


ALASKA LEGISLATURE COMMITTEE FILES, 2000-2001/2
11746 SENATE HEALTH, EDUCATION & SOCIAL SERVICES

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A Complex Problem Requiring a Comprehensive and Collaborative Approach


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- American Lung Association
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- National Alliance for Autism Research
- National Heart, Lung, and Blood Institute
- National Institutes of Health
- National Multiple Sclerosis Society
- National Parkinson Foundation
- National Scleroderma Foundation
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- National Transplantation Education, Research and Training
- The American Cancer Society
- American Heart Health Bureau
- U.S. Department of Health and Human Services

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Learn and Live

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Making a Difference

Rosey Fletcher

- *Athlete - Olympic Medal Winner*
- *Community Volunteer*
- *Member of the Municipality of Anchorage Obesity and Health Task Force*

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Municipality of Anchorage's Task Force on Obesity and Health

Robb Boyer, Ph.D.

- Anchorage School District
- Member of the Municipality of Anchorage Obesity and Health Task Force

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Municipality of Anchorage Ten Year Plan on Obesity and Health

**Municipality of
Anchorage
Ten Year Plan on
Obesity and Health**

April 14, 2010

Prepared by the
Mayor's Task Force on Obesity and Health

American Heart Association

Goals and Objectives

- Goal 1** Ensure Plan Implementation, Oversight, and Review
- Goal 2** Improve the eating habits of the Municipality of Anchorage residents through better nutrition
- Goal 3** Increase the number of adults, adolescents and children who engage in regular physical activity
- Goal 4** Create a community environment that supports a more physically active way of life

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Goal 1 – Ensure Plan Implementation, Oversight and Review.

- 1.1 Establish oversight of plan progress, promotion and review.
- 1.2 Identify an umbrella program that will assist in quantifying and rewarding efforts on a community-wide basis.

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Goal 2 – Improve the eating habits of the Municipality of Anchorage residents through better nutrition.

- 2.1 Improve the overall nutrition in all schools, public and private, within the Municipality of Anchorage.
- 2.2 Improve the overall nutrition of licensed Child Care Centers and Child Care Homes within the Municipality of Anchorage.
- 2.3 Improve the nutrition in the workplace.
- 2.4 Improve the availability of nutritional choices within the community.
- 2.5 Encourage health care providers and insurance carriers to promote better nutritional habits.

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Goal 3 – Increase the number of adults, adolescents and children who engage in regular physical activity.

- 3.1 Increase the number of pre-school aged children engaged in recommended daily physical activity.
- 3.2 Increase opportunities for physical activity in the Municipality of Anchorage schools.
- 3.3 Increase and improve workplace initiatives promoting physical activity.
- 3.4 Engage community organizations and recreation groups in developing greater options, access and participation in physical activity.
- 3.5 Promote public policy that supports and promotes physical fitness.







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Alliance for a Healthier Generation: Overall Goals

- By 2010, halt the increasing prevalence of childhood obesity in the United States.
- By 2015 reduce the prevalence of childhood obesity by 10%.

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Quality of Life

The *National Institute of Health* projects that our next generation of children will be the first in the history of the U.S. whose life expectancy is shorter than their parents due to the impacts of obesity and related health consequences.



American Heart Association

Discussion and Questions



Municipality
of Anchorage

Municipality of Anchorage Ten Year Plan on Obesity and Health

April 11, 2006



Department of
Health & Human
Services

**Prepared by the
Mayor's Task Force on Obesity and Health**

For more information, contact the Health and Human Services, Health Planning and Promotion, PO Box 196650, Anchorage, AK 99519-6650, or visit our website at <http://www.ci.anchorage.ak.us/healthchp/index.cfm>



April 11, 2006

To the Citizens of the Municipality of Anchorage:

Research shows that obesity is a significant and growing threat to the health of Americans, including the citizens of Anchorage. It affects the health of individuals and has many economic impacts in our community.

In response to the growing epidemic of obesity across the country, including Anchorage, I convened a Task Force on Obesity and Health in June 2005. The Task Force was comprised of Municipality of Anchorage residents representing diverse community groups including educators, doctors, athletes, nutritionists, and many other areas.

I charged the task force members with reviewing information, listening to experts, and taking public testimony to develop a set of useful recommendations for the obesity problem in Anchorage.

Their task was to study the many aspects, causes and impacts of obesity in Anchorage and develop a ten-year plan to address it. The plan has short and long-term goals. It will require many people working together to improve the health of our citizens.

I appreciate the hard work of the Task Force. Attached is the group's ten-year plan. Please join me in working to implement these good ideas.

Sincerely,

Mark Begich
Mayor Municipality of Anchorage

Acknowledgements

This action plan was developed through the leadership of the Department of Health and Human Services, the Mayor's Task Force on Obesity and Health and the collaborative work of many people. The task force is appreciative of the leadership of our chair, Bill Wielechowski, and of the major commitment of time and expertise provided by each of our members. We also offer our sincere appreciation to:

- members of the Task Force and the organizations they represented;
- staff from the Municipality of Anchorage, Department of Health and Human Services, Health Planning and Promotion who provided technical expertise to the Task Force;
- external reviewers who provided clear insight and critical input; and
- all of the people who provided public testimony.

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Overview of Obesity in the Municipality of Anchorage

Over the course of the last twenty years, for reasons not fully understood, an epidemic of overweight and obesity has overtaken our nation and many developed countries across the globe. The Municipality of Anchorage and the State of Alaska have not been immune to these trends. According to the National Centers for Disease Control and Prevention (CDC), 61% of the Municipality of Anchorage adults are overweight, with over 23% qualifying as obese. Even more alarming is rising weight of our children. In a recent collaborative study conducted by the Anchorage School District and the State of Alaska, Division of Public Health it was found that 36% of all Anchorage School District students and 32% of kindergarten and 1st grade students were overweight or at risk for becoming overweight.

"For the first time in modern history, today's younger generation will have shorter and less healthy lives than their parents."

~ S. Jay Olshansky
Longevity researcher
University of Illinois at Chicago

"It's one thing for an adult of 45 or 55 to develop type 2 diabetes and then experience the life-threatening complications of that -- kidney failure, heart attack, stroke -- in their late 50s or 60s.

But for a 4-year-old or 6-year-old who's obese to develop Type 2 diabetes at 14 or 16 raises the possibility of devastating complications before reaching age 30".

~ Dr. David Ludwig
Children's Hospital Boston

Currently the rates of overweight and obesity for the Municipality of Anchorage correspond with the State of Alaska and the Nation. According to the latest 2004 Prevalence Demographics data from the CDC, approximately 60% of adults are either overweight or obese. The State of Alaska came in above the national average with nearly 63% of adults qualifying as either overweight or obese.

The Problem

Peoples' perception of obesity is often times perceived as simple, people are consuming more calories than they expend. Although the root cause of obesity is just that, when we address how to reduce the occurrence of obesity the solution isn't as simple. The issue of obesity becomes complicated when you examine the habits of Americans and the evolution of our environment. The human body has virtually stayed the same over the last 200 hundred years, but the habitat that we live in has drastically changed.

Why do we care?

Obesity attacks the well-being of millions of people every year. It is a contributing factor in some of the most devastating and disabling diseases like diabetes, heart disease, arthritis and several types of cancer to name a few.

Obesity is a leading cause of preventable death in the United States. The grim reality is that excess weight translates into a much higher probability of premature death.

Obesity is a complex problem with numerous causes and serious consequences:

- **It is an expensive epidemic.** The burden of Obesity on our health care system includes a substantial financial impact. In 2001, obesity and overweight cost U.S. taxpayers \$117 billion in direct health care costs and indirect costs such as lost wages. A recent study by researchers at Research Triangle Institute (RTI) International and the CDC estimated that direct costs alone reached \$75 billion in 2003. (RTI International, Researchers Estimate States Spend Billions in Medical Costs of Obesity. <http://www.rti.org/page.cfm?objectid=4CDB8DC2-6720-4FBF-806A064BB32DD00B>)
- **It contributes too many illnesses.** People who are overweight or obese are frequently plagued by serious and long-lasting health concerns such as diabetes, coronary heart disease, high blood pressure, high cholesterol, osteoarthritis, sleep disturbances and breathing problems, and certain cancers. (Kushner RF, Foster GD. Obesity and quality of life. *Nutrition*. 2000; 16(10): 947-52.)
- **It can decrease quality of life.** In some cases, overweight and obese people have a diminished quality of life due to health concerns, discrimination and difficulty or inability to participate in many of life's activities.
- **It is often misunderstood.** Overweight and obesity are not simply a result of eating too much – although poor eating habits are often a contributing factor. The problems are caused by a number of factors that are often interrelated. According to the American Obesity Association, behavior, environment and genetics are all part of the overweight and obesity equation. (American Obesity Association. Causes of obesity. <http://www.obesity.org/education/causes.html>)

The Mayor's Task Force on Obesity and Health

Though some suggest that obesity is the problem of individuals, when a health problem becomes so rampant that no sector of our community remains untouched and the financial impacts affect everyone, it becomes a problem for the entire community – so the entire community needs to be involved in the solution.

In response to this growing epidemic, Mayor Mark Begich convened a Task Force on Obesity and Health. The Task Force was comprised of a broad spectrum of community members - doctors, registered dietitians, business and insurance representatives,

developers, realtors, policy makers, youth/students, planners, engineers, police, public health workers, school representatives, early childhood experts, parents, parks and recreation representatives, attorneys, local restaurant representatives, and military representatives to name only a few.

The Task Force was charged with studying the many aspects, causes and impacts of obesity in the Municipality of Anchorage, and developing a ten-year plan to address it.

The initial meetings of the Task Force were dedicated to understanding the various aspects, causes and consequences of obesity. First, task force members heard presentations by local Public Health officials, Medical Doctors, local private insurance carrier, and the Anchorage School District. The topics included the following:

- State of the nation regarding overweight and obesity
- State of Alaska regarding overweight and obesity
- Effects of overweight and obesity on our children
- Anchorage School district
 - School lunches
 - Vending machines
 - Physical and health education
 - Extracurricular activities and sports
- Built environment
- Health insurance

Second, task force members devoted one full meeting to public testimony where people from across the spectrum of the Anchorage culture came and gave their input on what they felt should be addressed in the plan. At the public testimony meeting, task force members heard from non-profit organizations, subject matter experts and concerned parents on issues ranging from the built environment to nutrition in the schools. To round out Task Force members' understanding of the issues surrounding obesity, they were given a wide array of reading materials covering other communities' obesity plans, historical and statistical information about obesity, professional journals and magazine articles, and information regarding the economic impacts of obesity.

Following the initial information gathering stage, the Task Force used their growing understanding to form a vision for the Task Force. They then set about establishing a plan based on specific goals, objectives and strategies to address obesity and health in the next ten years.

The vision established by the Task Force is to:

"Reverse the rising rates of obesity by creating a culture of wellness through increased physical activity, improved nutrition and a community environment that is conducive to health."

To create goals and action steps to attain the vision, the task force identified three strategic areas:

- Nutrition
- Physical Activity
- Community (Built) Environment

Three subcommittees were formed to address each of these issues. Over the course of two months, the subcommittees met to develop specific actionable steps to address the problem of obesity in the Municipality of Anchorage.

As goals and action steps were developed by individual subcommittees, each groups' work was presented to the entire Task Force for review and revision. Overlapping action steps were combined and the Task Force worked as a body to assign responsible entities to carry out each of the action steps slated for year one. The final product is one that represents each subgroup's diligent independent work, with approval of the whole. The final goals and respective objectives developed by the Task Force are as follows:

Goal 1 – Ensure Plan Implementation, Oversight and Review.

- 1.1 Establish oversight of plan progress, promotion and review.
- 1.2 Identify an umbrella program that will assist in quantifying and rewarding efforts on a community-wide basis.

Goal 2 – Improve the eating habits of the Municipality of Anchorage residents through better nutrition.

- 2.1 Improve the overall nutrition in all schools, public and private, within the Municipality of Anchorage.
- 2.2 Improve the overall nutrition of licensed Child Care Centers and Child Care Homes within the Municipality of Anchorage.
- 2.3 Improve the nutrition in the workplace.
- 2.4 Improve the availability of nutritional choices within the community.
- 2.5 Encourage health care providers and insurance carriers to promote better nutritional habits.

Goal 3 – Increase the number of adults, adolescents and children who engage in regular physical activity.

- 3.1 Increase the number of pre-school aged children engaged in recommended daily physical activity.
- 3.2 Increase opportunities for physical activity in the Municipality of Anchorage schools.

- 3.3 Increase and improve workplace initiatives promoting physical activity.
- 3.4 Engage community organizations and recreation groups in developing greater options, access and participation in physical activity.
- 3.5 Promote public policy that supports and promotes physical fitness.

Goal 4 – Create a community environment that supports a more physically active way of life.

- 4.1 Develop safe, convenient, and attractive sidewalks/pathways.
- 4.2 Develop safe, convenient, and attractive transit facilities to include easier accessibility from both sides of the street.
- 4.3 Improve off-road trail system to provide better area wide connectivity and linkages to major destinations and adjoining neighborhoods.
- 4.4 Improve safety and maintenance of pedestrian transportation system.
- 4.5 Site public facilities, such as schools, parks, and public buildings in locations where they are readily accessible by walking, biking and/or public transit to the residents intended to be served.
- 4.6 Modify the Municipality of Anchorage's land use regulations to encourage and facilitate compact mixed use and pedestrian friendly development, particularly in those areas so identified in the Municipality of Anchorage's Comprehensive Plan.
- 4.7 Create new or remodeled buildings with features that support and encourage more physical activity.

The Task Force held a second public hearing on the Plan on March 1, 2006 at which it heard from a variety of business members, neighborhood residents, public health advocates, and non-profit organizations. Following the public hearing the task force came to consensus on its final recommendations.

Purpose of the Plan

The Mayor's Task Force on Obesity and Health ten year plan is a call to action for all residents of the Municipality of Anchorage. As a comprehensive guide, the plan provides a roadmap for schools, communities, worksites, and the healthcare sector to follow and to address overweight and obesity in the Municipality of Anchorage. The plan's objectives guide the coordinated efforts of Municipal and community-level organizations to create programs, policies, and environments that support healthy eating and active living for all Municipality of Anchorage residents.

Goal 1: Ensure Plan Implementation, Oversight and Review

1.1 Establish oversight of plan progress, promotion and review.

Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
H&HSC	<p><u>1.1a-1 Oversight - Health and Human Services Commission</u></p> <ul style="list-style-type: none"> • Provide overview of the ten year plan to the ASD School Board and the Municipality of Anchorage, Assembly • Draft a general ordinance giving stewardship to the Health and Human Services Commission • Health and Human Services Commission will develop a subcommittee or oversight board involving task force members. 	<p><u>1.1a-3 Oversight - Health and Human Services Commission</u></p> <ul style="list-style-type: none"> • Review - evaluate implementation, analyze effectiveness, and make changes if necessary. 	<p><u>1.1a-5 Oversight - Health and Human Services Commission</u></p> <ul style="list-style-type: none"> • Review - evaluate implementation, analyze effectiveness, and make changes if necessary. 	<p><u>1.1a-10 Oversight - Health and Human Services Commission</u></p> <ul style="list-style-type: none"> • Review - evaluate implementation, analyze effectiveness. • Produce report and recommendations to Mayor Anchorage School Board and Assembly.
DHHS	<p><u>1.1b-1 White Paper</u></p> <ul style="list-style-type: none"> • Create a White Paper from the final Task Force report for coordinated use by the identified responsible party's and advocates, and use it to market the Task Force action steps to funders, policy makers, agencies, community groups and others. 	<p><u>1.1b-3 White Paper</u></p> <ul style="list-style-type: none"> • Update White Paper with progress to date. 	<p><u>1.1b-5 White Paper</u></p> <ul style="list-style-type: none"> • Update White Paper with progress to date. 	<p><u>1.1b-10 White Paper</u></p> <ul style="list-style-type: none"> • Continuation of year five action steps.
DHHS	<p><u>1.1c-1 Speakers' Bureau</u></p> <ul style="list-style-type: none"> • Create a speakers' bureau from members of the Task Force and other partners to promote the action steps among community entities; train the speakers' bureau members. 	<p><u>1.1c-3 Speakers' Bureau</u></p> <ul style="list-style-type: none"> • Maintain and/or expand speakers' bureau. 	<p><u>1.1c-5 Speakers' Bureau</u></p> <ul style="list-style-type: none"> • Maintain and/or expand speakers' bureau. 	<p><u>1.1c-10 Speakers' Bureau</u></p> <ul style="list-style-type: none"> • Continuation of year five action steps.

1.2 Identify an umbrella program that will assist in quantifying and rewarding efforts on a community-wide basis.

Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	<p>1.2a-1 Well City</p> <ul style="list-style-type: none"> Research, identify and apply for a nationally recognized "Well City Program." Research program options. <p>Well City USA is an initiative designed to engage entire business communities in improving the health and well-being of their workforce.</p>	<p>1.2a-3 Well City</p> <ul style="list-style-type: none"> Identify best program and begin process of complying with criteria. 	<p>1.2a-5 Well City</p> <ul style="list-style-type: none"> Attain standards and publicize achievement. 	<p>1.2a-10 Well City</p> <ul style="list-style-type: none"> Continuation of year five action steps.

Goal 2 – Improve the eating habits of the Municipality of Anchorage residents through better nutrition.

Good nutrition and eating habits are essential for obtaining and maintaining good health and a healthy weight. Consumers are inundated with new products that often replace good calories with calories that offer limited nutritional value. Modern life with its ever increasing demands on our time often translates into poor eating habits. According to the National Centers for Disease Control and Prevention, less than one in four adults in the Municipality of Anchorage reports consuming fruits and vegetables the recommended five or more times per day. Another factor that is contributing to the trend towards overweight and obesity is the trend towards marketing larger and larger portion sizes (i.e. "Super Sizing").

2.1 Improve the overall nutrition in all schools, public and private, within the Municipality of Anchorage.

State epidemiological reports indicate that 36% of Anchorage School District students are overweight with 32% of all kindergarten and 1st grade students entering school overweight. According to the surgeon general, roughly 80% of children who are overweight will go on to be overweight for their entire lifetime.

Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	<p>2.1a-1 Nutrition Guidelines</p> <p>Recommend policy/practice with the following suggested Nutrition Guidelines for healthy food and drinks in (not limited to) vending machines, school</p>	<p>2.1a-3 Nutrition Guidelines</p> <p>Exceptions to these food and beverage standards may be made for traditional cultural foods for educational and/or special school</p>	<p>2.1a-5 Nutrition Guidelines</p> <p>Exceptions to these food and beverage standards may be made for traditional cultural foods for educational and/or special school</p>	<p>2.1a-10 Nutrition Guidelines</p> <ul style="list-style-type: none"> Continuation of year five Nutrition Guidelines.

	<p>stores/cafes, fund raising activities, concessions, and ala carte served/sold from one-half hour before the start of the school day until one-half hour after the end of the school day, must meet the following food and beverage standards:</p> <ul style="list-style-type: none"> • Marketing on vending machines must promote a healthy life style. • Foods approved for sale must: <ul style="list-style-type: none"> ○ Have 30% or less of total calories from fat (excluding tofu, nuts, nut butters, seeds, eggs, legumes, fruits and vegetables that have not been deep fried, and cream cheese, low-fat salad dressings, cheese and butter packaged for individual sale); ○ Have 10 percent or less of total calories from saturated plus trans fat (excluding tofu, nuts, nut butters, seeds, eggs, legumes, fruits and vegetables that have not been deep fried, and cream cheese, low-fat salad dressings, cheese and butter packaged for individual sale); and ○ Have no more than 35% total sugar by weight (except for sugars that occur naturally in a dairy product, fruit, or vegetables). • Beverages approved for sale must be: <ul style="list-style-type: none"> ○ No more than 16 oz in size excluding plain or carbonated water; 	<p>events four times a year.</p> <ul style="list-style-type: none"> • Marketing on vending machines must promote a healthy life style. • Foods approved for sale must: <ul style="list-style-type: none"> ○ Comply with year one nutrition guidelines; ○ Be limited to the following maximum portion sizes: <ul style="list-style-type: none"> a. One and one-quarter ounces for chips, crackers, popcorn, cereal, or jerky; b. Two and one half ounces for trail mix, nuts, seeds, or dried fruit; c. Two ounces for cookies or cereal bars; d. Three ounces for bakery items; e. Three fluid ounces for frozen desserts, including, but not limited to, ice cream; eight ounces for non-frozen yogurt. • Beverages approved for sale must be: 	<p>events four times a year. The recommended practice is for parties, celebrations, etc. not to include the use of food/drink unless it has academic or educational value.</p> <ul style="list-style-type: none"> • Marketing on vending machines must promote a healthy life style. • Foods approved for sale: <ul style="list-style-type: none"> ○ Continuation of Year Three Nutrition Guidelines. • Beverages approved for sale: <ul style="list-style-type: none"> ○ Eliminate the sale of "flavored" milk products. ○ Eliminate the sale of sports drinks. ○ Continuation of year three Nutrition 	<ul style="list-style-type: none"> • Assess implementation and impact of guidelines and recommend changes.
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	<ul style="list-style-type: none"> ○ 2% (Reduced-Fat), 1% (Lowfat) or fat free (Skim/Non-fat) milk; ○ Rice, soy or nut milks enriched with at least 30% of the Daily Value for Calcium per 8 oz serving; ○ Flavored milk may contain no more than 54 grams of sugar total per 16 oz, including both naturally-occurring and added sweetener; ○ Plain or carbonated water that does not contain added herbal supplements; ○ 100% fruit or vegetable juice, plain or carbonated that does not contain added sweeteners (natural or artificial), caffeine or herbal supplements; ○ 100% Juice and water blends that do not contain added herbal supplements; ○ Sports drinks that contain less than 30 grams of sugars per 16 oz serving and do not contain caffeine or herbal supplements; or ○ Diet soft drinks (16 oz). 	<ul style="list-style-type: none"> ○ No more than 12 oz in size excluding plain or carbonated water; ○ 1% (Lowfat) or fat free (Skim/Non-fat) milk; ○ Rice, soy or nut milks enriched with at least 30% of the Daily Value for Calcium per 8 oz serving; ○ Flavored milk will be fat-free and may contain no more than 30 grams of sugar total per 12 oz, (20 grams of sugar total per 8 oz), including both naturally-occurring and added sweetener; ○ Plain or carbonated water that does not contain added herbal supplements; ○ 100% fruit or vegetable juice, plain or carbonated that does not contain added sweeteners (natural or artificial), caffeine, or herbal supplements Maximum size allowed for sale is 4 oz. for regular fruit/vegetable juice; ○ 100% Juice and water blends that do not contain added herbal supplements; ○ Sports drinks that contain less than 20 grams of sugars per 12 oz serving and do not contain caffeine or herbal supplements; or ○ Diet soft drinks (12 oz). 	<p>Guidelines</p> <ul style="list-style-type: none"> ○ No drink may be served/sold that contain herbal supplements. <p>• Assess implementation and impact of guidelines and recommend changes.</p>	
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		Assess implementation and impact of guidelines and recommend changes.		
	<p>2.1b-1 School Health Curriculum and Student Nutrition Increase collaboration between school health curriculum (what is being taught in the classroom) & what is being offered via student nutrition. (There is a need for increased coordination between the two).</p>	<p>2.1b-3 School Health Curriculum and Student Nutrition</p> <ul style="list-style-type: none"> Review collaborative efforts and implement necessary changes. 	<p>2.1b-5 School Health Curriculum and Student Nutrition</p> <ul style="list-style-type: none"> Continuation of year three action steps. 	<p>2.1b-10 School Health Curriculum and Student Nutrition</p> <ul style="list-style-type: none"> Continuation of year five action steps.
	<p>2.1c-1 Food and Beverage in the Classroom/School: Recommend policy/practice for guidelines concerning food and beverages in the classroom/school including, but not limited to, parties, fundraising and parent initiated "food and/or drink parties". The Nutrition Guidelines apply to all school time use of food and/or beverages.</p> <ul style="list-style-type: none"> Schools will not use foods or beverages as a reward for academic performance or good behavior, and will not withhold food or beverages (including food and beverage served/sold through school meals) as punishment. If food or beverages are utilized as a teaching tool relevant to an educational/academic objective the Nutrition Guidelines should be followed. Schools will develop clear Nutrition Guideline practices and requirements, in accordance with school/ASD policies, to be adhered to in all classroom food and beverage events, including parent initiated "food and/or drink parties", and provide them to teachers and 	<p>2.1c-3 Food and Beverage in the Classroom/School:</p> <ul style="list-style-type: none"> Continuation of year one policies. Assess implementation and impact of policy/guidelines and recommend changes. 	<p>2.1c-5 Food and Beverage in the Classroom/School:</p> <ul style="list-style-type: none"> Continuation of year three policies. Assess implementation and impact of policy/guidelines and recommend changes. 	<p>2.1c-10 Food and Beverage in the Classroom/School:</p> <ul style="list-style-type: none"> Continuation of year five policies.

	<p>parents.</p> <p>2.1d-1 <u>Student Nutrition/Cafeteria Policy</u> Recommend policy/practice for additional guidelines related to food and beverage sales by the Student Nutrition, which may include:</p> <ol style="list-style-type: none"> 1. Follow the Nutrition Guidelines in all food and beverages offered by school Student Nutrition/Cafeteria. 2. Eliminate all fried food offerings by school Student Nutrition/Cafeteria, coupled with an educational campaign informing students that the foods they are eating are baked (coordination with health curriculum and food nutrition). 3. Incorporate more healthy offerings in the school lunch menu (salad bars, fruit and veggie offerings, etc.). 4. Eliminate fountain pop sales at the high schools. 5. Source local products for lunch program when possible. 6. Increase vegetarian and culturally diverse offerings offered by the Student Nutrition/Cafeteria 7. Examine "menu within a menu" flexibility. <p>Eliminate foods with high fructose corn syrup as one of the first three ingredients of a product.</p>	<p>2.1d-3 <u>Student Nutrition/Cafeteria Policy</u></p> <ul style="list-style-type: none"> • Recommend policy/practice for additional guidelines related to food and drink sales by the Student Nutrition/Cafeteria. 	<p>2.1d-5 <u>Student Nutrition /Cafeteria Policy</u></p> <ul style="list-style-type: none"> • Assess implementation and impact of policy/guidelines and recommend changes. 	<p>2.1d-10 <u>Student Nutrition/Cafeteria Policy</u></p> <ul style="list-style-type: none"> • Continuation of year five action steps.
	<p>2.1e-1 <u>National School Meal Programs</u> Recommend policy/practice for all schools to participate in available federal school meal programs to the extent possible. Food and beverage provided through the National School Lunch or School Breakfast Programs shall comply</p>	<p>2.1e-3 <u>National School Meal Programs</u></p> <ul style="list-style-type: none"> • Food and beverage provided through the National School Lunch or School Breakfast Programs shall comply with federal nutrition standards 	<p>2.1e-5 <u>National School Meal Programs</u></p> <ul style="list-style-type: none"> • Continuation of year three action steps. 	<p>2.1e-10 <u>National School Meal Programs</u></p> <ul style="list-style-type: none"> • Continuation of year five action steps.

	<p>with federal nutrition standards under the School Meals Initiative. Consider the following additional changes:</p> <ul style="list-style-type: none"> • No fried foods • Changing the definition of a week (3 day average) • Eliminating food with high fructose corn syrup as first three ingredient • No foods containing MSG • Limiting the sodium content of meals (base on 1/3 2.300 mg daily maximum so 800 mg on average). 	<p>under the School Meals Initiative, Nutrition Guidelines and shall not be weighted on weekly nutritional averages.</p>		
	<p>2.1f-1 <u>Fruit and Vegetable Promotion</u></p> <ul style="list-style-type: none"> • Student Nutrition/Cafeteria services and all other food and beverage venues, will to the greatest extent possible, adjust the pricing structure so that fruit and vegetable options are equally as expensive as other snack type foods. 	<p>2.1f-3 <u>Fruit and Vegetable Promotion</u></p> <ul style="list-style-type: none"> • Continuation of year one action steps. 	<p>2.1f-5 <u>Fruit and Vegetable Promotion</u></p> <ul style="list-style-type: none"> • Continuation of three action steps. 	<p>2.1f-10 <u>Fruit and Vegetable Promotion</u></p> <ul style="list-style-type: none"> • Continuation of year five action steps.
	<p>2.1g-1 <u>School Dietitian</u></p> <ul style="list-style-type: none"> • Require a Registered Dietitian to be on staff within the Student Nutrition Department at ASD. • Recommend private schools either hire or consult with Registered Dietician to establish Student Nutrition/Cafeteria meals. • Develop job description and seek funding sources position. 	<p>2.1g-3 <u>School Dietitian</u></p> <ul style="list-style-type: none"> • Hire/consult dietician. 	<p>2.1g-5 <u>School Dietitian</u></p> <ul style="list-style-type: none"> • Assess impact and value of hiring/consulting dietician. 	<p>2.1g-10 <u>School Dietitian</u></p> <ul style="list-style-type: none"> • Continuation of year five action steps.
	<p>2.1h-1 <u>Schedule of Meals and Meal Environment</u></p> <p>Recommend policy/practice for guidelines concerning the schedule of meal and the meal environment to include but not limit the following:</p> <ul style="list-style-type: none"> • Schools will provide: a clean, safe and pleasant eating environment that 	<p>2.1h-3 <u>Schedule of Meals and Meal Environment</u></p> <ul style="list-style-type: none"> • Continuation of year one action steps. 	<p>2.1h-5 <u>Schedule of Meals and Meal Environment</u></p> <ul style="list-style-type: none"> • Continuation of year three action steps. 	<p>2.1h-10 <u>Schedule of Meals and Meal Environment</u></p> <ul style="list-style-type: none"> • Continuation of year five action steps.

	<p>allows students adequate space for children to sit at a table to eat and a minimum of twenty minutes for students to eat lunch and a minimum of ten minutes for students to eat breakfast, not including transition time.</p> <ul style="list-style-type: none"> • Student activities (tutoring, club or organization meetings, detention, etc.) can only be scheduled during meal times if students are allowed to eat during such activity. • Each school will schedule the lunch period as near to the middle of the school day as possible. 			
	<p>2.11-1. <u>Communication with Parents</u></p> <ul style="list-style-type: none"> • Explore collaboration between local Women Infant and Children (WIC) providers and Anchorage School District to promote proper family nutrition and sound early nutrition practices. <p>Recommend policy/practice for guidelines concerning communication with parents regarding the importance of a healthy diet and daily physical activity for their children to include but not limit the following:</p> <ul style="list-style-type: none"> • Schools should encourage parents to pack healthy lunches and snacks and to refrain from including beverages and foods that do not meet nutrition standards established by the district. The district will provide parents with information on healthy foods that meet the district's Nutrition Guidelines. • Schools will provide information about physical education and other school-based physical activity 	<p>2.11-3 <u>Communication with Parents</u></p> <ul style="list-style-type: none"> • Continuation of year one action steps. 	<p>2.11-5 <u>Communication with Parents</u></p> <ul style="list-style-type: none"> • Continuation of year three action steps. 	<p>2.11-10 <u>Communication with Parents</u></p> <p>Continuation of year five action steps.</p>

	<p>opportunities before, during and after the school day; and support parents' efforts to provide their children with opportunities to be physically active outside of school. Such supports will include sharing information through a website, newsletter, or other take-home materials, special events, or physical education homework.</p>			
	<p>2.1j-1 All Schools Staff Policy</p> <ul style="list-style-type: none"> School staff should lead by example and follow the Nutrition Guidelines within their offices and break rooms. 	<p>2.1j-3 All Schools Staff Policy</p> <ul style="list-style-type: none"> Assess implementation and impact of policy/guidelines and recommend changes 	<p>2.1j-5 All Schools Staff Policy</p> <ul style="list-style-type: none"> Continuation of year three action steps. 	<p>2.1j-10 All Schools Staff Policy</p> <ul style="list-style-type: none"> Continuation of year five action steps.
	<p>2.1k-1 Continuing Education Credits</p> <ul style="list-style-type: none"> Recommend policy/practice allowing continuing education credits associated with nutrition as approved continuing education credits for salary advancement for faculty. 	<p>2.1k-3 Continuing Education Credits</p> <ul style="list-style-type: none"> Continuation of year one action steps. 	<p>2.1k-5 Continuing Education Credits</p> <ul style="list-style-type: none"> Continuation of year three action steps. 	<p>2.1k-10 Continuing Education Credits</p> <ul style="list-style-type: none"> Continuation of year five action steps.
	<p>2.1L-1 BMI* Collections</p> <ul style="list-style-type: none"> Determine BMI collection methods and reporting criteria for providing gender specific BMI-for-age percentile scores to parents. <p>* BMI= The Body Mass Index (BMI) is a height to weight ratio used to establish if a person has a healthy weight for their height. In children and teens, body mass index is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children, also referred to as BMI-for-age, is gender and age specific. BMI-for-age is plotted on gender specific growth charts. These charts are used for children and teens 2 – 20 years of age.</p>	<p>2.1L-3 BMI Collections</p> <ul style="list-style-type: none"> Utilize BMI collection methods and reporting criteria for providing BMI scores to parents once per year in all schools. 	<p>2.1L-5 BMI Collections</p> <ul style="list-style-type: none"> Continuation of year three action steps. 	<p>2.1L-10 BMI Collections</p> <ul style="list-style-type: none"> Continuation of year five action steps.

2.2 Improve the overall nutrition of licensed Child Care Centers and Child Care Homes within the Municipality of Anchorage. With greater consistency in nutritional policies and requirements children will be more likely to adopt and develop healthy long eating habits.				
Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	<p>2.2a-1 Nutrition Code Requirement. The Municipality of Anchorage will begin to encourage child care providers to focus more attention on their nutritional and physical activity guidelines, recognizing upcoming code changes.</p>	<p>2.2a-3 Nutrition Code Requirement The Municipality of Anchorage will revise the Anchorage Municipal Code related to child care centers and homes to:</p> <ul style="list-style-type: none"> • Resemble the Nutrition Guidelines. • Educate child care centers and homes about new code requirements. • Increase the nutrition continuing education unit (CEU) requirements for licensed child care centers child care home providers. • Increase the opportunity for the child care providers to obtain nutritional and physical activity education. • Include in all monitoring inspections compliance with the revised Anchorage Municipal Code regarding the Nutrition Guidelines. 	<p>2.2a-5 Nutrition Code Requirement.</p> <ul style="list-style-type: none"> • The Municipality of Anchorage should implement the revised codes. 	<p>2.2a-10 Nutrition Code Requirement.</p> <ul style="list-style-type: none"> • Assess implementation and impact of code requirement and recommend changes. • Continue to enforce codes.
	<p>2.2b-1 University of Alaska, Anchorage Encourage the UAA Education Department to:</p> <ul style="list-style-type: none"> • Increase the nutrition emphasis in their course content guides associated with their Early Childhood Program. • Add a section on childhood obesity. 	<p>2.2b-3 University of Alaska, Anchorage</p> <ul style="list-style-type: none"> • Continuation of year one action steps. • Assess, evaluate and make recommendations. 	<p>2.2b-5 University of Alaska, Anchorage</p> <ul style="list-style-type: none"> • Continuation of year three action steps. • Assess, evaluate and make recommendations. 	<p>2.2b-10 University of Alaska, Anchorage</p> <ul style="list-style-type: none"> • Continuation of year five action steps. • Assess, evaluate and make recommendations.

nutrition and physical activity.

2.3 Improve nutrition in the workplace.

People who work full time spend a full one-third of their total waking hours at their workplace. In order to improve people's overall nutritional habits it is critical to address nutritional options in the workplace.

Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	<p>2.3a-1 Vending Machine Guidelines The Municipality of Anchorage will draft and publicly post vending machine guidelines that includes, but is not limited to, the Nutrition Guidelines for all Municipal entities.</p>	<p>2.3a-3 Vending Machine Guidelines</p> <ul style="list-style-type: none"> • 50% of all Departments within the Municipality of Anchorage will adopt MOA vending machine guidelines. • Encourage employers within the MOA to adopt the MOA vending machine guidelines. 	<p>2.3a-5 Vending Machine Guidelines</p> <ul style="list-style-type: none"> • Assess implementation and impact of policy/guidelines and recommend changes. • 75% of all Departments within the Municipality of Anchorage will adopt MOA vending machine guidelines. • 20% of employers within the MOA will adopt the MOA vending machine guidelines. 	<p>2.3a-10 Vending Machine Guidelines</p> <ul style="list-style-type: none"> • 100% of all Departments within the Municipality of Anchorage will adopt MOA vending machine guidelines. • 50% of employers within the MOA will adopt the MOA vending machine guidelines.
	<p>2.3b-1. Meeting Guidelines The Municipality of Anchorage will draft and publicly post "Eating at Meeting Guidelines" for all Municipal entities based upon the American Cancer Society's "Meeting Well" campaign.</p> <p>Meeting Well provides healthy information and suggestions including:</p> <ul style="list-style-type: none"> • General tips for meals and snacks. • Suggestions for stocking a healthy vending machine. • Suggestions for action-packed meetings. • Healthy meeting checklist. • The Menu Maker: a simple and colorful tool for planning all meals and snacks. • Healthy and fun ideas for themed and special events. 	<p>2.3b-3 Meeting Guidelines 50% of all Departments within the Municipality of Anchorage will adopt the "Eating at Meeting Guidelines".</p>	<p>2.3b-5. Meeting Guidelines</p> <ul style="list-style-type: none"> • Continuation of year three action steps. • 75% of all Departments within the Municipality of Anchorage will adopt the "Eating at Meeting Guidelines". 	<p>2.3b-10 Meeting Guidelines</p> <ul style="list-style-type: none"> • Continuation of year five action steps. • 100% of all Departments within the Municipality of Anchorage will adopt the "Eating at Meeting Guidelines".

DHHS, H&HSC and Mayor's Office	2.3c-1 Mayor's Health Friendly Employer Award <ul style="list-style-type: none"> Establish a Mayor's award for health friendly employers at the small, medium and large company level to be granted on the basis of the employer's efforts to support fitness and well being among employees. Establish criteria for award and publicize. See physical activity strategy 3.3b. 	2.3c-3 Mayor's Health Friendly Employer Award <ul style="list-style-type: none"> Develop educational campaign. Select nominees and select winners of special Mayor's award for the most effective program. Encourage point of decision prompts in the workplace to encourage physical activity. 	2.3c-5 Mayor's Health Friendly Employer Award <ul style="list-style-type: none"> Assess implementation and impact of program and recommend changes. 	2.3c-10 Mayor's Health Friendly Employer Award <ul style="list-style-type: none"> Continuation of year five action steps.
	2.3d-1 Breast Feeding <ul style="list-style-type: none"> Encourage employers to support breastfeeding, such as adequate break time and a private space for expressing milk. 	2.3d-3 Breast Feeding <ul style="list-style-type: none"> Assess implementation and impact of program and recommend changes. 	2.3d-5 Breast Feeding <ul style="list-style-type: none"> Continuation of Continuation of year three action steps 	2.3d-10 Breast Feeding <ul style="list-style-type: none"> Continuation of year five action steps.
	2.3e-1 Worksite Healthy Eating and Weight Management Explore and secure funding to provide education to employers and employees on healthy eating and weight management at the work site. <ul style="list-style-type: none"> Promote the importance of highlighting healthy food options for business meetings and in the worksite. 	2.3e-3 Worksite Healthy Eating and Weight Management <ul style="list-style-type: none"> Develop the worksite healthy eating and weight management education program Promote the worksite healthy eating and weight management education program 	2.3e-5 Worksite Healthy Eating and Weight Management <ul style="list-style-type: none"> Provide education to 20 employers and 200 employees within the MOA. 	2.3e-10 Worksite Healthy Eating and Weight Management <ul style="list-style-type: none"> Continuation of year five action steps. Provide education to an additional 20 employers and 200 employees within the MOA.
2.4 Improve the availability of nutritional choices within the community. If good nutritional choices and behaviors are to take root and be of lasting value they must extend beyond our homes, schools and workplaces. It is important to ensure good nutrition options are available throughout the community, from restaurants to grocery stores and other public venues.				
Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	2.4a-1 Healthy Restaurants <ul style="list-style-type: none"> Provide 25% of all grocery store and restaurant owners with suggestions on how to increase accessibility of healthy food 	2.4a-3 Healthy Restaurants <ul style="list-style-type: none"> Provide 50% of all grocery store and restaurant owners with suggestions on how to increase accessibility of 	2.4a-5 Healthy Restaurants <ul style="list-style-type: none"> Provide 75% of all grocery store and restaurant owners with suggestions on how to increase accessibility of 	2.4a-10 Healthy Restaurants <ul style="list-style-type: none"> Continuation of year five action steps.

	<p>options.</p> <ul style="list-style-type: none"> • Increase the availability of reasonably-sized food portions in restaurants and other locations where food is sold. • Partner with restaurants to implement "healthy menu options" programs that highlight healthy options on restaurant menus. 	<p>healthy food options.</p> <ul style="list-style-type: none"> • Establish "Healthy Restaurant" program (i.e., Mayor's awards for promoting healthy foods). • Promote the Healthy Restaurant programs to restaurants within the MOA. 	<p>healthy food options.</p> <ul style="list-style-type: none"> • Continuation of program • Assess implementation and impact of program and recommend changes. • Recognize restaurants offering healthy choices and those that address portion sizes as "Healthy Restaurants." 	
	<p>2.4b-1 Grocery Stores/Food Outlets</p> <ul style="list-style-type: none"> • Provide 25% of all grocery stores with suggestions on how to increase accessibility of healthy food options. • Support and encourage the implementation of point-of-purchase campaigns promoting healthy food choices in grocery stores. • Increase the availability of reasonably-sized food portions in restaurants, grocery stores, and other locations where food is sold. 	<p>2.4b-3 Grocery Stores/Food Outlets</p> <ul style="list-style-type: none"> • Provide 50 % of all grocery stores with suggestions on how to increase accessibility of healthy food options. • Develop media campaigns to promote fruit and veggie intake. 	<p>2.4b-5 Grocery Stores/Food Outlets</p> <ul style="list-style-type: none"> • Provide 75 % of all grocery stores with suggestions on how to increase accessibility of healthy food options. 	<p>2.4b-10 Grocery Stores/Food Outlets</p> <ul style="list-style-type: none"> • Continuation of year five action steps.
	<p>2.4c-1 Other Public Places</p> <ul style="list-style-type: none"> • Stock competitively priced healthy food and beverage choices in vending machines in public areas. 	<p>2.4c-3 Other Public Places</p> <ul style="list-style-type: none"> • Continuation of year one action steps. 	<p>2.4c-5 Other Public Places</p> <ul style="list-style-type: none"> • Continuation of year three action steps. 	<p>2.4c-10 Other Public Places</p> <ul style="list-style-type: none"> • Continuation of year five action steps.
	<p>2.4d-1 Policy and Educational Strategies</p> <ul style="list-style-type: none"> • Implement systems for providing information on the calorie and nutrient content of foods sold in restaurants, movie theaters, convenience stores and other venues. • Increase availability of food assistance programs, including: Food Stamps, WIC, Head Start, Senior Meals, Home Delivered 	<p>2.4d-3 Policy and Environmental Strategies</p> <ul style="list-style-type: none"> • Explore opportunities to establish sustainable revenue streams for obesity education and health promotion. • Continued support and potential expansion of community garden programs. • Continuation of year one 	<p>2.4d-5 Policy and Environmental Strategies</p> <ul style="list-style-type: none"> • Continuation of year three action steps. • Assess implementation and impact of program and recommend changes. 	<p>2.4d-10 Policy and Environmental Strategies</p> <p>Continuation of year five action steps.</p>

	<p>Meals and Alaska Food Banks, especially to low income families in underserved areas.</p> <ul style="list-style-type: none"> • Support active collection for Youth Risk Behavioral Surveillance System (YRBSS) within schools. • Support active lobbying that would repeal active parental consent for the YRBSS. • The Municipality of Anchorage should support farmers markets to all levels possible encouraging the sale of local fruit and vegetables to as many Municipality of Anchorage residents as possible. • Support Alaskan nutrition research efforts. • Encourage the consumption of fruit and vegetables by Local, State, and Federal agencies (i.e., WIC packaging promoting fruit and vegetable consumptions). • Continue healthy educational classes offered by community entities (i.e., Providence, Allen and Peterson, Community schools, etc.) 	action steps.		
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2.5 Encourage health care providers and insurance carriers to promote better nutritional habits.

One public health strategy for promoting better health and nutrition is through incentivizing healthy behaviors. This makes good business sense, as health care costs are posing an ever greater burden on business by means of high healthcare insurance premiums, worker's compensation, and absenteeism. The insurance industry has a unique position to incentivize healthy behaviors as a means of reducing future health care costs and premiums.

Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	<p>2.5a-1 Health Insurance Providers</p> <ul style="list-style-type: none"> • Work with insurers on promoting wellness, obesity issues. 	<p>2.5a-3 Health Insurance Providers</p> <ul style="list-style-type: none"> • Assess implementation and impact of program and recommend changes. 	<p>2.5a-5 Health Insurance Providers</p> <ul style="list-style-type: none"> • Continuation of year three action steps. 	<p>2.5a-10 Health Insurance Providers</p> <ul style="list-style-type: none"> • Continuation of year five action steps.
	<p>2.5b-1 Healthcare Professionals</p>	<p>2.5b-3 Healthcare Professionals</p>	<p>2.5b-5 Healthcare</p>	<p>2.5b-10 Healthcare</p>

<ul style="list-style-type: none"> Promote and support healthy eating among their patients and appropriately incorporate nutrition education into the treatment of overweight and obese patients. 	<ul style="list-style-type: none"> Assess implementation and impact of program and recommend changes. 	<u>Professionals</u> <ul style="list-style-type: none"> Continuation of year three action steps. 	<u>Professionals</u> <ul style="list-style-type: none"> Continuation of year five action steps.
2.5b-1 Health club pre-tax dollars <ul style="list-style-type: none"> Investigate opportunities for employees to have the athletic activities (dues, clubs) paid by Federal pre-taxed dollars. 	2.5c-3 Health club pre-tax dollars <ul style="list-style-type: none"> Assess implementation and impact of program and recommend changes. 	2.5c-5 Health club pre-tax dollars <ul style="list-style-type: none"> Continuation of year three action steps. 	2.5c-10 Health club pre-tax dollars <ul style="list-style-type: none"> Continuation of year five action steps.

Goal 3 - Increase the number of adults, adolescents and children who engage in regular physical activity.

Physical activity plays an important role in preventing excess body weight and the development of associated health conditions. Even moderate physical activity can help maintain a healthy weight, decrease blood pressure, and increase levels of "good" cholesterol (high-density lipoprotein, or HDL). Regular physical activity also contributes to healthy bones, muscles, and joints; reduces falls among older adults; helps to relieve the pain of arthritis; reduces symptoms of anxiety and depression; and is associated with fewer hospitalizations, physician visits, and medications. It is recommended that Americans accumulate at least 30 minutes (adults) or 60 minutes (children) of moderate physical activity most days of the week. More may be needed to prevent weight gain, to lose weight, or to maintain weight loss.

3.1 Increase the number of pre-school aged children engaged in recommended daily physical activity.

Life-long habits and perspectives on eating and physical activity are set in the formative years of children's lives. The promotion of physical activity and physical fitness in pre-school aged children is an important waypoint in the prevention of adult lifestyle-related diseases.

Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	3.1a-1 Physical Activity Code Requirements The Municipality of Anchorage will begin to encourage Child Care providers to focus more attention on their nutrition	3.1a-3 Physical Activity Code Requirements The Municipality of Anchorage will revise the Anchorage Municipal Code related to Child Care Centers	3.1a-5 Physical Activity Code Requirements <ul style="list-style-type: none"> Implement and enforce revised codes. Continue to educate child 	3.1a-10 Physical Activity Code Requirements <ul style="list-style-type: none"> Assess implementation and impact of the developed codes and

	<p>and physical activity guidelines, recognizing upcoming code changes which may include but are not limited to:</p> <ul style="list-style-type: none"> • Require childcare workers to schedule blocks of time for physical activity into their yearly required curriculum. • Establish training requirements. • Establish regulation changing childcare television viewing allowance from 1 ½ hours per day to 1 hour per day. 	<p>and Homes to:</p> <ul style="list-style-type: none"> • Educate child care centers and homes about new code requirements. • Increase the physical activity education CEU requirements for licensed child care centers child care home providers. • Increase the opportunity for the child care providers to obtain nutritional and physical activity education. • Include in all monitoring inspections compliance with the revised Anchorage Municipal Code regarding the physical activity guidelines. 	<p>care centers and homes about code requirements.</p>	<p>recommend changes.</p> <ul style="list-style-type: none"> • Continue to enforce revised code. • Continue to educate child care centers and homes about code requirements.
	<p>3.1b-1 Education</p> <ul style="list-style-type: none"> • Develop materials and provide caregivers with standardized nutrition, physical activity and wellness information to enhance training. • Distribute to all daycares annually. • Develop and distribute standardized wellness material for preschool children to parents through childcare centers. • Measure compliance. 	<p>3.1b-3 Education</p> <ul style="list-style-type: none"> • Continuation of year one action steps. 	<p>3.1b-5 Education</p> <ul style="list-style-type: none"> • Assess implementation and impact of the developed curriculum and recommend changes. • Continue education. 	<p>3.1b-10 Education</p> <ul style="list-style-type: none"> • Continuation of year five action steps.
	<p>3.1c-1 WIC</p> <ul style="list-style-type: none"> • Increase the percentage of local Supplemental Nutrition Programs for Women, Infants and Children (WIC) that actively encourage daily physical activity among WIC participants to 40%. 	<p>3.1c-3 WIC</p> <ul style="list-style-type: none"> • Increase the percentage of local Supplemental Nutrition Programs for Women, Infants and Children (WIC) that actively encourage daily physical activity among WIC participants to 60%. 	<p>3.1c-5 WIC</p> <ul style="list-style-type: none"> • Increase the percentage of local Supplemental Nutrition Programs for Women, Infants and Children (WIC) that actively encourage daily physical activity among WIC participants to 80%. 	<p>3.1c-10 WIC</p> <ul style="list-style-type: none"> • Increase the percentage of local Supplemental Nutrition Programs for Women, Infants and Children (WIC) that actively encourage daily physical activity among WIC participants to 100%.

3.2 Increase opportunities for physical activity in Municipality of Anchorage schools.

An overwhelming majority of pediatricians (88.9 percent) believe adult lifestyle-related diseases such as heart disease, hypertension and obesity may be prevented by emphasizing physical fitness in childhood or adolescence. One quarter of U.S. children spend 4 hours or more watching television daily. Physical inactivity has contributed to the 100% increase in the prevalence of childhood obesity in the United States since 1980 (CDC, 2000). Because children spend a significant amount of time in school, the type and amount of physical activity encouraged in schools are important.

Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	<p>3.2a-1 Physical Education Curriculum Recommend:</p> <ul style="list-style-type: none"> Increasing physical education class requirements to 90 minutes per week and a minimum of 3 days per week for grades K through 6. Reviewing P.E. curriculum and instituting practices that ensure that students are engaged in moderate to strenuous physical activity 50% or more of the class time. Developing materials and curriculums addressing the negative impacts of "Screen Time". 	<p>3.2a-3 Physical Education Curriculum</p> <ul style="list-style-type: none"> Establish a plan for transition to 150 minutes per week and a minimum of 5 days per week for grades K through 6. Train teachers regarding negative impacts of "Screen Time" curriculum and materials. 	<p>3.2a-5 Physical Education Curriculum</p> <ul style="list-style-type: none"> Increase physical education classes to 150 minutes per week and a minimum of 5 days per week for middle school and high school. Continue negative impacts of "Screen Time" curriculum. 	<p>3.2a-10 Physical Education Curriculum</p> <ul style="list-style-type: none"> Continue year five physical education requirements. Continue negative impacts of "Screen Time" curriculum.
	<p>3.2b-1 Business Partners Recommend School District to earmark 20% of school business partnerships to specifically address physical activity and wellness activities. Establish opportunities and convert 10% of partnerships to designated purpose.</p>	<p>3.2b-3 Business Partners</p> <ul style="list-style-type: none"> Convert or recruit 15% of partnerships to designated purpose. 	<p>3.2b-5 Business Partners</p> <ul style="list-style-type: none"> Convert or recruit 20% of partnerships to designated purpose. 	<p>3.2b-10 Business Partners</p> <ul style="list-style-type: none"> Convert or recruit 30% of partnerships to designated purpose.
	<p>3.2c-1 Recess Recommend structured recreational exercise opportunities during elementary recess three times per week.</p> <ul style="list-style-type: none"> Schools partner with local universities to develop recess activity programs. Where ever possible, recess should 	<p>3.2c-3 Recess</p> <ul style="list-style-type: none"> Assess implementation and impact of program, consider transition to 5 times per week and recommend changes. Train providers and test program. Encourage Alaska Pacific 	<p>3.2c-5 Recess</p> <ul style="list-style-type: none"> Assess implementation and impact of program and recommend changes. 	<p>3.2c-10 Recess</p> <ul style="list-style-type: none"> Continuation of year five action steps.

	be scheduled prior to lunch.	University (APU) and University of Alaska, Anchorage (UAA) Physical Education Teaching Majors to act as interns. <ul style="list-style-type: none"> Initiate and monitor participation. 		
	<p>3.2d-1 <u>Physical Education Teacher Assistant Program</u></p> <ul style="list-style-type: none"> Examine legality and ramifications of establishing an assistant P.E. teacher program to assist the assigned State Certified Physical Education Teacher with larger classes and to extend the reach of physical education in schools. If feasible, develop requirements and training format. 	<p>3.2d-3 <u>Physical Education Teacher Assistant Program</u></p> <ul style="list-style-type: none"> Implement assistant P.E. teacher program to assist the assigned State Certified Physical Education Teacher with larger classes and to extend the reach of physical education in schools. These positions are not to take the place of the assigned State Certified Physical Education Teacher, the Physical Education Teacher Assistant will work in the same fashion as a Kindergarten Assistant for example. Institute in 15% of schools in the Municipality of Anchorage. 	<p>3.2d-5 <u>Physical Education Teacher Assistant Program</u></p> <ul style="list-style-type: none"> Institute in 30% of schools in Municipality of Anchorage. 	<p>3.2d-10 <u>Physical Education Teacher Assistant Program</u></p> <ul style="list-style-type: none"> Institute in 40% of schools in the Municipality of Anchorage.
	<p>3.2e-1 <u>Extracurricular Activities and After School Programs</u></p> <ul style="list-style-type: none"> Establish criteria, types of activities and screening for volunteers. Study options for types of activities and prepare plan. Require schools to participate in community wide campaigns to promote physical activity among school aged children and adolescents. Set minimum level of participation and committee to designate acceptable programs. 	<p>3.2e-3 <u>Extracurricular Activities and After School Programs</u></p> <ul style="list-style-type: none"> Determine staffing source and implement activities. Recruit and train enough volunteers to provide 50% of Anchorage schools with at least one trained extra curricular activity volunteer. Expand opportunities by 20% for youth to participate in developmentally appropriate, organized, competitive, and non-competitive activities outside of normal school hours. Study options for types of activities 	<p>3.2e-5 <u>Extracurricular Activities and After School Programs</u></p> <ul style="list-style-type: none"> Integrate community volunteers into after school programs, teacher's assistants and recess duty to increase the number of available programs for students. Have at least one volunteer per school. Expand opportunities by 30% for youth to participate in developmentally appropriate, organized, competitive, and non-competitive activities outside of normal school hours. Study options for types of activities and 	<p>3.2e-10 <u>Extracurricular Activities and After School Programs</u></p> <ul style="list-style-type: none"> Assess implementation and impact of program and recommend changes. Expand opportunities by 40% for youth to participate in developmentally appropriate,

		and prepare plan.	prepare plan.	organized, competitive, and non-competitive activities outside of normal school hours. Study options for types of activities and prepare plan.
	3.2f-1 University of Alaska, Anchorage Encourage the UAA education department to: <ul style="list-style-type: none"> • Increase the nutrition emphasis in their course content guides associated with their Early Childhood Program. • Add a section on childhood obesity, nutrition and physical activity. 	3.2f-3 University of Alaska, Anchorage <ul style="list-style-type: none"> • Establish curriculum. 	3.2f-5 University of Alaska, Anchorage <ul style="list-style-type: none"> • Implement curriculum. 	3.2f-10 University of Alaska, Anchorage <ul style="list-style-type: none"> • Assess and make recommendations for change.

3.3 Increase and improve workplace initiatives promoting physical activity.

People who work full time spend a full one-third of their total waking hours at their workplace. This combined with the fact that technology is transforming work environments into more and more sedentary places makes workplace wellness initiatives all the more critical to the health and well being of workers in the Municipality of Anchorage.

Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
DHHS	3.3a-1 Workplace Physical Activity Best Practices <ul style="list-style-type: none"> • Develop physical activity programs suitable for the workplace based on best practices for small, medium and large companies. • Encourage employers to utilize physical activity programs and to promote commuting alternatives such walking, bicycling, and mass transit in place of automobile travel. • Prepare materials to assist 	3.3a-3 Workplace Physical Activity Best Practices <ul style="list-style-type: none"> • Continuation of year one activities. • Engage at least 30 companies in one of the physical activities programs. • Increase the number of employers in Anchorage with safe bike rack access for employees by 50 by year 5. 	3.3a-5 Workplace Physical Activity Best Practices <ul style="list-style-type: none"> • Engage at least 100 companies in one of the physical activities programs. • Evaluate success and publicize results. • Reach goal and establish new target. • Increase the number of employers in Anchorage with safe bike rack access for employees by 50 by year 10. 	3.3a-10 Workplace Physical Activity Best Practices <ul style="list-style-type: none"> • Assess implementation and impact of program and recommend changes. • Increase the number of employers in Anchorage with

	<p>employers to engage in these activities.</p> <ul style="list-style-type: none"> • Create plan to increase the number of employers in Anchorage with safe bike rack access for employees by 50 by year 3. • Find best source for inexpensive bike racks. 			safe bike rack access for employees by 10 per year.
DHHS, H&HSC and Mayor's Office	<p>3.3b-1 Mayor's Health Friendly Employer Award</p> <ul style="list-style-type: none"> • Establish a Mayor's award for health friendly employers at the small, medium and large company level to be granted on the basis of the employer's efforts to support fitness and well being among employees. • Establish criteria for award and publicize. • See nutrition strategy 2.3c. 	<p>3.3b-3 Mayor's Health Friendly Employer Award</p> <ul style="list-style-type: none"> • Develop educational campaign. • Select nominees and select winners of special Mayor's award for the most effective program. • Encourage point of decision prompts in the workplace to encourage physical activity. 	<p>3.3b-5 Mayor's Health Friendly Employer Award</p> <ul style="list-style-type: none"> • Assess implementation and impact of program and recommend changes. 	<p>3.3b-10 Mayor's Health Friendly Employer Award</p> <ul style="list-style-type: none"> • Continuation of year five action steps.

3.4 Engage community organizations and recreation groups in developing greater options, access and participation in physical activity.

Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	<p>3.4a-1 Get Fit Anchorage</p> <ul style="list-style-type: none"> • Create a city wide initiative combining major groups such as the Heart Association, Diabetes Association, Lung Association, Chamber of Commerce, etc. with corporate participation to launch a "Get Fit Anchorage!" program. • Form development committee and establish format and goals for project. 	<p>3.4a-3 Get Fit Anchorage</p> <ul style="list-style-type: none"> • Initiate program and acquire sponsors. 	<p>3.4a-5 Get Fit Anchorage</p> <ul style="list-style-type: none"> • Continue program and track outcome. 	<p>3.4a-10 Get Fit Anchorage</p> <ul style="list-style-type: none"> • Assess implementation and impact of program and recommend changes. • Continue program and track outcome.
	<p>3.4b-1 Interfaith Council</p> <ul style="list-style-type: none"> • Encourage the Anchorage Interfaith Council to advocate physical well 	<p>3.4b-3 Interfaith Council</p> <ul style="list-style-type: none"> • Assist in developing best practices for churches. 	<p>3.4b-5 Interfaith Council</p> <ul style="list-style-type: none"> • Assess implementation and impact of program and 	<p>3.4b-10 Interfaith Council</p> <ul style="list-style-type: none"> • Continuation of

	<ul style="list-style-type: none"> being amongst their parishioners. Establish contact. 		recommend changes.	year five action steps.
	3.4c-1 <u>Service groups/corporations</u> <ul style="list-style-type: none"> Find service groups or corporations to adopt particular activities facilitating physical activity. Form group to identify opportunities. 	3.4c-3 <u>Service groups/corporations</u> <ul style="list-style-type: none"> Seek approval from appropriate entity and seek activity sponsors. 	3.4c-5 <u>Service groups/corporations</u> <ul style="list-style-type: none"> Acquire at least 10 sponsors. 	3.4c-10 <u>Service groups/corporations</u> <ul style="list-style-type: none"> Acquire at least 20 sponsors.
3.5 <u>Promote public policy that supports and promotes physical fitness.</u>				
Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	3.5a-1 <u>Policy</u> <ul style="list-style-type: none"> Monitor, review and promote legislation that encourages better physical fitness and well being. Form committee. 	3.5a-3 <u>Policy</u> <ul style="list-style-type: none"> Quarterly meeting to identify and support legislation. 	3.5a-5 <u>Policy</u> <ul style="list-style-type: none"> Assist in passing at least 3 bills or codes of significant importance. 	3.5a-10 <u>Policy</u> <ul style="list-style-type: none"> Continuation of year five action steps.

Goal 4 – Create a community environment that supports a more physically active way of life.

An increasing body of evidence points to a connection between the built environment and people's level of physical activity. A typical resident today leads a sedentary lifestyle, driving to every destination instead of walking; taking elevators rather than stairs; sitting all day at work; watching TV at home for recreation. While the level of exercise as a leisure-time activity has remained constant over the years, what has changed is the amount of exercise that is expended as part of people's daily activities.

Over the past several decades, our built environment in Anchorage has done much to support inactive daily lifestyles. Home to work commutes are nearly always dependent on use of an automobile. Commercial districts tend to be vehicle oriented, with little thought given to accommodating pedestrians or bikers. Many workplaces are isolated in office parks that make driving to lunch or to shop a necessity. Shopping centers are isolated from neighborhoods, and from each other, so that residents must drive from place to place. Children can not walk safely from home to school because of either non-existent or unsafe sidewalks/pathways.

For some residents, membership in an athletic club has provided an outlet for physical activity when specific time is allotted for it. However, for the vast majority of residents, our built environment does not encourage or provide for the opportunity to gain physical exercise in our daily routines.* The rising rate of obesity has become a consequence of this physical inactivity.*

Creating a community environment that supports a more physically active lifestyle can take such simple and immediate form as escorting children on foot to school, while more intermediate term measures include designing and constructing new sidewalks/bike paths. Longer term measures should include the development of mixed land use areas, and more variety of residential and business environments with better and more direct pedestrian connectivity.

*Two studies that find a clear association between the built environment and activity levels, people's weight, and their health are, "*Relationship Between Urban Sprawl and Physical Activity, Obesity, and Morbidity*," American Journal of Health Promotion, Vol. 18, No 1, September/October, 2003; and "*Obesity Relationships with Community Design, Physical Activity, and Time Spent in Cars*," American Journal of Preventive Medicine, 2004; Volume 27, Number 2.

Transportation Related Objectives

Create a pedestrian and recreation-friendly transportation system that is safe, convenient, and attractive. (No single action will be more effective in promoting a physically active lifestyle than creating walk ability. Walking – the cheapest, easiest and most common physical activity – will provide the most widespread and effective physical activity for improving health.)

4.1 Develop safe, convenient, and attractive sidewalks/pathways.

Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	<p>4.1a-1 Pedestrian Facilities Plan</p> <ul style="list-style-type: none"> • Create a Pedestrian Facilities Plan that identifies and prioritizes locations for needed sidewalks/pathways. Priority should be placed on access to parks, schools, churches, transit stops, as well as to and within commercial districts. 			
	<p>4.1b-1 Improve School Walkability</p> <ul style="list-style-type: none"> • Encourage children to walk to school by improving available routes and supervision. • Designate entity within city government to establish options for improving school access and promoting walking programs. 	<p>4.1b-3 Improve School Walkability</p> <ul style="list-style-type: none"> • Fund additional route maintenance, supervision and publicity. 		
	<p>4.1c-1 Title 21</p> <ul style="list-style-type: none"> • Revise Title 21 (Anchorage Land Use Regulations) to require separated sidewalks between building entrances and nearby street rights-of-way. Include design provisions that provide for safe, convenient, attractive and direct connections. 			
	<p>4.1d-1. Municipal Design Criteria</p> <ul style="list-style-type: none"> • Revise the Municipal Design Criteria Manual (Document containing engineering design specifications for street rights-of way improvements) to include safe, convenient and attractive pedestrian facilities with all street classifications. Street classifications 			

	and design should be context-sensitive to adjoining land use, and should maximize to the extent feasible the separation of pedestrian facilities from moving vehicular traffic.			
	4.1e-1 <u>Municipal Capital Improvement</u> <ul style="list-style-type: none"> Increase funding in the Municipal Capital Improvement Program and State Transportation Improvement Program for new and improved sidewalks/pathways. 	4.1e-3 <u>Municipal Capital Improvement</u> <ul style="list-style-type: none"> Increase funding in the Municipal Capital Improvement Program and State Transportation Improvement Program for new and improved sidewalks/pathways. 	4.1e-5 <u>Municipal Capital Improvement</u> <ul style="list-style-type: none"> Continuation of year three action steps. 	4.1e-10 <u>Municipal Capital Improvement</u> <ul style="list-style-type: none"> Continuation of year five action steps.
	4.1f-1 <u>Sidewalk obstructions</u> <ul style="list-style-type: none"> Inventory, prioritize, and remove sidewalk obstructions. 	4.1f-3 <u>Sidewalk obstructions</u> <ul style="list-style-type: none"> Inventory, prioritize, and remove sidewalk obstructions. 	4.1f-5 <u>Sidewalk obstructions</u> <ul style="list-style-type: none"> Continuation of year three action steps. 	4.1f-10 <u>Sidewalk obstructions</u> <ul style="list-style-type: none"> Continuation of year five action steps.

4.2 Develop safe, convenient, and attractive transit facilities, to include easier accessibility from both sides of the street.

Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	4.2a-1 <u>Bus Stops</u> <ul style="list-style-type: none"> Provide bus stops that are sheltered (where appropriate), well-lit, clear of snow and ice in winter and dust during the other seasons. 	4.2a-3 <u>Bus Stops</u> <ul style="list-style-type: none"> Provide bus stops that are sheltered (where appropriate), well-lit, clear of snow and ice in winter and dust during the other seasons. 	4.2a-5 <u>Bus Stops</u> <ul style="list-style-type: none"> Continuation of year three action steps. 	4.2a-10 <u>Bus Stops</u> <ul style="list-style-type: none"> Continuation of year five action steps.
	4.2b-1 <u>Crosswalks</u> <ul style="list-style-type: none"> Provide crosswalks that are well-marked, well-lit, designed to minimize crossing distance, and avoid conflict with street drainage collection. 	4.2b-3 <u>Crosswalks</u> <ul style="list-style-type: none"> Provide crosswalks that are well-marked, well-lit, designed to minimize crossing distance, and avoid conflict with street drainage collection. 	4.2b-5 <u>Crosswalks</u> <ul style="list-style-type: none"> Continuation of year three action steps. 	4.2b-10 <u>Crosswalks</u> <ul style="list-style-type: none"> Continuation of year five action steps.
	4.2c-1 <u>Midblock crossings/ pedestrian refuges</u> <ul style="list-style-type: none"> Provide safe and convenient mid-block crossings where distances to 	4.2c-3 <u>Midblock crossings/ pedestrian refuges</u> <ul style="list-style-type: none"> Provide safe and convenient mid block crossings where 	4.2c-5 <u>Midblock crossings/ pedestrian refuges</u> <ul style="list-style-type: none"> Continuation of year three action steps. 	4.2c-10 <u>Midblock crossings/ pedestrian refuges</u> <ul style="list-style-type: none"> Continuation of year

	<p>intersection crosswalks are too inconvenient.</p> <ul style="list-style-type: none"> • Provide pedestrian refuges in improved roadway medians where crossing distances are wide and/or expose pedestrians to traffic hazards. 	<p>distances to intersection crosswalks are too inconvenient.</p> <ul style="list-style-type: none"> • Provide pedestrian refuges in improved roadway medians where crossing distances are wide and/or expose pedestrians to traffic hazards. 		five action steps.
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4.3 Improve off-road trail system to provide better area wide connectivity and linkages to major destinations and adjoining neighborhoods.

Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	<p>4.3a-1 Trails Construction</p> <ul style="list-style-type: none"> • Continue to complete area wide trail system missing links, improving connectivity, access to the coast and linkages to safely connect neighborhood use areas with local schools, homes, commercial and retail areas as well as parks and recreational facilities. 	<p>4.3a-3 Trail Construction</p> <ul style="list-style-type: none"> • Continue to complete area wide trail system missing links, improving connectivity, access to the coast and linkages to safely connect neighborhood use areas with local schools, homes, commercial and retail areas as well as parks and recreational facilities. 	<p>4.3a-5 Trails Construction</p> <ul style="list-style-type: none"> • Continuation of year three action steps. 	<p>4.3a-10 Trails Construction</p> <ul style="list-style-type: none"> • Continuation of year five action steps.
	<p>4.3b-1 Trail Connections</p> <ul style="list-style-type: none"> • Provide trail connections between the area wide trail networks and adjoining neighborhoods. • Extend the trail system to the municipality's system of parks. • Provide trail/pathway connections between adjoining subdivisions. 	<p>4.3b-3 Trail Connections</p> <ul style="list-style-type: none"> • Provide trail connections between the area wide trail networks and adjoining neighborhoods. • Extend the trail system to the municipality's system of parks. • Provide trail/pathway connections between adjoining subdivisions. 	<p>4.3b-5 Trail Connections</p> <ul style="list-style-type: none"> • Continuation of year three action steps. 	<p>4.3b-10 Trail Connections</p> <ul style="list-style-type: none"> • Continuation of year five action steps.

4.4 Improve safety and maintenance of pedestrian transportation system.

Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	4.4a-1 Law Enforcement	4.4a-3 Law Enforcement	4.4a-5 Law Enforcement	4.4a-10 Law Enforcement

	<ul style="list-style-type: none"> Educate and provide warnings concerning the laws regarding the removal of snow and ice from sidewalks. 	<ul style="list-style-type: none"> Enforce laws regarding the removal of snow and ice from sidewalks. 	<ul style="list-style-type: none"> Continuation of year three action steps. 	<ul style="list-style-type: none"> Continuation of year five action steps.
	<p>4.4b-1 <u>Trail Watch</u></p> <ul style="list-style-type: none"> Increase Trail Watch program to provide better safety and security on off-road trail systems. 	<p>4.4b-3 <u>Trail Watch</u></p> <ul style="list-style-type: none"> Increase Trail Watch program to provide better safety and security on off-road trail systems. 	<p>4.4b-5 <u>Trail Watch</u></p> <ul style="list-style-type: none"> Continuation of year three action steps. 	<p>4.4b-10 <u>Trail Watch</u></p> <ul style="list-style-type: none"> Continuation of year five action steps.
	<p>4.4c-1 <u>Capital Funding</u></p> <ul style="list-style-type: none"> Provide capital funding for new snow and sand removal equipment for sidewalks/trails, and increased operational funds for improved services. 	<p>4.4c-3 <u>Capital Funding</u></p> <ul style="list-style-type: none"> Provide capital funding for new snow and sand removal equipment for sidewalks/trails, and increased operational funds for improved services. 	<p>4.4c-5 <u>Capital Funding</u></p> <ul style="list-style-type: none"> Continuation of year three action steps. 	<p>4.4c-10 <u>Capital Funding</u></p> <ul style="list-style-type: none"> Continuation of year five action steps.
	<p>4.4d-1 <u>Heated and/or Winterized Sidewalks</u></p> <ul style="list-style-type: none"> Investigate ways to increase the use of heated and/or winterized sidewalks, particularly in commercial districts, high use public facilities, as well as other locations of high pedestrian traffic. 	<p>4.4d-3 <u>Heated and/or Winterized Sidewalks</u></p> <ul style="list-style-type: none"> Implement and install recommendations. 	<p>4.4d-5 <u>Heated and/or Winterized Sidewalks</u></p> <ul style="list-style-type: none"> Continuation of year three action steps. 	<p>4.4d-10 <u>Heated and/or Winterized Sidewalks</u></p> <ul style="list-style-type: none"> Continuation of year five action steps.

Land Use Related Objectives

Develop patterns of land use that will foster a more convenient, efficient, and cleaner community environment. (Creating a culture of wellness in our community will be greatly assisted with a built environment that allows for more physical activity in our daily routines. In the coming years, most new development in the urban portion of the municipality will be infill or redevelopment. In those instances, compact mixed use development and/or compatible placement of residential, business, institutional and parks/open space uses with direct connections in close proximity to each other will be an improved urban/environment with less stress and more ease in daily travel.)

4.5 Site public facilities, such as schools, parks, and public buildings in locations where they are readily accessible by walking, biking and/or public transit to the residents intended to be served.

Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
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	<p>4.5a-1 Public Facility Locate</p> <ul style="list-style-type: none"> • Give greatest weight to locational criteria in the selection of sites for public facilities when combined in solicitations with design and construction. • Where appropriate, encourage the location of such facilities as schools, parks, and public buildings with mixed use developments. • Ensure that all urban residents are within safe, walk able distance from a park or public open space. 	<p>4.5a-3 Public Facility Locate</p> <ul style="list-style-type: none"> • Assess implementation and impact and recommend changes. 	<p>4.5a-5 Public Facility Locate</p> <ul style="list-style-type: none"> • Continuation of year three action steps. 	<p>4.5a-10 Public Facility Locate</p> <ul style="list-style-type: none"> • Continuation of year five action steps.
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4.6 Modify the Municipality of Anchorage's land use regulations to encourage and facilitate compact mixed use and pedestrian friendly development, particularly in those areas so identified in the Municipality of Anchorage's Comprehensive Plan.

Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	<p>4.6a-1 Mixed Use Districts</p> <ul style="list-style-type: none"> • Create new mixed use districts, with appropriate design standards and development incentives, in the revision of Title 21 (Anchorage's Land Use Development Code). 	<p>4.6a-3 Mixed Use Districts</p> <ul style="list-style-type: none"> • Assess implementation and impact and recommend changes. 	<p>4.6a-5 Mixed Use Districts</p> <ul style="list-style-type: none"> • Continuation of year three action steps. 	<p>4.6a-10 Mixed Use Districts</p> <ul style="list-style-type: none"> • Continuation of year five action steps.
	<p>4.6b-1 Site Design Standards</p> <ul style="list-style-type: none"> • Create site design standards and/or incentives for public and private business and institutional development that are safe, convenient and attractive for pedestrians and users of public transit. (e.g. heated or covered sidewalks and entries, bike racks, pedestrian-scale lighting, buildings and entrances placed closer to sidewalks or transit stops in public rights-of-way, avoidance of conflicts with parking and internal vehicular circulation). 	<p>4.6b-3 Site Design Standards</p> <ul style="list-style-type: none"> • Assess implementation and impact and recommend changes. 	<p>4.6b-5 Site Design Standards</p> <ul style="list-style-type: none"> • Continuation of all Year Three Action Steps. 	<p>4.6b-10 Site Design Standards</p> <ul style="list-style-type: none"> • Continuation of year five action steps.

	<p>4.6c-1 Master Planning</p> <ul style="list-style-type: none"> • Provide for the use of master planning for large institutions (e.g. universities, medical centers, airports, Alaska Railroad Corporation and the like) in order to facilitate integrated development that has strong pedestrian and transit-friendly internal connections as well as connectivity with surrounding neighborhoods. 	<p>4.6c-3 Master Planning</p> <ul style="list-style-type: none"> • Assess implementation and impact and recommend changes. 	<p>4.6c-5 Master Planning</p> <ul style="list-style-type: none"> • Continuation of year three action steps. 	<p>4.6c-10 Master Planning</p> <ul style="list-style-type: none"> • Continuation of year five action steps.
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Building Design Related Objectives

Building Design (Much can be done with building designs that will encourage occupants and visitors to gain more physical exercise during the course of time spent there. Such building features can lead to increased health, productivity, and overall well-being.)

4.7 Create new or remodeled buildings with features that support and encourage more physical activity.				
Responsible Party	Year One Action Steps	Year Three Action Steps	Year Five Action Steps	Year Ten Action Steps
	<p>4.7a-1 Building Design</p> <ul style="list-style-type: none"> • Provide space for exercise or physical work-outs, and/or shower/locker room facilities. (Physical exercise space can be within the building, external to building on site, or a rooftop location). • Include indoor, secured bike storage area. • Provide safe, convenient, attractive and easily visible stairways in addition to or in lieu of elevators. (Examples of buildings with such stairways are Anchorage Performing Arts Center, CIRI Building, Anchorage Health & Human Services Building, Alaska Native Medical 	<p>4.7a-3 Building Design</p> <ul style="list-style-type: none"> • Assess implementation, impact and recommend changes. 	<p>4.7a-5 Building Design</p> <ul style="list-style-type: none"> • Continuation of year three action steps. 	<p>4.7a-10 Building Design</p> <ul style="list-style-type: none"> • Continuation of year five action steps.

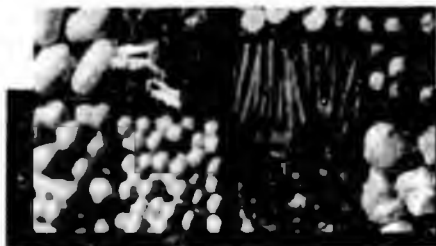
	<p>Center and Anchorage Museum of History & Art.) Stairways can be provided as a primary access to upper floors, or serve as emergency exits. When provided as emergency exits, design and placement is encouraged to make them safe, visible and easily accessible.</p> <ul style="list-style-type: none"> • Make indoor public spaces during off-hours available for indoor walking--Dimond Center is current example—and make public aware of its availability. • Encourage financial and regulatory incentives for inclusion of physical fitness facilities, and investigate and remove/modify, to the extent feasible, regulatory hurdles. Work with health insurance providers to lower company rates when physical activity facilities are available and used; work with land use, building and fire code officials to facilitate building design features that encourage physical fitness. 			
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Many people believe that dealing with overweight and obesity is a personal responsibility. To some degree, they are right, but it is also a community responsibility. When there are no safe, accessible places for children to play or adults to walk, jog or ride a bike, that is a community responsibility.

When school lunchrooms or office cafeterias do not provide healthy and appealing food choices, that is a community responsibility. When new or expectant mothers are not educated about the benefits of breastfeeding, that is a community responsibility. When we do not require daily physical education in our schools, that is also a community responsibility. There is much we can and should do together.

—David Satcher, MD, PhD

**US Surgeon General, The Surgeon General's Call to Action to Prevent
and Decrease Overweight and Obesity 2001**



The Obesity Epidemic

and Alaska Students

What is the problem?

The 2003 Youth Risk Behavior Survey indicates that among Alaska high school students:

Overweight

- 11% are overweight.¹
- 14% are at risk for becoming overweight.²

Unhealthy Dietary Behaviors

- 84% ate fewer than five servings of fruits and vegetables per day during the past 7 days.

Physical Inactivity

- 32% had not participated in sufficient vigorous physical activity during the past 7 days.³
- 72% had not participated in sufficient moderate physical activity during the past 7 days.⁴
- 8% had not participated in any vigorous or moderate physical activity during the past 7 days.
- 55% were not enrolled in a physical education class.
- 82% did not attend physical education class daily.

What are the solutions?

Better health education • More physical education and physical activity • Healthier school environments

What is the status?

The 2004 School Health Profiles indicates that among Alaska middle/junior and senior high schools:

Health Education

- Among schools that require health education, 41% require students to take two or more health education courses.
- 51% of schools teach 15 critical nutrition and dietary topics in a required health education course.
- 39% of schools teach 12 critical physical activity topics in a required health education course.

Physical Education and Physical Activity

- Among schools that require physical education, 76% require students to take two or more physical education courses.
- 61% of schools with a required physical education course do not exempt students from taking physical education because they are enrolled in other courses or participate in sports or school activities.
- 75% of schools offer students intramural activities or physical activity clubs.

School Environment

Among schools that allow students to purchase snack foods or beverages from vending machines or at the school store, canteen, or snack bar —

- 22% have fruits or vegetables available for purchase.
- 82% have 100% fruit juice available for purchase.
- 84% have bottled water available for purchase.
- 2% do not allow students to purchase candy; high fat snacks; or soft drinks, sports drinks, or fruit drinks that are not 100% juice during school lunch periods.

¹95th percentile for BMI by age and sex.

²85th percentile for BMI by age and sex.

³Participating in physical activity that made them sweat, raised their heart rate, or made them breathe hard for 20 consecutive minutes for at least 30 days.

⁴Participating in physical activity that did not make them sweat and breathe hard for 20 consecutive minutes for at least 30 days.





Childhood Obesity: The Preventable Threat to America's Youth

The majority of American youth are sedentary and do not eat well. The resulting poor nutrition and lack of physical activity has created an epidemic of childhood obesity that is preventable, yet shows no sign of decreasing. Action for Healthy Kids helps schools make changes that will make their students healthier, which in turn will improve their achievement.

Prevalence and Trends

Overweight and obesity impairs or threatens the health of millions of Americans.

- Poor diet and inadequate physical activity are the second leading cause of death in the United States and together account for at least 300,000 deaths annually.¹
- Nine million American children are overweight, triple the number in 1980.²
- Childhood obesity among ages 2-5 has increased 35% in the past 10 years.³
- There is no indication that the incidence of overweight among children is decreasing.⁴

Minority Populations

Childhood obesity is more prevalent among minority populations.

- Of children ages 6-11, more Mexican American boys are overweight (26.5%) than non-Hispanic white (14%) and African American (17%) boys. More African American girls (22.8%) are overweight than non-Hispanic white girls (13.1%).⁵
- The incidence of childhood obesity in American Indian seven-year-olds is nearly 30%, twice that of all other American children at that age.⁶
- The prevalence of obesity among students in grades 9-12 is higher among Hispanic youth (21.7% males, 11.8% females) and African Americans (19.5% males, 15.6% females) than white students (16.2% males, 7.8% females).⁷

Contributing Factors

Poor eating habits and lack of physical activity are root causes of overweight and obesity.

- Only 2% of school-aged children consume the recommended daily number of servings from all five major food groups, and only 30% consume the suggested amount of milk.⁸
- More than 80% of children and adolescents eat too much fat (more than 30% of total calories from fat). More than 90% eat too much saturated fat.⁹
- Ninety-eight percent of 6-18 year olds report eating at least 3 snacks per day, and more than 50% report 5 or more snacks daily.¹⁰
- More than 38% of students watch television 3 or more hours per average school day.¹¹
- Fewer than 25% of American children get at least 30 minutes of *any type* of physical activity every day.¹²

Health Consequences

Childhood obesity is a medical concern, not a cosmetic issue.

- The vast majority (between 70 and 80%) of overweight children and adolescents continue to be overweight in adulthood or will become obese adults.¹³
- Childhood weight problems can lead to complications such as elevated blood pressure and cholesterol, joint problems, Type II diabetes, gallbladder disease, asthma, depression and anxiety.¹⁴
- Severely overweight and obese children often suffer from depression, anxiety disorders, isolation from their peers, low self-esteem, and eating disorders.¹⁵
- Of overweight 5 to 10 year-olds, 61% have at least one risk factor for heart disease.¹⁶

Academic Consequences

Because multiple variables must be controlled when examining the relationship between weight and achievement, it is difficult to draw definitive conclusions. Further, a correlation between the two doesn't necessarily imply causation. However, several studies have examined this link.

- Severely overweight children and adolescents (those above the 95th percentile for weight) were four times more likely to report "impaired school functioning".¹⁷
- Severely overweight inner city school children tended to have abnormal scores on the Child Behavior Checklist, and were twice as likely to be placed in special education or a remedial class setting.¹⁸
- Overweight kindergartners had significantly lower math and reading test scores at the beginning of the year than did their non-overweight peers, and these lower scores continued into first grade.^{19,20}

Economic consequences

- Severely overweight children miss four times as much school as normal-weight kids.²¹ If such health problems keep children out of school just one day per month, this could cost a large school district like Los Angeles about \$15 million each year. An average size school district could likely forfeit \$95,000 to \$160,000 annually.²²
- Obesity-associated annual hospital costs for children increased more than threefold from \$35 million during 1979-1981 to \$127 million during 1997-1999.²³
- National health expenditures related to adult obesity range from \$98-\$129 billion annually.²⁴

Resources

- ¹ U.S. Department of Health and Human Services (USDHHS). *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. 2001.
- ² Ogden, CL, Flegal, KM, Carroll, MD, Johnson, CL. Prevalence and trends in overweight among US children and adolescents, 1999-2000. *Journal of the American Medical Association* 2002; 288: 1723-1727.
- ³ US Centers for Disease Control and Prevention. 2003 Summary Report. Pediatric and Pregnancy Nutrition Surveillance System. Available at www.cdc.gov/pednss/pdfs/PedNss_2003_Summary.pdf.
- ⁴ Hedley AA, Ogden CL, Johnson CL, Carroll MD, Curtin LR, Flegal KM. Prevalence of overweight and obesity among US children, adolescents, and adults, 1999-2002. *Journal of the American Medical Association* 2004; 291: 2847-2850.
- ⁵ Ibid.
- ⁶ Caballero et al. Body composition and overweight prevalence in 1704 schoolchildren from 7 American Indian communities. *American Journal of Clinical Nutrition* 2003; 78: 308-12.
- ⁷ Centers for Disease Control and Prevention. Surveillance summaries May 21, 2004. *MMWR* 2004; 53(SS02): 1-96.
- ⁸ United States Department of Agriculture (USDA). 1994-1996 Continuing survey of food intakes for individuals (CSFII).
- ⁹ Food, Nutrition and Consumer Services/USDA 2001. National Center for Chronic Disease Prevention and Health Promotion.
- ¹⁰ Position of the ADA 2004.
- ¹¹ USCDC 2004.
- ¹² International Life Sciences Institute. Improving children's health through physical activity: a new opportunity: a survey of parents and children about physical activity patterns, 1997.
- ¹³ USDHHS 2001.
- ¹⁴ Ibid.
- ¹⁵ Schwimmer, JB, Burwinkle, TM, Varni, JW. Health-related quality of life of severely obese children and adolescents. *Journal of the American Medical Association* 2003; 289: 1812.
- ¹⁶ Freedman et al. The relation of overweight to cardiovascular risk factors among children and adolescents: the Bogalusa heart study. *Pediatrics* 1999; 103: 1175-1182.
- ¹⁷ Schwimmer 2003.
- ¹⁸ Tershakovic A, Weller S, Gallagher P. Obesity, school performance, and the behavior of black urban elementary school children. *International Journal of Obesity* 1994; 18: 323-327.
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- ²⁰ Data A, Sturm R, Magnabosco J. Childhood overweight and academic performance: national study of kindergartners and first-graders. *Obesity Research* 2004; 12: 58-68.
- ²¹ Schwimmer 2003.
- ²² Action for Healthy Kids. The learning connection: the value of improving nutrition and physical activity in our schools 2004. Available at www.actionforhealthykids.org.
- ²³ Wang G, Dietz W. Economic burden of obesity in youths aged 6 to 17 years, 1979-1999. *Pediatrics* 2002; 109: 81-89.
- ²⁴ Institute of Medicine of the National Academies. Preventing Childhood Obesity. Health in the Balance. The National Academies Press, Washington, D.C., 2005.

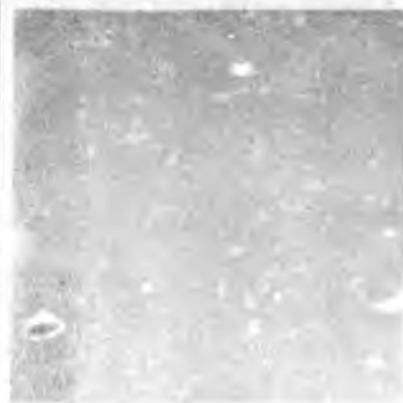
The Learning Connection

The Value of Improving Nutrition and Physical Activity in Our Schools



Action for Healthy Kids™

www.ActionForHealthyKids.org



2007 • Life in Schools Today

Schools currently bear avoidable or reducible costs due to poor nutrition, inactivity, and weight problems among students:

Impact on Learning

Many studies show a direct link between nutritional intake and academic performance as well as between physical activity and academic achievement. For example, increased participation in breakfast programs is associated with increased academic test scores, improved daily attendance, and better class participation, and has also been shown to reduce tardiness. A meta analysis of nearly 200 studies of the effectiveness of exercise on cognitive functioning found that regular physical activity supports better learning. Other recent studies found a significant relationship between academic achievement and fitness levels. Physical activity in adolescents has consistently been related to higher levels of self-esteem and lower levels of anxiety and stress—each of which has been associated with better academic performance.

Emerging research also suggests an association between weight problems and lower academic achievement. Perhaps the most obvious reason is increased absenteeism, which has been clearly and directly linked to poorer academic performance. It is probable that students with poor nutrition, inactivity, and weight problems have a higher prevalence of physical conditions and psychological/social problems that are frequent causes of absenteeism.

Economic Costs

In addition to the ergonomic toll on our nation, poor nutrition, inactivity, and weight problems are beginning to take an economic toll on our school systems as well. One burden comes from the potential reduction in funding in states where attendance helps to determine the level of state funding for schools. A single day absence can cost a district between \$9 - \$20 per student. One study found that severely overweight students miss one day per month or nine days per year (median value). While more research in this area is needed, one can use these figures to develop a preliminary estimate of the potential impact of poor nutrition, physical inactivity, and weight problems on attendance and thus on school funding in these states. Using an estimate of the rate of absenteeism among overweight students, combined with an average prevalence of overweight students, the extrapolation shows a potential loss of state aid of \$95,000 per year in an average-sized school district in Texas, and \$160,000 per year in an average-sized California school district. The loss in large cities is likely to be much higher; for example, Chicago could forfeit an estimated \$9 million and Los Angeles, an estimated \$15 million.





The data do not currently exist to know the exact proportion of funds lost as a result from absenteeism due to poor nutrition, inactivity, and weight problems among students. Compelling reasons exist, however, to suppose that a significant proportion of the absences (and thus the loss in state funds) could be a direct or indirect result of these problems. Poor nutrition and inactivity are linked to an increased risk of getting a cold or the flu, while poor nutrition is associated with dental caries, all are common reasons for students to miss school. There is evidence that poor nutrition, inactivity and weight problems may also lead to more days of missed school due to other physical, psychological, and social problems.

Poor nutrition, inactivity, and weight problems can also indirectly drive up a school's costs. First, schools bear significant costs in helping students whose academic performance and/or behavior suffers because of these problems. These costs include additional staff time spent with these students, but also expenses related to formal remediation programs. Second, schools must spend resources to oversee the administration of prescription drugs to treat students with physical and emotional problems caused by poor nutrition, inactivity, and weight problems. Schools that use administrative staff to administer medication to students could also be exposing themselves to potential legal risks. A third area of hidden costs relates to poor nutrition and inactive lifestyles of school staff. Like most employers, schools are increasingly burdened by the rapidly rising cost of providing health coverage to employees, high levels of employee absenteeism, and suboptimal levels of productivity.

Schools Increasingly Undermine Their Own Interests

Many school practices and policies related to nutrition and physical activity may be counterproductive to schools' goals for improving academic performance and generating additional revenues. For example, 80 percent of school districts sell foods that compete with school meal programs, most of these "competitive" foods are low in nutrients and high in calories. The availability of these foods can decrease participation in school meal programs that offer more nutritionally balanced foods and beverages. In turn, selling competitive foods may not help (and could even hurt) a school's finances, as government funding for school meal programs declines with lower participation. Also, these low-nutrient foods do not help enhance students' readiness to learn. Schools that at least offer more healthful options outside of the meal program are not aggravating students' health and learning and they may be able to offer such options without losing revenues. Some schools, in fact, have even seen quite

Schools have reduced the amount of time dedicated to recess and after-school physical activity opportunities; few offer daily physical education. Schools have reportedly been cutting back on physical activity and physical education programs, primarily to allow for more classroom time to improve test scores and grades. Yet there is little or no data to support this practice. A growing body of evidence suggests less time dedicated to physical education/activity may undermine the goal of better performance, while *adding* time for physical activity may support improved academic performance.

A Call to Action: Schools as Part of the Solution

The ultimate goal for schools is to provide high-quality education for all students. Combating poor nutrition and physical inactivity can help schools meet this goal by boosting the academic achievement of their students while maintaining (if not improving) their own financial situation. In addition to eliminating counterproductive strategies, schools can offer and promote consumption of nutritious foods and provide opportunities for students to engage in physical activity both during school and in after-school programs.

Just as the problems that have led to poor nutrition, physical inactivity, and weight problems among youth are multifaceted, so are the solutions. Tackling these problems is the responsibility of every individual, every community, and every state in the nation. Therefore, public and private stakeholders at all levels must join together. Action for Healthy Kids (AFHK), a public-private partnership, includes over 50 national organizations and government agencies that provide guidance to 51 AFHK State Teams (includes DC - District of Columbia). These teams are helping schools to find solutions that will help improve students' health and readiness to learn. Action for Healthy Kids calls on schools to include daily physical activity, provide quality health and physical education, increase the availability of health-promoting foods and beverages, and offer more after-school programs providing nutritious snacks, physical activity and nutrition education.

To download the full report, please visit www.actionforhealthykids.org





Action for Healthy Kids Partner Supporting Committee

- Afterschool Alliance
American Academy of Family Physicians
American Academy of Pediatrics
American Association of Family & Consumer Sciences
American Association of School Administrators
American Cancer Society
American College of Sports Medicine
American Diabetes Association
American Dietetic Association
American Federation of Teachers
American Heart Association
American Public Health Association
American School Health Association
Association for Supervision and Curriculum Development
Association of School Business Officials International
Association of State & Territorial Chronic Disease Program Directors
Association of State & Territorial Health Officials
Association of State & Territorial Public Health Nutrition Directors
Comprehensive Health Education Foundation
Council of Chief State School Officers
Directors of Health Promotion and Education
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National Association for Sport and Physical Education
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National Association of Health Education Centers
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National Association of School Nurses
National Association of Secondary School Principals
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National Dairy Council
National Education Association — *Health Information Network*
National Future Farmers of America Organization and Foundation
National Medical Association
National Middle School Association
National PTA
National School Boards Association
Parents Action for Children
The Robert Wood Johnson Foundation
School Nutrition Association
Society for Nutrition Education
Society of State Directors of Health, Physical Education and Recreation
U.S. Department of Agriculture — *Food and Nutrition Service*
U.S. Department of Education — *Office of Safe and Drug-Free Schools*
U.S. Department of Health and Human Services — *Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, President's Council on Physical Fitness and Sports, and National Institute of Child Health and Human Development*
YMCA of the USA

Action For Healthy Kids acknowledges the unrestricted grant provided by the **National Football League** that has made this report possible.

Action for Healthy Kids

Healthy Children Healthy Schools

The purpose of this paper is to bring attention to the costs that poor nutrition and physical inactivity impose on our schools. There is mounting evidence that, by taking action to improve these areas, schools can meet performance goals and alleviate financial constraints.

The majority of American youth are sedentary and do not eat well. These unhealthful practices can lead to learning problems in school and health-related problems that may begin during school-age years and continue into adulthood. Perhaps one of the biggest consequences is the risk of becoming overweight. Sixteen percent of school-aged children and adolescents – or nine million – are overweight, a figure that has risen three-fold since 1980. Poor nutrition, lack of physical activity, and being overweight can lead to complications such as elevated cholesterol and blood pressure, gallbladder disease, joint problems, asthma, type II diabetes, depression and anxiety. Between 70 and 80 percent of overweight children and adolescents remain overweight or become obese as adults.

The nation's schools can play a critical role in combating problems associated with poor nutrition and inactive lifestyles. But schools cannot be expected to take steps to address these issues unless it is in their interest to do so.



**Action for Healthy Kids**

OVERVIEW

**OFFICE OF
CHILDRENS'
SERVICES,**

12/13/04

A Legacy for Alaska's Children, Youth and Families



THE NEW OFFICE OF CHILDREN'S SERVICES
A Three-Year Strategic Plan

November 2004



OUR MISSION

OCS works in partnership with families and communities to support the well-being of Alaska's children and youth. Services will enhance families' capacities to give their children a healthy start, to provide them with safe and permanent homes, to maintain cultural connections and to help them realize their potential.

OUR VISION

*Stronger Families,
Safer Children*

*For more information about the
Office of Children's Services
please contact:*

**Alaska Department of
Health & Social Services,
Office of Children's Services
P.O. Box 110630
(907) 465-3191
www.hss.state.ak.us/ocs/**

Special thanks to the Rasmuson Foundation
and Casey Family Programs for their
generosity and funding that supported our
strategic planning process.

A Legacy for Alaska's Children, Youth and Families

The New Office of Children's Services

A Three-Year Strategic Plan
July 2004



Frank H. Murkowski, Governor
State of Alaska

Joel Gilbertson, Commissioner
Department of Health & Social Services

Marcia Kennai, Deputy Commissioner
Office of Children's Services



Dear Partners:

I am proud to present this important Strategic Plan for the Office of Children's Services (OCS). In the following pages, you will discover the commitment of Alaska's child welfare system to keeping children safe and making families stronger.

This plan represents the culmination of a years' work between Tribal leaders, the Division of Juvenile Justice, provider organizations, foster parents, adoptive parents, law enforcement, the Court System, the Office of Public Advocacy, university personnel, the Department of Education, the Division of Behavioral Health, the Governor's Council on Disabilities and Special Education, the Rasmuson Foundation, Casey Family Programs, the Annie E. Casey Foundation and OCS staff. It is not comprehensive, but a general plan and vision for pulling together the four programs of OCS — Child Protection, Family Nutrition Services, Healthy Families Alaska, and the Early Intervention/Infant Learning Program.

The professionals who manage the Office of Children's Services will use this publication as a working, living document every day for the next three years. It represents our values, objectives and strategies. It represents our dreams for Alaska's children and families.

Please read through this Strategic Plan. As you do, think about how you might share in the ownership and responsibility of helping families to give their children a healthy start, provide them with safe and permanent homes, maintain their cultural connections and help them realize their full potential.

Sincerely,

A handwritten signature in cursive script that reads "Marcia Kennai".

Marcia Kennai
Deputy Commissioner

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November 2004

Where do we want to be in 2007?

- Our programs will be aligned under one mission that focuses on building healthy families.
- We will work with our tribal partners and with community groups to provide culturally appropriate services that support happy, healthy and safe families.
- We will routinely use evidence-based best practices in all four programs.
- We will have a continuum of care for children and families that is community-based, family-focused and child-centered.
- We will have a qualified and stable work force with manageable caseloads.
- We will eliminate duplication of services among our four programs.
- We will have enough foster and adoptive homes to meet the needs of our children and we will make a special effort to increase the number of Alaska Native homes.
- We will meet or exceed national standards and benchmarks for all programs.
- We will maximize all sources of revenue so that we can continue to serve the children, youth and families in Alaska.
- We will have an integrated quality assurance and continuous quality improvement process.
- We will gain national recognition for our innovative approaches to keeping children safe and promoting healthy families

*Imagine if all
Alaskan children...*

**...had a healthy, happy and safe
childhood**

...had permanent, caring homes

**...had connections to their own
community and cultural heritage**

**...had support to help them reach
their maximum potential**

*Imagine if these dreams
were a reality...*

**This is the 'New'
Office of Children's
Services:**

*Child Protection
and Permanency...*

Family Nutrition Services...

Healthy Families Alaska...

*Early Intervention/
Infant Learning Program...*



Holding Hands: Who Are We Now?

The new Office of Children's Services (OCS) reflects the strengths of the past and the opportunities of the future. Formerly known as the Division of Family and Youth Services, OCS reorganized in July 2003, bringing together under one roof four programs that support children, youth and families.

In the past, we focused mainly on child protection and permanency. Now our mandate also includes healthy families' services, family nutrition and infant learning. Standing shoulder to shoulder, we are committed to the well-being of Alaska's families, celebrating their resilience and our own as we embark on a voyage of change.

The new OCS is...

Child Protection and Permanency: We are committed to safety, permanency and well-being for Alaska's vulnerable children, youth and families. We assess allegations of abuse and neglect and provide family preservation services in the home when appropriate. If necessary, we provide out-of-home care to protect the child. Our goal is a permanent home for every child through reunification, adoption or guardianship. We recruit adoptive and foster homes and help older teens in care prepare for independent living.

Family Nutrition Services: Through the Women Infants and Children Program (WIC), we support delivery of free nutritious foods and information on healthy eating for low-income pregnant and breastfeeding women and their children. We also offer WIC participants and eligible seniors fresh fruits and vegetables through the Alaska Farmers' Market program in the summer. In addition, we have a teen nutrition program that operates in schools to promote healthy eating and decrease teenage obesity.

Healthy Families Alaska: We provide new parents with services to help their babies thrive and to build family self-sufficiency. We reach out to women during pregnancy or at birth, using a Family Stress Check List to identify those most in need of support. We address challenges such as parenting, housing, finances, social isolation, substance abuse, domestic violence and mental health issues. The program is voluntary, and families can participate until the children are age 5.

Early Intervention/Infant Learning Program: We provide an array of flexible services to infants and toddlers with disabilities or special developmental needs. Within the family setting, we help parents and children under age 3 with instruction, therapy and other support services. Our services are flexible and tailored to the circumstances of each family.

Connections: What the Four Programs of OCS Have in Common

- We all work to enhance a family's capacity to raise healthy and safe children.
- We all provide critical services for families and children that are delivered in the communities where children live.
- We all provide parenting education around children's basic needs.
- We all work with vulnerable families and children.
- We cross-refer families across our four programs.
- We all connect families with community support.
- We all work to maintain families' ties to their cultural and tribal heritage.
- We all want to see children reach their full potential.
- We all believe that by working together, we can make Alaska the greatest state in which to raise a child.
- We all want to see stronger families and safer children.

Facing Forward

THE MISSION OF THE NEW OCS

OCS works in partnership with families and communities to support the well-being of Alaska's children and youth. Services will enhance families' capacities to give their children a healthy start, to provide them with safe and permanent homes, to maintain cultural connections and to help them realize their potential.

THE VALUES OF THE NEW OCS

A core set of values will drive our work.

We believe:

- All people should be treated with respect and dignity.
- All children deserve safe, stable, loving and permanent families.
- Every family has unique and inherent strengths.
- The success of our interventions rests with the family; therefore, families should be included in making decisions about their children.
- Community partners are essential to ensure healthy, safe families.
- Services should enhance cultural and family values.
- Services should be timely, accessible and coordinated.
- Services related to parenting, health and nutrition are essential to strengthen the growth and development of children and to prevent abuse and neglect.
- Data should drive our decisions about how and where we allocate resources and services.

In early January 2004, the Office of Children's Services met to chart a new beginning — a future as an organization with four active programs and a future of collaboration with families, children, youth and tribal and community groups.

This strategic planning meeting was a historic occasion. OCS staff at all levels sat down with our stakeholders and (metaphorically) rolled up our sleeves. We held a facilitated conversation with tribal leaders, juvenile justice representatives, provider organizations, foster parents, adoptive parents, law enforcement, university personnel and our own staff. We included partners from the Department of Education, the Department of Health & Social Services Division of Behavioral Health, the Governor's Council on Disabilities, the Rasmuson Foundation, Casey Family Programs and the Annie E. Casey Foundation.

The meeting was a gift of time that took us outside the constraints of our day-to-day responsibilities. Over three days, we articulated our hopes for the families and children of Alaska. What is our mission? What are the core values that will drive our work together? What is our vision for this new OCS over the next three years? What are our objectives and how will we meet them?

Alaska is a big state with a small population. We have serious problems of child abuse and neglect. During 2003, OCS investigated 11,222 reports of harm. Forty percent of those reports were substantiated. The average number of children in out-of-home care on the first day of each month in 2003 was 1,983. This average represents 10.1 children for every 1,000 Alaskan children under age 18. The national average of children in out-of-home care is 7.4 per 1,000 children under age 18. Our resources for children do not always meet their needs. We place many children in care outside the state. Those we place inside the state often must leave their home communities. Responding to child maltreatment reports can be difficult in Alaska, especially in rural areas where workers face challenges of distance and weather.

Yet we have a dream for the children of Alaska. We want children to be safe in their homes. We want to help families remain together in their own communities to keep their cultural connections vibrant and supportive. We want to bring our out-of-state children home. We want to provide prenatal care for mothers and nutritional education for families. We want to identify developmental delays and disabilities early so that families can get maximum support. We want a strong and secure safety net for our most vulnerable families and children.

We can achieve this dream. The strategic plan forged from the January gathering is a promise we make to ourselves as well as to our stakeholders and to the citizens of Alaska. We have charted a common purpose of trust and shared responsibility between the state and our communities, tribal groups and families.

This strategic plan is also our pledge to Alaska's families that they are not alone. We are here to support them and we will hold ourselves accountable for bringing to life what we have in the past only been able to imagine.



It is often said that the children are our future. But who are Alaska's children? And what is the current state of children, youth and families in our communities?

- Children and youth under age 18 make up 30.4 percent of the state's total population of 627,000. (2000 census)
- Alaskan Natives make up 15.6 percent of the population: African Americans, 3.5 percent; Hispanics, 4.1 percent. (2000 census)
- In Federal Fiscal Year 2003, there were 13,975 reports of child abuse or neglect.
- On Dec. 1, 2003, 2,072 children were in out-of-home care.
- 61 percent of those children in care on December 1, 2003, were Alaska Natives.
- 27 percent of the foster homes are Alaska Native homes.
- Of all children in out-of-home care in December 2003, 11.1 percent were less than 2 years old; 23.4 percent were from age 2 to 5 years; 27.1 percent were 6 to 10 years; 22.9 percent 11 to 14 years; 13.9 percent 15 to 17 years; and 1.6 percent age 18 or older.
- WIC programs serve about 26,000 individuals a month: 6,000 women, 6,000 infants and 14,000 children.
- The WIC and Senior Farmers' Market program together serve a total of 21,000 individuals per summer season.
- There are six Healthy Families programs in the state, serving 427 families in fy 2003. Workers made 5,577 home visits, and 2,688 referrals to community resources.
- In fy 2003, there were 1,721 children enrolled in the Early Intervention/Infant Learning Program — 148 of those were in foster care and 566 were Alaska Native.

THE VISION OF THE NEW OCS

*Stronger Families,
Safer Children*

*"My hopes
for Alaska's
children: All
children in
Alaska will
have full bellies,
a safe home
and the strong,
loving arms of a
healthy secure
family wrapped
around them
each day."*

—Jessica Stellen
(WIC)

Bringing Our Vision to Life

This is a three-year strategic plan. To make our vision of stronger families and safer children a reality, we must set specific measurable goals.

Where Are We Now?

OCS has many strengths. Support from our legislators, private foundations and community partners is helping us build on those strengths. We have a dedicated staff that is re-energized by the consolidation of primary prevention programs within OCS. Nevertheless, we have a number of challenges, including:

- We have four diverse programs that are just beginning to align under a common mission.
- We are sending too many children out of state for placement.
- Our current data system restricts our ability to utilize data to make program improvements.
- Our case plans reflect services that are *available* and not what is *necessary* for families and children to achieve their goals.
- We need to improve our communication with and involvement of parents in the system.
- We need to educate our providers about the outcomes we want to achieve for families and children.
- We need regular contact with our communities so that they can formally communicate local needs to the state.

OCS is not satisfied with this status quo. Our strategic plan will guide us as we move forward to make major changes.

Objectives: What We Plan to Achieve

We know a strategic plan is just a piece of paper if we cannot bring our vision to life. In order to make a strategic plan live, we need to get specific. What are our objectives? What specifically do we need to change to get to where we want to go?

We looked at our objectives from four perspectives:

1. Internal to our staff and organization: What structural changes are important to successfully meet our goals?
2. Our impact on the families and our communities: What practice changes do we need to make?
3. How will we communicate our vision and help others understand our goals?
4. What is the return on our investment and how can we hold ourselves accountable?

Using a methodology called the "balanced scorecard," we went to work to make our vision real. This is what we want to achieve:

Staff organization:

- We will achieve manageable caseloads.
- We will build a well-trained and stable workforce.
- We will have clear performance standards for our grantees and for our staff.
- We will use evidence-based practice.
- We will reduce duplication among programs.

"My hope for Alaska's children is that they have happy, safe childhoods. I hope they develop to their full potential and that they feel loved and cared for by their tribes, communities and families."

—Rayna Hamlin

[Staff organization continued]

- We will seek other organizations as partners in prevention and well-being.

Impact on the families and communities we serve:

- We will reach all Alaskan families who need our help.
- Fewer Alaska children will be victims of child abuse and neglect.
- Children and families will be served in their own communities.
- Services will preserve family and cultural connections.
- We will have a system of supports for relatives who are caring for children.
- We will meet or exceed the national standards for safety, permanency and well-being of Alaska's children.
- An array of services will be available in all regions of the state.
- Families will be engaged in planning for their children.
- We will have a state plan to address the specific needs of children from infancy to 8 years old.
- We will collaborate with other organizations, such as education, mental health and public health, for the families we serve jointly.
- We will support more Alaska families in eating a healthy diet.
- We will extend prenatal care to more Alaska women.
- We will identify disabilities and developmental delays earlier so that families can help their children reach their full potential.

External communications:

- OCS will be seen as an inclusive leader in collaboration with communities and other agencies.
- OCS will be understood as a positive force by our client families, tribal groups and communities.
- OCS will have an internal and external communications plans.
- We will report regularly to the public on our progress toward our goals.
- We will work to educate our legislators, and community leaders about our goals and our hopes for the future.

Return on investment accountability:

- We will target resources to areas that have the greatest positive impact on children and families.
- We will move to performance-based contracting.
- We will incorporate evidence-based practice into our prevention and intervention programs.
- We will meet or exceed all national standards and benchmarks for all programs.
- We will have coordinated quality assurance and continuous quality improvement processes for all four programs.

Strategies: Getting from Here to There

Just as a vision must be bolstered with objectives, our objectives must be supported by strategies that help us meet them. In this section of our plan, we get specific.

Informed by facts and fueled by compassion, we look at priorities from the specific viewpoint of each program. These are the changes we can make now, changes big and small that will make a difference

"Communication, partnership, caring, belief in the good, and a commitment to positive change are key elements to continued growth."

—Doris Bergeron

*"Let us put our
minds together
and see what
kind of future
we can build for
our children."*

—Sitting Bull

in the lives of the children, youth and families of Alaska. These are the changes that bring the "strategic" in a strategic plan to life.

Infant Learning Program (ILP) and Healthy Families Alaska (HFAK) Strategies

We will work for stronger families and safer children by implementing the following strategies:

Staff and organizational issues:

- We will provide training and leadership opportunities for staff.
- We will work with the University Training Academy to include information about ILP and Healthy Families.
- We will make sure that each staff person and grantee agency understands their role in achieving the OCS mission and goals as well as the individual program's strategic plan.
- We will participate in the OCS staff recruitment and retention committee to reduce staff turnover.
- We will consolidate research and evaluation functions so that we can look at all outcome data to see how we want to make system improvements.

Impact on the communities and families we serve:

- We will develop cross-training programs for providers in order to increase their understanding of child safety assessment and referral processes.
- The Infant Learning Program will ensure timely screening and assessment of 100 percent of children under age 3 who have a substantiated abuse or neglect referral.
- We will develop community teams with relevant partners to improve coordination of services to families.
- We will involve CPS social workers in all community-based training and teams.
- We will lead the effort to have a cross-system conference that includes the four program areas of OCS.
- We will include foster children in the Health Passports system so Healthy Families can continue serving children if they are placed in out-of-home care.
- Families will be seen and children assessed within forty-five days of referral.
- We will revise the model for Healthy Families to include a stronger focus on child protection and prevention of abuse and neglect.

External communications:

- Staff will share with all providers the new mission of the Office of Children's Services and help them understand how they fit into that mission.
- Our materials will reflect the Office of Children's Services vision.
- Infant Learning Program and Healthy Families providers will educate families about shaken-baby syndrome, the dangers of co-sleeping and positive parenting programs that are available in the communities they serve.
- Providers will be monitored to see that families are receiving services within the required time periods.

Return on investment/accountability:

- A steering committee will oversee the planning and implementation of an Early Childhood Comprehensive System to improve services to families and their children, 0 to 8 years old.
- Waiting lists for Infant Learning Program will be reduced as providers see families within the required timeframes.
- Timely family service plans will identify needs and assure that children receive services by age 3.
- Our provider agencies will have plans of improvement that are regularly monitored.
- Healthy Families will use results of the Johns Hopkins Study to make program improvements that more effectively reduce child abuse and neglect.
- The Infant Learning Program will meet the requirements of the federally required Plan of Improvement. Infant Learning Program and Healthy Families Alaska will develop and implement performance based contracts.
- We will have quarterly reviews of ILP and HFAK strategic plans.

Family Nutrition Program Strategies

We will work for stronger families and safer children by implementing the following strategies:

Staff and organizational issues:

- We will increase the use of technology to support program activities.
- We will develop a well-trained and stable workforce by providing training opportunities for staff.
- We will provide nutrition education for our colleagues at OCS and for foster parents to help them understand that nutrition is linked to healthy children and healthy families.

Impact on the families and communities we serve:

- We will ensure equal access to services for all participants by asking providers to conduct more outreach.
- We will engage our partners and families in becoming more aware of child abuse and neglect issues by asking our providers to distribute information to the families they serve.
- We will reach out to include more families in our programs and train providers to be more vigilant about signs of abuse or neglect.
- We will provide families with nutritional education that encourages a healthy life style.
- We will help our providers explore alternative sources of funding to increase programs for young children.
- We will assure that there are WIC vendors to serve all eligible families in Alaska.

External communications:

- We will promote our programs and initiatives to the community and to our colleagues in other agencies.
- We will work with our food package vendors to provide quality customer services.

*"My hope
for Alaska's
children is
that they can
be children
— healthy,
happy, with
opportunities to
play, learn, and
be loved."*

—ANONYMOUS