

Activate Omaha Kids Business Plan

Summary

This document is a comprehensive business plan to initiate a community response to complex community health issue-childhood obesity. The strategies in this business plan are grounded in science and documented best practices, which include:

- Development of a leadership framework to support a community based coalition;
- Creation of an infrastructure to facilitate the implementation of the coalition's strategies; and,
- Specific initiatives which systemically build community capacity for the promotion of active living.

Background – The Community Health Needs Assessment

The rate of obesity has increased over the last 30 years, creating an epidemic. Almost two thirds of American adults are overweight, up from 46% in 1980. Of these overweight adults, one third are obese meaning that they weigh at least 30 pounds more than recommended. This represents a doubling of obesity rates over the past 20 years. Among American children, 15% are overweight, tripling the prevalence from two decades ago. The evidence shows that obese kids become obese adults.

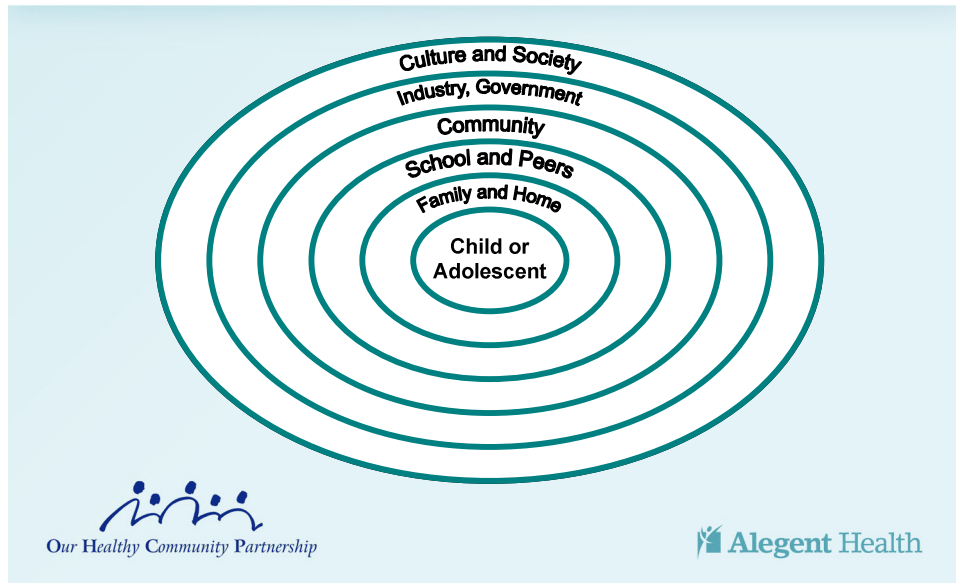
In Nebraska, one out of every three students in grades K-12 is considered overweight or at risk of becoming overweight (BMI between the 85th and 95th percentile) while one in six students is already overweight (BMI is 95th percentile or greater). One in four Nebraska adults is obese while three out of every five adults in Nebraska are overweight or obese.¹

Overweight and obese individuals are at an increased risk for many chronic diseases and health conditions including heart disease, stroke, diabetes, and depression. National annual health care expenditures related to obesity are estimated to range from \$98-\$129 billion.² Although obesity does not fit comfortably into our cultural and medical notions of an epidemic, the increasing girth of Americans and the disabilities it precipitates have gradually built up over the past few decades. This epidemic poses the risk of raising the first generation of children who will be sicker and could die at a younger age than their parents.

Simply put, we gain weight when we consume more calories than we burn. As anyone who has tried to lose weight knows, balancing this energy equation may be simple, but it is not easy. In the last two decades, both sides of this energy equation have been impacted. Simultaneous changes in food availability, market dynamics, community design, educational priorities, and family life have all combined to upset America's energy balance.

Interactions between genetic, biological, psychological, socio-cultural and environmental factors contribute to both the risk and cause of overweight and obesity. The Committee on Prevention of Obesity in Children and Youth- made up of national experts commissioned by Congress, the Center for Disease Control and the Institute of Medicine- recommends using an ecological perspective, depicted below to balance the energy equation.

Ecological Model



Programs to decrease the incidence and prevalence of overweight and obesity in children must be designed to affect the child at multiple levels that include not only the child, but their interactions with the family, home, school, peers, community, physical environment and cultural and societal levels as well. ³

As the director of the CDC's division of nutrition and physical activity testified before the U.S. Congress, "Given the size of the population that we are trying to reach, we cannot rely solely upon individual interventions that target one person at a time. Instead, the prevention of obesity will require coordinated policy and environmental changes that affect the large population simultaneously." ⁴

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

Local governments, public health agencies, schools and community organizations should collaboratively develop and promote programs that encourage healthful eating behaviors and regular physical activity, particularly for populations at high risk of childhood obesity. Community coalitions should be formed to facilitate and promote crosscutting programs and community-wide efforts. ⁵

Omaha's response

In response to this growing epidemic and consistent with its mission, the Alegent Health Board of Directors requested management to develop a strategy to impact childhood obesity in our community. Alegent Health staff joined with Our Healthy Community Partnership (OHCP) to begin a community based endeavor. OHCP is a healthy community initiative created over 10 years ago, with the mission to improve the health and well-being of individuals and families in Douglas County. The 33 member collaboration includes major hospital systems (including Alegent

Health), major insurance companies, the local health department, the largest school districts, medical schools, and public and private organizations.

The two organizations co-sponsored a Decision Accelerator on December 6 and 7, 2006. This strategic planning process included over 75 community constituents who participated in passionate dialogue and strategic planning focused on what our Metropolitan Omaha area should and could do to impact the growing epidemic of childhood obesity over the next decade. At the end of the two days, the participants crafted this shared vision:

In 2011 Omaha is nationally recognized as a collaborative model achieving measurable improvement in fitness and nutrition of children.

Activate Omaha Kids

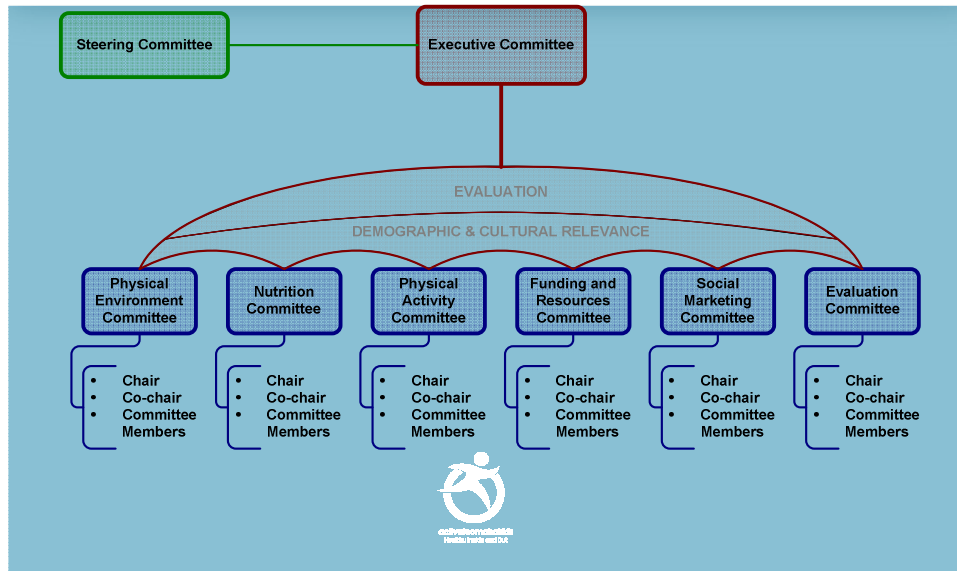
At the Decision Accelerator, seven areas of focus, or planks, were identified and specific strategies and implementation timelines were articulated. The following plank committees were formed to implement these plank goals:

- Evaluation
- Physical Environment
- Physical Activity
- Nutrition
- Funding and Resources
- Social Marketing
- Leadership

Following the Decision Accelerator, the participants and community stakeholders were invited to a community report out in January 2007. A temporary leadership structure, known as the Executive Committee, was announced. The following community leaders committed their expertise and time to organizing a community coalition and initiative to address childhood obesity in our community.

- Dr. Cristina Fernandez – Creighton Pediatrics
- Dr. David Finken – UNMC Pediatrics
- Dr. David Filipi – Methodist Health System
- Dr. Thomas Tonniges – Boys Town Pediatrics
- Nancy Nielsen, RN – Millard Public Schools
- Dr. Adi Pour – Douglas County Health Department
- Dr. Jeffry Strohmyer – Alegent Health
- Dr. Larry Brown-Alegent Health
- Marty Shukert – Physical Environment Chair, RDG Planning and Design
- Kerri Peterson – Social Marketing Chair, Our Healthy Community Partnership
- Dr. Jennifer White – Physical Activity Chair, UNO HPER
- Mary Balluff – Nutrition Chair, Douglas County Health Department
- Open– Funding/Resources Chair
- Dr. Magda Peck – Evaluation Chair, UNMC

Activate Omaha Kids Leadership



The Executive Committee's role is to oversee the development of a permanent organizational structure, serve as a place for integration of activities in the planks, assure culturally appropriate approaches and outcomes, and determine how to support the attainment of the vision.

To date, over 200 community volunteers from 93 organizations have expressed interest in participating in the various plank activities. Volunteers bring diverse perspectives as service providers, teachers and school administrators, funders, city planners, community activists, government and industry leaders, healthcare providers, researchers, public health professionals and parents.

Monthly meetings of the Executive Committee and the plank committees have occurred since March 2007. Attendance has been strong, with interest and passion high. Meetings facilitate the sharing of research and best practices. In addition, the meetings create opportunities for networking and opportunities for community programs with similar goals to be connected and collaborate. Several local program enhancements have already been made as a result of these meetings.

We have accomplished much since the Decision Accelerator in December 2006. Here are some of the 2007 highlights:

- Implemented a leadership (Executive Committee) and operational structure (Plank Committees)
- Selected a name (Activate Omaha Kids), logo, and tagline to identify the community coalition
- Refined our vision into a mission statement:

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

- Launched a website (www.activateomahakids.org)
- Facilitated over 50 Plank and Executive Committee meetings
- Published a newsletter to enhance internal communication

- Co-sponsored a community meeting featuring Dr. William Dietz, the Director of Nutrition, Physical Activity, and Childhood Obesity for the CDC
- Worked with national experts, including Tyler Norris, to clarify our focus and priorities
- Collaborated with existing organizations (Our Healthy Community Partnership and Activate Omaha) and connected with emerging initiatives (such as Building Bright Futures, Top 10 in 10, and YMCA Pioneering Healthy Communities) to develop a permanent infrastructure for the coalition, and, most importantly,
- Built a coalition base by making contacts, connecting people, organizations, programs, and resources and educating business leaders and policymakers.

Each of the plank committees has been working to identify their focus and priorities. Each committee has built upon the work of the Decision Accelerator to develop a strategic plan, with goals, action steps, timelines, measures of success and resource needs. The Executive Committee worked in February 2008 to integrate these plans to create this business plan for Activate Omaha Kids. Moreover, new members of the Executive Committee were recruited to provide leadership necessary for the implementation of this business plan. (i.e. Dr. Jay Noren, College of Public Health and others).

This business plan incorporates the “5Ps” model, which is a strategy for comprehensive, systemic and sustainable change to physical activity, healthy eating and the built environment endorsed by the Robert Wood Johnson’s Active Living By Design movement.⁶ Active Living by Design – a national program of the Robert Wood Johnson Foundation and part of the UNC School of Public Health in Chapel Hill, North Carolina – establishes innovative approaches to increase physical activity through community design, public policies and communications strategies. A key partner, Activate Omaha, is a recipient of an Active Living By Design grant.

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

Preparation is a critical first step in creating a physically active community and includes developing and maintaining a community partnership to work collectively. Preparation also includes gathering relevant information that will aid program planning, as well as pursuing financial and other resources.

Promotion efforts include active living messages and an awareness campaign based on targeted community research. Promotion efforts should target a variety of different groups within the community to ensure reaching the largest number of community members. In addition, promotional campaigns advocate for policy changes that support creating an active living community.

A comprehensive strategy must involve supporting on-going programs that engage individuals in physical activity and healthy eating either directly or indirectly.

Policy development is the key to institutionalizing an environment that promotes active living. In order to affect policy change, efforts will include advocacy, relationship building with policy makers, presentations to policy boards, and influencing employer or school policies.

Finally, physical projects directly impact built environments, removing barriers to physical activity and enhancing safety.

Using the 5 P's model, below is a summary of the best practice strategies identified by the community members working on the Plank Committees and approved by the Executive Board of Activate Omaha Kids.

Preparation

1. Neighborhood audits

- **Description** – Using neighborhood partners and an uniform tool, assess, document and map the natural and build environment of neighborhoods to identify assets and barriers to physical activity and healthy eating, such as land uses, street characteristics, the quality of the neighborhood, safety, places to walk or ride bicycles, routes to schools, connection to destinations, locations of healthy food sources, etc. Neighborhood design plans for two neighborhoods (one inner city and another for a suburban neighborhood) will be prepared to serve as models for neighborhood development and enhancement.
- **Best practices** – The research is overwhelming that the conditions and character of a neighborhood can either enhance or create barriers to active living. Factors such as sidewalks, bike paths, street layout, recreational spaces, proximity of stores within walking distance, safety of communities, sprawl, and availability of restaurants and stores offering healthy, or less healthy food choices impact the level and frequency of physical activity and the food intake of its residents. For example, studies have shown that:
 - People walk or bike less in neighborhoods where shopping or places of work are spread out in distance ⁶
 - Higher levels of physical activity and lower levels of obesity are seen in “walkable” communities ⁷
 - Adolescents in unsafe neighborhoods engage in less physical activity than their peers in suburban neighborhoods ⁸
 - Lack of green spaces or other recreational facilities contribute to obesity rates ⁹
 - The more fast foods outlets in a neighborhood, the higher the obesity rates ¹⁰
 - BMI has been associated with the characteristics of the built environment as shown in a multi-level analysis in New York City. ¹¹
- **Potential Partners** – Top 10 in 10; Activate Omaha; Architecture design consultant; Architecture students; developers; the faith community; schools; Omaha By Design; Neighborhood Center of Greater Omaha; Green Neighborhood Council; neighborhood associations; Joslyn Institute; Mayor’s office; Omaha Public Works and Planning Departments; UNO/UNL College of Architecture; Weed and Seed; Metro Omaha Builders Association; biking community organizations and advocates
- **Year 2 Resource Needs**-\$55,000 for two design plans
- **Potential Funders**-Alegent Health; Robert Wood Johnson Foundation; National Institute of Health; American Institute of Architects; City of Omaha; ConAgra; Developers

2. Surveillance system

- **Description** – Partner with the Nebraska Department of Health and Human Services to implement a statewide surveillance system to monitor children’s BMI in concert with their new school health screening.
- **Best Practices** – A child’s Body Mass Index (BMI) is an accepted measure expressing the relationship (or ratio) of weight-to-height and currently is the most reliable measure to screen for weight conditions that impact health.¹² In Nebraska there is no institutionalized system for monitoring children’s BMI. Activate Omaha Kids will support the work of the Nebraska Departments of Health and Human Services and Education to implement new regulations which include BMI testing as part of the mandatory periodic health screening of school age children.
- **Potential Partners** – Nebraska Department of Health and Human Services; Nebraska Department of Education; College of Public Health; Metro Omaha Education Consortium; school nurses; CDC
- **Year 2 Resource Needs**-\$20,000 for Activate Omaha Kids’ contribution
- **Potential Funders**-Alegent Health; Nebraska Department of Health and Human Services; Nebraska Children’s and Families Foundation; CDC

3. Program and coalition evaluation

- **Description** – Partner with the University of Nebraska College of Public Health to design reliable assessment/evaluation of the effectiveness of these initiatives and of the coalition.
- **Best Practices** – In evaluating our national progress in combating childhood obesity, the Institute of Medicine concluded in 2007 that current efforts lack systematic tracking and evaluation of childhood obesity interventions. The IOM recommends mobilizing resources and strengthening evaluation capacity at all levels.¹³
- **Potential Partners** – College of Public Health; Methodist College of Allied Health; Top 10 in 10
- **Resource Needs**-\$150,000/year for Active Omaha Kids’ contribution
- **Potential Funders**-Alegent Health; Top 10 in 10; College of Public Health; University of Nebraska-Omaha; OHCP; Robert Wood Johnson Foundation; Omaha Community Foundation

4. Inventory of existing physical activity and nutrition programs

- **Description** – Create and maintain a comprehensive catalogue of community assets, initiatives and programs related to children’s physical activity and nutrition to be used to identify community strengths and gaps and as a community resource to access services.
- **Best Practices** – It has been the stated goal of Activate Omaha Kids to build upon existing community assets to achieve our Vision. An inventory of existing community initiatives will be necessary to identify partners and our communities’ strengths and gaps. It also will serve as a resource for the community in accessing services. Activate

Omaha Kids has partnered with the Nebraska Department of Health and Human Services to survey the community and share data.

- **Potential Partners** – Nebraska Department of Health and Human Services; Douglas County Department of Health; child serving agencies; mentoring groups
- **Resource Needs**-\$5,000 for Health Educator to collect and compile data
- **Potential Funders**- Alegent Health; Douglas County Health Department; Nebraska Department of Health and Human Services

Promotion

5. Convergence communications and fund development

- **Description** – Create integrated communication and fundraising strategies with related initiatives.
- **Best Practices** – Community coalition best practices, as well as the community participants at the Decision Accelerator, recommended that the community response to childhood obesity should build upon and support existing community programs and assets. One of these community assets, Our Healthy Community Partnership (OHCP), has been an integral partner from the beginning and throughout the planning process. The leadership of OHCP and Activate Omaha Kids has agreed that ultimately Activate Omaha Kids should be organized under the umbrella of OHCP.

Moreover, during the last year other community coalitions have been initiated whose missions complement the mission of Activate Omaha Kids. Recognizing the potential for confusion, duplication and fragmentation of our efforts, the following coalitions have joined together by entering into an Affiliation and Shared Services Agreement whereby the parties agree to integrate and share services needed by each coalition, such as evaluation and social marketing, under the leadership of OHCP.

OHCP is a 501 (c) (3) healthy community initiative, created over ten years ago, with the mission to improve the health of the Omaha metropolitan area through a forum of organizations, positively and sustainably impacting health outcomes for all individuals and families.

Activate Omaha is an initiative of OHCP that supports active living through physical activity, healthy eating and changes to the built environment through policy, social marketing and programs.

Activate America, Pioneering Healthier Communities is in the national YMCA program that provides technical assistance and support to communities to increase physical activity and improve nutrition in their communities.

Top Ten in Ten is the product of a collaboration among several organizations to achieve the goal of making Omaha one of the healthiest communities in America within ten years, through assessment, health promotion, disease prevention

and wellness programs around the following indicators- smoking, obesity, physical activity, alcohol abuse, and nutrition.

- **Potential Partners** – OHCP; Activate Omaha; Top 10 in 10; YMCA; other emerging coalitions with complementary missions
- **Resource Needs**-\$150,000/year
- **Potential Funders**-Alegent Health; Top 10 in 10; Activate Omaha; YMCA; OHCP

6. Activate Omaha Kids Communication Strategy

- **Description**- Enhance communication with community stakeholders and our intended audience-children. Develop persuasive materials to make the case for concerted community action around solutions to address childhood obesity in our community.
- **Best Practices**- In order to make systemic change around a public health issue such as childhood obesity, it is necessary to: 1) build the knowledge base about the problem; 2) develop social strategies to address the problem and, 3)create political will to make the changes.¹⁴ Interestingly, these same three themes-make the case, lead strategic actions and create political- emerged during the Executive Committee strategic planning session in discussing how we can move Activate Omaha Kids to the next level. This initiative involves creating awareness of the problem and a “call to action” beyond the “informed elite” by engaging new, more diverse stakeholders (i.e. white paper). This strategy is also about enhancing communication with existing stakeholders to maintain their engagement (i.e. newsletter and website) and determining how best to engage our target audience-children. (i.e. Kids Coordinator).
- **Potential Partners**-Dina Maas; Activate Omaha Kids Executive Committee; Alegent Health Marketing
- **Resource Needs**-\$20,000/year for Kids Coordinator to implement strategy
- **Potential Funders**-Alegent Health

7. Interactive website

- **Description** – Develop a website that is child-friendly and interactive for children to access information about physical activity and healthy eating.
- **Best Practices** – The Activate Omaha Kids website (www.activateomahakids.org) has been up and running for over a year. Currently it is used as a means to communicate with stakeholders and for the public to access reliable information about childhood obesity. In order to reach our ultimate audience, children, we will need to enhance the website so that it attracts them with interactive and fun childhood obesity prevention messaging and activities.
- **Potential Partners** – Webmaster
- **Resource Needs**-\$75,000 to develop kids interactive website
- **Potential Funders**-Alegent Health

8. Social marketing campaign

- **Description** – Conduct a childhood obesity prevention social marketing campaign that targets children, women of child bearing age, pregnant women, and healthcare providers and is integrated with related initiatives.
- **Best Practices** – The media availability in our environment creates both an opportunity and a challenge. It creates an opportunity in that with increased consumption and channels of media, there are more opportunities to influence behavior. At the same time, consuming more media displaces time spent engaging in physical activity. Historically, social marketing campaigns have proven effective in modifying behavior, such as in reducing tobacco use and littering.¹⁶ Social marketing via commercial media is extremely effective and an economical way of changing behavior.¹⁵

The Guide to Community Prevention Services cites strong support for social marketing campaigns, which are characterized by “large scale, intense, highly-visible community-wide campaigns with messages directed to large audiences through different types of media”. The Guide also recommends “point-of-decision” prompts such as a message at elevators suggesting walking the steps.¹⁸

Activate Omaha Kids’ social marketing campaign will build upon the groundwork and brand identity of Activate Omaha, which has conducted three years of social marketing aimed at increasing physical activity. In addition, childhood prevention messages supported by the CDC such as promoting breastfeeding and in the 5, 2, 1, 0 campaigns will be explored. (i.e. 5-five fruits and vegetables per day; 2-no more than two hours of screen time per day; 1-one hour of physical activity per day; 0-no sugar sweetened beverages).

Targeted messages such as promoting family dining and “it is cool to be active” were also messages that were suggested by the plank committees.

- **Potential Partners** – Activate Omaha; OHCP; Top 10 in 10; Building Bright Futures; Emspace; Bailey Lauerman; schools; webmaster; consultant
- **Resource Needs**-\$165,000/year to develop and implement Active Omaha Kids’ targeted social marketing campaign
- **Potential Funders**-Alegent Health

Programs

9. Club Possible

- **Description** – Club Possible integrates healthy eating and physical activity into participating after school programs.
- **Best Practices** – Quality after school programs are prime targets for both reducing risky behaviors in children by providing adult supervision and in enhancing learning and growth opportunities.¹⁹ In 2006, 85,855 children were served in after school programs in Omaha, many of whom are youth eligible for Federal Free or Reduced

School Lunch Programs. Moreover, the opportunity to reach many more children is real in that about 25% of lower elementary students and as many as 40% of upper elementary students are not supervised by an adult after school.²⁰ Quality after school programs include strong partnerships, qualified staff, maximization of school resources, attention to nutrition and health issues, strong family involvement and continuous evaluation.²¹

Club Possible, which was originally funded by Alegent Health's Community Benefit Trust, is a three year multi-agency collaborative with obesity prevention outcomes demonstrable through integrating physical activity into existing after school programs, changing organizational culture, statistically decreasing children's BMI and trends towards increasing children's strength and endurance. Club Possible currently serves nearly 1,000 children from low-income and minority neighborhoods at 16 sites, with 85% of the children representing ethnic minorities. The strengths of Club Possible include the partnerships, programming using existing after school programs at schools, trained staff, a physical activity and healthy eating component, family involvement and evaluation. Base upon its evaluation outcomes, Club Possible has been identified as a promising program deserving of technical support by the Robert Wood Johnson Foundation and the CDC project, *Early Assessment of Programs and Policies to Prevent Childhood Obesity*.

Activate Omaha Kids proposes to add four sites to Club Possible's current 16 sites which will serve over 1,250 children at 20 sites. It also proposes to enhance the evaluation component of the program consistent with the recommendations of the CDC and in partnership with College of Public Health.

- **Potential Partners** – CampFire; Douglas County Extension; Douglas County Health Department; Girl Scouts; Girl's and Boys Club; Girls Inc; Girls On the Run; Millard School District; Building Bright Futures; OHCP; Omaha Public Schools; University of Nebraska-Omaha; Visiting Nurses Association; YMCA; College of Public Health; CDC
- **Resource Needs**-\$550,000/year
- **Potential Funders**-Alegent Health; University of Nebraska-Omaha; Douglas County Health Department; OHCP; Sherwood Foundation

10. Structured Recess

- **Description** – Using the University of Kentucky model for replicating an existing initiative that exists in over 60 elementary schools in Mesa, Arizona, conduct two pilots at schools to enhance recess as an opportunity for structured, supervised and quality physical activity for children.
- **Best Practices**-Children in elementary school spend more time per week in recess than in structured physical education or other after school activities. A study by Robert Wood Johnson concludes that recess offers nearly half of the available opportunity to promote physical activity among children during the school year. Recess also presents an opportunity to address negative reported behavior at

recess, such as bullying, and presents opportunities to increase physical activity among a diverse student population.¹⁶

- **Potential Partners**-University of Kentucky; University of Arizona; UNO; Activate Omaha; local school districts, principals and teachers; PTAs; Nebraska Department of Education; Club Possible collaborative partners
- **Year 2 Resource Needs**-\$100,000 for training and Program Administrator and Graduate Assistants to implement the program
- **Potential Funders**-Alegent Health; Participating schools; University of Nebraska-Omaha; Robert Wood Johnson Foundation; Nebraska Department of Education

11. Breastfeeding Peer Counselors Support

- **Description** – Recruit and train peer counselors to provide expertise and support to minority mothers in order to increase initiation and maintenance of breastfeeding in this segment of the population.
- **Best Practices** – In the July 2007 publication Does Breastfeeding Reduce the Risk of Pediatric Overweight, six evidence based interventions to encourage exclusive breastfeeding for six months are recommended, of which peer support is one.¹⁷ The success of peer support builds on the fact that women tend to rely on their social networks, especially their friends and other mothers, for advice on rearing children. Peer support programs train women who are currently breastfeeding or have breastfed in the past to counsel other women and have been shown to be effective, both on their own and as part of a larger program to increase initiation and duration of breastfeeding. In the 2007 Breastfeeding Report Card the greatest disparities were observed in rates of exclusive breastfeeding among black infants and among infants of mothers who had an income-to-poverty ratio of less than 100%.¹⁸ To optimally reach minority women, the CDC specifically recommends creating or expanding the coverage of peer counseling programs with WIC.¹⁹
- **Potential Partners** – Douglas County Health Department WIC Program; UNMC Department of OB-GYN; Creighton University Department of OB-GYN; One World Community Health Center
- **Resource Needs**-\$80,000/year for four Peer Counselors
- **Potential Funders**-Alegent Health; Douglas County Health Department-WIC; Participating Hospital's Foundations; Women's Fund; ConAgra; MOMS Foundation

12. Safe Routes to Schools; Walking School Bus

- **Description**- Support or initiate programs with schools for safe, supervised walking to and from school.
- **Best Practices** – In 1969, according to the National Household Travel Survey, approximately 50 % of the children in the U.S. walked or biked to school. By 2001, only 15 % of the children walked or biked to school.²⁰ Moreover, as much as 20 to 30% of the morning traffic congestion is caused by parents driving their kids to school and in the U.S., motor vehicle deaths are the leading cause of death for children

ages 3 to 14.²¹ Safe Routes to Schools is an international movement designed to create safe, convenient and fun opportunities for children to walk and bicycle to school. Safe Routes to Schools addresses critical issues related to children's health, traffic congestion, public safety and the environment. Safe Routes to Schools works at the community level and focuses on 5Es:

- Evaluation – Assessing neighborhood conditions to determine needs, and measuring the effectiveness of efforts to increase bicycling and walking
- Education – Teaching parents and students about safe biking, walking and driving
- Encouragement – Promoting special events and contests to encourage children and families to walk or bike to school
- Engineering-Building infrastructure such as crosswalks, multi-use paths, bike lanes and sidewalks
- Enforcement-Ensuring people obey traffic laws, such as yielding to pedestrians and adhering to speed limits.

A Walking School Bus, which is endorsed by the CDC, is a group of children who walk to school together under adult supervision.²² Studies have shown that where there are Safe Routes to Schools or a Walking School Bus programs, the level of children's physical activity increases.²³

Beginning in 2005, Activate Omaha has partnered with interested schools to establish walking school buses. In 2007, under a federal highway administration grant, infrastructure changes to establish a safe route to school have been at Rumsey Station School in Papillion and efforts are underway for McMillan Middle School to use its engineering students to design infrastructure to support a safe route to school. Activate Omaha Kids proposes to retain a coordinator to develop and implement a plan to enhance the Safe Routes to Schools/Walking School Bus programs in Douglas County schools that will sustain themselves.

- **Potential Partners** – Activate Omaha; local school districts; PTAs; Top 10 in 10; Building Bright Futures; University of Nebraska-Omaha; Mark Fenton; Metro Omaha Education Consortium; RDG; Mark Messenger; Douglas County Health Department; City of Omaha Planning and Public Works Departments; Federal Department of Transportation
- **Resource Needs-** \$70,000/year for Safe Routes To Schools Coordinator and Graduate Assistants to administer the program and for Mark Fenton to perform walking audits
- **Potential Funders-** Alegent Health; Participating schools; OHCP; University of Nebraska-Omaha; Federal Department of Transportation; Nebraska Department of Roads; Robert Wood Johnson Foundation; UNO Foundation; Omaha Community Foundation

13. Healthy eating curriculum for childcares

- **Description** – Research best practices and recommend standardized healthy eating curriculums appropriate for childcare settings.
- **Best Practices** – Based on a recent paper, little research exists to support evidence based practices in daycare settings. However it is known that a majority of children in the U.S. do not consume diets that meet the Dietary Guidelines for Americans. Children’s diets tend to be low in fruits and vegetables, calcium-rich foods and fiber, and high in total fats, saturated and transfats, salt and added sugar. State child care licensing regulations vary widely and tend to focus on basic safety and health requirements with nutrition addressed in general terms.²⁴ The Institute of Medicine recommends that daycares engage in self assessment to evaluate their curriculum for predicting changes in children’s dietary intakes.²⁵ This Year 3 strategy consists of assessment of currently executed curriculums to recommend best practice curriculums for Douglas County child care settings.
- **Potential Partners** – Douglas County Health Department; Douglas County Extension; USDA; UNL Department of Nutrition; Lutheran Family Services; Nebraska Department of Health and Human Services, Hy-Vee; ConAgra; Omaha Steaks
- **Year 3 Resource Needs-** \$28,000/year for Health Educator to research and implement the program
- **Potential Funders-** Alegent Health; Nebraska Department of Health and Human Services; Sherwood Foundation; ConAgra; Omaha Steaks; UNO Foundation

Policy

14. BMI at Physician visits

- **Description** – Provide training to all Douglas County primary care physicians on why and how to institutionalize BMI assessment and documentation at all well child visits.
- **Best Practices** – In July 2007, the American Medical Association workgroup on assessment, prevention, and treatment of child and youth overweight and obesity recommended universal assessment of Obesity Risk (BMI assessment), universal preventive health messages, and early intervention in the primary provider office setting. Adherence to these recommendations is low nationally and in Omaha.²⁶ This strategy proposes to improve those levels by institutionalizing these practices in local physician practices.
- **Potential Partners** – UNMC; Creighton and Methodist Departments of Pediatrics, Family Medicine and Internal Medicine; Boystown Pediatrics; Children’s Pediatrics Clinic; One World Community Health Center; Charles Drew Health Center; Alegent clinics
- **Resource Needs-** \$35,000/year for training and BMI Coordinator
- **Potential Funders-** Alegent Health; Physician leaders; Creighton University; UNMC; Nebraska Department of Health and Human Services

15. School wellness policies

- **Description** – Assess current school wellness policies for best practices and share and support those best practices among schools.
- **Best Practices** – Schools that receive federal funding are required to have a school wellness policy.²⁷ The quality and implementation of those policies varies in Omaha schools. The Institute of Medicine recommends that schools conduct self assessments to enhance and sustain a healthy school environment and develop mechanisms for examining links between changes in the school environment and behavioral and health outcomes.²⁸ This strategy proposes to identify, support and share the best practices of schools that have implemented quality wellness programs.
- **Potential Partners** – Omaha Public Schools; Millard Public Schools; Nebraska Action for Healthy Kids; Nebraska Department of Education
- **Resource Needs**-\$23,000/year for Health Educator to implement
- **Potential Funders**-Alegent Health; Nebraska Department of Education; Douglas County Health Department

16. Policy supporting access to fruits and vegetables

- **Description** – Partner with UNO, Omaha by Design and the Chamber of Commerce to conduct assessment of the food environment which will identify geographic areas with limited capacity "deserts" and the food policy that will improve access to fruits and vegetables in those areas.
- **Best Practices** – Incorporating the recommended fruit and vegetable intake into a child's diet is impossible if there is not access to affordable food sources. A food desert is an area that has no, or few mainstream grocers. A recent study in Detroit sponsored by LaSalle Bank found that people who live in a food desert will die younger than their metro counterparts as a result of the stark food imbalance in that city. Statistically those residents will lose a combined 11 years of life for every 100 people as compared to seven years of life lost through the rest of the city.²⁹ The direct impact on children can only be intuited. Clearly, there are food deserts in our community. This initiative proposes to identify these food deserts and support policies that improve access to healthy foods for the health of children and their families.
- **Potential Partners** – Activate Omaha; Omaha by Design; Omaha Chamber of Commerce; City Sprouts; Douglas County Department of Health; Green Neighborhood Council; Grocer's Association; Top 10 in 10; Heartland Urban Ministries; Joslyn Castle Institute; Omaha Food Bank; UNO; WIC
- **Resource Needs**-\$150,000/year
- **Potential Funders**-Robert Wood Johnson Foundation; OHCP ; ConAgra

17. Master plan and park design standards

- **Description** – Partner with Omaha By Design to advocate for amendments to the City of Omaha Master Plan that incorporate best

practice design standards for parks and for enhancing opportunities for children's physical activity and healthy eating in their neighborhoods.

- **Best Practices** – Omaha is the first city of its size to develop and implement a comprehensive urban design plan. On August 14, 2007, the Omaha City Council voted 7-0 to approve a groundbreaking package of Urban Design Element zoning code revisions to improve the quality of development in Omaha while protecting and enhancing the city's natural environment.³⁶ The Urban Design Element's 73 recommendations center on three components: *Green Omaha*, which seeks to preserve and enhance the city's natural setting and public park system; *Civic Omaha*, which seeks to define and improve the city's civic places and public image; and *Neighborhood Omaha*, which seeks to preserve and enhance the diverse character of the city's residential neighborhoods.³⁷

The research is overwhelming that the conditions and character of a neighborhood can either enhance or create barriers to active living. Factors such as sidewalks, bike paths, street layout, recreational spaces, proximity of stores within walking distance, safety of communities, sprawl, and availability of restaurants and stores offering healthy, or less healthy food choices impact the level and frequency of physical activity and the food intake of its residents.³⁸

In Year 3, Activate Omaha Kids will partner with Omaha By Design to identify, propose and advocate for new amendments to Omaha's Master Plan and Park Plan that incorporate best practice urban design elements to promote walkability and physical activity.

- **Potential Partners** – Omaha By Design; Omaha By Design Technical Advisory Group made up of development and design professionals; City of Omaha and Douglas County Planning Departments; Omaha City Council; Nebraska Resource District
- **Resource Needs-0\$** (Activate Omaha Kids staff)

18. Neighborhood sidewalk rehabilitation program

- **Description** – Partner with the City of Omaha to expand the street rehabilitation program to include rehabilitation of sidewalks to enhance opportunities for children's physical activity in their neighborhoods.
- **Best Practices** – The presence of safe and maintained sidewalks in neighborhoods is a prerequisite to creating opportunities for physical activity.³⁹ The City of Omaha currently has a street rehabilitation program where capital improvement dollars are allocated to maintain streets on a systematic basis. Activate Omaha Kids proposes in Year 3 to advocate for the inclusion of sidewalk maintenance into this existing program.
- **Potential Partners** – Omaha and Douglas County Planning and Public Works Departments; Omaha By Design; Top 10 in 10
- **Resource Needs-** \$0 (for existing City budget)

19. Breastfeeding support in hospitals

- **Description** – Partner with local hospitals to facilitate a self assessment of current policies and procedures that support breastfeeding and promote implementation of best practices to enhance support of breastfeeding at hospitals.
- **Best Practices** – The CDC Guide to Breastfeeding Interventions provides six evidence based interventions documented through peer reviewed literature. The first recommended intervention focuses on the events immediately before, during, and after labor and delivery that take place in the hospital or other birthing facility. It is essential that breastfeeding be supported during this time through established policies and practices within the medical facility. There is significant evidence that making changes in the maternity care at the institutional level can increase rates of breastfeeding initiation and lengthen its duration.⁴⁰
- **Potential Partners** – Douglas County Health Department; Bergan Mercy Hospital, Immanuel Hospital; Nebraska Medical Center; Creighton University; Methodist Hospital; Lakeside Hospital; Midlands Hospital
- **Resource Needs**-\$20,000/year for Health Educator to implement
- **Potential Funders**-Alegent Health; Boystown Pediatrics; Douglas County Health Department

Physical Projects

20. Safe Routes to Schools infrastructure

- **Description** – Identify and make changes to schools and the walkability of school routes to enhance opportunities for children to walk to school safely.
- **Best Practices** – A component of the Safe Routes to School program is making changes to the physical environment to encourage safe biking and walking to and from school. Since 2005, the federal Safe Routes to Schools program has granted over 612 million dollars through State Departments of Transportation to build safer access to schools which encourage walking and biking.³⁰ McMillan Middle School has received these dollars to make the necessary infrastructure changes to support their Safe Routes to Schools program.
- This initiative will focus on developing local school leadership to facilitate a walking school bus at McMillan and three other pilot schools in Douglas County which do not need demonstrable physical rehabilitation. For schools requiring infrastructure changes, they will be supported to make Nebraska Department of Roads grant applications.
- **Potential Partners** – Nebraska Department of Roads; Activate Omaha; schools; Top 10 in 10; Omaha and Douglas County Departments of Public Works and Planning
- **Year 3 Resource Needs**-\$150,00 per site (varies)

- **Potential Funders-** Federal Department of Transportation; Nebraska Department of Roads; Peter Kiewit Foundation; Activate Omaha; Participating schools; Robert Wood Johnson Foundation

21. Neighborhood projects

- **Description** – Relying upon neighborhoods audits and best practice design standards for the built environment (See, number 1 above), develop or improve neighborhoods to enhance opportunities for children’s physical activity and healthy eating.
- **Best Practices** – This year 3 strategy proposes to begin making some of the physical changes to neighborhoods that support physical activity and healthy eating identified in the design plans in number 1 above.
- **Potential Partners** – Top 10 in 10; Activate Omaha; architecture design consultant; architecture students; developers; the faith community; schools; Omaha By Design; Neighborhood Center of Greater Omaha; Green Neighborhood Council; neighborhood associations; Joslyn Institute; Mayor’s office; Omaha and Douglas County Public Works and Planning Departments; UNO/UNL College of Architecture; Weed and Seed; Metro Omaha Builders Association; bikeable communities advocates
- **Year 3 Resource Needs-**varies depending upon project
- **Potential Funders-** City of Omaha; Robert Wood Johnson Foundation; Developers; Peter Kiewit Foundation

It is proposed that implementation of most of these strategies will begin in Year 2 through contractual arrangements with partners. A detailed scope of services in these contracts will define the accountabilities and financial arrangements among the parties, as well as the measures of success. Alegent staff will continue their role as liaison to the Executive Committee and community partners by negotiating and managing these contracts and the day-to-day operations of the coalition.

The sustaining infrastructure for the coalition activities will ultimately be housed under OHCP, as OHCP is reorganizing to create the capacity and assume the fiduciary responsibility for multiple population health initiatives in this community, including Activate Omaha Kids, Activate Omaha, YMCA Pioneering Healthier Communities and Top 10 in 10. Alegent’s staff has, and will continue to manage the activities of the coalition and facilitate community ownership of the coalition activities so that Alegent’s role will become one of mutual participation by the end of Year 3.

The implementation of this strategic plan depends on multiple funding sources from various sectors of the community. In Year 2 Alegent may be the primary source for funding of this Activate Omaha Kids business plan. A comprehensive funding strategy for Activate Omaha Kids is currently being developed with partners, with coordination through OHCP. That funding strategy will drive Year 3 budgets. The ultimate goal is that by the end of Year 3 reliance upon Alegent will be reduced in that the coalition will have demonstrated credibility and positive results sufficient to attract new public and private funding sources and assure the sustainability of the coalition activities.

Timetable, Process for Development and Implementation

Year 1 (July 1, 2007 through June 30, 2008)
Year 2 (July 1, 2008 through June 30, 2009)
Year 3 (July 1, 2009 to June 30, 2010)
Year 4 (July 1, 2010 to June 30, 2011)

Measure of Success

The measures of success for the coalition and each initiative identified above will be developed in cooperation with the initiative point person through a contract with the College of Public Health to provide evaluation expertise. (See, number 3 above)

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1. Overweight Among Nebraska Youth, 2002/2003 Academic School Year, Office of Disease Prevention and Health Promotion, Nebraska Department of Health and

-
- Human Services, 2004. Available at:
<http://www.dhhs.ne.gov/hew/hpe/cvh/docs/overweightamongneyouth .pdf>
2. Reversing the Obesity Epidemic: Policy Strategies for Health Funders, Brief No. 28, Grantmakers in Health, Washington, D.C. February 2007. Institute of Medicine of the National Academies.
 3. Preventing Childhood Obesity: Health in the Balance. Washington, D.C., The: National Academies Press, 2005.
 4. CDC's Role in Combating the Obesity Epidemic, before the Senate Committee on Health, Education, Labor and Pensions, May 21, 2002. (statement by William H. Dietz, M.D., PhD).
 5. Institute of Medicine of the National Academies. Progress in Preventing Childhood Obesity, How Do We measure Up?, The National Academies Press, Washington, D.C., 2007
 - ⁶ Increasing Physical Activity through Community Design, ALbD Community Strategies. Active Living by Design (a national program of the Robert Wood Johnson Foundation) Available at:
<http://www.activelivingbydesign.org/index.php?id=29>
 - ⁷ L.D. Frank and G. Pivo, Impact of Mixed Use and Density on Utilization of the Three Modes of Travel-Single –Occupant Vehicles, Transit, and Walking, *Transportation Research Record*, 1994:1466: 44-52.
 - ⁸ Saelens, B.E., Sallis, J.F., Black, J.B. and Chen, D, Neighborhood-based differences in physical activity; an environment scale evaluation, *American Journal of Public Health* 93 (203) 1552-1558.
 - ⁹ California Department of Education, The Relationship Between Physical Fitness and Academic Achievement, 201 PFT/SAT-9 Study, Sacramento, CA., 2002.
 - ¹⁰ Powell, L.M., Slater, S. and Chaloupka, F.J. The Relationship between Community Physical Activity Settings and Race, Ethnicity and Socioeconomic Status. *Evidence-Based Preventive Medicine*, 2004: 1(2): 135-144.
 - ¹¹ Powell, L.M., Chaloupka, F.J. and Bao, Y. The Availability of Fast-Food and Full-Service Restaurants in the United States: Associations with Neighborhood Characteristics. *American Journal of Preventive Medicine*, 2007:33(4 Suppl): S240-5.
 - ¹² Rundle, A, Roux, A.V., Free, L.M., Miller, D., Neckerman, K.M. and Weiss, C.C... The urban built environment and obesity in New York City: a multilevel analysis. *American Journal of Health Promotion*, 2007:21(4 Suppl), 326-34.
 - ¹³ Stunkard, A.J. and Wadden, T.A. (Editors), *Obesity; Theory and Therapy* (Second Edition). (1989)Raven Press, New York.
 - ¹⁴ Institute of Medicine of the National Academies. Progress in Preventing Childhood Obesity, How Do We measure Up?, The National Academies Press, Washington, D.C., 2007
 - ¹⁵ Richmond, J.B. and Kotelchuck, M. *The effects of political process on the delivery of health services*. In: McGuire, C.H., Foley, R.P., Gorr, A., Richards, R.W., and (Editors). (1983). *Handbook of the Health Professions Education*. Jossey -Bass Publishers, San Francisco, California.
 - ¹⁶ Maibach, E. The Influence of the Media Environment on Physical Activity: Looking for the Big Picture. *American Journal of Health Promotion*, 2007:21(4 Suppl): 353-62.

-
- ¹⁵ Wray, R.J., Jupka, K., and Ludwig-Bell, C. A Community-Wide Media Campaign to Promote Walking in a Missouri Town. Preventing Chronic Disease [serial online], 2005. Available from: <http://www.cdc.gov/pcd/issues/2005/Oct/05>.
- ¹⁸ Zaza, S, Briss, P.A. and Harris, K.W. (editors) The Guide to Community Preventive Services: What Works to Promote Health? Task Force on Community Preventive Services. (2005). Oxford University Press, New York, New York.
- ¹⁹ Moving Towards Success: Framework for After-School Programs. C.S. Mott Foundation Committee on After-School Research and Practice. (2005). Collaborative Communications Group, Washington, D.C.
- ²⁰ Needs Assessment for Omaha's Expanded Afterschool/Out-of-School Programs, before the Mayor's Office, March 28, 2007. (presentation by Russell Smith, Karen Rolf and Jerry Deichert of the Center for Organizational Research and Evaluation, University of Nebraska at Omaha).
- ²¹ Institute of Medicine of the National Academies. Preventing Childhood Obesity: Health in the Balance. Washington, D.C.: The National Academies Press, 2005.
- ²² Recess Rules: Why the undervalued playtime may be America's best investment for healthy kids and healthy schools. (2007). Robert Wood Johnson Foundation. Available at: <http://www.rwjf.org/files/research/sports4kidsrecessreport.pdf>
- ²³ Division of Nutrition and Physical Activity: Research to Practice Series No. 4: Does Breastfeeding Reduce the Risk of Pediatric Overweight? (2007). Centers for Disease Control and Prevention, Atlanta.
- ²⁴ Breastfeeding Report Card (2007). Centers for Disease Control and Prevention, Atlanta. Available at: http://www.cdc.gov/breastfeeding/data/report_card.htm
- ²⁵ Shealy, K.R., Li, R., Benton-Davis, S., Grummer-Strawn, L.M., The CDC Guide to Breastfeeding Interventions. (2005). U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta.
- ²⁶ Travel and Environmental Implications of School Siting, Environmental Protection Agency, Report No. 231-R-03-004, October 2003, Available at: http://www.epa.gov/livability/pdf/school_travel.pdf
- ²⁷ The Relative Risks of School Travel: A National Perspective and Guidance for Local Community Risk Assessment-Special Report 269. (2002) Transportation Research Board. Available at: <http://www.nap.edu/catalog.php>
- ²⁸ Safe Routes to School: 2007 State of the States Report: National Progress on Increasing Safe Bicycling and Walking to and from Schools. (2007) Robert Wood Johnson Foundation. Available at: www.saferoutespartnership.org/media/file/rpt_SRTSstates2007.pdf
- ²⁹ Kids Walk to School, a CDC's Nutrition and Physical Activity Program to increase opportunities for daily physical activity. Available at: <http://www.cdc.gov/nccdphp/dnpha/kidswalk/>
- ³⁰ Story, M., Kaphingst, K.M. and French, S. The Role of Child Care Settings in Obesity Prevention, The Future of Children, 2006:16(1). Available at: http://www.futureofchildren.org/information2826/information_show.htm?doc_id=355663
- ³¹ Progress in Preventing Childhood Obesity: How Do We Measure Up? Committee on Progress in Preventing Childhood Obesity; Kaplan, J.P. et al. (editors). (2007). Institute of Medicine of the National Academies Press, Washington, D.C.

-
- ³² Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Obesity. (2007) American Medical Association. Available at: http://www.ama-assn.org/ama1/pub/upload/mm/433/ped_obesity_recs.pdf
- ³³ The Child Nutrition and Women, Infants and Children (WIC) Reauthorization Act of 2004 Public Law 108-265, Section 204, Local Wellness Policy.
- ³⁴ Progress in Preventing Childhood Obesity: How Do We Measure Up? Committee on Progress in Preventing Childhood Obesity; Kaplan, J.P. et al. (editors). (2007). Institute of Medicine of the National Academies Press, Washington, D.C.
- ³⁵ Good Food: Examining the Impact of Food Deserts on the Public Health in Chicago, a report authored by Mari Gallagher Research & Consulting Group, Chicago, IL, 2006. Available at: [http://marigallagher.com/site_media/dynamic/project_files/1_ChicagoFoodDesert_Report-Full .pdf](http://marigallagher.com/site_media/dynamic/project_files/1_ChicagoFoodDesert_Report-Full.pdf)
- ³⁶ Omaha City Council Approves Groundbreaking Zoning Code Package, August 14, 2007. Available at:
- ³⁷ The Green Omaha Proposals, Omaha by Design. Available at: <http://www.omahabydesign.org/omahabydesign.html>
- ³⁸ Progress in Preventing Childhood Obesity: How Do We Measure Up? Committee on Progress in Preventing Childhood Obesity; Kaplan, J.P. et al. (editors). (2007). Institute of Medicine of the National Academies Press, Washington, D.C.
- ³⁹ Integrating Health and Physical Activity Goals into Transportation Planning: Building the Capacity of Planners and Practitioners. Prepared for The Federal Highway Administration and Federal Transit Administration Offices of Planning and the U.S. Department of Transportation, January 22, 2004.
- ⁴⁰ Shealy, K.R., Li, R., Benton-Davis, S., Grummer-Strawn, L.M., The CDC Guide to Breastfeeding Interventions. (2005). U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta.
- ⁴¹ Safe Routes to School: 2007 State of the States Report: National Progress on Increasing Safe Bicycling and Walking to and from Schools. (2007) Robert Wood Johnson Foundation. Available at: www.saferoutespartnership.org/media/file/rpt_SRTSstates2007.pdf
- ⁴² Planning for Community Benefit. A Guide for Planning and Reporting Community Benefit. (2006) The Catholic Health Association of the United States, St. Louis, Missouri.