

The Blueprint for a Healthier Generation, 2020

Interventions for
Promoting Active Living & Supporting Healthy Eating
for Mecklenburg County Youth



*Developed by
Meredith K. Ledford, MPP
Healthy Weight, Healthy Child Initiative
September 2010*

About the *Healthy Weight, Healthy Child Initiative*

In September 2009, the Mecklenburg County Health Department, Carolinas Medical Center, and Charlotte-Mecklenburg Schools partnered to address the growing childhood obesity epidemic in this community. Through a Kate B. Reynolds Charitable Trust grant, the partnership launched the *Healthy Weight, Healthy Child (HWHC) Initiative*. This year-long initiative aimed to develop a framework by September 2010 for the implementation of policies and programs that will coordinate community resources with the common goal of achieving improved health for the county's children.

Leadership Team

Dr. Jessica Schorr Saxe, Medical Director and Chair, *Healthy Weight, Healthy Child*;
Carolinas Healthcare System
Kerry Burch, Healthy Carolinians
Pam Elliot, Charlotte-Mecklenburg Schools
Debra Kaclik, Charlotte-Mecklenburg Schools
Mike Kennedy, Mecklenburg County Health Department
Nancy Langenfeld, Charlotte-Mecklenburg Schools
Jon Levin, Mecklenburg County Health Department

Steering Committee – Chairs and Co-Chairs of Advisory and Working Groups

Academia Advisory Group:

Laura Clark, Larry King Center of the Council for Children's Rights
Beth Racine, University of North Carolina at Charlotte

Business Working Group:

Dianne Thomas, Formerly of Fit City Challenge
Julie Jackman, Fit City Challenge

Community Organizations Working Group:

Allison Mignery, Mecklenburg County Fruit and Veggie Coalition

Faith Community Working Group:

Chaplain Harry Burns, Novant Health, Inc.
Hazel Dawkins, Friendship Missionary Baptist Church

Government/Elected Officials Working Group:

Chris Campbell, Charlotte Housing Authority
Nykki Hardy, County Manager's Office
Kevin Monroe, Mayor's Office

Health Care Providers Working Group:

Ellen Cary, Teen Health Connection
Traci Lamothe, MD, Novant Health, Inc.

Media Advisory Group:

Dee Dixon, PRIDE Communications
Bev Kothe, Kothe Qualitative Research
Mary Newsom, *Charlotte Observer*

Preschool-Aged Organizations Working Group:

Janet Singerman, Child Care Resources, Inc.

Race/Ethnicity-Based Organizations Working Group:

Patrick Graham, Urban League of Central Carolinas
Denise Hairston, Black Women's Health Network

School-Aged Organizations Working Group:

Melissa Dunlap, Martin Luther King, Jr. Middle School
Claire Tate, Partners in Out-of-School-Time



This report and the year-long activities of the *Healthy Weight, Healthy Child (HWHC) Initiative* were made possible through the financial support of the Kate B. Reynolds Charitable Trust.

The Kate B. Reynolds Charitable Trust was established in 1947. The mission of the Trust is to improve the quality of life and quality of health for the financially needy of North Carolina. The Health Care Division responds to health and wellness needs and invests in solutions that improve the quality of health for financially needy residents of North Carolina.

Acknowledgements

Much of the research and formatting design for *The Blueprint* was based on three nationally recognized reports: the Centers for Disease Control and Prevention's *Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide*; the Institute of Medicine's *Local Government Action to Prevent Childhood Obesity*; and the Robert Wood Johnson Foundation's *Action Strategies Toolkit* developed by its Leadership for Healthy Communities Program.

The layout and design of the materials for the *Healthy Weight, Healthy Child (HWHC) Initiative* were developed by Qiana Fountain at Zuri Creative Services in Charlotte, NC.

Statement of Support

Dear Community Members,

It is our pleasure to support the first ever comprehensive plan to combat childhood obesity and promote healthy living for youth and their families in Charlotte/Mecklenburg County, *“The Blueprint for a Healthier Generation, 2020: Interventions for Promoting Active Living & Supporting Healthy Eating for Mecklenburg County Youth.”*

The increasing number of overweight and obese children in Mecklenburg County is putting our youngest generations at risk of major health problems in the future, as well as now. More and more children are developing diabetes and other obesity related ailments as early as 12 years of age and even younger. Additionally, all children face limited opportunities to improve nutrition and increase physical activity in the community. Fortunately, our county has a wealth of community partners who are dedicated to reversing this trend. This blueprint is the result of a year-long process through the *Healthy Weight, Healthy Child Initiative* of gathering input through community conversations, stakeholder coalition meetings, key informant interviews, and research to identify multiple strategies that will prevent and reduce childhood obesity.

Through the *Blueprint for a Healthier Generation, 2020* we are committed to reducing childhood obesity by promoting policies and programs in Charlotte and Mecklenburg County. The document is intended to serve as a “blueprint” to inspire agencies, institutions, schools, neighborhoods, youth, and families to recognize the importance of nutrition and physical activity by implementing one or more of the strategies detailed in the plan. The *Blueprint for a Healthier Generation, 2020* is also meant to build upon current momentum and support for the many organizations and efforts that are successfully addressing this issue. Working collaboratively, we can leverage resources and adopt promising practices to ensure a healthy future for the children in our community.

Sincerely,



Anthony R. Foxx, JD
Mayor,
Charlotte, NC



Peter C. Gorman, PhD
Superintendent,
Charlotte-Mecklenburg
Schools



E. Winters Mabry, MD
Health Director,
Mecklenburg County
Health Department



Daniel B. Murrey, MD, MPP
Commissioner - At Large
Mecklenburg County Board
of County Commissioners

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EXECUTIVE SUMMARY

When it comes to the health of American children, the United States, North Carolina, and Mecklenburg County are in crisis. Estimates suggest that because the prevalence of childhood obesity is so high, life expectancy of today's generation of youth is lower than it was just a generation ago. North Carolina is nearly in the top quarter of states with the highest obesity level among adults. And nearly 1 in 4 Mecklenburg County children are obese or overweight. These are statistics that must be addressed.

In September 2009, Carolinas Medical Center, Charlotte-Mecklenburg Schools, and the Mecklenburg County Health Department developed the *Healthy Weight, Healthy Child Initiative*, a yearlong planning grant funded by the Kate B. Reynolds Charitable Trust to develop a strategic plan to address childhood obesity, while promoting active living and healthy eating for all children in the county. The initiative utilized a community-based participatory research process to gather information from key stakeholders and the community about interventions that would aid in healthy living while addressing the barriers many face in being physically active and eating nutritiously.

Through this process, a four tiered approach of interventions was developed, including environmental and public policy interventions; institutional policy interventions; public awareness interventions; and targeted community programs. These interventions consist of many strategies that various stakeholder groups – from local government to businesses, public health experts to the faith community, and others – should implement for positive change of the health of the county's youth. Yet strategies and interventions from each of these tiers must be implemented to see long lasting, systemic change, for each tier is related to the others. The relationship between environmental policy interventions and public awareness interventions exemplifies this point most effectively. For any policy change, constituents are needed to pressure elected officials and local governments to act and address the demands of the people. The public awareness campaigns will build this “public demand” and instigate policy change. The relationship between institutional policy interventions and targeted community programs is also evident. To cause policy change on the institutional level, often time accountability is created so that various institutions must act in order to meet goals. These goals can often be reached through specific community interventions that may serve as models/pilot projects for bigger efforts throughout the county.

The Blueprint for a Healthier Generation, 2020 includes this four tiered approach in a strategic plan, or blueprint, that stakeholder groups, local government, and the community can utilize to understand what can be done and what the community would like to have done to meet two overarching goals: 1) to combat and prevent childhood obesity in Charlotte/Mecklenburg County and 2) to ensure access to resources that promote and encourage active living and healthy eating

for all children and their families in Charlotte/Mecklenburg County. In three years' time, i.e. 2013, the blueprint will be assessed to see if it is reaching these goals.

The following is a summary of the 13 sub-goals, 29 strategies, and various interventions by tier and priority level that are included in the blueprint. (Note that some strategies and interventions may be repeated if they address multiple goals.).

PART 1: PROMOTING ACTIVE LIVING

GOAL 1: Affordable Options for Physical Activity

Strategy 1: Support the Implementation of the Urban Street Design Guidelines

Environmental Policy Interventions

- Enforce the implementation of the Urban Street Design Guidelines – high priority

Strategy 2: Advocate for More “Mixed-Use” Development in Charlotte and throughout Mecklenburg County

Environmental Policy Interventions

- Implement zoning regulations that accommodate mixed land use – high priority
- Implement zoning regulations that allow locating schools within easy walking distance of residential areas – medium priority
- Improve access to public transportation, which encourages physical activity – medium priority

Institutional Policy Interventions

- Advocate for schools to be near residential areas for the primary purpose of easing walking and biking to school – low priority

Strategy 3: Improve Access to Outdoor Recreational Facilities

Environmental Policy Interventions

- Increase open and green spaces for active living – high priority
- Rehabilitate blighted areas in underserved neighborhoods – medium priority

Institutional Policy Interventions

- Implement or reinstate joint-use agreements – high priority

Strategy 4: Enhance Infrastructure to Support Bicycling and Walking

Environmental Policy Interventions

- Increase biking and walking trails – high priority

Targeted Community Programs

- Support Safe Routes to School (SRTS) programs – high priority

Strategy 5: Reduce Membership/Sports Fees, including Health Physicals, for School and Recreational Athletics and Local Fitness Centers

Institutional Policy Interventions

- Charlotte-Mecklenburg Schools should implement policy to reduce school athletic fees for qualifying individuals – medium priority
- Carolinas Healthcare System and Novant Health, Inc. should pass policy to offer free/reduced fee physicals for qualifying individuals interested in playing school or recreational athletics – medium priority

Targeted Community Programs

- Local fitness centers should reduce membership fees, especially for qualifying individuals – high priority
- Faith groups or community organizations should implement financial aid programs to support aspiring athletes – high priority

GOAL 2: Built Environment and Resources for Physical Activity

Strategy 6: Increase the Number of Recreation Centers in Underserved Communities

Environmental Policy Interventions

- Increase the number of recreational center in underserved communities – medium priority

Institutional Policy Interventions

- Implement or reinstate joint-use agreements – high priority

Strategy 7: Support the Implementation of the Urban Street Design Guidelines

Environmental Policy Interventions

- Enforce the implementation of the Urban Street Design Guidelines – high priority

Strategy 8: Advocate for More “Mixed-Use” Development in Charlotte and throughout Mecklenburg County

Environmental Policy Interventions

- Implement zoning regulations that accommodate mixed land – high priority
- Implement zoning regulations that allow locating schools within easy walking distance of residential areas – high priority

- Improve access to public transportation, which encourages physical activity – medium priority

Institutional Policy Interventions

- Advocate for schools to be near residential areas for the primary purpose of easing walking and biking to school – low priority

Strategy 9: Improve Access to Outdoor Recreational Facilities

Environmental Policy Interventions

- Increase open and green spaces for active living – high priority
- Rehabilitate blighted areas in underserved neighborhoods – high priority

Institutional Policy Interventions

- Implement or reinstate joint-use agreements – high priority

Strategy 10: Enhance Infrastructure to Support Bicycling and Walking

Environmental Policy Interventions

- Increase biking and walking trails – high priority

Targeted Community Programs

- Support Safe Routes to School (SRTS) programs – high priority

GOAL 3: Community and Neighborhood Safety

Strategy 11: Keep Neighborhoods Safe to Encourage Outdoor Activity

Environmental Policy Interventions

- Increase the number of patrolmen on walking and biking trails in neighborhoods and communities – high priority
- Enforce the implementation of the Urban Street Design Guidelines – high priority
- Policymakers should increase policing in high crime neighborhoods, pedestrian walkways and parks, as well as high traffic areas – medium priority

Targeted Community Programs

- Support Safe Routes to School (SRTS) programs – high priority
- Implement more neighborhood watch groups – low priority

GOAL 4: Public Awareness and Education about Physical Activity

Strategy 12: Educate and Develop Media and Public Awareness Campaigns and Conferences to Stimulate Behavior Change

Public Awareness Interventions

- Convene a symposium open to the public on the importance of physical activity and healthy eating for children and families – high priority
- Develop tailored messages about healthy lifestyles through research – high priority
- Develop public awareness campaigns utilizing messaging research – high priority
- Create a clearinghouse of resources available in community to be physically active and eat healthily – high priority
- Train health care providers to be policy advocates in supporting healthy weight in children – medium priority

Targeted Community Programs

- Conduct community health fairs – medium priority
- Educate businesses and industries on the importance of physical activity – medium priority

Strategy 13: Promote Educational Opportunities in Clinical Settings

Institutional Policy Interventions

- Carolinas Healthcare System and Novant Health, Inc. should create a nutritionist staff position in doctor's offices – high priority
- Carolinas Healthcare System and Novant Health, Inc. should create an obesity protocol in offices – high priority
- Carolinas Healthcare System and Novant Health, Inc. should implement nurse home visits for overweight or obese children – high priority
- Carolinas Healthcare System and Novant Health, Inc. should provide culturally competent training to providers regarding pediatric obesity counseling – medium priority

Public Awareness Interventions

- Carolinas Healthcare System, Novant Health, Inc. and/or the Mecklenburg County Health Department should create a clearinghouse of resources available in community to be physically active and eat healthily – high priority
- Train health care providers to be policy advocates in supporting healthy weights in children – medium priority

GOAL 5: School, Preschool and Child Care Environments for Physical Activity

Strategy 14: Increase Opportunities for Physical Activity in School, Preschool, and Child Care Environments

Environmental Policy Interventions

- Implement or Reinstate Joint-Use Agreements – high priority
- Specify time requirements for physical activity in child care and Preschool settings – high priority

Institutional Policy

- School officials should enforce the 30 minutes of quality physical activity daily policy – high priority
- Support and expand the SPARK program across all levels of education – high priority
- Implement and/or enforce a school district policy of not “taking away” physical education as a disciplinary measure – high priority
- Provide before and after-school programs that includes physical activity components – medium priority

Public Awareness Interventions

- Convene summit within the Early Care and Education Community regarding childhood obesity – medium priority

Targeted Community Programs

- Support Safe Routes to School (SRTS) programs – high priority
- Continue the *Color Me Healthy* program for children four and five – high priority
- Increase the number of child care teachers trained by the *Be Active Kids* curriculum – medium priority

GOAL 6: Sedentary Lifestyles

Strategy 15: Decrease Screen-Time in Youth in Mecklenburg County

Environmental Policy Interventions

- Specify limits on screen-time in child care and Preschool settings – high priority

GOAL 7: Transportation

Strategy 16: Increase Availability of Affordable Transportation

Environmental Policy Interventions

- Enforce the implementation of the Urban Street Design Guidelines – high priority

- Advocate for “Mixed-Use” Development – medium priority

Targeted Community Programs

- Implement a loaner-bicycle program in strategic locations around the county – low priority

PART 2: SUPPORTING HEALTHY EATING

GOAL 8: Affordable Options for Healthy Eating

Strategy 17: Attract Full-Service Grocery Stores to Encourage Healthy Eating in Low-Income Neighborhoods and Food Deserts

Environmental Policy Interventions

- Incorporate grocery stores in development and redevelopment projects and plans – high priority
- Provide financial incentives to supermarkets to develop in food deserts – high priority
- Alter zoning laws to encourage supermarkets to move in to underserved neighborhoods – medium priority

Institutional Policy Interventions

- Implement vending machine policies that prohibit/restrict the sale of unhealthy foods and beverages – high priority

Strategy 18: Encourage Convenience Stores to Offer Healthier Food

Environmental Policy Interventions

- Require convenience stores to accept Supplemental Nutrition Assistance Programs (SNAP) benefits – high priority
- Encourage convenience stores to become Women, Infants, and Children (WIC) program vendors – high priority
- Provide incentives for convenience stores to offer healthy options – high priority

Targeted Community Programs

- Create partnerships with convenience stores and local farmers to increase access to healthy food options – high priority

Strategy 19: Encourage Farmers’ Markets and Other Farm-Fresh Programs to Locate in Identified Food Deserts

Environmental Policy Interventions

- Provide financial incentives to farmers’ markets – high priority

- Encourage farmers' markets to accept Supplemental Nutrition Assistance Programs (SNAP) benefits – high priority
- Encourage farmers' markets to become Women, Infants, and Children (WIC) program vendors – high priority
- Provide permits/licenses and incentives to mobile food carts – high priority
- Development of community gardens through conversions of blighted areas- medium priority

Targeted Community Programs

- Create partnership between farmers' markets and the faith community – high priority
- Development of Community Gardens for residents of food deserts – medium priority

GOAL 9: Breastfeeding

Strategy 20: Increase Support for Breastfeeding

Environmental Policy Interventions

- Implement breast feeding requirement detailed in health care reform – high priority

GOAL 10: Built Environment and Resources for Healthy Eating

Strategy 21: Attract Full-Service Grocery Stores and Encourage Healthy Eating in Low-Income Neighborhoods and Food Deserts

Environmental Policy Interventions

- Incorporate grocery stores in development and redevelopment projects and plans – high priority
- Provide financial incentives to supermarkets to develop in food deserts – high priority
- Alter zoning laws to encourage supermarkets to move in to underserved neighborhoods – medium priority

Institutional Policy Interventions

- Implement vending machine policies that prohibit/restrict the sale of unhealthy foods and beverages – high priority

Strategy 22: Encourage Convenience Stores to Offer Healthier Food

Environmental Policy Interventions

- Require convenience stores to accept Supplemental Nutrition Assistance Programs (SNAP) benefits – high priority
- Encourage convenience stores to become Women, Infants, and Children (WIC) program vendors – high priority
- Provide incentives for convenience stores to offer healthy options – high priority

Targeted Community Programs

- Create partnerships with convenience stores and local farmers to increase access to healthy food options – high priority

Strategy 23: Encourage Farmers' Markets and Other Farm-Fresh Programs to Locate in Identified Food Deserts

Environmental Policy Interventions

- Provide financial incentives to farmer's markets – high priority
- Encourage farmers' markets to accept Supplemental Nutrition Assistance Programs (SNAP) benefits – high priority
- Encourage farmers' markets to become Women, Infants, and Children (WIC) program vendors – high priority
- Provide permits/licenses and incentives to mobile food carts – high priority
- Development of community gardens through conversions of blighted areas- medium priority

Targeted Community Programs

- Create partnership between farmers' markets and the faith community – high priority
- Development of Community Gardens for residents of food deserts – medium priority

GOAL 11: Public Awareness and Education about Healthy Eating

Strategy 24: Educate and Develop Media and Public Awareness Campaigns and Conferences to Stimulate Behavior Change

Environmental Policy Interventions

- Implement menu labeling requirement detailed in health reform legislation – high priority

Build Public Awareness Interventions

- Convene a symposium open to the public on the importance of physical activity and healthy eating for children and families – high priority
- Develop tailored messages that promote healthy living through research – high priority
- Develop public awareness campaigns utilizing messaging research – high priority
- Create clearinghouse of resources available in community to be physically active – high priority

Targeted Community Programs

- Conduct community health fairs – high priority
- Educate businesses and industries on the importance of physical activity – medium priority
- Expand the *Preventing Obesity Through Design* Program – low priority

Strategy 25: Promote Educational Opportunities in Clinical Settings

Institutional Policy Interventions

- Carolinas Healthcare System and Novant Health, Inc. should create a nutritionist staff position in doctor’s offices – high priority
- Carolinas Healthcare System and Novant Health, Inc. should create an obesity protocol in offices – high priority
- Carolinas Healthcare System and Novant Health, Inc. should implement nurse home visits for overweight or obese children – high priority
- Carolinas Healthcare System and Novant Health, Inc. should provide culturally competent training to providers regarding pediatric obesity counseling – medium priority

Public Awareness Interventions

- Carolinas Healthcare System , Novant Health, Inc. and/or the Mecklenburg County Health Department should create a clearinghouse of resources available in community to be physically active and eat healthily – high priority
- Train health care providers to be policy advocates in supporting healthy weights in children – medium priority

GOAL 12: School, Preschool, and Child Care Environments for Healthy Eating

Strategy 26: Ensure that Students and Youth have Appealing Healthy Food and Beverage Choices in Schools, Preschools, and Child care Settings

Environmental Policy Interventions

- Local and state legislators can support healthy school food and nutrition legislation – high priority
- Enforce strong local wellness policies in government owned facilities – high priority

Institutional Policy Interventions

- Support and expand the SPARK program across all levels of education – high priority
- Local institutions should implement vending machine policies the restrict vending machine sales to healthy snacks – high priority
- Enforce strong local wellness policies in local institutions – high priority

Public Awareness Interventions

- Convene Summit within the Early Care and Education Community – medium priority

Targeted Community Programs

- Support and/or sponsor child care programs’ participation in Child and Adult Care Food Program (CACFP) – high priority
- Continue Supporting *Healthy Futures Starting in the Kitchen* - high priority
- Continue the *Color Me Healthy* program for children four and five – high priority
- Increase the number of child care teachers trained by the *Be Active Kids* curriculum – medium priority

Strategy 27: Support Farm-to-School and School Garden Programs

Environmental Policy Interventions

- Develop farm-to-school policies – medium priority

Targeted Community Programs

- Increase the number of school/classroom gardens – high priority

GOAL 13: Societal Norms and Pressures about Healthy Eating

Strategy 28: Regulate the Marketing of Unhealthy Food in or Near School and Other Youth Facilities

Environmental Policy Interventions

- Implement vending machine policies in areas where youth gather – high priority
- Restrict advertising near schools of unhealthy foods and beverages – high priority

Institutional Policy Interventions

- Implement vending machine policies in schools – high priority

- Restrict Advertising in Schools, including sponsorships and donations from unhealthy food companies – high priority

Strategy 29: Implement a Tax Strategy on Foods and Beverages that have Minimal Nutritional Value

Environmental Policy Interventions

- Implement a tax on sugar-sweetened beverages – low priority

VISION OF THE BLUEPRINT FOR A HEALTHIER GENERATION, 2020

The HWHC Initiative's primary objective for the planning year was to develop a county-wide action plan, or blueprint, that would aim to reach the following two overarching goals:

- Combat and prevent childhood obesity in Charlotte/Mecklenburg County and
- Ensure access to resources that promote and encourage active living and healthy eating for all children and their families in Charlotte/Mecklenburg County.

The initiative, along with local policymakers and officials, key stakeholders, and community members should focus efforts on reaching these goals over the next three years.

To reach these goals, the blueprint includes 13 sub-goals, 29 strategies, and numerous interventions that were identified through a community-based participatory research process. For each strategy, the specific interventions – whether environmental policy, institutional policy, public education, or targeted programs – are designated by priority level, i.e. high, medium, or low. The priority level was determined through the community assessment process.

In three years time, i.e 2013, the blueprint will be assessed to determine if the goals, sub-goals, strategies, and interventions are addressing the health of all children in Mecklenburg County.

CREATING HEALTHY COMMUNITIES

The State of the Childhood Obesity Epidemic

In the United States – across gender, age groups, race, and cultures – the next generation of youth is in crisis; 16.3 percent of children and adolescents between the ages of two and 19 are obese.¹ In just over four decades the childhood obesity epidemic has exploded. School-aged children, in particular, have experienced a significant increase in obesity. In fact, the percentage of 6 to 11 year old obese children has more than quadrupled, rising from 4.2% to 17%, and the percentage of 12 to 19 year old children has more than tripled, rising from 4.6% to 17.6%.²

The statistics are alarming on the state and local level as well. According to the most recent assessment from *Trust for America's Health*, North Carolina is ranked 14th in obesity among adults and children in the nation.³ Mecklenburg County follows this trend – according to the most recent Youth Risk Behavior Survey data, more than 1 in 4 (28%) public high school students is obese or overweight. The childhood obesity epidemic in the county is even more startling when viewed through the lens of race and income.⁴ For example, African-American and Hispanic public high school students are more than twice as likely to be obese as their white peers – 1 in 6 African Americans and 1 in 8 Hispanic students compared to 1 in 17 white students. Furthermore, more than 1 in 3 (34.8%) low-income children in the county between the

ages of 2 and 18 are obese or overweight. For children who are very low-income – in families with incomes below 185 percent of the federal poverty level – the rate is even higher at 35.3%.⁵

The prevalence of childhood obesity is so high that it may reduce the life expectancy of today's generation of youth and diminish their overall quality of life.⁶ According to a recent study in *Pediatrics*, an obese 4-year-old has a 20 percent chance of becoming an obese adult and an obese teenager has up to an 80 percent chance of remaining obese as an adult.⁷ In addition obese children and adolescents are more likely than their lower-weight peers to develop serious illnesses, such as heart disease, hypertension, asthma, and certain types of cancer.⁸ Type 2 diabetes – once referred to as “adult onset diabetes” – is found in increasingly younger age groups as more children become obese.⁹ Individual health is not the only reason to be concerned, there are financial consequences as well. Estimates suggest the obesity epidemic costs the United States \$117 billion each year in direct medical expenses and indirect costs, such as loss productivity.¹⁰ For all of these reasons, it is little wonder that a recent national poll of parents ranked childhood obesity as the number one potential threat to their children's health and financial future – topping drugs, alcohol, and tobacco use for the first time.¹¹

The Role of Policy and the Physical Environment in Fostering a Healthy Generation

Where Children Live, Go to School, and Play Affects their Health

Local policies, both at the government and institutional levels, and the physical environment influence daily choices that affect child health, and therefore, child weight.¹² For example, children that live in neighborhoods designated “food deserts” (i.e. those neighborhoods that lack full-service grocery stores and healthy options at nearby food markets) have less access to fresh fruits and vegetables. A lack of policies that establish and enforce physical activity and nutritional standards in schools and child care facilities can deter active living and unhealthy habits. Children who live in unsafe neighborhoods either due to crime or vehicle traffic may be restricted to watching television instead of being active outside. These illustrations are just three examples of how the physical environment and policies can affect how children move and eat.

To create a healthy generation and address the obesity epidemic, we must change our physical and food environments through policy action and targeted interventions to eliminate the barriers to physical activity and healthy eating options, and to provide more opportunities for children and families to engage in those healthy behaviors.

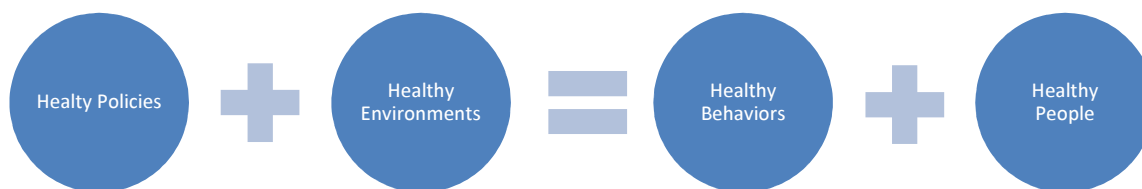
Creating Equal Opportunities for Healthy Living by Addressing Disparities

There is significant evidence available indicating that many children do not have opportunities to be physically active or have access to healthy foods on a daily basis. These barriers are exacerbated in low-income communities and majority-minority communities and neighborhoods (i.e. where the neighborhoods or communities are predominantly comprised of people of color). High poverty communities are significantly less likely to have opportunities to be physically active such as parks, green spaces, and bicycle paths and lanes.¹³ Moreover, many neighborhoods in racial and ethnic minority and/or low-income areas tend to have more access to fast-food restaurants and convenience stores rather than full-service grocery stores.¹⁴

By adopting policies and implementing tailored programs in these disparately impacted areas, Mecklenburg County has the opportunity to address health equity by fairly distributing health resources among all population groups. Racial segregation, poverty, lack of access to quality schools, poor housing, and limited access to health care contribute to the uneven well-being of some populations, especially those living in historically disadvantaged communities.¹⁵

A Four-tiered Approach to Supporting Healthy Eating and Active Living

The *Healthy Weight, Healthy Child (HWHC) Initiative* developed a four-tiered approach to develop the *Blue Print for a Healthier Generation, 2020*. In so doing it utilized a process diagram developed by the Centers for Disease Control and Prevention.¹⁶ As the diagram illustrates, the focus of the *Initiative* was to suggest, promote, and develop local policies and programs that create healthy environments. In turn, these efforts would create a community of healthy people practicing healthy behaviors in Mecklenburg County.



Tier 1: Environmental Policy Change and Implementation

The literature regarding effective obesity interventions points to environmental policy change as the most effective way to reduce obesity trends. These policy interventions largely require government action in the form of changing/implementing regulations, ordinances, and laws. Aside from the health benefits of implementing such policies, there are economic benefits to local governments for creating food-secure, walkable and/or safe environments, such as an increase in home values in such communities.¹⁷ However, while these changes have the most lasting and direct behavioral change, they are often the most difficult to achieve due to political will, government priorities, and public support and their impact often takes time to come to

fruition. Yet, government officials may find themselves uniquely positioned to catalyze, support, or lead collaborations in the community and engage diverse constituent groups in efforts to improve places where children live, go to school, and play.

Tier 2: Institutional Policy Change and Implementation

The second most effective way to address behaviors in a community is to address the specific policies of major institutions within a community. In the case of Mecklenburg County, the four major institutions with relevance include 1) local government (both city and county), 2) Mecklenburg County Health Department, 3) the health care system, i.e. Carolinas Healthcare System and Novant Health, Inc., and 4) Charlotte-Mecklenburg Schools. Like elected officials, institutional administrators, too, are uniquely situated to galvanize the community and stakeholder groups and have lasting impact on child health and well-being.

Tier 3: Build Public Awareness

Much has been learned nationally and locally about public awareness and education campaigns, specifically those modeled after the success of the anti-tobacco campaigns. Instrumental in developing these campaigns is conducting messaging surveys and polls to ensure the campaigns are using the phrases and key words that resonate with the people of Mecklenburg County as well as tailored to various subpopulations most effected by the epidemic. Furthermore, education regarding the detriment of youth and child obesity must be made available to stakeholders, families, and children.

Tier 4: Targeted Community/Environmental Programs

The fourth tier of interventions includes those targeted to specific neighborhoods or communities in Mecklenburg County. While the effect of these interventions will not have a large impact on the general population, they will likely have a lasting impact on the targeted population they address.

The Inter-Relatedness of the Tiers

While the tiers represent the unique levels of interventions, they are interrelated – all tiers must be implemented to successfully create structural and systemic change to support the creation of a healthy generation and address childhood obesity in the county and city. For example, the relationship between *Tier 1: Environmental Policy Change* and *Tier 3: Building Public Awareness* exemplifies this point most effectively. For any policy change, constituents are needed to pressure elected officials and local governments to act and address the demands of the people. The public awareness campaigns will build this “public demand” and instigate policy change. Also, the relationship between *Tier 2: Institutional Policy Change and Implementation* and *Tier 4: Targeted Community/Environmental Programs* is also evident. To cause policy change on the institutional level, often time accountability is created to where the various institutions must act in order to meet goals. These goals can often be reached through specific community interventions that may serve as models/pilot projects for bigger efforts throughout the county.

PROCESS FOR CREATING THE *BLUEPRINT FOR A HEALTHIER GENERATION, 2020*

This *Blueprint* is the result of a year-long collaborative effort of the HWHC Leadership Team, Steering Committee, and Coalition utilizing a community-based participatory research model. In-person meetings were held to discuss the priorities of the initiative and to plan for the research needed to develop a blueprint that not only stakeholder groups should support, but one that the community helped to develop and should become galvanized behind. Preliminary research included conducting literature reviews of various interventions stakeholder groups should implement to address active living and healthy eating.¹⁸ For those documents, as well as this blueprint, reports from the Robert Wood Johnson Foundation, the National Institutes of Medicine, and the Centers for Disease Control and Prevention were heavily relied upon to identify evidence-based interventions and promising interventions (i.e. those interventions in local communities that have shown to positively impact healthy living, but have not been rigorously evaluated), as well as to provide a contextual framework for the development of the *Blueprint*. Additionally, the HWHC Initiative built relationships with programs across the country focused on addressing child health and obesity to learn best practices and pitfalls to avoid.

In July 2010, the HWHC Initiative released *Identifying Barriers & Interventions Regarding Healthy Living for Children in Mecklenburg County: A Community Assessment*. The process used community-based participatory research models and techniques to develop the assessment which included community conversations (i.e. focus groups) with the African American and Hispanic communities to identify barriers to being more physically active and eating nutritiously. Along with these two focus groups, three additional focus groups of Charlotte-Mecklenburg School employees, mental health professionals, and school health nurses were conducted to identify interventions that would address the barriers identified. The HWHC Working Groups identified policy and program interventions through the assessment process that each constituent group should implement to address childhood obesity and the barriers identified in the African American and Hispanic community conversations. The last component of the assessment included conducting key informant interviews of national, state, and local leaders who are well-versed in the strategies to combat childhood obesity, experts in the fields of environmental policy and behavioral change, funded similar initiatives, or were key administrators in local institutions – the results of these interviews are included in the community assessment. Once the community assessment was completed, much of the research for the *Blueprint* was completed as well. It was through the community assessment process that the interventions topics included in this document were identified and prioritized (see the section below for more details).

Additional efforts of the *HWHC Initiative* included meetings with elected officials and key organizations to garner their support and guidance through this blueprint development process. Also, throughout the process, national, state and local efforts to address childhood obesity –

Let's Move and Charlotte, Get Your Move On to name two – provided context to these efforts as well. In fact, many of the interventions included in the *Blueprint* are in line with Let's Move, the national effort to address childhood obesity, and the Presidential Task Force on Childhood Obesity. This similarity creates a natural opportunity for Mecklenburg County to become a national leader in creating a healthier generation and combating childhood obesity.

A Parallel Track: Health Care Provider Involvement

The medical director of the HWHC Initiative along with family medicine residents Dr. Akita Evans and Dr. Loni Jenkins conducted a parallel assessment with Carolinas Healthcare System and Novant Health, Inc. health care providers to ascertain what interventions they would like implemented in the county that would not only address childhood obesity, but healthy living for all children. This process included four focus groups of approximately 35 total participants at Elizabeth Family Medicine, CMC Myers Park Pediatrics, CMC Biddle Point, and CMC North Park. Additionally, surveys were distributed to physicians at these and other sites through survey monkey. Fifty-nine physicians responded. The results of this effort are included in *The Blueprint*.

HOW TO USE THE *BLUEPRINT FOR A HEALTHIER GENERATION, 2020*

The purpose of the *Blueprint for a Healthier Generation, 2020*, is for it to serve as an action plan for local government, key stakeholders, and the community to address the childhood obesity epidemic and healthy living for all children in Mecklenburg County. These various entities can turn to it for guidance to ensure their efforts to address child health are in line with the priorities of the people of the community and key stakeholder groups.

In the following pages policy and program interventions have been divided into two broad categories: Promoting Active Living and Supporting Healthy Eating. Each category is then subdivided into goals and strategies that were ascertained during the community assessment process. From there, the goals are further divided into suggested policy or program interventions that would help achieve stated goal based upon the four-tiered approach outlined above. The interventions are described and potential stake holders are identified. Furthermore, suggested ways of evaluating the goal and strategy – or, in some cases, specific interventions – are included. Finally, interventions are prioritized using a “high, medium, and low” scale based upon the interest, support, and feasibility of the specific intervention during the community assessment process. Note that some interventions will appear more than once if they naturally apply to one or more goals or strategies.

PART 1: PROMOTING ACTIVE LIVING

GOAL 1: Affordable Options for Physical Activity

GOAL 2: Built Environment and Resources for Physical Activity

GOAL 3: Community and Neighborhood Safety

GOAL 4: Public Awareness and Education about Physical Activity

GOAL 5: School, Preschool, and Child care Environments - Physical Activity

GOAL 6: Sedentary Life Styles

GOAL 7: Transportation



AFFORDABLE OPTIONS FOR PHYSICAL ACTIVITY

GOAL 1: To increase affordable options and opportunities to being physically active in the community and school environment by advocating for more mixed-use development, providing more green space and bicycle and walking trails, and supporting options for decreased fees in being more physically active.

1. Support the Implementation of the Urban Street Design Guidelines

The Issue: A walkable and bikable neighborhood provides residents with opportunities to easily walk or ride a bike from home to schools, shops and workplaces, as well as to walk and cycle recreationally. Evidence suggests that youth get more regular physical activity when they have opportunities to walk or ride a bike to school or other destinations.¹⁹ This would increase opportunities to be physically active with no cost to family or child.

Policy and Program Interventions

Tier 1: Environmental Policy

- **Enforce the Implementation of the Urban Street Design Guidelines**

Working with the relevant government agencies, continue to encourage local officials and administrators to enforce guidelines, educating them on the benefits the guidelines will have on increasing safe physical activity opportunities for Mecklenburg County youth. **HIGH PRIORITY**

Potential Stakeholders

Polymakers

- Local elected/appointed officials

Government and Community Stakeholders

- Planning Agencies and Officials
- Charlotte Area Transit System and Other officials
- Economic Development Officials
- Relevant community organizations
- Community members

Institutions

- Local Government
- Mecklenburg County Health Department

HWHC Working Group(s)

- Government/Elected Officials

Evaluating Success

- Pre-Test/Post Test – Measure the total miles of bike lanes and sidewalks versus the number of miles of highway in a neighborhood. Measure before implementation of guidelines and after.
- Survey Neighborhood Members to evaluate if they increased their walking and biking once lanes and sidewalks were available.

2. Advocate for More “Mixed-Use” Development in Charlotte and throughout Mecklenburg County

The Issue: Mixed-use neighborhoods are communities that include buildings or a set of buildings that are zoned for a variety of uses. They can include some combination of residential, commercial, industrial, office, or other land uses. According to a study conducted in San Diego, CA, residents of communities with a mix of schools, shops, and businesses within an easy walking distance have a 35 percent lower risk of obesity than residents of communities that do not have these services within easy walking distance.²⁰ This would increase opportunities to be physically active with no cost to family or child.

Policy and Program Interventions

Tier 1: Environmental Policy

- **Advocate for “Mixed-Use” Development**
 - Local governments can implement zoning regulations that accommodate mixed land use which would increase physical activity by encouraging walking and bicycling for commuting purposes. **HIGH PRIORITY**
 - Local governments can implement zoning regulations that allow locating schools within easy walking distance of residential areas by changing land use policies. **MEDIUM PRIORITY**
 - Local governments can improve access to public transportation, which encourages physical activity. **MEDIUM PRIORITY**

Tier 2: Institutional Policy

- **Advocate for Schools to be Near Residential Areas for the Primary Purpose of Easing Walking and Biking to School**
Implement a policy that supports building new schools and/or repairing or expanding existing schools within easy biking or walking distance to residential areas. **LOW PRIORITY**

Potential Stakeholders

Policymakers

- Local elected/appointed officials

Government and Community Stakeholders

- Planning Agencies and Officials
- Charlotte Area Transit System and Other officials
- Economic Development Officials
- Relevant community organizations
- Community members

Institutions

- Local Government
- Charlotte-Mecklenburg Schools

HWHC Working Group(s)

- Government/Elected Officials
- School-Aged Organizations

Evaluating Success

- Passing regulations that change zoning laws.
- Passing of policy described above.
- Increasing the number of access points to public transportation that are no more than ¼ mile from large residential and commercial areas. Also increase the number of routes to and from large residential and commercial areas.

3. Improve Access to Outdoor Recreational Facilities

The Issue: Open spaces – such as parks, green spaces, ball fields, walking and biking trails, nature centers, and picnic areas – encourage youth who live near them to be more physically active than those living in areas with fewer recreational areas.²¹ For example, people with the greatest access to built and natural facilities were 43 percent more likely to exercise for 30 minutes or more on most days compared with those with poorer access.²²

Policy and Program Interventions

Tier 1: Environmental Policy

- **Increase Open Spaces for Active Living**
 - Policymakers can integrate greenway plans, trails and parks with land-use, and economic development plans, and advocate for subdivision ordinances that require reserving a portion of land for trails and greenways. **HIGH PRIORITY**
 - State and local officials can increase funding for parks, trails, and greenways. **LOW PRIORITY**
- **Rehabilitate Blighted Areas in Underserved Neighborhoods**
 - Policymakers can call for the conversion of vacant lots into parks and other green spaces. **MEDIUM PRIORITY**

Tier 2: Institutional Policy

- **Implement or Reinstate Joint-Use Agreements**

School and local government officials can develop joint-use agreements that allow community members to use school-owned facilities. In turn, communities can offer facilities to schools, such as tracks and swimming pools. **HIGH PRIORITY**

<i>Potential Stakeholders</i>
<i>Policymakers</i> <ul style="list-style-type: none">• Local elected/appointed officials
<i>Government and Community Stakeholders</i> <ul style="list-style-type: none">• Parks and Recreation Agencies• Planning Agencies and Officials• Economic Development Officials• Relevant community organizations• Community members
<i>Institutions</i> <ul style="list-style-type: none">• Local Government• Charlotte-Mecklenburg Schools
<i>HWHC Working Group(s)</i> <ul style="list-style-type: none">• Government/Elected Officials• School-Aged Organizations• Business

<i>Evaluating Success</i>
➤ <u>Passing of environmental policy</u> described above.
➤ <u>Passing or reinstating of joint-use agreements.</u>
➤ <u>Increasing in the number of recreational areas</u> that are no more than ½ mile from large residential areas.

4. Enhance Infrastructure to Support Bicycling and Walking

The Issue: Many communities have adopted programs and policies to increase physical activity opportunities in neighborhoods. An analysis of 33 studies demonstrated that children in neighborhoods with sidewalks, trails, and controlled intersections were more physically active than children in neighborhoods with road hazards and unsafe intersections.²³

Policy and Program Interventions

Tier 1: Environmental Policy

- **Increase Biking and Walking Trails**

Policymakers and local agencies should increase the number of walking and biking trails in neighborhoods and communities. **HIGH PRIORITY**

Tier 4: Targeted Community/Environmental Programs

- **Support Safe Routes to School (SRTS)**

Continue to support this program, extending it to other schools in the Charlotte-Mecklenburg district. **HIGH PRIORITY**

<i>Potential Stakeholders</i>	<i>Evaluating Success</i>
<p><i>Policymakers</i></p> <ul style="list-style-type: none">• Local elected/appointed officials <p><i>Government and Community Stakeholders</i></p> <ul style="list-style-type: none">• Planning Agencies and Officials• Parks and Recs• Community members <p><i>Institutions</i></p> <ul style="list-style-type: none">• Charlotte-Mecklenburg Schools <p><i>HWHC Working Group(s)</i></p> <ul style="list-style-type: none">• School-Aged Organizations	<ul style="list-style-type: none">➤ <u>Pre-Test/Post Test</u> – Measure the total miles of bike lanes and sidewalks versus the number of miles of highway in a neighborhood. Measure before implementation of guidelines and after.➤ <u>Adopt the evaluation process</u> of the SRTS program.

5. Reduce Membership/Sports Fees, including Health Physicals, for School and Recreational Athletics and Local Fitness Centers

The Issue: In *Identifying Barriers & Interventions Regarding Healthy Living for Children in Mecklenburg County: A Community Assessment*, participants of the community assessment identified school athletic fees and fitness center fees as barriers to physical activity in a social setting. The participants identified the need for free/reduced membership fees as a way to address this barrier.²⁴

Policy and Program Interventions

Tier 2: Institutional Policy

- **Adopt (or re-adopt) Policies for Reduced Athletic Fees**

- Charlotte-Mecklenburg Schools should implement policy to reduce school athletic fees for qualifying individuals. **MEDIUM PRIORITY**
- Carolinas Healthcare System and Novant Health, Inc. should pass policy to offer free/reduced fee physicals for qualifying individuals interested in playing school or recreational athletics. **MEDIUM PRIORITY**

Tier 4: Targeted Community/Environmental Programs

- **Local Fitness Centers Should Reduce Membership Fees**

For qualifying individuals, local fitness centers and athletic fees should reduce membership and enrollment fees. **HIGH PRIORITY**

- **Implement Programs to Support Aspiring Athletes**

Through the faith community or community organizations, implement a program to subsidize school/recreational athletic program fees or physical fees for qualifying individuals. **HIGH PRIORITY**

Potential Stakeholders

Government and Community Stakeholders

- Relevant community organizations
- Fitness Centers
- Community members

Institutions

- Charlotte-Mecklenburg Schools
- Carolinas Healthcare System and Novant Health, Inc. Health, Inc.

HWHC Working Group(s)

- School-Aged Organizations
- Faith
- Race/Ethnicity-Specific Organizations

Evaluating Success

- Passing of policies described above.
- Measure the number of students who took advantage of the policy, and were therefore, able to participate in school athletics who might not otherwise have participated.

**BUILT ENVIRONMENT & RESOURCES
FOR PHYSICAL ACTIVITY**

GOAL 2: To encourage fitness, physical fitness, and enjoyment of the built and physical environments by advocating for recreation centers in underserved communities, more mixed-use development, and providing more green space and bicycle and walking trails.

6. Increase Recreation Centers in Underserved Communities

The Issue: In *Identifying Barriers & Interventions Regarding Healthy Living for Children in Mecklenburg County: A Community Assessment*, participants of the identified school a lack of resources in their neighborhood built environment – i.e. recreational centers, youth centers, etc . – as a barrier to physical activity in a social setting. The participants identified the need for more of such facilities in low-income communities to address this barrier. The results of a 2007 study of low-income areas found that people who live within one mile of a park exercised at a rate 38 percent higher than those who lived farther away.²⁵

Policy and Program Interventions

Tier 1: Environmental Policy

- **Increase the Number of Recreational Center in Underserved Communities.** Policymakers and relevant local agencies should set aside funding for more recreation centers in communities without them and in low-income communities where physical activity opportunities are limited. **MEDIUM PRIORITY**

Tier 2: Institutional Policy

- **Implement or Reinstate Joint-Use Agreements** School and local government officials can develop joint-use agreements that allow community members to use school-owned facilities while schools are not in session. In turn, communities can offer facilities to schools, such as tracks and swimming pools. **HIGH PRIORITY**

Potential Stakeholders

Policymakers

- Local elected/appointed officials

Government and Community Stakeholders

- Planning Agencies and Officials
- Economic Development Officials
- Relevant community organizations
- Community members

Institutions

- Local Government
- Charlotte-Mecklenburg Schools

HWHC Working Group(s)

- Government/Elected Officials

Evaluating Success

- Passing of Institutional Policy stated above.
- Survey Neighborhood Members to evaluate if they increased their physical activity once having greater opportunity to be physically active in a nearby environment.

7. Support the Implementation of the Urban Street Design Guidelines

The Issue: A walkable and bikable neighborhood provides residents with opportunities to easily walk or ride a bike from home to schools, shops and workplaces, as well as to walk and cycle recreationally. Evidence suggests that youth get more regular physical activity when they have opportunities to walk or ride a bike to school or other destinations.²⁶ This would increase opportunity to be physically active with no cost to family or child.

Policy and Program Interventions

Tier 1: Environmental Policy

- **Enforce the implementation of the Urban Street Design Guidelines**

Working with the relevant government agencies, continue to encourage local officials and administrators to enforce guidelines, educating them on the benefits the guidelines will have on increasing safe physical activity opportunities for Mecklenburg County youth.

HIGH PRIORITY

Potential Stakeholders

Policymakers

- Local elected/appointed officials

Government and Community Stakeholders

- Planning Agencies and Officials
- Charlotte Area Transit System and Other officials
- Economic Development Officials
- Relevant community organizations
- Community members

Institutions

- Local Government
- Mecklenburg County Health Department

HWHC Working Group(s)

- Government/Elected Officials

Evaluating Success

- Pre-Test/Post Test – Measure the total miles of bike lanes and sidewalks versus the number of miles of highway in a neighborhood. Measure before implementation of guidelines and after.
- Survey Neighborhood Members to evaluate if they increased their walking and biking once lanes and sidewalks were available.

8. Advocate for More “Mixed-Use” Development in Charlotte and throughout Mecklenburg County

The Issue: Mixed-use neighborhoods are communities that include buildings or a set of buildings that are zoned for a variety of uses. They can include some combination of residential, commercial, industrial, office, or other land uses. According to a study conducted in San Diego, CA, residents of communities with a mix of schools, shops, and businesses within an easy walking distance have a 35 percent lower risk of obesity than residents of communities that do not have these services within easy walking distance.²⁷ This would increase opportunity to be physically active with no cost to family or child.

Policy and Program Interventions

Tier 1: Environmental Policy

- **Advocate for “Mixed-Use” Development**
 - Local governments can implement zoning regulations that accommodate mixed land use which would increase physical activity by encouraging walking and bicycling for commuting purposes. **HIGH PRIORITY**
 - Local governments can implement zoning regulations that allow locating schools within easy walking distance of residential areas by changing land use policies. **MEDIUM PRIORITY**
 - Local governments can improve access to public transportation, which encourages physical activity. **MEDIUM PRIORITY**

Tier 2: Institutional Policy

- **Advocate for Schools to be Near Residential Areas for the Primary Purpose of Easing Walking and Biking to School**

Implement a policy that supports building new schools and/or repairing or expanding existing schools within easy biking or walking distance to residential areas. **LOW PRIORITY**

Potential Stakeholders

Policymakers

- Local elected/appointed officials

Government and Community Stakeholders

- Planning Agencies and Officials
- Charlotte Area Transit System and

Other officials

- Economic Development Officials
- Relevant community organizations
- Community members

Institutions

- Local Government
- Charlotte-Mecklenburg Schools

HWHC Working Group(s)

- Government/Elected Officials
- School-Aged Organizations

Evaluating Success

- Passing regulations that change zoning laws.
- Passing of policy described above.
- Increasing access points to public transportation that are no more than ¼ mile from large residential and commercial areas. Also increase the number of routes to and from large residential and commercial areas.

9. Improve Access to Outdoor Recreational Facilities

The Issue: Open spaces – such as parks, green spaces, ball fields, walking and biking trails, nature centers, and picnic areas – encourage youth who live near them to be more physically active than those living in areas with fewer recreational areas.²⁸ For example, people with the greatest access to built and natural facilities were 43 percent more likely to exercise for 30 minutes or more on most days compared with those with poorer access.²⁹

Policy and Program Interventions

Tier 1: Environmental Policy

- **Increase Open Spaces for Active Living**
 - Policymakers can integrate greenway plans, trails and parks with land-use, and economic development plans, and advocate for subdivision ordinances that require reserving a portion of land for trails and greenways. **HIGH PRIORITY**
 - State and local officials can increase funding for parks, trails, and greenways. **LOW PRIORITY**
- **Rehabilitate Blighted Areas in Underserved Neighborhoods**

Policymakers can call for the conversion of vacant lots into parks and other green spaces. **MEDIUM PRIORITY**

Tier 2: Institutional Policy

- **Implement or Reinstate Joint-Use Agreements**

School and local government officials can develop joint-use agreements that allow community members to use school-owned facilities. In turn, communities can offer facilities to schools, such as tracks and swimming pools. **HIGH PRIORITY**

<i>Potential Stakeholders</i>	<i>Evaluating Success</i>
<p><i>Polymakers</i></p> <ul style="list-style-type: none">• Local elected/appointed officials	<ul style="list-style-type: none">➤ <u>Passing of environmental policy</u> described above.➤ <u>Passing or reinstating of joint-use agreements.</u>➤ <u>Increasing recreational areas</u> that are no more than ½ mile from large residential areas.
<p><i>Government and Community Stakeholders</i></p> <ul style="list-style-type: none">• Parks and Recreation Agencies• Planning Agencies and Officials• Economic Development Officials• Relevant community organizations• Community members	
<p><i>Institutions</i></p> <ul style="list-style-type: none">• Local Government• Charlotte-Mecklenburg Schools	
<p><i>HWHC Working Group(s)</i></p> <ul style="list-style-type: none">• Government/Elected Officials• School-Aged Organizations• Business	

10. Enhance Infrastructure to Support Bicycling and Walking

The Issue: Many communities have adopted programs and policies to increase physical activity opportunities in neighborhoods. An analysis of 33 studies demonstrated that children in neighborhoods with sidewalks, trails, and controlled intersections – for more walking and biking – were more physically active than in neighborhoods with road hazards and unsafe intersections.³⁰

Policy and Program Interventions

Tier 1: Environmental Policy

- **Increase Biking and Walking Trails**

Polymakers and local agencies should increase the number of walking and biking trails in neighborhoods and communities. **HIGH PRIORITY**

Tier 4: Targeted Community/Environmental Programs

- **Support Safe Routes to School (SRTS)**

Continue to support this program, extending it to other schools in the Charlotte-Mecklenburg district. **HIGH PRIORITY**

Potential Stakeholders

Policymakers

- Local elected/appointed officials

Government and Community Stakeholders

- Planning Agencies and Officials
- Parks and Rec
- Community members

Institutions

- Charlotte-Mecklenburg Schools

HWHC Working Group(s)

- School-Aged Organizations

Evaluating Success

- Pre-Test/Post Test – Measure the total miles of bike lanes and sidewalks versus the number of miles of highway in a neighborhood. Measure before implementation of guidelines and after.
- Adopt the evaluation process of the SRTS program.

COMMUNITY & NEIGHBORHOOD SAFETY

GOAL 3: To improve the safety of neighborhoods – both as it relates to traffic and crime – and residents’ perceptions of safety in their neighborhoods so that children and families become more physically active.

11. Keep Neighborhoods Safe to Encourage Outdoor Activity

The Issue: While unsafe communities and neighborhoods are usually associated with violence, they can also include inadequate or dilapidated physical infrastructure that is unsafe for physical activity. For example, parents’ perceptions of safety in their neighborhoods, from concerns about traffic and strangers, can determine the level of outside activity in which they allow their children to engage. A recent study found that adolescent girls in high-crime areas were less active outdoors than those in neighborhoods with lower crime rates.³¹

Policy and Program Interventions

Tier 1: Environmental Policy

- **Increase Street Patrol**
 - Policymakers and local agencies should increase the number of patrolmen on walking and biking trails in neighborhoods and communities. **HIGH PRIORITY**
 - **Enforce the implementation of the Urban Street Design Guidelines**
Working with the relevant government agencies, continue to encourage local officials and administrators to enforce guidelines, educating them on the benefits the guidelines will have on increasing safe physical activity opportunities for Mecklenburg County youth. **HIGH PRIORITY**
 - Policymakers can increase policing in high crime neighborhoods, pedestrian walkways and parks. **MEDIUM PRIORITY**
 - Policymakers can increase policing in high traffic areas, including neighborhoods where traffic violations are rampant and/or where traffic is dense. **LOW PRIORITY**

Tier 4: Targeted Community/Environmental Programs

- **Support Safe Routes to School (SRTS)**
Continue to support this program, extending it to other schools in the Charlotte-Mecklenburg district. **HIGH PRIORITY**
- **Implement More Neighborhood Watch Groups (SRTS)**
Neighborhood and community members should organize to develop neighborhood watch groups. **LOW PRIORITY**

Potential Stakeholders

Policymakers

- Local elected/appointed officials

Government and Community Stakeholders

- Charlotte-Mecklenburg Police Department
- Mecklenburg County Sheriff's Office
- Charlotte Area Transit System
- Economic Development Officials
- Planning Agencies and Officials
- Relevant community organizations
- Community members

Institutions

- Mecklenburg County Health Department
- Charlotte Mecklenburg Schools

HWHC Working Group(s)

- Government/Elected Officials
- School-Aged Organizations
- Race/Ethnicity-Specific Organizations
- Faith

Evaluating Success

- Passing of policies described above.
- Pre-Test/Post Test – Measure the total miles of bike lanes and sidewalks versus the number of miles of highway in a neighborhood. Measure before implementation of guidelines and after.
- Pre-Test/Post Test - Survey neighborhood members to evaluate if they increased their outdoor activity after neighborhood watch groups were implemented.

PUBLIC AWARENESS & EDUCATION ABOUT PHYSICAL ACTIVITY

GOAL 4: To increase awareness and understanding of the ramifications of obesity, the lack of physical activity, and sedentary lifestyles in order for long-lasting behavior and systemic change to occur.

12. Educate and Develop Media and Public Awareness Campaigns and Conferences to Stimulate Behavior Change

The Issue: Education, targeted and tailored media campaigns can be key elements to increasing awareness and motivation and can be used to promote physical activity, decrease sedentary activity and to raise awareness of weight as a health issue. Evidence suggests that community-wide campaigns to increase physical activity can be effective.³²

Policy and Program Interventions

Tier 3: Build Public Awareness

- **Convene a Symposium on the importance of Physical Activity and Healthy Eating for Children and Families**

Bring in national experts to educate the Mecklenburg county community and stakeholders about the importance of healthy eating and physical activity, emphasizing that everyone in the community plays a role. **HIGH PRIORITY**

- **Develop Tailored Messages through Research**

Policymakers, institutions, and/or organizations should work with firms skilled in developing tailored and targeted messages around promoting physical activity for Mecklenburg County youth, families, and high-risk populations. **HIGH PRIORITY**

- **Develop Public Awareness Campaigns Utilizing Research**

Policymakers, institutions, and/or organizations should utilize messaging work and develop public awareness campaigns that resonate with the Mecklenburg County community regarding the importance of physical activity and addressing childhood obesity. **HIGH PRIORITY**

- **Create a Clearinghouse of Resources Available in Community to be Physically Active and Eat Healthily**

Local institutions, such as Carolinas Healthcare System, Novant Health, Inc., and the Mecklenburg County Health Department for example, should create a clearinghouse of information regarding resources available in the community to be physically active. This information should be disseminated in doctor's offices, through the internet, via DVD, or in poster/flyer form across the county. In the clinical setting, this should include a referral process for health care providers, such as dieticians.

HIGH PRIORITY

- **Train Health Care Providers to be Policy Advocates in Supporting Healthy Weights in Children**

Health care providers may be uniquely situated to reach children about developing and maintaining healthy eating and physical activity behaviors. As such, providers can serve as policy advocates regarding issues of significance. **MEDIUM PRIORITY**

PRIORITY

Tier 4: Targeted Community/Environmental Programs

- **Conduct Community Health Fairs**

The health department, faith community, and/or other institution or organization should conduct more community health fairs providing information and resources on the importance of physical activity for youth and their families **MEDIUM PRIORITY**

- **Educate Businesses and Industries on the Importance of Physical Activity**
Through the worksite wellness council, educate and mentor businesses and industries on the importance of having a physically active workforce. This may include implementing some worksite wellness policies and engaging the Chamber of Commerce. **MEDIUM PRIORITY**

<i>Potential Stakeholders</i>	<i>Evaluating Success</i>
<p><i>Policymakers</i></p> <ul style="list-style-type: none"> • Local elected/appointed officials <p><i>Government and Community Stakeholders</i></p> <ul style="list-style-type: none"> • Public Relations Firms • Community members <p><i>Institutions</i></p> <ul style="list-style-type: none"> • Local Government • Mecklenburg County Health Department • Charlotte Mecklenburg Schools • Carolinas Healthcare System and Novant Health, Inc. Health, Inc. <p><i>HWHC Working Group(s)</i></p> <ul style="list-style-type: none"> • Government/Elected Officials • School-Aged Organizations • Preschool-Aged Organizations • Business • Health Care Providers • Race/Ethnicity-Specific Organizations • Faith 	<p>➤ <u>Pre-Test/Post Test</u> – Measure impact of awareness campaigns, health fairs, trainings, and programs on changed attitudes pertaining to obesity, physical activity, and healthy eating.</p>

13. Promote Educational Opportunities in Clinical Settings

The Issue: Through the parallel track developed by the HWHC Medical Director, physicians identified interventions that should education children, adolescents, and their parents about

healthy eating and physical activity, as well as ideas to promote institutional and environmental policy change.

Policy and Program Interventions

Tier 2: Institutional Policy

- **Create a Nutritionist Staff Position in Doctor's Offices**
Family physicians and pediatricians see many children with weight and nutrition issues. Having a nutritionist on-site in the provider's office will improve the likelihood that these children will get the necessary counseling. **HIGH PRIORITY**
- **Create an Obesity Protocol in Clinical Settings**
An obesity protocol will improve the likelihood that providers are addressing these issues. **HIGH PRIORITY**
- **Implement Nurse Home Visits for Overweight or Obese Children**
Visits in the home will improve insights into why children are overweight or obese. The convenience of these visits may improve compliance. **HIGH PRIORITY**
- **Provide Culturally Competent Training to Providers Regarding Pediatric Obesity Counseling**
Families of different ethnicities have different belief systems about weight. Culturally competent training will help providers address weight issues in a more effective and sensitive manner. **MEDIUM PRIORITY**

Tier 3: Build Public Awareness

- **Create a Clearinghouse of Resources Available in Community to be Physically Active and Eat Healthily**
Local institutions, such as Carolinas Healthcare System, Novant Health, Inc., and the Mecklenburg County Health Department for example, should create a clearinghouse of information regarding resources available in the community to be physically active. This information should be disseminated in doctor's offices, through the internet, via DVD, or in poster/flyer form across the county. In the clinical setting, this should include a referral process for health care providers, such as dietitians. **HIGH PRIORITY**
- **Train Health Care Providers to be Policy Advocates in Supporting Healthy Weights in Children**
Health care providers may be uniquely situated to reach children about developing and maintaining healthy eating and physical activity behaviors. As such, providers can serve as policy advocates regarding issues of significance. **MEDIUM PRIORITY**

Potential Stakeholders

Government and Community Stakeholders

- Community members

Institutions

- Carolinas Healthcare System and Novant Health, Inc. Health, Inc.

HWHC Working Group(s)

- Health Care Providers

Evaluating Success

- Pre-Test/Post-Test – Evaluate eating and physical activity behaviors in children who have seen a nutritionist or have been managed by the office obesity protocol.
- Track BMIs in children who saw a dietician, were managed by the obesity protocol or had a home visit from a nurse.

SCHOOL, PRESCHOOL, AND CHILD CARE ENVIRONMENTS FOR PHYSICAL ACTIVITY

GOAL 5: To increase physical fitness and reduce childhood obesity rates by increasing the frequency, duration, and intensity of physical activity in and near schools.

14. Increase Opportunities for Physical Activity in School, Preschool, and Child Care Environments

The Issue: Children and adolescents spend the majority of their time in school and child care settings. Local governments school districts can help them meet the U.S. Surgeon General and Department of Health and Human Services' recommendation of 60 minutes of physical activity for children every day. According to the latest Mecklenburg County data, more than half (56.6%) of public high school students were not physically active on 5 or more days during a given week.³³

Policy and Program Interventions

Tier 1: Environmental Policy

- **Implement or Reinstate Joint-Use Agreements**
School and local government officials can develop joint-use agreements that allow community members to use school-owned facilities. In turn, communities can offer facilities to schools, such as tracks and swimming pools. **HIGH PRIORITY**
- **Specify Time Requirements for Physical Activity in Child Care and Preschool Settings**
 - NC Division of Child Development should require licensed child care programs to include at least one hour of outdoor play per day for full-time programs and 30 minutes of outdoor play per day for programs that operate 4 hours or less per day (NOTE: may already be in effect at time of report). **HIGH PRIORITY**
 - NC Division of Child Development should require licensed child care programs to limit screen time to no more than 2.5 hours per week per child. (NOTE: may already be in effect at time of report). **HIGH PRIORITY**

Tier 2: Institutional Policy

- **Enforce the 30 Minutes of Quality Physical Activity Daily Policy**
School officials should enforce state policy of 30 minutes of quality, daily physical activity in all Charlotte and Mecklenburg County Schools. **HIGH PRIORITY**
- **Support and expand the SPARK program across all levels of education**
School officials can support and expand the SPARK program which integrates the health curriculum within other curricula so that children learn about health throughout the day. **HIGH PRIORITY**
- **Enforce School District Policy of Not “Taking Away” Physical Activity as a Disciplinary Measure. HIGH PRIORITY**
- **Before and After-School Programs**
School officials can provide before- and after-school programming that increases students’ physical activity levels through increased opportunities. **MEDIUM PRIORITY**

Tier 3: Build Public Awareness

- **Convene Summit within the Early Care and Education Community**
Convene summit to build awareness among the Early Care and Education community regarding the childhood obesity epidemic and their role in combating the issue. **MEDIUM PRIORITY**

Tier 4: Targeted Community/Environmental Programs

- **Support Safe Routes to School (SRTS)**
Continue to support this program, extending it to other schools in the Charlotte-Mecklenburg district. **HIGH PRIORITY**
- **Continue the *Color Me Healthy* program for children four and five**
Continue to support this program which reaches four and five year olds and teaches them about physical activity and healthy eating. **HIGH PRIORITY**
- **Increase the number of child care teachers trained by the *Be Active Kids* curriculum**
More child care teachers should be trained in the *Be Active Kids* curriculum, whose evidence shows that these providers increased their knowledge and changed attitudes towards nutrition and physical activity and saw positive changes in the children with respect to healthful eating and physical activity. **MEDIUM PRIORITY**

Potential Stakeholders

Policymakers

- Local elected/appointed officials

Government and Community Stakeholders

- Preschools and child care facilities
- Parks and Recreational Agencies
- Community members

Institutions

- Local Government
- Mecklenburg County Health Department
- Charlotte Mecklenburg Schools

HWHC Working Group(s)

- Government/Elected Officials
- School-Aged Organizations
- Preschool-Aged Organizations

Evaluating Success

- Passing of environmental and institutional policies stated above.
- Pre-Test/Post Test – Measure impact of programs stated above before and after implementation.

SEDENTARY LIFESTYLES

GOAL 6: To decrease the amount of screen-time – i.e. time spent watching television, playing video games, or on the computer – and promote opportunities for physical activity for children.

15. Decrease Screen-Time in Youth in Mecklenburg County

The Issue: When children spend too much time watching television and playing video games, they have less time for physical activity and they can be exposed to advertising of unhealthy foods and physical health behaviors.³⁴

Tier 1: Environmental Policy

- **Specify Limits on Screen-Time in Child Care and Preschool Settings**
NC Division of Child Development should require licensed child care programs to limit screen time to no more than 2.5 hours per week per child. (NOTE: may already be in effect at time of report). **HIGH PRIORITY**

TRANSPORTATION

GOAL 7: To improve and increase the availability of affordable transportation to areas where one can be physically active.

16. Increase Availability of Affordable Transportation

The Issue: During the community assessment process, community members identified “the lack of transportation to locations where exercise options are available” as a barrier to being physical active.³⁵ The participants identified the need for infrastructure and programs to ensure there were affordable, accessible routes to physical activity opportunities.

Policy and Program Interventions

Tier 1: Environmental Policy

- **Enforce the Implementation of the Urban Street Design Guidelines**
Working with the relevant government agencies, continue to encourage local officials and administrators to enforce guidelines, educating them on the benefits the guidelines will have on increasing safe physical activity opportunities for Mecklenburg County youth. **HIGH PRIORITY**
- **Advocate for “Mixed-Use” Development**
Local governments can improve access to public transportation, which encourages physical activity. **MEDIUM PRIORITY**

Tier 4: Targeted Community/Environmental Program

- **Implement a loaner-bicycle program**

In strategic locations across the community, community organizations and government agencies should implement a loaner-bike program where activity level is low and access to resources to be physically active or lacking. Not only will this address transportation issue, but provide an opportunity for physical activity that may not have existed. **LOW PRIORITY**

Potential Stakeholders

Policymakers

- Local elected/appointed officials

Government and Community Stakeholders

- Planning Agencies and Officials
- Charlotte Area Transit System and Other officials
- Economic Development Officials
- Relevant community organizations
- Community members

Institutions

- Local Government
- Mecklenburg County Health Department

HWHC Working Group(s)

- Government/Elected Officials

Evaluating Success

- Pre-Test/Post Test – Measure the total miles of bike lanes and sidewalks versus the number of miles of highway in a neighborhood. Measure before implementation of guidelines and after.
- Survey Neighborhood Members to evaluate if they utilized the new loaner-bike program to 1) reach destination or 2) use as source of physical activity.

PART 2: SUPPORTING HEALTHY EATING

GOAL 8: Affordable Options for Healthy Eating

GOAL 9: Breastfeeding

GOAL 10: Built Environment and Resources for Healthy Eating

GOAL 11: Public Awareness and Education about Healthy Eating

**GOAL 12: School, Preschool, and Child Care Environments for
Healthy Eating**

GOAL 13: Societal Norms and Pressures about Healthy Eating



AFFORDABLE OPTIONS FOR HEALTHY EATING

GOAL 8: To increase access to affordable fresh fruits and vegetables.

17. Attract Full-Service Grocery Stores to Encourage Healthy Eating in Low-Income Neighborhoods and Food Deserts

The Issue: Having a healthy diet that includes fresh fruits and vegetables helps to reduce the risk of obesity and chronic diseases. Unfortunately, many communities across the country lack access to healthy, affordable food options. One recent study found that white and black American adults living in areas with one or more supermarkets were more likely to meet dietary recommendations for fruits and vegetables than adults living in areas with no supermarkets.³⁶

Policy and Program Interventions

Tier 1: Environmental Policy

- **Incorporate Grocery Stores in Development and Redevelopment Projects and Plans**

Local policymakers should add specific language to their comprehensive plans to identify grocery stores as important considerations for developing and redeveloping neighborhoods. **HIGH PRIORITY**

- **Provide Financial Incentives to Supermarkets to Locate in Food Deserts**

State and local policymakers can provide grants and loan programs, small business development programs and tax incentives that encourage grocery stores to locate in underserved areas. **HIGH PRIORITY**

- **Alter Zoning Laws to Encourage Supermarkets to Move Into Underserved Neighborhoods**

Local policymakers can relax zoning requirements that make it difficult for supermarkets to move into densely populated urban and rural areas. **MEDIUM PRIORITY**

Tier 2: Institutional Policy

- **Implement vending machine policies**

Local institutions and businesses can adopt vending machine policies that either prohibit the sale of unhealthy food and beverages in facilities or restrict vending machine sales to healthy snacks in order to provide affordable, healthy options. **HIGH PRIORITY**

<i>Potential Stakeholders</i>
<p><i>Policymakers</i></p> <ul style="list-style-type: none"> Local/State elected/appointed officials
<p><i>Government and Community Stakeholders</i></p> <ul style="list-style-type: none"> Planning Agencies and Officials Economic Development Officials Business Community Relevant Community Organizations
<p><i>Institutions</i></p> <ul style="list-style-type: none"> Local Government Charlotte-Mecklenburg Schools Mecklenburg County Health Dept Carolinas Healthcare System and Novant Health, Inc. Health, Inc.
<p><i>HWHC Working Group(s)</i></p> <ul style="list-style-type: none"> Government/Elected Officials Business

<i>Evaluating Success</i>
<ul style="list-style-type: none"> ➤ <u>Passing of Environmental and Institutional Policies</u> stated above.

18. Encourage Convenience Stores to Offer Healthier Food

The Issue: Many rural and underserved urban communities do not have full-service grocery stores, and many low-income and minority residents without cars rely on corner stores to feed their families. Unfortunately, many of these stores are typically able to stock and serve only unhealthy pre-packaged foods, snacks, and sodas. Interestingly, a study on youth dietary choices and their access to different types of food stores found that youth who had greater access to convenience stores consumed fewer fruits and vegetables.³⁷

Policy and Program Interventions

Tier 1: Environmental Policy

- **Require Convenience Stores to Accept Supplemental Nutrition Assistance Programs (SNAP) Benefits**

Local policymakers can encourage or require store owners to accept Electronic Benefit Transfer (EBT) cards for SNAP benefits as a form of payment. **HIGH PRIORITY**

- **Encourage Convenience Stores to Become Women, Infants, and Children (WIC) Program Vendors**

Local governments should develop a technical assistance program to help small and large stores get approved as WIC vendors as an incentive for them to provide fresh produce. **HIGH PRIORITY**

- **Provide Incentives for Convenience Stores to Offer Healthy Options**

Local policymakers can encourage convenience store owners to provide affordable healthy options by offering incentives. **HIGH PRIORITY**

Tier 4: Targeted Community/Environmental Programs

Create Partnerships with Convenience Stores and Local Farmers

The health department and other interested agencies and organizations should create a program that supplements and encourages local farmers to sell fresh produce at convenience stores in food desert areas. **HIGH PRIORITY**

Potential Stakeholders

Policymakers

- Local/State elected/appointed officials

Government and Community Stakeholders

- Public Health Officials
- Relevant Community Organizations
- Local farmers

Institutions

- Local Government
- Mecklenburg County Health Dept

HWHC Working Group(s)

- Government/Elected Officials
- Community

Evaluating Success

- Passing of Environmental Policies stated above.
- Track the sale of produce over a given time interval at specified convenience stores.
- Survey customers intake of fruits and vegetables before and after fruits and vegetables were made available at store.

19. Encourage Farmers' Markets and Other Farm-Fresh Programs in Identified Food Deserts

The Issue: Local governments and relevant stakeholders can help increase the availability of fresh, healthy and affordable food options by encouraging farmers' markets, mobile food carts and community gardens to be strategically located in food deserts.³⁸

Policy and Program Interventions

Tier 1: Environmental Policy

- **Provide Financial Incentives to Farmer's Markets**
Local policymakers can support food deserts and low-income communities by providing incentives, grants, and subsidies to create farmers' markets in those areas. **HIGH PRIORITY**
- **Encourage Farmers' Markets to Accept Supplemental Nutrition Assistance Programs (SNAP) Benefits**
Local policymakers can encourage or require farmers' markets to accept Electronic Benefit Transfer (EBT) cards for SNAP benefits as a form of payment. **HIGH PRIORITY**
- **Encourage Farmers' Markets to become Women, Infants, and Children (WIC) Program Vendors**
Local governments should develop a technical assistance program to help small and large stores get approved as WIC vendors as an incentive for them to provide fresh produce. **HIGH PRIORITY**
- **Development of Community Gardens through Conversions of Blighted Areas**
Local policymakers and agencies can convert neglected areas into green spaces that can be used for community gardens or provide community garden grants and support. **MEDIUM PRIORITY**
- **Provide Permits/Licenses and Incentives to Mobile Food Carts**
Local policymakers can provide incentives to locate mobile markets offering convenient and affordable healthy food options in low-income and food desert areas. **MEDIUM PRIORITY**

Tier 4: Targeted Community/Environmental Programs

- **Create Partnership between Farmers' Markets and the Faith Community**
The faith community in partnership with the Mecklenburg County Fruit and Veggie Coalition should develop a program with the faith community and local farmers to set-up farmer's markets after service or meetings at places of worship. **HIGH PRIORITY**
- **Development of Community Gardens**
Local organizations and governments should create a program to develop more community gardens for residents of food deserts. **MEDIUM PRIORITY**

Potential Stakeholders

Policymakers

- Local/State elected/appointed officials

Government and Community Stakeholders

- Public Health Officials
- Relevant Community Organizations
- Economic Development Agencies
- Local farmers

Institutions

- Local Government
- Mecklenburg County Health Dept

HWHC Working Group(s)

- Government/Elected Officials
- Community
- Faith
- Race/Ethnicity Specific Orgs.

Evaluating Success

- Passing of Environmental Policies stated above.
- Track the sale of produce over a given time interval at farmers' markets. Also survey customers intake of fruits and vegetables before and after fruits and vegetables were made available at places of worship.

BREASTFEEDING

GOAL 9: To promote, improve and increase opportunities for mothers to breast feed and/or express milk.

20. Increase Support for Breastfeeding

The Issue: According to the Institute of Medicine, research has shown that breastfeeding provides a significant degree of protection against childhood obesity. Despite the advantages of breastfeeding, many women who work outside the home must bottle-feed their babies because their work setting does not provide time or private space to breastfeed or to pump breast milk.³⁹

Policy and Program Interventions

Tier 1: Environmental Policy

Implement Breastfeeding Requirement Detailed in Health Care Reform

Section 4207 of the *Patient Protection and Affordable Care Act* (also known as Health Care Reform), states that employers shall provide breastfeeding employees with “reasonable break time” and a private, non-bathroom place to express breast milk during the workday, up until the child’s first birthday. Although regulations have not been written yet, Mecklenburg County should get a jump on this requirement and be a leader for other counties within North Carolina.⁴⁰ **HIGH PRIORITY**

Potential Stakeholders

Policymakers

- Local elected/appointed officials

Government and Community Stakeholders

- Business Community
- Relevant Community Organizations

Institutions

- Local Government
- Mecklenburg County Health Department

HWHC Working Group(s)

- Government/Elected Officials
- Business

Evaluating Success

- Pre-Test/Post Test – Measure the increase in employers who have designated time and space for breast feeding and expressing milk.

BUILT ENVIRONMENT AND RESOURCES FOR HEALTHY EATING

GOAL 10: To increase and improve the number of facilities offering fresh fruit and vegetables, such as full-service grocery stores, convenience stores, and farmer’s markets.

21. Attract Full-Service Grocery Stores to Low-Income Neighborhoods and Food Deserts

The Issue: Having a healthy diet that includes fresh fruits and vegetables helps to reduce the risk of obesity and chronic diseases. Unfortunately, many communities across the country

lack access to healthy, affordable food options. One recent study found that white and black American adults living in areas with one or more supermarkets were more likely to meet dietary recommendations for fruits and vegetables than adults living in areas with no supermarkets.⁴¹

Policy and Program Interventions

Tier 1: Environmental Policy

- **Incorporate Grocery Stores in Development and Redevelopment Projects and Plans**

Local policymakers should add specific language to their comprehensive plans to identify grocery stores as important considerations for developing and redeveloping neighborhoods. **HIGH PRIORITY**

- **Provide Financial Incentives to Supermarkets to Develop in Food Deserts**

State and local policymakers can provide grants and loan programs, small business development programs and tax incentives that encourage grocery stores to locate in underserved areas. **HIGH PRIORITY**

- **Alter Zoning Laws to Encourage Supermarkets to Move in to Underserved Neighborhoods**

Local policymakers can relax zoning requirements that make it difficult for supermarkets to move into densely populated urban and rural areas. **MEDIUM PRIORITY**

Potential Stakeholders

Policymakers

- Local/State elected/appointed officials

Government and Community Stakeholders

- Planning Agencies and Officials
- Economic Development Officials
- Business Community
- Relevant Community Organizations

Institutions

- Local Government
- Charlotte-Mecklenburg Schools
- Mecklenburg County Health Dept
- Carolinas Healthcare System and Novant Health, Inc. Health, Inc.

HWHC Working Group(s)

- Government/Elected Officials
- Business

Evaluating Success

- Passing of Environmental and Institutional Policies stated above.

22. Encourage Convenience Stores to Offer Healthier Food

The Issue: Many rural and underserved urban communities do not have full-service grocery stores, and many low-income and minority residents without cars rely on corner stores to feed their families. Unfortunately, many of these stores are typically able to stock and serve only unhealthy pre-packaged foods, snacks, and sodas. Interestingly, a study on youth dietary choices and their access to different types of food stores found that youth who had greater access to convenience stores consumed fewer fruits and vegetables.⁴²

Policy and Program Interventions

Tier 1: Environmental Policy

Provide Incentives for Convenience Stores to Offer Healthy Options

Local policymakers can encourage convenience store owners to provide affordable healthy options by offering incentives. **HIGH PRIORITY**

Tier 4: Targeted Community/Environmental Programs

Create Partnerships with Convenience Stores and Local farmers

The health department and other interested agencies and organizations should create a program that supplements and encourages local farmers to sell fresh produce at convenience stores in food desert areas. **HIGH PRIORITY**

Potential Stakeholders

Policymakers

- Local/State elected/appointed officials

Government and Community Stakeholders

- Public Health Officials
- Relevant Community Organizations
- Local farmers

Institutions

- Local Government
- Mecklenburg County Health Dept

HWHC Working Group(s)

- Government/Elected Officials
- Community

Evaluating Success

- Passing of Environmental Policies stated above.
- Track the sale of produce over a given time interval at specified convenience stores. Also survey customers intake of fruits and vegetables before and after fruits and vegetables were made available at store.

23. Encourage Farmers' Markets and Other Farm-Fresh Programs in Identified Food Deserts

The Issue: Local governments and relevant stakeholders can help increase the availability of fresh, healthy and affordable food options by encouraging farmers' markets, mobile food carts and community gardens to be strategically located in food deserts.⁴³

Policy and Program Interventions

Tier 1: Environmental Policy

- **Provide Financial Incentives to Farmers' Markets**
Local policymakers can support food deserts and low-income communities by providing incentives, grants, and subsidies to create farmers' markets in those areas.
HIGH PRIORITY
- **Development of Community Gardens through Conversions of Blighted Areas**
Local policymakers and agencies can convert neglected areas into green spaces that can be used for community gardens or provide community garden grants and support.
MEDIUM PRIORITY
- **Provide Permits/Licenses and Incentives to Mobile Food Carts.**
Local policymakers can provide incentives to locate mobile markets offering convenient and affordable healthy food options in low-income and food desert areas.
MEDIUM PRIORITY

Tier 4: Targeted Community/Environmental Programs

- **Create Partnership between Farmers' Markets and the Faith Community.**
The faith community in partnership with the Mecklenburg County Fruit and Veggie Coalition should develop a program with the faith community and local farmers to set-up farmer's markets after service or meetings at places of worship. **HIGH PRIORITY**
- **Development of Community Gardens**
Local organizations and governments should create a program to develop more community gardens for residents of food deserts. **MEDIUM PRIORITY**

Potential Stakeholders

Policymakers

- Local/State elected/appointed officials

Government and Community Stakeholders

- Public Health Officials
- Relevant Community Organizations
- Economic Development Agencies
- Local farmers

Institutions

- Local Government
- Mecklenburg County Health Dept

HWHC Working Group(s)

- Government/Elected Officials
- Community
- Faith
- Race/Ethnicity Specific Organizations

Evaluating Success

- Passing of Environmental Policies stated above.
- Track the sale of produce over a given time interval at specified farmers' markets. Also survey customers' intake of fruits and vegetables before and after fruits and vegetables were made available at places of worship.

PUBLIC AWARENESS AND EDUCATION ABOUT HEALTHY EATING

GOAL 11: To increase awareness and understanding of the ramifications of obesity and poor nutrition in order for long-lasting behavior and systemic change to occur.

24. Educate and Develop Media and Public Awareness Campaigns and Conferences to Stimulate Behavior Change

The Issue: Media and education, through tailored messages and campaigns, can be a key element to increase awareness and motivation and can be used to promote healthy eating, portion size awareness, to encourage eating fewer calorie dense, nutrient-poor foods and to raise awareness of weight as a health issue.⁴⁴

Policy and Program Interventions

Tier 1: Environmental Policy

- **Implement Menu Labeling Requirement Found in Health Reform Legislation**
Section 4205 of the *Patient Protection and Affordable Care Act* (also known as Health Care Reform), requires that restaurants and similar retail food establishments with 20 or more locations to list calorie content information for standard menu items on restaurant menus and menu boards, including drive-through menu boards. The Act also requires vending machine operators who own or operate 20 or more vending machines to disclose calorie content for certain items. While draft rules were written on August 25, 2010, Mecklenburg County should get a jump on this requirement and be a leader for other counties within North Carolina.⁴⁵ **HIGH PRIORITY**

Tier 3: Build Public Awareness

- **Convene a Symposium on the Importance of Physical Activity and Healthy Eating for Children and Families**
Bring in national experts to educate the Mecklenburg county community and stakeholders about the importance of healthy eating and physical activity, emphasizing that everyone in the community plays a role. **HIGH PRIORITY**
- **Develop Tailored Messages through Research**
Policymakers, institutions, and/or organizations should work with firms skilled in developed tailored and targeted messages around promoting healthy eating for Mecklenburg County youth, families, and high-risk populations. **HIGH PRIORITY**
- **Develop Public Awareness Campaigns Utilizing Research**
Policymakers, institutions, and/or organizations should utilize messaging work and develop public awareness campaigns that resonate with the Mecklenburg County community regarding the importance of healthy eating and addressing childhood obesity. **HIGH PRIORITY**
- **Create Clearinghouse of Resources Available in Community to be Physically Active**
Local institutions, such as Carolinas Healthcare System, Novant Health, Inc., and the Mecklenburg County Health Department for example, should create a clearinghouse of information regarding resources available in the community for healthy eating. This information should be disseminated in doctor's offices, through the internet, or in poster/flyer form across the county. In the clinical setting, this should include a referral process for health care providers, such as dietitians. **HIGH PRIORITY**

Tier 4: Targeted Community/Environmental Programs

- **Conduct Community Health Fairs**

The health department and/or other institution or organization should conduct more community health fairs providing information and resources on the importance of healthy eating for youth and their families **HIGH PRIORITY**

- **Educate Businesses and Industries on the Importance of Physical Activity**
Through the worksite wellness council, educate and mentor businesses and industries on the importance of having a healthy workforce. This may include implementing some worksite wellness policies and engaging the Chamber of Commerce. **MEDIUM PRIORITY**

<i>Potential Stakeholders</i>	<i>Evaluating Success</i>
<p><i>Policymakers</i></p> <ul style="list-style-type: none"> • Local elected/appointed officials <p><i>Government and Community Stakeholders</i></p> <ul style="list-style-type: none"> • Public Relations Firms • Community members <p><i>Institutions</i></p> <ul style="list-style-type: none"> • Local Government • Mecklenburg County Health Department • Charlotte Mecklenburg Schools • Carolinas Healthcare System and Novant Health, Inc. Health, Inc. <p><i>HWHC Working Group(s)</i></p> <ul style="list-style-type: none"> • Government/Elected Officials • School-Aged Organizations • Preschool-Aged Organizations • Business • Health Care Providers • Race/Ethnicity-Specific Organizations 	<p>➤ <u>Pre-Test/Post Test</u> – Measure impact of awareness campaigns, health fairs, and programs on changed attitudes pertaining to obesity, physical activity, and healthy eating.</p>

25. Promote Educational Opportunities in Clinical Settings

The Issue: Through the parallel track developed by the HWHC Medical Director, physicians identified interventions that should education children, adolescents, and their parents about healthy eating and physical activity behaviors, as well as ideas to promote institutional and environmental policy change.

Policy and Program Interventions

Tier 2: Institutional Policy

- **Create a Nutritionist Staff Position in Doctor's Offices**
Family physicians and pediatricians see many children with weight and nutrition issues. Having a nutritionist on-site in the provider's office will improve the likelihood that these children will get the necessary counseling. **HIGH PRIORITY**
- **Create an Obesity Protocol in Clinical Settings**
An obesity protocol will improve the likelihood that providers are addressing these issues. **HIGH PRIORITY**
- **Implement Nurse Home Visits for Overweight or Obese Children**
Visits in the home will improve insights into why children are overweight or obese. The convenience of these visits may improve compliance. **HIGH PRIORITY**
- **Provide Culturally Competent Training to Providers Regarding Pediatric Obesity Counseling**
Families of different ethnicities have different belief systems about weight. Culturally competent training will help providers address weight issues in a more effective and sensitive manner. **MEDIUM PRIORITY**

Tier 3: Build Public Awareness

- **Create a clearinghouse of resources available in community to be physically active and eat healthily**
Local institutions, such as Carolinas Healthcare System, Novant Health, Inc., and the Mecklenburg County Health Department for example, should create a clearinghouse of information regarding resources available in the community to be physically active. This information should be disseminated in doctor's offices, through the internet, via DVD, or in poster/flyer form across the county. In the clinical setting, this should include a referral process for health care providers, such as dietitians. **HIGH PRIORITY**
- **Train health care providers to be policy advocates in supporting healthy weights in children**
Health care providers may be uniquely situated to reach children about developing and maintaining healthy eating and physical activity behaviors. As such, providers can serve as policy advocates regarding issues of significance. **MEDIUM PRIORITY**

Potential Stakeholders

Government and Community Stakeholders

- Community members

Institutions

- Carolinas Healthcare System and Novant Health, Inc. Health, Inc.

HWHC Working Group(s)

- Health Care Providers

Evaluating Success

- Pre-Test/Post-Test – Evaluate eating and physical activity behaviors in children who have seen a nutritionist or have been managed by the office obesity protocol.
- Track BMIs in children who saw a dietician, were managed by the obesity protocol or had a home visit from a nurse.

SCHOOL, PRESCHOOL, AND CHILD CARE ENVIRONMENTS FOR HEALTHY EATING

GOAL 12: To improve nutrition and reduce childhood obesity rates by improving the nutrition value of foods and beverages offered in school and child care settings.

26. Ensure that Students and Youth have Appealing, Healthy Food and Beverage Choices in Schools, Preschools, and Child Care Settings

The Issue: The school, Preschool, and child care environments can have a meaningful impact on the dietary intake of children and adolescents – up to 50 percent of total daily energy intake can be consumed at school. Relating to schools, the US Department of Agriculture sets national standards for 95 percent of public school meals, but has limited authority to set nutritional standards of food sold a la carte, in school stores, and in vending machines. For example, one study found that 70 percent of beverage options available in vending machines were high sugar, while only 12 percent of beverage slots were for water and only 5 percent were for milk.⁴⁶ Furthermore, while the availability of junk food is

greatest in high schools and middle schools, it is common at all school levels in a la carte lines, vending machines, snack bars, and student stores.⁴⁷

Policy and Program Interventions

Tier 1: Environmental Policy

- **Local and State Legislators should Support Healthy School Food and Nutrition Legislation**

State legislatures can support bills, amendments, and state boards of education policies that improve access to and quality of school meals. **HIGH PRIORITY**

- **Enforce Strong Local Wellness Policies**

State boards of education, local school districts and individual school can enforce strong local wellness policies that ensure healthy school food environments by limiting low-nutrient, energy dense foods in vending machines, a la carte lines, school stores, and during school celebrations. **HIGH PRIORITY**

Tier 2: Institutional Policy

- **Support and Expand the SPARK Program across All Levels of Education**

School officials can support and expand the SPARK program which integrates the health curriculum within other curricula so that children learn about health throughout the day. **HIGH PRIORITY**

- **Implement Vending Machine Policies**

School and school district officials can adopt vending machine policies that either prohibit the sale of unhealthy food and beverages in school facilities or restrict vending machine sales to healthy snacks. **HIGH PRIORITY**

- **Enforce Strong Local Wellness Policies**

State boards of education, local school districts and individual school can enforce strong local wellness policies that ensure healthy school food environments by limiting low-nutrient, energy dense foods in vending machines, a la carte lines, school stores, and during school celebrations. **HIGH PRIORITY**

Tier 3: Build Public Awareness

- **Convene Summit within the Early Care and Education Community**

Convene summit to build awareness among the Early Care and Education community regarding the childhood obesity epidemic and their role in combatting the issue.

MEDIUM PRIORITY

Tier 4: Targeted Community/Environmental Programs

- **Support and/or Sponsor Child Care Programs' Participation in Child and Adult Care Food Program (CACFP)**

CACFP is a federally funded program administered by the USDA to ensure that eligible children and adults who attend qualifying non-residential care facilities receive nutritious meals. Agencies and organizations can follow the lead of Child Care Resources, Inc. and Child Nutrition Programs, Inc. to sponsor child care centers, family child care homes, and at-risk afterschool programs. **HIGH PRIORITY**

- **Continue Supporting *Healthy Futures Starting in the Kitchen***

Continue to financial support program to ensure child care centers are purchasing, preparing, and serving healthy food to Mecklenburg County Youth. **HIGH PRIORITY**

- **Continue the *Color Me Healthy Program for Children Aged Four and Five***

Continue to support this program which reaches four and five year olds and teaches them about physical activity and healthy eating. **HIGH PRIORITY**

- **Increase the Number of Child Care Teachers Trained by the *Be Active Kids* curriculum**

More child care teachers should be trained in the *Be Active Kids* curriculum, whose evidences shows that these providers increased their knowledge and attitude towards nutrition and physical activity and saw positive changes in the children with respect to healthful eating and physical activity. **MEDIUM PRIORITY**

Potential Stakeholders

Policymakers

- Local elected/appointed officials

Government and Community Stakeholders

- Preschools and Child care facilities
- Community members

Institutions

- Local Government
- Mecklenburg County Health Department
- Charlotte Mecklenburg Schools

HWHC Working Group(s)

- Government/Elected Officials
- School-Aged Organizations
- Preschool-Aged Organizations

Evaluating Success

- Passing of environmental and institutional policies stated above.
- Pre-Test/Post Test – Measure impact of programs stated above before and after implementation.

27. Support Farm-to-School and School Garden Programs

The Issue: A growing number of states and school districts are turning to farm-to-school programs to increase the quality and availability of fresh, healthy foods for their students. School garden programs are another way to connect youth with fresh, healthy foods. According to one study, after students completed their gardening program, their perceptions of vegetables significantly improved, as did their preferences for fruits and vegetables.⁴⁸

Policy and Program Interventions

Tier 1: Environmental Policy

- **Develop Farm-to-School Policies**

Local and state policymakers and officials should implement farm-to-school policies, which will not only improve nutrition and lifelong long lessons in health for children, but will support local economies through support to local farmers.

MEDIUM PRIORITY

Tier 4: Targeted Community/Environmental Programs

- **Increase the Number of School/Classroom Gardens**

School officials, local government agencies, and community organizations can create edible school gardens that integrate gardening and the nutritional benefits of eating healthy into curricula, culture and food programs. **HIGH PRIORITY**

<i>Potential Stakeholders</i>
<i>Policymakers</i> <ul style="list-style-type: none">• Local elected/appointed officials
<i>Government and Community Stakeholders</i> <ul style="list-style-type: none">• Preschools and Child care facilities• Community organizations• Community members
<i>Institutions</i> <ul style="list-style-type: none">• Local Government• Mecklenburg County Health Department• Charlotte Mecklenburg Schools
<i>HWHC Working Group(s)</i> <ul style="list-style-type: none">• Government/Elected Officials• School-Aged Organizations• Preschool-Aged Organizations

<i>Evaluating Success</i>
➤ <u>Passing of</u> environmental and institutional policies stated above.
➤ <u>Pre-Test/Post Test –</u> Measure impact of programs stated above before and after implementation.

SOCIETAL NORMS AND PRESSURES ABOUT HEALTHY EATING

GOAL 13: To decrease marketing of junk foods to children.

28. Regulate the Marketing of Unhealthy Food in or Near School and Other Youth Facilities

The Issue: Experts argue that food and beverage marketing intentionally targets children who are too young to tell advertising from the truth – and most encourage them to eat low-nutrient, energy-dense junk foods.⁴⁹ According to the Institute of Medicine, food and beverage marketing practices geared to children and youth are out of balance with healthful diets and contribute to an environment that puts their health at risk.⁵⁰

Policy and Program Interventions

Tier 1: Environmental Policy

- **Implement Vending Machine Policies**

Local policymakers can adopt vending machine policies that prohibit the sale of unhealthy food and beverages in youth centers, park department facilities, and other government operated or owned facilities where youth socialize and utilize. **HIGH PRIORITY**

- **Restrict Advertising Near Schools**

Local policymakers can implement ordinances that restrict the sale and advertisement of unhealthy foods and beverages near schools, youth centers, and other areas where youth gather. Some cities have already implemented these ordinances for alcohol and tobacco. **HIGH PRIORITY**

Tier 2: Institutional Policy

- **Implement Vending Machine Policies**

School officials can adopt vending machine policies that prohibit the sale of unhealthy food and beverages in schools and at school functions and events. **HIGH PRIORITY**

- **Restrict Advertising in Schools**

School officials can decline offers from unhealthy food and beverage marketers to sponsor school programs and turn down donations, such as scoreboards or uniforms with food and beverage logos. **HIGH PRIORITY**

<i>Potential Stakeholders</i>
<i>Policymakers</i>
<ul style="list-style-type: none"> • Local elected/appointed officials
<i>Government and Community Stakeholders</i>
<ul style="list-style-type: none"> • Community members
<i>Institutions</i>
<ul style="list-style-type: none"> • Charlotte Mecklenburg Schools
<i>HWHC Working Group(s)</i>
<ul style="list-style-type: none"> • Government/Elected Officials • School-Aged Organizations • Preschool-Aged Organizations

<i>Evaluating Success</i>
<ul style="list-style-type: none"> ➤ <u>Passing</u> of environmental and institutional policies stated above.

29. Implement a Tax Strategy on Foods and Beverages that have Minimal Nutritional Value

The Issue: Reducing access to and consumption of calorie-dense, nutrient-poor foods is also needed to decrease excess calories and help prevent obesity in children. According to the Institute of Medicine, taxing calorie-dense, nutrient-poor foods is one method that might decrease consumption.

Policy and Program Interventions

Tier 1: Environmental Policy

Implement a tax on sugar-sweetened beverages.

As demonstrated by the success of the tobacco tax and supported by research, a tax on sugar-sweetened beverages can decrease consumption. **LOW PRIORITY**

<i>Potential Stakeholders</i>
<i>Policymakers</i>
<ul style="list-style-type: none"> • Local elected/appointed officials
<i>Government and Community Stakeholders</i>
<ul style="list-style-type: none"> • Community members

<i>Evaluating Success</i>
<ul style="list-style-type: none"> ➤ <u>Passing</u> of environmental and institutional policies stated above.

CONCLUSION

To reverse the obesity epidemic and create future healthy generations, change must occur to Mecklenburg County's physical and food environments to provide more opportunities for people to eat healthy foods and to be physically active on a daily basis. Local governments and community organizations, in particular, have experience in promoting such policies. Promoting child and adolescent health will require involvement from an array of elected officials from the county, city, and townships, as well as many governmental departments and agencies. In fact, Mecklenburg County and Charlotte governments – with jurisdiction over health and nutrition, community planning, transportation, and land use – are ideally positioned to help children and adolescents reach healthy weights, enjoy healthy lifestyles, and create a healthy generation.

Community organizations and stakeholder groups play a unique role as well. Their advocacy experience and ties with grassroots efforts and constituents will ensure the interventions implemented from the *Blueprint* will address the barriers to eating healthy and active living. All people in Mecklenburg County, especially those living in disadvantaged communities suffering from the least amount of opportunity to engage in healthy living, will benefit from having these barriers eliminated.

During difficult economic times such as these, state and local budgets, as well as, community organization budgets are tight. Fortunately, many of the interventions described in the *Blueprint* are inexpensive and even provide a return on investment in the long run. By highlighting policies and programs that can impact the health of children where they live, go to school, and play, this document encourages policymakers, stakeholders, and families to collaborate in order to reverse childhood obesity and create future healthy generations – the stakes are too high to do nothing to address this children's health issue in Charlotte and Mecklenburg County.

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