

HEALTHY EATING ACTIVE LIVING CONVERGENCE PARTNERSHIP
working together to create healthy people in healthy places



Promising Strategies for Creating Healthy Eating and Active Living Environments

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PREFACE

Where people live, work, and play significantly impacts their health. People thrive when they live in communities with parks and playgrounds, grocery stores selling nutritious food, and neighbors who know one another. Without a healthy environment, people are more likely to suffer from obesity or one of the many chronic diseases confronting the United States right now, including diabetes, asthma, and heart disease.

Place affects health, and not all places have equal access to environments where healthy choices are available. Some neighborhoods, schools, and workplaces foster health more effectively than others. As a result, low-income communities and communities of color suffer disproportionately from poor environments and the resulting poor health.

Healthy communities require healthy environments—neighborhoods, schools, childcare centers, and workplaces. People need environments structured in ways that help them access healthy foods and easily incorporate physical activity into their daily routines. Creating healthy environments cannot be done in isolation by any one organization or field; it requires coordinated and comprehensive efforts.

As individual funders we have been engaged in different comprehensive efforts to create access to healthy foods and physical activity. Through the Healthy Eating Active Living Convergence Partnership, a collaboration among funders, we can maximize our impact by coordinating our efforts. The partnership steering committee includes The California Endowment, Kaiser Permanente,

Nemours, the Robert Wood Johnson Foundation, and the W.K. Kellogg Foundation. The Centers for Disease Control and Prevention serve as technical advisors on the steering committee. In 2007, PolicyLink was selected as the program director to develop and implement a strategic plan, identify potential new members, engage with those already in the field, and seek creative ways to advance the overall vision of the partnership—*healthy people in healthy places*.

Promising Strategies for Creating Healthy Eating and Active Living Environments offers a comprehensive and cross-cutting review of policy, strategy, and program recommendations to realize this vision. Prevention Institute developed this document for the partnership based on over 200 interviews and conversations with diverse stakeholders and constituencies. *Promising Strategies* serves as a launch pad for further discussion, a catalyst to understand how specific efforts fit into a broader picture, and identifies areas for collaboration across sectors and fields.

We appreciate the participation and input of a diverse group of stakeholders—representing various perspectives from public health, sustainable food systems, economic development, transportation, private industry, planning, education, climate change, among others—that contributed to creating the comprehensive mix of policies, strategies, and programs found in the following pages. In particular, we would like to thank Virginia Lee, Leslie Mikkelsen, Janani Srikantharajah, and Larry Cohen of Prevention Institute for ensuring broad input in creating this report.

This document is part of a larger strategy to identify high impact approaches that will move us closer to our vision of *healthy people in healthy places*. In addition to this document, the partnership will release other policy briefs on topics such as the built environment, access to healthy foods, and access to physical activity. These reports will include information on promising strategies, and policies that can help create healthy eating and active living environments.

We will not act alone. We will foster partnerships among funders, advocates, and practitioners, and support specific efforts to advance our goals. We are dedicated to encouraging environmental, policy, practice, and organizational change, with core values grounded in equity and social justice. Motivated by the

work currently taking place across the nation, we look forward to supporting the growing movement to create environments that facilitate healthy eating and active living.

Sincerely,

The Healthy Eating Active Living Convergence Partnership:
The California Endowment, Kaiser Permanente, Nemours, the Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, and The Centers for Disease Control and Prevention.

INTRODUCTION

There is growing recognition that creating healthy places—neighborhoods, schools, and workplaces—is essential to supporting healthy eating and physical activity behaviors. The following document presents a comprehensive and cross-cutting review of policy, strategy, and program recommendations to create healthy eating and active living environments. This review draws from the most prominent and promising strategies for change at national, state, and local levels.

The strategies are based on conversations with multiple and diverse stakeholders and constituencies—representing various perspectives from public health, sustainable food systems, economic development, transportation, private industry, planning, education, climate change, among others—engaged in accelerating and supporting the movement for healthy

communities.* The whole is greater than the sum of its parts—each strategy builds upon and reinforces the next to create an overall synergy that contributes to the vision of a healthy community. This document has been created to encourage further discussions and serve as a catalyst for practitioners, advocates, and community leaders to understand how their specific efforts fit into a broader landscape of efforts. It also identifies specific areas for collaboration across sectors and fields in order to transform communities in a high leverage and high impact way. By working together, groups can more quickly and effectively build a multifaceted approach to achieving healthy communities where people live, work, play, and learn. (For more information about the Healthy Eating Active Living Convergence Partnership, visit www.convergencepartnership.org).

* Note: This document integrates perspectives from a variety of fields, and commonplace terms from one field may be unfamiliar in others.

METHODOLOGY

The value of a broad scan of cross-cutting strategies emerged from a June 2006 Convergence Partnership meeting of national organizations focused on healthy eating and active living and interested in developing a coordinated and comprehensive approach to improving food and activity environments. To capture the existing wealth of knowledge and experience in the field, a national scan was conducted to identify 1) priority areas of organizations engaged in various efforts affecting the health of communities; 2) key policies (including public policy and organizational practice change) and strategies where there was potential to have convergence (i.e., engagement of multiple and diverse constituencies); and 3) opportunities to build momentum for changing food and activity norms and environments. Formal interviews were conducted with 112 practitioners, advocates, and community leaders engaged in efforts related to food and physical activity (including public health, sustainable food systems, transportation, planning, and others). In addition, approximately 100 informal interviews and conversations took place during meeting and conference sessions.

The scan identified many promising strategies that could be translated into policies and organizational practice. A subset of strategies was selected for the final list using criteria developed by the Convergence

Partnership including: 1) their ability to promote convergence—that is, address multiple issues and facilitate collaboration among stakeholders in various fields; 2) potential impact on eating and activity behaviors and their ability to achieve meaningful environmental change; 3) their ability to serve as milestones toward continued significant change; and 4) relevance to low-income communities and communities of color. The process to identify the proposed strategies was two-fold. As previously mentioned, experts and practitioners in the field were interviewed and asked to identify the strategies they considered most relevant, practical, and promising for creating healthy food and physical activity environments. Subsequently, although not a comprehensive review of evidence, recent literature for the proposed environmental and policy strategies was identified and noted. The final list is a mix of strategies, some with a strong evidence base and others that are more innovative but nevertheless promising. The list reflects the idea expressed by the Institute of Medicine (2005) that practitioners and policymakers “need to proceed on the best available evidence, not the best possible evidence.” The following strategies are delineated by the Convergence Partnership’s ten-point vision and offers a menu of options to promote healthy eating and active living.

1 Safe neighborhoods, communities, and buildings support physical activity as part of everyday life. *(Brownson, Haire-Joshu, and Luke 2006; Choi et al. 2005; Desjardins and Schwartz 2007; Eils et al. 2005; Ferreira et al. 2007; Flynn et al. 2006; Hill, Peters, and Wyatt 2007; Institute of Medicine 2005; James 2005; Kahn et al. 2002; Katz et al. 2005; Levine et al. 2006; Matson-Koffman et al. 2005; McCann 2006; See, Mensah, and Olopade 2006; Musaiger 2004; Owen et al. 2006; Papas et al. 2007; Popkin 2005; Popkin, Duffey, and Gordon-Larsen 2005; Ritchie et al. 2005; Rozin 2005; Schwartz and Brownell 2007; Sharma 2007; Stirling, Lobstein, and Millstone 2007; Summerbell et al. 2005; Volpe 2006; Stirling, Lobstein, and Millstone 2007)*

- Support creation, rehabilitation, and maintenance of parks, playgrounds, and recreation facilities in underserved residential areas and offer quality programming to encourage and support physical activity.
- ☒ Implement complete streets that are designed and operated to enable the safe and convenient travel of all users of the roadway including pedestrians, bicyclists, users of public transit, motorists, children, the elderly, and people with disabilities.
- ☒ Connect roadways to complementary systems of trails and bike paths that provide safe places to walk and bike for children, the elderly, and the general public.
- ☒ Renovate schools already located in neighborhoods so that students can easily walk or bicycle, or when building new schools, ensure that they are located in areas that are easily accessible by walking, bicycling, and public transit.
- ☒ Support smart growth strategies and zoning for new developments and revitalizing communities, including compact and mixed-use zoning, affordable housing, thriving retail, transit oriented development, urban infill, walkable and bikable street design, and green building practices.

- ☒ Support infrastructure improvements, such as sidewalks and bike paths, to ensure that children can walk and bike safely to school. *(See number 5.)*

2 Fresh, local, and healthy food is available and affordable in all communities and neighborhoods. *(Brownson, Haire-Joshu, and Luke 2006; Frison et al. 2006; Institute of Medicine 2005; Matson-Koffman et al. 2005; McCann 2006; McMichael 2005; Sharma 2007; Schwartz and Brownell 2007; Viswanath and Bond 2007)*

- Create regional infrastructure for production, distribution, and processing of local and regionally grown healthy foods, including links with grocery stores, schools, hospital systems, food banks, childcare, and afterschool programs.
- Provide incentives for institutional procurement of local and regionally grown healthy foods for grocers, schools, childcare, employers, and other community institutions.
- Establish grant and loan programs, technical assistance, and other incentives to attract retail grocery stores, improve offerings at small stores, start and sustain farmers' markets, and other innovative means to improve access to high-quality fresh affordable fruits, vegetables, and other healthy foods in underserved communities.
- Leverage the purchasing power of the federal Women, Infants, and Children Program (WIC) and Food Stamp Program participants to encourage small stores and farmers' markets to offer fruits and vegetables in low-income neighborhoods through Electronic Benefit Transfer (EBT) access at farmers' markets, WIC certification to meet new food package guidelines, and food stamp bonus points.

- Increase food stamp benefits to help more people purchase healthy foods and improve outreach and efficiency in food stamp delivery and nutrition education.
- Develop strategies for investing in new and existing farmers, land acquisition, and access to capital to ensure support for family farms in communities across the country.

3 Healthy foods and beverages are promoted in grocery and other food stores, restaurants, and entertainment venues. *(Anderson 2007; Brownson, Haire-Joshu, and Luke 2006; Calderon, Yucha, and Schaffer 2005; DHHS 2004; Farley and Cohen 2005; Institute of Medicine 2005; Hughes and Lawrence 2005; James 2005; Lobstein and Millstone 2007; Matson-Koffman et al. 2005; See, Mensah, and Olopade 2006; Stirling, Lobstein, and Millstone 2007; Summerbell et al. 2005; The Keystone Center 2006; Verduin, Agarwal, and Waltman 2005; Volpe 2006)*

- Encourage restaurants to provide healthy foods and beverages by reformulating existing menu items, adding healthier menu items (e.g., fruits, vegetables, and whole grains), offering affordable and reasonably sized portions, providing healthier combinations for meals, and making healthier items the standard for children's meals.
- Promote in-season sources for locally and regionally grown products in retail, restaurant, and entertainment venues.
- Promote strategies to require fast-food and chain restaurants to list nutrient information (such as calories, saturated fat, and sodium) on menu boards and table-service chain restaurants to list nutrient content on menus.
- Reduce point-of-sale marketing of energy-dense, nutrient-poor foods and beverages to children in grocery stores, corner stores, and restaurants.

- Place healthier food and beverage items at eye level, the ends of aisles, and prominent places, and increase overall shelf space devoted to healthy items in grocery stores, convenience, and small stores.

4 Schools offer and promote only healthy foods and beverages to students. *(Ashe et al. 2007; Centers for Disease Control and Prevention 1996; Centers for Disease Control and Prevention 1997; Institute of Medicine 2005, 2007; Popkin 2005; Summerbell et al. 2005; Tercyak and Tyc 2006; Wechsler et al. 2004)*

- Improve the nutritional quality of competitive foods and beverages and school meals by providing appropriate portion sizes of healthy foods and beverages (e.g., more whole grains, legumes, fruits, vegetables, and water, and less saturated fat, trans fat, sodium, and sugars).
- Allow for geographic preferences of local and regional sources for healthy foods and encourage Farm to School programs.
- Provide free fresh fruit and vegetable snacks in all schools.
- Implement and enforce strong local wellness policies to ensure healthy school food environments, including, prohibiting the use of foods as a reward or punishment, limiting energy-dense, nutrient-poor foods at school celebrations, and offering only healthy snacks (e.g., fresh fruits and vegetables).

5 Schools promote healthy physical activities and incorporate them throughout the day, including before and after school. *(Brownson, Haire-Joshu, and Luke 2006; Choi et al. 2005; Desjardins and Schwartz 2007; Ells et al. 2005; Ferreira et al. 2007; Flynn et al. 2006; Gotay 2005; Hill, Peters, and Wyatt 2007; Institute of Medicine 2005; James 2005; Matson-Koffman et al. 2005; Kahn et al. 2002); Katz et al. 2005; Matson-Koffman et al. 2005; Levine et al. 2006; McCann 2006; See, Mensah, and Olopade 2006; Owen et al. 2006; Popkin 2005; Popkin, Duffey,*

and Gordon-Larsen 2005; Ritchie et al. 2005; Sharma 2007; Schwartz and Brownell 2007; Stirling, Lobstein, and Millstone 2007; Summerbell et al. 2005; Tercyak and Tyc 2006; Volpe 2006)

- Establish joint-use agreements that allow use of public schools and facilities for recreation by the public during non-school hours.
- Ensure all children receive 30-60 minutes of quality physical activity daily (including both competitive and non-competitive activities) through physical education classes, recess, and before, and/or after, school programming.
- Ensure that children can walk and bicycle safely to school, and promote Safe Routes to School programs that include both infrastructure projects (engineering) and non-infrastructure activities (education, encouragement, enforcement, and evaluation. (See number 1.)
- Limit the use of television, video, video games, and computers for non-educational purposes.

6 Workplaces and employers offer and promote access to healthy foods and beverages and opportunities for physical activity. (Ashe et al. 2007; Brownson, Haire-Joshu, and Luke 2006; Centers for Disease Control and Prevention 2007; Choi et al. 2005; Gotay 2005; Hill, Peters, and Wyatt 2007; Institute of Medicine 2005, 2007; James 2005; Kahn et al. 2002; Katz et al. 2005; Labadarios et al. 2005; Matson-Koffman et al. 2005; Musaiger 2004; Neumark-Sztainer 2005; Patrick and Nicklas 2005; Plourde 2006; Schwartz and Brownell 2007; Stirling, Lobstein, and Millstone 2007; Volpe 2006)

- Worksites allow flexible work/break time for employees to easily engage in physical activity and encourage activity breaks for meetings longer than one hour.
- Provide healthy food and beverage options for employees during the workday and at

all meetings through catering policies and healthy food and beverage offerings in workplace cafeterias and vending machines.

- Allow breastfeeding women sufficient break time to pump, private space for expression of breastmilk, and space to store breastmilk.
- Locate worksites in regions that enable transit use and walking and bicycling to the office; encourage employers to promote walking, bicycling, and taking transit to work through employee commuter programs.
- Encourage workplaces to provide facilities that support physical activity such as walking paths, facilities to safely store bicycles during the workday, showers, and gyms or provide incentives or partial reimbursement to employees for fitness club memberships.

7 Health care organizations and providers promote healthy eating and active living in their own institutional policies and in their clinical practices. (Centers for Disease Control and Prevention 2007; Hill, Peters, and Wyatt 2007; Homer and Simpson 2007; Institute of Medicine 2005; Katz et al. 2005; Maryon-Davis 2005; Schwartz and Brownell 2007; The University of California at Davis Human Lactation Center 2007; U.S. Preventive Services Task Force 2003)

- Adopt worksite practices that promote healthy eating and activity. (See number 6.)
- Model healthy organizational practices by ensuring that healthy foods and beverages are available and promoted in cafeterias, vending machines, coffee carts, and other concessions.
- Adopt standards of practice that include routine screening of BMI (Body Mass Index) and counseling and behavioral interventions to improve dietary choices and physical activity behaviors.

- Implement policies and practices in hospitals and outpatient medical facilities (including physician practices, prenatal services, and community clinics) to support successful initiation and continuation of breastfeeding.
- Establish policies and practices to support geographic preferences to procure foods grown locally or regionally for health care food service.
- Encourage the involvement of public health and school officials to integrate health impact and food security considerations into planning and land-use decision-making processes.
- Use government and private sector influence on their contractors to encourage healthy practices.
- Encourage private-public partnerships to create new parks and establish programs, such as Adopt-a-Park, to help maintain the beauty and safety of parks.

8 Government and the private sector support and promote healthy eating and active living environments.

(Brownson, Haire-Joshu, and Luke 2006; Choi et al. 2005; Desjardins and Schwartz 2007; Ells et al. 2005; Flynn et al. 2006; Hill, Peters, and Wyatt 2007; Institute of Medicine 2005; James 2005; Levine et al. 2006; Stirling, Lobstein, and Millstone 2007; Matson-Koffman et al. 2005; See, Mensah, and Olopade 2006; McCann 2006; Popkin 2005; Ritchie et al. 2005; Schwartz and Brownell 2007; Schwartz and Brownell 2007; Stirling, Lobstein, and Millstone 2007; Summerbell et al. 2005; Volpe 2006)

- Adopt policies, develop regulatory incentives, and provide funding to support strategies in numbers 1-10.
- Promote a link between funding and regulations for active living environments that promote walking, bicycling, and public transit and greenhouse gas reduction strategies that are emerging at state and local levels.
- Form or build upon existing partnerships, coalitions, or advisory boards to address access to physical activity and healthy eating and promote policies and action plans across multiple agencies and organizations in support of healthy communities.
- Ensure government has dedicated staff responsible for oversight of improvements to support healthy living environments.

9 Organizations, institutions, and individuals that influence the information and entertainment environments share responsibility for and act responsibly to promote healthy eating and active living.

(Alderman et al. 2007; Ashe et al. 2007; Dehghan, Akhtar-Danesh, and Merchant 2005; Ells et al. 2005; Hill, Peters, and Wyatt 2007; Holdsworth, Kameli, and Delpuech 2007; Institute of Medicine 2005; James 2005; Kumanyika 2006; Lobstein and Millstone 2007; Ritchie et al. 2005; Savva, Chadjoannou, and Tornaritis 2007; Schwartz and Brownell 2007; See, Mensah, and Olopade 2006; Stanton 2006; Szponar et al. 2007)

- Limit and monitor marketing of energy-dense, nutrient-poor foods and beverages to children through television, other electronic media, food and beverage packages, toys, licensed characters, contests, or other marketing approaches.
- Limit and monitor marketing to children in digital media.
- Limit and monitor the marketing of sedentary behaviors in television and other electronic media.

10 **Childcare organizations, including pre-school, afterschool and early childhood settings, offer and promote only healthy foods and beverages to children and provide sufficient opportunities for, and promote, physical activity.** (*Ashe et al. 2007; Baker 2007; Brownson, Haire-Joshu, and Luke 2006; Flynn et al. 2006; Gotay 2005; Hill, Peters, and Wyatt 2007; Institute of Medicine 2005, 2007; James 2005; Kahn et al. 2002; Katz et al. 2005; Matson-Koffman et al. 2005; See, Mensah, and Olopade 2006; Musaiger 2004; Neumark-Sztainer 2005; Patrick and Nicklas 2005; Plourde 2006; Popkin 2005; Ritchie et al. 2005; Rozin 2005; Savage, Fisher, and Birch 2007; Sharma 2007; Summerbell et al. 2005; Tercyak and Tyc 2006; The Keystone Center 2006; Wardle 2005*)

- Adopt nutrition and physical activity standards for childcare licensing.
- Offer moderate, fun, physical activity and play daily (30 minutes for half day; 60

minutes for full day, holiday, or vacation programs), including outdoor activities whenever possible.

- Limit the use of television, video, video games, and computers for non-educational purposes.
- Provide meals and snacks that offer appropriate portion sizes of healthy foods and beverages (e.g., whole grains, legumes, fruits, vegetables, and water, and less saturated fat, trans fat, sodium, and sugars).
- Promote flexibility for geographic preferences for locally and regionally grown produce in childcare, afterschool, and school vacation feeding programs.

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