



**Arizona
Department of
Health Services**

Action Plan for
Improving Arizonans
Well-being Through
Healthy Eating and
Active Living

Arizona Department of Health Services
Bureau of Nutrition and Physical Activity

Federal Fiscal Year 2014 – 2017

Background

Obesity is a significant and growing problem in Arizona and across the nation, which is influenced by changing lifestyles and behaviors. The long term implications make the issue around obesity prevention a priority in public health for Arizona. Ongoing research has demonstrated, however, that the relationships between obesity, health and disease are complex and not entirely understood. Some people who are obese are metabolically healthy, while others of normal weight are metabolically unhealthy, as indicated, for example, by levels of insulin sensitivity, blood lipid profiles and blood pressure. Overweight and mild obesity have been found in some studies to be protective of health. Also, small amounts of weight loss can produce improvements in metabolic health without achieving an “ideal” weight. Improvements to physical health can be made through changes in physical activity and diet in the absence of weight loss. For these reasons, this action plan aims to improve Arizonans’ well-being through healthy eating and active living to improve metabolic health.

The Arizona Department of Health Services (ADHS) has identified the promotion of nutrition and physical activity to reduce obesity as an opportunity to impact Arizona’s winnable battles to achieve targeted improvements in health outcomes in the Department’s 2012-1016 Strategic Map. The ADHS Bureau of Nutrition and Physical Activity (BNPA) is the administrative entity for many of the United States Department of Agriculture (USDA) Nutrition Programs in Arizona: Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Commodity Supplemental Food Program (CSFP), Farmers’ Market Nutrition Program (FMNP), Breastfeeding Peer Counseling and the Supplemental Nutrition Assistance Program - Education (SNAP-Ed) within Nutrition Education and Obesity Prevention, known as the Arizona Nutrition Network (AzNN). BNPA provides comprehensive public health nutrition services through multiple agencies in cooperation with others such as the Arizona Department of Education, Arizona Health Care Cost Containment System (AHCCCS) or Medicaid, Arizona Department of Transportation, and Arizona Department of Economic Security (DES).

As a result of the administrative program infrastructure of the Bureau, BNPA is uniquely positioned to lead efforts in a statewide coordination to address the significant and complex problem of obesity; however, this can only be achieved through the alignment of federal and state initiatives. The USDA strategic plan for Federal Fiscal Year (FFY) 2010-2015 identifies strategic goal four in *ensuring that all of America’s children have access to safe, nutritious, and balanced meals* as essential to the well-being of every family and the healthy development of every child. BNPA collaborates across existing programs and partners to leverage activities and deliver consistent messaging to influence obesity prevention where Arizonans *live, learn, work, play, and receive care* while aligning efforts with the following objectives within the USDA strategic plan:

- Objective 4.1: Increase access to nutritious foods
- Objective 4.2: Promote healthy diet and physical activity behaviors
- Objective 4.3: Protect public health by ensuring food is safe
- Objective 4.4: Protect agricultural health by minimizing major diseases to ensure access to safe, plentiful, and nutritious food

The development of the BNPA Obesity Prevention Action Plan lays a foundation for leveraging past and current efforts while also building capacity around future plans to provide a framework on which to build further strategies to address obesity issues. It is intended that this action plan is a flexible and responsive document so that any new national and/or state government policies and directions on overweight and obesity can be incorporated. This plan aligns closely with the *White House Task Force on Childhood Obesity* recommendations, *Let's Move*, and *Healthy People* goals which are national recommendations and initiatives that are consistent with directions from our primary federal funders, USDA and the Centers for Disease Control and Prevention (CDC). The approach of the plan is to ensure specific and actionable tasks that can be measured to monitor approach and guide impact.

Current Services and Health Promotion Programs in BNPA

BNPA works collaboratively with other ADHS bureaus and programs within a wide array of strategies to reduce obesity and improve lifestyles for Arizonans. For example, in 2012, BNPA collaborated across the four bureaus within ADHS Public Health Prevention Services (PHPS) in a creative leverage of funding to build county capacity around the adoption of a “Health-in-all-Policies” approach with efforts to align state and local policies with the goals of the National Prevention and Health Promotion Strategy. This new Health in Arizona Policies Initiative (HAPI) aligns internal bureaus as well as external county partners in an approach that requires thinking about obesity and health not only as a product of individual choices, but also a product of our agricultural, transportation, land use, environmental, educational, energy, and economic realities. Another example of innovative approaches has been the recent partnership of BNPA with the Bureau of Women and Children’s Health (BWCH) Maternal Infant and Early Childhood Home Visiting Program (MIECHV) to support breastfeeding promotion and reaching many at-risk families.

BNPA is strengthened by USDA programs including WIC and AzNN that have a solid foundation and success record in offering quality nutrition services and improving access to healthy food. In addition, the recently completed Communities Putting Prevention to Work (CPPW) grant activities provided a foundation to renew obesity prevention efforts that had previously gone unfunded as a result of loss of CDC federal funds.

BNPA is currently focusing on areas where the bureau’s unique strengths and capabilities can have the greatest impact. BNPA will continue its core promotion and support of existing activities, but will also identify opportunities for existing programs to integrate obesity prevention recommendations that align with their federal regulations and Arizona programs and grants.

Current challenges within the existing service structure include limitations of allowable activities within existing programs, lack of availability of funds to support a more comprehensive approach within all areas of the spectrum of prevention, overburdened staff and overburdened local infrastructures within local WIC agencies and with Arizona Network partners, cultural barriers, and competing priorities and demands for time. Overcoming these barriers will require a

strategic approach that leverages existing resources across programs and commitment of all programs to prioritize obesity prevention.

Future BNPA Opportunities

The current momentum behind obesity prevention and wellness makes it critical to take immediate actions in building a sustainable infrastructure within BNPA. The Patient Protection and Affordable Care Act (PPACA) has provisions in place for mandatory appropriations through the Prevention and Public Health Fund for the funding of obesity and disease prevention programs in public health. To build healthy public policy and create supportive environments throughout Arizona that strengthen community action, BNPA should optimize existing and future grants so that they not be operated in isolation from other obesity initiatives, but maintain an overarching strategy across teams and programs that is consistent with the BNPA and ADHS strategic plans.

Model for Action and Bureau Collaboration

According to the socio-ecological model, individual behavior can be influenced at multiple levels: individual, interpersonal, organizational, community, and public policy or where individuals *live, learn, work, play, and receive care*. The model combines individual behavior with social and physical environments. The strategies in the past ADHS Nutrition and Physical Activity state plan recognize the level of self-responsibility that individuals have to take for positive lifestyle change and the outside forces through schools, worksites, and community settings that influence individual behavior. Multiple factors affect individual choices; therefore, implementing environmental and policy changes are key for larger societal impact. The inclusion of policy, system, and environmental actions should be focused on actions that can be implemented within the three-year action plan timeframe and are based on political readiness, public support, and actionable language. There may be other policy, system, and environmental public health approaches that are not “winnable” within the three-year action plan timeframe, but warrant actions that begin building public awareness and political receptiveness and may be the target of social marketing efforts to build future platforms.

The Spectrum Model of Prevention and the socio-ecological model will continue to guide BNPA efforts in obesity prevention. In developing strategies for the obesity action plan, several components are addressed across the lifespan. Population strategies and priority groups have been identified as requiring specific actions. As mentioned above, the proposed collaboration approach this plan outlines is based on the Spectrum Model of Prevention and the socio-ecological model for best practices and strategic directions for obesity prevention. Best practice for BNPA will be inclusive of individual and interpersonal supports while comprehensive with the Health in Arizona Policies approach across the lifespan. This includes action in the following lifecycle and environmental domains:

- Pregnancy, Breastfeeding, and Postpartum
- Childcare and Early Childhood Settings, Schools, and College Institutions
- The Built Environment
- Worksites
- Families, Homes, and Older Adults

Overarching Strategies

Oversight of implementation of the BNPA Obesity Prevention Action Plan will be administered by the BNPA prevention section and evaluated by the research and evaluation section. Proposed actions will be supported by evidence-based strategies and approaches, complement WIC and AzNN state plans, build on existing capacity, are feasible with the existing infrastructure, and address social disparities.

The major strategies include:

- Continuation of development of strategies and programs focusing on low-income populations and which promote healthy eating, breastfeeding, physical activity, and reduced sedentary behavior;
- Working across programs to ensure effective overweight and obesity prevention;
- Ensuring access to healthy foods and safe environments that encourage active play;
- Developing BNPA infrastructure needed to support future PPACA prevention and wellness grant opportunities; and
- Enhancing evaluation of existing and future bureau activities that support obesity prevention initiatives.

Getting it Right from the Start – Obesity Prevention Strategies for a Healthy Pregnancy and Postpartum Recovery

General strategies/actions:

- **Strengthening Individual Knowledge and Skills:**
 - WIC participant centered education on reduced consumption of energy-dense foods, increased intake of fruits and vegetables, and healthy lifestyle
 - Empower parents and caregivers with resources consistent with Let's Move
 - Educate mothers on the risk for gestational diabetes and refer women identified as high risk to the diabetes prevention program
- **Promoting Community Education:**
 - WIC nutrition and breastfeeding support services and education before, during and after delivery
 - Education of WIC staff in meeting competencies for appropriate screening, counseling, and referral for healthy weight gain in pregnancy and promotion of healthy postpartum weight
 - Collaborate with ADHS Bureau of Women and Children's Health (BWCH) to promote "Baby Behaviors" across WIC and Home Visiting
 - Identify and promote models for community/peer based parenting education and support
- **Educating Providers:**
 - Continue "Adopt-A-Doc" WIC outreach services and work with the Bureau of Health System Development (BHSD) providers participating in the workforce programs
 - Explore continuing medical education (CME) opportunities for healthcare providers related to obesity assessment, education and prevention in pregnancy
 - Educate home visitors on healthy eating and active living resources and tools for family support
 - Educate providers and partners in inter-conception approaches to support healthy eating and active living
 - Work with Arizona universities and medical schools to ensure obesity assessment, education, and prevention in pregnancy is incorporated into all clinical education programs
- **Fostering Coalitions and Networks:**
 - Strengthen partnerships between WIC and BWCH to promote healthy weight gain in pregnancy and achieve a healthy postpartum weight
 - WIC local agencies encouraged to participate in county level coalitions and networks with maternal and child health (MCH) partners
 - Partner with behavioral health for postpartum depression assessment, evaluation, and referral program for up to one year postpartum
- **Influencing Environmental Change and Organizational Practices:**
 - WIC staff to identify limitations in access to healthy nutrient-rich foods and work with community organizations to increase access to affordable and healthy foods

Obesity Prevention Strategies for Breastfeeding Success

General strategies/actions:

- **Strengthening Individual Knowledge and Skills:**
 - Support and encourage breastfeeding, the medically preferred feeding practice for most infants, through WIC and align with Baby Behaviors
 - Educate mothers from pregnancy and ongoing for breastfeeding success
- **Promoting Community Education:**
 - Continue ongoing professional support through LATCH (Lactation support in Arizona to Collaborate for Health)
 - Continue WIC media and social marketing outreach to increase public support and awareness
 - Implement and support Breastfeeding-Friendly Childcares
 - Education of WIC staff in meeting competencies for appropriate screening, counseling, and referral for healthy weight for breastfeeding women including healthy infant weight in accordance with World Health Organization (WHO) growth charts for breastfeeding infants
- **Educating Providers:**
 - Increase lactation curriculum requirements with all local medical schools including public and private universities
 - Work with providers to support hospitals participating in *AZ Baby Steps* program and advance to the Baby-Friendly Hospital Initiative (BFHI)
 - Advance MIECHV support for breastfeeding education to educate home visitors
- **Fostering Coalitions and Networks:**
 - Network with local businesses to support breastfeeding in the workplace
 - Continue LATCH breastfeeding community networking
- **Influencing Environmental Change and Organizational Practices:**
 - Provide technical assistance to employers seeking help in implementing lactation accommodation requirements
 - Work with Baby Friendly-USA and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) to advance BFHI quality practices in Arizona hospitals

Obesity Prevention Strategies for Childcare Settings

General strategies/actions:

- **Strengthening Individual Knowledge and Skills:**
 - Expand continuing education and curriculum-based strategies that support healthy eating and active living in childcare settings
 - Continue collaboration with the Office of Children with Special Health Care Needs in providing tools for technical assistance to childcare centers around nutrition, breastfeeding, and physical activity
 - Work with Child and Adult Care Food Program (CACFP) providers statewide in providing consistent messaging to providers and families
- **Promoting Community Education:**
 - WIC and AzNN to work with Empower centers and CACFP programs in their areas to promote consistent core messaging in nutrition education for infants and children and breastfeeding resources for eligible working moms
 - Empower parents and communities to demand centers that support Empower and healthy meals and physical activity
 - Promote childcare gardens
- **Educating Providers:**
 - Work with the Arizona Chapter of the American Academy of Pediatrics (AzAAP) to recognize Empower Childcare Centers and promote with parents
 - AzAAP to promote “Baby Behaviors” and the “Division of Responsibility in Feeding” and family meals with local childcare providers
- **Fostering Coalitions and Networks:**
 - Support partner meetings for collaboration with First Things First, Head Start, Arizona Childcare Association, and all stakeholders to leverage best practices in childcare wellness
 - Partner with universities to expand intramural and extramural behavioral research into obesity prevention in childcare centers
- **Influencing Environmental Change and Organizational Practices:**
 - Work with childcare directors to establish Breastfeeding Friendly childcare centers
 - Highly encourage and support childcare nutritionists in all First Things First regions
 - Work with childcare licensure to ensure successful monitoring of physical activity

Obesity Prevention Strategies for Healthy Schools

General strategies/actions:

- **Strengthening Individual Knowledge and Skills:**
 - Continue efforts with AzNN partners and classroom teachers to promote nutrition education messages and nutrition curriculum
 - Start or expand farm-to-school programs in districts statewide
 - Empower parents to participate in local School Health Advisory Committee (SHAC)
 - Promote healthy eating and active living for blood glucose control for students with diabetes
- **Promoting Community Education:**
 - Develop/purchase/revise AzNN curriculums that promote healthy eating and physical activity messages that also promote policy, system, and environmental change strategies
 - Promote the increased consumption of whole grains, fruits and vegetables, and low-fat and fat-free milk in school cafeterias
 - Start or expand school gardens with joint-use agreements for community support and access
- **Educating Providers:**
 - Offer toolkits to pediatricians to inspire parents to action in demanding healthier Arizona schools
 - Increase awareness of the Arizona Department of Education HealthologyAZ website and resource information to providers
- **Fostering Coalitions and Networks:**
 - Work with school business administrators to share best practices and revenue strategies that do not entail sales of food that do not meet standards
 - Work with school administrators within districts to achieve consistency in nutrition and physical activity standards between elementary and high schools
- **Influencing Environmental Change and Organizational Practices:**
 - Work with community advocates to continue to advocate for mandatory daily physical education
 - Work with the Arizona Department of Education (ADE) to support recess before lunch and provide reasonable time to consume lunch
 - Limit marketing of sugar-sweetened beverages and minimize marketing's effect on children
 - Ensure that students have only appealing, healthy choices in foods and beverages offered outside of the school meals program
 - Work with new AzNN regulations to provide technical assistance to contractors in moving towards policy support in schools

Obesity Prevention Strategies for the Arizona Built Environment

General strategies/actions:

- **Strengthening Individual Knowledge and Skills:**
 - Employ bureau Community Planner to work with developers, planners, and local councils in urban and rural planning processes to ensure a “Health-in-all-Policies” approach to planning and design
 - Promote outdoor active play through existing WIC and AzNN efforts
 - Work with promotoras/Community Health Workers in building grass-root public awareness of and support of increasing opportunities for active living
- **Promoting Community Education:**
 - Work with promotoras/Community Health Workers in supporting community engagement around local built environment activities
 - Engage partners in the Health Impact Assessment Model by coordinating county leadership and capacity building
 - Engage ALHOA (Arizona Local Health Officers Association) in leadership and support of Health in Arizona Policies (HAPI) in their respective counties
 - Support restaurant programs that offer and promote healthier food choices
 - Increase access to locally grown fruits and vegetables and other nutritious food by expanding the use of SNAP electronic benefit transfer in farmers’ markets, among other strategies
- **Educating Providers:**
 - Collaborate with AzAAP to advocate for and promote Safe Places to Play and Safe Routes to Schools efforts
- **Fostering Coalitions and Networks:**
 - Facilitate community engagement, participation, and ownership of local planning efforts
 - Encourage outdoor exercise and recreation on public lands through partnerships, outreach campaigns, and recreational programs
 - Start or expand farmers’ markets in all settings
 - Start or expand community-supported agriculture programs in all settings
- **Influencing Environmental Change and Organizational Practices:**
 - Promote walking, cycling, and active living by implementing best practice urban planning guidelines
 - Identify funding opportunities with the U.S. Departments of Health and Human Services and the Treasury to increase the availability of affordable, healthy foods in underserved urban and rural communities
 - Provide supermarkets and farmers’ markets with incentives to establish their businesses in low-income areas and to offer healthy foods
 - Expand programs that bring local fruits and vegetables to schools, businesses, and communities
 - Adopt policies that promote bicycling and public transportation
 - Promote menu labeling in restaurants

Obesity Prevention Strategies for Healthy Worksites

General strategies/actions:

- **Strengthening Individual Knowledge and Skills:**
 - Support the Wellness Council and Arizona Small Business Association in implementation of certification system that supports positive changes to food and physical activity environments in Arizona worksites
 - Empower individuals with point-of-decision prompts to encourage use of stairs
 - Engage WIC staff in worksite wellness promotional events and activities
- **Promoting Community Education:**
 - Ensure access to fruits and vegetables in workplace cafeterias and other food service venues
 - Ensure access to fruits and vegetables at workplace meetings and events
 - Engage chef/worksite relationships for expertise in meal planning
- **Educating Providers:**
 - Work with medical associations and chapters to support local business wellness events
- **Fostering Coalitions and Networks:**
 - Start or expand farm-to-institution in worksites
- **Influencing Environmental Change and Organizational Practices:**
 - Promote worksite wellness opportunities with WIC staff to serve as role models in counseling
 - Promote healthful foods in worksite cafeterias, worksite vending machines, and at meetings and conferences
 - Promote a “Health in Arizona Policies” approach with all Arizona government departments and sectors
 - Provide technical assistance to employers seeking help in implementing lactation accommodation requirements

Obesity Prevention Strategies for Healthy Families and Homes

General strategies/actions:

- **Strengthening Individual Knowledge and Skills:**
 - AzNN to work with contractors in influencing nutrition education across DES, WIC, and in community settings
 - Promote family meal time with AzNN recipes
 - Empower parents and children with Let's Move strategies that make physical activity a part of family routine and reduce screen time
 - Promote the increased consumption of fruits and vegetables
 - Promote healthy snack options
 - Leverage funding across grants and programs to expand the “reach” of AzNN media campaigns to include all Arizonans
 - Work with promotoras/Community Health Workers in building grass-root public awareness of and support of increasing opportunities for active living
- **Promoting Community Education:**
 - Work with faith-based organizations for referrals and promotion of common messaging
 - Support and promote community and home gardens through AzNN
 - Engage local culinary schools and programs to offer healthy cooking demos consistent with Let's Move and AzNN guidelines
 - Education of WIC staff in meeting competencies for appropriate screening and counseling of healthy lifestyle behaviors of the family unit based on the Touching Hearts Touching Minds approach
- **Educating Providers:**
 - Establish a screening module which builds on the electronic medical record for individual obesity patient management including the exploration of patient prompts around the conversational approaches to weight management for patients with BMI >30.
 - Include screening and counseling about sugar-sweetened beverage consumption as part of routine medical care
 - Expand the knowledge and skills of medical care providers to conduct nutrition screening and counseling on sugar-sweetened beverage consumption
- **Fostering Coalitions and Networks:**
 - Work through ALHOA on Let's Move Cities and Towns initiatives and promote efforts statewide
 - Engage community advocates in dissemination in nutrition and physical activity messaging and campaigns
 - Leverage partnership with the Arizona Diabetes Coalition to help promote consistent messaging across obesity and diabetes
- **Influencing Environmental Change and Organizational Practices:**
 - Improve supermarket access in health professional shortage areas
 - Improve existing small stores in health professional shortage areas
 - Working with community health centers around the development of transportation plans to support access to healthcare settings for patients

Obesity Prevention Strategies for Healthy Aging

General strategies/actions:

- **Strengthening Individual Knowledge and Skills:**
 - Empower seniors as health “advocates” for themselves
 - Empower seniors as health “advocates” for their family
 - Continue referrals and administration of CSFP
 - Increase knowledge and access to local food banks
- **Promoting Community Education:**
 - Integrate grandparents into all media campaigns that show the family unit including role in breastfeeding support and as advocates for healthy schools and community design
 - Collaborate with local universities to bring a *Healthy Aging Research Network* center to Arizona
- **Educating Providers:**
 - Promote role of prevention and wellness in senior health plans
- **Fostering Coalitions and Networks:**
 - Coordinate efforts with the Arizona Healthy Aging program
 - Support the Bureau of Tobacco and Chronic Disease (BTCD) with the Arizona Living Well Program to develop strategies for creating CDSMP (Chronic Disease Self-Management Program) and other evidence-based programs
 - Partner with Arizona Living Well program for campaign messaging
 - Partner with vendors for senior wellness promotion programs
- **Influencing Policy, Legislation, and Organizational Practices:**
 - Work with advocates to increase senior funding for food accessibility, affordability, and availability
 - Work with federal advocates to increase funding and support of senior nutrition assistance programs
 - Collaborate with AHCCCS and the Area Agencies on Aging on a healthy aging and depression model

Obesity Prevention Health Communication Social Marketing Campaign Strategies

A comprehensive communication and social marketing strategy is a key factor in building awareness with the public and leveraging integration opportunities among partners. The obesity prevention media strategy should be multi-factorial in approach and address negative attitudes around obesity, weight bias, and perceptions of individual responsibility.

BNPA is currently utilizing successful social marketing campaigns through AzNN and WIC. Current campaigns include television media, radio, door hangers, direct mail (to SNAP participants), posters, interactive materials, physician toolkits, and the eatwellbewell.org and azwic.gov websites. These campaigns are targeted to key behaviors that encourage and promote healthful eating and physical activity. These campaigns align with USDA Common Messaging and Let's Move to strengthen individual knowledge and skills. WIC has identified a tiered approach to tailoring messages for the public and healthcare provider. ADHS is benefiting from the viral promotional opportunities as well through Facebook and Twitter and the ability to drive the consumer to the website for additional information. Successful approaches to obesity prevention should inspire positive community action for Arizona well-being.

Evaluation

Impact of the success of this plan is highly dependent on a robust evaluation. BNPA currently has data collection infrastructure in place to monitor key indicators within WIC and AzNN including nutrition, intake, and behaviors, but could be enhanced to monitor physical activity and screen time for example. Baseline levels, where possible, with available data, should be assessed for contribution to overall plan, need for enhancement of services, and bureau impact.

The obesity action plan encompasses a wide variety of strategies from direct services for high risk populations to policy development aimed at making healthy choices the more likely choices. Different programs use different methods and focus on different segments of the population, but all contribute to the long-term outcome of reducing obesity. Activities among programs and stakeholders will be coordinated to incorporate common messaging and have a synergistic effect to measurably impact obesity rates over the long term. The evaluation plan will focus on several long-term outcome measures, which will be tracked to monitor progress in achieving that goal. In addition, progress will be tracked in four areas that contribute to reducing obesity:

- Increase the initiation, duration, and exclusivity of breastfeeding;
- Decrease hunger;
- Improve nutritional quality; and
- Increase physical activity and reduce sedentary behaviors.

Outcome Measures for Evaluation			
Obesity	Baseline	Year	Data source
<u>Among Low-Income Population:</u> *Overweight children age 2-5 (low-income) *Obesity children age 2-5 (low-income) *Pre-pregnancy BMI overweight *Pre-pregnancy BMI obese *Postpartum women at pre-pregnancy weight by six months post-partum	15.5% 14.5% 26.7% 26.7% N/A	2011	WIC records
<u>Youth in Arizona</u> *Overweight *Obese	13.9% 10.9%	2011	Youth Risk Behavioral Surveillance Survey (YRBS)
<u>Adults in Arizona</u> *Overweight *Obese <u>Low-income adults:</u> *Overweight *Obese	37.2% 25.1% 36.2% 31.1%	2011	Behavioral Risk Factor Surveillance System (BRFSS)
Breastfeeding	Baseline	Year	Data Source
<u>Arizona Resident Women Who breastfed</u> *Ever *At least six months *At least 12 months *At least three months *Exclusively at least six months	76.8% 43.4% 27.5% 35.3% 19.6%	2009	2011 National Immunization Survey (NIS) Report (based on births in 2009)
<u>Arizona Low-Income Women Who Breastfed</u> *Ever *At least six months *At least 12 months *Exclusively at least three months *Exclusively at least six months	66.9% 25.1% 14.7% 12.3% 6.9%	2011	WIC records
<u>mPINC Scores</u> *Composite Quality Practice Score *Structural and Organizational Aspects of Care Delivery *Staff Training *Facility Discharge Care *Contact Between Mother and Infant *Breastfeeding Assistance *Feeding of Breastfed Infants *Labor and Delivery Care	73 / 100 72 / 100 62 / 100 52 / 100 85 / 100 83 / 100 83 / 100 72 / 100	2011	Maternity Practices in Infant Nutrition and Care (mPINC)
<u>CDC Breastfeeding Report Card</u> *Number of IBCLCs per 1,000 live births *Percent of breastfed infants receiving formula before two days of age *Percent of live births occurring at facilities designated as Baby Friendly *State child care center regulation supports lactation	2.85 27.7% 0 Yes	2012	CDC Breastfeeding Report Card

Hunger	Baseline	Year	Data Source
*Households reporting low food security	15.3%	2010	Food Research and Action Center (FRAC)
*Households with children reporting food hardship	29.0%		
*Households without children reporting food hardship	15.8%		
Nutrition	Baseline	Year	Data Source
<u>Arizona Adults</u>			
*Median fruit intake (times per day)	1.04	2011	BRFSS
*Median vegetable intake (times per day)	1.71		
*% eating fruit < one time/day	38.3%		
*% eating veg < one time/day	21.7%		
<u>Low-Income Adults</u>			
*Median fruit intake (times per day)	1.00	2011	BRFSS
*Median veg intake- (times per day)	1.57		
*% eating fruit < one time/day	44.2%		
*% eating veg < one time/day	27.3%		
<u>Adults in WIC Households</u>			
Median fruit intake(times per day)	1.13	2011	BRFSS
Median veg intake (times per day)	1.43		
*% eating fruit < one time/day	41.3%		
*% eating veg < one time/day	26.2%		
<u>High School Students</u>			
*Describe their weight as slightly or very overweight	29.4%	2011	YRBS (Data available every two years; however, data on fruits, vegetables, and breakfast are not available in Arizona for 2011)
*Trying to lose weight	46.6%		
<i>During past 30 days:</i>			
*Went without eating 24 hours or more to lose weight or keep from gaining	14.4%		
*Took diet pills, powders, or liquids without doctor's advice to lose weight or keep from gaining weight	7.8%		
*Vomited or took laxatives to lose or keep from gaining	6.1%		
<i>During past 7 days:</i>			
*Drank at least one can, bottle, or glass of soda per day	24.1%		
*Drank a can, bottle, or glass of soda or pop 3 or more times per day	8.3%		
*Drank at least one glass of milk per day	37.8%		
*Drank 3 or more glasses of milk per day	11.7%		
<u>BNPA Target Population (in past week)</u>			
*Ate at least half of their grains as whole grains	50.7%	2012	Intercept survey of low-income mothers of children under age 11
*Drink milk as a beverage	92%		
*Drank mostly non or 1% fat milk if they drank milk	23%		
*Drank only non or 1% fat milk if they drank milk	22%		
*Median daily servings of sugar sweetened beverages	0.7		
*Mean daily servings of sugar sweetened beverages	0.9		
*Drank no sugar sweetened beverages	12.5%		
*Median fruit servings	1.3		
*Mean fruit servings	1.6		
*Had no fruit	1%		
*Median vegetable servings	1.9		
*Mean vegetable servings	2.3		
*Had no vegetables	2.4%		

Physical Activity	Baseline	Year	Data Source
<u>Arizona Adults</u> *Met aerobic physical activity recommendations *Met strengthening physical activity recommendations	52.6% 32.5%	2011	BRFSS
<u>Low-Income Adults</u> *Met aerobic physical activity recommendations *Met strengthening physical activity recommendations	44.3% 24.6%	2011 2011	BRFSS BRFSS
<u>Adults in WIC Households</u> *Met aerobic physical activity recommendations *Met strengthening physical activity recommendations	39.5% 31.9%	2011	BRFSS
<u>Youth in Arizona</u> *Getting at least 60 minutes of activity on five days/week *With daily PE classes *With no PE at school in average week *Watching television three or more hours per day *At computers for three or more hours per day *Attended PE classes on one or more days in average week when in school *Played on one or more sports teams during past 12 months	47.4% 29.6% 58.3% 28.6% 27.7% 41.7% 50.4%	2011	YRBS (Data available every two years)

In addition to monitoring the outcomes listed above, a logic model depiction of major programmatic activity outputs and indicators can be found for each of the four major goal areas in the Appendix. The outcomes listed above can be found in the far right column under “Long-Term Outcome Indicators,” which spans across all programs for each of the four goals. Outputs are listed describing how different programmatic activities will contribute to moving the long-term outcome indicators. Finally, process indicators are given for outputs as evidence that the program is executing its plans, while short and medium term outcomes provide an assessment of whether those plans are having the desired effect.

FFY2014-2017 BNPA Obesity Prevention Action Items

First - do no harm - by improving education, access, and opportunities for healthy eating and active living while remaining mindful of weight bias and stigmatization in improving metabolic health across all bureau programs. BNPA programs will:

- Increase the early recognition of overweight and/or excessive weight gain
- Increase initiation, exclusivity and duration of breastfeeding during infancy
- Improve lifelong healthy eating through direct nutrition education and social media initiatives that align with USDA common messaging
- Increase the proportion of individuals aged two years and older who meet dietary recommendations for fruit and vegetable consumption

- Increase the proportion of children and adolescents whose intake of meals and snacks at childcare centers, schools, and after-school programs contributes to good overall dietary quality
- Increase lifelong physical activity and opportunities for active living
- Decrease exposure to recreational screen time
- Increase environmental support of childcare centers, schools and worksites that have implemented changes to their nutrition and physical activity environments
- Increase the availability and accessibility of healthy foods and beverages

Key focus areas will include:

- Critical periods (perinatal period, infancy and breastfeeding);
- Healthy eating (caloric balance, fruits and vegetables);
- Active living; and
- Screen time reduction.

The current funding approaches for obesity prevention in BNPA programs across the lifespan are as follows:

Pregnant and Postpartum Women	Infants	Children (1-5)	School-age Children	Adults	Seniors
WIC; Breastfeeding; AzNN; FMNP; HAPI	WIC; Breastfeeding; Empower; HAPI	WIC; Empower; AzNN; FMNP; HAPI	AzNN; HAPI	AzNN	AzNN; CSFP; SFMNP

Tasks:

WIC:

- Increase competencies of WIC to improve identification of overweight/obesity and effectiveness of conversational approaches to weight management
 - Develop high risk obesity prevention intervention algorithm by category
 - Develop standards/talking points
 - Enhance training programs for WIC staff to improve knowledge and counseling skills related to nutrition, physical activity, and other lifestyle behaviors related to obesity
 - Train Arizona WIC staff in implementation of the new WHO growth grids aligning with current risk codes and the proper triage of high risk counseling and community referrals

- Increase the proportion of persons counseled about the benefits of eating healthy and using food appropriately
 - Increase the proportion of parents counseled about optimal nutrition and feeding of children beginning in infancy
- Increase promotion and support for breastfeeding as the “normal” and preferred method of feeding infants
 - Increase access of WIC and Home Visiting staff to breastfeeding continuing education through mixed-method learning opportunities including distance learning, teleconferences, website development, and in-person trainings
- Increase the awareness of availability of locally-grown fruits and vegetables through farmers’ markets

AzNN:

- Provide nutrition education for the following target demographics:
 - Target Audience 1: SNAP eligible mothers (18-49 years old) with young children (2-11 years old) reached at public housing sites, emergency food sites or DES sites.
 - Target Audience 2: SNAP eligible students in K-8 and their parents reached in the school setting.
 - Target Audience 3: SNAP eligible preschool students reached at CACFP eligible daycare settings.
 - Target Audience 4: SNAP eligible adults and children reached through community or school garden programs.
- Work with schools to enhance health curricula to address nutrition and energy balance with a behavioral skill focus and enhance school wellness policy systems and environmental strategies
- Increase school engagement in school gardens to increase exposure to and consumption of fruits and vegetables
- Develop and disseminate model nutrition and physical activity guidelines and policies for schools through collaboration across ADE, AzNN, and HAPI
- Start capacity-building among contractors around implementation of policy work based on new regulations

Empower:

- Collaborate with the CACFP and First Things First to improve the healthy eating and active living environments of early care and education centers
 - Disseminate best practices guidelines, curriculum, and activity plans for childcare providers around new standards
 - Support and assess written policies supporting new Empower standards where appropriate
 - Plan and implement continuing education opportunities supporting new Empower standards
 - Coordinate regional learning collaborative around Nemours grant to expand obesity prevention in early care and education

Communications:

- Use social marketing to develop culturally-appropriate messages tailored to specific high-risk populations and low-income groups to increase knowledge, attitudes, beliefs and change perceptions
 - Use formative evaluation to assess the needs of high-risk populations in understanding “healthy weight” and the use of BMI (body mass index) to define weight status
 - Develop culturally-sensitive methods of discussing weight status and weight-related issues with high risk population groups
 - Conduct outreach and enrollment campaigns to increase the number and percentage of eligible households, children, adults and elderly that participate in federal and state food and nutrition programs including WIC, SNAP, and Farmers’ Market Nutrition Programs

**APPENDIX
EVALUATION MODEL**

Action Plan for Improving Arizonans Well-Being through Healthy Eating and Active Living

The primary long-term outcomes will track overweight and obesity in Arizona as follows:

Long-Term Obesity Outcome Measure	Baseline	Year	Data source
<u>Among Low-Income Population:</u> *Overweight children age 2-5 (low-income) *Obesity children age 2-5 (low-income) *Pre-pregnancy BMI overweight *Pre-pregnancy BMI obese *Postpartum women at pre-pregnancy weight by six months postpartum	15.5% 14.5% 26.7% 26.7% NA	2011	WIC records
<u>Arizona Youth in Arizona</u> *Overweight *Obese	13.9% 10.9%	2011	YRBS
<u>Adults in Arizona</u> *Overweight *Obese <u>Low-income adults:</u> *Over weight *Obese	37.2% 25.1% 36.2% 31.1%	2011	BRFSS

In addition, progress will be monitored in four areas that contribute to reducing overweight and obesity:

- Increase the initiation, duration, and exclusivity of breastfeeding;
- Decrease hunger;
- Improve nutritional quality; and
- Increase physical activity and reduce sedentary behaviors.

Logic models on the following pages will describe activities as well as process and outcome indicators in each of these programs.

GOAL 1: INCREASE INITIATION, DURATION, AND EXCLUSIVITY OF BREASTFEEDING AMONG LOW-INCOME WOMEN.			
OUTPUTS	PROCESS INDICATOR	SHORT/MEDIUM TERM OUTCOME INDICATORS	LONG TERM OUTCOME INDICATORS
WIC			Percent of low-income women who breastfed: (Baseline, 2009 births, NIS Report) *Ever (76.8%) *At least 6 months (43.4%) *At least 12 months (27.5%) *Exclusively at least 3 months (35.3%) *Exclusive at least 6 months (19.6%) Percent of all Arizona women who breastfed: (Baseline, 2011, WIC Records) *Ever (66.9%) *At least 6 months (25.1%) *At least 12 months (14.7%) *Exclusively at least 3 months (12.3%) *Exclusive at least 6 months (6.9%) mPINC¹ scores: (Baseline, 2011) *Composite Quality Practice Score (73/100) *Structural and Organizational Aspects of Care Delivery (72/100) *Staff Training (62/100)
Work with partners to identify, refer, and enroll eligible population to WIC	# of contacts with/presentations to/materials distributed to people who come in contact with eligible population	% of WIC-eligible population reached by WIC services (penetration rate)	
Train WIC staff on providing breastfeeding education and support to pregnant and postpartum women	# trained [breastfeeding bootcamp] Baby Behaviors	% of WIC clinic staff completing training	
Provide peer counseling to pregnant and breastfeeding women	# trained as peers # participants # contacts # referrals		
Distribute pumps to breastfeeding women	# of pumps distributed		
Educate clients on benefits of breastfeeding	# of Breastfeeding Keep it Simple books		
Counsel and support breastfeeding clients			
Coordinate messaging with all BNPA programs that address breastfeeding			
Prevention Programs			
Provide peer counseling to pregnant and breastfeeding women	# trained as peers # participants		
Train Home Visiting staff in breastfeeding and baby behaviors	# of home visiting staff trained		

¹ Maternity Practices in Infant Nutrition and Care is a national survey conducted by the CDC every 2 years, starting in 2007. For more information, go to <http://www.cdc.gov/breastfeeding/data/mpinc/index.htm>

GOAL 1: INCREASE INITIATION, DURATION, AND EXCLUSIVITY OF BREASTFEEDING AMONG LOW-INCOME WOMEN.

OUTPUTS	PROCESS INDICATOR	SHORT/MEDIUM TERM OUTCOME INDICATORS	LONG TERM OUTCOME INDICATORS
Provide breastfeeding support services 24/7	# of 1-800-HOTLINE calls after hours		*Facility Discharge Care (52/100) *Contact Between Mother and Infant (85/100) *Breastfeeding Assistance (83/100) *Feeding of Breastfed Infants (83/100) *Labor and Delivery Care (72/100) CDC breastfeeding report card: (Baseline, 2012) *Number of IBCLCs per 1,000 live births (2.85) *Percent of breastfed infants receiving formula before 2 days of age (27.7%) *Percent of live births occurring at facilities designated as Baby Friendly (0%) *State child care center regulation supports lactation (Yes)
Provide technical support to hospitals on breastfeeding friendly maternity care practices	# of birthing hospitals trained	% of birthing hospitals trained	
Provide online Arizona Baby Steps to Breastfeeding Success course	# courses completed		
Social Marketing to increase public support for breastfeeding	# reached by campaigns	Pre/posttest change	
Train healthcare providers, employers, and community partners on development of policies to support breastfeeding	# attend AZ LATCH meeting # physicians/hospital staff trained # of hospitals with trained staff	# employers with worksite policies that are breastfeeding friendly % of HAPI counties working on policies and practices to support breastfeeding in healthcare institutions % of HAPI counties working on policies and practices to support breastfeeding in the workplace	
Train county partners on advancing policies and practices to support breastfeeding	# partners trained		
Promote breastfeeding-friendly childcare facilities through the inclusion of breastfeeding in the EMPOWER standards and technical assistance	# Empower sites given technical assistance on breastfeeding	% of EMPOWER sites with breastfeeding policies and procedures	

GOAL 2: DECREASE HUNGER			
OUTPUTS	PROCESS INDICATOR	SHORT/MEDIUM TERM OUTCOME INDICATORS	LONG TERM OUTCOME INDICATORS
WIC			Households in Arizona: (Baseline, 2010, FRAC) *Reporting low food security (15.3%) *With children reporting food hardship (29.0%) *Without children reporting food hardship (15.8%)
Provide nutritious food to low income women, infants, children under age 5	# families getting food packages \$ food redeemed	% of families who redeemed all of their food instruments	
Refer low income women to food banks and SNAP	# referred to food banks # referred to SNAP	% of qualifying WIC clients participating in SNAP	
Support vendors in expanding to underserved areas	# new stores opened in underserved areas		
Educate clients on how to stretch food dollars on a limited budget		# food deserts	
Prevention Programs			
Give technical assistance re: gaining access to potential sites for gardens to health policy managers with access to low-income populations	# of health policy managers informed about availability of and receiving technical assistance (TA)	% of health policy managers familiar with availability of TA	
Teach how to sustain gardens to health policy managers with access to low-income populations			
Facilitate collaboration of community partners to develop grocery stores in food deserts		Fewer food deserts (more access to food in areas currently designated as food deserts)	
Commodities Supplemental Food Program			
Provide boxed and canned foods worth \$50 per month to low-income seniors and children aging out of WIC	# served, average monthly caseload # food boxes distributed. \$ value of food boxes distributed	% of assigned caseload served % of eligible population age 60 and over served	
Nutrition Network			
Refer low-income population to food banks and SNAP		Penetration of SNAP enrollment into eligible population	
Educate low-income population on healthy eating on low budget			

GOAL 3: IMPROVE NUTRITIONAL QUALITY OF ARIZONANS' DIETS.			
OUTPUTS	PROCESS INDICATOR	SHORT/MEDIUM TERM OUTCOME INDICATORS	LONG TERM OUTCOME INDICATORS
WIC			Arizona Adults (Baseline, 2011, BRFSS)
Offer tips, resources, and support around healthy eating, age-appropriate feeding, and creating healthy habits	# education visits (including certifications) # nutrition education classes	% of complaints related to customer service % of clients reporting: -Staff listens to concerns -Counselor interested in family -Staff care about client and family -Able to talk about their concerns -Felt welcome at clinic -Felt empowered after visit -Able to find WIC foods	*Median fruit intake (times per day) (1.04) *Median vegetable intake (times per day) (1.71) *Ate fruit < 1 times/day (38.3%) *Ate vegetables < 1 times/day (21.7%)
Train on Participant Centered Services and Emotion-based counseling	% staff trained by topic # of complaints logged, investigated, and resolved		
Train on Baby Behaviors curriculum to teach mothers to respond appropriately to cues	% of WIC staff trained		
Monitor growth and identify opportunities for intervention	# of heights and weights identified with implausible values	% of each group with valid heights and weights	Low-Income Adults (Baseline, 2011, BRFSS) *Median fruit intake (times per day) (1.00) *Median vegetable intake (times per day) (1.57)
Train on new growth grids and WIC risk codes	# staff trained by topic	% staff trained by topic	*Ate fruit < 1 times/day (44.2%) *Ate vegetables < 1 times/day (27.3%)
Monitor hemoglobin	% of each group with valid hemoglobin at certification	% anemia in children % anemia in third trimester % postpartum anemia	
Monitor BMI and identify opportunities for intervention		% of each WIC subpopulation with valid heights and weights	Adults in WIC Households (Baseline, 2011, BRFSS) *Median fruit intake (times per day) (1.13) *Median vegetable intake (times per day) (1.43)
Provide CVVs for fruits and vegetables	\$ value issued	% of dollar value of CVVs redeemed / value issued	*Ate fruit < 1 times/day (41.3%) *Ate vegetables < 1 times/day (26.2%)
Provide nutritious food	See hunger		
Provide services of registered dietitians	# of clients seen by registered dietitian # of registered dietitians in WIC clinics # of WIC clinics with a registered dietitian	% of high risk clients seen by a registered dietitian % of clinics with a registered dietitian	

GOAL 3: IMPROVE NUTRITIONAL QUALITY OF ARIZONANS' DIETS.			
OUTPUTS	PROCESS INDICATOR	SHORT/MEDIUM TERM OUTCOME INDICATORS	LONG TERM OUTCOME INDICATORS
Set standards for maintaining appropriate levels of stock of WIC eligible nutritious foods and monitor compliance	# stores providing fresh fruits and vegetables	% of stores that meet requirements	High School Students (Baseline, 2011, YRBS): *Describe their weight as slightly or very overweight (29.4%) *Trying to lose weight (46.6%)
Train and support vendors in knowing how to handle WIC transactions and set expectations for serving WIC clients	# stores trained # complaints about vendors	% of scheduled trainings completed/required % of vendors found to be compliant during monitoring visits	
Prevention Programs			
Distribute vitamins with folic acid to women of childbearing age	# women given vitamins with folic acid	% of women of childbearing age who take a daily supplement of folic acid (BRFSS)	During past 30 days: *Went without eating 24 hours or more to lose weight or keep from gaining (14.4%) *Took diet pills, powders, or liquids without doctor's advice to lose weight or keep from gaining weight (7.8%) *Vomited or took laxatives to lose or keep from gaining (6.1%)
Social marketing and education on folic acid			
Promote policies that encourage healthy eating in childcare settings (family meals, no juice, water) (EMPOWER)	# of childcare settings given technical assistance # resources provided # participants in trainings held	# of EMPOWER childcare centers % of licensed childcare centers that are EMPOWER centers	During past 7 days: *Drank at least one can, bottle, or glass of soda per day (24.1%) *Drank a can, bottle, or glass of soda or pop 3 or more times per day (8.3%) *Drank at least one glass of milk per day (37.8%) *Drank 3 or more glasses of milk per day (11.7%)
Provide technical assistance to county health department staff and health policy managers on developing policies around healthy food procurement (reduce sodium, sugar, sweetened beverages; and increase nutritious food options)	# of health policies managers trained # of HAPI counties working on healthy food policies	% of HAPI counties who have healthy food policies	
Support development of School Health Advisory Committees		% of schools with a SHAC	
Nutrition Network			
Coordinate messaging with other programs re: nutrition and physical activity			
Educate on healthy eating	EARS measures (# classes, #	% of participants who score higher	

GOAL 3: IMPROVE NUTRITIONAL QUALITY OF ARIZONANS' DIETS.			
OUTPUTS	PROCESS INDICATOR	SHORT/MEDIUM TERM OUTCOME INDICATORS	LONG TERM OUTCOME INDICATORS
	people)	on posttests than pretests after participating in network curricula	Low-income mothers of children under age 11 (Baseline, 2012, Intercept Survey) Whole Grains *Percent eating at least half of their grains as whole grains (50.7%) Milk *Percent who drink milk as a beverage (92%) *Percent of milk drinkers who drink mostly (>50%) nonfat or 1% fat milk (23%) *Percent of milk drinkers who always drink nonfat or 1% fat milk (22%) Sugar sweetened beverages *Median daily servings of sugar sweetened beverages (0.7) *Mean daily servings of sugar sweetened beverages (0.9) *Drank no sugar sweetened beverages (12.5%) Fruit *Median fruit servings
Provide recipes	Subscribers to weekly recipes or Website hits to recipes # recipes distributed		
Conduct Social Marketing campaigns	Website hits/ Google analytics Media impressions	Awareness of SNAP-Ed and Nutrition Network contractors (pre/post test change)	
Provide food demonstrations	# demos		
Develop policy towards improving nutrition status in schools, worksites, and other community settings	# trainings on how to affect policy		
Support policy initiatives through utilizing portions of SNAP-Ed funding for policy initiatives	% of funds allocated for policy # of contractors doing policy		
Distribute print materials to drive low-income population to the website for information/education	# materials distributed	Website hits	
Train contractors to provide education and services	# of contractors trained	Pre/post test change	
Farmers Markets			
Certify farmers markets to be WIC farmers markets and accept WIC vouchers	# WIC farmers markets # WIC women and children receiving coupons	\$ value of WIC CVVs redeemed at farmers markets \$ value of farmers market vouchers redeemed	
Promote farmers markets to WIC clients (seniors in the future)	# CVVs redeemed at farmers markets	% of CVVs issued that are redeemed at farmers markets	
Develop farmers markets by connecting farmers to existing markets, bringing groups together to form new markets, and training	# of farmers markets trained and authorized # farmers participating	% of counties with farmers markets	

GOAL 3: IMPROVE NUTRITIONAL QUALITY OF ARIZONANS' DIETS.

OUTPUTS	PROCESS INDICATOR	SHORT/MEDIUM TERM OUTCOME INDICATORS	LONG TERM OUTCOME INDICATORS
			(1.3) *Mean fruit servings (1.6) *No fruit servings (1.3%) Vegetables *Median vegetable servings (1.9) *Mean vegetable servings (2.3) *No vegetables (2.4%)

GOAL 4: INCREASE PHYSICAL ACTIVITY AND REDUCE SEDENTARY BEHAVIORS.			
OUTPUTS	PROCESS INDICATOR	SHORT/MEDIUM TERM OUTCOME INDICATORS	LONG TERM OUTCOME INDICATORS
WIC			Arizona Adults (Baseline, 2011, BRFSS) *Met aerobic physical activity recommendations (52.6%) *Met strengthening physical activity recommendations (32.5%) Low-Income Adults (Baseline, 2011, BRFSS) *Met aerobic physical activity recommendations (44.3%) *Met strengthening physical activity recommendations (24.6%)
Talk with WIC parents about children's screen time recommendations			
Refer parents to physical activity opportunities and resources, such as Boys and Girls Club, Parks and Recreation			
Provide physical activity ideas for kids			
Prevention Programs			Adults in WIC Households (Baseline, 2011, BRFSS) *Met aerobic physical activity recommendations (39.5%) *Met strengthening physical activity recommendations (31.9%) Intercept Survey of BNPA Target Population (2012): *Percent meeting aerobic recommendations (53%) *Percent getting no physical activity (27%) Youth in Arizona (Baseline, 2011, YRBS) *Got at least 60 minutes of activity on 5 days/week (47.4%) *With daily PE classes (29.6%) *With no PE at school in average week (58.3%) *Watching TV three or more hours per day
Develop policies to increase physical activity (kids/schools)	# individuals trained # of materials/resources developed	# of TA opportunities provided for school wellness policies	
Support development of School Health Advisory Committees	# of individuals trained	# of SHACs created # of SHACs maintained	
Promote Safe Routes to School	# of partnership opportunities provided		
Support the Active School Neighborhood Checklist	# of individuals trained	# of Checklists submitted	
Establish community design standards to make streets safe for all users and train health policy managers	# planners trained # incorporated health into design # schools with joint use policies	# community projects implemented where health was a design factor	
Complete health impact assessments	# of individuals trained # of TA opportunities provided	# of HIAs completed	
Coordinate with county transportation partners (ADE/ADOT)	# of meetings to collaborate	# of partnership opportunities completed	

GOAL 4: INCREASE PHYSICAL ACTIVITY AND REDUCE SEDENTARY BEHAVIORS.			
OUTPUTS	PROCESS INDICATOR	SHORT/MEDIUM TERM OUTCOME INDICATORS	LONG TERM OUTCOME INDICATORS
Promote policies that encourage physical activity and reduce screen time (EMPOWER)	# EMPOWER facilities # EMPOWER providers trained	# of children attending EMPOWER facilities	(28.6%) *At computers for three or more hours per day (27.7%) *Attended PE classes on one or more days in average week when in school (41.7%) *Played on one or more sports teams during past 12 months (50.4%)
Provide technical assistance to county health department staff and health policy managers on developing policies around physical activity and sedentary behavior	# of health policies managers trained # of HAPI counties working on physical activity and sedentary behavior	% of HAPI counties who have healthy physical activity and sedentary behavior policies	
Provide resources consistent with Caring for our Children (EMPOWER)	# resources developed		
Nutrition Network			
Educate low income population on active living	EARS measures		
Coordinate messaging			
Develop policy towards improving physical activity levels in schools, worksites, community settings, childcare sites, school community gardens	# trainings on how to affect policy		