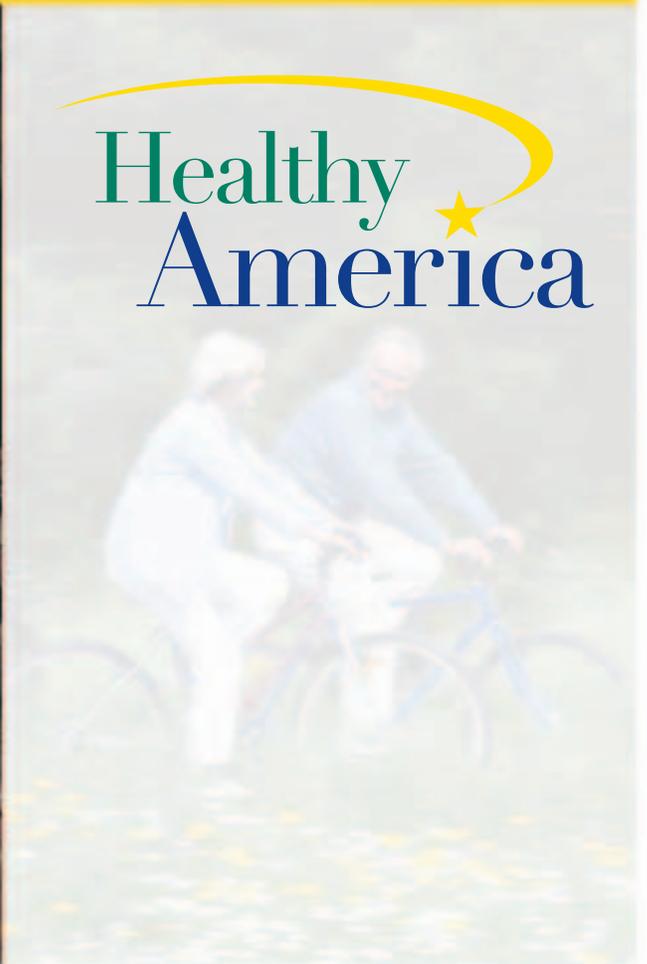




CREATING HEALTHY STATES: Actions for Governors



Healthy 
America



“The simple reality facing all of us is that better health requires essential lifestyle changes for many people. Anyone who exercises three times a week, eats healthy, and doesn’t use tobacco will live longer and live better. We, as a nation, can no longer sustain the massive costs of millions of Americans not paying attention to their own health. We simply have to move our focus from treating disease to preventing disease through lifestyle changes. By focusing on wellness where we live, work and learn, we can truly start building a *Healthy America*.”

- Governor Mike Huckabee

HEALTHY AMERICA TASK FORCE

Healthy America is about highlighting the simple yet specific behavioral and lifestyle changes necessary for sustainable long-term health. To help educate Americans about the need for these changes, Governor Huckabee has assembled a bipartisan task force of committed governors. Working with the NGA Center for Best Practices, doctors, nurses, practitioners, administrators, business leaders, policymakers, parents and children, the task force is helping develop necessary tools governors need to make a truly Healthy America.

Arizona Governor Janet Napolitano

South Carolina Governor Mark Sanford

California Governor Arnold Schwarzenegger

Tennessee Governor Phil Bredesen

Iowa Governor Tom Vilsack



Acknowledgements

This action guide was produced by Kathleen Nolan and Joyal Mulheron of the Health Division of the National Governors Association Center for Best Practices (NGA Center). The NGA Center helps governors and their key policy advisors develop and implement innovative solutions to challenges facing states.

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Creating Healthy States: Actions for Governors

Healthy America: Wellness Where We Live, Work and Learn

Revitalizing America's Health

Nearly 129 million adults in the United States are overweight; of these, more than 60 million are obese and 9 million are severely obese. Additionally, the prevalence of overweight children between the ages of 6 and 19 has tripled since 1980 and chronic illnesses once largely considered adult afflictions are now appearing in our nation's children. Overeating and inactivity can lead to numerous chronic and expensive health conditions, including heart disease, diabetes, some cancers, stroke, high cholesterol, and arthritis. When combined with tobacco use, these modifiable health habits are the leading causes of preventable death in the United States.

If left unaddressed, this crisis threatens to overwhelm our health care system, our ability to be economically competitive with other countries, and the lives and futures of the nation's children. Americans already pay more for health care than people in other Western nations. If we continue to tax our health care systems with chronic conditions, the situation will worsen. We must shift our nation's health care efforts from treating disease to preventing it. There is much that can be done.

Governors' initiatives can help create a culture of wellness that maintains global competitiveness, reduces swelling health care costs, and offers our children healthy futures. To advance this important work, NGA Chairman Mike Huckabee and members of NGA's Healthy America Task Force identified three important venues—communities, worksites, and schools—where they can influence the nation's health. Governors can facilitate healthy choices in communities, implement model programs and policies at public and private worksites, and use the public education system to improve child nutrition and physical fitness.

The task force assembled promising action strategies for each venue. These actions can be implemented quickly and inexpensively, producing a real impact on health while building momentum to create a healthier nation.



CREATING HEALTHY STATES: ACTIONS FOR GOVERNORS

Wellness Where We Live

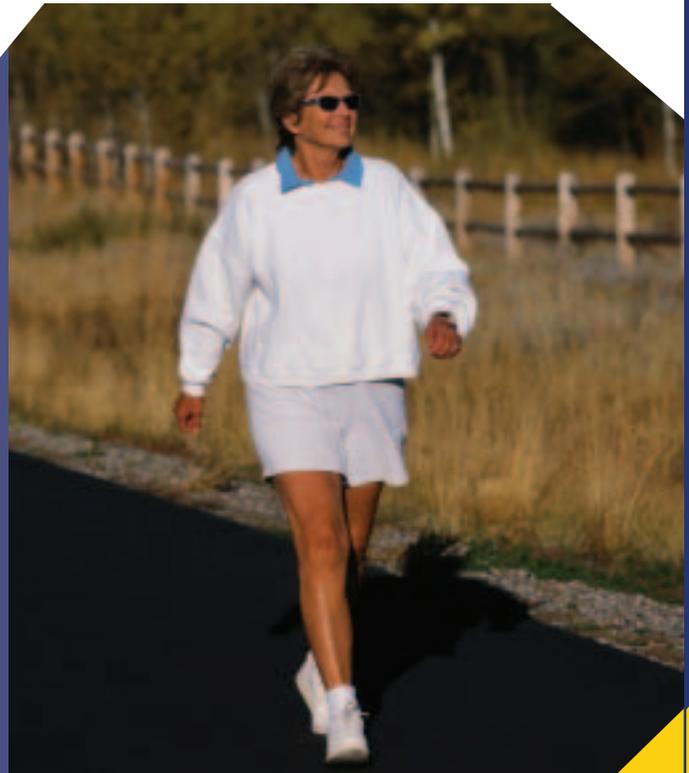
1. Educate the public about existing community resources to raise awareness of services and opportunities.
2. Partner with community organizations to communicate health information and encourage healthy lifestyles.
3. Promote civic and personal responsibility for better health.
4. Improve access to healthy options in disadvantaged communities.
5. Publicly share efforts by the governor's family to get and stay healthy.

Wellness Where We Work

1. Implement a yearly health risk assessment for all state employees.
2. Improve the "health" of state workplaces.
3. Provide access to health coaching and other preventive services for state employees and retirees.
4. Raise employer awareness of and employee participation in worksite wellness programs.
5. Form coalitions and advisory groups across the public and private sectors.

Wellness Where We Learn

1. Encourage parental engagement in student health.
2. Conduct yearly assessments of individual student wellness.
3. Promote regular physical activity during the school day.
4. Support local school districts in efforts to develop healthy food policies.
5. Use local chefs and farmers to offer attractive, healthier options to students.







Wellness Where We Live

Every day, the health of all Americans, young and old alike, is affected by the decisions they make in their communities—whether it is eating meals at home, selecting fresh fruits in supermarkets, or exercising in a safe neighborhood. Wellness where we live can help millions of Americans improve their health by incorporating healthy habits into their daily routines. Governors can promote partnerships that educate people on the need for lifestyle changes, lead and inspire them to change, and offer incentives for improving their health.

With nearly two-thirds of the U.S. population overweight or obese and a \$117-billion price tag for obese individuals alone, governors have a tremendous opportunity to enhance the quality and length of life for millions of Americans, while also making America more competitive through a more productive, less costly workforce. Opportunities include enabling children to walk safely to school, providing easy access to fruits and vegetables in all communities, and supporting public and private sector discussions to cultivate wellness in every community throughout the state.

Although the role of the state may vary, partnerships with key community stakeholders can build an infrastructure for promoting healthy lifestyles to reach millions of individuals. Partnerships can provide resources, scientific guidance, evaluation assistance, and access to populations by lending a trusted voice to promote healthier lifestyles. Successful community campaigns can complement and reinforce public and private sector worksite wellness programs, as well as school wellness programs.

Governors can take the following five actions in communities to address the health and wellness of state citizens. Examples of each action—including both public and private initiatives—are reflected in case studies to demonstrate their successful use in practice.

1. Educate the public about existing community resources to raise awareness of services and opportunities.
2. Partner with community organizations to communicate health information and encourage healthy lifestyles.
3. Promote civic and personal responsibility for better health.
4. Improve access to healthy options in disadvantaged communities.
5. Publicly Share efforts by the governor's family to get and stay healthy.

ACTION 1: EDUCATE THE PUBLIC ABOUT EXISTING COMMUNITY RESOURCES TO RAISE AWARENESS OF SERVICES AND OPPORTUNITIES.

Many communities have existing resources that offer an array of health opportunities—typically for free or at reduced cost—to the general public, such as walking trails, parks, health clinics and services, and farmers markets. These services and opportunities require greater visibility for the general public to ensure their full use.

Governors can provide leadership for public education by convening stakeholders, promoting best practices and new opportunities for healthy lifestyles, and commissioning awareness campaigns that promote community resources. Campaigns to encourage the use of wellness opportunities may include public service announcements, guide books, websites, or media-related promotions. For example:

- **Indiana** Governor Mitch Daniels launched INShape Indiana to connect Hoosiers to community resources related to nutrition, physical activity, and curbing tobacco use. The program made information on these resources available on its website in a searchable database sorted by county. In addition, the state health commissioner hosted a series of regional summits throughout the state to identify innovative ways to address obesity and the lack of physical activity.
- **Arkansas** Governor Mike Huckabee published the *Better State of Health Guide Book* to provide a snapshot of community resources for walking, physical exercise, nutritional education, and smoking cessation, also listed by county. The guide book was developed in partnership with several private sector organizations as part of the Healthy Arkansas initiative.



ACTION 2: PARTNER WITH COMMUNITY ORGANIZATIONS TO COMMUNICATE HEALTH INFORMATION AND ENCOURAGE HEALTHY LIFESTYLES.

In any community, people listen to many different voices, such as pastors or physicians, when making important decisions. Partnering with faith-based groups, health care providers, and key community organizations—community and senior centers—can provide avenues for reaching different populations, and can magnify the impact of health messages.

For optimal success, it is important that collaborative efforts reflect the traditional mission of the community organization that the public has grown to trust, and use their established communication mechanisms. For example, a pastor may incorporate a health theme into a sermon and place a health program announcement in the church bulletin, while also allowing the congregation to use church facilities for wellness activities during non-worship hours.

The gubernatorial platform creates a powerful voice, but the message can be strengthened when the voices of authority, leadership, and trust join together to promote healthier lifestyles. For example:

- **South Carolina** Governor Mark Sanford worked in partnership with the African Methodist Episcopal Church to conduct a health program that included weekly health tips given during worship, nutritionists' advice on making traditional recipes healthier, and health fairs. The program regularly reaches approximately 276,000 African Americans in the state.
- A major community effort in **Hawaii**, sponsored by Kaiser Permanente, unites health care providers, local produce farmers, and chefs to provide fresh produce to a disadvantaged community. Each week a farmers' market sells produce at little or no cost to the community. The health clinic holds weekly cooking demonstrations using the foods sold at the farmers' market and provides recipe cards for participants, as well as information on how nutritious diets and physical activity can improve health.



ACTION 3: PROMOTE CIVIC AND PERSONAL RESPONSIBILITY FOR BETTER HEALTH.

A key component of cultural change is building society's commitment to healthy outcomes. Poor health choices are made by individuals, albeit in environments that often do not provide or support healthier options. Ultimately it is the individual, the company, and the community that determine their commitment to change. Encouraging personal responsibility and the commitment of public and private organizations to improve wellness is essential for long-term advancements in health.

Governors can help people assume responsibility by calling attention to the importance and societal value of healthy choices. In addition to putting wellness on the policy agenda, governors can make it easier for individuals to incorporate better health choices into daily routines. For example:

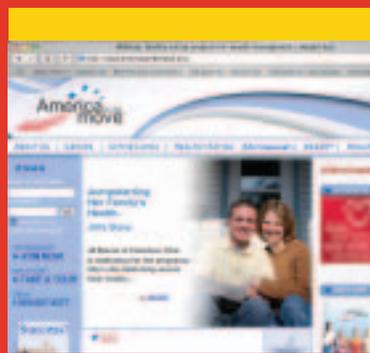
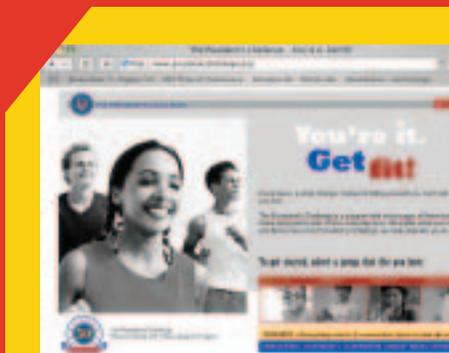
- **Tennessee** Governor Phil Bredesen launched “Better Health: It’s about Time,” a public awareness program that encourages individuals to take personal responsibility for their health and well-being. This program supplies the guidance and tools for individuals to take charge of their health and track progress. In addition, Tennessee conducted a complementary multi-media effort called “Respect Your Health!” that encourages behavioral change to reduce preventable chronic diseases.
- **California** Governor Arnold Schwarzenegger launched a comprehensive obesity prevention effort by convening business leaders, educators, public health experts, and government officials in a first of its kind statewide summit to cultivate commitments for essential reforms to combat obesity in the state. During this meeting, Governor Schwarzenegger received commitments from many private sector companies to pledge funds and resources for campaigns to increase healthy lifestyles.

Tools to Promote Personal Responsibility

Governors can take advantage of two national partnership programs that provide web-based resources and tools that can be adapted and tagged with state-specific logos and links.

The **President’s Council on Physical Fitness**, celebrating its 50th anniversary in 2006, offers web-based tools and templates that can be adapted to many audiences and uses. The tools include guides for participants, methods for tracking of outcomes, and award templates. See <http://www.presidentschallenge.org>.

America on the Move (AOM) focuses on helping individuals to eat less and move more. There are more than 20 state-based chapters of AOM, and a number of states have already conducted AOM wellness campaigns. As a nonprofit initiative, AOM offers many of its tools free online, including tracking tools for groups and individuals, promotional materials, and group progress reports. For a fee, AOM can tailor and brand the website tools and provide guidance on initiatives. See <http://www.americaonthemove.org>.



ACTION 4: IMPROVE ACCESS TO HEALTHY OPTIONS IN DISADVANTAGED COMMUNITIES.

Some communities face greater challenges than others in sustaining healthy lifestyles because of limited access to grocery stores or playgrounds. The reasons are numerous and complex; however, they proportionally affect low-income communities more than high-income communities.

Governors have an opportunity to lead disadvantaged communities to healthier choices by increasing access to nutritious foods and physical fitness facilities. Studies have found that in some communities, the consumption of fruits and vegetables increases by 30 percent for each supermarket built. Encouraging partnerships among community groups or funding major initiatives can enhance the health and economic development of a disadvantaged community. For example:

- **Pennsylvania** Governor Ed Rendell launched a program to encourage supermarket development in low-income areas by leveraging grants and loans totaling \$2.3 billion. Through this program, Pennsylvania has entered into a number of public-private partnerships to improve access to healthy foods, which also have created 740 jobs to date.
- This year **Tennessee** Governor Phil Bredesen launched a new program to enroll Medicaid beneficiaries with a BMI over 30 in Weight Watchers. At a discounted rate, Tennessee is enrolling recipients and within 10 days of the launch more than 700 Medicaid beneficiaries registered.



ACTION 5: PUBLICLY SHARE EFFORTS BY THE GOVERNOR'S FAMILY TO GET AND STAY HEALTHY.

Wellness must have a strong foundation in family life to ensure that health or fitness practices become lifelong commitments. Evidence clearly shows the success of wellness efforts that incorporate joint family action for better health. Governors can demonstrate the challenges and rewards of pursuing a healthier lifestyle by publicly sharing the efforts and experience of the first family. For example:

- As part of the Healthy **South Carolina** Challenge, Governor Mark and First Lady Jenny Sanford promote physical activity with a yearly biking or kayaking tour. South Carolinians are invited to join the first family or engage in some other way as part of this Family Fitness Challenge.
- **Georgia** Governor Sonny Perdue publicly called on state residents to join him in his personal weight loss campaign. An estimated 2,500 Georgia residents participated in the six-week effort, including workshops on topics such as selecting the best gear for your sport, weight training, stress management, and healthy grocery shopping techniques.



Case Studies

ACTION 1: EDUCATE THE PUBLIC ABOUT EXISTING COMMUNITY RESOURCES TO RAISE AWARENESS OF SERVICES AND OPPORTUNITIES.

Indiana

Program Name: INShape Indiana

Initiative Description and History

INShape Indiana is a comprehensive health initiative to educate and raise awareness among state residents about existing services and opportunities related to nutrition, physical exercise, and curbing tobacco use. The program also challenges universities, counties, hospitals, religious congregations, large and small business, schools, and state agencies to connect Hoosiers to existing state resources.

Through INShape Indiana, the governor will honor the most expansive programs by visiting their facilities and presenting an award. Also, the state health commissioner will continue to tour Indiana and host a series of 10 regional summits to highlight innovative health programs in the public and private sectors. Senior leaders from the medical, business, faith-based, education, and government communities have attended the summits and contributed to the state plan by providing ideas that will reduce overweight and obesity trends among state residents.

In addition, INShape Indiana provides nutrition and physical activity resources specifically for the over-50 population and addresses eight essential elements for comprehensive wellness, including social, emotional, physical, intellectual, spiritual, environmental, vocational, and physical health. The program provides information on free or discounted drug programs, detailed blood pressure information, Medicaid and Medicare benefits, Social Security services, the Eldercare locator, and BenefitsCheckUps (a service provided by the National Council on the Aging) in both English and Spanish.

Elements of Success

INShape Indiana staff identified the following elements as critical components of success.

- **Commitment from the Governor:** Governor Mitch Daniels has publicly led the INShape campaign by honoring healthy sites with awards, as well as related health trends to economic development issues in the state.

- **Simplicity:** The INShape Indiana Web site provides users with a simple and comprehensive connection to state resources. Its reading level, site construction, and links to nationally recognized programs enable users to easily navigate among resources and find information related to various risk factors and chronic conditions.

Program Support

INShape Indiana is supported by a coalition of business groups—from health care providers to bicycle suppliers—and the Indiana Department of National Resources.

ACTION 1: EDUCATE THE PUBLIC ABOUT EXISTING COMMUNITY RESOURCES TO RAISE AWARENESS OF SERVICES AND OPPORTUNITIES.

Arkansas

Program Name: *Healthy Arkansas: Better State of Health Guide Book*

Initiative Description and History

In 2005, Arkansas produced *Healthy Arkansas: Better State of Health Guide Book*, a comprehensive health guide for free distribution across the state. The health guide project aimed to create one comprehensive publication that contains information about a wide range of health and wellness issues. It highlights information about healthy eating, the importance of physical activity, smoking cessation, key disease-screening recommendations, and walking trails throughout the state.

An Arkansas-based advertising agency supervised the artwork and design of the publication, distilling copy and information from dozens of health-related programs in the state into a far more user-friendly format. Roll-out of the initial printing of 200,000 copies was planned with news conferences in two cities. Those media events and a radio and television campaign urged people to request the guide book and continued Governor Mike Huckabee's effort to raise the general awareness of health and wellness issues in Arkansas. The public can obtain the guide by going to websites, calling an 800 number, or sending in a postcard available at a number of states offices. In addition, both English and Spanish versions of the guide are posted on the program website in an easily downloadable format.

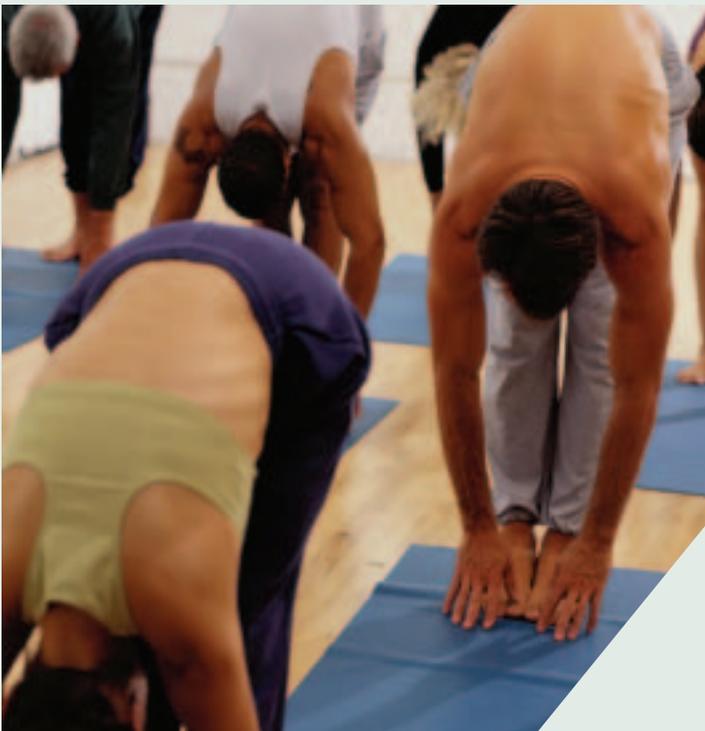
Elements of Success

Key staff identified the following elements as critical components of success.

- **Private Sector Collaboration:** The private sector often has access to research, marketing tools, and funding sources that state government does not. Combining the traditional strengths of state government health programs with the strengths of the private sector can enable any state to create new and dynamic approaches to conveying quality health information to a much wider audience.
- **Commitment from the Governor:** The governor's office was instrumental in developing, publishing, and distributing the guide, as well as negotiating with the private sector for funding.

Program Support

The project was underwritten by two corporate partners: the Eli Lilly Company and the Gerber Company. The Eli Lilly Company has been a longtime partner with the state in operating a diabetes education project. The Gerber Company hired an independent contractor to organize a series of “nutrition days” at Wal-Mart stores across the state. On these days, any interested person could stop by a Wal-Mart store and pick up a free copy of the guide, as well as have a conversation with a nutritionist. Gerber subsequently conducted market research to determine how consumers reacted to the guide and found that the information was well received.



ACTION 2: PARTNER WITH COMMUNITY ORGANIZATIONS TO COMMUNICATE HEALTH INFORMATION AND ENCOURAGE HEALTHY LIFESTYLES.

South Carolina

Program Name: Health-e-AME

Initiative Description and History

The African Methodist Episcopal (AME) congregation of South Carolina has partnered with the Medical University of South Carolina and the South Carolina Department of Health and Environmental Control to improve the health and wellness of its parishioners throughout the state. The AME congregation in South Carolina is strong—reaching approximately 276,000 South Carolinians, or 23 percent of all African Americans in the state.

The AME Church has developed a comprehensive approach to health by addressing physical fitness, nutrition, and preventive health screening access for all members. The Health-e-AME program enables congregations to build a local structure and establish programs to meet the specific health needs of local congregations. Some elements of the Health-e-AME program include:

- **Praise Aerobics:** Traditional and contemporary gospel music are combined with aerobic exercise.
- **AME Cookbook:** Popular AME recipes are converted into healthier meals, which are then reviewed by a panel of AME chefs to ensure that traditional AME flavor is maintained.
- **Mobile Medical Units:** The medical university uses three mobile vans from previous health campaigns to promote preventive screenings for cancer, diabetes, hypertension, heart disease, sickle cell anemia, and oral health. People needing more care are referred to programs at the medical university, community health centers, or Medicaid.
- **Resource Awareness:** The Health-e-AME website provides information on local and state resources, such as hospitals, free clinics, dialysis clinics, hospice, home health agencies, county health departments, social services, and provider and pharmaceutical assistance programs.



Elements of Success

Key Health-e-AME stakeholders identified the following elements as critical components of success.

- **Stakeholder Collaboration and Coordination:** Convening and collaborating with the AME Church on issues from resource management to congregation messaging was vital to the program's promotion.
- **Church Leadership:** Strong leadership from the church's senior members strengthened the program.
- **Flexibility to Meet Local Needs:** The Health-e-AME program requires local planning and program implementation to meet the health needs of local congregations.

Program Support

The Health-e-AME program was initially funded by a grant from the Centers for Disease Control and Prevention (CDC). After CDC funding expired, private contributors funded the program. The cost of initiating and maintaining Health-e-AME was low due to existing state resources and the church's commitment to improving wellness (i.e., using the church bulletin for announcements and using the church hall for praise aerobics).



ACTION 2: PARTNER WITH COMMUNITY ORGANIZATIONS TO COMMUNICATE HEALTH INFORMATION AND ENCOURAGE HEALTHY LIFESTYLES.

Hawaii

Program Name: Community Supported Agriculture: Better Food for Better Health

Initiative Description and History

Kaiser Permanente's Nanaikeola Clinic in Wai'anae, Hawaii, has partnered with Mala 'Ai 'Opio (MA'O), a local nonprofit organic farm, and a local vegan chef to promote healthier living among 11,000 Hawaiians in rural Oahu. Over the past few years the clinic noted increasing obesity trends among patients and the chronic diseases and conditions that arose from unhealthy weights. The program offers patients the opportunity to purchase fresh, local produce grown by the MA'O Farm from the Wai'anae farmers market once a week at low cost, rarely exceeding \$1 to \$2 a bag.

Once a week, patients are encouraged to return to the clinic for a tutorial by a local vegan chef on how to integrate the market's fruits and vegetables into easy traditional recipes that appeal to the 'taste' of local Hawaiian foods. The clinic's dietician also develops and distributes cards on the nutritional value of the demonstrated recipes.

Elements of Success

Key Wai'anae community stakeholders identified the following elements as critical components of success.

- **Stakeholder Collaboration and Coordination:** The Nanaikeola Clinic, the MA'O Farm, and local chefs freely exchange information among themselves and provide an educational exchange with community residents.
- **Flexibility to Meet Local Needs:** The Wai'anae community agriculture project requires local planning and program implementation to meet the health needs of local residents.

Program Support

The MA'O Farm has received funding from an array of sources, including the U.S. Department of Agriculture, the Administration of Native Americans, and the Office of Hawaiian Affairs. Awards ranged from \$30,000 to \$125,000 in one year. The MA'O Farm is supported through farm produce sales at the Aina Café and Natural Foods store, which also employs local residents.

ACTION 3: PROMOTE CIVIC AND PERSONAL RESPONSIBILITY FOR BETTER HEALTH.

Tennessee

Program Name: Better Health: It's About Time

Initiative Description and History

In April 2004, Tennessee launched "Better Health: It's About Time" to address the growing health needs of state residents. The initiative raises awareness about the importance of healthy lifestyles to increase the quality of life for all Tennessee residents. The program provides Tennessee-specific information about:

- Adolescent Pregnancy
- Diabetes
- Heart Disease and Stroke
- Infant Mortality
- Obesity
- Prenatal Care

In addition, the program offers strategic advice on 12 lifestyle factors that most effectively improve health, including:

- Recognizing the need to change and understanding why;
- Making a commitment to better health;
- Setting realistic and attainable goals;
- Developing a support system to encourage sustained improvement;
- Starting an exercise program and increasing the amount of physical activity;
- Stopping smoking;
- Eating correct portion sizes;
- Developing healthy habits, such as walk breaks rather than coffee breaks;
- Receiving regular and frequent medical check-ups;
- Monitoring progress and meeting goals; and
- Rewarding progress.

Participants can track progress by using the food diary, weekly meal planner, and exercise log on the program's website.

Elements of Success

Key program staff identified the following elements as critical components of success.

- **Ease of Use:** Program accessibility is necessary to reach as many Tennessee residents as possible. The design of materials and the website enables users to navigate contents and track progress easily.

- **Targeted Messaging:** The program caters to an array of populations and has the flexibility to speak to multiple audiences with varying levels of capacity to manage personal health issues.

Program Support

Better Health: It's About Time was founded and financed through the Tennessee Department of Health. The costs of creating material and developing the website were funded by the state, and there is little cost associated with continuing to make resources available.

ACTION 3: PROMOTE CIVIC AND PERSONAL RESPONSIBILITY FOR BETTER HEALTH.

California

Program Name: Get Healthy California: Governor's Summit on Health, Nutrition and Obesity

Initiative Description and History

Over the last decade, Californians gained an estimated 360 million pounds. To address the escalating obesity trends in the state, Governor Arnold Schwarzenegger and First Lady Maria Shriver convened senior leaders from the public and private sectors to make commitments to improve the health and lives of Californians.

The Governor's Summit on Health, Nutrition and Obesity yielded immediate results. Governor Schwarzenegger signed a three-part legislative package into law that addressed school nutrition standards, ensuring California students will have access to healthier snacks, meals, and beverages in public schools by:

- Setting food nutrition standards for food served and sold in K-12 public schools;
- Providing a framework to implement the \$18.2 million in the Governor's budget to include more fresh fruits and vegetables in school meal programs; and
- Extending the state's ban on the sale of soft drinks in elementary schools to include high schools.

Nongovernment representatives at the summit included business leaders, community groups, health care providers, the public health community, and parents. These attendees answered the governor's challenge and publicly announced initiatives that would provide California consumers with more healthy food options and more opportunities for physical activity, as well as compelling educational information to inspire healthy choices.

Elements of Success

Summit strategists identified the following elements as critical components of success.

- **Commitment from the Governor:** The Office of the Governor was fundamental to a successful summit, providing influential support and outreach to various business sectors and key stakeholders.
- **Stakeholder Collaboration and Coordination:** Many of the largest companies conducting business in California, nonprofit organizations, pediatricians, and health care companies were committed to the Governor's challenge. Together with the state these stakeholders publicly launched initiatives to help parents and children lead healthier lives by making nutritious foods and exercise opportunities more accessible.

Program Support

The summit was generously sponsored by The California Endowment, a foundation devoted to promoting fundamental improvements in the health of all Californians, as a way to address the societal and environmental determinants of obesity. The Endowment is committed to fostering change in California's communities to enable its citizens to have access to healthier choices.

ACTION 4: IMPROVE ACCESS TO HEALTHY OPTIONS IN DISADVANTAGED COMMUNITIES.

Pennsylvania

Program Name: Fresh Food Financing Initiative

Initiative Description and History

The Fresh Food Financing Initiative (FFFI) was launched in September 2004 to provide funding for the development of supermarkets in Philadelphia. The program received \$10 million in state funds and leveraged at least \$30 million in additional capital from the Reinvestment Trust Fund. To date, FFFI has committed \$6 million in grants and loans to finance five supermarket projects that created 740 jobs.

Philadelphia has the second lowest number of supermarkets per capita of major cities in the nation. The shortage of supermarkets in Philadelphia and other urban areas means that residents have to travel to find nutritious food, something many low-income residents cannot afford to do. The alternative is that residents have to shop at expensive convenience stores that stock less nutritious food

products. The lack of access to healthy food is directly linked to higher rates of obesity, malnutrition, and diet-related disease among low-income families. In Philadelphia, 7 percent of adults are diabetic, 23 percent are obese, and 59 percent are overweight.

In addition to providing funding for the development of supermarkets, Pennsylvania has partnered with the U.S. Department of Agriculture to fund the Farmers' Market Nutrition Program. This program provides low-income families and seniors with checks for fruits and vegetables that can be redeemed at farmers markets, such as The Food Trust farmers markets. The Food Trust organizes farmers markets in the Greater Philadelphia area, and provides nutrition information and access to fresh foods to urban residents.

Elements of Success

Key stakeholders identified the following elements as critical components of success.

- **Public-Private Partnerships:** There is an increased pool of financing available to interested supermarket developers when public financial incentives are used to leverage nonprofit and private investments.
- **Creating a One-Stop Shop for Financing:** Supermarket developers locating in underserved areas, including small and family-run supermarket businesses, are aided by a streamlined process that provides guidance for obtaining financing from the multiple sources available through public-private partnerships.
- **Working with the Community:** The program sought input and meaningful participation from civic, community, and business leaders, as well as potential customers, on site location and planning.

Program Support

Pennsylvania launched FFFI through Governor Edward Rendell's First Industries economic-stimulus program. The program leverages \$2.3 billion in grants and loans to generate an anticipated \$5 billion in private sector investment that will help start new businesses in Pennsylvania and help existing companies expand. Through a program of grants and loans for supermarket development, FFFI will enhance the Food Markets component of the First Industries program, and create a public-private partnership between Pennsylvania and The Food Trust, The Reinvestment Trust Fund, and the Greater Philadelphia Urban Affairs Coalition.

ACTION 4: IMPROVE ACCESS TO HEALTHY OPTIONS IN DISADVANTAGED COMMUNITIES.

Tennessee

Program Name: Tennessee & Weight Watchers Partnership

Initiative Description and History

TennCare is a two-pronged program that reaches more than 850,000 Tennessee residents by addressing the health needs for both the Medicaid eligible population and persons who are considered uninsured or uninsurable by state standards. Recognizing that Tennessee ranks 5th in the nation for adult obesity—with 25 percent of its population considered obese—Governor Phil Bredesen entered into a partnership with Weight Watchers.

Tennessee will pay a discounted rate for eligible enrollees to participate in the Weight Watchers program. The program is available to TennCare recipients who have a body mass index of 30 or more or who are referred by a physician for a serious weight-related condition.

The program is a cost-effective approach to the rapid increases in obesity trends in the state. To substantiate the demand and need for the program, more than 700 participants enrolled within 10 days of launching on January 1, 2006.

Elements of Success

During discussions with key TennCare stakeholders, the following element was identified as a critical success component.

- **Public and Private Sector Partnership:** Commitments from senior state leaders in both the public and private sector enabled the partnership and the utilization of program benefits.

Program Support

The average cost of the 12-week Weight Watchers program for one recipient is comparable to a month's supply of a single branded drug. Given the financial savings for sustained moderate weight loss among individuals at risk for developing chronic disease, the Weight Watchers partnership will improve enrollees' health while also reducing obesity-related medical costs.

In recent reports from the Journal of the American Medical Association and the Annals of Internal Medicine, researchers found that Weight Watchers is the only commercial weight loss program that has demonstrated successful and sustained weight loss among participants.

ACTION 5: PUBLICLY SHARE EFFORTS BY THE GOVERNOR'S FAMILY TO GET AND STAY HEALTHY.

South Carolina

Program Name: Family Fitness Challenge

Initiative Description and History

South Carolina's Family Fitness Challenge has become an extension of the Healthy South Carolina Challenge—an initiative sponsored by Governor Mark Sanford and First Lady Jenny Sanford to encourage residents to eat well, quit smoking, and be more active. In 2004, the Governor announced his First Annual Family Fitness Challenge by taking his family on a 170-mile bicycle tour across the state. In the spring of 2005, the governor invited other South Carolinians to join him and his family for a kayaking tour. Most recently, the first family and fellow South Carolinians cycled 50 miles from Aiken back to the governor's mansion in Columbia, where everyone was treated to a healthy lunch.

The goals of the Healthy South Carolina challenge are:

- To educate South Carolina residents on the association between physical activity, body mass index (BMI) statistics, and smoking rates with rates of chronic disease such as diabetes, stroke, heart disease, and some cancers.
- To generate a competitive spirit among the counties in South Carolina for achieving healthy changes and healthier lives.
- To encourage collaboration and a sense of shared responsibility for health.

Elements of Success

Key Healthy South Carolina stakeholders identified the following elements as critical components of success.

- **Competition:** The Healthy South Carolina Challenge encourages communities and counties to compete against each other in an effort to improve health. All of the residents of the county that shows the most improvement in reducing smoking, increasing physical activity, and lowering BMI are invited to the governor's mansion for a special awards ceremony in the spring.



- **Collaboration and Senior Leader Support:** Mascots from South Carolina’s colleges and professional sports teams, as well as media personalities from across the state, joined the governor and first lady to kick off the Healthy South Carolina Challenge. U.S. Senator Lindsey Graham’s office also participated. This high-profile participation by state leaders encourages participation at the county and community levels and reinforces the importance of the efforts.

Program Support

The program accomplishes its messaging and marketing on a limited budget by forming strong partnerships with media outlets that can trumpet the message of good health. The challenge is staffed by one part-time director, who focuses on promoting the program in the media and collaborating with other individuals and groups interested in improving the overall health of the state. The South Carolina Department of Health and Environmental Control provides resources such as the director’s salary, website maintenance, and staff support as needed.



ACTION 5: PUBLICLY SHARE EFFORTS BY THE GOVERNOR’S FAMILY TO GET AND STAY HEALTHY.

Georgia

Program Name: The Governor’s Capitol Challenge: Fitness On Our Minds

Initiative Description and History

In 2003, Governor Sonny Perdue publicly launched his quest to lose 20 pounds by encouraging fellow Georgia residents to join him in pursuing a healthier lifestyle through the Governor’s Capitol Challenge: Fitness On Our Minds. State agency heads, state legislators, constitutional officers, Capitol reporters, and the state’s 103,000 employees were invited to participate. More than 2,500 residents accepted the challenge, received a diet plan, and joined in weekly weigh-ins.

Over a six-week period, Challenge participants were invited to Lunch & Learn workshops on topics such as selecting the best gear for your sport, weight training, stress management, and healthy grocery shopping techniques. In addition, hundreds of state residents sent Governor Perdue notes of encouragement, suggestions, snack ideas, and workout recommendations.

Elements of Success

Key Fitness On Our Minds stakeholders identified the following elements as critical components of success.

- **Commitment from the Governor:** Gubernatorial leadership used the power of the pulpit to encourage residents to strive for healthier lifestyles.
- **Public Leadership:** High-profile, public weight loss challenges offer both the risk of not meeting established program goals and the incentive of successfully meeting established program goals. Transparent leadership also enables the public to understand the challenges of achieving healthy lifestyles, whether in their own homes or the governor’s mansion.

Program Support

The nonprofit and business sectors participated in the challenge by providing support. The Metropolitan Atlanta YMCA was the official challenge partner and several other organizations, including Georgia State University, the American Heart Association, the American Dietetic Association, Weight Watchers, and other healthy lifestyle-focused organizations throughout the state contributed.





Wellness Where We Work

Wellness where we work combines healthy workplaces and employee benefit programs to provide supportive environments and incentives for healthy living. Because today's workers spend nearly half their waking hours on the job, worksites are a prime opportunity for employers to improve the wellness of their employees. There are many ways that governors can improve the health of public workers and encourage the private sector to do the same.

Improving wellness means fewer sick days, greater productivity, and lower health insurance costs. Rising health care costs are having a tremendous economic impact on individuals, employers, and taxpayers. In the past 15 years, health care expenditures have doubled and are projected to redouble by 2012. A healthier, less costly workforce reduces these costs for both the public and private sectors.

There are many ways that governors can guide, encourage, and promote initiatives among public and private sector employees. In the public sector alone, the employees, their dependents, and retirees include millions of Americans. Depending on the state structure, governors can influence health care coverage, other health-related benefits, and worksite policies, which can either directly affect or trickle down to many local public personnel systems.

Governors also can partner with labor organizations and increase satisfaction among their members by encouraging wellness efforts—either via policy or fiscal incentives—and reducing health care costs, including out-of-pocket expenses. Further, governors can encourage efforts by private sector employers to promote a healthier workforce through incentives or by recognizing outstanding commitment to employee health.

Governors can take the following five actions to address workplace health. Examples of each action—including both public and private initiatives—are reflected in case studies to demonstrate their successful use in practice.

1. Implement a yearly health risk assessment for all state employees.
2. Improve the “health” of state workplaces.
3. Provide access to health coaching and other preventive services for state employees and retirees.
4. Raise employer awareness of and employee participation in worksite wellness programs.
5. Form coalitions and advisory groups across the public and private sectors.

1 2 3 4 5

ACTION 1: IMPLEMENT A YEARLY HEALTH RISK ASSESSMENT FOR ALL STATE EMPLOYEES.

Many employers, both large and small, have seen the value of educating employees about healthy lifestyles and motivating the workforce to become more involved and responsible for their health. Health risk assessments (HRA), which typically survey current health habits and family and personal health history, can encourage employee responsibility. They provide guidance on when to see a doctor, when to get important screenings and preventive care, and how to adopt lifestyle changes that are critical to improve each employee's health.

Governors can implement yearly risk assessments for public sector employees using assessment tools available through specific vendors or traditional health plans. They also may consider providing incentives to employees who undergo an assessment, as well as employees who address identified risk factors. For example:

- In 2004, **Arkansas** Governor Mike Huckabee implemented a risk assessment program for employees and reduced insurance premiums by \$10 a month for participants who undergo a health risk assessment. Additional discounts are offered for adopting healthy lifestyles. Participation in the assessment program exceeded 50 percent of the state's workforce.
- **Delaware** Governor Ruth Ann Minner launched the *Health Rewards* pilot study program in 2003 for state employees. State employees who were enrolled in group health insurance programs were offered comprehensive health assessments, guidance, and fitness prescriptions. Delaware realized more than \$62,000 in immediate savings for the first 100 participants in the study.

ACTION 2: IMPROVE THE "HEALTH" OF STATE WORKPLACES.

Because working adults spend a large portion of their time in the office environment, improvements at work can enhance employee health. Improving the "health" of worksites may include providing physical amenities such as healthy food options in vending machines and cafeterias or exercise equipment with a place to shower. A "healthy" work environment also may involve policies including encouraging fitness breaks instead of smoking breaks, providing access to health and exercise services on-site, and making weight-control or other health courses available during business hours.

Governors can task the state health, personnel, or administration departments to assess the health of state buildings and explore options for improving the health of worksites. For example:

- **Healthy South Dakota**, launched by Governor Mike Rounds, includes a number of worksite-based policy changes that have demonstrated cost savings. Changes include smoke-free buildings and a contribution to the health savings accounts of employees who enroll in the wellness program.
- The Centers for Disease Control and Prevention (CDC) piloted a worksite wellness initiative—called StairWELL to Better Health—that encourages employees to use the stairs rather than the elevators. The stairwells in the pilot building were carpeted and painted, and music was played during business hours. Most important, small signs about the value of exercise were placed next to the elevators to encourage stair use. Most of these improvements were relatively low cost, and stair use greatly increased.

Teachers' Union Endorses Health Assessment

In **Nevada**, the Washoe County School District developed a wellness program with strong union support. Annually, each employee must submit a health assessment. Staff and retirees who do not submit their annual assessment contribute \$40 per month to the wellness program. Employees must contribute an additional \$10 a month for each risk factor they have (e.g., smoking, obesity). Conversely, there are incentives for achieving health goals.

Union leadership, employees, and senior management have all been enthusiastic partners and participants in this effort. The program has been essentially self-funded by the incentive structure.

ACTION 3: PROVIDE ACCESS TO HEALTH COACHING AND OTHER PREVENTIVE SERVICES FOR STATE EMPLOYEES AND RETIREES.

For people suffering from or at risk of developing chronic diseases, managing health on a daily basis and receiving timely, appropriate health screenings can dramatically reduce disability and the impact of chronic conditions. Health coaching provides assistance in nutrition, exercise, and time management which can help people cook healthier meals and become more active.

Governors can assist state employees and retirees by working with health insurers, disease management companies, and other providers to develop guidance on how to improve health and lifestyles on a daily and long-term basis. Governors also may consider changes to health plan coverage, including eliminating or reducing co-pays and deductibles for essential screenings and preventive health services. For example:

- **North Carolina** Governor Mike Easley's HealthSmart program is built on the successes of local pilot programs for disease management and wellness that identified employees with particular conditions and provided them with intensive health coaching on lifestyle changes and clinical disease management. The local pilots were so successful that Governor Easley expanded the program to all employees in 2005.
- Microsoft has conducted a number of programs to improve wellness among employees, including a health coaching program for employees with a high body mass index. In addition, Microsoft supports access to preventive services by charging no co-pays or deductibles for their use. Microsoft monitors the use of these services to ensure a return on investment.

ACTION 4: RAISE EMPLOYER AWARENESS OF AND EMPLOYEE PARTICIPATION IN WORKSITE WELLNESS PROGRAMS.

Over the past three decades the data supporting the economic benefits of health promotion programs has become stronger and evaluation techniques more sophisticated. Emerging research in the field of health and productivity management is illuminating the true cost burden of poor employee health and its threat to the competitiveness and overall sustainability of an organization. Employers have successfully reduced direct medical costs and saved millions of dollars. Worksite wellness programs also can significantly impact other costs through reduced absenteeism, increased productivity and product quality, and reduced workers' compensation and disability costs.

One way governors can raise employer awareness and action is to sponsor wellness competitions between public agencies and private companies. Governors also can launch worksite wellness efforts for their own employees and encourage other government entities and private employers to adopt similar initiatives. In addition, governors may raise awareness of worksite wellness by rewarding efforts that significantly improve the health of state residents. For example:

- Under INShape **Indiana**, a comprehensive campaign to increase Hoosier wellness, Governor Mitch Daniels recently launched an INnovators awards program to identify the "fittest" organization in the state. Governor Daniels will personally present awards to outstanding small, medium, and large employers.
- **Arizona** Governor Janet Napolitano's Council on Health, Physical Fitness and Sports has raised the visibility of employer wellness throughout the state by awarding public, private, and tribal organizations for successful contributions that improved health, fitness, or recreation for all Arizona residents.

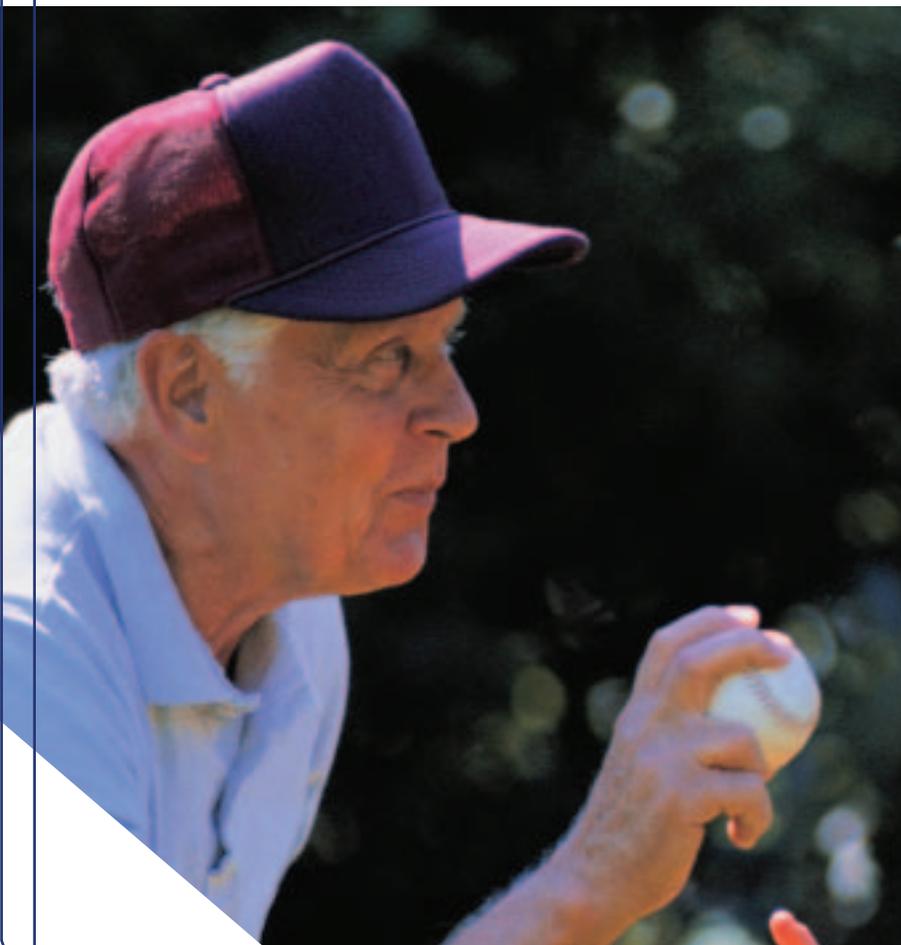


ACTION 5: FORM COALITIONS AND ADVISORY GROUPS ACROSS THE PUBLIC AND PRIVATE SECTORS.

Leadership is needed to more broadly institute worksite wellness efforts in the public and private sector. Governors have an opportunity to impact the health and lifestyles of millions of Americans through the public workforce, public retirees, and by providing incentives to the private sector to promote healthier lifestyles among employees.

Governors can convene public employees and private employers to explore and expand worksite wellness efforts as well as discuss opportunities for collaboration. By exerting their leadership, governors can convey consistent messages and recommend program practices across the public and private sectors. For example:

- **Oklahoma** Governor Brad Henry uses an employee benefits council to guide benefit decisions for 36,000 active state employees. Representing the concerns and interests of state employees, the council has introduced incentive programs for employees to participate in physical activity and wellness checks-up.



Case Studies

ACTION 1: IMPLEMENT A YEARLY HEALTH RISK ASSESSMENT FOR ALL STATE EMPLOYEES.

Arkansas

Program Name: Arkansas State Employees-Financial Incentives to Lead Healthier Lives

Initiative Description and History

As part of his Healthy Arkansas initiative, Governor Mike Huckabee helped create financial incentives for state employees to lead healthier lifestyles. Last year, the state-financed health insurance program serving approximately 128,000 Arkansas state and public school employees, retirees, and their dependents offered a voluntary, self-reported HRA. The 11-question survey aims to increase awareness of healthy and nonhealthy behaviors.

The program offers HRA respondents support resources for improving healthy choices, including:

- **Health Risk Assessment:** The HRA targets five major health risks: tobacco use, physical inactivity, obesity, alcohol consumption, and safety-belt use. In the second year, almost 47,000 covered employees and spouses (53 percent of those eligible) took advantage of the tool and raised their awareness of their individual health risks.
- **Tobacco Cessation Program:** Preventive services, such as tobacco cessation tools, are covered by the state employee health insurance plan, which has eliminated copayments for many preventive services. To date, more than 750 individuals have enrolled.
- **Future Wellness Programming:** Additional resources and programming will be developed, such as regular health screenings, increased physical activity opportunities during work, and nutrition and weight management counseling programs.

In the first year the HRA was available, those who completed the survey were awarded a \$10 discount per member, per month, to their monthly health plan premiums. In 2005, HRA respondents were offered a \$10-per-month reward for taking the survey, and self-identified nontobacco users were offered an additional monthly \$10-per-member healthy lifestyle reward. In future years, the state will continue rewarding healthy lifestyle behaviors.

Elements of Success

Key stakeholders identified the following elements as critical components of success.

- **Participation in the HRA:** During the first year, participation was strong, with more than 45 percent (18,000 employees and 4,000 employee spouses) taking the assessment. In the second year, 53 percent of those eligible participated.
- **Assessment:** Health assessments of the covered population will illuminate areas of need and drive program and policy development while enhancing community partnerships.
- **Comprehensive Wellness Program:** The comprehensive health assessment and wellness support in place for this population can be expanded across the state and nation.

Program Support

The health insurance plan for state employees and public school teachers is self-financed. Ultimately, the annual HRA program in combination with administered health and wellness programming could significantly improve the health of the population and the financial health of the state health plan.



ACTION 1: IMPLEMENT A YEARLY HEALTH RISK ASSESSMENT FOR ALL STATE EMPLOYEES.

Delaware

Program Name: Health Rewards

Initiative Description and History

In 2003, Governor Ruth Ann Minner launched the Health Rewards pilot program, which encourages state employees to improve their health and reduce medical costs. Delaware partnered with Cardio-Kinetics, a cardiac rehabilitation and preventive medicine facility, to conduct the pilot. In one of the nation's most comprehensive health prevention assessments for state employees, the Health Rewards assessment includes:

- Review of the individual's medical history;
- Glucose and cholesterol screening;
- Smoking assessment;
- Echocardiogram (ECG) test at rest and during increasing physical activity (with concurrent measurement of blood pressure);
- Body fat assessment (both BMI and skin-pinch test); and
- Physical activity assessment (based on sit-ups, push-ups, hand strength, and flexibility).

Because of the high cost of assessment, Delaware conducted the initial study of 100 state employees to determine the program's effectiveness and its return on investment. It was offered at no cost to employees who were enrolled in one of the state's group health insurance programs.

Preliminary results from the pilot confirmed Delaware state employees were overweight, sedentary, and at high risk. After the health prevention assessment was conducted, "Fit stops" were implemented to track the enrollees' progress and offer in-depth health and fitness advice to ensure sustained health improvements.

To date, the program has been successful and the pilot has grown to 1,500 state employees. The state is further investigating incentive practices and will publish and review the study with the Cooper Institute of Dallas, Texas.

Elements of Success

Key Health Rewards leaders identified the following elements as critical components of success.

- **Commitment from the Governor:** Because of the large economic investment required for preventive medicine, the governor's support was fundamental in shifting health care management emphasis to disease prevention and wellness.
- **Maximizing Returns:** Initially limiting the participation pool enabled the state to demonstrate savings as a result of investing in employee wellness programs—thus maximizing the state's return on investment.

Program Support

The funding for the pilot and program came from Delaware's state health care budget. For the 100 employee pilot program the state spent \$10,000 on the in-depth assessment but saved more than \$62,000 through reduced hospital visits and use of medication. The cost for the 1,500 state enrollees was approximately \$500,000. The state is currently evaluating its budget savings; however, early projections are positive.



ACTION 2: IMPROVE THE “HEALTH” OF STATE WORKPLACES.

South Dakota

Program Name: Healthy South Dakota Wellness Program

Initiative Description and History

Governor Mike Rounds and the State Employee Health Plan introduced the Healthy South Dakota wellness program to encourage members to set health goals and monitor their success. As the state employee initiative has proven to contain costs, the worksite and community wellness program is expanding to other employers to become a statewide program for all citizens.

The Healthy South Dakota website provides examples of information about healthy food choices, benefits, activities, and programs at worksites in the state, including:

- **Tobacco or Smoke-free Worksites:** South Dakota worksites are voluntarily going tobacco-free or smoke-free for the health of their employees and customers, even though this is not required by the state’s clean indoor air law.
- **StairWell Kit:** The CDC-sponsored StairWell kit promotes the use of stairs as a simple and effective way to increase walking at work. The kit includes instructions on setting up a StairWell program and free point-of-decision posters.
- **Worksite Wellness Toolkit:** The Strides to a Healthier Worksite Wellness Challenge Toolkit promotes the benefits of a healthy lifestyle. The toolkit includes an overview of a wellness challenge and a step-by-step guide to setting it up, including registration forms, calendars, advertisements, and sample challenge resources.

Other efforts include personal health journals, personalized eating approaches, and tobacco cessation resources for employees who smoke.

Elements of Success

Key Healthy South Dakota leaders identified the following elements as critical components of success.

- **Workplace Incentives:** Reasons for workplaces to offer wellness programs include lower health care costs, reduced absenteeism, higher productivity, reduced use of health care benefits, reduced injuries, reduced worker compensation and disability claims, and increased morale and loyalty.

- **Employee Incentives:** State employees who participate in the Healthy South Dakota wellness program can receive up to \$300 per plan year in a Health Reward and Wellness Account (HRWA). Enrollees and their covered spouses who attend a health screening and complete the health risk questionnaire receive \$50 in an HRWA. They can receive an additional \$100 in an HRWA by actively participating in the online wellness program and reaching at least one goal.

Program Support

The Healthy South Dakota initiative has been developed with support from many federal funding sources, including the Preventive Health Block Grant; the Nutrition & Physical Activity to Prevent Obesity and other Chronic Disease Grant, Maternal and Child Health Block Grant, Coordinated School Health Programs, and private foundation support; as well as partnerships with other state agencies, including the South Dakota Department of Game Fish & Parks and the Department of Education and Social Services.

ACTION 2: IMPROVE THE “HEALTH” OF STATE WORKPLACES.

Centers For Disease Control and Prevention (CDC)

Program Name: StairWELL to Better Health

Initiative Description and History

Choosing the stairs instead of the elevator is a quick way for people to add physical activity to their day, but some employees may not use the stairs at work because of perceptions that stairwells are unattractive or unsafe. CDC’s Division of Nutrition and Physical Activity recently conducted a study—called StairWELL to Better Health—to see if making physical changes to a stairwell in an Atlanta-based CDC Building, combined with music and motivational signs, would motivate employees to use the stairs. A project evaluation showed that the improvements increased stairwell use.

A four-stage passive intervention was implemented over three and a half years, including painting and carpeting, framed artwork, motivational signs, and music. Infrared beams were used to track the number of stair users. The project cost \$18,200 for the purchase of paint, carpet, rubber treading, picture frames, artwork, signage, installation of music, and the infrared tracking system.

Elements of Success

Key CDC leaders identified the following element as a critical component of success.

- **Passive Intervention:** Passive interventions, such as motivational signs and music in stairwells, can often be more successful in achieving population-wide changes than those that require the target audience to make active decisions.

Program Support

This intervention requires little or no cost, and because building codes already require stairs they are a readily available option to increase physical activity.

ACTION 3: PROVIDE ACCESS TO HEALTH COACHING AND OTHER PREVENTIVE SERVICES FOR STATE EMPLOYEES AND RETIREES.

North Carolina

Program Name: *HealthSmart*

Initiative Description and History

In recent years, North Carolina has spent approximately 70 percent of its state health plan budget on preventable chronic diseases related to poor nutrition, lack of physical activity, stress, and tobacco use. To overcome the toll unhealthy lifestyles have had on North Carolina residents, Governor Mike Easley launched NC *HealthSmart* in 2004/2005 to encourage and support state health plan members in making smart lifestyle choices. NC *HealthSmart* includes an estimated 490,000 state employees, dependents, and retirees at 3,000 worksite locations in the state.

NC *HealthSmart* offers a range of benefits to provide a comprehensive, integrated health program. These benefits fall into three broad categories:

- **Health Promotion, Health Education, and Health Risk Assessment:** Includes a free, comprehensive HRA, as well as access to educational newsletters, health fairs, screenings, and an interactive website. Members also have 24/7 access to “health coaches”—health care professionals with 10 to 15 years of experience who speak with members about wellness and medical conditions, and provide support and encouragement for members as they adopt smart lifestyle choices.

- **Worksite Wellness** - NC *HealthSmart* offers a comprehensive, “how to” resource guide for helping the state’s agencies, universities, community colleges, and public schools establish successful worksite wellness programs. These programs will educate and help employees make smart decisions concerning diet, exercise, stress management, and smoking cessation.
- **Disease and Case Management:** Programs to help members manage chronic conditions more effectively include asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, diabetes, and musculoskeletal problems.

Elements of Success

Key *HealthSmart* leaders identified the following elements as critical components of success.

- **Leadership Support and Commitment:** The 2004 NC *HealthSmart* Leadership Summit opened the discussion about Wellness and Health Promotion for staff in state government and education. Governor Easley set the tone for leadership commitment by formally launching the concept of NC *HealthSmart*.
- **Legislative Support:** The successful funding of the care manager contract by the North Carolina legislature was critical. The partnership with Health Dialog and WebMD enhanced the reach of the *HealthSmart* tools.
- **Partnerships:** The state health plan has partnered with the North Carolina Division of Public Health to develop a worksite wellness toolkit focused on four critical health behaviors: nutrition, physical activity, stress management, and smoking cessation.

Program Support

The state health plan has made a multi-year, multi-million dollar investment in NC *HealthSmart* and anticipates its educational and prevention efforts will help members stay healthy, while better managing the health of members with chronic medical conditions. The plan also anticipates reduced medical claims and that members will be more satisfied with their overall benefit package.



ACTION 3: PROVIDE ACCESS TO HEALTH COACHING AND OTHER PREVENTIVE SERVICES FOR STATE EMPLOYEES AND RETIREES.

Microsoft

Program Name: Wellness and Weight Management Program

Initiative Description and History

Microsoft's wellness mission is to "educate, support, and empower employees and family members to improve and sustain total health and well-being by rewarding healthy lifestyle choices." To that end, Microsoft has implemented a weight management program for employees and family members whose weight and/or chronic condition put them at great health risk. The program includes physician supervision, nutrition counseling, a supervised exercise program, and behavioral counseling. To date, over 1,500 people have completed the weight management program.

Obesity accounts for 26 percent of health care costs related to preventable conditions. Obesity is directly related to approximately 11 percent of total health care costs and associated with a 55 percent to 78 percent increase in pharmaceutical costs. Employers spend 36 percent more on health care costs for obese employees than for nonobese employees.

During the 2003-2004 program evaluation period, 794 individuals enrolled in the program. Nearly 40 percent of them suffered from at least one co-morbid condition, with high cholesterol and high blood pressure topping the list. An estimated 55 percent of participants reduced their BMI to less than 30, nearly 26,000 total pounds were lost (almost 200 members lost 31-40 pounds), and improvements in blood pressure and cholesterol were marked.

Microsoft paid for 80 percent of the weight management program, or up to \$6,000 per participating employee. Participants' out-of-pocket expenses averaged \$2,000. These costs represent an investment in long-term health by the company, which directly pays for 100 percent of all health care costs for all employees and their families—generally without premiums, deductibles, co-insurance, or co-pays of any kind for 20,000 enrollees.

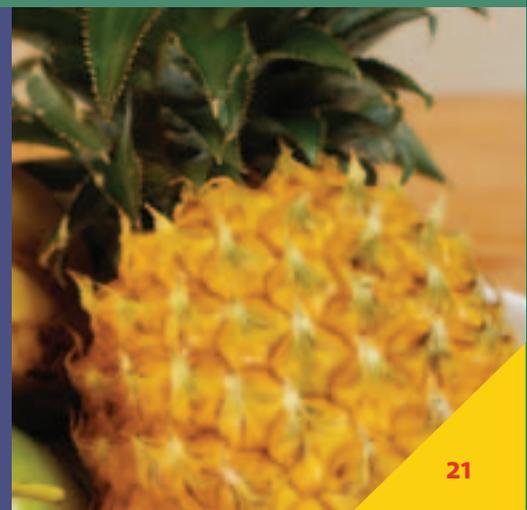
Elements of Success

Microsoft benefit leaders identified the following elements as critical components of success.

- **Commitment from Senior Management:** Senior executive buy-in is critical for securing long-term funding given the length of time required for a return on investment.
- **Comprehensive Approach:** Participating members were extended a full benefit package that substantially increased their opportunities for weight loss by including an exercise program, physician supervision, and nutrition and behavioral counseling.

Program Support

The short-term return on the program investment through health care savings is still under review. However, reductions in the use of prescription drugs, urgent and emergency care visits, hospital admissions, and surgical and other medical events are anticipated.



ACTION 4: RAISE EMPLOYER AWARENESS OF AND EMPLOYEE PARTICIPATION IN WORKSITE WELLNESS PROGRAMS.

Arizona

Program Name: The Arizona Governor's Council on Health, Physical Fitness and Sports

Initiative Description and History

The Arizona Governor's Council on Health, Physical Fitness and Sports began awarding public and private organizations for successful contributions that improved the health, fitness, or recreation of Arizona residents. The Council is composed of 26 interested Arizona residents who have actively demonstrated concern for the health and well-being of the state. They consider nominations in three program categories: Council Awards, Mayors Awards, and Tribal Awards.

- **Council Awards** recognize public and private sector contributions to improving the health and wellness of Arizona residents. Nominations are accepted from corporations, government agencies, media, professionals, schools, and individuals for the following awards:
 - Corporate Wellness Award
 - Government Agency Award
 - Media Award
 - Outstanding Leadership Award
 - Health Club Award
 - Professional Preparation Award
 - Public / Private School Award
 - Senior Award
- **Mayors Awards** recognize significant contributions by individuals or groups in the area of physical activity among communities throughout Arizona.
- **Tribal Awards** honor individuals and groups who made significant contributions to enhance physical activities among tribes.

Elements of Success

Key Governor's Council leaders identified the following elements as critical components of success.

- **Events:** The First Annual Arizona Tribal Communities and the Arizona Fall League Day recognized physical activity and presented tribal communities leadership awards, and the program was cosponsored by the Frank Kush Family and Dog Fun Run and Walk.

- **Partnerships:** The program forged a strategic partnership with the Arizona Diamondbacks to begin development of a physical activity campaign and public service announcements. It also obtains financial and volunteer resources for community physical activity events from Blue Cross Blue Shield of Arizona, Arizona Public Service Company, Major League Baseball, The Arizona Humane Society, Arizona State University, and the University of Arizona.

Program Support

The Department of Health Services annually receives \$52,000 from the Preventative Health Block Grant to support a part-time employee to staff the Council. Blue Cross Blue Shield of Arizona, the Arizona Diamondbacks, and the National Baseball Commission have donated additional funds.

ACTION 4: RAISE EMPLOYER AWARENESS OF AND EMPLOYEE PARTICIPATION IN WORKSITE WELLNESS PROGRAMS.

Indiana

Program Name: INnovator Indiana

Initiative Description and History

INnovator Indiana is an awards program that publicly recognizes public and private sector efforts to advance wellness among Indiana residents. This recognition program is part of INShape INdiana, a comprehensive health initiative to educate and raise awareness among state residents about existing services and opportunities related to nutrition, physical exercise, and curbing tobacco use.

The program demonstrates outstanding participation in the INShape Indiana program. One winner is chosen from each of 11 categories of Indiana organizations, and each will be personally visited by the governor.

The 11 categories eligible for the award include:

- City/Town
- College/University
- Congregation (50+ participants)
- County
- Hospital (50+ participants)
- Large Business (1,000+ employees)
- Medium Business (100 to 999 employees)
- Non-profit (10+ employees)
- School/School Corporation (50+ participants)
- Small Business (10 to 99 employees)
- State Agency

Elements of Success

INshape Indiana staff identified the following elements as critical components of success.

- **Commitment from the Governor:** Governor Mitch Daniels has publicly led the INShape campaign by honoring healthy sites with awards and relating health trends to economic development issues in the state.
- **Broad Eligibility:** The awards program recognizes a number of establishments including small and large employers, schools, and congregations.
- **Ease of Use:** The INnovator Indiana Web site provides users with a simple and comprehensive connection to state resources and the award's application.

Program Support

INshape Indiana is supported by a coalition of business groups—from health care providers to bicycle suppliers—and the Indiana Department of National Resources.

ACTION 5: FORM COALITIONS AND ADVISORY GROUPS ACROSS THE PUBLIC AND PRIVATE SECTORS.

Oklahoma

Program Name: Employee Benefits Council

Initiative Description and History

The State of Oklahoma employs 36,000 active employees. The Oklahoma Benefits Council (EBC) serves as the benefits office for active state employees and their eligible dependents. State employees are required to purchase a “core” benefits package consisting of health, dental, basic life, and disability.

This year the EBC began offering the OKHealth mentoring program to all active state employees on a voluntary basis. The program includes incentives and is designed to reduce the risk for cardiovascular disease and other preventable chronic illnesses through a one-on-one relationship with an assigned mentor for one year.

As OKHealth participants, employees are eligible to receive two wellness incentives. The first incentive includes an initial visit to a primary care physician and lab work at no

out-of-pocket cost to the participants. The second wellness incentive is a discount at a participating fitness center. To help participants get into shape, discounts at participating fitness centers across the state are being offered to OKHealth members. To date, 39 of the state's 88 licensed statewide fitness centers have offered a discount.

Some agencies are offering a third incentive that pays OKHealth participants who successfully complete the program. There are three tiers of pay incentives: \$100 (bronze), \$300 (silver), and \$500 (gold).

Elements of Success

During discussions with key OKHealth stakeholders, the following elements were identified as critical success components.

- **Governor support:** The OKHealth program is part of Oklahoma Governor Brad Henry's state health initiative for a Strong and Healthy Oklahoma. As part of his reforms, Governor Henry endorsed the OKHealth program and has credited the program as an important step to achieving his goal for a Strong and Healthy Oklahoma.
- **Benefits Consolidation:** The EBC centralizes benefits packages for health, dental, basic life insurance, and disability and eases member participation in all aspects of program offerings.

Program Support

To offset the cost of benefits, Oklahoma provides each employee with a monthly benefit allowance of \$433.55. The monthly benefit allowance is statutorily mandated and is calculated from the average premiums of all high option plans. For Plan Year 2006, the state's cost to fund the benefit allowance is \$247 million.







Wellness Where We Learn

Because over 54 million children and youth attend school on any given day, schools are an important setting for improving their health. Since 1980, the number of overweight children and adolescents has tripled, and in recent years the number of children diagnosed with adult-onset chronic diseases associated with being overweight (such as diabetes and heart disease) has increased. Wellness where we learn creates school policies and environments that make kids healthy by engaging parents, regularly assessing fitness and nutrition, and linking community resources—such as produce farms—to schools.

School-based wellness efforts, in both early childhood programs and K-12 systems, can improve access to healthy foods, increase physical activity levels, and increase students' capacities to care for their own health now and in the future. Under recent federal legislation and U.S. Department of Agriculture regulations, every school district in the country must establish wellness policies for the 2006 academic year. The implementation of these policies may stimulate school-based wellness initiatives and serve as a platform for states to assist local education entities.

In addition to working with the local and state education entities, governors have an opportunity to form private sector collaborations to promote physical activity, improve nutrition, and conduct health assessments. These partners can lend important resources to schools for enhancing fitness opportunities, competitively showcasing healthy foods in lunchrooms or vending machines, and tracking the health of students.

Governors can take the following five actions in schools to address the health and wellness of children and youth. Examples of each action—including both public and private initiatives—are reflected in case studies to demonstrate their successful use in practice.

1. Encourage parental engagement in student health.
2. Conduct yearly assessments of individual student wellness.
3. Promote regular physical activity during the school day.
4. Support local school districts in efforts to develop healthy food policies.
5. Use local chefs and farmers to offer attractive, healthier options to students.

ACTION 1: ENCOURAGE PARENTAL ENGAGEMENT IN STUDENT HEALTH.

Increasing parental involvement in school wellness efforts will ensure health messages remain consistent from home to school. Parents can support their children and school systems by reinforcing health messages at home. To help parents monitor their children's nutrition, some schools use electronic food purchasing systems that enable parents to view their children's purchases and limit purchases of certain foods, such as candy or soft drinks.

Governors may consider requiring parental involvement in school health planning efforts, providing incentives for schools that involve parents in specific ways, or providing tools for school districts to increase parental involvement. For example:

- **Wisconsin** Governor Jim Doyle released an educational guide for children and their parents designed to motivate parental commitment to nutrition and physical activity. It was mailed to parents across the state and distributed through schools and clinicians.
- In a number of **Iowa's** schools, children can use an electronic swipe card to purchase food from the cafeteria. Parents can monitor their purchases via a website that also enables them to prohibit purchases of specific food items. This low cost tool has a number of other useful features, including the ability to track data for both individual students and entire schools, as well as eliminating some of the social stigma for low-income kids participating in free-lunch programs.

ACTION 2: CONDUCT YEARLY ASSESSMENTS OF INDIVIDUAL STUDENT WELLNESS.

Educating parents about the health status of their children is an important way to promote healthier lifestyles. In some states, school systems have created health report cards that assess basic measures such as BMI and growth. Tracking the health of children and youth can assist schools in implementing wellness policies and programs for those who are most at risk.

Governors can provide schools with incentives or requirements for every student to have a health assessment that gauges their success in making healthy lifestyle choices. For example:

- **FitnessGram** is a comprehensive health assessment tool that considers a child's age, height, weight, and physical fitness by using measures such as sit-ups, push-ups, and flexibility. Children can track their progress electronically and assess their fitness against national performance measures.
- In 2003, **Arkansas** Governor Mike Huckabee signed into law an annual assessment of the BMI of all public school students. The BMI measure is reported to all students and parents, and a nongovernment research group collects the data to assess the scores over time and by region.



ACTION 3: PROMOTE REGULAR PHYSICAL ACTIVITY DURING THE SCHOOL DAY.

Regular physical activity is an essential component for children's wellness. Evidence is mounting that as children become less active, their academic achievement declines. Yet it is increasingly rare for children and adolescents to engage in daily physical education at school. Although the lack of physical education is not the sole cause of the growing epidemic of childhood obesity, increasing physical activity at school offers an opportunity to improve the fitness of millions of American children.

Governors, in collaboration with school authorities, can reform physical activity requirements during the school day. Governors can consider voluntary and legislative options for reinstating regular physical activity in schools. For example:

- To combat the growing problem of overweight children, **Michigan** created a school-based program to help guide health policy changes, including strong recommendations of 150 minutes per week of physical education in elementary school and 225 minutes per week in middle and high school.
- In **Minnesota's** Red Lake School District, a number of schools serving Native American children have instituted regular physical activity, including a 20-minute walk every day. These efforts have been most successful when conducted during the school day.

ACTION 4: SUPPORT LOCAL SCHOOL DISTRICTS IN EFFORTS TO DEVELOP HEALTHY FOOD POLICIES.

Millions of children purchase foods every day at school. Under recent federal legislation and USDA regulations, every school district participating in the free and reduced breakfast and lunch program must establish wellness policies by the 2006 academic year. Schools also have the ability, despite financial incentives, to offer healthier, commercial options in lunchroom menus and vending. For example, schools may price healthier food choices more competitively.

Governors can provide local districts with guidance on ways to ensure that school foods are healthier, regardless of where or how they are sold. Governors also can promote healthy choice messages and support or require evidence-based policies for improving the availability of healthy foods in schools. In addition, governors may choose to link fiscal resources to these policies. For example:

- The State of **Pennsylvania** contracted with Pennsylvania State University to survey all the state's high schools about the presence of competitive foods and analyze the policy and financial impacts of their sale. The study results help Pennsylvania schools make informed decisions about their policies and schools can use examples from fellow schools statewide to find ways to improve student health.
- The **Washington** State Department of Health developed and disseminated a guidance document for assessing opportunities for wellness initiatives in schools and other settings. The guide provides program information from many public and private sector efforts and supplies tools for adopting wellness initiatives in schools.

School Contracting Tools

In 2005, Oregon public schools conducted a survey of soft drink company contracts with schools. The analysis of the contracts found that incentives and revenues are more lucrative for vendors than they are for school districts, and result in less income per student than expected. The results pointed to some weaknesses in the contracting practices and opportunities for schools and districts to protect their funding streams while improving healthy options.

See <http://www.communityhealthpartnership.org>.

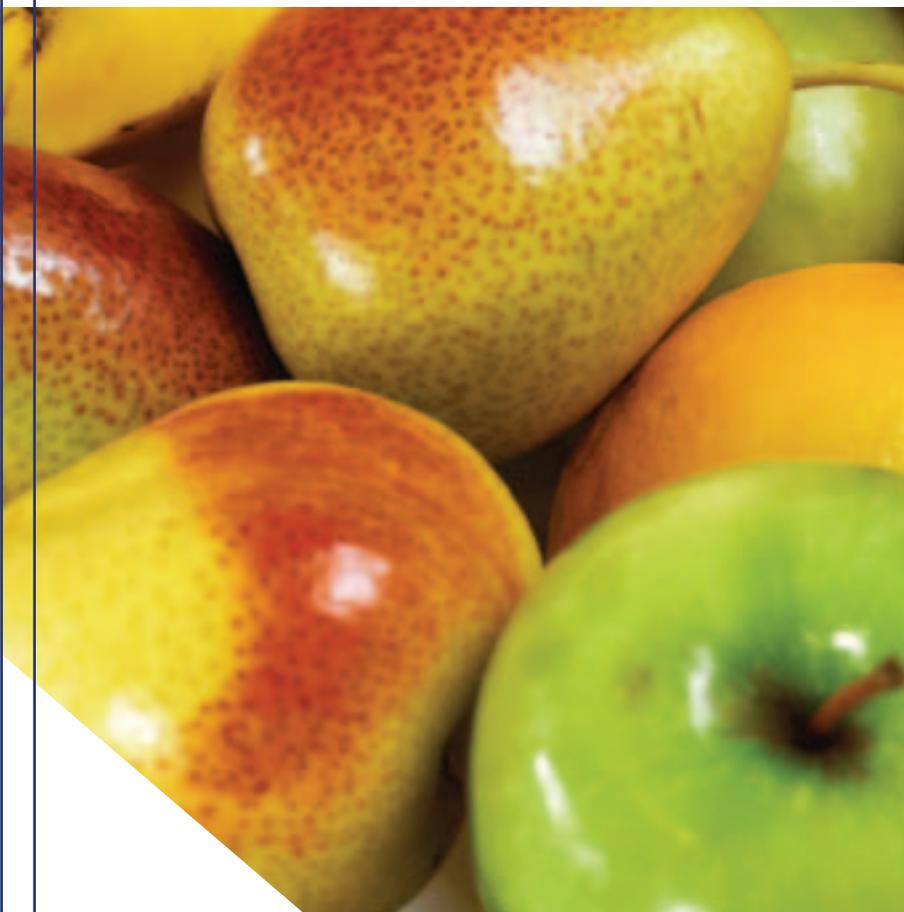
ACTION 5: USE LOCAL CHEFS AND FARMERS TO OFFER ATTRACTIVE, HEALTHIER OPTIONS FOR STUDENTS.

Making healthier options more appealing to children is critical for improving nutrition in the school lunchroom. Some school districts have undergone drastic changes in lunchroom and menu designs to entice children of all ages and ethnicities to choose healthier foods. Professional chefs can offer schools expertise on showcasing healthy foods and integrating more fruits and vegetables into school offerings. Local farmers are another key resource for many schools, providing fresh and attractive produce to lunchrooms and school meal managers. The USDA has conducted a number of pilot programs exploring ways to link agriculture with schools to improve nutrition.

Some school districts have undergone drastic lunchroom and menu design changes to entice children of all ages and ethnicities to consume healthier foods. Professional chefs are one resource for schools, providing expertise on how to showcase healthy foods and integrate more fruits and vegetables into school offerings.

Governors can encourage the adoption of innovative efforts by recognizing or awarding schools or districts that promote healthier foods. In addition, governors may provide funding opportunities for programs or pilots of similar efforts. Collaboration with farmers and chefs also can be incorporated into ongoing agricultural development programs, linked to 4-H clubs, or conducted in conjunction with local restaurant associations. For example:

- The New York City public school system hired a team of private sector professionals, including a professional chef to revitalize the menu offerings, the lunchroom environment, and the business culture of the food service program. The new program relies on a cadre of kitchen managers with local control using business model requirements for providing attractive, healthy menu options.
- The British Prime Minister recently announced a wholesale redesign of the public school food system in the United Kingdom. Celebrity chef Jamie Oliver was a major driving force behind a nationwide initiative to completely revamp the food service program by making more healthy options available to every student each day.



Case Studies

ACTION 1: ENCOURAGE PARENTAL ENGAGEMENT IN STUDENT HEALTH.

Wisconsin

Program Name: Healthy Habits for Healthy Kids

Initiative Description and History

Governor Jim Doyle and First Lady Jessica Doyle released “Healthy Habits for Healthy Kids,” an educational nutrition and physical activity guide for children and their parents. The program is part of the Governor’s KidsFirst Initiative to ensure all the state’s children are healthy, safe, prepared for success, and supported by strong families. In one year, the program aimed to provide this guide to more than half of all children between the ages of four and twelve in Wisconsin.

An estimated 16 percent of Wisconsin children are obese—four times the rate in the 1960s—increasing the risk of diabetes, high blood pressure, and heart and gall bladder disease. In addition, approximately 24 percent of Wisconsin high school students are overweight or at risk of becoming overweight, and about 58 percent of Wisconsin adults are overweight or obese. In 2003, the estimated cost of obesity-related health care in Wisconsin reached \$1.5 billion.

The educational guide includes sections titled: Get your entire family involved; Set healthy realistic goals; Make the most of family mealtime; Make sure your child eats a balanced, healthy diet; and Get active. Printed in both English and Spanish, the guide is also available free online at <http://www.bluecrosswisconsin.com/body.cfm>.

Elements of Success

Healthy Habits stakeholders identified the following element as a critical components of success.

- **Distribution Partnerships:** Through partnerships with the Wisconsin chapter of the American Academy of Family Physicians (AAFP), the Wisconsin chapter of the American Academy of Pediatricians (AAP), the Department of Health and Family Services, and the Department of Public Instruction, Wisconsin will distribute about 510,000 copies of the guide throughout the state. The state will distribute more than 325,000 books through the Women, Infants, and Children program at the Department of Health and Family Services and the Team Nutrition Program

at the Department of Public Instruction. The remaining books, about 185,000, will be distributed by the Wisconsin chapter of the AAFP and the Wisconsin chapter of the AAP.

Program Support

Blue Cross Blue Shield of Wisconsin donated 510,000 copies of the educational guide for distribution statewide. Wisconsin used funds for this effort from the Division of Nutrition and Physical Activity of the Centers for Disease Control and Prevention.

ACTION 1: ENCOURAGE PARENTAL ENGAGEMENT IN STUDENT HEALTH.

Iowa

Program Name: PaySchools

Initiative Description and History

A number of school districts in Iowa use an online payment processing system, PaySchools, which allows parents to electronically pay for school fees, including the cost of school meals. It enables parents to pay for school lunches and use the Internet to monitor and control what their children purchase. Parents can control a selected plan, limiting some foods—such as fried foods, certain processed foods, and desserts—either entirely or to restrict a number of portions per week. The goal is to encourage students and parents to discuss food choices and nutrition, establishing good eating habits that will last a lifetime.

Many students participate in the paycard program to pay their school fees, using their student ID much like a debit card. Parents receive a paycard orientation at the beginning of the year and may choose to view and/or adjust a specific meal plan for their children. The program encourages parents to discuss healthy food selection with their children before selecting a meal plan.

PaySchools can work with free- and reduced-price meal programs—reducing the stigma for children participating in the programs by using the same payment cards that all students use. The program also can provide a variety of sales reports for school administrators.

Elements of Success

Key PaySchools leaders identified the following element as a critical component of success.

- **Voluntary Participation:** Although the fee payment program is mandatory, parents may decide whether or not to participate in the parental control option.

Program Support

The district purchased the program at a cost of \$3,000.00 and made it available to all schools. Consequently, the PaySchools connection at the schools is free. Parents are charged a transaction fee for each check or credit card transaction.

ACTION 2: CONDUCT YEARLY ASSESSMENTS OF INDIVIDUAL STUDENT WELLNESS.

Program Name: FITNESSGRAM®

Initiative Description and History

Like many school districts nationwide, Des Moines, Iowa, public schools are using the computerized FITNESSGRAM to measure students' physical activity, aerobic capacity, body composition, muscular strength, endurance, and flexibility. Developed by the Cooper Institute, the FITNESSGRAM package includes:

- Software, a test manual, and ancillary material including a reference guide;
- A centralized database for school personnel to monitor, analyze, and report their program's success at the school and district levels;
- Reports on each student's progress are available for children and parents in English and Spanish; and
- District-level, school-level, or individual user versions of progress reports are available.

In the Des Moines public school system, FITNESSGRAMS are completed on each student at the beginning of the academic year. The program tracks progress toward objectives throughout the year by identifying areas for improvement and setting goals. FITNESSGRAM results and objectives are shared with parents and students through ongoing communications and at established times through the year, including the fall parent-teacher conferences.

At Goodrell Elementary in Des Moines, Iowa, in the first year FITNESSGRAMS cost \$77 per pupil, or less than 1 percent of the annual per pupil expenditure. The tool is expected to last for five years for no additional cost.

Elements of Success

Key FITNESSGRAM leaders identified the following elements as critical components of success.

- **Student Participation:** To engage students and parents in performance improvements allowing students to track their own measures.
- **Accessibility:** The program is available online, enabling students to update their profiles at home, including during the summer.

Program Support

FITNESSGRAM programs and materials are available at <http://www.fitnessgram.net/>. Data tools, promotion materials, and other resources accompany the tool.

ACTION 2: CONDUCT YEARLY ASSESSMENTS OF INDIVIDUAL STUDENT WELLNESS.

Arkansas

Program Name: Arkansas School Student BMI Assessments

Initiative Description and History

Arkansas enacted the nation's first law to provide a comprehensive, multi-faceted strategy to combat the epidemic of childhood and adolescent obesity. Act 1220 mandated several initiatives designed to engage, inform, and activate parents, schools, and communities, including annual BMI assessments for all 450,000 Arkansas public school students.

Schools are required to report the assessment results to parents with an explanation of the possible health effects related to BMI, nutrition, and physical activity. Beginning in the 2003-2004 academic year, the Arkansas Departments of Education and Health asked the Arkansas Center for Health Improvement—an independent health policy research center—to oversee the BMI assessments of the state's public school students.

Approximately 98 percent of Arkansas' 1,110 public schools participate in the program each year, with BMI assessment forms submitted for 97 percent of the state's 450,000 public school students in year two. Results showed that 38 percent of Arkansas youth were at risk for overweight or obesity, indicating dramatically higher obesity rates than previously reported national rates.



Each year, confidential child health reports detailing BMI and weight classifications of individual students have been distributed to the parents of 370,000 students. In the 2004-2005 school year, Spanish-language versions of the reports were also made available. A statewide report details comprehensive data by grade, gender, age, ethnicity, and geographic region; these reports are distributed to school district superintendents and state legislators. School and school district reports describe local level information on the extent of the obesity epidemic to enable local community leaders to plan individualized community and school-based actions.

Elements of Success

Key elements of success for implementing school student BMI assessments include:

- **Legislative Mandate:** Arkansas Governor Mike Huckabee and key members of the legislature advocated for the passage of Act 1220, which required the implementation of these assessments in public schools.
- **Facilitation of Assessments:** The equipment and assessment tools were provided by independent groups, which enabled the schools to complete the measurement process in the first year and gradually assuming total responsibility.
- **Long-Term Commitment:** Arkansas can now accurately detail the depth and breadth of the obesity epidemic and track long-range changes in child and adolescent obesity. Arkansas has laid the groundwork for additional efforts. Continuing work to assess students' BMI will help the state determine where to focus its resources and which programs can make the most positive changes.

Program Support

Because school districts' budgets had been approved and monies allocated when Arkansas Act 1220 was implemented, in the program's first year the Arkansas Center for Health Improvement secured private foundation funding to house and analyze data and mail confidential child health reports to every parent or guardian in the state. In year two, the school districts, as mandated by the Act, took over the distribution of child health reports.

ACTION 3: PROMOTE REGULAR PHYSICAL ACTIVITY DURING THE SCHOOL DAY.

Michigan

Program Name: Michigan Action for Healthy Kids

Initiative Description and History

Michigan Action for Healthy Kids (MAFHK) is a statewide coalition whose vision is for all Michigan schools to support healthy eating and physical activity as an integral part of a total learning environment that produces healthy children. The coalition brings together over 800 people representing more than 200 public and private organizations. One of the coalition's goals is to provide all children, from pre-kindergarten through grade 12, with quality daily physical education that helps develop the knowledge, attitudes, skills, behaviors, and confidence needed to be physically active for life.

With the help of the coalition, the Michigan State Board of Education adopted the Policy on Quality Physical Education in October 2003. The policy recommends all public schools offer physical education for 150 minutes per week in elementary school and 225 minutes per week in middle and high school. A bill pending in the state legislature would mandate school districts implement these physical education recommendations by 2015.

The Health School Toolkit provides many resources, including Tips and Tools to Promote Physical Education and Physical Activity—a key resource developed to help schools and communities take an active role in incorporating physical activity that supports student health and achievement.

Elements of Success

Key MAFHK leaders identified the following elements as critical components of success.

- **Collaboration:** The coalition formed a Coordinated School Health Team—a group of school and community members committed to working together to create a healthier school environment.
- **Online Tools:** Schools completed the Healthy School Action Tool (HSAT), an online resource (see www.mihealthtools.org/schools) for assessing a school's health environment. HSAT includes an action plan, a dynamic planning tool to help schools implement policy and environmental changes, including Michigan's Policy on Quality Physical Education.

Program Support

A combination of public and private funding makes this initiative possible. All of the MAFHK Steering Committee members donate time to guide the coalition and evaluate funding opportunities.

ACTION 4: SUPPORT LOCAL SCHOOL DISTRICTS IN EFFORTS TO DEVELOP HEALTHY FOOD POLICIES.

Minnesota

Program Name: Native American Children Walking for Health

Initiative Description and History

Native American children have the highest rates of diabetes in Minnesota. To help combat inactivity and overweight associated with diabetes, the Red Lake School District, Red Lake Band of Chippewa Indians, the Cass Lake School District, Leech Lake Band of Ojibwe, and the Minnesota Department of Health collaborated on a walking program that encouraged approximately 200 Native American students at three elementary schools to walk during school hours. The program was implemented by the children's academic teachers.

The daily walk of 20 to 30 minutes was designed to reduce BMI and body fat, increase physical activity, and increase preferences and self-efficacy for being physically active. The walk is outdoors (weather permitting) and does not replace gym or recess. Training is provided for teachers at the beginning of the program, followed by periodic meetings throughout the school year. Teachers also receive a guide for walking that includes a letter of support from the superintendent, a program overview, helpful information and tips for the first day of walking, information on tracking success, activities to do while walking, a timeline, and an evaluation.

The program motivates students through periodic incentives, including t-shirts, the use of pedometers, and recognition. An advisory committee meets regularly to ensure cultural sensitivity, and a site coordinator was hired to support the program. Throughout the effort, evaluators assess the school children on attitudes about physical activity, average daily activity, and body measures. Students in third and fourth grades participated in a three-year pilot study that is gathering data for a future full scale study.

Elements of Success

Healthy Habits stakeholders identified the following elements as critical components of success.

- **Leadership:** The school superintendent and principals were committed to this policy change and made schedule changes to include daily walking during the school day.
- **Inclusion in the Academic Day:** Enabling children to walk during the school day, rather than after school or before school, increased participation rates dramatically. For a short period, the school held after-school walking and yielded only a 33 percent participation rate. Soon after this data was collected, the school returned to its in-school walking policy and the participation rate increased to 99 percent.

Program Support

The primary funding for the minimal program costs, site coordinators, and evaluation came through a grant from the National Institutes of Health.

ACTION 4: SUPPORT LOCAL SCHOOL DISTRICTS IN EFFORTS TO DEVELOP HEALTHY FOOD POLICIES.

Pennsylvania

Program Name: Assessment of Competitive Foods Sold in Pennsylvania High Schools

Initiative Description and History

The number of food choices offered to children in schools outside of the school meals program has grown significantly. These so-called "competitive foods" are often low in nutrients and may affect the viability of the school meals programs, which must meet the nutrient standards of the federal dietary guidelines. The Pennsylvania Department of Health contracted with the Pennsylvania State University Nutrition Department to determine the extent of competitive foods sold on high school campuses, assess the factors that influence the sale of competitive foods, and identify the policy and financial issues associated with the sale of competitive foods in Pennsylvania public high schools.

The program was developed and pilot-tested in two surveys. One survey was mailed to food service directors at a sample of high schools chosen to be representative of the state on certain key demographics. The other survey was sent to the principals at a random sample of 100 schools. The response rate was 84 percent for the food service directors and 79 percent for the principals. Telephone interviews were done with a sample of respondents to add depth and validity.



The survey information was used to develop the Keystone Healthy Zone (KHZ) school program, designed to reward and recognize Pennsylvania schools for making environmental and policy changes that promote healthy nutrition and physical activity. Over 900 Pennsylvania schools completed the KHZ school assessment during the 2003-2004 school year, and 1,133 completed the assessment during the 2004-2005 school year—a 24 percent increase in program participation. Additional results of the program are available on the PANA website (www.panaonline.org).

Elements of Success

Key Pennsylvania high school leaders identified the following elements as critical components of success.

- **Grants Program:** To track and encourage healthy lifestyles among Pennsylvania students the grants program promotes school commitments to health resources, trainings, and technical assistance.
- **Annual Enrollment:** The KHZ program requires annual enrollment by schools to track and evaluate policies and practices related to physical activity and nutrition. Further, by re-enrolling schools the program continually encourages schools to be actively involved and engaged in the promotion of healthy programs.

Program Support

This survey was supported by the Pennsylvania Department of Health through a cooperative agreement with the Division of Nutrition and Physical Activity in the Centers for Disease Control and Prevention (CDC). In 2003, Pennsylvania was awarded basic implementation level funding through the CDC Cooperative Agreement.

ACTION 4: SUPPORT LOCAL SCHOOL DISTRICTS IN EFFORTS TO DEVELOP HEALTHY FOOD POLICIES.

Washington

Program Name: *Nutrition and Physical Activity: A Policy Resource Guide*

Initiative Description and History

The Washington State Department of Health developed the *Nutrition and Physical Activity Policy Resource Guide* as a comprehensive resource for the prioritization and development of nutrition and physical activity policies in local, state, and private jurisdictions. The guide provides nutrition and physical activity policy examples for communities, schools, worksites, and health care facilities.

The guide identifies a number of starting points for developing policies that address physical activity and nutrition in schools. For example, schools may improve nutrition through foodpricing strategies that encourage the purchase of healthy foods, provide free breakfast and/or lunch to all students regardless of eligibility, or schedule recess before lunch rather than after. In addition, schools may improve physical activity by providing after-hours access to recreational facilities for students, faculty, staff, or community members; improving transportation infrastructure (e.g. sidewalks, crosswalks) to encourage walking, or providing funding to enhance physical activity facilities at schools, such as bike racks and lights on outdoor fields.

The guide offers an excellent snapshot of nutrition and physical activity policies and programs that are being implemented throughout the United States, both in the public and private sectors. For example, it highlights requirements adopted by the City of Port Townsend in Washington for new subdivisions to provide pedestrian and bicycle paths that connect roads and neighborhoods. City real estate taxes and city street funds jointly fund paths and volunteer efforts.

Elements of Success

Key Department of Health staff identified the following elements as critical components of success.

- **Stakeholder Collaboration and Coordination:** Project managers engaged state and federal experts to identify programs and policies that could be adapted by local, state, and private entities to improve nutrition and physical activity throughout the state.
- **Flexibility to Meet Local Needs:** The guide supports and empowers local communities and organizations by providing policies that can be adapted to meet local needs.

Program Support

The planning, creation, and revision of the guide were led by senior experts at the Washington State Department of Health with the assistance of intern staff.

ACTION 5: USE LOCAL FARMERS AND CHEFS TO PROMOTE ATTRACTIVE, HEALTHIER OPTIONS FOR STUDENTS.

New York

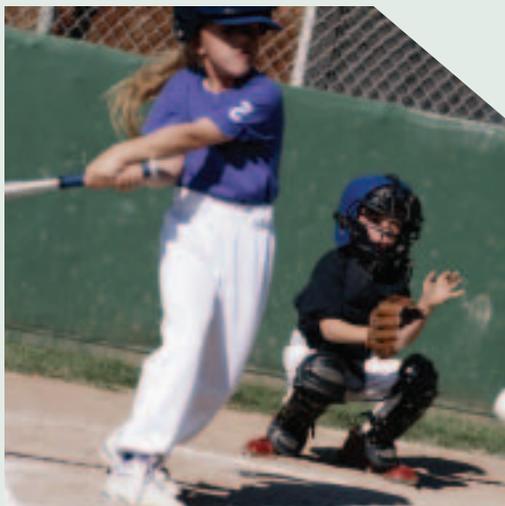
Program Name: Food for Thought

Initiative Description and History

The New York City Department of Education provides meals in over 1,450 locations, serving 180,000 free breakfasts and 860,000 meals every day. The department redesigned the SchoolFood Program to enhance student participation and nutrition while addressing the extreme deficit spending of past years. The new program set objectives to:

- Raise overall awareness of the program, its enhanced nutritional standards, the free breakfast program, and appealing menus;
- Drive student participation to promote healthier meals that improve academic performance; and
- Increase the submission of SD 1041 applications for federal reimbursement of free- and reduced-price meals.

To accomplish these goals, the SchoolFood program implemented several programs that greatly increased enrollment in the free- and reduced-priced meal program and program funding. The SchoolFood Program is managed similarly to a franchise business model that enables and encourages kitchen managers to control the capacity and growth of their school's kitchen. For example, school kitchen managers offer traditional Asian foods in Asian communities and traditional Latino foods in Latino communities. In addition, in the 2003-04 school year, SD 1041 applications hit an all-time high of more than 73 percent and increased to nearly 77 percent by the 2004-05 school year.



Elements of Success

Key SchoolFood stakeholders identified the following elements as critical components of success.

- **Multi-Agency Collaboration:** Several New York City agencies collaborated on the program.
- **Recognition of Expertise:** A strong combination of public and private sector experts collaborated to make the program more financially viable and promote healthier options in cafeterias by savvy marketing of point-of-choice locations—while meeting state and federal school nutrition standards.
- **Flexibility to Meet Local Needs:** Under the supervision of the executive chef, kitchen managers have the ability to grow and develop their program autonomously to meet the needs of their students. Managers have developed business skills ranging from marketing to meal development, as well as a sense of ownership for their cafeterias and menus.

Program Support

With the federal funding received from the increase of enrollees in subsidized meal programs, the program was able to hire a professional chef to redesign the school food menu, redesign the appearance of school cafeterias, improve kitchen facilities, provide training for kitchen managers, and nearly eliminate previous deficits. In 2004, the Kellogg Foundation supported a multi-agency campaign to improve the nutrition of the school meal program to enhance academic performance.



ACTION 5: USE LOCAL FARMERS AND CHEFS TO PROMOTE ATTRACTIVE, HEALTHIER OPTIONS FOR STUDENTS.

Great Britain

Program Name: Healthy School Programme

Initiative Description and History

In the past 20 years, the number of obese children has tripled in Great Britain. Ten percent of 6-year-olds and 17 percent of 15-year-olds are considered obese. One report concluded that 40 percent of students had eaten chips (i.e., french fries) on the day of the survey and 85 percent had eaten sweets, cakes, or crackers. To address rising numbers of unhealthy children, the National Healthy School Programme takes a comprehensive approach to integrate childhood wellness in the schools by addressing nutrition and physical activity in the health curriculum while reinforcing healthy messages in classrooms and cafeterias.

The program has five key objectives:

- Promote a school ethos and environment that encourages a healthy lifestyle;
- Use the full capacity and flexibility of the curriculum to achieve a healthy lifestyle;
- Ensure that the food and drink available across the school day reinforces the healthy lifestyle message;
- Provide high-quality physical education and school sports, and promote physical activity as part of a life-long healthy lifestyle; and
- Promote an understanding of the full range of issues and behaviors that affect lifelong health.



Recognizing the importance of schools in the everyday lives of children, the British government has made three primary commitments. The government will revise the nutritional standards for secondary schools based on recent evidence regarding salt and saturated fat consumption, as well as fruit and vegetable intake. Further, the government will review and revise nutritional standards for primary schools. The government also will work with principals and governors to determine the best way to provide meal service, including contracts and monitoring their implementation. Finally, the government will work with the private sector to provide better training to catering staff working with schools.

Elements of Success

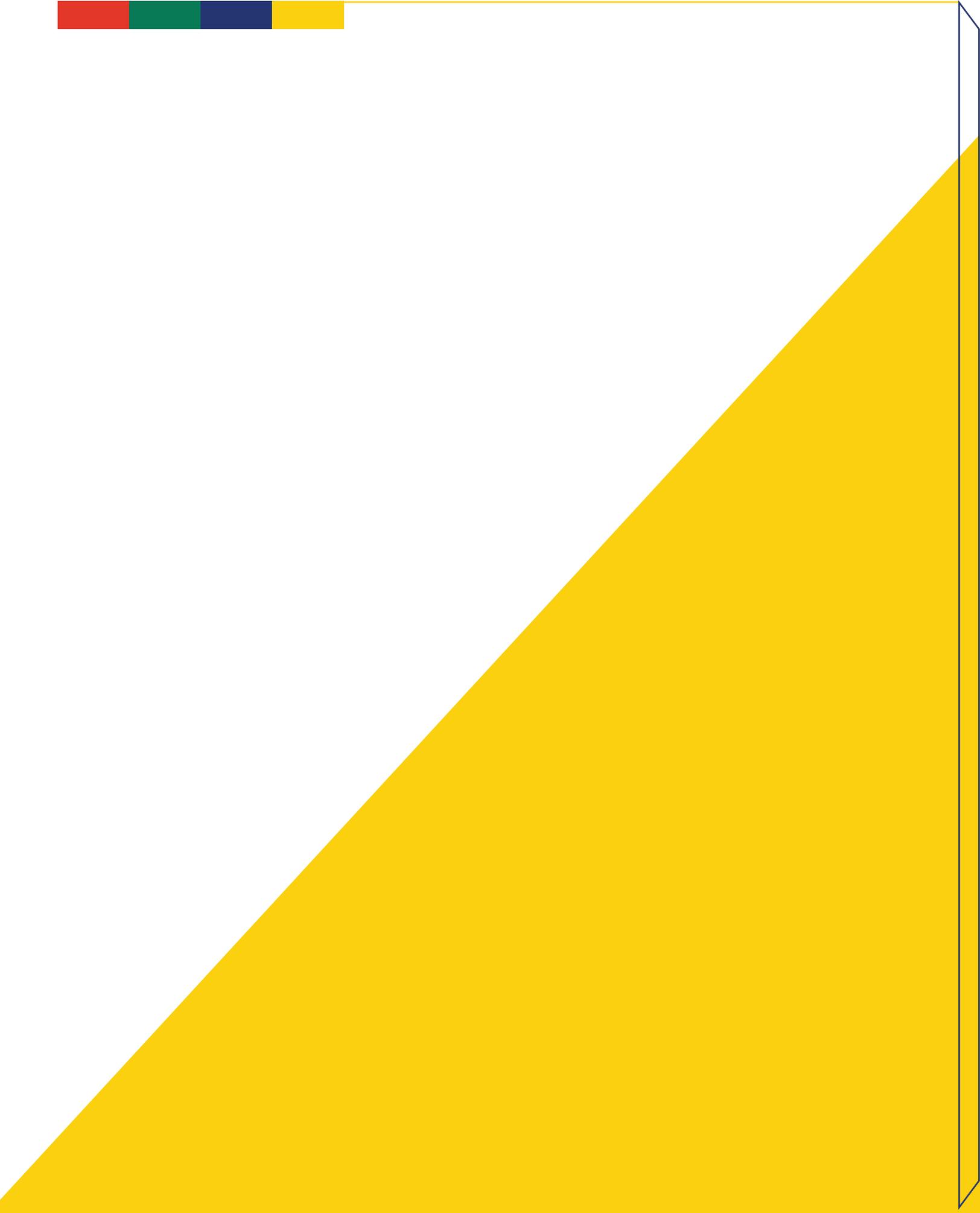
- **Strong Advocate:** Jaime Oliver, a popular English TV chef, is often credited with leading change among British schools. He used his celebrity status to raise awareness among Britain's children about nutrition by making television appearances dressed as popular vegetables and questioning students about his costume. In many instances, children could not identify the costume and had never sampled the vegetable, inducing outrage among Britain's population.
- **Government Engagement:** The British government recognized increasing concerns among Britain's population concerning childhood obesity and committed to financially supporting change.

Program Support

The British government will contribute more than \$1 billion to the development of food and sport programs in schools.









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