health, and Centers for Disease Control and Prevention

FIGURE 3. PROPORTION OF OVERWEIGHT AND OBESE CHILDREN BY GENDER AND AGE/SCHOOL AGE



24–59 months: Data from RI Special Supplement for Women Infants and Children, 2007
Kindergarten and 7th Grade: Data from the RI Immunization Program, 2007

Contributing Factors

Teen behaviors associated with higher weight status demonstrate very high proportions of adolescents who do not eat five or more servings of fruits and vegetables daily (81%), and high proportions who are not sufficiently physically active (42%). Additionally, more than one quarter of teens consumes soda at least daily and watch three or more hours of TV a day.[5]

Hispanic children and children from core cities are more likely to report unhealthy behaviors associated with overweight and obesity. More information on weight status and behaviors across children of all ages and among all ethnic groups is needed to provide a stronger picture of the weight related risks facing the children of RI.*

Breastfeeding is the earliest behavior in life associated with weight status for a child. Children who are breastfed have a lower risk of obesity later in life. The good news is that breastfeeding initiation and duration continue to climb for RI, as is occurring nationally. In RI, 71% of new mothers initiate breastfeeding compared to the goal of 75%. Hispanic women are more likely to start breastfeeding and are more likely to continue longer than other racial or ethnic groups.

Taking the Next Step

The risk of overweight and obesity in RI grows for children and continues for adults, with certain populations being more affected than others. We need to make changes in the places where adults and children live, work, learn, and play to reverse the obesity epidemic, eliminate health disparities, and make sure Rhode Islanders live long, healthy lives.

Blackstone Bikeway in Lincoln, RI. Image courtesy of the National Park Service.

built environment

The built environment refers to the man-made physical structure and infrastructure of communities such as housing developments, parks, transportation systems, land-use, and food establishments. There is a significant body of evidence linking transportation, planning, and community design to increased physical activity and improved nutrition. Research indicates:

- Residents of communities with a mix of shops and businesses within easy walking distance have a 35% lower risk of obesity than residents of communities that do not have these services within easy walking distance.[6]
- People living in traditionally-designed communities are more physically active,[7,8] and less likely to be overweight or obese.[9]
- Greater access to supermarkets may be related to a reduced risk of obesity, while greater access to convenience stores may be related to an increased risk for obesity.[10,11,12,13]
- Adults who reported eating fast food on a regular basis may have higher BMIs than adults who do not.[14]

What is your success story? Share it with us. If you've been working to change the community, worksite, healthcare, school, or childcare setting to help Rhode Islanders eat smart and move more, we'd love to hear what's working for you. Visit www.health.ri.gov/healthyweight/for/professionals.php to share your story.

Decisions about zoning, transportation, land use, and community design influence access to healthy foods and opportunities to engage in daily physical activity, which in turn influence the risk of obesity. These decisions should be made with the health of community members in mind.

OBJECTIVE 1: By December 30, 2015, 6 core city neighborhoods will make at least two documented improvements in community walkability, safety, access to recreation, and access to healthy foods.

Strategy 1a: Build community capacity to make policy and environmental changes.

» Cultivate partnerships with non-traditional partners, such as smart growth advocates, neighborhood revitalization groups, and environmental groups.

» Provide seed funding to core cities to coordinate community-wide efforts.

» Assess the food and activity environment, identify strengths and gaps.

» Develop community action plans to maximize strengths and address gaps by leveraging existing resources for policy and environmental change.

» Mobilize community members and key stakeholders to advocate for community change.

» Identify and recommend model policies for food access, walkability, safety, and recreation.

» Link communities with programs like *Fresh To You* (fresh produce delivered to community sites and sold at discount prices), *Farm Fresh RI,* and Farmers' Markets to increase access to healthy foods.

Strategy 1b: Strengthen city and town comprehensive plans to ensure healthy eating and active living are considered.

» Contribute to the update of RI's Statewide Planning Handbook on the Local Comprehensive Plan to include access to healthy foods, walkability, access to recreation, and safety.

» Develop healthy eating and active living criteria that will be used to evaluate comprehensive plans and provide structured feedback to community planners.

» Provide HEALTH recommendations and related model policies during the review process.

OBJECTIVE 2: By December 30, 2010, all full-service and fast food restaurants with 15 or more sites nationally will provide calorie information at the point of purchase.

Strategy 2a: Legislate that all RI restaurants with 15 or more sites nationally post calorie information at the point of purchase.

» Draft and submit legislation.

» Survey consumers at fast food restaurants to assess awareness and perceptions.

» Develop an advocacy campaign around menu labeling.

» Use survey results and existing data to mobilize stakeholders to advocate for legislation.

» Provide ongoing technical assistance to restaurants to comply with state law.

OBJECTIVE 3: By December 30, 2015, 30 restaurants will be publicly recognized for providing healthy food and beverage options.

Strategy 3a: Implement a restaurant training, technical assistance, and recognition program.

» Conduct formative research with restaurant stakeholders.

» Use research results to develop a training program on developing and preparing healthy meal options.

» Develop a co-op program with Johnson and Wales University to place students in restaurants to provide additional training and technical assistance.

» Recognize and promote restaurants that complete the training and co-op program and implement changes to their menus.

» Provide ongoing training and technical assistance to restaurants.

Increasing Access to Healthy Foods in Central Falls and Pawtucket
In 2006, IHW and Blackstone Health, Inc. conducted a food access assessment of the low-income communities of Central Falls and Pawtucket. Results of the assessment indicated that there was only one major grocery store; only a few stores sold a combination of lowfat dairy, fresh fruits and vegetables, and whole grains; and fewer than 50% of markets accepted WIC vouchers. To address these problems, IHW partnered with Progreso Latino, a local community organization, to reach out to markets that did not accept WIC and work with them to become WIC vendors. As a result of the project, nine out of the eleven targeted markets have applied to accept WIC. These markets will be required to carry fruits and vegetables, whole grains, and lowfat dairy under the new WIC food package.

childcare facilities

Reliance on childcare has grown rapidly in the past few decades, and recent estimates indicate that 74% of young children are in some form of non-parental care during the day. Research has shown that childcare policies and environments can greatly influence children's physical activity levels.[15] Additionally, policies can greatly influence food intake, as children eat about two-thirds of their total calories while in childcare. In RI, over 400 providers participate in the Child and Adult Care Food Program (CACFP). CACFP provides federal funds for meals and snacks served to children by licensed childcare providers. CACFP has basic nutritional guidelines designed to provide children with the recommended levels of nutrients. However, there is some room to strengthen these guidelines and to make it easier for childcare providers to participate in the program. By strengthening these nutrition requirements as well as policies and environments to support physical activity, childcare providers will be better positioned to foster healthy lifestyles among the youngest children.

Giving Kids a "Head Start" for Healthy Eating and Active Living

Community Development Institute Head Start, serving Providence and Blackstone Valley, created *I am moving, I am learning*, a childhood obesity prevention program which has shown a significant decrease in childhood overweight. This prevention program implemented a physical activity policy to increase time spent in moderate to vigorous physical activity during the children's daily routine. In addition, Head Start at the Friendship Center in South Providence is partnering with Farm Fresh RI to provide locally grown produce to parents and staff at a reduced cost

OBJECTIVE 4: By December 30, 2015, 25% of licensed childcare facilities will provide menus consistent with the Dietary Guidelines for Americans.

Strategy 4a: Strengthen the knowledge and skills of food service providers, caterers, and childcare facility staff on purchasing and preparing healthier meals and snacks.

» Provide training and technical assistance to food service providers, caterers, and facility staff.

Strategy 4b: Require that all childcare facilities serve meals and snacks that comply with Dietary Guidelines for Americans.

» Build stakeholder support for strengthening nutrition criteria.

» Develop nutrition guidelines for childcare centers that promote healthier eating.

» Work to increase reimbursement for healthier foods.

» Mobilize stakeholders to advocate for changes to childcare nutrition guidelines.

» Provide ongoing technical assistance.

Got tips for us?
We'd like to know.
Have you implemented one of the strategies here? Visit www.health.ri.gov/healthyweight/for/professionals.php to share some valuable tips with us!

community programs

Community nutrition and physical activity programs can provide individuals with knowledge, skills, motivation, and the opportunities necessary to make healthy choices. Community programs are particularly useful in reaching high-risk groups with local, low cost, culturally and linguistically appropriate programs and resources. The *We Can!* childhood obesity prevention program, developed by the National Heart, Lung, and Blood Institute, targets parents, children, and the community. *We Can!* has resulted in significant improvements in parents' knowledge and practice of healthy eating and physical activity behaviors. Implementing this program in RI will help parents and children make healthier decisions. A newer community program, Department of Environmental Management's *RI Great Outdoors Pursuit*, based on the *No Child Left Inside Initiative*, is showing great promise in increasing physical activity levels among participants. Survey results from the first *Pursuit* showed that families who participated in the program increased their time outdoors, which is linked to increased physical activity levels. With more coordinated promotional efforts, promising programs like *We Can!* and the *RI Great Outdoors Pursuit* can be even more successful at connecting individuals to programs.

Implementing *We Can!* with Partners in Central Falls

Channel One Central Falls, a local community organization, took the lead in Central Falls to coordinate the *We Can!* childhood obesity prevention program. By working with partners such as the YWCA, Children's Friend and Service, and Progreso Latino, Channel One has implemented the *We Can! Energize Our Families* curriculum in a variety of settings and with diverse audiences.

OBJECTIVE 5: Between January 1, 2009 and December 30, 2015, increase participation in selected best- and promising-practice community nutrition and physical activity programs.

Strategy 5a: Expand and promote the *We Can!* Community Program.

» Train community agencies and supply *We Can!* materials.

» Provide ongoing technical assistance.

Strategy 5b: Expand and promote the Department of Environmental Management's *RI Great Outdoors Pursuit*.

» Expand the reach of the campaign to target low income, urban families.

» Develop tools to evaluate impact in low income areas.

Strategy 5c: Implement and promote the *Operation Frontline* nutrition education program.

» Identify lead agency and key partners to provide chefs, dietitians, and program sites.

Strategy 5d: Identify and promote evidence-based local healthy eating and active living programming.

» Do an audit of local programs and identify those with evidence of effectiveness.

Strategy 5e: Develop and maintain a web portal to provide residents and professionals with easily accessible program and resource information.

» Identify sentinel programs to track enrollment for evaluation.

» Develop comprehensive website, housed at www.health.ri.gov.

» Compile program information through partner surveys.

» Promote the website to partners, healthcare providers, and the public.

"Too many of today's children are missing out on once-common interactions with nature, and we as a society are paying the price. In addition to the physical and emotional consequences, the lack of outdoor education opportunities is leaving many children unprepared for the environmental challenges of tomorrow.

That is why I introduced the No Child Left Inside Act, which will help restore environmental education in America's classrooms and give more children opportunities for outdoor learning."

Senator Jack Reed
excerpt of a letter to the editor, New York Times, August 10, 2009

healthcare + insurance

RI's 10 health centers see approximately 100,000 patients per year. These health centers offer an excellent opportunity to reach a large proportion of adults and children for obesity prevention and treatment. Healthcare providers and insurers play a critical part in the prevention and treatment of overweight and obesity. Patients who are advised by their provider to lose weight are significantly more likely to attempt weight loss than those who do not receive such advice.[16,17,18] Additionally, providers who work as part of a team, utilizing the expertise of dietitians, exercise physiologists, and behavioral counselors can take further advantage of their influence over patients.[19]

Insurers also play an important part in obesity prevention and treatment. Insurers can ensure healthcare providers are able to effectively address obesity prevention and treatment with patients, whether through billing for in-office counseling or covering additional services like dietitian visits, fitness center incentives, or weight-loss programs. However, some insurance plans do not provide adequate reimbursement for nutrition and physical activity services regardless of whether the service is a medically supervised program of weight reduction or maintenance, or nutrition counseling. Insurance strategies are needed that are focused on addressing overweight and obesity before the onset of additional health conditions.

"The clear link between rising medical costs and rates of obesity is alarming. Obesity is the driver of so many chronic conditions that generate the exorbitant costs that are crushing our health care system."

Risa Lavizzo-Mourey, President and CEO
Robert Wood Johnson Foundation

Improving Access to Preventive Services

RI Primary Care Physicians Corporation (RIPCPC) is an independent practice association of primary care physicians located throughout the state. RIPCPC, in partnership with Blue Cross and Blue Shield of RI, is working to place Registered Dietitians (RD) in Pediatric Practices in order to provide dietetic counseling services to children and their families. Placing RDs in physician's offices follows the principles of the Medical Home Model, where patients have access to allied health services such as nutrition and psychological counseling.

OBJECTIVE 6: By December 30, 2015, all RI Health Centers will integrate obesity prevention into routine primary care.

Strategy 6a: Ensure coverage of preventive services, such as nutrition counseling, behavioral counseling, and patient reimbursement of weight management program costs by RI's four major health insurers.

» Identify best practices for obesity prevention and management to integrate into an enhanced pediatric primary care model and develop a model appropriate for RI.

» Work with insurers to provide coverage.

» Pilot the model and evaluate effectiveness.

Strategy 6b: Provide pediatric providers with tools and training to better address obesity prevention.

» Research barriers and needs of providers.

» Develop tools and training to assist providers.

» Hold training series for pediatric providers.

» Evaluate tools and training in multiple sites.

» Expand the program statewide.

» Build tools into KIDSNET to assist providers.

Strategy 6c: Provide adult providers with tools and training to better address obesity prevention.

» Implement a media campaign to cue patients to talk to their providers about reaching or maintaining a healthy weight.

» Provide providers with tools and training to effectively and efficiently assess BMI, counsel patients, and make appropriate referrals.

school environment

Children spend more time in school than in any other environment away from home. Schools have a unique opportunity to prevent obesity by creating an environment where children eat healthy foods, engage in regular physical activity, and learn lifelong skills for healthy eating and active living. Children consume up to 50% of their total daily calories at school. Because food choices are influenced by the total food environment, it is important that healthy foods are available and unhealthy foods are limited.

Schools can also influence physical activity behaviors. Most of the time children spend in school is sedentary, making quality physical education critically important to ensure that children meet national physical activity recommendations. Research has shown that the odds of becoming an overweight adult decrease for each weekday of physical education.[20] Walking to school is another way to increase physical activity levels. A growing body of research has found that walking to school is associated with higher overall physical activity throughout the day.[21,22] By ensuring that children have access to healthy foods, limited access to unhealthy foods, and opportunities to be physically active, schools can help children adopt lifelong healthy lifestyles.

What are you planning?
If you are planning or recently implemented a program like one of these, we'd like to know about it. Visit www.health.ri.gov/healthyweight/for/professionals.php to share your story.

Statewide Policy Changes for Healthy Schools

Kids First Inc. and the Healthy Schools Coalition have played a major role in changing state policies to improve the health of students. In 2008, the RI General Assembly passed a law that requires all schools to implement health education and physical education based on RI education frameworks. This law, which takes full effect in 2012, will improve the quality of school health and physical education. Under RI General Law, schools are also required to sell only healthier snacks and beverages in vending machines, a la carte, and at school fundraisers on the premises. In addition, in 2009 the Board of Regents approved the adoption of the RI Nutrition Requirements (RINR), which includes more fruits and vegetables and whole grains and less sodium in school meals. All RI public schools will be required to follow RINR beginning in the 09-10 school year.

OBJECTIVE 7: By October 2012, all school districts in RI will develop and implement high quality, performance based Physical Education (PE) curriculum aligned with RI Department of Education Physical Education Standards.

Strategy 7a: Provide districts, schools, and educators with training, tools, and technical assistance.

» Develop a Professional Development (PD) system for PE teachers that focuses on appropriate curriculum development and implementation.

» Deliver PD to all district RI PE leads and assistants.

» Develop best practices and share among 36 school district leadership teams including superintendents, principals, wellness committee chairs, and other decision makers.

» Recognize schools through the President's PE Demonstration Center Designation.

"Simple steps can work to change youngsters eating habits. Cheaper, healthier offerings of fruits and vegetables at school cafeterias and improved access to classes and programs that emphasize physical activity have worked around the country to keep kids slim."

Secretary Kathleen Sebelius,
Department of Health & Human Services

OBJECTIVE 8: By October 2012, all schools in RI will fully implement district- and state-adopted policies and laws ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with Dietary Guidelines for Americans.

Strategy 8a: Provide districts, schools, educators, and policy makers with training, tools, and technical assistance.

» Promote school self-assessments annually to determine compliance with nutrition laws and regulations.

» Encourage participation in the *RI Farm to School Program*, complete with local purchases and supportive education.

» Fully implement the *USDA Fresh Fruit & Vegetable Program* to as many schools as possible.

» Develop compliance audits for the RI Nutrition Requirements for school meals.

» Provide "Rethinking Fundraising" workshops to all school districts.

» Develop best practices and share amongst 36 school district leadership teams including superintendents, school business officials, principals, school committee members, curriculum directors, wellness committee chairs, and other stakeholders.

OBJECTIVE 9: By December 30, 2015, all 6 core cities will have *Safe Routes to Schools* programs.

Strategy 9a: Promote *Safe Routes to School (SRTS)* programs with core city districts and provide technical assistance.

» Provide tools and training to interested core cities on walkability assessments and safety to develop applications for *SRTS* funding.

» Fund schools' *SRTS* teams in core cities.

» Provide training and technical assistance.

Fresh To You Worksite Program

Fresh to You (FTY) is an innovative, public-private partnership program between Brown University's Institute for Community Health Promotion (ICHP), the RI Department of Health, and a local fresh fruit and vegetable distributor. Through *FTY*, fresh, high quality fruits and vegetables are sold at below retail price to worksite employees through an online ordering system. *FTY* has been positively received by many worksites and has been expanding to new worksites each month. Pilot data show that 73% of recipients reported purchasing more fruits and vegetables because of the market, 73% reported that they ate more fruits and vegetables, and 68% reported that other household members ate more fruits and vegetables. *FTY* and ICHP are working closely with *Farm Fresh RI* to increase the amount of locally grown produce available at worksites and to use *FTY* as a new distribution system for local farmers.

worksite environment

Worksites are another setting that can play a major role in obesity prevention, as many adults spend half of their waking hours on the job. The rising cost of employee healthcare has been a major challenge to employers, giving them a vested interest in the health of their employees and their employees' families. Research shows that when employees adopt healthy behaviors, their healthcare costs decrease and productivity improves. Policies, programs, and environments at the worksite can have a powerful impact on individual behaviors.

OBJECTIVE 10: By December 30, 2015, 60 small- to medium-sized RI worksites (under 400 employees) will implement documented policy and environmental changes that support physical activity and healthy eating.

Strategy 10a: Implement *Shape Up RI* worksite competition in worksites that employ lower income workers.

» Outreach to smaller worksites and those serving lower income workers.

» Develop tools to assist worksites where employees may not have computer access or speak/read English.

» Provide ongoing technical assistance to worksites.

Strategy 10b: Implement the *Fresh to You* worksite produce market in all RI core cities.

» Outreach to smaller worksites and those serving lower income workers.

» Develop tools to assist worksites where employees may not have computer access or speak/read English.

» Accept Supplemental Nutrition Assistance Program Electronic Benefits Transfer (EBT) and/or WIC checks at worksite markets.

» Provide ongoing technical assistance to worksites.

Strategy 10c: Provide employers with tools and resources to make policy and environmental changes in the workplace.

» Develop a website structure to serve as a clearinghouse for worksite nutrition and physical activity policy and program resources.

» Compile tools (assessments, ROI calculators, toolkits, model policies, sample surveys, research) for the website.

» Promote website among small- to medium-sized employers.

"Reversing obesity is not going to be done successfully with individual effort. We did not get to this situation over the past three decades because of any change in our genetics or any change in our food preferences. We got to this state of the epidemic because of a change in our environment and only a change in our environment again will allow us to get back to a healthier place."

Dr. Thomas Frieden, CDC Director

OBJECTIVE 11: By December 30, 2015, 40 worksites will implement policy and environmental supports for breastfeeding mothers.

Strategy 11a: Promote DHHS's The Business Case for Breastfeeding employer lactation support toolkit among community partners and businesses.

» Identify community partners and businesses for collaboration.

» Distribute toolkit to community partners and businesses.

» Provide ongoing technical support and guidance.

Strategy 11b: Recognize worksites that effectively accommodate breastfeeding mothers through the annual Breastfeeding-Friendly Workplace Awards.

» Promote Breastfeeding-Friendly Workplace Award to employers.

» Sustain annual Breastfeeding-Friendly Workplace Award recognition.

» Provide ongoing breastfeeding education and access to relevant community resources to employers and their employees.

Breastfeeding-Friendly Workplace Awards

In 2006 the Physicians' Committee for Breastfeeding in RI and the RI Department of Health launched the Breastfeeding-Friendly Workplace Awards. The awards have been successful at not only improving breastfeeding-friendly policies, but also developing a sense of pride in accommodating breastfeeding mothers and helping to get their children off to a good start. Since 2006, 16 businesses have been recognized for effectively accommodating breastfeeding employees. In 2007 the Lifespan System, the state's largest healthcare system and largest private employer, received an award.

state infrastructure

Creating environments where eating smart and moving more are easy choices for all Rhode Islanders requires the commitment of partners, adequate resources, and leadership. A strong infrastructure is necessary to meet the objectives in this Action Plan.

OBJECTIVE 12: By December 31, 2015, have a state infrastructure for obesity prevention that will ensure adequate staffing, funding, and support to sustain the initiatives outlined in this Action Plan.

Strategy 12a: Develop an annual Eat Smart Move More Policy Agenda and corresponding advocacy campaign.

» Form a Policy Group of high-level leadership and community partners to develop RI's Eat Smart Move More Policy Agenda and campaign.

Strategy 12b: Develop teams of trained community advocates in each core city.

» Fund up to three core city teams per year to increase their advocacy capacity.

» Work with School District Health and Wellness Subcommittees to expand their advocacy efforts.

Strategy 12c: Develop a convergence of funders across sectors and fields to maximize investments in the policy and environmental changes in the Action Plan.

» Convene funders and share information about the importance of addressing obesity prevention from a policy and environment perspective.

» Provide technical assistance and support to funders.

"Isn't it...obvious that any successful effort to fight obesity, diabetes, heart disease, and other preventable conditions must mobilize all sectors of our society and economy: individuals, families, corporations, employers, schools, and government at all levels?"

Senator Tom Harkin

end notes

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pledge and join

Take the pledge and join
The Healthy Eating and Active Living Collaborative

By joining The Healthy Eating and Active Living Collaborative (HEAL) and taking the pledge to put *Eat Smart Move More Rhode Island: A Plan for Action 2010-2015* into action, you will help make our state a place where eating smart and moving more are easy choices for all Rhode Islanders.

Organizations that sign the HEAL pledge will be listed as official partners on Rhode Island Department of Health's IHW website and in HEAL materials. Organizations will receive free training workshops, opportunities to share information through presentations at conferences and trainings, access to post to HEAL's community calendar, e-newsletters, regular updates of partners' activities, data briefs, and Action Plan Progress Reports. In addition, member organizations may choose to partner on highly visible events, such as the annual Summit.

Members commit to:

- Accounting for their activities that support Action Plan objectives on an annual basis
- Leveraging support and resources to meet the Action Plan objectives
- Working together to accelerate and amplify efforts to meet the Action Plan objectives

Please fill out and return this form to:

Initiative for Healthy Weight
Rhode Island Department of Health
3 Capitol Hill, Room 409
Providence, RI 02908
Phone: 401-222-1383
Fax: 401-222-4415
Email: lisa.hawthorne@health.ri.gov

RHODE ISLAND DEPARTMENT OF HEALTH

TAKE THE PLEDGE AND JOIN THE HEALTHY EATING AND ACTIVE LIVING COLLABORATIVE

Name:

Title:

Organization:

Organization Website:

Address:

City: State: Zip Code:

Phone: Email:

WE COMMIT TO:

- ☐ Accounting for activities that support Action Plan objectives on an annual basis
- ☐ Leveraging support and resources to meet the Action Plan objectives
- ☐ Working together to accelerate and amplify efforts to meet the Action Plan objectives

WE ARE WORKING ON THE FOLLOWING OBJECTIVES (CHECK ALL THAT APPLY):

- ☐ **Objective 1:** By December 30, 2015, 6 core city neighborhoods will make at least two documented improvements in community walkability, safety, access to recreation, and access to affordable healthy foods.
- ☐ **Objective 2:** By December 30, 2010, all full-service and fast food restaurants with 15 or more sites nationally will provide calorie information at the point of purchase.
- ☐ **Objective 3:** By December 30, 2015, 30 restaurants will be publicly recognized for providing healthy food and beverage options.
- ☐ **Objective 4:** By December 30, 2015, 25% of licensed childcare facilities will provide menus consistent with the Dietary Guidelines for Americans.
- ☐ **Objective 5**: Between January 1, 2009 and December 30, 2015, increase participation in selected best- and promising-practice community nutrition and physical activity programs.
- ☐ **Objective 6:** By December 30, 2015, all RI Health Centers will integrate obesity prevention into routine primary care.
- ☐ **Objective 7:** By October 2012, all school districts in RI will develop and implement high quality, performance based Physical Education (PE) curriculum aligned with RI Department of Education Physical Education Standards.
- ☐ **Objective 8:** By October 2012, all schools in RI will fully implement district- and state-adopted policies and laws ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with Dietary Guidelines for Americans.
- ☐ **Objective 9:** By December 30, 2015, all 6 core cities will have Safe Routes to Schools programs.
- ☐ **Objective 10:** By December 30, 2015, 60 small- to medium-sized RI worksites (under 400 employees) will implement documented policy and environmental changes that support physical activity and healthy eating.
- ☐ **Objective 11:** By December 30, 2015, 40 worksites will implement policy and environmental supports for breastfeeding mothers.
- ☐ **Objective 12:** By December 31, 2015, have a State infrastructure for obesity prevention that will ensure adequate staffing, funding, and support to sustain the initiatives outlined in this Action Plan.

MY ORGANIZATION CAN PROVIDE THE FOLLOWING SUPPORT:

- ☐ Guidance/expertise/evaluation/review
- ☐ In kind resources (such as meeting space, use of action alerts)
- ☐ Sponsorships for conferences
- ☐ Advocacy for relevant issues
- ☐ Other, Please Specify:

acknowledgements

THIS PLAN WAS DEVELOPED BY INITIATIVE FOR A HEALTHY WEIGHT WITH PARTNERS FROM THE HEALTHY EATING AND ACTIVE LIVING COLLABORATIVE: AMERICAN ACADEMY OF FAMILY PHYSICIANS, RI CHAPTER • PROVIDENCE COMMUNITY HEALTH CENTERS • AMERICAN HEART ASSOCIATION • RI ACADEMY OF FAMILY PHYSICIANS • AMERICAN ACADEMY OF PEDIATRICS, RI CHAPTER • RI ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION, AND DANCE • AMERICHOICE • RI ASSOCIATION OF SCHOOL PRINCIPALS • BLUE CROSS BLUE SHIELD OF RI • RI BLUEWAYS ALLIANCE • BROWN UNIVERSITY • RI BREASTFEEDING COALITION • CHANNEL ONE CENTRAL FALLS AND THE RALPH J. HOLDEN COMMUNITY CENTER • RI CERTIFIED SCHOOL OF NURSE TEACHERS • CHAD BROWN HEALTH CENTER • RI COMMUNITY FOOD BANK • CHARTWELLS DINING SERVICES • RI DEPARTMENT OF ADMINISTRATION, STATEWIDE PLANNING • CHILDSPAN • RI DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES • FARM FRESH RI • RI DEPARTMENT OF EDUCATION • GOVERNOR'S COMMISSION ON DISABILITIES • RI DEPARTMENT OF HEALTH • GOVERNOR'S OFFICE • PROGRESO LATINO • THE PROVIDENCE PLAN • RI DIETETIC ASSOCIATION • HARVARD SCHOOL OF PUBLIC HEALTH • RI HEALTHY SCHOOLS COALITION • HEALTH AND WELLNESS INSTITUTE • RI PUBLIC HEALTH ASSOCIATION • JOHN HOPE SETTLEMENT HOUSE • RI PUBLIC TRANSIT AUTHORITY • JOHNSON AND WALES UNIVERSITY • RI STATE NURSES ASSOCIATION • KENT HOSPITAL, KIDS CHOOSE TO BE HEALTHY • PRIMARY CARE PHYSICIANS' CORPORATION • SHAPE UP RI • KIDS FIRST, INC. • SOUTHERN RI AREA HEALTH EDUCATION CENTER • LIFESPAN • SOUTHSIDE COMMUNITY LAND TRUST • LOCAL INITIATIVES SUPPORT CORPORATION • THE GENESIS CENTER • MEMORIAL HOSPITAL • UNIVERSITY OF RI • NEIGHBORHOOD HEALTH PLAN • UNITED HEALTHCARE OF NEW ENGLAND • NEW ENGLAND COALITION FOR HEALTH PROMOTION AND DISEASE PREVENTION • UNIVERSITY OF RI, USDA FOOD STAMP EDUCATION PROGRAM • NEW ENGLAND DAIRY AND FOOD COUNCIL • WARWICK WELLNESS COLLABORATIVE • NORTH KINGSTOWN SCHOOL DEPARTMENT • WATERMAN PEDIATRICS • PHYSICIANS' COMMITTEE FOR BREASTFEEDING IN RI • WOOD RIVER HEALTH SERVICES • PROVANT HEALTH SOLUTIONS • WORKSITE WELLNESS COUNCIL OF RI • YMCA OF GREATER PROVIDENCE

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