



***Creating a Solution to the
Childhood Obesity Epidemic in Omaha***

White Paper – Updated 2009

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Executive Summary

"We all know that childhood obesity is cause for major concern among our families, our schools, our employers and our community. We initiated this collaborative process to develop a better assessment of the resources available in our area and identify realistic outcomes – that is, changes we could actually achieve – in the next five years. We are persuaded that we cannot make the progress we need to without the ongoing involvement of the broader community."

*- Wayne Sensor,
CEO of Alegent
Health*

Right Track is a rapid-decision making model that brings the science of innovation to life. The accelerated decision making methodology has been used by some of America's most successful and fast moving companies and is proven to produce sound decisions rapidly through facilitated dialogue and collaboration, immediate access to research, real-time knowledge capture, action planning and consensus building.

Over the last three decades, the obesity epidemic has become a staggering reality, especially among children. Unhealthy eating habits and a lack of physical exercise are contributing to the fact that one in every three Nebraska students in grades K-12 is at an unhealthy weight. The health effects associated with being overweight during childhood and adolescence are considerable and related to increased morbidity and mortality later in life, which has led to the prediction by some experts that the youth of today will live less healthy and shorter lives than their parents.

In 2006, Alegent Health committed resources and its support to create a community coalition whose sole purpose was to fight the obesity epidemic in Omaha and its surrounding communities. Alegent Health hired experienced leadership to help drive the community effort and pledged financial support through their Catalyst Fund. Their next step was to seek out a community-based partner, whom they soon found in Our Healthy Community Partnership (OHCP) – a non-profit organization founded 11 years ago to promote the health and wellness of the community of Omaha.

OHCP, now known as Live Well Omaha, was an ideal partner as they already had a well-known community initiative underway to engage Omaha citizens to live healthier lifestyles called Activate Omaha – one of the first programs in the nation to receive an Active Living by Design grant from the Robert Wood Johnson Foundation.

Alegent Health and OHCP used Alegent Health's decision accelerator process called "Right Track" to garner community input and dialogue about what was needed to help prevent childhood obesity in the Omaha area.

The Right Track decision accelerator session regarding childhood obesity entailed a two-day, facilitated strategic planning session in December 2006. Over 75 individuals attended the event from the Omaha area – including community leaders, government leaders, academia, school officials, pediatricians, hospital leaders and citizens – to address the problem.

"The obesity epidemic stems from a combination of physical inactivity and poor nutrition. In order to make an impact on this issue is our community, we must address it at all levels—from the food we eat to policies that impact our physical environment's ability to support physically active people. Live Well Omaha Kids is a unique opportunity to bring our entire community together to begin to reverse the effects of this epidemic which everyone has a role in."

*- Kerri Peterson,
executive director of
Live Well Omaha*

The end result of the decision accelerator was a vision and a community initiative called *Activate Omaha Kids* – a name that tied into the established recognition of Activate Omaha. The community initiative represents a true community collaboration of key stakeholders in healthcare, government, business and education. Business and community leaders, as well as service providers have come together with the common interest of creating a sustainable community coalition to oversee a long-term approach to both prevent obesity and reverse the current obesity trend among our children.

Recently, Activate Omaha Kids joined several other community initiatives – including Activate Omaha, Top 10 in 10 and YMCA Pioneering Healthier Communities – to combine existing assets and align under the forum of OHCP. To effectuate this expanded partnership, OHCP has changed its name to Live Well Omaha. In an effort to co-brand and reinforce the uniform front of these initiatives working together, Activate Omaha Kids has become Live Well Omaha Kids. While each initiative will continue to operate under its own leadership structure to achieve several unique objectives, the purpose of the greater Live Well Omaha collaboration is to assure efficient use of resources for evaluation and communication, as well as increase overall brand awareness, social marketing program implementation, and fundraising through complementary and united approaches to significantly improve the health of the Omaha metro communities.

Live Well Omaha Kids' Mission

By 2011 all Omaha children will achieve measurable improvements in nutrition, physical activity and healthy living supported by community collaboration and the environments in which they live.

*- The Mission of
Live Well Omaha
Kids*

The Mission of *Live Well Omaha Kids* states that by 2011 all Omaha children will achieve measurable improvements in nutrition, physical activity and healthy living supported by community collaboration and the environments in which they live. This mission will be achieved by focusing on specifics ranging from neighborhood safety and youth enrichment programs to ensuring access to affordable, healthy food at the neighborhood level. Efforts are aimed at creating environments that support positive behavioral change, which result in real outcomes in childhood obesity. Key to these efforts will be establishing a long-term commitment from community leaders and donors, and demonstrating a

Live Well Omaha Kids

Current Executive Committee

*Ronald Abdouch –
Neighborhood Center*

*Mary Balluff –
Nutrition Chair
Douglas County Health Dept.*

*Dr. Cristina Fernandez –
Creighton Pediatrics*

*Dr. David Filipi –
Consultant*

*Michele (Mikki) Frost –
Alegent Health*

*Dr. Jennifer Huberty –
Physical Activity Chair
UNO HPER*

*Dr. Keith Mueller –
College of Public Health
UNMC*

*Nancy Nielsen –
Millard Public Schools*

*Dr. Nancy Oberst –
Omaha Public Schools*

*Dr. Molly O'Dell –
Alegent Health*

*Dr. Magda Peck –
Evaluation Chair
UNMC*

*Kerri Peterson –
Social Marketing Chair
Live Well Omaha*

*Dr. Adi Pour –
Douglas County Health Dept.*

*Marty Shukert –
Physical Environment Chair
RDG Planning/Design*

*Dr. Tom Tonniges –
Boys Town Pediatrics*

positive return on investment that will help achieve sustainable funding for the effort.

Live Well Omaha Kids has attracted a high caliber leadership team of local medical providers, public health officials and school and community leaders. This Executive Committee provides overall leadership and evaluates progress of the coalition and its programs. The current business plan that they've developed closely follows the "best practices" approach being utilized by organizations that are leading the fight against the childhood obesity epidemic, such as the Robert Wood Johnson Foundation, the Centers for Disease Control and Prevention and Kaiser Permanente.

Several Executive Committee members chair the following plank committees: 1) Evaluation; 2) Physical Environment; 3) Physical Activity; 4) Nutrition; and 5) Social Marketing. To date, more than 200 community volunteers and 90 organizations are involved in various plank committee activities and have participated in a planning process to identify best practice strategies tailored to Omaha and its surrounding communities. They are now helping to implement several initiatives that directly fight childhood obesity among area youth. Volunteers bring diverse perspectives as service providers, teachers and school administrators, funders, city planners, community activists, government and industry leaders, healthcare providers, researchers, public health professionals and parents.

The Public Health Issue of Childhood Obesity

Obesity is a multi-factorial issue that touches all segments of society and the business world. It is an epidemic that has doubled in the last 15 years alone and a dangerous element of our society that can no longer be ignored. According to the American Obesity Association, about 15.5 percent of adolescents ages 12-19 and 15.3 percent of children ages 6-11 are obese. The number of overweight adolescents has nearly tripled in the past two decades.

State of Nebraska statistics mirror the national averages. One in every six Nebraska students in grades K-12 (16.2%) is overweight, while one in every three (33%) Nebraska students in grades K-12 is either at risk for becoming

For children and teens, body mass index (BMI) ranges above a normal weight have different labels (at risk of overweight and overweight). Additionally, BMI ranges for children and teens are defined so that they take into account normal differences in body fat between boys and girls and differences in body fat at various ages.

Weight Status Category	Percentile Range
At risk of overweight	85 th to less than the 95 th percentile
Overweight	Equal to or greater than the 95 th percentile

overweight or is overweight. Research tells us that obese children become obese adults. In Nebraska, nearly one in every four Nebraska adults (23.9%) is obese, while three in every five (60.9%) are either overweight or obese.

Obesity rates have been rising steadily across gender, income level, ethnicity and age. And, while obesity rates have increased for boys and girls within each ethnic and racial group, they have increased more for African American, Native American and Mexican American children.

The concerns of *Live Well Omaha Kids* are being echoed in communities across the country, but the situation in Nebraska is somewhat more acute. With an overall obesity rate of 26 percent, Nebraska is the 18th heaviest state in the nation with disparities among various racial and ethnic groups especially alarming. Given the fact that additional weight may accumulate over time if adults continue current unhealthy lifestyle behavior patterns, current trends among our youth are particularly worrisome.

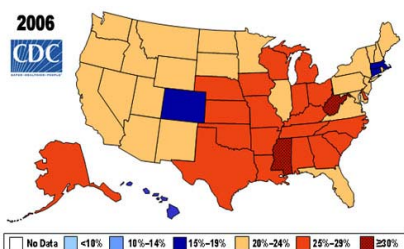
For example:

- 1 in 6 Nebraska students grades K-12 is overweight with 1 in 3 at risk of becoming overweight;
- Native American and Latino students are more likely than students of any other race/ethnicity to be overweight. At the same time, African American students are 20.5 percent more likely than Caucasian students to be overweight;
- In the Omaha metro area 47% of non-white and 22% of white children are at an unhealthy weight; and
- During an average day, youth spend an average of 3.5 hours engaged in activities such as watching TV, playing video games and using the computer – excluding homework.

Contributors to childhood obesity

An unequal balance between calories consumed and calories expended is a direct cause of obesity. However, factors affecting childhood obesity are not as simple as this equation. According to the American Academy of Pediatrics – interactions between genetic, biological, psychological,

Percent of Obese (BMI \geq 30) in U.S. Adults



Source: Behavioral Risk Factor Surveillance System, CDC.

"A number of lifestyle changes have occurred synchronously that may contribute to obesity. People are drinking more sodas, skipping more meals, eating out more. Restaurants are serving larger portions. Busy people have little time to cook healthy meals for their families, and grocery stores offer hundreds of time-saving prepared foods containing high levels of sugar and fat. Physical activity has declined dramatically."

- *William Dietz,
M.D., Ph.D.
Director of CDC's
Division of
Nutrition, Physical
Activity and
Childhood Obesity*

sociocultural, and environmental factors are evident in childhood obesity.

Researchers have identified potential obesity-related genes such as leptin and other cell-to-cell signaling hormones. These hormones normally function to regulate appetite, hunger, satiety (fullness), and food intake. While obesity genes do not directly cause obesity, their interactions with the environment combine to increase a person's risk of energy imbalance and fat buildup.

In today's society, the foods most frequently eaten are processed foods, which have increased energy density, high-fat content, a high glycemic index, increased fructose composition, decreased fiber, and decreased dairy content. Increased levels of fructose and decreased levels of fiber in processed foods perpetuate and increase the effects of insulin. Insulin acts on the brain by blocking leptin which results in signals to increase food intake and decrease activity. Insulin also promotes the release of dopamine which conveys the sensation of pleasure. This sensation of pleasure may result in the perception of food as a reward and can lead to addictive overeating.

Changes within the American family have decreased the number of meals prepared at home. Eighty percent of households headed by individuals between the ages of 25 and 44 are likely to have two incomes. The percentage of married women in the workforce has risen from 43 percent in 1970 to an estimated 67 percent in 2005 according to the Bureau of Labor statistics. Working mothers and fathers have less time at home to dedicate to food preparation. This increase in income and decrease in time for food preparation make eating out an appealing option. Eating at restaurants means there is less control over the amount of calories, fat, sugar and salt consumed. Moreover, portions in restaurants and fast food establishments have increased. "Super-sized" is a common phrase used in the marketing of fast foods.

In addition, soda has replaced milk and water in the American diet. School lunch programs often offer unhealthy choices. And, in many low-income communities, access to healthy food options is unavailable due to lack of commodity, grocery stores and/or affordability.

"As a society, we have super-sized junk food and downsized physical activity."

- Risa Lavizzo-Mourey, M.D., M.B.A., presenting at the Philanthropy Roundtable 2007 Annual Meeting hosted by the Robert Wood Johnson Foundation

The sedentary lifestyles of children account for a significant reduction in energy expended. Computers, video games and television are all major forms of entertainment that contribute to the physical inactivity of today's youth. Physical activity levels have decreased even more with the additions of cars, elevators, escalators, improved forms of urban transportation, cell phones, dishwashers and suburban designs that encourage driving instead of biking or walking. Communities without areas that allow for outdoor activities and unsafe communities pose an additional cause of inactivity. Perceptions that physical exercise is costly (i.e.; feeling a need to belong to a health club or own sporting equipment), as well as cultural barriers, further limit options for physical activity.

Health risks and other consequences

The rising rates of obesity and the resulting adverse health consequences during the past two centuries has led to the widely reported, if somewhat controversial, prediction that the youth of today will live less healthy and shorter lives than their parents. Health effects associated with being overweight during childhood and adolescence are considerable and related to increased morbidity and mortality later in life. Studies show that the majority of overweight kids already have at least one avoidable risk factor for heart disease.

Research has found younger adults who are obese may face greater health risks earlier in life. For instance, a 2005 study found that women who were obese at age 30 were more likely to die at a younger age and significantly more likely to develop cancer.

- F as in Fat: How Obesity Policies are Failing in America, 2007 Issue Report

Obesity is the single most significant factor in the dramatic increase of Type II diabetes in children and adolescents. The percentage of children with newly diagnosed Type II diabetes has increased from less than five percent before 1994 to 30-50 percent in 2006. The rates are even higher in Native Americans, African Americans, Hispanics and Pacific Islanders. Complications of diabetes include blindness, amputation, coronary artery disease, stroke and kidney failure.

Hypertension occurs about nine times more frequently in obese children and adolescents. If left untreated, hypertension can lead to heart and kidney failure, stroke, heart attack, atherosclerosis and vision loss.

The prevalence of moderate to severe asthma is significantly higher in overweight children and adolescents. Menstrual abnormalities, cholelithiasis (gall bladder stones) and hepatic steatosis (non-alcoholic liver cirrhosis) are all significantly higher in overweight and obese children and adolescents as well.

Obese children are being diagnosed with diseases that used to only be seen in adults.

- F as in Fat: How Obesity Policies are Failing in America, 2008 Issue Report

Orthopedic complications can arise because bone and cartilage that are in the process of development are not strong enough to bear the excess weight. This can lead to bowing and overgrowth of leg bones, pain, limited range of motion and impaired balance capable of producing chronic, long-term disabilities.

Sleep apnea, which is the absence of breathing, occurs in seven percent of obese children. It can cause high blood pressure, cardiovascular disease, memory problems, further weight gain and headaches. It also causes deficits in logical thinking.

Being overweight may also be a risk factor for poor academic performance. In at least three separate studies, overweight children had significantly lower test scores in math and reading when compared with normal weight children.

In addition, the psychosocial effects related to the stigma of being overweight or obese are significant. Overweight and obese children are victims of discrimination, teasing, bullying, social marginalization and negative stereotyping. This correlates to a higher frequency of low self-esteem, poor body image (increasing the risk of developing an eating disorder – especially in females), depression, school performance difficulties and learning problems compared to average weight peers.

2 million adolescents aged 12-19 have pre-diabetes.

- F as in Fat: How Obesity Policies are Failing in America, 2008 Issue Report

These psychosocial problems may develop as a consequence of the child's obesity or are factors that increase the child's risk of becoming obese. Psychosocial problems likely play a role in the exacerbation of obesity, even if they are not part of the initial cause of the excess weight gain.

Poor family functioning – such as dysfunctional parenting skills, parental distress and psychopathology – is also

associated with pediatric obesity. Pathological issues exist among family interactions and children's eating patterns. The role of psychological factors in overweight and obese children reinforces the need to consider childhood obesity within the context of the family.

The cost of childhood obesity

More than a quarter of U.S. healthcare costs are related to obesity and physical inactivity.

- F as in Fat: How Obesity Policies are Failing in America, 2008 Issue Report

According to a RAND study, obesity-related annual hospital costs for children and adolescents were estimated to have tripled over a two-decade period, rising from \$35 million between 1979 and 1981 to \$127 million between 1997 and 1999. The direct healthcare costs of physical inactivity, which contributes to the obesity epidemic, have been estimated to exceed \$77 billion annually. Presently, the national direct and indirect expense related to adult obesity and overweight is calculated at a range between \$98 billion and \$129 billion.

A RAND study has also calculated that people with sedentary lifestyles are generating "external" costs on society that may be greater than those imposed by smokers. In fact, predictions indicate that poor nutritional habits and physical inactivity will overtake tobacco as the leading cause of death in the future.

For the fiscal health of communities and the nation, it is essential to combine efforts towards reducing the incidence and prevalence of childhood obesity. The cost and frequency of medical services increases when treating obesity associated co-morbidities such as diabetes and hypertension. Increased healthcare costs further reduce access to healthcare and impedes the delivery of cost-effective care to all citizens of the community.

Best Practice Recommendations and the Ecological Model

There have been arguments in determining if childhood obesity is an individual problem or an environmental problem. However, in the case of the current epidemic, research is showing that we need environmental change to support individual change. In effect, we need to move beyond the traditional view that obesity is an individual

"Given the size of the population that we are trying to reach, we cannot rely solely upon individual interventions that target one person at a time. Instead, the prevention of obesity will require coordinated policy and environmental changes that affect the large population simultaneously."

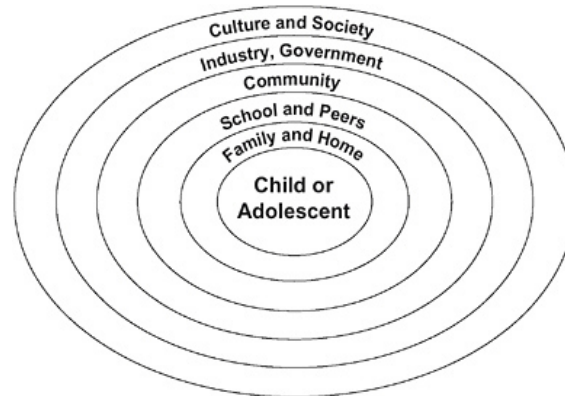
- *William Dietz, M.D., Ph.D., Director of CDC's Division of Nutrition, Physical Activity and Childhood Obesity, 2002 Testimony before U.S. Congress*

medical problem and more fundamentally focus on the many institutions, organizations and groups in a community that have significant roles to play in making the environment more conducive to healthy eating and physical activity. Therefore, if we are to succeed in reversing the current trend of childhood obesity, we need to create a living environment that supports people's efforts to eat right, stay physically active, manage stress and avoid abusive substances.

Programs to influence health are more likely to be beneficial for individuals and communities if the programs are guided by a theory of healthy behavior. Theories identify targets for change and methods for accomplishing that change. In public health, ecological theories focus on the nature of people's connections with their physical and sociocultural surroundings.

The Committee on Prevention of Obesity in Children and Youth made up of national experts commissioned by Congress, the CDC and the Institute of Medicine recommends using an ecological perspective. The ecological model, derived from ecological theory, is the most appropriate framework for action to combat the problem of overweight and obesity. The purpose of the ecological model is to focus attention on the environmental causes of behavior and to identify environmental interventions. The model is based on the theory that changes in individual characteristics are affected not only by personal factors – age, gender, genetic profile – but also by interactions with the larger social, cultural and environmental contexts in which they live – family, school and community.

Ecological models are multi-level in nature and have been described and utilized for over fifty years. The scientific consensus emerging is that multi-level interventions based on the ecological model are promising approaches for disease prevention and health promotion. The following figure illustrates an example of the ecological model to affect childhood obesity.



The critical assumption of this model is that single-level interventions are unlikely to have powerful or sustained effects. For example, let us hypothesize that a program is designed to intervene at level 3 in the model: school and peers. The intervention chosen is to replace soda and candy bars in the vending machines with juices, fresh fruits and vegetables. Although logical and well intentioned, the intervention is unlikely to deliver successful results because the intervention did not include family involvement such as including educational interventions aimed at changing family and home eating behaviors. The program also does not include interventions aimed at the community to alter behaviors at cultural or religious organizations the children belong to, child care centers they may attend, sports clubs they participate in and healthcare providers they visit. Intervention at levels 5 (industry, government) and 6 (culture, society) should be considered as well. Success at all of these levels requires education, social marketing, policy changes, changes in food industry standards, political involvement to affect laws and programs designed to modify societal and cultural behavior patterns.

An example of successful public health programs that utilize a comprehensive ecological approach are the CDC's comprehensive Tobacco Control Programs that were implemented throughout the United States in 1999. The evidence emerging from the states that have adopted the programs shows an overall reduction in adolescent smoking and per capita smoking, a decreased ratio of cigarette advertising and an increase in policies and laws that enforce smoke-free environments.

The ecological model makes it possible for stakeholders, organizations and interested community members to affect change by engaging their individual expertise at their respective levels. A well represented and well-coordinated effort among all members of the coalition representing all levels of the ecological model has the best chance of being successful in reducing the prevalence of overweight and obese children in our community.

Prevention of childhood obesity is ultimately about strengthening community capacity and mobilizing community resources. The Institute of Medicine's Committee on Progress in Preventing Childhood Obesity recommends:

Local governments, public health agencies, schools and community organizations should collaboratively develop and promote programs that encourage healthy eating behaviors and regular physical activity, particularly for populations at high risk of childhood obesity. Community coalitions should be formed to facilitate and promote crosscutting programs and community-wide efforts.

A successful strategy for change needs to target both the environment and policy. It is important that multi-faceted interventions be pursued and a base of evidence be built around what works, recognizing that the evidence will continue to grow as time goes on.

The 2004 Institute of Medicine report, Preventing Childhood Obesity: Health in the Balance, concluded that childhood obesity should be treated with the same urgency as an infectious disease epidemic.

Childhood obesity has become a serious public health problem requiring that immediate steps be taken to reduce the prevalence of obesity based on the best available evidence, rather than waiting for the best possible evidence. We have more than enough information to take action now. And we must, before it is too late for this generation and the next.

Preventing Childhood Obesity

Simply put, we gain weight when we consume more calories than we burn. As anyone who has tried to lose weight knows, balancing this energy equation may be simple, but it is not easy. In the last two decades, both

The typical calorie content of menu items like soda and French fries has increased almost 50 percent in the last 20 years.

*- "Leadership for Healthy Communities"
Robert Wood Johnson Foundation*

People in low-income areas often pay more for nutritious foods such as fresh fruits and vegetables.

- F as in Fat: How Obesity Policies are Failing in America, 2007 Issue Report

sides of this energy equation have been impacted. Simultaneous changes in food availability, market dynamics, community design, educational priorities, and family life have all combined to upset America's energy balance.

Role of nutrition

In a survey conducted by the International Food Information Council (IFIC) Foundation in 2006, a survey of 1,000 Americans found that nine out of 10 consumers were unable to provide an accurate estimate of their recommended daily caloric intake, three-quarters of obese consumers underestimated their weight, only one-third of consumers believe that the health information they receive is consistent, and taste and cost remain more important drivers of choice than healthfulness. Clearly, adults need to be educated before we can expect them to pass on healthy eating habits to our youth.

Infants who are breastfed have a lower risk of obesity in later childhood. Obesity factors may be mediated by components contained within the breast milk, as well as by the feeding and parenting patterns associated with breast feeding itself.

At five to six years of age, body fat normally declines to a minimum before gradually increasing again into adulthood. This period from ages five to six is called adiposity rebound (AR). Due to the timing of the adiposity rebound, this is an especially critical development period for becoming or avoiding being overweight through proper nutrition.

Another developmental period of obesity occurs in adolescence. Insulin resistance that normally occurs during this stage may be a natural co-factor for excessive weight gain. Research suggests that adolescents who smoke, use alcohol and/or are sexually active are at a greater risk of poor dietary and exercise habits, which further complicates the incidence of excessive weight gain during the adolescence stage.

Research also makes a direct correlation between poor neighborhoods, poor access to healthy foods and poor

A recent study conducted by the University of California-Los Angeles suggests that participants in the federal Special Supplemental Nutrition Program for Women, Infants and Children (WIC) consume more fruits and vegetables when they are given produce subsidies to use at farmers' markets and supermarkets.

- American Journal of Public Health, January 2008

health outcomes. One reason is that most low-income neighborhoods don't have a good supermarket nearby. Families can't serve healthy food at home if it's not available and affordable in their neighborhood.

According to the USDA, one in five Americans utilizes one or more of the 15 federal nutrition assistance programs. Many of the programs provide food directly to children through school meal programs, or indirectly through vouchers used to supplement household food resources, such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

The WIC program provides nutrition information, supplemental foods, and referrals to healthcare for low-income women with infants and children up to age five. Approximately half of all infants and 25 percent of all children between one and four in the United States participate in the WIC program.

Due to the access that the federal nutrition assistance programs have to the population base that is most at risk for being overweight and/or obese, it seems that the health of these children could be improved if nutrient-rich foods were made available. The programs should also include obesity prevention as a priority goal for the population they serve. As a definitive step in the right direction, the USDA recently added fruits, vegetables, and whole grains to the list of grocery items covered under the WIC program.

More than ever before, consumers are making the connection between diet and health. And, while there are many government food choices out of consumer control, it's time consumers use their voice to affect the changes they can. For instance, the connection between agricultural policies dictated by the Farm Bill (such as corn subsidies and the use of high fructose corn syrup), the obesity epidemic and the dramatic increase in type 2 diabetes since the widespread substitution of corn syrup for sugar in most processed foods warrants further investigation.

Positively affecting the nutritional habits of our youth requires a multi-faceted approach that includes culturally appropriate public education – especially among minority

The costs of fruit and vegetables have increased 40 percent since 1985, while the costs of fats and sugars have declined.

- F as in Fat: How Obesity Policies are Failing in America, 2007 Issue Report

and low-income families, greater access to healthy foods that are affordable, policy change, changes in the approach of food advertisers when targeting children and changes in school meal programs.

Role of physical activity

64 percent of youth do not get the recommended 60 minutes of daily physical activity.

*- "Leadership for Healthy Communities"
Robert Wood Johnson Foundation*

The lack of physical activity among our nation's youth largely contributes to the current obesity epidemic. The United States Department of Health and Human Services (HHS) currently recommends at least 60 minutes of moderate intensity physical activity most days of the week and preferably daily. The CDC recommends 60 minutes five or more days per week. According to 2006 estimates, nearly two-thirds of adolescents do not meet these recommendations.

Children used to be able to fulfill most of their physical activity needs in physical education programs at school. Today, the percentage of schools providing daily physical education or something equivalent is in the single digits: four percent of elementary schools, eight percent of middle schools and only two percent of all high schools.

In late 2008, HHS released new physical activity guidelines developed from science-based physical activity guidelines for Americans. The new guidelines target specific sub-populations, such as children, the elderly and the disabled. A major goal of the guidelines is to help begin a cultural shift in American society from one that focuses on treatment of disease to one that focuses on prevention through healthy choices and behaviors, such as increased physical activity.

The youth of today are also spending more hours on screen time, which takes away precious time that could be used to engage in a healthy physical activity. On average, kids spend more than four nonschool hours each day in front of a TV, computer, video game or DVD. The American Academy of Pediatrics recommends that children not be allowed to watch television more than one to two hours per day and all screen time should be spent watching quality, child appropriate programming. In addition, they discourage all television viewing among children younger than two and strongly

recommend that parents not place televisions in children's bedrooms.

Communities have an important role to play in increasing the physical activity of our children. Across the nation, communities are undertaking a wide range of efforts in an attempt to encourage increased physical activity. Efforts should be targeted based on different groups' levels of receptivity to change, life stages and settings.

Role of built environment

As obesity research advances, it is beginning to recognize the important impact that the built environment – the man-made aspects of communities – has on both physical activity and eating patterns. Key built environment factors include sidewalks, bike paths, street layout, recreational spaces – both indoor and outdoor, proximity of offices and stores within walking distance of homes, safety of communities, urban sprawl and availability of neighborhood stores and restaurants offering healthy food choices.

Kids need safe, supervised, well-equipped and accessible places to play and safe ways to get there and back. The challenge is to create safe places to play where physical benefits are not outweighed by threats of injuries. Neighborhoods also need convenient and affordable access to facilities, such as community centers, that encourage the whole family to engage in physical activity together.

In addition, families need access to affordable, healthy food within their own neighborhoods. There is a direct correlation between food cost, dietary choices and health outcomes, especially in low-income ethnic minority urban communities. The availability and affordability of high-fat, energy-dense foods has increased in recent years, especially in low-income neighborhoods. This trend is attributed to fewer supermarkets being located within a reasonable walking distance, supermarket relocation to the suburbs, the lack of transportation to supermarkets that offer healthy, affordable food choices, and the local proliferation of gas stations and convenience stores that have a limited selection of healthful foods. All signs point to the need for local governments to work with community groups, local farmers and local

Changing the environments – homes, schools and neighborhoods – in which children live, learn and play is now seen as an essential strategy for reversing the obesity epidemic.

*- "Designing for Active Living Among Children"
Robert Wood Johnson Foundation*

A study that examined 13 countries with a wide variety of types of cities found obesity declines in communities with more "mixed land use" (closer proximity of home to stores and work places), and rises with time spent in a car daily, even when controlling for factors such as age, income, education, and gender/ethnicity.

- F as in Fat: How Obesity Policies are Failing in America, 2007 Issue Report

businesses to support partnerships and networks that can expand access to affordable and nutritious food choices, especially in low-income and underserved neighborhoods.

Changes to the built environment that increase opportunities for children and families to safely engage in physical activity and offer families easy access to markets or stores that offer reasonably priced healthful food are a critical component of any plan to prevent childhood obesity.

In May 2009, the American Academy of Pediatrics issued a policy statement highlighting how the built environment of a community affects children's opportunities for physical activity.

Active Living by Designs' 5 "P" Model

Active Living by Design (ALbD) – a national program of the Robert Wood Johnson Foundation and part of the UNC School of Public Health in Chapel Hill, North Carolina – establishes innovative approaches to increase physical activity through community design, public policies and communications strategies. ALbD has identified a comprehensive approach to creating a sustainably active community – a strategy that compliments the ecological model.

The model consists of the 5 "P" strategies: Preparation, Promotion, Programs, Policy, and Physical Projects. Each strategy includes specific tactics, which describe the type of work necessary to create a more active community.

Preparation is a critical first step in creating a physically active community and includes developing and maintaining a community partnership to work collectively. Preparation also includes gathering relevant information that will aid program planning, as well as pursuing financial and other resources. For example, preparation would include conducting neighborhood assessments to identify opportunities for and barriers to active living, identifying and evaluating current master plans, ordinances and design guidelines that affect active living and identifying and generating financial and in-kind resources for active living groups and projects through grant writing and other fund-raising efforts.

Effective **promotion** or communications efforts that connect with the public are equally vital to the success of an active living program. Active living messages and an awareness campaign based on targeted community research (focus groups, surveys, and testing) should be developed. Promotion efforts should target a variety of different community groups to reach the largest number of community members. It's also important to organize and participate in community events that can educate the public and media about active living, thereby becoming a trusted resource on the topic. In addition, conducting promotional campaigns to advocate for policy changes that support creating an "active living" community are helpful to any effort.

It's important to develop on-going **programs** that engage individuals in physical activity either directly or indirectly. Other programmatic approaches offer incentives to individuals who adopt more active habits, such as benefits for employees or students who walk or bicycle to work or school.

Policy development is the key to institutionalizing an environment that promotes active living. In order to affect policy change, efforts should include advocacy, relationship building with policy makers, presentations to policy boards, and influencing employer or school policies. Education around the need for local environments that support active living is a key element of this strategy.

Physical projects directly impact built environments, removing barriers to physical activity and enhancing safety. For example, projects may include creating safe and easily accessible walking/biking trails, pedestrian improvements at intersections or signage pointing out active living opportunities. While public policies may determine much of the built environment, there are opportunities to look for the improvement of physical spaces that don't necessarily rely on a policy decision.

Role of healthcare professionals

Healthcare professionals play an important role in preventing childhood obesity. Not only do they have the authority to

elevate public concern about childhood obesity and advocate for preventive efforts, but they have access to both children and their parents as trusted healthcare advisors. They have the influence to make key suggestions and recommendations on proper nutrition and physical activity throughout the lives of children.

Physicians and other clinicians have numerous opportunities to measure and track the height, weight and BMI of children. Plotting height and weight measures on growth charts is already standard practice in children's healthcare. And, in 2003 the American Academy of Pediatrics began recommending adding BMI measurements to that list. Currently, there is little direct evidence the impact of height, weight and BMI screening and tracking has on preventing obesity in children. However, BMI measures for adults have been found to be a reliable means of identifying patients at risk for morbidity and mortality due to obesity.

Grassroots Involvement

A social movement that garners grass roots involvement of individual communities is an important component of the ecological model. Childhood obesity needs to first be addressed at the community level before changes are made on the national level.

While the general public is aware of the personal health consequences of obesity, the public health impact of the epidemic and the need for population-based approaches to address it have not been fully realized. In other words, there still tends to be the perception that it is not "my problem." The perception of a threat needs to be created by specifically talking about the consequences and costs to the community as a whole.

Once individual communities are fully engaged in helping to put an end to the childhood obesity epidemic, changing the current social norms that are major contributors to the problem will happen at a faster pace. Policy changes also occur more rapidly when there is strong social consensus for change to occur.

"5-2-1-0 Healthy NH" is a statewide public education campaign in New Hampshire to bring awareness to the daily guidelines for nutrition and physical activity. Its message is simple and clear and represents some of the most important steps families can take to prevent childhood obesity:

- 5** *Fruits and vegetables...more matters! Eat at least 5 servings a day. Limit 100% fruit juice.*
- 2** *Cut screen time to 2 hours or less a day.*
- 1** *Participate in at least one hour of moderate to vigorous physical activity every day.*
- 0** *Restrict soda and sugar-sweetened sports and fruit drinks. Instead, drink water and 3-4 servings/day of fat-free/skim or 1% milk.*

*- Foundation for
Healthy
Communities
Website*

Social marketing campaigns

In the last few decades, social marketing campaigns have been successful in changing health behaviors of our nation – the anti-smoking campaign is perhaps the best example. In the fight against child obesity, social marketing should be deployed in similar ways. The effort should create greater awareness of childhood obesity, increase public support for policy actions, and effect behavior change among parents and youth.

Although social marketing campaigns centered on preventing childhood obesity are beginning to appear at the national level, perhaps more important are campaigns that should be implemented at the community level. These campaigns can be directly targeted at the unique cultural and socio-economic characteristics of a given community.

Impact of policy changes

Once a strong social consensus is built through methods such as social marketing and grassroots involvement, policy changes occur more quickly. Many voices speaking together and in accord on an issue will have more power in local, state and national legislation.

While current legislative efforts are under way at the national level, it is really up to individual communities to become engaged in developing appropriate legislation at the local level.

What Nebraska is Doing

Nebraska, like most states in our nation, continues to see an increase in obesity among our children. Statistics from the 2002-03 school year show that one in six students K-12 were identified as overweight, while an additional one in six were at risk of becoming overweight – translating to approximately 106,000 Nebraska students in K-12 being either overweight or at risk for becoming overweight.

Also similar to the nation, Nebraska has identified a set of healthy goals and objectives related to the issues of overweight/obesity and physical activity to achieve by the

year 2010. In 2005, the Nebraska Health and Human Services System released a comprehensive statewide plan to improve nutrition and physical activity through interventions to promote healthy weight and prevent related chronic diseases called [The Nebraska Physical Activity and Nutrition State Plan](#) – located online at www.dhhs.ne.gov/hew/hpe/nafh/Docs/PANstateplan.pdf. The Plan's mission is to create a Nebraska where individuals, communities, and public and private entities share the responsibility for developing environments that support and promote active lifestyles and healthy eating. They hope to achieve their mission by building an infrastructure within local communities and through working with both local and state lawmakers and community partnerships and collaborations to create population-based changes.

The State Plan's strategies were designed based on the [Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity](#) developed by the CDC Nutrition and Physical Activity Workgroup. The CDC Evaluation Framework is integrated into all components of Nebraska's State Plan to determine its effectiveness. The evaluation will provide crucial information that will help improve the process during implementation of the plan and measure effectiveness of the plan.

The long term goal of the State Plan is to decrease chronic disease in Nebraska associated with physical inactivity and unhealthy eating. The intermediate goal – to be achieved in the next 5-7 years – is to increase the percentage of people living in Nebraska who are at a healthy body weight and decrease the percentage of youth and adults that are overweight and obese. The short term goal – to be achieved in the next 3-5 years – is to increase the percentage of people living in Nebraska who engage in a recommended level of physical activity and consume healthy foods daily.

Priority populations that are currently targeted for physical activity and healthy eating intervention include: African Americans, Native Americans, Hispanics and those considered of a low socioeconomic status. All priority populations are more likely than Caucasians to be obese and die from obesity related illnesses and are less likely than Caucasians to consume "5 a day" of fruits and vegetables,

The Nutrition, Physical Activity and Obesity (NPAO) program is a cooperative agreement between the CDC Division of Nutrition, Physical Activity and Obesity (DNPAO) and 23 state health departments to build lasting and comprehensive efforts to address obesity and other chronic diseases through a variety of nutrition and physical activity strategies.

Nebraska's state program is developing strategies to leverage resources and coordinate statewide efforts with multiple partners to address all of the following DNPAO principal target areas:

- *Increase physical activity.*
- *Increase the consumption of fruits and vegetables.*
- *Decrease the consumption of sugar sweetened beverages.*
- *Increase breastfeeding initiation, duration and exclusivity.*
- *Reduce the consumption of high energy dense foods.*
- *Decrease television viewing.*

engage in an adequate amount of physical activity and have healthcare coverage.

Several progressive steps have been taken to achieve the State Plan's mission, including the following:

- CDC funding has been secured from the Division of Nutrition, Physical Activity and Obesity
- In order to build program capacity, a full-time Program Manager has been hired and a Health Surveillance Specialist will soon be hired
- A state Nutrition, Physical Activity and Obesity Advisory Group has been established and is tasked with developing an implantation and partnership plan with the State Physical Activity and Nutrition (PAN) Plan and leading the State Plan update
- The development and/or participation on other statewide infrastructure:
 - State Agency NPAO Group (leading)
 - Nebraska Breastfeeding Coalition (participating)
 - Coordinated School Health Steering Committee (participating)
 - NE Action for Healthy Kids Coalition (participating)
 - Monthly NAFH E-News
 - NAFH Teleconferences
- The development of programming that supports the State PAN Plan
 - All-Recreate on Fridays
 - Whatcha doin? Campaign
 - Centennial Mall Garden Market
 - Fruits & Veggies – More Matters promotion
 - Youth PAN Assessment Form – toolkit/webinar development
 - Body & Soul Pilot Project
 - NAFH staff provides TA to statewide partners
- Intervention Implementation Grants for the Local Public Health Departments
 - 10 of 13 Local Public Health Departments received funding for PAN projects
 - NAFH staff provides TA to all grant recipients.

What's Happening at the National Level

According to the 2008 Issue Report – F as in Fat: How Obesity Policies are Failing America, only Virginia and Washington D.C. have public childhood obesity plans in place with specific strategies and goals to lower the prevalence of overweight, obesity and obesity-related chronic diseases. And, at least seven more states have drafts of plans, which they expect to make public within the next two years.

State governments are supporting a wide array of approaches to obesity, ranging from public education programs to issuing public challenges to lead healthier lives to increasing parks and recreation development. In addition, many states are creating public-private partnerships as a major component of obesity prevention initiatives.

To help support state efforts, the National Governors Association (NGA) Center for Best Practices has launched a Healthy States Grant Program as part of its Healthy America Initiative. The NGA has also started the Healthy Kids, Healthy America Program that will award up to \$110,000 for one year each to 10 states with programs focusing on preventing childhood obesity through policy and environmental changes in the future.

One of the major non-governmental national initiatives under way is the YMCA of the USA's Pioneering Healthier Communities (PHC) initiative. PHC is a community leadership strategy to facilitate active living and healthier eating through policy and environmental changes. One of its main goals is to build on lessons of the federal government and foundation-supported community programs to raise awareness and strengthen the framework for community-wide and national movements among all sectors of society to reverse the trends in physical inactivity, obesity, and other unhealthy lifestyles by increasing opportunities for physical activity and the consumption of fruits and vegetables. As stated earlier Live Well Omaha Kids is a

A National Strategy to Combat Obesity must include:

A. Federal government, involving presidential and Congressional leadership, every Cabinet department, adequate funding, and clear performance measures.

B. State government.

C. Local government.

D. Community and faith-based organizations.

E. Schools.

F. Families and individuals.

G. Employers.

H. Insurers.

I. Food and beverage industries.

J. Agribusiness and farmers.

K. Health researchers and evaluators.

- F as in Fat: How Obesity Policies are Failing in America, 2008 Issue Report

member of the Omaha specific PHC initiative to continue to build on community efforts underway.

The federal government has developed a variety of initiatives to combat obesity and related health concerns. These efforts predominantly fall into three main categories: 1) Public education campaigns targeted at individual behaviors; 2) Treatment of obesity-related diseases; and 3) Initial steps toward developing community active living incentives.

Several important changes have been made to federal policies and legislation proposed that will have a positive impact on the childhood obesity epidemic. Some of those changes include:

- At the end of 2007 – in the WIC program's first major overhaul since 1974 – the USDA added fruits, vegetables, and whole grains to the list of grocery items covered through WIC.
- In 2008, the House and Senate reauthorized the Farm Bill and approved an additional \$10.36 billion over current spending levels for nutrition programs. Some of those changes as they pertain to children are: providing for an increase in free fruits and vegetables to be served as snacks to school children through an expansion in the Fresh Fruit and Vegetable Program; requiring that the Secretary of Agriculture carries out a nationally representative survey of the food purchased by schools participating in the school lunch program; and providing \$50 million annually for the Secretary of Agriculture to purchase fresh fruits and vegetables for lunch in schools and service institutions.
- The No Child Left Behind Act - which has been up for reauthorization since 2007 and still has not been approved – includes new legislation that could have an important impact on the physical activity levels of children in school. New legislation includes the Fitness Integrated with Teaching (FIT) Kids Act of 2007 (S. 2173/H.R. 3257). If passed, it would require the following: state and local educational agency report cards to include information on school health and

physical education programs; include the promotion of active lifestyles in educational grant programs; support professional development for teachers and principals to promote healthy habits and participation in physical activity; and fund a study by the National Academy of Sciences to assess the impact of health and physical activity on student achievement and find ways to make and measure improvements to health and physical education in schools.

- Healthy Lifestyles and Prevention America Act of 2008, S. 1342/H.R. 2633 – This legislation requires HHS to convene a taskforce on childhood obesity and provides for the development of a tool to measure community barriers to participating in physical activity and provides for grants to plan model communities of play. It also provides for healthy school nutrition environment incentive grants.
- Improved Nutrition and Physical Activity Act (IMPACT), H.R. 2677 – This bill allows states to use preventative health and health services grants for activities and community education programs designed to address and prevent obesity and eating disorders. It also requires the secretary of HHS to report to Congress on: 1) the causes and health implications of being overweight, obese or having an eating disorder; and 2) the effectiveness of campaigns to change children’s behaviors and reduce obesity.
- Play Every Day Act, S. 651/H.R. 2045 – This bill requires the secretary of HHS to develop the Community Play Index to measure the policy, program, or environmental barriers in communities to participating in physical activity. The bill also requires the secretary to award grants to state health departments for work in partnership with community-based coalitions to plan and implement model communities of play.

Live Well Omaha Kids in Action

During its first year in existence, *Live Well Omaha Kids* focused on bringing together key stakeholders to research, discuss and identify best practices that would work in a community such as Omaha and help achieve the Mission.

Each plank committee also finalized their own strategic plans that identified the planks' goals, objectives, action steps, timelines, measures of success and resource needs.

The recommendations that came out of the key stakeholder discussions and the plank committee strategic plans were thoughtfully integrated into a business plan by the Executive Committee. Implementation of the business plan began at the start of fiscal year FY 09. The plan outlines best practice strategies for comprehensive, systemic and sustainable change to the overall wellness of Omaha's youth based on a socio-ecological model of health and organized according to the 5 "P" Model developed by ALbD.

Effectively collaborating with several key community organizations, Live Well Omaha Kids realized several instrumental accomplishments during FY 09, which are best summarized according to the Robert Wood Johnson Foundation's 5P Active Living by Design Action Model – Preparation, Promotion, Programs, Policy and Physical Projects. The 5P model is complementary to the socio-ecological model and is based on research that supports the theory that a comprehensive approach is necessary to create an engaged community in which it is easiest to make the healthiest choices.

Preparation

Preparation is a critical first step in creating an active community focused on wellness. The accomplishments in this area lay the groundwork for sustained and measurable change as well as developing a forum for accurate evaluation.

Balanced Transportation Coordinator – Live Well Omaha Kids, Activate Omaha and the Metropolitan Area Planning Association have been instrumental in the creation of this new position in the City Planning Department. The Coordinator will play a key role in supporting active living by design by serving as an institutional advocate at city hall in the Planning, Public Works and Parks development and rehabilitation process.

Douglas County, Nebraska Baseline Survey Results:

- *894 phone surveys of children ages 10-20*
- *22% of white children at unhealthy weight*
- *47% of non-white children at unhealthy weight*
- *Less than 4% consume recommended 5 servings of fruits and vegetables*
- *Nearly 60% of all children surveyed eat fast food up to 3 times per week*
- *Only 35% of children surveyed are getting the recommended amount of physical activity per week*
- *77% of children surveyed never walk to school*

Statewide BMI Surveillance System – The revised school based Child Health Screening includes BMI for age and will likely be adopted during the 2010 school year.

Program Evaluation – A baseline data survey of Douglas County youth was completed and shows the level of physical activity and healthy eating among Omaha children. It also reveals children's perception of their weight as compared to actual BMI data.

Promotion

Live Well Omaha Kids is in the process of implementing an integrated communications strategy and recently launched an aggressive social marketing campaign to promote healthy eating and physical activity among Omaha's youth.

54321 Go! Campaign – A comprehensive social marketing campaign recently launched to promote healthy habits in youth by educating them and their parents about suggested daily servings of fruits, vegetables, water and dairy products, as well as hours of screen time and physical activity. The 54321 Go! Campaign is modeled after a similar campaign used by a childhood obesity prevention community coalition in Chicago.



Interactive Website – *Live Well Omaha Kids* has launched an interactive, kid friendly website where children can access information about physical activity and healthy eating at www.livewellomahakids.org

Programs

Through a collaborative effort between *Live Well Omaha Kids* and its community partners, several on-going programs have been developed that engage individuals in physical activity either directly or indirectly. Several existing programs that offer incentives to individuals who adopt more active habits have been enhanced.

Club Possible – This collaborative program integrates healthy eating and physical activity into participating after school programs. Club possible is currently being offered at 25 sites, up from last year's 16. Roughly 1,200 children are

being served at YMCA, Boys and Girls Club, Girl Scouts and 10 OPS research sites. The program has also been identified as a Promising Program by the Robert Wood Johnson Foundation (RWJ) and the Centers for Disease Control (CDC).

Ready for Recess – Two structured recess pilot programs have been implemented at Boyd Elementary and St. Bernard's. The program trains school staff to structure outdoor and indoor recess activities to enhance the amount and intensity of children's physical activity. A \$360,000 3-year research grant has been received by the University of Nebraska-Omaha from RWJ to add 12 more schools as "Ready for Recess" sites.

Breastfeeding Peer Counselors Support – Five peer counselors have been stationed at two Douglas County Health Department WIC clinics to support minority mothers in initiating and sustaining breastfeeding.

Safe Routes to School/Walking School Bus – A Safe Routes to Schools Coordinator has been retained to help perform walking audits, provide education and garner support to enhance Safe Routes to School. As a result, there are now three active walking school buses. And, approximately 1,600 children and parents from 16 schools participated in International Walk to School Day last October.

Policy

Policy development is the key to institutionalizing an environment that promotes active living. An important focus of *Live Well Omaha Kids* is to educate local government and business leaders and influence policies that will promote awareness of health, as well as increase access to healthy food and opportunities to be physically active.

BMI at Physician Visits – As of December 2008, 73 percent of pediatric offices and 28 percent of family practice offices have been trained on a uniform tool to document and discuss BMI and active living with patients and their parents at well child checkups.

Access to Healthy Food – The Nutrition Environment Measures Survey (NEMS) mapping, led by the state and the Douglas County Health Department, surveys access to affordable healthy foods, such as fruits and vegetables. The mapping tool will be useful in establishing a possible policy that will create greater access to affordable healthy foods.

Omaha by Design Master Plan and Park Design Standards – *Live Well Omaha Kids* leadership has partnered with Omaha by Design to incorporate best practice design standards for parks and neighborhoods into the Omaha by Design Master Plan, which will enhance opportunities for children to be physically active and eat healthy in their neighborhoods.

Breastfeeding Support in Hospitals – A coordinator was hired and a committee created to support the self assessment of hospitals' breastfeeding practices and policies, as well as to promote implementation of best practices to enhance support of breastfeeding at hospitals.

School Wellness Policy – The Douglas County Health Department and *Live Well Omaha Kids* are working together to assess current school wellness policies for best practices that can be shared among schools. They also coordinated several meetings where Omaha area schools shared wellness success stories, helping to build a support network that will facilitate the implementation of best practice strategies and enhancement of current policies within those schools.

Physical Projects

Physical projects directly impact built environments, removing barriers to physical activity and enhancing safety. While public policies may determine much of the built environment, there are opportunities to look for the improvement of physical spaces that don't necessarily rely on a policy decision.

Safe Routes to School Infrastructure – Three Omaha schools have received federal grants from the Nebraska Department of Roads for infrastructure and non-infrastructure projects that will increase the walkability of

school routes to enhance opportunities for children to safely walk to school.

Looking Ahead

Looking ahead to Year 3 for *Live Well Omaha Kids*, which begins July 2009 and is also the start of their FY 10, much still needs to be accomplished. However, the achievements and momentum gained during the past year continue to encourage and motivate all involved to reach further and remain focused.

Live Well Omaha Kids will work to advance initiatives that have already been introduced, such as the 54321 Go! social marketing campaign. During year 3 they plan to begin a school based strategy at several academy schools directed towards behavior change around the 54321 messaging. Plans also include institutionalizing existing programs, such as Club Possible and Ready for Recess. A focus on supporting neighborhood specific planning to foster active living and healthy eating will be a priority. And, while the groundwork has been laid for physical projects, the brawn will get behind the brains to get Safe Routes to Schools infrastructure and Neighborhood projects off the ground. Finally, a more focused effort to measure return on investment will begin in Year 3.

Real progress is being made towards promoting healthy eating and active living among Omaha's youth. This progress would not be possible were it not for the many collaborative partnerships working towards achieving *Live Well Omaha Kids'* Mission. Several of those partnerships are highlighted below:

- The School of Health, Physical Education and Recreation at the University of Nebraska - Omaha received a \$360,000 grant from RWJ to fund 12 new Ready for Recess sites at Omaha Public Schools
- A NACO grant was awarded to the Douglas County Health Department for technical assistance to support policy changes to improve access to fruits and vegetables in underserved areas

- Metro Area Transit (MAT) introduced their Bike & Ride Program, which provides free bike racks on MAT buses to encourage bicycle use throughout the metro
- Three Omaha schools have received grants from Nebraska Department of Roads for Safe Routes to School infrastructure changes – Westbrook School received a federal grant for \$159,000
- Dialogue and cooperation has begun among community gardens, farmers markets, food banks, and farm to school programs to promote fruit and vegetable access under leadership from the Douglas County Health Department
- Omaha was selected to participate in YMCA Pioneering Healthier Communities initiatives
- Nebraska Department of Health and Human Services for supporting physician training with the Youth Physical Activity and Nutrition Assessment forms and supporting materials and Whatcha Doin' buzz marketing is in high schools to support active living
- Live Well Omaha hosts a periodic Health Summit to engage area leaders in affecting a positive change to the health of our community
- The Visiting Nurse Association's Operation Frontline provides nutrition and cooking classes to low income children and their parents
- United Methodist Ministries sponsors 22 community gardens located primarily in the project area focused on empowering neighbors to grow nutritious food and build community camaraderie
- Keystone Gateway to Active Living & Healthy Eating provides bicycles and opportunities to ride on trails to low income children
- Activate Omaha has secured funding from several local foundations that will allow them to work together with the City of Omaha to implement Omaha's first 20-mile commuter bike loop

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