Sample Policy, Systems & Environmental Strategies for

Worksites, Communities, Healthcare Providers, Schools, and Community Organizations

<u>Organized by Sector</u>

Updated August 2012

Adapted from the CDC CHANGE Tool

Schools
Policy, Systems & Environmental Strategies

"To what extent does the school"

Physical Activity

1. Ban using or withholding <u>physical activity as a punishment</u>?
2. Require that students are physically active during the majority of time in physical education class?
3. Provide access to a broad range of competitive and noncompetitive physical activities that help to develop the skills needed to participate in lifetime physical activities?
4. Implement a <u>walk or bike to school initiative</u>?
5. Ensure the availability of proper equipment and facilities (including playground equipment, physical activity equipment, and athletic or fitness facilities) that meet safety standards?

Nutrition

1. Ensure that students are provided only <u>healthy food and beverage options</u> beyond the school food services (e.g., all vending machines, school stores, and food brought for celebrations)?
2. Institute school breakfast and lunch programs that meet the <u>U.S. Department of Agriculture School Meal Nutrition Standards</u>?
3. Ensure that healthy food preparation practices (e.g., steaming, low fat, low salt, limited frying) are always used in the school cafeteria or onsite food services?
4. Ban marketing (e.g., counter advertisements, posters, other print materials) of <u>less than healthy foods and beverages</u> onsite?
5. Promote and market (e.g., through counter advertisements, posters or other print materials) only <u>healthy food and beverage options</u>?
6. Provide adequate time to eat school meals (10 minutes for breakfast/20 minutes for lunch, from the time students are seated)?
7. Ban using <u>food as a reward or punishment</u> for academic performance or behavior?
8. Provide safe, unflavored, cool drinking water throughout the school day at no cost to students?
9. Provide school garden (e.g., access to land, container gardens, raised beds) and related resources (e.g., staff volunteer time, financial incentives)?
10. Ensure that multiple channels, including classroom, cafeteria and communications with parents, are used to promote healthy eating behaviors?

Tobacco Use

1. Implement a <u>referral system</u> to help students access tobacco cessation resources or services?

Chronic Disease Management

1. Provide chronic disease self-management education to individuals identified with chronic conditions or diseases (e.g., diabetes, asthma)?

2. Meet the nutritional needs of students with special health care or dietary requirements (e.g., allergies, diabetes, physical disabilities)?

3. Provide opportunities to raise awareness among students of the signs and symptoms of heart attack and stroke?

4. Ensure students are aware of the importance of calling 9-1-1 for emergencies?

5. Ensure cardiopulmonary resuscitation (CPR) training is made available to students?

6. Engage families in the development of school plans (e.g., school diabetes management plans) to effectively manage students with chronic diseases or conditions?

Leadership

1. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?

2. Participate in the <u>public policy process</u> to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?

3. Have a school building health group (e.g., school health committee) comprised of school personnel, parents, students, and community partners that help plan and implement the health activities at the school building?

4. Have an individual who is responsible for leading school health activities within the school building?

5. Have a health promotion budget?

6. Have a written mission or position statement that includes the commitment to student health and well-being?

7. Recruit teachers (e.g., physical education, health) with appropriate training, education, and background?

8. Provide training and support to food service and other relevant staff to meet nutrition standards for preparing healthy meals?

9. Provide access to opportunities for professional development or continued education to staff (e.g., physical education, health, school nurse, food service manager)?

10. Provide training for all teachers and staff on school physical activity, nutrition, and tobacco prevention <u>policies</u>?

11. Permit only health-promoting fund raising efforts such as non-food options or only <u>healthy food and beverage options</u>, physical activity-related options (e.g., fun-run), or community service options (e.g., car wash, directing parking at school events)?

After-School

1. Ban using or withholding <u>physical activity as a punishment</u>?

2. Ban using <u>food as a reward or punishment</u> for academic performance or behavior?

3. Provide access to physical activity programs (e.g., intramural, extracurricular, interscholastic)?

4. Ensure appropriate <u>active time</u> during after-school programs or events?

5. Institute <u>healthy food and beverage options</u> during after school programs?

6. Prohibit the sale of <u>sugar-sweetened beverages</u> outside of school hours?

Worksites
Policy, Systems & Environmental Strategies

"To what extent does the worksite"

Physical Activity

1. Promote stairwell use (e.g., make stairs appealing, post motivational signs near stairs to encourage physical activity)?

2. Provide <u>flexible work arrangements</u> or break times for employees to engage in physical activity?

3. Encourage non-motorized commutes (e.g., active transportation such as walk or bike) to work?

4. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) within <u>reasonable walking distance</u>?

5. Support clubs or groups (e.g., walking, biking, hiking) to encourage physical activity among employees?

6. Provide a safe area outside (e.g., through lighting, signage, crime watch) to walk or be physically active?

7. Designate a walking path on or near building property?

8. Provide access to onsite fitness center, gymnasium, or physical activity classes?
9. Provide a changing room or locker room with showers?
10. Provide access to offsite workout facility or <u>subsidized membership</u> to local fitness facility?
11. Provide bicycle parking (e.g., bike rack, shelter) for employees ?
12. Implement activity breaks for meetings that are longer than one hour?
13. Provide direct support (e.g., money, land, pavilion, recreational facilities, sponsorship, advertising) for supporting community-wide physical activity opportunities (e.g., sports teams, walking clubs)?

Nutrition

1. Institute <u>healthy food and beverage options</u> at <u>company-sponsored meetings and events</u>?
2. Institute <u>healthy food and beverage options</u> in vending machines?
3. Institute <u>healthy food and beverage options</u> in onsite cafeteria and food venues?
4. Institute healthy food purchasing practices (e.g., to reduce the caloric, sodium, and fat content of foods offered) for onsite cafeteria and food venues?
5. Institute healthy food preparation practices (e.g., steaming, low fat, low salt, limiting frying) in onsite cafeteria and food venues?
6. Ban marketing of <u>less than healthy foods and beverages</u> onsite, including through counter advertisements, posters, and other print materials?
7. Provide smaller <u>portion sizes</u> in onsite cafeteria and food venues?
8. Provide safe, unflavored, cool drinking water at no cost to employees?
9. Institute nutritional labeling (e.g., 'low fat,' 'light,' 'heart healthy,' 'no trans fat') at the worksite's cafeteria and onsite food service?
10. Institute <u>pricing strategies</u> that encourage the purchase of <u>healthy food and beverage options</u>?
11. Provide refrigerator access for employees?
12. Provide microwave access for employees?
13. Provide a sink with water faucet access for employees?

14. Provide direct support (e.g., money, land, a pavilion, sponsorship, donated advertising) for community-wide nutrition opportunities (e.g., farmers' markets, community gardens)?

15. Support breastfeeding by having maternity care practices, including providing a comfortable, private space for employees to nurse or pump?

Tobacco Use

1. Institute a smoke-free policy 24/7 for indoor public places?

2. Institute a tobacco-free policy 24/7 for indoor public places?

3. Institute a smoke-free policy 24/7 for outdoor public places?

4. Institute a tobacco-free policy 24/7 for outdoor public places?

5. Ban tobacco vending machine sales (including self-service displays)?

6. Provide insurance coverage for tobacco cessation services ?

7. Provide insurance coverage for tobacco cessation products (e.g., pharmacological quitting aids, medicines)?

8. Ban tobacco promotions, promotional offers, and prizes?

9. Ban tobacco advertisements (e.g., restrict point-of-purchase advertising, or product placement)?

10. Implement a referral system to help employees access tobacco cessation resources or services, such as a quitline (e.g., 1-800-QUIT-NOW)?

Chronic Disease Management

1. Provide routine screening, follow-up counseling and education to employees to help address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, hypertension, high cholesterol, elevated blood sugar levels, tobacco use and exposure)?

2. Provide access to an onsite occupational health nurse?

3. Provide an onsite medical clinic to monitor and address chronic diseases and related risk factors (e.g., high blood pressure, high cholesterol, elevated blood sugar levels)?

4. Provide paid time off to attend health promotion programs or classes?

5. Provide employee insurance coverage for preventive services and quality medical care?

6. Provide access to a free or low cost employee health risk appraisal or health screenings?

7. Provide access to chronic disease self-management programs (e.g., Weight watchers for overweight/obesity)?

8. Adopt curricula or training to raise awareness of the signs and symptoms of heart attacks and strokes?

9. Adopt curricula or training to raise awareness of the importance of calling 9-1-1 immediately when someone is having a heart attack or stroke?

10. Promote chronic disease prevention (e.g., post signs reminding employees to get blood pressure checked, quit smoking, or avoid secondhand smoke) to employees?

11. Adopt an emergency response plan (e.g., appropriate equipment such as Automatic External Defibrillator, instructions for employee action)?

Leadership

1. Reimburse employees for preventive health or wellness activities?

2. Participate in the public policy process to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?

3. Have a wellness coordinator?

4. Have a wellness committee?

5. Have a health promotion budget?

6. Have a mission statement (or a written policy statement) that includes the support of or commitment to employee health and well-being?

7. Adopt organizational or performance objectives pertaining to employee health and well-being?

8. Provide employees with a health insurance plan?

9. Provide office-based incentives (e.g., discounted insurance premium, gift certificates) to employees participating in health risk assessments, initiatives, or support groups that promote chronic disease prevention measures (e.g., quit smoking, log miles walked, blood pressure or cholesterol screening)?

10. Implement a needs assessment when planning a health promotion program?

11. Evaluate company-sponsored health promotion programs?

12. Provide opportunities for employee feedback (e.g., employee interest, satisfaction, adherence) about health promotion programs?

13. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?

Community at Large
Policy, Systems & Environmental Strategies

"To what extent does the community"

Physical Activity

1. Require sidewalks to be built for all developments (e.g., housing, schools, commercial)?
2. Adopt a land use plan?
3. Require bike facilities (e.g., bike boulevards, bike lanes, bike ways, multi-use paths) to be built for all developments (e.g., housing, schools, commercial)?
4. Adopt a complete streets plan to support walking and biking infrastructure?
5. Maintain a network of walking routes (e.g., institute a sidewalk program to fill gaps in the sidewalk)?
6. Maintain a network of biking routes (e.g., institute a bike lane program to repave bike lanes when necessary)?
7. Maintain a network of parks (e.g., establish a program to repair and upgrade existing parks and playgrounds)?
8. Provide access to parks, shared-use paths and trails, or open spaces within reasonable walking distance of most homes?
9. Institute mixed land use?
10. Require sidewalks to comply with the Americans with Disabilities Act (ADA) (i.e., all routes accessible for people with disabilities)?
11. Provide access to public recreation facilities (e.g., parks, play areas, community and wellness centers) for people of all abilities?
12. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) within reasonable walking distance?
13. Provide street traffic calming measures (e.g., road narrowing, central islands, roundabouts, speed bumps) to make areas (e.g., neighborhoods, major intersections) where people are or could be physically active (e.g., walk, bike) safer?
14. Adopt strategies (e.g., neighborhood crime watch, lights) to enhance personal safety in areas (e.g., playgrounds, parks, bike lanes, walking paths, neighborhoods) where people are or could be physically active (e.g., walk, bike)?

Nutrition

1. Adopt strategies to encourage food retailers (e.g., grocery, corner or convenience stores; bodegas) to provide healthy food and beverage options (e.g., fresh produce) in underserved areas?

2. Encourage <u>community gardens</u>?
3. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) to <u>supermarkets</u> and <u>large grocery stores</u>?
4. Provide <u>access to farmers' markets</u>?
5. Accept <u>Women, Infants and Children (WIC)</u> Farmers' Market Nutrition Program vouchers or Food Stamp Benefits at local farmers' markets?
6. Connect locally grown foods to local restaurants and food venues?
7. Promote (e.g., signage, product placement, <u>pricing strategies</u>) the purchase of fruits and vegetables at local restaurants and food venues?
8. Institute <u>healthy food and beverage options</u> at local restaurants and food venues?
9. Institute nutritional labeling (e.g., 'low fat,' 'light,' 'heart healthy,' 'no trans fat') at local restaurants and food venues?
10. Provide smaller <u>portion sizes</u> at local restaurants and food venues?
11. Ban local restaurants and retail food establishments from cooking with trans fats?
12. Adopt <u>strategies</u> to recruit <u>supermarkets</u> and <u>large grocery stores</u> in <u>underserved areas</u> (e.g., provide financial incentives, lower operating costs, provide job training services)?
13. Provide <u>comfortable, private spaces</u> for women to nurse or pump in public places (e.g., government buildings, restaurants, retail establishments) to support and encourage residents' ability to breastfeed?
14. <u>Protect a woman's right to breastfeed</u> in public places?

Tobacco Use

1. Institute a <u>smoke-free policy 24/7 for indoor public places</u>?
2. Institute a <u>tobacco-free policy 24/7 for indoor public places</u>?
3. institute a <u>smoke-free policy 24/7 for outdoor public places</u>?
4. Institute a <u>tobacco-free policy 24/7 for outdoor public places</u>?
5. Ban tobacco advertisement (e.g., restrict point-of-purchase advertising or product placement)?
6. Ban tobacco promotions, promotional offers, and prizes?

7. Regulate the number, location, and density of tobacco retail outlets?

8. Restrict the placement of tobacco vending machines (including self-service displays)?

9. Enforce the ban of selling single cigarettes?

10. Increase the price of tobacco products and generate revenue with a portion of the revenue earmarked for tobacco control efforts (e.g., taxes, mitigation fees)?

11. Provide access to a <u>referral system</u> for tobacco cessation resources and services, such as a <u>quitline</u> (e.g., 1-800-QUIT-NOW)?

Chronic Disease Management

1. Enhance access to chronic disease self-management programs (e.g., Weight Watchers for overweight/obesity)?

2. Adopt <u>strategies</u> to educate its residents on the importance of obesity prevention?

3. Adopt <u>strategies</u> to educate its residents on the importance of controlling high blood pressure?

4. Adopt <u>strategies</u> to educate its residents on the importance of controlling cholesterol?

5. Adopt <u>strategies</u> to educate its residents on the importance of controlling blood sugar or insulin levels?

6. Adopt <u>strategies</u> to educate its residents on heart attack and stroke symptoms and when to call 9-1-1?

7. Adopt <u>strategies</u> to educate its residents on the importance of preventive care?

8. Provide emergency medical services (e.g., 9-1-1, transport system)?

9. Adopt <u>strategies</u> to address chronic disease <u>health disparities</u>?

Leadership

1. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?

2. Participate in the <u>public policy process</u> to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?

3. Finance public <u>shared-use paths or trails</u> (by passing bonds, passing millages, levying taxes or getting grants)?

4. Finance <u>public recreation facilities</u> (by passing bonds, passing millages, levying taxes or getting grants)?

5. Finance public parks or <u>greenways</u> (by passing bonds, passing millages, levying taxes or getting grants)?

6. Finance public sports facilities (by passing bonds, passing millages, levying taxes or getting grants)?

7. Finance pedestrian enhancements (e.g., sidewalks, street crossing enhancements)?

8. Finance bicycle enhancements (e.g., bike lanes, bike parking, <u>road diets</u>)?

9. Address the community's operating budget to make walking, bicycling, or other physical activities a priority?

10. Promote <u>mixed land use</u> through regulation or other <u>incentives</u>?

11. Institute a management program to improve safety within the transportation system?

Health Care Facility
Policy, Systems & Environmental Strategies

"to what extent does the health care facility"

Physical Activity

1. Promote stairwell use (e.g., make stairs appealing, post motivational signs near stairs to encourage physical activity) to patients, visitors, and staff?

2. Assess patients' physical activity as part of a written checklist or screening used in all routine office visits?

3. Provide regular counseling about the health value of physical activity during all routine office visits?

4. Implement a referral system to help patients access community-based resources or services for physical activity?

Nutrition

1. Implement <u>breastfeeding initiative</u> for future or current moms?

2. Assess patients' nutrition as part of a written checklist or screening used in all routine office visits?

3. Provide regular counseling about the health value of good nutrition during all routine office visits?

4. Provide free or low cost weight management or nutrition programs?

5. Implement a referral system to help patients access community-based resources or services for nutrition?

6. Institute <u>healthy food and beverage options</u> in vending machines?

7. Institute <u>healthy food and beverage options</u> served to their patients?

8. Institute <u>healthy food and beverage options</u> in the onsite cafeteria and food venues?

9. Institute <u>pricing strategies</u> that encourage the purchase of <u>healthy food and beverage options</u>?

10. Institute healthy food purchasing (e.g., to reduce the caloric, sodium, and fat content of foods offered) for cafeteria and onsite food venues?

11. Institute healthy food preparation practices (e.g., steaming, low fat, low salt, limiting frying) in onsite cafeteria and food venues?

12. Institute nutritional labeling (e.g., 'low fat,' 'light,' 'heart healthy,' 'no trans fat') at the onsite cafeteria and food venues?

13. Ban marketing (e.g., counter advertisements, posters, other print materials) of less than healthy foods and beverages onsite?

14. Provide smaller <u>portion sizes</u> in onsite cafeteria and food venues?

Tobacco Use

1. Institute a <u>smoke-free policy 24/7 for indoor public places</u>?

2. Institute a <u>tobacco-free policy 24/7 for indoor public places</u>?

3. Institute a <u>smoke-free policy 24/7 for outdoor public places</u>?

4. Institute a <u>tobacco-free policy 24/7 for outdoor public places</u>?

5. Assess patients' tobacco use as part of written checklist or screening used in all routine office visits?

6. Assess patients' exposure to tobacco smoke as part of written checklist or screening used in all routine office visits?

7. Provide regular counseling about the harm of tobacco use and exposure during all routine office visits?

8. Implement a <u>referral system</u> to help patients access tobacco cessation resources and services, such as a <u>quitline</u> (e.g., 1-800-QUIT-NOW)?

9. Provide access to free or low cost <u>pharmacological quitting aids</u> for their patients?

10. Implement a <u>provider-reminder system</u> to assess, advise, track, and monitor tobacco use?

Chronic Disease Management

1. Implement a referral system to help patients access community-based resources or services for chronic disease management?
2. Provide routine follow-up counseling and education to patients to help address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, hypertension, high cholesterol, elevated blood sugar levels, tobacco use and exposure)?
3. Provide screening for chronic diseases in adults with risk factors?
4. Measure weight and height, and calculate appropriate body mass index (BMI) for every patient at each visit?
5. Adopt a plan or process to increase patient adherence to chronic disease (e.g., cardiovascular disease, diabetes) treatment?
6. Institute a systematic approach to the processes of diabetes care?
7. Institute the latest emergency heart disease and stroke treatment guidelines (e.g., Joint National Committee 7, American Heart Association)?
8. Provide access to resources and training for using a stroke rating scale?
9. Provide specialized stroke care units?
10. Provide specialized heart disease units?

Leadership

1. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?
2. Participate in the public policy process to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?
3. Enhance access to childhood overweight prevention and treatment services to reduce health disparities?
4. Promote high standards of modifiable risk factor (e.g., poor nutrition, physical inactivity, tobacco use and exposure) practice to healthcare and provider associations?
5. Institute standardized treatment and prevention protocols that are consistent with national evidence-based guidelines to prevent heart disease, stroke, and related risk factors?
6. Institute an electronic medical records system and patient data registries to provide immediate feedback on a patient's condition and compliance with the treatment regimen?
7. Adopt the Chronic Care Model in hospitals?
8. Provide patient services using provider care teams that cross specialties (e.g., physician/pharmacist teams)?
9. Provide access to medical services outside of regular working hours (e.g., late evenings, weekends)?

10. Promote collaboration between health care professionals (e.g., physicians and specialists) for managing chronic diseases (e.g., cardiovascular disease, diabetes)?
11. Partner with community agencies to provide free or low cost chronic disease health screenings, follow-up counseling, and education for those at risk?
12. Institute annual <u>cultural competence</u> training for all health workers for optimal care of all patients (regardless of their race/ethnicity, culture, or background)?

Community Institutions/Organizations
Policy, Systems & Environmental Strategies

"to what extent does the institution/organization"

Physical Activity

1. Promote stairwell use (e.g., make stairs appealing, post motivational signs near stairs to encourage physical activity)?
2. Provide a safe area outside (e.g., through lighting, signage, crime watch) to walk or be physically active?
3. Designate a walking path on or near building property?
4. Encourage non-motorized commutes (e.g., active transportation such as walk or bike) to the facility?
5. Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) within <u>reasonable walking distance</u>?
6. Provide access to onsite fitness center, gymnasium, or physical activity classes?
7. Provide a changing room or locker room with showers?
8. Provide bicycle parking (e.g., bike rack, shelter) for patrons?
9. Provide access to a broad range of competitive and noncompetitive physical activities that help to develop the skills needed to participate in lifetime physical activities?
10. Provide opportunity for unstructured play or leisure-time physical activity?
11. Prohibit using <u>physical activity as a punishment</u>?
12. Restrict <u>screen time</u> to less than 2 hours per day for children over 2 years of age?
13. Provide direct support (e.g., money, land, pavilion, recreational facilities, sponsorship, advertising) for supporting community-wide physical activity opportunities (e.g., sports teams, walking clubs)?

Nutrition

1. Institute healthy food and beverage options in vending machines?

2. Institute healthy food and beverage options at institution-sponsored meetings and events?

3. Institute healthy food and beverage options in onsite cafeteria and food venues?

4. Institute healthy food purchasing (e.g., to reduce the caloric, sodium, and fat content of foods offered) for cafeteria and onsite food venues?

5. Institute healthy food preparation practices (e.g., steaming, low fat, low salt, limiting frying) in onsite cafeteria and food venues?

6. Institute pricing strategies that encourage the purchase of healthy food and beverage options?

7. Ban marketing (e.g., counter advertisements, posters, other print materials) of less than healthy foods and beverages onsite?

8. Provide smaller portion sizes in onsite cafeteria and food venues?

9. Institute nutritional labeling (e.g., 'low fat,' 'light,' 'heart healthy,' 'no trans fat') at onsite cafeteria and food venues?

10. Provide safe, unflavored, cool drinking water at no cost to patrons?

11. Prohibit using food as a reward or punishment?

12. Provide direct support (e.g., money, land, pavilion, sponsorship, advertising) for supporting community-wide nutrition opportunities (e.g., farmers' markets, community gardens)?

13. Provide a comfortable, private space for women to nurse or pump to support and encourage patrons' ability to breastfeed?

Tobacco Use

1. Institute a smoke-free policy 24/7 for indoor public places?

2. Institute a tobacco-free policy 24/7 for indoor public places?

3. Institute a smoke-free policy 24/7 for outdoor public places?

4. Institute a tobacco-free policy 24/7 for outdoor public places?

5. Ban tobacco vending machine sales (including self-service displays)?

6. Ban tobacco promotions, promotional offers, and prizes?

7. Ban tobacco advertisement (e.g., restrict point-of-purchase advertising, product placement)?

8. Implement a <u>referral system</u> to help patrons to access tobacco cessation resources and services, such as a <u>quitline</u> (e.g., 1-800-QUIT-NOW)?

Chronic Disease Management

1. Provide access to chronic disease self-management programs (e.g., Weight Watchers for overweight/obesity)?
2. Provide access to an onsite nurse?
3. Provide an onsite medical clinic to monitor and address chronic diseases and related risk factors (e.g., high blood pressure, high cholesterol, elevated blood sugar levels)?
4. Provide routine screening, follow–up counseling and education to patrons to help address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, hypertension, high cholesterol, elevated blood sugar levels, tobacco use and exposure)?
5. Adopt curricula or training to raise awareness of the signs and symptoms of heart attacks and strokes?
6. Adopt curricula or training to raise awareness of the importance of calling 9-1-1 immediately when someone is having a heart attack or stroke?
7. Promote chronic disease prevention to patrons (e.g., post signs reminding patrons to get blood pressure checked, quit smoking, avoid secondhand smoke)?
8. Have an emergency response plan (e.g., appropriate equipment such as Automatic External Defibrillator or instructions for action) in place?

Leadership

1. Provide <u>incentives</u> to patrons participating in chronic disease prevention measures (e.g., quit smoking, log miles walked, blood pressure or cholesterol screening)?
2. Participate in the <u>public policy process</u> to highlight the need for community changes to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?
3. Have a wellness coordinator?
4. Have a wellness committee?
5. Have a health promotion budget?
6. Have a mission statement (or a written policy statement) that includes the support of or commitment to patron health and well-being?
7. Implement a needs assessment when planning a health promotion program?

8. Evaluate health promotion programs?

9. Provide opportunities for patron feedback (e.g., interest, satisfaction, adherence) about health promotion programs?

10. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure)?

-Glossary of Terms-

1. Active Time: Engaging in physical activity that is moderately to vigorously active, and equal in intensity to (or more strenuous than) fast walking.

2. American Heart Association (AHA): Is a national voluntary health agency whose mission encompasses: "Building healthier lives free of cardiovascular diseases and stroke." AHA treatment guidelines can be found at:
http://www.americanheart.org/presenter.jhtml?identifier=3004546.

3. Americans with Disabilities Act: Gives civil rights protection to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications.

4. Child Nutrition and WIC Reauthorization Act of 2004: The United States Congress began the process of reauthorizing the federal child nutrition programs in early 2003. The process concluded in June 2004 with the passage of reauthorization legislation that will improve both the child nutrition programs and health outcomes for children. Specifically, it expanded the availability of nutritious meals and snacks to more children in school and improved the quality of food in schools.

5. Chronic Care Model: Provides an organizational approach for caring for people with chronic disease in a primary care setting. The Chronic Care Model advocates that improvements in approaches to chronic conditions can be accomplished by creating a health care system that is practical, supportive, population- and evidence-based and promotes an interactive relationship between patients who are informed and motivated and a health care team that is prepared and proactive. Components of Chronic Care Model can be found at:
http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2.

6. Community Garden Initiatives: The process of growing, processing, and distributing food in and around cities and suburbs or urban agriculture provides individuals and families with many benefits. Advantages of urban agriculture include an alternative source of fresh produce, improved life satisfaction, and a way to preserve cultural identity and traditions. Most importantly, community gardening and urban farming have the potential to provide a supplemental source of fruits and vegetables. Urban agriculture may be done on land owned by a community group, institution, municipality, land trust, or some other entity. Food grown on these plots can be kept for personal consumption or used to procure supplemental income. Additional benefits of urban agriculture beyond food provision include building job skills, improving self-esteem, and contributing to community revitalization. Characteristics of community gardening initiatives comprise: land and supply procurement; organization of participants; reduction of barriers to fresh produce; production of primary or alternative source of fresh produce; and entrepreneurial gardens.

7. Community Gardens: Empower people to supplement their food supply by growing it themselves. Community gardening stimulates social interaction, encourages self-reliance, truly beautifies neighborhoods and produces nutritious foods, while reducing family food budgets. Each garden is an autonomous neighborhood-based effort where community members share work and responsibility.

8. Culturally and Linguistically Appropriate: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable effective work in cross-cultural and multi-lingual situations.

9. Environmental Changes: Alterations or changes to physical, social, or economic environments designed to influence people's practices and behaviors.

    Examples include:

    Physical: Structural changes or the presence of programs or services, including the presence of healthy food choices in restaurants or cafeterias, improvements in the built environment to promote walking (e.g., walking paths), the availability of smoking cessation services to patients or workers, and the presence of comprehensive school health education curricula in schools.

    Social: A positive change in attitudes or behavior about policies that promote health or an increase in supportive attitudes regarding a health practice, including an increase in favorable attitudes community decision makers have about the importance of nonsmoking policies or an increase in non-acceptance of exposure to secondhand smoke from the general public.

    Economic: The presence of financial disincentives or incentives to encourage a desired behavior, including paying higher prices for tobacco products to decrease their use or the provision of nonsmoker health insurance discounts to encourage smoking cessation.

10. Flexible Work Arrangements: When the work hours established by the employer are changed at the request of the employee. A flexible work arrangement is often requested by an employee who is trying to successfully meet work obligations while fulfilling a personal need or concern. Examples include: telecommuniting, compressed work week, and flextime.

11. Health Disparities: Are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.

12. Incentive: Any factor (financial or non-financial) that provides a motive for a particular course of action, or counts as a reason for preferring one choice to the alternatives. Examples are: certificates of appreciation or certificates of participation in the program, movie passes, transportation passes or tokens, phone cards, meal certificates, and/or cash.

13. In-kind Contributions: A non-cash input that can be given as a cash value. Examples of in-kind contributions include: 1) a local community "loans" a school or a church to a literacy program for classroom space; 2) a government agency donates some paper to print books; 3) a consultant donates his time to your program; 4) a taxi company donates the use of its taxis at no cost or at a cost below market.

14. Joint National Committee Guidelines (JNC7): The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure synthesizes the available scientific evidence and offers guidance to primary care clinicians. Guidelines can be found at: http://www.nhlbi.nih.gov/guidelines/hypertension/#guidelines.

15. Minimal Nutritional Foods: Foods of minimal nutritional value as identified by the Secretary of the USDA and federal regulations governing the National School Lunch Program and School

Breakfast Program include: soda water, water ices, chewing gum, hard candy, jellies and gums, marshmallow candies, fondant, licorice, spun candy, and candy coated popcorn.

16. Mixed Land Use: The use of safe and well-maintained sidewalks, crosswalks, bicycle paths, trails, parks, recreational facilities, and community designs featuring mixed-use development (e.g., mixing residential and commercial in same area) and a connected grid of streets.

17. National Evidence-based Guidelines to Prevent Heart Disease, Stroke, and Related Risk Factors: Are intended to assist primary care providers in their assessment, management, and follow-up of patients who may be at risk for but who have not yet manifested cardiovascular disease. More information on these guidelines can be found at: http://circ.ahajournals.org/cgi/content/full/106/3/388.

18. Pharmacological Quitting Aids: Because nicotine is a physical addiction, many smokers are better able to quit with Nicotine Replacement Therapy (NRT) products. These aids include nicotine gum, nicotine patch, nicotine inhaler, or other FDA approved products. Many of these are available without a prescription. Some smokers also can benefit from the anti-depressant drugs Zyban® or Welbutrin®, which require a prescription.

19. Policy: Laws, regulations, rules, protocols, and procedures, designed to guide or influence behavior. Policies can be either legislative or organizational in nature. Policies often mandate environmental changes and increase the likelihood that they will become more permanent (institutionalized or sustainable).
Examples of legislative policies include taxes on tobacco products, provision of county or city public land for green spaces or farmers' markets, or clean indoor air laws.
Examples of organizational policies include menu labeling in restaurants, required quality assurance protocols or practices (e.g., clinical care processes), or a human resources policy that requires healthy foods to be served at meetings.

20. Poverty: The U.S. Census Bureau, with support from other federal agencies, created the Small Area Income and Poverty Estimates (SAIPE) program to provide more current estimates of selected income and poverty statistics than the most recent decennial census. Estimates are created for states, counties, and school districts. The percentage of individuals living below the poverty level can be obtained from the SAIPE at: http://www.census.gov/housing/saipe/estmod03/est03ALL.xls http://www.census.gov/hhes/www/saipe/tables.html.

21. Reasonable walking distance: One mile is considered a reasonable distance to walk.
More information can be found at:
http://www.cdc.gov/pcd/issues/2008/jul/pdf/07_0087.pdf.

22. Road diet: A road diet is a technique in transportation planning whereby a road is reduced in number of travel lanes and/or effective width in order to achieve systemic improvements (for walking and bicycling).

23. Selective Purchase Policy: When governments and/or organizations make purchasing policy that is based on something other than price, it is called Selective Purchasing.

24. Shared Use Paths and Trails: Part of a transportation circulation system that supports multiple recreation opportunities, such as walking, bicycling, and inline skating. A shared-use path typically has a surface that is asphalt, concrete, or firmly packed crushed aggregate. Shared-use paths can provide both a transportation and recreation function.

25. Strategies: Means by which policy, programs, and practices are put into effect as population-based approaches (e.g., offering healthy food and beverage options in vending machines at schools, implement activity breaks for meetings longer than one hour) versus individual-based approaches (e.g., health fairs, cooking classes).

26. Subsidized Membership: A free or reduced-price membership, which is fully and/or partially financially supported by the employer.

27. Tobacco cessation services: Health care delivery administrators, insurers, and purchasers can promote the treatment of tobacco dependence through a systems approach. Purchasers (often business entities or other employers, State or Federal units of government, or other consortia that purchase health care benefits for a group of individuals) should make tobacco assessment and coverage of treatment a contractual obligation of the health care insurers and/or clinicians who provide services to them. Treating Tobacco Use and Dependence, a Public Health Service-sponsored Clinical Practice Guideline can be found at:
http://www.surgeongeneral.gov/tobacco/
http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.section.28356.

28. Tobacco cessation products: Recommend use of over-the-counter nicotine patch, gum, or lozenge; or give prescription for varenicline, bupropion SR, nicotine inhaler, or nasal spray, unless contraindicated. More information can be found at:
http://www.ahrq.gov/clinic/tobacco/medsmoktab.htm.

29. Tobacco company subsidiary food products: Products made by companies controlled or owned by another tobacco company. For example, food or beverage products that are manufactured by a company that is owned and/or controlled by a tobacco company.

30. Tobacco Free Policy 24/7: All tobacco products, such as cigarettes, cigars, and chewing tobacco, are prohibited around the clock to be used by anyone inside and/or outside buildings, at sponsored events (on- or off- grounds), and within all vehicles.

31. Traffic Calming Measures: The combination of mainly physical measures that reduce the negative effects of motor vehicle use and improve conditions for nonmotorized street users.

32. Underserved Areas: Areas without availability of services and/or barriers to the use of available services.

33. Walk to School Initiative: A community-based program (e.g., *Safe Routes to School*) that aims to increase opportunities for daily physical activity by encouraging children to walk to and from school in groups accompanied by adults. At the same time, the program advocates for communities to build partnerships with the school, PTA, local police department, department of public works, civic associations, local politicians, and businesses to create an environment that is supportive of walking and bicycling to school safely.

34. Women, Infants, and Children (WIC): Is a federally-funded program, which subsidizes food purchases for low-income women and young children. WIC farmers market vouchers are known as Farmers Market checks. With these vouchers, participants can buy fresh fruits, fresh vegetables and fresh cut herbs at approved farmers markets throughout the country.