

Be Our Voice

a project of NICHQ

Community Based Organization and Health Care Professional Partnership Guide



Reversing the Trend of Childhood Obesity

Be Our Voice is a program of the National Initiative for Children's Healthcare Quality (NICHQ), in cooperation with:



Robert Wood Johnson Foundation
Center to Prevent Childhood Obesity

Sponsored by the Robert Wood Johnson Foundation.

Be Our Voice Overview

About the Project: The National Initiative for Children’s Healthcare Quality (NICHQ) has been awarded a grant from the Robert Wood Johnson Foundation (RWJF) to reverse the childhood obesity epidemic trend across the nation by training, supporting and providing technical assistance to Healthcare Professionals in becoming advocates for change within their communities. As part of the grant, NICHQ is partnering with the American Academy of Pediatrics (AAP), the California Medical Association (CMA) Foundation and the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity (the Center) to facilitate Healthcare Professionals becoming community advocates for local change, and to build an online network serving as the “go to resource” for healthcare providers looking for solutions to the childhood obesity epidemic.

About the Partners: About NICHQ: Founded in 1999, the National Initiative for Children’s Healthcare Quality (NICHQ) is an action-oriented organization dedicated to achieving a world in which all children receive the healthcare they *need*. Led by experienced pediatric Healthcare Professional, NICHQ’s mission is to improve children’s health by improving the systems responsible for the delivery of children’s healthcare. For more information, visit www.nichq.org.

About the American Academy of Pediatrics: The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well being of infants, children, adolescents and young adults. *The AAP achieves its mission through advocacy, education, policy development, research and service. As such, the AAP and its 59 US chapters and members regularly advocate on behalf of children and pediatricians at the federal, state and local level.* For more information, visit www.aap.org.

About the CMA Foundation: The CMA Foundation is a nonprofit organization that serves as a link between physicians and their communities. The CMA Foundation has developed a cutting edge Physician Champion program that can serve as a template for national programs. This innovative approach to obesity prevention has been cited as a “best practice” in the 2006 Institute of Medicine Preventing Childhood Obesity report. For more information about the CMA Foundation, visit www.thecmafoundation.org.

The Robert Wood Johnson Foundation Center to Prevent Childhood Obesity: The Robert Wood Johnson Foundation Center to Prevent Childhood Obesity is a leading voice in the national movement to reverse the epidemic by 2015. Through policy analysis, leadership development, and communications with a broad network of advocates, the center is working to enable children of all races, ethnicities and geographic locations to eat healthy, be physically active and avoid obesity. For more information, visit <http://www.reversechildhoodobesity.org>.

About the Robert Wood Johnson Foundation: The Robert Wood Johnson Foundation focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more information, visit www.rwjf.org.

Acknowledgements

The National Initiative for Children's Healthcare Quality (NICHQ), The American Academy of Pediatrics (AAP) and the CMA Foundation would like to thank the following individuals who shared their insights and experiences as part of **Be Our Voice** to help make this Guide a strong resource for organizations involved in efforts to reverse the childhood obesity epidemic who are reaching out and partnering with healthcare professionals in these critical advocacy efforts.

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|--|--|
| Christopher Bolling, MD, FAAP Kentucky Pediatric Society, KY Chapter/AAP | Eric Ramos, MD, FAFP California AFP Physician Champion |
| Kimberly Edwards, MD, FAAP Texas AAP Chapter | Frank Staggars, MD Past President, National Medical Association |
| Dexter Louie, MD, JD National Council of Asian Pacific Islander Physicians | Christine Wood, MD, FAAP San Diego County Childhood Obesity Initiative |

When physicians and healthcare professionals have engaged in community advocacy, they have lead some of the greatest achievements in public health (i.e. tobacco cessation and seatbelt use). It is possible and imperative to bring physicians and other healthcare professionals into partnership on perhaps the most critical health issue of our time – reversing the childhood obesity epidemic. By developing this partnership, all involved gain valuable advantage. Leveraging these relationships provides a powerful catalyst for community change.

We wish to thank the CMA Foundation for their leadership role in creating this Guide.

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Section 1 - Overview

Background on Healthcare Professional Advocacy

Physicians and other healthcare professionals are key advocates and messengers for childhood obesity prevention. They can be invaluable resources for community education and policy advocacy, bringing influential and respected voices to campaigns to reverse the childhood obesity epidemic. Healthcare professionals provide the scientific grounding for community education and advocacy. They bring a trusted perspective to policy makers, parents and other decision makers that is focused on the health needs of children, their families and communities. They can put a face on the impact of childhood obesity by sharing stories about the patients or clients they see each day. Including healthcare professionals in community advocacy provides a bridge linking the medical model's focus on individual prevention and treatment approaches with community based prevention strategies.

While this group of advocates brings a powerful, persuasive voice to childhood obesity education and advocacy, they are not without their challenges. Healthcare professionals, particularly those engaged in clinical work, may be hard to recruit and engage due to limited time available outside of their offices.

“There is more to health than healthcare. Where we live, work, learn and play can affect our health more than what happens in the physician’s office.”

Risa Lavizzo-Mourey, MD, MBA
Executive Director, RWJF

Those with a more clinical focus on childhood obesity prevention may not be familiar with community or environmental influences that impact their patients’ abilities to make healthy choices. They may not be aware of the terminology used in community advocacy, such as food deserts, the built environment or complete streets.

Most healthcare professionals have not been trained in a partnership or collaborative decision making model. Physicians and other clinicians will have limited time available for day time meetings, making it critical to identify key roles and actions that fit their interests and schedules.

Even though much important work is being done at the community level by organizations to reverse the childhood obesity epidemic, most have not engaged healthcare professionals to be part of their team to advocate for change. Most local coalitions and organizations involved in community education and advocacy have not considered involving healthcare professionals. This group is typically viewed more as clinical experts involved in efforts to improve the health of their individual patients and families rather than as community advocacy resources.

For organizations with an interest in connecting or reconnecting with healthcare professionals as community health advocates, there are strategies, approaches and tips that can strengthen the positive impact and minimize the challenges.

It is our intent to provide the rationale and resources to support community organizations, governmental agencies and local collaboratives in their efforts to reach out and engage healthcare professionals to become part of their childhood obesity community advocacy team.

Included in this Guide are:

- Background addressing the motivations and challenges healthcare professional advocates present.
- Strategies and approaches to identify and recruit healthcare professionals.
- Discussion about how to most effectively include and engage physicians and other healthcare professionals as part of the advocacy team.
- Experiences from organizations who have worked with healthcare professionals.
- Descriptions of the type of support healthcare professionals will need in this role.
- Tips on how to get started and keep healthcare professionals engaged.

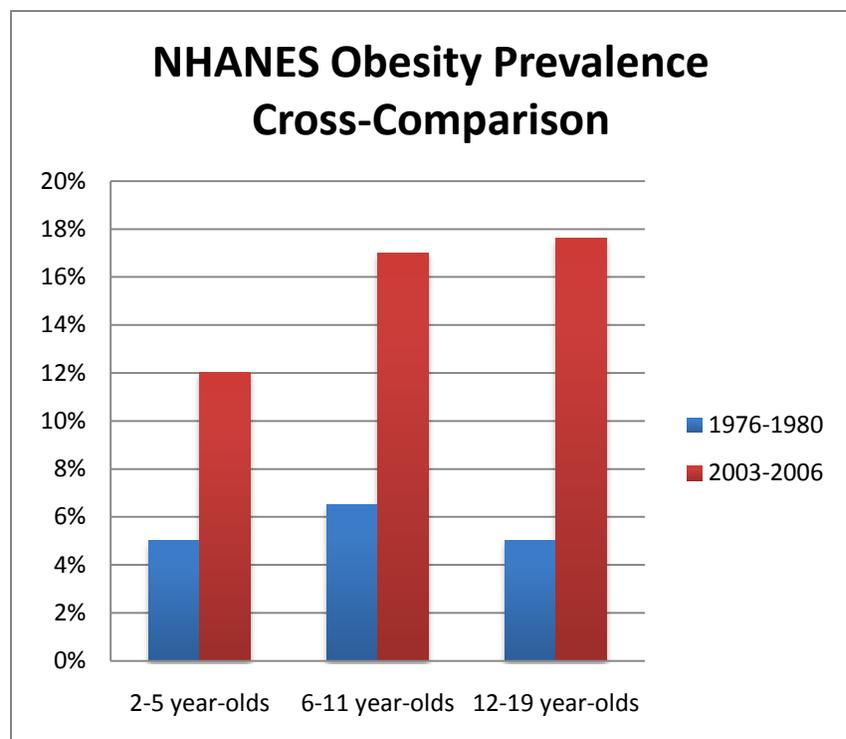
Trends in Overweight & Obesity in Children

The overweight designation in children is defined as 85th-95th percentile BMI while the obese designation is defined as 95th-100th percentile BMI. ⁱ Roughly 32% of all children in the US are overweight or obese, placing them at risk for a number of chronic diseases and cancer, according to *F as in Fat: How Obesity Threatens America's Future 2010*, a report released by the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF). ⁱⁱ

The percentage of overweight or obese children is at or above 30 percent in 30 states. According to the report, nine of the 10 states with the highest childhood obesity rates are located in the South with Mississippi ranking highest for childhood obesity at 21.9 percent.

Data from NHANES surveys (1976–1980 and 2003–2006) also show that the prevalence of obesity has increased over the past three decades. ⁱⁱⁱ

- For children aged 2–5 years, prevalence has increased from 5.0% to 12.4%.
- For those aged 6–11 years, prevalence has increased from 6.5% to 17.0%.
- For those aged 12–19 years, prevalence has increased from 5.0% to 17.6%.
- The rates of obesity among children ages 2-19 have more than tripled since 1980.



Linking Policy Advocacy with Clinical Practice

In order to reverse this epidemic among our nation's children and youth, the following policy priorities have been identified that demonstrate the greatest potential community impact^{iv}:

1. Ensure that all foods and beverages served and sold in schools meet or exceed the most recent Dietary Guidelines for Americans.
2. Increase access to high-quality, affordable foods through new or improved grocery stores and healthier corner stores and bodegas.
3. Increase the time, intensity and duration of physical activity during the school day and out-of-school programs.
4. Increase physical activity by improving the Built Environment in communities.
5. Use pricing strategies – both incentives and disincentives – to promote the purchase of healthier foods.
6. Reduce youth exposure to unhealthy food marketing through regulation, policy and effective industry self-regulation.

Most healthcare professionals have not been exposed to these obesity policy initiatives, and may not readily see the link between these community policy priorities and how they may address these in their clinical practice each day. For example, in the clinical setting, healthcare providers can share with their patients the locations of affordable fresh fruits and vegetables that are available in the community. As community advocates, healthcare professionals can advocate for farmers' markets to accept Special Supplemental Nutrition Program for Women, Infant Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) (formerly known as the Food Stamp Program) to facilitate the consumption of fresh fruits and vegetables by low-income families as well as advocate for local governments to provide subsidies to farmers' markets that accept the SNAP electronic benefit cards.^v

When healthcare professionals make this connection between clinical practice and community advocacy, they can share powerful stories describing how they see the negative impacts of policy inaction among their patients. This Guide will help you to partner with this group of healthcare advocates.

Let's begin the process.

“Counseling children on healthy habits in the exam room and then sending them out to live in the real world is like teaching them to swim and then throwing them into a tsunami. It's just not enough. This is why advocacy is just as important as treatment. We have to do both.”

Kimberley Avila Edwards, MD, FAAP
Texas Be Our Voice Site Lead

Section 2 - Purpose of the Guide

Who Should Use this Guide

Very important work is being done across the US by organizations such as public health agencies, cities, schools and organizations like the YMCA, to reverse the childhood obesity epidemic. Missing from their campaigns very often are healthcare professionals. This Guide is designed for groups engaged in efforts to reverse the childhood obesity epidemic at community and state levels who are interested in engaging healthcare professionals as part of their team. It is our intent to provide a resource to help organizations grow in their understanding of how to effectively partner with physician and other healthcare professional advocates.

If your organization is involved in advocacy efforts at the state or local level to reduce the childhood obesity epidemic; and you have thought about bringing healthcare professionals onto your team, or have tried in the past with mixed results; this Guide is for you.

Physicians and other healthcare professionals are credible sources of information to consumers and policy makers. Healthcare professionals who are trained and prepared to speak on issues ranging from overweight and obesity in children and their families to healthy eating and physical activity can also have a tremendous impact on their community's health. Their clinical knowledge, coupled with an understanding of community collaboration and policy advocacy, can help community organizations and governmental agencies advance their obesity advocacy goals.

DEFINING HEALTHCARE PROFESSIONALS

Healthcare professionals come from a variety of disciplines that interact with and have an impact and interest in children's health. They include physicians, nurses, including nurse practitioners and school nurses, dentists, pharmacists, psychologists, physician assistants, registered dietitians, and other related

How the Guide is Organized

The Guide is divided into a number of sections.

- First, the Guide will focus on the motivations that energize healthcare professionals to become engaged in community campaigns to reverse childhood obesity. Understanding these motivations will strengthen your organization's capacity to reach and connect with healthcare professional advocates.
- Next, the Guide will help you think through how to recruit and partner with healthcare professional advocates and set priorities to make the best use of time and resources and select those recruitment strategies that make the most sense for your organization.
- The Guide explores the challenges you may face or have faced in working with healthcare professional advocates and develops strategies to address these.
- The support healthcare professional advocates will need to engage in childhood obesity advocacy is mapped out along with tips to provide support.

- Lessons learned through the *Be Our Voice* Project and those who have worked in the field with healthcare professional advocates are shared, along with a set of success factors and tips to begin your healthcare professional advocacy partnership. These “rules of the road” are provided to maximize your success in working with healthcare professional advocates, learning from those who have been down this path, and what has worked for them and how they adapted their approaches along the way.
- Finally, success factors are shared and tips to begin your partnership. Tools are included to –
 - Help organizations complete a community advocacy assessment with their healthcare professional advocates.
 - Identify healthcare professional organizations to prioritize and approach to help recruit healthcare professional advocates.
 - Assist healthcare professionals make the link between community advocacy to address childhood obesity with personal health and office based issues.
 - Online resources available through *Be Our Voice* and other organizations involved in efforts to reverse the childhood obesity epidemic.

“Every physician has a contribution to make and that, in all likelihood, a place exists in the physician’s own community where those contributions would be both meaningful and welcome.”

Shale L. Wong, MD
Let’s Move

Section 3 - Reaching Healthcare Professionals

What Motivates Healthcare Professionals to Engage in Community Advocacy

Physicians and healthcare professionals are well acquainted with their roles as advocates for their individual patient or client. Most, if not all physicians, have taken extra steps to ensure a patient receives a needed service. Physicians consider advocacy for an individual patient an accepted part of ethical practice. Yet most have not taken the next step to see their community as their patient and advocate for community change to improve the health of their patients.

When healthcare professionals who have begun community advocacy efforts focusing on childhood obesity have been asked where they found the motivation and energy to engage as advocates, most, to the person, have said – **“It’s the kids themselves.”** Many healthcare professional advocates will identify the face of a child as their catalyst for action. Sometimes, it is their own individual child who is affected by choices that motivates them to take action in their own community.

“As pediatricians, we know we have to address obesity with patients individually. But we sometimes forget what a powerful voice we have as community leaders. Not only do we have the opportunity to lead on this issue, it is our obligation.”

Christopher Bolling, MD, FAAP
Kentucky Be Our Voice Site Lead

For some healthcare professional advocates, working in the community to bring about change is seen as an extension of their professional role, as part of a realization that they cannot break the cycle of overweight and obesity one child at a time. They see themselves as fighters, saying the fight isn’t over yet, that they need to engage differently, in their community, to bring about change.

“When healthcare professionals work in partnership with community advocates, each learns from the other. Community advocates learn more about the science behind the issues leading to childhood obesity. And, healthcare professional advocates grow in their understanding of what is available and lacking in the community that influences childhood obesity.”

Laura Aiken
Wake Med Be Our Voice Site Lead

A key factor sometimes identified as a valuable resource for healthcare professional advocates is having a supportive group to work with. Healthcare professional advocates who are passionate about the advocacy work they are doing may describe it as difficult, sometimes frustrating work. To have an encouraging group to provide a foundation and support is often what is needed to get through the tough times, and keep going.

Healthcare professionals already engaged in community advocacy acknowledge that they may play a lead role in the clinical understanding of the childhood obesity issue. Many acknowledge that it is leaders from the community who bring knowledge of what is happening in their community and what will work to bring about change.

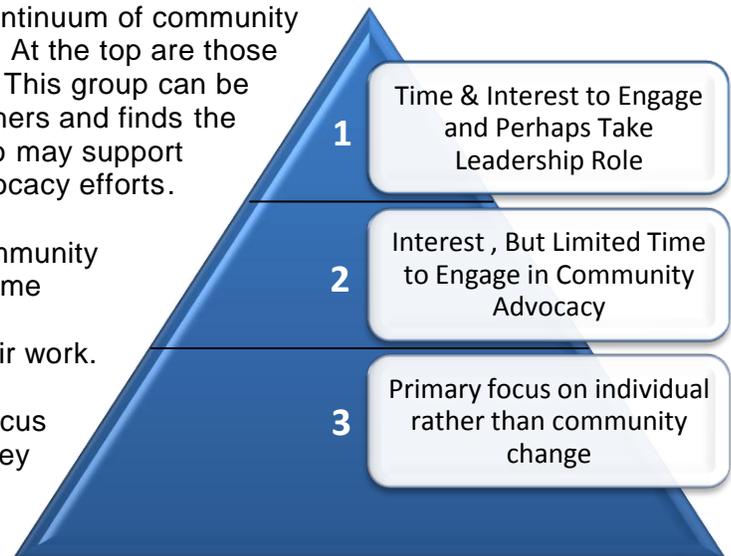
Successful collaboration must be a partnership. When healthcare professionals reach out to community organizations to learn with them, it conveys that they, too, have something to learn.

Healthcare Professionals Along the Advocacy Continuum

Our pyramid portrays three levels in the continuum of community advocacy among healthcare professionals. At the top are those actively engaged in community advocacy. This group can be very self-directed, needs little help from others and finds the time to do what is needed. This group also may support other healthcare professionals in their advocacy efforts.

Our middle group is likely to engage in community advocacy activities, but may have limited time availability. This group works best with organizations that can offer support for their work.

The majority of healthcare professionals focus their efforts on their patients or clients. They have the greatest interest advocating for change, one patient at a time.



Keep this continuum in mind as you consider how to partner with healthcare professional advocates.

How to Use Healthcare Professionals in Your Campaign

Because healthcare professionals, especially those who see patients or clients each day, have many competing demands for their time, the purpose for establishing a partnership must be made clear at the beginning, in order to capture their attention.

What are some of the important, unique roles that healthcare professionals can play in your collaborative's work? It will be critical for you to think this through and have a clear answer to this question because you will likely be asked for an answer.

Healthcare professionals can communicate the link between overweight and its physical and emotional health consequences on children and their families. They can help a group make a strong link between their efforts and the science that supports their work. They can share real life stories with the media and policy makers, translating the impact of policy on the lives of children and their families.

When you engage a healthcare professional, questions that might be asked of you may include:

- What does your organization want to gain from its work?
- What are your goals?
- How do you think I can help you achieve your goals?
- How will you measure what you are doing and know if the work is having an impact?
- How much time is involved?
- What type of help will you provide healthcare professionals working on your campaign?

A successful partnership must address the common goals of both parties and be based on mutual benefits and a clear understanding of the goals and motivations of those involved. Reflect on how the interests of your organization match the interests, time and temperament of the healthcare professionals you are trying to recruit. Look to see if your outlooks match.

It is also necessary and appropriate for your group to determine the healthcare professional's advocacy experience. Included in Appendix A is an Advocacy Assessment tool that can be used or modified to gather background information about a healthcare professional's experience with community advocacy. This tool can also be used with all members of your advocacy team.

Strategies for Recruiting Healthcare Professionals

Has your organization been looking to engage healthcare professionals but has had trouble figuring out where to start?

What follows are some tips and approaches for reaching out and connecting with potential healthcare professional advocates. Some thoughts to consider as you begin your recruitment efforts:

"To be more effective, we should form alliances. A lot of people are trying to make a difference, but they are working alone. So I've been actively pursuing alliances and we've formed several."

Steve Church, MD
Louisville, Kentucky

- Be enthusiastic and creative in your approach as you begin your recruitment. Be clear about why you would like to work with healthcare professional advocates.
- Be prepared to communicate how your organization's campaign will stand out to the healthcare professionals you are trying to recruit.
- Be particularly organized and structured in your approach to physicians. They have perhaps the most demanding schedule and are often pressed for time. This does not mean that they are unwilling to participate with your organization. This simply means that they will need to hear in a clear, concise manner what is desired of their involvement. The quickest way to lose a physician partner is if they feel that the organization is disorganized and that their time will not be used effectively.

Demonstrate your desire to work with healthcare professionals as part of the advocacy team. Be interested and knowledgeable about the issues that concern them. Do your homework and use the answers to these questions to help you build your recruitment strategies:

- What are the major health concerns that healthcare professionals are seeing among their patients or clients?
- How can what these healthcare professionals see among their patients and clients translate into a community advocacy agenda to reverse the childhood obesity epidemic?
- What is competing for the time and attention of these healthcare professionals that might prevent them from getting involved? How can you work around this?
- What will they need to know about your project or issue?
- What type of support and resources will be you be able to provide them?

Gather this background information before you approach healthcare professionals to join your community advocacy team. In this way, your organization will be clear about how it would look to involve and work with healthcare professionals in your project.

There are a number of strategies to consider when starting your recruitment for healthcare professional team members.

Start With Whom You Know

The best way to begin your recruitment is to ask members of your current team if they have worked with healthcare professionals in their community on any education or advocacy campaigns or community projects. If a relationship does exist, find out about this healthcare professional, how they work on a team and what motivates their community involvement.

Recruitment Tips

- Identify those you already know who have a passion for the advocacy issues you are planning to address.
- Share your project purpose and what you hope to achieve with the advocates you are trying to recruit.
- When you do this –
 - Connect to their motivation and interests.
 - State why you need their help.
 - Have a concrete request and be clear about the time commitment and options for involvement.
- Encourage your healthcare professional advocates to recruit their colleagues.

A second approach will be to conduct research to see if the names of healthcare professionals surface as interested, involved individuals in community health. Are you familiar with the work these individuals have been involved in? Key factors to explore will be the level and type of engagement the individual healthcare professionals have undertaken, their follow through and capability to be part of a team effort to address the advocacy issue.

As you move forward, select willing individuals with a proven track record who are interested in seeing the partnership succeed.

Involving healthcare professionals can be one of the best ways to recruit others. If your healthcare professional advocates have positive experiences, they will likely encourage their colleagues to get involved.

Professional Organizations

Professional organizations provide a vehicle to identify and reach out to potential healthcare professionals to join your advocacy team. These organizations will have contact with and knowledge of potential healthcare professional advocates who are members of their organizations.

There are many organizations you can contact. These include physician, pharmacist, dentist, physician assistant and nurse practitioner associations, school nurse, dietician, nutritionist, psychologist, therapist and health educator organizations, hospitals, health plans and local medical societies. The key will be to set priorities in your outreach and target first those organizations with the greatest interest in childhood obesity prevention who fit with the manner you envision working with healthcare professional advocate in your campaign.

Venues for identifying potential healthcare professional advocates include:

State, Local & Specialty Medical Associations

Each state has a state medical association that is comprised of a number of local medical associations, providing outreach and access to physicians at the community level. Many state and local medical associations have committees that can be approached to explore opportunities to partner in the area of prevention of overweight and obesity. If you have contact with a local physician member of the medical association, reach out to this physician and ask him or her to share information about the organization – its interests and priorities, committee structure, how they communicate with their members and whether the organization has partnered with other organizations to address community health issues.

Contact the association’s executive director to open a dialog about your organization’s efforts to address childhood obesity prevention and see if there is an interest in finding out more about what your organization is doing.

If you are invited to come and meet with the executive director and, possibly leadership physicians, be clear about what you are looking for, providing a range of possibilities for partnership and making sure to share contact information for follow up. Many local medical organizations have newsletters to communicate with their members. You may be able to place a short article in the newsletter to recruit and reach out to their members.

There are 100 specialty medical organizations nationwide, each with a state chapter. (Appendix B) Pediatricians will quickly come to mind as the key group to contact to recruit healthcare professional advocates. Pediatricians and the AAP have been in leadership roles nationally to address the issue of childhood obesity for a number of years. They have developed a number of tools and training resources for healthcare professionals to take on the role of community health advocates, most recently creating the *Policy Opportunities Tool* which maps the link between clinical practice change and community advocacy solutions for childhood obesity. Be sure to reach out to your state’s AAP Chapter.

Childhood obesity prevention has also drawn the attention of physicians in many other medical specialties like few issues have succeeded in doing. Because of the large number of organizations you can contact, prioritize your outreach, targeting those organizations with the greatest likelihood to be exposed to overweight and obesity. To start, reach out to your state’s Family Physician, Internal Medicine, Cardiology, Endocrinology and Sports Medicine organizations. If you have a relationship with a physician in other medical specialty

Do Your Homework

- Conduct some background research. Identify how healthcare professional organizations are organized in your state.
- Determine whether the organizations have an interest or involvement in community advocacy, or whether their advocacy is focused more on legislative support for their members.
- Prioritize your outreach efforts, starting with those organizations most likely to get involved.

organizations, work with this physician to connect with their organization. Ask them if community advocacy and childhood obesity are areas of interest for their organization. Find out how the organization is structured locally. Are there chapters that provide closer contact to their physician members?

Again, talk with the executive director of the specialty society about your interest to determine if there might be an opportunity for collaboration. Ask if you can share some background information and arrange either an in person or phone meeting. Be clear about what your community advocacy entails and provide specific examples of how their members can be involved to partner in your advocacy efforts. Through this communication, you will learn whether your interests are a fit with the organization. Like state and local medical societies, the specialty medical societies may offer to place an article in their member newsletter as a starting point to reach a broader audience of their members.

Don't be overwhelmed by thinking that your organization should reach out to all these organizations. Remember, start with your "low hanging fruit", reaching out to those specialty medical and local societies in your area with the greatest likelihood of interest in becoming engaged in efforts to reverse the childhood obesity epidemic.

Ethnic Physician & Healthcare Professional Organizations

There are a number of ethnic physician and healthcare professional organizations that may be found in different states and communities (Appendix C). The largest of these is the National Medical Association (NMA). NMA is the association representing African American physicians and is organized with a regional structure. The NMA has been involved in many community health projects and advocacy campaigns and has been active in obesity prevention efforts with offices in many states. Check to see if the NMA is active in your state.

National ethnic medical and healthcare organizations include:

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|---|---|
| American Association of Physicians of Indian Origin | National Council of Asian Pacific Islander Physicians |
| Association of American Indian Physicians | National Hispanic Medical Association |
| Association of Black Health System Pharmacists | National Medical Association |
| Association of Philippine Physicians of America | Philippine Academy of Family Physicians |
| National Coalition of Ethnic Minority Nurse Organizations | Vietnamese American Medical Association |

Another resource to identify ethnic physician organizations is found on the American Medical Association's (AMA) website listing International Medical Graduates in the US and a Directory of Ethnic Medical Organizations. This link is also found in Appendix C.

Many ethnic physicians in private practice settings are serving our nation's most vulnerable populations, practicing in underserved communities. They see firsthand the challenges these communities face in gaining access and equity to healthy foods and affordable avenues for

physical activity. If you can connect with ethnic physician healthcare professionals, they will provide a valuable advocacy voice addressing the concerns of vulnerable populations.

Mid Level Practitioners, Pharmacists & Dentists

Nurse Practitioners, Physician Assistants, Pharmacists and Dentists may also be interested in being part of community advocacy efforts to reverse the childhood obesity epidemic. As clinicians, these healthcare professionals also see the impacts of childhood obesity on a daily basis and can speak about the impact of this epidemic in a very real way. Each of these groups has membership organizations at the state level. Check their website to see if the organization is structured within the state to provide more localized chapters for outreach opportunities. Also, check to see if any of these organizations have gotten involved in community education or community advocacy campaigns in the past. This will provide some background on their understanding of community health and their member's interests in these issues.

Dietician & Nutritionist Organizations

Dietitians and nutritionists have great interest and expertise in the issue of childhood obesity. They can serve as strong resources in the development of both education resources for your campaign and advocates at the community level. These healthcare professionals work in a number of locales, including private practice settings, hospitals, clinics, and schools. They see the impact of bad policy or no policy decisions on the children in their communities as well. Be sure to reach out to this group of healthcare professionals to be part of your organization's community advocacy team.

Nurse Organizations

Nurses are the backbone of many healthcare organizations, working in medical practices, clinics, hospitals and school settings. While school nurses are on the front lines in the fight against childhood obesity, nurses in many other settings are becoming engaged in the issue as well. School nurses are key resources in both school districts and school sites providing guidance and support in both the development and implementation of school wellness and other policies. These nurses need allies in their efforts to create healthier school sites.

"We're nurses. We don't call it advocacy. We call it our job."

Alice Luttman, RN, Cabarrus County
North Carolina

The American Nurses Association issued a call to action to its members in 2009 encouraging their members to develop skills, such as advocacy, collaborative leadership, and social marketing skills, and become part of efforts to prevent childhood obesity. Nurses are key healthcare professionals to invite to join your childhood obesity campaign.

Federally Qualified Health Centers/Community Clinics

Health centers and community clinics provide an avenue to reach a number of healthcare professionals in one setting. Nurses, educators, dietitians and nutritionists may be working in one site together with physicians and other healthcare providers. The clinics are also serving a community's most vulnerable population. If there are clinics or health centers in your community, reach out to their leadership and share with them the work of your organization, inviting them to be part of your advocacy campaign to reverse the childhood obesity trend.

Hospitals

Physicians, nurses, pharmacists, dieticians, nutritionists, behavioral health professionals and health educators can also be reached through local hospitals. Local hospitals provide a variety of ways to connect with your organization. If you are trying to reach local healthcare professionals, the hospital's medical staff may provide an opportunity to present your organization's community advocacy activities to local physicians.

The Call to Action

Before you reach out to healthcare professional organizations, and after you have determined how the organizations are structured, consider your Call to Action.

- How does your organization plan to engage healthcare professionals as part of your advocacy team?
- Will you be looking at partnership with the organization itself?
- Are you interested in identifying members of the organization(s) to partner with?
- What do you hope to accomplish through partnership with healthcare professionals as part of the community advocacy team?

Be clear in stating your hopes and needs. This will provide clarity and greater opportunity for healthcare professionals and healthcare professional organizations to determine ways they can be partners with your childhood obesity advocacy campaign.

Local hospitals also provide access to a number of other healthcare professionals. Reach out to the hospital's Medical Staff or Community Relations offices to determine if there might be an interest and opportunities to present about your project.

Local hospitals, as part of their Community Benefit Program^{vi} may also provide free meeting space and other resources, and perhaps funding support to programs that address community health needs. Research the hospital's current Community Benefit Program to determine how they are participating in efforts to address community health issues and see if there is a fit with your project. (States with no State Community Benefit Requirements include: Arkansas, Arizona, Louisiana, Maine, South Dakota, Vermont and Wyoming.)

Local Health Departments

Public health physicians in local health departments should also be approached to become involved. These physicians may not have the constraints of daily patient care and may also have a more in-depth understanding

of the public health issues surrounding your community. Because they are employed by government organizations, their ability to advocate may be limited. However, they can play strong roles in helping to educate other advocates and be a resource to reach out to physician colleagues about the critical nature of the childhood obesity epidemic and the role these physicians can play as community advocates.

Public health nurses and health educators can also be accessed in local health departments. And, like their health officer colleagues, they may not be able to publicly advocate for change that reaches their county board of supervisors or commissioners. They can, however, provide knowledge, tools and passion to an advocacy campaign.

Healthcare Professionals in Training and in Retirement

Medical students and healthcare professionals in training are another good resource for your organization. Most medical students are eager to get involved in community-based activities as a way of expanding their knowledge of community health and understand how life in the community affects their patient's health. Use medical students to conduct health screenings and behavioral evaluations at your next community event. By capturing the interest of a medical student early in their career you may be able to keep them as a volunteer for several years.

Pharmacy students today are required to complete a community health project before receiving their doctorate in pharmacy. Pharmacy students also have great interest in community health issues. Pharmacy schools provide staff supervision and preceptorship for these community health projects. Other healthcare professionals in training may also have an interest in and opportunity to become involved in community education or advocacy initiatives. If there are training programs near you, do some background research to determine their experience and interest in community advocacy partnership.

Many healthcare professionals who reach retirement are still interested in continuing to be involved in some activities to improve health. Involvement in community health is often an outlet for these retired healthcare professionals. Check with your local medical associations and other healthcare professional associations to see if they have retired members interested in community health. This group will have more time available than those still in practice, perhaps providing greater opportunities to partner in your campaign.

Section 4 – Challenges to Overcome

Challenges in Engaging Healthcare Professionals

For many healthcare professionals, there may be a lack of awareness or understanding about the roles they can play as community advocates to reverse the childhood obesity epidemic. For those who are clinicians by practice, they may not have considered how to work in the community to address the childhood obesity related issues they see among their patients or clients. Education and awareness may be needed to drive home the message that the cause for what is seen in their offices resides in the community; and that they, as healthcare professionals, can play a powerful role to bring about change. The Prevention of Obesity Policy Opportunities Tool (POPOT), developed by the AAP and adopted by *Be Our Voice* provides a teaching tool to help healthcare professional advocates make this policy link. (Appendix D)

Healthcare professionals encompass a broad array of disciplines, training and experience.

Turning Challenges into Opportunities

- Assess the healthcare professional's community education and advocacy experience.
- Provide options for involvement and participation that can bridge time constraints and interest areas.
- Offer tools and resources to help healthcare professionals in their offices and in navigating through their community advocacy journey.
- Match the healthcare professional advocates to the area that connects with their interest and fits their time availability.

There may be some key distinguishing characteristics to consider among your healthcare professional advocates.

Many healthcare professionals have not participated in group decision making that is built on a consensus or collaborative model. They may be more at ease in meetings where voting is used to arrive at decisions. They may expect that a decision is made at each meeting.

If your organization uses a consensus decision making model, be sure to provide some background to the healthcare professionals so that they can more easily fit into the team and not challenge how work is done. Your organization may also consider structuring meeting agendas so that at least one decision is made at each meeting.

Healthcare professionals who have not worked in community advocacy efforts before will likely not be aware of the terminology used to describe community advocacy work. It will be helpful for your organization to share with the advocates a Glossary of Terms to help them navigate community advocacy work. (See Appendix E)

It may also be difficult for less experienced healthcare professional advocates to navigate the decision making process at schools and municipal government. Using schools as an example, it will be critical for healthcare professional advocates to understand this process, understanding the interplay between school board members, their superintendent and those at the sites,

especially school principals, in how decisions are made to increase access to healthy food choices and physical activity in local schools. *Be Our Voice* has created a number of web based, online learning modules that provide training opportunities that can close the gap for healthcare professionals in this area. (See Appendix F)

Childhood Obesity Advocacy from the Healthcare Professional's Perspective

Healthcare professionals will be very interested in understanding how your organization arrived at its strategies and approaches to reverse childhood obesity in the community. Some may ask for data that supports either the work your organization is doing locally, or if there is research or data to back up this approach. They will want to know that someone has analyzed the problem so that appropriate actions are taking place. See Appendix G for an overview of local advocacy strategies developed by the Institute of Medicine, CDC and Leadership for Healthy Communities.

For example, if your organization is addressing access to healthy food choices in schools, healthcare professionals may ask how much access students have to both healthy foods and “junk food” at or around their school campuses. They will want to know the BMI rates and levels of overweight and obesity in the community and may ask whether the organization has data that shows whether this access to unhealthy foods is leading to earlier onset of chronic diseases, such as Type 2 diabetes in your area.

If your organization does not have this data, healthcare professionals can help to provide the resources to gather this so that it can be used to strengthen your organization’s advocacy message. Tap into the interest of healthcare professionals to build the argument for change that is science based!

Healthcare professionals also offer advocacy groups and policy makers the face of the impact of childhood obesity – their patients and clients. Healthcare professionals can share stories of how the lack of access to healthy food choices in the community is impacting children and families. These are real stories about real people who policy makers may not hear from or see.

Key Tips

- Healthcare Professional Advocates will want to understand the rationale for your advocacy approach.
- They will want to see data and results that support your work.
- Partner with healthcare professional advocates to provide the science and data to support your advocacy message.
- Healthcare professional advocates can also provide your campaign with the faces that demonstrate the impact of childhood obesity in your community.

How Physicians Differ from Other Healthcare Professionals

Why This is Important

Value Provided

Physicians offer some unique value as healthcare professional advocates. They understand the medical aspects of public health issues perhaps better than any sector of society, and they are

Key Tips

- Remember that physicians are members of the community, too. Tap into the other hats they wear.
- Be clear about what you want a Healthcare Professional Advocate to do. A physician may or may not be who you are looking for.
- Use their interest in data to strengthen your story, grounding your initiatives in the science behind the issue.
- Small asks can provide the open door for an otherwise busy physician to get involved.

poised to observe and describe the link between social determinants and health. Trust of physicians is very high. To the public, elected officials and the media, physicians are the most credible source of information on health issues. When media opportunities arise at the state or community level to address critical health issues, physicians are usually the first group reporters will want to interview.

Elected officials are also strongly interested in what physicians in their community have to say about the health impacts of potential policy changes, providing them a strong degree of access to policy makers as well as to citizens. They can add a great deal of leverage in influencing priorities and policy decisions being made. They are therefore a critical group of healthcare professionals to recruit to be part of your childhood obesity advocacy team.

Physicians are more than just health professionals. They are also members of the community. Capitalize on the many hats physicians wear – family member, local business owner, church member, local board member – to make connections. Identifying common interests between your advocacy organization and a physician’s interests is a great way to approach a physician. If your organization is working on making the community more bike-friendly, and there are physicians who are members of the local cycling club, they will be great spokespeople for your organization at the next city council meeting to advocate for expanding bike paths.

Focus on Data

Physicians will want the data that supports your community advocacy campaign, anchoring the campaign in a scientific grounding. This data is often hard to capture in public health campaigns. When it is possible, involve your physician advocates in efforts to capture what data is available. Physicians can also be impatient individuals who may get frustrated because change at the community level is slow to achieve, and often slower to see results. If you have an experienced community physician advocate, work with this advocate to be a resource to help physicians who are new to these efforts.

Scheduling Challenges

Scheduling may also be an issue in working with physicians. Oftentimes, physicians cannot leave their practices during business hours to attend meetings or events. If your organization's advisory group meets during the day, it will be very difficult for most practicing physicians (nurse practitioners and physician assistants as well) who have a full patient load to be at the meeting. This does not mean the physician is not interested in the work of the organization. They are simply setting their priority to care for their patients and families, and earn their income.

If your organization is interested in having a healthcare professional on its leadership team, one of two decisions will need to be made. Move the meeting time to early evening to allow for the physician to attend, or reach out to a healthcare professional who does not see patients during the day to attend the group's daytime meeting. In this way, you are matching your need with what the healthcare professionals can best provide.

Collaboration/Consensus Decision Making

Physicians are often used to being in leadership roles of groups of which they are a member, or being asked for their opinions by policy makers. They have had experiences throughout their training and work life where others would ask their opinion and recommend them for leadership roles. Most who have been in these types of leadership roles have not been exposed to, or trained in a consensus decision making process and will expect meetings to utilize more of a voting based decision making process. If physicians become involved in your organization's leadership group, and you utilize consensus decision making, be sure to provide some background and training on how this process is conducted to allow the physician to more easily fit with the group's approach.

The Issue of Time

Physicians will cite time as the greatest impediment to participating in community activities. They work long hours seeing patients and spend time beyond that dealing with the work needed to see their patients. Because their time may be the most limited of all healthcare professional advocates, it will be critical for your organization to maximize every moment of time your physician advocate volunteers. Physicians often cannot leave their practice during business hours to attend events, and may also have evening or call obligations that can limit their participation. However, if you plan ahead and can give physicians lead time, they may be able to increase the chance for involvement or adjust their schedule.

Inviting a physician to attend meetings at times they cannot attend due to their patient schedules demonstrates a lack of knowledge and understanding on the organization's part about how the physician must spend his or her time.

There is a need among physicians to identify the time they have available to be part of community related activities. So as not to overwhelm an already overworked physicians and lose their involvement, let them know that activities and interventions can be tailored to the amount of time they have available to give. The table below provides an overview of the types

of community advocacy activities physicians and other healthcare professionals can engage in based on their time availability.

Matching Advocacy Activities with Available Time

| Activity | < 1 Hour a Month | 1 Hour a Month | >1 Hour a Month |
|---|------------------|----------------|-----------------|
| Vote | X | X | X |
| Call, email or write a letter to a decision maker addressing your advocacy issue. | X | X | X |
| Contribute to a nonprofit advocacy organization that focuses on your advocacy issue. | X | X | X |
| Sign up for 1 or 2 email lists that are related to your advocacy issue. | X | X | X |
| Patronize businesses that donate a percentage of their profits to health issues related to preventing overweight and obesity in children. | X | X | X |
| Cultivate long-term relationships with a public official or other decision maker in your community who can impact your advocacy issue. | | X | X |
| Write a letter to the editor of your local newspaper about your advocacy issue. | | X | X |
| Talk to other healthcare professionals and parents that you come into contact with about the advocacy issue you care about. Encourage them to get involved. | | X | X |
| Submit an article on your advocacy issue to your professional association’s newsletter or website. | | X | X |
| Attend community forums and events sponsored by decision makers who may have a say on your advocacy issue. | | X | X |
| Testify before the state legislature or participate in community forums about your advocacy issue. | | | X |
| Apply for community advocacy grants. | | | X |
| Set up a booth in your professional setting that explains the issue you are working on that provides information to and resources for getting involved. | | | X |
| +++++ | | | |
| Serve as a spokesperson for a local issue or community based organization that is also addressing your advocacy issue. | | | X |
| Volunteer as a board member of a health organization working that is supportive of your advocacy issue. | | | X |

“Some healthcare providers can offer ‘Big-A Advocacy’ if they have the time and passion to get really involved, and some can offer ‘Little-A-Advocacy’ by making a phone call or filling out a survey. Everything helps because the voice of healthcare providers is a powerful one.”

Carrie Dow-Smith, MD
Wake Med North Carolina

Staying Engaged – What Organizations Involved with HCPs Have to Say

Keeping healthcare professional advocates engaged is perhaps as important, if not more important than their initial recruitment as part of the advocacy team. Because of their busy schedules, staying in touch with these advocates is crucial.

- ***Stay in Touch Regularly -***
 - Whether this is through emails, faxes, a simple newsletter or meetings, find different ways to communicate. Find out what forms of communication work best for the healthcare professionals advocates you are working with because of their very impacted schedules.
- ***Ask the Healthcare Professional Advocate What Work They are Doing –***
 - When contact is made, ask the advocates to share the work they are doing in their communities, how things are going and what help they need. And, then make sure to follow up on their requests.
- ***Recognize Work Done -***
 - In your organization’s communication, provide space to acknowledge the work of your advocates. Feature an advocate’s work regularly so that others in your campaign see that progress is happening. Those who are highlighted are honored by this recognition. See Appendix G for a newsletter sample.
- ***Don’t Get Discouraged –***
 - Because of their extremely busy schedules, healthcare professional advocates, especially those with a patient or client load, can be very difficult to reach. They may not quickly respond to attempts to reach them. Don’t give up. Reach out periodically to keep the lines of communication open.
 - Become friends with their receptionist or office manager and find out the best approach to connect. It may be through email or a fax addressed to the office manager to give to the healthcare professional. Find out what it is and comply!
- ***Share Data –***
 - If data becomes available to demonstrate the impact of advocacy efforts, be sure to share this with your healthcare professional advocates. They will be particularly interested to see the impact the campaign is making.
 - The data can also be a way to invigorate the healthcare professional advocates because they are seeing actual outcomes and impact of the work the campaign is doing.
- ***Structure the Project Work –***
 - Incorporate and address the issues and recommendations your healthcare professional advocates raise and let them know how their work and ideas are being used.
- ***Say Thank You -***
 - It is easy to forget to thank those who are bringing their time, energy and expertise to support the work of an advocacy campaign. Say thank you to your volunteer advocates. There is no limit to the frequency in saying thank you!

Section 5 - What HCPs Will Need from You

Understanding Your Mission and How Healthcare Professionals Fit In

Healthcare professional advocates will want to know the focus and goals of the organization(s) that ask them to become involved in community advocacy activities. Be open and share both what your organization stands for and how you do the work you do. This will enable the healthcare professional advocate assess if the fit is right.

How closely the healthcare professional's interests in community advocacy match that of your organization's purpose and focus is a critical starting point in developing a partnership. This will help healthcare professionals develop a clear understanding of your organization's expectations of them as part of the community advocacy team.

It will communicate to the healthcare professional advocates the depth of understanding the organization has about what they can offer, the challenges that may exist in their time availability and the openness to work through some of these challenges.

Training, Tools & Support Provided

What follows is a summary of the type of support healthcare professionals would like to receive from their advocacy organizational partners:

- **Provide Logistical Support –**
 - Since many healthcare professionals are very busy seeing patients and clients each day, help advocates link with target organizations for advocacy or education opportunities.
 - Provide the resources they need to educate and advocate within their communities and at the state and levels.
- **Provide Training –**
 - Don't always require healthcare professional advocates to attend separate trainings. Find ways to link training to places they already go, such as hospital grand rounds or other local programs. This can help since healthcare professionals don't always have time to go to new meetings.
 - Communicate with participants before they attend so that they understand what the training is, and is not. They may think the training is a CME/CE on childhood obesity and have no real interest in engaging further.
 - Provide messaging to healthcare professionals, as well as training, that helps them to see the importance of community interventions as a critical way to address childhood obesity.
 - Have healthcare professionals who are involved in community advocacy share with their peers their experiences about the importance of moving to the community level to engage in advocacy efforts. Real stories about advocacy and changes created from other healthcare professionals are a great inspiration to others.

- Bring community leaders together to support training of healthcare professionals about the important issues and concerns within their communities to help healthcare professionals understand how these dynamics will influence the work they do.
- **Match the Engagement to the Time Available –**
 - Ask healthcare professionals to commit in some concrete way to community education and advocacy efforts.
 - To support this and increase the likelihood that commitment will happen, communicate strongly and early that advocacy **can** be done in the amount of time the healthcare professional has available.
- **Recruit Healthcare Professionals to Work in Their Own Communities –**
 - Particularly within underserved and diverse communities, make efforts to recruit healthcare professionals from the communities they serve and help them to engage in these communities.
- **Consider Ways Healthcare Professionals Can Advocate Where They Are**
 - Particularly for new advocates, discuss places where they are already part of groups that they can initiate their advocacy efforts. This might include a faith based organization, local service group or parent organization.
 - Within professional organizations, advocates can educate their peers about community advocacy and its importance in bringing about a positive change in improving access to healthy food choices and accessible physical activity resources.
- **Keep Track of Policy Changes/Issues –**
 - Provide assistance to healthcare professional advocates in tracking issues under discussion and consideration. It is critical to track policy changes at all levels of government within the community and share these with healthcare professional advocates in simple ways that they can review on a timely basis.
- **Share Success Stories and Provide Recognition of Healthcare Professionals –**
 - Provide opportunities to recognize the work healthcare professional advocates are doing to reverse the childhood obesity epidemic. These success stories will serve both as ways to recognize the hard work of these advocates, as well as provide tools to recruit additional healthcare professional advocates.
- **Organizations with Established Successful Relationships with Healthcare Professional Advocates Can Share their Success –**
 - Organizations who have worked successfully with healthcare professional advocates should share their experiences and what they have learned with other organizations about this type of partnership.

Shalonda Horton, RN, an advocate member of the Texas Be Our Voice Team, didn't have to look any further than her church to apply her advocacy training. Her husband is the pastor and the church had been pushing messages about being healthy. As a result of Shalonda's training, the church has formed a health ministry called the Habit for Health Challenge.

- In this way, more healthcare professional advocates will have the opportunity to be engaged in community advocacy campaigns to reverse childhood obesity.
- **Reach Advocates Early –**
 - If there are training opportunities for healthcare professionals within or near the communities being served, reach out and invite young healthcare professionals and healthcare professionals in training to be part of the advocacy team. Because some have requirements for community engagement activities, take advantage of this opportunity.
- **Provide Feedback & Data to Healthcare Professionals –**
 - One important way to keep healthcare professionals engaged over time is to stay in touch with them. The easiest thing to do is to recruit healthcare professionals. The hardest is to keep them engaged.
- **Help Healthcare Professionals “Buddy Up” –**
 - Another important way to keep healthcare professionals engaged is to connect new advocates with those who have been working in their communities for some time. This provides much needed peer support.
 - For the “Buddy” advocate, it communicates a strong value to them and their experience. For the new advocate, they have a peer to bounce off ideas and learn from their experiences.
 - Make sure the organization’s staff is helping to support these connections early on. Staff will need to conceptualize the role of the “Buddy” and help to provide training and support to them in this role.
- **Provide Training to Address Key Skill sets –**
 - Healthcare Professionals, like everyone else, can be self-conscious about public speaking or being interviewed by the media. If your organization plans to ask healthcare professionals to speak on a new subject in front of a large group, provide training and feedback to the healthcare professionals.
 - Offer media training or a tip sheet on how to work with media interviews along with helping them shape talking points and how to create impactful “sound bites.”
 - For those healthcare professionals who have not participated in consensus decision making provide an overview and training in this process.
- **Periodic Feedback –**
 - It was recommended that organizations working with healthcare professionals provide periodic feedback to show small changes and where possible, provide any data or results of changes taking place as a result of the campaign.
 - Make sure to interact and ask them for their feedback about your organization or ideas from them about projects, training or new ideas.

Section 6 – Putting It All Together

Lessons Learned from Healthcare Professionals & Community Organizations

What follows are a set of lessons learned from the field compiled by those working with healthcare professionals to reverse the childhood obesity epidemic.

- ***Learn to Speak the Same Language.***
 - Spend time with your healthcare professional advocates. Invest time to find shared interests and common understanding about the relationship between community impacts, social determinants that influence childhood obesity, and individual responsibility.
 - Take steps to translate the vernacular that defines community advocacy related to childhood obesity. Work with your advocacy team to speak in terms that everyone understands. This is not only helpful for new healthcare professional recruits, but policy makers and the media as well.
 - Physicians can sometimes use complicated clinical terms to describe childhood obesity issues. Provide feedback and support to them in learning to share their stories in clear, compelling terms.
- ***Create a Central Advocacy Focus for Your Healthcare Professional Advocates.***
 - When healthcare professional advocates are recruited to address a more singular advocacy issue, partner organizations will be better able to focus the support needed by the advocates and advocates have an opportunity to share ideas and expertise around a unifying focus.
- ***Be Clear in the Recruitment Process About What is Expected & the Advocacy Commitment.***
 - Share with prospective healthcare professional advocates the types of tasks and responsibilities they may be taking on as part of your advocacy campaign. This helps to decrease drop outs later on and minimize any surprises. (Appendix H)
 - Put this in writing and share what is expected early in the recruitment process.
- ***Communicate About Time Requirements.***
 - Let prospective recruits know there are levels and options in terms of time required so that you don't lose the healthcare professional advocate because they believe more time is required than they have available.
- ***Share with Recruits What You Will Provide to Them.***
 - This can be particularly helpful with those potential advocates who may have more limited amounts of time available.
- ***Involve Healthcare Professional Advocates as Recruiters.***
 - As your healthcare professional advocates have positive experiences, they will likely bring other colleagues on board to join the campaign.
 - Thank and encourage this behavior.

- **Framing Your Ask.**
 - When you ask a healthcare professional to join your campaign, and their answer is “NO”, consider asking for permission to stay in touch which will allow you the opportunity to ask again. This time, be more specific in how you describe possible areas for involvement. In this way, the healthcare professional advocate may see possible areas and time to get involved.
- **Be Respectful of the Time Constraints.**
 - Healthcare professionals can have limited time available to support their passion. Work with their availability as the starting point for their involvement.
- **Physicians Will Want to Know How This Will Help Their Practice.**
 - This is why helping physicians to understand how, what they see in their practice in terms of childhood obesity, has its cause in the community.
- **Start Building Your Relationship Before You Ask.**
 - Get to know the healthcare professional(s) you are interested in recruiting before you ask them to volunteer in your campaign. In this way, you will learn more about them. They will learn more about the focus and goals of your campaign and you will plant the seeds for trust building and understanding.
- **Dive In!**
 - Healthcare professionals are waiting to get involved. Many just don't know where and how to plug in.

What Success Can Look Like

When healthcare professional advocates and organizations successfully partner to reverse the childhood obesity epidemic a number of success factors emerge. It is critical to capture these factors both from the perspective of organizations working with healthcare professional advocates and from the advocate's themselves.

Organizations working successfully with healthcare professionals –

- Acknowledge that working successfully means building a relationship that has value.
- Invest the time for discussion and learning so that each grows in the other's perspective.
- Learn the interests and passions of healthcare professional advocates and take steps to respond.
- Break down advocacy opportunities into “biteable chunks” so that no matter what amount of time is available, opportunity to advocate happens.

“We started small, so we could figure things out, and now that the community has seen how successful and exciting it is, I think it will continue to grow.”

Amy Cooley
RSVP Director, Brewton County, Alabama

- Respond to targets of opportunity for healthcare professional advocates to engage.
- Take steps to reach, communicate and engage busy healthcare professional advocates to keep them abreast of the childhood obesity advocacy campaign.
- Periodically assess their support and engagement efforts and respond as their relationship with their healthcare professional advocates changes and grows.

Healthcare professional advocates working successfully with organizations in community advocacy campaigns –

- Participate in learning and training opportunities and take steps to grow in their understanding of community change and its value.
- Share with the organization their time availability and work together to find ways to advocate in a meaningful way in that time.
- Learn how the organization works to maximize their participation and contributions.

“We have a real obesity problem here, and I asked if I could go through a training and bring it to my people.” Moss was invited to participate in train-the-trainer session. “We’re excited to be part of this. We don’t need to reinvent the wheel. Let’s just do it.”

Rometrius Moss, MSN, President of the Mississippi Gulf Coast Black Nurse Assoc.

- Share with the organization the advocacy work they are doing in the community.
- Make a commitment to engage.
- Identify their community advocacy targets and plans and share these with the organization.
- Grow in their understanding of the policy decision making process for their advocacy issue.
- Offer to connect with new healthcare professional advocates and share the “Rules of the Road” for the community advocacy process.

Getting Started – Tips to Initiate Your Partnership

1. Develop a short list of how a Healthcare Professional Advocate can be a resource for your organization and your campaign.
2. Research which healthcare professional associations are closest to your organization, their experience in community health advocacy and efforts to address childhood obesity.
3. Create a plan to recruit healthcare professional advocates.
4. When you meet with healthcare professional organizations and prospective healthcare professional advocates, have written materials that describe your organization, its mission and focus in childhood obesity prevention.
5. Develop a set of questions to begin your conversation about potential partnership.

Section 7 – Appendices

Appendix A - Healthcare Professional Advocacy Assessment

Appendix B - Healthcare Professional Organizations

Appendix C - Ethnic Physician Organizations

Appendix D – Prevention of Obesity Policy Opportunities Tool

Appendix E – Glossary of Obesity Advocacy Terms

Appendix F – NICHQ/*Be Our Voice* Online Resources

Appendix G – Newsletter Sample

Appendix H – Sample Advocate Commitment Form

Appendix A

Childhood Obesity Healthcare Professional Advocacy Assessment

| | |
|----------------|-------------------------------|
| Name: | Professional Position: |
| Address | Phone |
| Fax | Email |

1. Have you been involved in any of the following activities to improve health in your community?

- | | |
|--|---|
| <input type="checkbox"/> Provided community education programs | <input type="checkbox"/> Serve on local board |
| <input type="checkbox"/> Wrote letters-to-the-editor | <input type="checkbox"/> Participated in local health fairs |
| <input type="checkbox"/> Testified before governmental officials about an issue of concern | <input type="checkbox"/> Participated on radio or TV programs/interviews |
| <input type="checkbox"/> Volunteer in schools, community or governmental organization | <input type="checkbox"/> Met with elected officials about health concerns |
| <input type="checkbox"/> Worked as part of a community coalition to address a health issue | <input type="checkbox"/> Other: |

2. What do you find most enjoyable about working in your community to improve health?

3. If you have not yet been involved in a campaign to improve health in your community, what has prevented you for doing so?

- | | |
|---|--|
| <input type="checkbox"/> I don't have enough time. | <input type="checkbox"/> I didn't know how to get started. |
| <input type="checkbox"/> I hadn't thought that my involvement would have much impact. | <input type="checkbox"/> Other: |

4. Our campaign will be focusing on Childhood Obesity Prevention. In addressing Childhood Obesity Prevention in the community, what issue[s] are you most passionate about?

5. How would you describe or define being an advocate on behalf of the children of your community to reduce obesity? What might this involve?

6. What do you feel are your greatest strengths in serving as an advocate to reverse the childhood obesity epidemic?

- | | |
|--|---|
| <input type="checkbox"/> Knowledge of the issues regarding childhood obesity | <input type="checkbox"/> Experience as an advocate |
| <input type="checkbox"/> Ability to work well with others | <input type="checkbox"/> Understanding the governmental decision making process |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Other: |

7. What is one issue you would like to see addressed as a childhood obesity advocate?

8. What resources and support would you find helpful to serve as an obesity prevention advocate in your community?

- | | |
|---|---|
| <input type="checkbox"/> Scheduling education programs or meetings with key decision makers | <input type="checkbox"/> Background information about the childhood obesity epidemic in my community |
| <input type="checkbox"/> Keeping advocates connected | <input type="checkbox"/> Help reaching out to parent/community organizations |
| <input type="checkbox"/> Help in developing my advocacy plan | <input type="checkbox"/> Helping community organizations understand how to work with healthcare professionals |
| <input type="checkbox"/> Other: | |

9. How much time do you estimate you have to support your advocacy efforts?

- | | |
|--|--|
| <input type="checkbox"/> Roughly an hour a week | <input type="checkbox"/> A couple hours a month |
| <input type="checkbox"/> A hour a month | <input type="checkbox"/> Less than an hour a month |
| <input type="checkbox"/> I don't really have a cap on the time available | |

10. Can you share your race/ethnicity with us?

- | | |
|---|---|
| <input type="checkbox"/> Latino or Hispanic | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Multiethnic | <input type="checkbox"/> Other: |

11. Can you share the languages you speak?

Thank you for completing this Advocacy Assessment Tool!

Appendix B

Healthcare Professional Organizations

State Associations:

Below is a link to access all of the State Medical Societies/Associations

<http://www.ama-assn.org/ama/pub/about-ama/our-people/the-federation-medicine/state-medical-society-websites.page>

National Specialty Societies/Associations:

<http://www.ama-assn.org/ama/pub/about-ama/our-people/the-federation-medicine/national-medical-specialty-society-websites.page>

Of the over 100 specialty societies, the ones noted below may be considered the 'low hanging fruit':

American Academy of Family Physicians

<http://www.aafp.org/online/en/home.html>

American Academy of Orthopedic Surgeons

<http://www.aaos.org/>

(Sports medicine/injuries)

American Academy of Pediatrics

<http://www.aap.org/>

American College of Cardiology

<http://www.cardiosource.org/acc>

American College of Physicians

<http://www.acponline.org/>

American College of Preventive Medicine

<http://www.acpm.org/>

American Congress of Obstetricians and Gynecologists

<http://www.acog.org/index.cfm>

National Professional Organizations:

American Academy of Physician Assistants

<http://www.aapa.org/>

American Academy of Nurse Practitioners

<http://www.aanp.org/AANPCMS2/>

American Pharmacists Association

http://www.pharmacist.com/AM/Template.cfm?Section=Professional_Pharmacy_Organizations

American Dental Association

<http://www.ada.org/>

American Dietetic Association

<http://www.eatright.org/>

The International & American Associations of Clinical Nutritionists

<http://www.iaacn.org/>

National Association of School Nurses

<http://www.nasn.org/default.aspx>

American Nurses Association

<http://nursingworld.org/>

Federally Qualified Health Centers

http://www.raconline.org/info_guides/clinics/fqhc.php

Public Health Organizations

National Association of County and City Health Officials

<http://naccho.org/>

Society for Public Health Education

<http://www.sophe.org/>

Appendix C

Ethnic Physician Organizations

American Association of Physicians of Indian Origin

<http://aapiusa.org/>

Association of American Indian Physicians

<http://www.aaip.org/>

Association of Black Health System Pharmacists

<http://www.myabhp.org/>

Association of Philippine Physicians of America

www.aboutappa.org

National Coalition of Ethnic Minority Nurse Organizations

<http://www.ncemna.org/>

National Council of Asian Pacific Islander Physicians

<http://ncapip.org/>

National Hispanic Medical Association

<http://www.nhmamd.org/>

National Medical Association

<http://nmanet.org/>

Philippine Academy of Family Physicians

<http://thepafp.org/>

Vietnamese American Medical Association

<http://vamausa.org/cms2/index.php>

AMA International Medical Graduates

<http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/international-medical-graduates.page>

Appendix D

PREVENTION OF OBESITY POLICY OPPORTUNITIES TOOL (POPOT)

The American Academy of Pediatrics (AAP) is pleased to announce the release of the **Prevention of Obesity Policy Opportunities Tool (POPOT)**. The POPOT is a dynamic Web-based tool created for healthcare professionals (HCPs) who have experience in advocacy and are interested in focusing their advocacy efforts on obesity prevention. This tool provides actionable policy strategies and associated resources to prevent obesity. Specific strategies and resources are presented for implementation at the practice, community, school, state, and federal levels.

The POPOT is available at http://www.aap.org/obesity/matrix_1.html.

Top Level of POPOT tool: Showcases high level strategies to support healthy nutrition (row labeled 5 for 5 fruits and vegetables/day), reduced screen time (row labeled 2 for 2 hours of screen time or less/day), increased physical activity (row labeled 1 for 1 hour of physical activity/day), limiting unhealthy foods (row labeled 0 for 0 sugar-sweetened beverages per day), breastfeeding (row labeled BF) and BMI screening (row labeled BMI) at various levels (pediatric practice/hospital, community, school, state, and Federal).

| | Practice | Community | Schools | State | Federal |
|---|---|--|--|--|--|
| 5 | <ul style="list-style-type: none"> Increased Access to Healthy Food Limited Access to Unhealthy Foods Point of Purchase Media Campaigns | <ul style="list-style-type: none"> Increased Access to Healthy Food Limited Access to Unhealthy Foods Point of Purchase Media Campaigns Change Relative Pricing | <ul style="list-style-type: none"> Increased Access to Healthy Food Limited Access to Unhealthy Foods Point of Purchase Media Campaigns Change Relative Pricing | <ul style="list-style-type: none"> Increased Access to Healthy Food Limited Access to Unhealthy Foods Point of Purchase Media Campaigns Change Relative Pricing | <ul style="list-style-type: none"> Increased Access to Healthy Food Limited Access to Unhealthy Foods Point of Purchase Media Campaigns Change Relative Pricing |
| 2 | <ul style="list-style-type: none"> Restrict Screen Time | <ul style="list-style-type: none"> Restrict Screen Time | <ul style="list-style-type: none"> Restrict Screen Time | <ul style="list-style-type: none"> Restrict Screen Time | <ul style="list-style-type: none"> Restrict Screen Time |
| 1 | <ul style="list-style-type: none"> Increased access for safe and attractive places for Physical Activity Increase Physical Activity | <ul style="list-style-type: none"> Increased access for safe and attractive places for Physical Activity Increase Physical Activity | <ul style="list-style-type: none"> Increased access for safe and attractive places for Physical Activity Increase Physical Activity | <ul style="list-style-type: none"> Increased access for safe and attractive places for Physical Activity Increase Physical Activity | <ul style="list-style-type: none"> Increased access for safe and attractive places for Physical Activity Increase Physical Activity |
| 0 | <ul style="list-style-type: none"> Access to Healthy Beverages Limit Access to Unhealthy Beverages | <ul style="list-style-type: none"> Access to Healthy Beverages Limit Access to Unhealthy Beverages Point of Purchase Change Relative Price Media Campaigns | <ul style="list-style-type: none"> Access to Healthy Beverages Limit Access to Unhealthy Beverages Point of Purchase Change Relative Price Media Campaigns | <ul style="list-style-type: none"> Access to Healthy Beverages Limit Access to Unhealthy Beverages Point of Purchase Change Relative Price Media Campaigns | <ul style="list-style-type: none"> Access to Healthy Beverages Limit Access to Unhealthy Beverages Point of Purchase Change Relative Price Media Campaigns Taxes |

To learn more about the strategies identified to improve nutrition within the community click on this cell. See page 2 for next level of information.

| | | | | | |
|-----|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| BF | • Breastfeeding Friendly Environments |
| BMI | • Payment | • BMI Screening | • Payment | • Payment • BMI Screening | • Payment |

Key:
 5= Fruits and vegetables/day
 2= Less than 2 hours of screen time/day
 1= Hour of physical activity/day
 0= Sugared beverages/day
 BF= Encourage and support breastfeeding
 BMI= Body mass index screening

[Obesity Advocacy Glossary](#)

Special Feature: An obesity advocacy glossary is included to help HCP's learn related advocacy terms.

Level 2 of POPOT tool: Showcases the various policy actions steps for each hi-level strategy (based on Centers for Disease Control and Prevention's MAPPS strategies) defined in the first layer of the tool.

Sample Level 2: Improved Nutrition at the Community Level

Increased Access to Healthy Food
 Action steps to increase access to healthy food in the community include:

- A. Communities should improve geographic availability of supermarkets via a variety of strategies such as incentives, relaxing zoning requirements, and/or small business programs.
- B. Encourage farmers' markets, farm stands, mobile markets, community gardens, and youth-focused gardens in your community by offering incentives and/or modified land use policies/zoning regulations.
- C. Encourage farmers' markets to accept WIC and SNAP.
- D. Create incentive programs for markets and other food vendors to carry healthier foods.
- E. Increase availability of healthy food in public venues.
- F. Enhance accessibility to existing grocery stores through public safety efforts and through increased public transportation routes.

CLICK ON THE GREEN HEADER TO REVEAL

Limit Unhealthy Foods
 Action steps to limit unhealthy foods in the community include:

- A. Implement zoning and/or establish ordinances designed to limit the number of fast food establishments and mobile vending in the community.
- B. Communities should restrict availability of less healthy foods in public service venues.

CLICK ON THE GREEN HEADER TO REVEAL

Point of Purchase
 Action steps for point of purchase in the community include:

- A. Require menu labeling in restaurants to provide consumers with calorie information on menus and menu boards.
- B. Regulate smaller portion size, low-fat, low-calorie options be available and clearly labeled as such in public service venues.
- C. Offer incentives to restaurants that promote healthier options.
- D. Encourage or incentivize food vendors to adopt family-friendly policies that promote healthy products and limit unhealthy marketing.
- E. Encourage purveyors of vending machines to create healthy vending guidelines and labeling.

[Scroll back to the top](#)

CLICK ON THE GREEN HEADER TO REVEAL

Media Campaigns
 Action steps to develop media campaigns in the community include:

- A. Develop media campaigns to promote healthy choices and counteract media messaging of unhealthy choices.

[Scroll back to the top](#)

CLICK ON THE GREEN HEADER TO REVEAL

Change Relative Pricing
 Action steps to change relative pricing in the community include:

- A. Develop and implement a tax strategy to discourage consumption of food and beverages with minimal nutritional value.

After clicking on a cell in the top layer of matrix, various **policy action steps** to implement the high level strategies are highlighted. The example to the left showcases actions steps to improve nutrition at the community level (the cell circled on the previous page). To learn more about one of these action steps, simply click on the action step to reveal the 3rd level of content (see page 3 for example).

Sample Level 3: Detailed information on Policy Action Step: Describes details about each policy action step, what organizations recommended this strategy, and provides links to reports and resources. The example below showcases what one would find if they selected one of the action steps in layer 2.

Sample Level 3: Communities should improve geographic availability of supermarkets

Action steps to increase access to healthy food in the community include:

A. Communities should improve geographic availability of supermarkets via a variety of strategies such as incentives, relaxing zoning requirements, and/or small business programs.
 People cannot consume a healthy diet unless healthy foods are available, affordable, and convenient. Research suggests that neighborhood residents who have better access to supermarkets and grocery stores tend to have healthier diets and lower levels of obesity. Unfortunately, many communities across the U.S. lack access to healthy food options. Communities without supermarkets should explore incentives such as grants and loan programs, small business development programs and tax incentives that encourage grocery stores to locate in underserved areas. Localities and local zoning boards can also relax zoning requirements that make it difficult for supermarkets to move into densely populated urban areas and rural communities, provide parking subsidies and implement policies that encourage that recently closed grocery stores can be replaced by another one as quickly as possible.

Recommended by:

- ▶ [Centers for Disease Control and Prevention \(CDC\): Recommended Community Strategies and Measurements to Prevent Obesity in the United States](#)
- ▶ [Institute of Medicine \(IOM\) Report: Local Government Actions to Prevent Childhood Obesity](#)
- ▶ [Robert Wood Johnson Foundation \(RWJF\): Action Strategies Toolkit – A Guide for Local And State Leaders Working to Create Healthy Communities And Prevent Childhood Obesity](#)

For more information:

- ▶ [The Food Trust](#)
- ▶ Public Health Law and Policy: [Getting to Grocery: Tools for Attracting Healthy Food Retail to Underserved Neighborhoods](#) and [Zoning Talking Points](#)
- ▶ The Rudd Center: [Access to Healthy Foods in Low-Income Neighborhoods](#)
- ▶ International City/County Managers Association (ICMA): [Community Food Access – The Local Government Role](#)

This section provides a brief description of the policy action step (highlighted in yellow) that was selected in layer 2.

This section showcases the various organizations recommending this policy action and provides direct links to each organization’s corresponding report. See box below for featured reports.

This section provides links for more information on sample briefs, model policy, other important reports and/or organizations focused on the cause.

- Reports Featured Include:**
- Relevant American Academy of Pediatrics Policy Statements
 - Recommended Community Strategies and Measurements to Prevent Obesity in the United States (Centers for Disease Control and Prevention)
 - Local Government Actions to Prevent Childhood Obesity (Institute of Medicine)
 - Action Strategies Toolkit – A Guide for Local and State Leaders Working to Create Healthy Communities and Prevent Childhood Obesity (Robert Wood Johnson Foundations)
 - Successful State Strategies to Prevent Childhood Obesity (National Governor’s Association)

Appendix E

Glossary of Obesity Advocacy Terms

DISCLAIMER – These terms are provided as a resource to assist you in your advocacy efforts and do not necessarily reflect policy or endorsement of National Initiative for Child Healthcare Quality, American Academy of Pediatrics, or California Medical Association Foundation.

As Of Right: Zoning standards that are determined in advance of development and are self-enforcing. These types of development do not require special approval from a government agency.

Baby Friendly Hospital: A maternity facility can be designated 'baby-friendly' when it does not accept free or low-cost breast milk substitutes, feeding bottles or teats, and has implemented 10 specific steps to support successful breastfeeding. A baby- friendly hospital:

- Maintains a written breastfeeding policy
- Trains all staff in skills needed to implement this policy
- Informs all pregnant women about the benefits and management of breastfeeding
- Helps mothers initiate breastfeeding within one hour of birth
- Shows mothers how to breastfeed even if they are separated from their infants
- Gives infants no food or drink other than breast milk unless medically indicated
- Allows mothers and infants to remain together 24 hours a day
- Encourages unrestricted breastfeeding
- Gives no pacifiers or artificial nipples to breastfeeding infants
- Refers mothers to breastfeeding support groups

Beverage Contracts: Standard contracts, the most common type for schools, are signed between a school or school district and a bottler/distributor for a period of years. A standard contract facilitates the sale and marketing of beverages in schools and lays out the terms for compensation for the school/school district. These contracts are legal arrangements that integrate a school or school district into a beverage company's marketing strategy and, simultaneously, integrate a beverage company into a school/district's fundraising plan. Other contracts include: Request for Responses Contracts and Purchase Order Contracts.

Bike Lanes: As defined by the American Association of State Highway and Transportation Officials, portions of a roadway that have been designated by striping, signing, and pavement markings for the preferential or exclusive use of bicyclists.

Bike Routes: Cycling routes on roads shared with motorized vehicles or on specially marked sidewalks.

Body Mass Index (BMI): One of the most commonly used measures for defining overweight and obesity, calculated as weight in kilograms divided by height in meters squared.

Built Environment: Encompasses all of the man-made elements of the physical environment, including buildings, infrastructure, and other physical elements created or modified by people and the functional use, arrangement in space, and aesthetic qualities of these elements.

Calorie-Dense, Nutrient-Poor Foods: Foods and beverages that contribute few vitamins and minerals to the diet, but contain substantial amounts of fat and/ or sugar and are high in calories. Consumption of these foods, such as sugar-sweetened beverages, candy, and chips, may contribute to excess calorie intake and unwanted weight gain in children.

Child Nutrition Program: The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. The program was established under the National School Lunch Act, signed by President Harry Truman in 1946.

Coalition: A group of persons representing diverse public-or private-sector organizations or constituencies working together to achieve a shared goal through coordinated use of resources, leadership, and action.

Community Gardens: Any piece of land gardened by a group of people. It can be urban, suburban, or rural. It can be one community plot, or can be many individual plots. It can be at a school, hospital, or in a neighborhood. It can also be a series of plots dedicated to "urban agriculture" where the produce is grown for a market.

Competitive Foods and Beverages: All foods and beverages served or sold in schools that are not part of Federal school meal programs, including "à la carte" items sold in cafeterias and items sold in vending machines. As defined by the Institute of Medicine (2005), competitive foods and beverages typically are lower in nutritional quality than those offered by school meal programs.

Competitive Pricing: The principal vendor selection criterion used for cost containment is a competitive pricing standard to exclude high-priced vendors. States with this criterion require that vendors charge a "fair and competitive price." States differ in defining this price and in whether they use a competitive pricing criterion at application or in evaluating redemptions.

Complete Streets: Streets that support all users—motorists, bicyclists, pedestrians, transit users, young, old, and disabled—by featuring safe access along and across the street via sidewalks, bicycle lanes, wide shoulders, crosswalks, and other features. Complete streets enable safe, attractive, and comfortable access and travel.

Conditional Use Permit: A variance granted to a property owner that allows a use otherwise prevented by zoning, through a public hearing process. These permits allow a city or county to consider special uses of land that may be essential or desirable to a particular community but are not allowed as a matter of right within a zoning district. These permits can also control certain uses that could have detrimental effects on a community or neighboring properties. They provide flexibility within a zoning ordinance.

Connectivity: The directness of travel to destinations. Sidewalks and paths that are in good condition and without gaps can promote connectivity.

Counter-Advertising Media: The Recovery Act Communities Putting Prevention to Work- Community Initiative suggests using **media** as a key strategy to:

- Promote healthy foods/drinks and increase activity
- Restrict advertising and employ counter-advertising for unhealthy foods/drinks

Media can be a key element to increase awareness and motivation and can be used to promote healthy eating, portion size awareness, eating fewer calorie-dense, nutrient-poor foods and to raise awareness of weight as a health issue. High-frequency television and radio advertising, as well as signage, may stimulate improvements in attitudes toward a healthy diet. Counter-advertising media promote healthy foods/drinks/lifestyle in an attempt to counteract the barrage of marketing and media messaging for unhealthy products. This technique was used successfully to reach youth in the tobacco and alcohol prevention fields.

Density: Population per unit of area measure.

Dietary Guidelines For Americans: The Dietary Guidelines for Americans have been published jointly every 5 years since 1980 by the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA). The Guidelines provide authoritative advice for people 2 years and older on how good dietary habits can promote health and reduce risk for major chronic diseases. They serve as the basis for federal nutrition assistance and nutrition education programs.

Discretionary Calories: The number of calories in one’s “energy allowance” after one consumes sufficient amounts of foods and beverages to meet one’s daily calorie and nutrient needs while promoting weight maintenance.

Eating Occasion: A single meal or snack.

Energy-Dense Foods: Foods that are high in calories.

Energy Density: The number of calories per gram in weight.

Environmental Change: An alteration or change to physical, social, or economic environments designed to influence people’s practices and behaviors.

Exactions: Requirements placed on developers as a condition of development approval, generally falling into two categories: impact fees (see below) or physical exactions such as dedication of land or provision of infrastructure. Exactions must be related to the expected impacts of a project. For example, new homes create the need for more parks and schools, and an exaction might dedicate land in the developer’s plans for more parks and schools.

Family Friendly Store Displays: When we shop, our purchases are influenced not only by what’s available and affordable, but also by how products are organized and advertised inside the store. The overall layout of the store affects what we buy. When high-sugar cereals are shelved at children’s eye level, parents are more likely to be pestered into choosing them over healthier breakfast options. When fruit and granola bars, rather than candy and chips, are stocked in the check-out lanes, people are much less likely to make an unhealthy, last-minute impulse buy.

Farm Bill: The Farm Bill sets overall U.S. agricultural policy and is usually renewed at 5-year intervals. It encompasses all federal policy related to commodities, price supports for certain crops, conservation, food safety, agricultural disaster assistance and much more.

Farm Stand: Multiple and single vendors that are not part of a licensed farmers market.

Farmer-Day: Any part of a calendar day spent by a farmer (vendor) at a farmers market (excluding craft vendors and prepared food vendors). The total number of annual farmer-days for a given farmers market is based on the number of days that the farmers market is open in a year multiplied by the number of farm vendors at the market on a given day.

Farm To School: Farm to School brings healthy food from local farms to school children nationwide. The program teaches students about the path from farm to fork, and instills healthy eating habits that can last a lifetime. At the same time, use of local produce in school meals and educational activities provides a new direct market for farmers in the area and mitigates environmental impacts of transporting food long distances.

Farm To Hospital: The farm to hospital approach extends beyond local fruits and vegetables to include other sustainable and health-promoting food purchasing options such a focus on organic food, sustainably raised produce and meats, antibiotic free meat, and rBGH-free (recumbent Bovine Growth Hormone) dairy products. Farmers' markets on hospital grounds and community health promotion activities are also integral components of the farm to hospital model.

Food Access: The extent to which a community can supply people with the food needed for health. Communities with poor food access lack the resources necessary to supply people with the food needed for a healthy lifestyle. Availability of high quality, affordable food and close proximity to food stores increase food access.

Food Desert: "Food desert" means an area in the United States with limited access to affordable and nutritious food. Food deserts often exist in areas composed of predominantly lower-income neighborhoods and communities.

Form-Based Code: A method of regulating development to achieve a specific urban form. Form-based codes create a predictable public realm primarily by controlling physical form, with a lesser focus on land use, through city or county regulations.

Health Disparities: Differences in the incidence and prevalence of health conditions and health status between groups. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these. People in such groups not only experience worse health but also tend to have less access to the social determinants or conditions (e.g., healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination) that support health.

Health Equity: *When everyone has the opportunity to "attain their full health potential" and no one is "disadvantaged from achieving this potential because of their social position or other socially determined circumstance."*

Health Inequities: When health disparities are the result of the systematic and unjust distribution of certain critical conditions (eg, healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination).

Health Impact Assessment: Health impact assessment (HIA) is commonly defined as “a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population” HIA is used to evaluate objectively the potential health effects of a project or policy before it is built or implemented.

Healthy Eating Environment: An environment that provides access to and encourages the consumption of healthy foods, as described by the Dietary Guidelines for Americans.

Healthier Foods And Beverages: As defined by Institute of Medicine (2005), foods and beverages with low energy density and low content of calories, sugar, fat, and sodium.

Home Zone: A residential street or group of streets that is designed to operate primarily as a space for social use. The needs of residents take priority over the needs of car drivers. Home zones are designed to be shared by pedestrians, playing children, bicyclists, and low-speed motor vehicles. Traffic-calming methods such as speed humps are avoided in favor of methods that make slower speeds more natural to drivers, rather than an imposition. Home zones encourage children’s play and neighborhood interaction and also increase road safety.

Impact Fee: A monetary exaction placed on developers related to the expected impacts of a project. For example, to lessen the effect of increased traffic at a new shopping center, a developer might be required to pay an impact fee that would be used for construction of a left-turn lane and traffic lights.

Joint Use Agreement: A joint use agreement (JUA) is a formal agreement between two separate government entities—often a school and a city or county—setting forth the terms and conditions for shared use of public property or facilities. JUAs can range in scope from relatively simple (e.g., opening school playgrounds to the public outside of school hours) to complex (allowing community individuals and groups to access all school recreation facilities, and allowing schools to access all city or county recreation facilities).

Largest School District Within a Local Jurisdiction: The school district that serves the largest number of students within a local jurisdiction.

Less Healthy Foods And Beverages: As defined by Institute of Medicine (2005), foods and beverages with a high content of calories, sugar, fat, and sodium, and low content of nutrients, including protein, vitamins A and C, niacin, riboflavin, thiamin, calcium, and iron.

Local Food: Practically speaking, local food production can be thought of in concentric circles that start with growing food at home. The next ring out might be food grown in our immediate community - then state, region, and country. For some parts of the year or for some products that thrive in the local climate, it may be possible to buy closer to home. At other times, or for less common products, an expanded reach may be required.

Local Government Facilities: Facilities owned, leased, or operated by a local government (including facilities that might be owned or leased by a local government but operated by contracted employees). For the purposes of this project, and according to the definition established by ICMA, local government facilities might include facilities in the following categories:

- 24-hour “dormitory-type” facilities: facilities that generally are in operation 24 hours per day, 7 days per week, such as firehouses (and their equipment bays), women’s shelters, men’s shelters, and group housing facilities for children, seniors, and physically or mentally challenged persons, not including regular public housing;
- administrative/office facilities: general office buildings, court buildings, data processing facilities, sheriff’s offices (including detention facilities), 911 centers, social service intake centers, day care/preschool facilities, historical buildings, and other related facilities;
- detention facilities: jails, adult detention centers, juvenile detention centers, and related facilities;
- health care facilities: hospitals, clinics, morgues, and related facilities;
- recreation/community center facilities: senior centers, community centers, gymnasiums, public parks and fields, and other similar recreation centers, including concession stands located at these facilities; and
- other facilities: water treatment plants, airports, schools, and all other facilities that do not explicitly fall into the categories listed above.

Low Energy Dense Foods And Beverages: Foods and beverages with a low calorie-per-gram ratio. Foods with a high water and fiber content are low in energy density, such as fruits, vegetables, and broth-based soups and stews.

Macronutrients: Nutrients needed in relatively large quantities, such as protein, carbohydrates, and fat.

Measure: For the purpose of this project, a measure is defined as a single data element that can be collected through an objective assessment of the physical or policy environment and used to quantify without bias an obesity prevention strategy.

Micronutrients: Nutrients needed in relatively small quantities, such as vitamins and minerals.

Mixed Land Use: A mixed land use development incorporates many sectors of a community, including retail, office, and residential. Communities with a balanced mix of land use give residents the option to walk, bike, or take transit to nearby attractions.

Mixed-Use Development: Zoning that combines residential land use with one or more of the following types of land use: commercial, industrial, or other public use.

Motivational Interviewing: Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.

National School Lunch Program: The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It

provides nutritionally balanced, low-cost or free lunches to children each school day. The program was established under the National School Lunch Act, signed by President Harry Truman in 1946.

Network Distance: Shortest distance between two locations by way of the public street network.

No Child Left Behind: The No Child Left Behind Act of 2001 (No Child Left Behind) is a landmark in education reform designed to improve student achievement and change the culture of America's schools. Enacted under President George W. Bush.

With passage of No Child Left Behind, Congress reauthorized the Elementary and Secondary Education Act (ESEA)--the principal federal law affecting education from kindergarten through high school. In amending *ESEA*, the new law represents a sweeping overhaul of federal efforts to support elementary and secondary education in the United States. It is built on four common-sense pillars: accountability for results; an emphasis on doing what works based on scientific research; expanded parental options; and expanded local control and flexibility.

No Child Left Inside: A movement thought to help address the childhood obesity problem by increasing the time students spend learning about nature, both in and outside the classroom.

Nonmotorized Transportation: Any form of transportation that does not involve the use of a motorized vehicle, such as walking and biking.

Nutrient-Dense Foods: Foods that provide substantial amounts of vitamins, minerals, and other health-promoting components such as fiber and relatively few calories. Foods that are low in nutrient density supply calories but no or small amounts of vitamins, minerals, and health-promoting components.

Nutrition Standards: Criteria that determine which foods and beverages may be offered in a particular setting (e.g., schools or local government facilities). Nutrition standards may be defined locally or adopted from national standards.

Obesity And Overweight: Children and adolescents are defined as obese if they have a body mass index (BMI) equal to or greater than the 95th percentile for their age and sex, and overweight if they have a BMI at the 85th percentile to less than the 95th percentile for their age and sex, according to growth charts (<http://www.cdc.gov/growthcharts>).

Partnership: A business-like arrangement that might involve two or more partner organizations.

Physical Activity: Body movement produced by the contraction of muscle that increases energy expenditure above the resting level.

Pocket Park: A small park frequently created on a vacant building lot or on a small, irregular piece of land, sometimes created as a component of the public space requirement of large building projects. Pocket parks provide greenery, a place to sit outdoors, and sometimes playground equipment. They may be created around a monument, historic marker, or art project.

Point Of Purchase Decision Making: Refers to labeling /signage/placement to increase consumption of healthy foods/drinks, and prompt physical activity. Example: Require menu labeling to assist families

and individuals in making healthy choices when eating away from home. Another example is replacing unhealthy foods with healthy foods in prominent display areas such as checkout lines.

Policy: Laws, regulations, rules, protocols, and procedures designed to guide or influence behavior. Policies can be either legislative or organizational in nature.

Portion Size: The amount of a single food item served in a single eating occasion (e.g., a meal or a snack). Portion size is the amount (e.g., weight, caloric content, or volume) of food offered to a person in a restaurant, the amount in the packaging of prepared foods, or the amount a person chooses to put on his or her plate. One portion of food might contain several USDA food servings.

Pricing Strategies: Intentional adjustment to the unit cost of an item (e.g., offering a discount on a food item, selling a food item at a lower profit margin, or banning a surcharge on a food item).

Public Recreation Facility: Facility listed in the local jurisdiction’s facility inventory that has at least one amenity that promotes physical activity (e.g., walking/hiking trail, bicycle trail, or open play field/play area).

Public Recreation Facility Entrance: The point of entry to a facility that permits recreation. For the purposes of this project, geographic information system (GIS) coordinates of the entrance to a recreational facility or the street address of the facility.

Public Service Venue: Facilities and settings open to the public that are managed under the authority of government entities (e.g., schools, child care centers, community recreational facilities, city and county buildings, prisons, and juvenile detention centers).

Public Transit Stop: Point of entrance to a local jurisdiction’s transportation and public street network, such as bus stops, light rail stops, and subway stations.

Quality Physical Education: Appropriate actions must be taken in four main areas to ensure a high quality physical education program: (1) curriculum, (2) policies and environment, (3) instruction, and (4) student assessment (5) healthy school environment; (6) counseling, psychological, and social services; (7) health promotion for staff; and (8) family and community involvement.

Policy and environmental actions that support high quality physical education require the following:

- Adequate instructional time (at least 150 minutes per week for elementary school students and 225 minutes per week for middle and high school students),
- All classes be taught by qualified physical education specialists,
- Reasonable class sizes, and
- Proper equipment and facilities.
- Instructional strategies that support high-quality physical education emphasize the following:
 - The need for inclusion of all students,
 - Adaptations for students with disabilities,
 - Opportunities to be physically active most of the class time,
 - Well-designed lessons,
 - Out-of-school assignments to support learning, and
 - Not using physical activity as punishment.

- Regular student assessment within a high-quality physical education program features the following:
 - The appropriate use of physical activity and fitness assessment tools,
 - Ongoing opportunities for students to conduct self-assessments and practice self-monitoring of physical activity,
 - Communication with students and parents about assessment results, and
 - Clarity concerning the elements used for determining a grading or student proficiency system.

Retrofit: Modification of infrastructure and facilities in existing areas of the community rather than the provision of infrastructure and facilities in new areas of development.

Road Diet: Involves reducing the amount of lanes in a road to include a bike lane and/or sidewalks. Road diets are intended to slow traffic and make the road safer for pedestrians and cyclists.

Safe Communities: According to the Leadership for Healthy Communities: Action Strategies Toolkit, keeping communities safe and free from crime encourage outdoor activity. Parents' perceptions of safety in their neighborhoods, from concerns about traffic to strangers, can determine the level of activity in which their children engage. Strategies identified to combat these issues include: street patrols, neighborhood watch groups, and community design and aesthetics.

Safe Routes to Schools: Communities use many different approaches to make it safer for children to walk and bicycle to school and to increase the number of children doing so. Programs use a combination of education, encouragement, enforcement and engineering activities to help achieve their goals.

School Siting: The process of locating schools and school facilities.

School Wellness Council: Many states require local School Wellness Councils or Health Advisory councils that are usually made up school staff, students, parents and community members and which implement the School Wellness Policy.

School Wellness Councils:

- Advise the school board/district on school/community health issues.
- Identify student/staff health needs.
- Monitor and evaluate implementation of school wellness policies.
- Support the school in developing a healthier school environment.
- Assist with policy development to support a healthy school environment.
- Plan and implement programs for students and staff.
- Tap into funding and resources for student and staff wellness.

School Wellness Policy: Section 204 of Public Law 108 – 265, the Child Nutrition and WIC Reauthorization Act of 2004, requires that every school district receiving funding through the National School Lunch and/or Breakfast Program develop a local wellness policy that promotes the health of students with a particular emphasis on addressing the growing problem of childhood obesity.

Screen (Viewing) Time: Time spent watching television, playing video games, and engaging in non-educational computer activities.

Shared-Use Paths: As defined by the American Association of State Highway and Transportation Officials, bikeways used by cyclists, pedestrians, skaters, wheelchair users, joggers, and other nonmotorized users that are physically separated from motorized vehicular traffic by an open space or barrier and within either the highway right-of-way or an independent right-of-way.

Sidewalk Network: An interconnected system of paved walkways designated for pedestrian use, usually located beside a street or roadway.

Street Network: A system of interconnecting streets and intersections for a given area.

Smart Growth: An approach to urban planning that is more town centered and transit and pedestrian oriented, and has a greater mix of housing, commercial, and retail uses. It also preserves open space and many other environmental amenities.

Social Environment: Includes interactions with family, friends, coworkers, and others in the community. It also encompasses social institutions, such as the workplace, places of worship, and schools. Housing, public transportation, law enforcement, and the presence or absence of violence in the community are among other components of the social environment. The social environment has a profound effect on individual health, as well as on the health of the larger community, and is unique because of cultural customs; language; and personal, religious, or spiritual beliefs. At the same time, individuals and their behaviors contribute to the quality of the social environment (definition from *Healthy People 2010*).

Social Marketing: Using the same marketing principles that are used to sell Products to consumers to “sell” ideas, attitudes, and behaviors. Social marketing is often used to change health behaviors.

Stranger Danger: The perceived danger to children presented by strangers. The phrase is intended to sum up the various concerns associated with the threat presented by unknown adults.

Sugar-Sweetened Beverages: Beverages that contain added caloric sweeteners, primarily sucrose derived from cane, beets, and corn (high-fructose corn syrup), including non-diet carbonated soft drinks, flavored milks, fruit drinks, teas, and sports drinks.

Supermarket: A large, corporate-owned food store with annual sales of at least \$2 million.

Supplemental Nutrition Assistance Program (SNAP): SNAP helps low-income people and families buy the food they need for good health. You apply for benefits by completing a State application form. Benefits are provided on an electronic card that is used like an ATM card and accepted at most grocery stores. Through nutrition education partners, SNAP helps clients learn to make healthy eating and active lifestyle choices.

Traffic Calming: Measures that attempt to slow traffic speeds and increase pedestrian and bicycle traffic through physical devices designed to be self-enforcing. These include speed humps and bumps, raised intersections, road narrowing, bends and deviations in a road, medians, central islands, and traffic circle.

Transportation Equity Act: Every five to seven years, Congress updates and renews federal transportation policies. This legislation encompasses road-building and related improvements; airline,

ship, and rail transportation issues; safety measures; transit and community design; and a range of other aspects of transportation policy.

Underserved Census Tract: Within metropolitan areas, a census tract that is characterized by one of the following criteria: (i) a median income at or below 120% of the median income of the metropolitan area and a minority population of 30% or greater; or (ii) a median income at or below 90% of median income of the metropolitan area. In rural, nonmetropolitan areas, the following criteria should be used instead: (i) a median income at or below 120% of the greater of the State nonmetropolitan median income or the nationwide non-metropolitan median income and a minority population of 30% or greater; or (ii) a median income at or below 95% of the greater of the State nonmetropolitan median income or nationwide nonmetropolitan median income (Department of Housing and Urban Development, 1995).

United States Federal Communications Commission (FCC): The FCC is charged with the regulation of broadcast television and has the authority to make rules “to assure that broadcasters operate in the public interest.” Special FCC rules designed to protect children require that broadcasters limit the amount of advertising shown during children’s programming (to no more than 10.5 minutes/hour on weekends and no more than 12 minutes/hour on weekdays); clearly separate program content from commercial messages; and distinguish when a program will transition to a commercial.

VERB Campaign: A national, multicultural, social marketing campaign to increase and maintain physical activity among tweens. It was coordinated by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention and ran from 2002 to 2006.

Violent Crime: A legal offense that involves force or threat of force. According to the Federal Bureau of Investigation’s Uniform Crime Reporting (UCR) Program, violent crime includes murder, forcible rape, robbery, and aggravated assault http://www.fbi.gov/ucr/cius2007/offenses/violent_crime/index.html.

Walking School Bus: A walking school bus is a group of children walking to school with one or more adults.

Women Infants Children Program (WIC): WIC provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

Appendix F

Be Our Voice Online Resources

Obesity Fact Sheets

These Factsheets are a resource that makes relevant data more readily available to local advocates and decision makers. NICHQ's Obesity Factsheets provide the most recent national, state, and county-based data regarding childhood overweight and obesity prevalence and the environmental and behavioral factors that influence health. There are two kinds of Factsheets available: State Factsheets and County Factsheets (categorized by state).

http://www.nichq.org/advocacy/obesity_resources/obesity_rates_map.html

Resource Guide for Healthcare Professionals Interested in Advocating for Children's Health

The [Advocacy Resource Guide](#) (PDF) and [Advocacy Toolbox](#) (PDF) are designed to assist healthcare professionals to take a stand in their communities and workplaces to advocate for healthy eating and active living for children and their families. Whatever your level of time commitment, know that every effort you make is improving the health and wellbeing of children and families in your local area.

http://www.nichq.org/advocacy/obesity_resources/toolkit.html

Be Our Advocacy Training Curriculum

Hold a training to get other healthcare professionals involved in advocating for community change to impact the reversal of childhood obesity. By training others and building a coalition, your voice to advocate for children can be strengthened.

http://www.nichq.org/advocacy/advocate_training/hostatrainng.html

Be Our Voice Self Study Resources and webinars

Self-study resources and webinars were developed through the BOV technical assistance calls from the sites. Choose the resources that best fit the needs in your community.

http://www.nichq.org/advocacy/advocate_training/selfstudy.html

View specific Web pages for each Be Our Voice site

The pages contain background information about each site's initiative, policy focus and a link to its customized Advocacy Resource Guide. To select the site use the left-hand navigation menu.

<http://www.nichq.org/advocacy/about/index.html>

Newsletter Example

Appendix G



April 2011
Inside this issue:

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Your Monthly Guide to Childhood Obesity Advocacy

Advocacy Champion of the Month

Virginia Adams, RN, BSN, FCN- Logan Faith Community Nurse

"Train a child in the way he should go, and when he is old he will not return from it." (NIV) Proverbs 6: 20

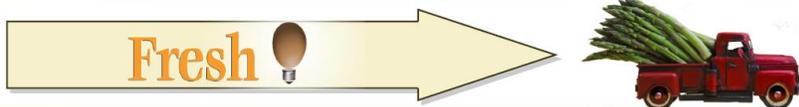


This month we feature Virginia Adams, Faith Community Nurse at First Missionary Baptist and First Congregational United Church of Christ in Concord. Ms. Adams has been with CMC-NorthEast since 2004 as part of the Faith Community Health Ministry. As a registered nurse, she works closely with church staff to promote health, wellness, and healing through education and spiritual support for the congregation. Learn more at parishnursing.northeastmedical.org.

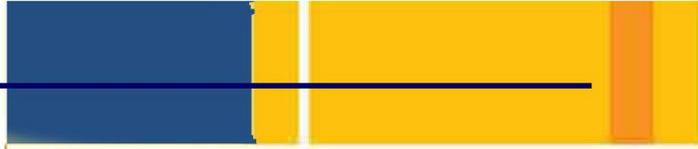
Ms. Adams is currently working on the topic of healthy eating as part of her advocacy work, with a goal that **elementary children will have at least one nutritious meal five days a week (lunch)**. She is concerned that many children lack access to meals, much less healthy meals. To achieve her goal, key steps to date have included:

- **Education**
 - Educating herself about the Wellness Program Policies for Cabarrus County Schools.
 - Researching websites that address prevention of childhood obesity.
 - Learning about policy and advocacy opportunities through the NICHQ newsletter.
- **School Lunch Buddy Program**– The Seniors Ministry at First Missionary Baptist Church recently initiated a Lunch Buddy program. Ms. Adams volunteered to be part of this program and is in the process of being matched with a child at a local elementary school. Her goal is to shape the character of children when it comes to choosing healthy foods while they are in school. She plans to be a Lunch Buddy at least three days a week during the school year. If you are interested in learning more about this program, please contact Andrea King at andreaking@esthersheartfortransformation.com.

We are so proud of Ms. Adams and her work to advance good nutrition in the schools. We look forward to hearing about her experiences with the lunch buddy program!



Goal: To engage healthcare and education professionals as the voice of children in the fight against childhood obesity.



Healthy North Carolina 2020: A Better State of Health

Every 10 years since 1990, North Carolina has set 10-year health objectives with the goal of making North Carolina a healthier state. North Carolina is currently nationally ranked in the bottom third of many health measures and 35th in overall health status (with the best state ranked 1st).



Below are the 2020 state objectives that fall under the focus area of

Physical Activity and Nutrition

| Objective | Current | 2020 Target | Based On |
|--|---------|-------------|------------------------------------|
| 1. Increase the percentage of high school students who are neither overweight nor obese. | 72.0% | 79.2% | 10% improvement in current percent |
| 2. Increase the percentage of adults getting the recommended amount of physical activity. | 46.4% | 60.6% | Best state (Arkansas) |
| 3. Increase the percentage of adults who report they consume fruits and vegetables five or more times per day. | 20.6% | 29.3% | Best state (Vermont) |

For the first time in two centuries, the life expectancy of children in the United States is predicted to be lower than that of their parents. The root cause of this phenomenon is the increase in obesity (New England Journal of Medicine, 2005). Increased physical activity and improved nutrition are among the many factors that can help individuals reach and maintain a healthy weight.

Here are some of the strategies we can use as a community to prevent and reduce obesity.

Strategies to Prevent and Reduce Obesity by Promoting Healthy Eating and Physical Activity

| Level of the Socioecological Model | Strategies |
|------------------------------------|---|
| Individual | Eat more fruits and vegetables; increase physical activity level. ⁵¹ |
| Family/Home | Serve fruits and vegetables with meals ⁵¹ ; reduce screen time at home. ⁵² |
| Clinical | Offer obesity screening for children aged more than 6 years and for adults, and offer counseling and behavioral interventions for those identified as obese ²⁴ ; expand childhood obesity prevention initiatives for children ²¹ ; stay up-to-date on evidence-based clinical preventive screening, counseling, and treatment guidelines. |
| Schools and Child Care | Offer high-quality physical education and healthy foods and beverages ^{17,51,53} ; implement evidence-based healthful living curricula in schools ^{17,31} ; expand physical activity and healthy eating in after-school and child care programs ^{17,53} ; support joint use of recreational facilities. ¹⁷ |
| Worksites | Institute worksite wellness programs and promote healthy foods and physical activity ²⁴ ; assess health risks and offer feedback and intervention support to employees. ⁵⁵ |
| Insurers | Offer coverage at no cost sharing for obesity screening for children aged more than 6 years and adults and for counseling and behavioral interventions for those identified as obese. ^{34,44} |
| Community | Implement <i>Eat Smart, Move More</i> community-wide obesity prevention strategies ¹⁷ ; promote menu labeling in restaurants ²³ ; build active living communities ²¹ ; support joint use of recreational facilities ¹⁷ ; support school-based and school-linked health services. ²¹ |
| Public Policies | Require schools to offer high-quality physical education and healthy foods and beverages ^{17,51,53} ; require schools to implement evidence-based healthful living curricula in schools ^{17,31} ; fund <i>Eat Smart, Move More</i> community-wide obesity prevention plans ¹⁷ ; provide community grants to promote physical activity and healthy eating ^{17,21} ; support community efforts to build active living communities ²¹ ; provide tax incentives to encourage comprehensive worksite wellness programs ¹⁷ ; and provide funding to support school-based and school-linked health services and achieve a statewide ratio of 1 school nurse for every 750 middle and high school students. ³¹ |

For more information, visit <http://publichealth.nc.gov/hnc2020/objectives.htm>

SAVE THE DATE!

We cordially invite you to this FREE community event! We encourage you to bring friends, family, and co workers. FREE food samples will be served at 6:00pm, and local Barbee Farm's popcorn will be provided during the film.

For more information visit
www.cabarrushealth.org

Agenda for the Evening

| | |
|----------------|-----------------------------------|
| 6:00pm-6:35pm | Arrive and Sample Foods |
| 6:40pm-6:45pm | Welcome |
| 6:45pm-7:55pm | Film Screening (72 minutes long) |
| 7:55pm-8:05pm | Break |
| 8:05pm-8:10pm | Raffle Prizes |
| 8:10pm- 8:55pm | Panel Discussion |
| 8:55pm-9:00pm | Raffle Prizes and Closing Remarks |

Fresh



www.freshthemovie.com

New thinking about what we're eating.

A film by ana Sofia joanes

Film screening & panel discussion of the documentary FRESH

WHEN: Thursday, May 5, 2011
6pm-9pm

WHERE: Gem Theatre
111 West 1st Street
Kannapolis, North Carolina 28081

WHO: Ages 13 and over

WHY: FRESH is an upbeat and positive film that celebrates the farmers, thinkers, and business people across America who are re-inventing our food system. Local partners have collaborated on this event to raise awareness of the importance of healthier, sustainable foods and begin a dialogue about how to make this a reality in our community.



RSVP Appreciated

abcochran@cabarrushealth.org
704-920-1214



Sponsored by:





Share Your Breakfast and Curb Hunger in Schools



The recently released survey, *Hunger in Our Schools: Share Our Strength's Teachers Report*, reveals that 65% of K-8 teachers see students who come to school hungry because they're not eating at home. Fortunately, Action for Healthy Kids and Kellogg's are working to address the problem.

YOU can help.

From now until July 31, 2011 you can upload or text photos or descriptions of your breakfast, and each time you do, Kellogg's will donate to Action for Healthy Kids and get more breakfasts to kids in school. Find out more at: www.shareyourbreakfast.com

Only 35.2% of high school students in Cabarrus County eat breakfast on a daily basis.
(2009 YRBS)

Joint Use Agreements

Many communities lack safe, adequate places for children and their families to exercise and play. Schools have a variety of recreational facilities such as gymnasiums, playgrounds, fields, courts, and tracks, but many districts close their property to the public after the school day ends due to concerns of cost, vandalism, security, maintenance, and liability. Nonetheless, a number of states currently have laws that encourage or require schools to open their facilities to the community for recreation or other civic uses.

School officials have the power to partner with our local government through joint use agreements to address these concerns.

A joint use agreement (JUA) is a formal agreement between two separate government entities—often a school and a city or county—setting forth the terms and conditions for shared use of public property or facilities. JUAs can range in scope from relatively simple (e.g., opening school playgrounds to the public outside of school hours) to more complex (allowing community, individuals and groups to access all school recreation facilities, and allowing schools to access all city or county recreation facilities). Additional information and sample joint use agreements can be found at:



www.nplanonline.org/nplan/products/checklist-developing-joint-use-agreements
www.eatsmartmovemorenc.com

* Check out the **FREE** webinar on page 5—Opening Up the Schoolyard



QUICK FACT:

People who eat breakfast are significantly less likely to be obese and diabetic than those who usually do not.

Source: Alliance for a Healthier Generation

In The News

Doctors play a powerful role in helping patients lose weight

A new study reports that many doctors do not discuss the issue of weight with their overweight or obese patients. In the study, 33% of obese patients and 55% of overweight patients had never been told by a doctor that they were overweight. When the doctor did speak to the patient about their weight issues, that patient was **twice as likely** to try and lose weight following the appointment, suggesting that a doctor can have a strong influence on encouraging patients' healthy behaviors. Previous studies have also shown that many doctors do not talk with parents of overweight and obese children about the child's weight problems. Although it might seem obvious that excess weight is unhealthy, being reminded of this by a doctor can be an effective wake-up call, says Robert B. Baron, M.D., director of the weight management program at the University of California San Francisco. Baron notes that studies have shown that smokers whose doctors remind them of how unhealthy the habit is and encourage them to quit are more likely to do so successfully than those whose doctors don't discuss the negative effects of smoking. He says that simple reminders and encouragement to lose weight could have a similar effect on overweight and obese patients.



Source: Archives of Internal Medicine



QUICK TIP:

For a healthier breakfast, instant oatmeal is great on a chilly morning and contains fiber and vitamins. If choosing oatmeal that is pre-sweetened, choose options that are lower in sugar or sweeten with raisins or fresh fruit.

Free Webinars

Farm Bill 101

The Farm Bill is a massive piece of federal legislation that authorizes billions of dollars for nutrition and agriculture programs across the country. The bill is reviewed and renewed every five years, with the next reauthorization slated for 2012. This webinar will give a brief overview of the current legislation and the political climate surrounding the pending reauthorization. It will also highlight how policies authorized through the Farm Bill are related to childhood obesity, and offer potential strategies for combating this epidemic through changes to our national, state, and local food policy.

When: Thursday, April 21, 2011 - 2:00pm Eastern

Register here: cc.readytalk.com/cc/schedule/display.do?udc=r7vbnzhqfqlr

Opening Up the Schoolyard

In many communities, the safest and most convenient places for children to play are school facilities like gyms, sports fields, and playgrounds – but districts often close their property to the public after hours, concerned about liability, security, and maintenance. We'll take you through the nuts and bolts of how to create contracts that expand access to school grounds with schools, local government, and even nonprofits sharing the costs and responsibilities.

When: Thursday, April 28, 2011 - 1:00pm and 3:30pm Eastern

Register here: www.nplanonline.org/nplan/content/nplan-webinar-trainings



Page 6



**6TH ANNUAL
SPRING HERB AND PLANT FESTIVAL**

Saturday, April 16 from 8 am–5 pm

**FREE and open to the public—FREE Parking
Rain or Shine**

Piedmont Farmers' Market
518 Winecoff Road
Concord, NC, 28027

- Over 85 vendors with hard-to-find plants and unique natural crafts.
- Educational gardening experts and information available.
- One-of-a-kind purchases in the morning, fantastic sales in the afternoon.
- Sign up for free grand prize give-aways with donated items from all the vendors.

www.piedmont-farmersmarket.com/2011_herb_festival

Cabarrus Health Alliance

Be Our Voice - Victoria Manning
1307 S. Cannon Blvd.
Kannapolis, NC 28083

*To submit questions, comments, articles,
announcements, contact:*

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Goal: To engage healthcare and education professionals as the voice of children in the fight against childhood obesity.

Appendix H

Healthcare Professional Advocate Sample Commitment to Change Form

Check all you *can* and *have interest in* committing to with regard to the following aspects of the Childhood Obesity Prevention.

1. What is the community in which you will be focusing your advocacy activities (this may include a city, a neighborhood, or a particular ethnic group within a geographical area)? _____

2.

- A. What is your advocacy interest within childhood obesity prevention?

- Increasing access to fresh fruits and vegetables
- Decrease access to screen time
- Increasing access / availability to physical activity - greater than one hour per day
- Decrease availability /access to sugar-sweetened beverages
- Increasing BMI screening in schools and communities
- Promoting breastfeeding
- Other:

- B. Please describe, as specifically as possible, the policy area(s) in which you would like to concentrate your efforts. (Example: If your advocacy issue is to increase access to fresh fruits and vegetables, your policy area might be to encourage farmers' markets, farm stands, mobile markets, community gardens, and youth-focused gardens in your community by offering incentives and/or modified land use policies/zoning regulations.) _____

3. In pursuit of **your advocacy issue**, which of the following activities will you initiate within in the **next month** (check all that apply):

- Connect with other healthcare professional advocates in working within the community to pursue similar policy changes.

- Talk with other healthcare professionals and community members about your advocacy issue.
- Gather stories and data to support my advocacy efforts.
- Seek out boards, forums, and committees relevant to your issue and present my concerns.
- Begin cultivating long-term relationships with key decision makers.
- Other: _____

4. In pursuit of **your advocacy issue**, you will be engaging in the following activities within in the **next 6 months** (*check all that apply*):

- Serve on a committee, board, or coalition.
- Provide community education programs.
- Contact elected officials (call, mail/email, meet).
- Cultivate a long-term relationship with a decision maker.
- Participate on email listserv(s).
- Write a letter to the editor of a newspaper.
- Participate in a media interview (radio/TV/print/electronic).
- Testify before a forum, board, or committee (any level of government).
- Talk with other healthcare professionals and community members about your issue.
- Other: _____

5. What do you need from us to assist you in meeting your goals? _____

As we move forward with our campaign, we would very much like to hear from you about the work you are doing and how we can continue to support your efforts. As you implement your plan, please email us at _____ with updates or questions.

We look forward to hearing from you!

THANK YOU!

Section 8 - References & Resources

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