Chatham County Public Health Department

Chatham County 2009 Obesity Prevention Retreat Final Report and Recommendations

Comprehensive Solutions for the Chatham County Obesity Epidemic

March 2010

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Chatham County Obesity Retreat Report and Recommendations 2009

Executive Summary

Introduction

The Chatham County Public Health Department took the lead on the Chatham County Board of Commissioners' 2010 fiscal year goal of coordinating obesity efforts across the county. It was decided that Healthy Chatham would be the best organization to address this goal.

There are numerous obesity interventions throughout the county, but little communication and partnership between efforts.

The health department sponsored a series of three meetings facilitated by an independent consultant between July and December 2009.

Meeting attendance ranged between 24 and 27 at each of the three meetings. Obesity prevention stakeholders represented Chatham County government, Chatham County Cooperative Extension, Chatham County Parks and Recreation, Chatham Council on Aging, Chatham County Public Health Department, Chatham County Schools, Chatham Crossing Medical Center, Chatham Hospital, Chatham YMCA, Childcare Networks, Partnership for Children, United Way of Chatham County, Walk Softly, LLC, and the community.

The purposes of the meetings were to:

1) Identify the range of programs and activities related to obesity prevention and intervention taking place in Chatham County.
2) Identify the gaps and overlaps among these programs and activities.
3) Develop ideas that the Health Department could use to recommend priorities to the Board of Commissioners for coordinating obesity prevention and interventions in Chatham County that would fully address the obesity epidemic.

Need for Multi-Level Approach

Obesity is a complex problem and needs a complex solution. The obesity epidemic needs evidence-based strategies that address more than just individual lifestyle behaviors.

According to the Centers for Disease Control and Prevention (CDC),

"**Reversing the U.S. obesity epidemic requires a comprehensive and coordinated approach that uses policy and environmental change to transform communities into places that support and promote healthy lifestyle choices for all U.S. residents**. Environmental factors (including lack of access to full-service grocery stores, increasing costs of healthy foods and the lower cost of unhealthy foods, and lack of access to safe places to play and exercise) all

contribute to the increase in obesity rates by inhibiting or preventing healthy eating and active living behaviors. Recommended strategies and appropriate measurements are needed to assess the effectiveness of community initiatives to create environments that promote good nutrition and physical activity." [8]

The stakeholders at the three obesity prevention meetings developed the following comprehensive recommendations:

Recommendations (Not ranked in order of importance.)

1. **New County Position Focusing on Obesity-** Establish a new county position which is required to coordinate stakeholders, interventions, and sources of funding for obesity prevention efforts. The new position will create a coalition around obesity prevention efforts with community, agency, local and county government stakeholders. A new county position focusing on obesity prevention is the most cost effective and time efficient way to accomplish the recommendations.

2. **Community Social Marketing Campaigns**- Implement a campaign to change thinking and beliefs around healthy lifestyle behaviors in order to improve the health of the Chatham County population.

3. **Infrastructure to Support Healthy Lifestyles**- Build infrastructure for physical activity, nutrition, and the built environment such as greenways, complete streets, and community and school gardens. This would increase opportunities and make it easier for Chatham County residents to be healthy and live healthful lifestyles.

4. **More Cooperation between Schools and the Community**- Work with Chatham County Schools to create a policy that would allow the public to use athletic facilities during non-school hours. New school policies would also encourage more physical activity throughout the school day.

Chatham County government, agencies, residents, businesses, and other stakeholders will have to partner to make the above recommendations possible.

Introduction

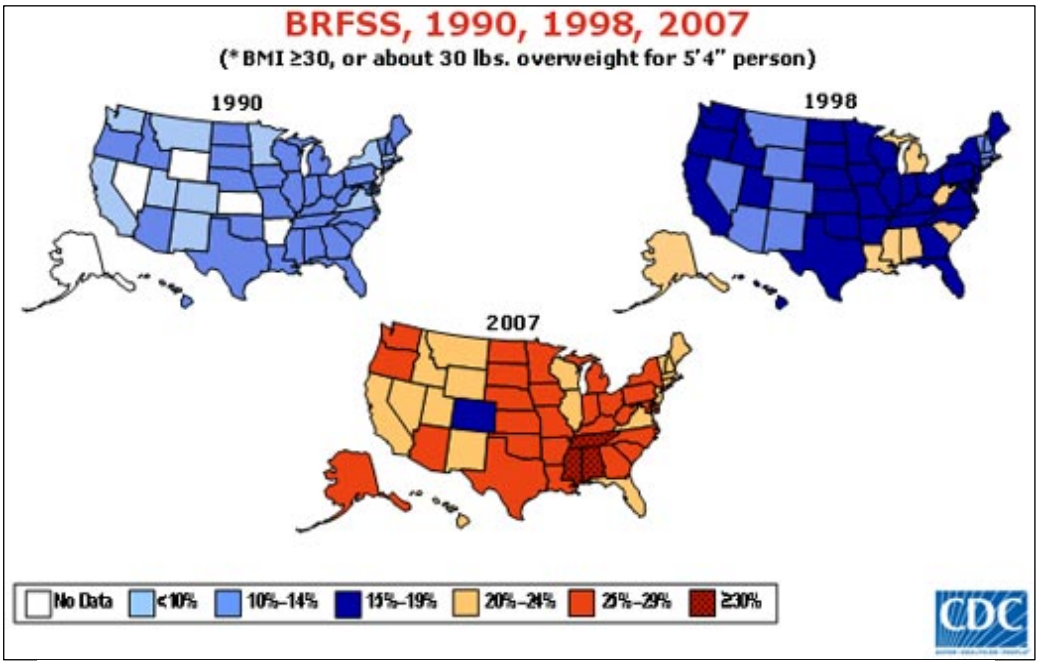

Figure 1
Centers for Disease Control and Prevention

Americans have been growing fatter for each of the last three decades. According to the Centers for Disease Control and Prevention (CDC), "Since 1980, obesity rates for adults have doubled and rates for children have tripled." [1]

Nearly two-thirds of American adults are either overweight or obese. "Adult obesity rates now exceed 25 percent in 31 states and exceed 20 percent in 49 states and Washington, D.C. In 1991, no state had an obesity rate above 20 percent. In 1980, the national average for adult obesity was 15 percent."[2] The data for children is just as grave. "Approximately 25 million U.S. children are obese or overweight."[2] In addition, "eight of the 10 states with the highest rates of obese and overweight children are in the South."[2]

Obesity is a nationwide health issue but affects North Carolinians as well. North Carolina is the 10th most overweight/obese state in the nation. Approximately two-thirds (65.7%) of North Carolina adults are overweight or obese.[3] This is 2.5% higher than the national average.

Data shows that in Chatham County, 59.4% of adults in the Chatham/Lee/Moore region were overweight or obese. (2006 Behavior Risk Factor Surveillance Survey (BRFSS)) According to the 2008 North Carolina Nutrition and Physical Activity Surveillance System (NC-PASS), 19.9% of Chatham County children seen in North Carolina Public Health sponsored WIC, child health clinics, and school based health centers were obese. An additional 16.5% were overweight.

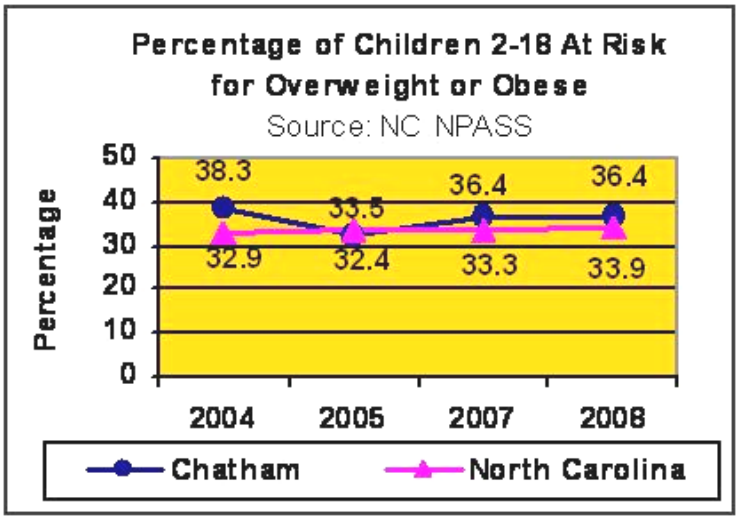

Figure 2

Overweight for adults is defined as having a body mass index (BMI) of 25 or higher. Obesity is having a BMI of 30 or higher.[4] For example, a person who is 5'6", weighs 155 and has a BMI of 25 is overweight. A person of the same height with a weight of 186, would have a BMI of 30 and be considered obese. "In children, overweight is defined as a BMI at or above the 85th percentile and lower than the 95th percentile. Obesity is defined as a BMI at or above the 95th percentile for children of the same age and sex."[5]

Being overweight or obese raises the risk for developing health conditions such as:[6]

- Heart disease
- Type 2 diabetes
- Cancers (endometrial, breast, and colon)
- Hypertension
- Stroke
- Liver and Gallbladder disease
- Sleep apnea, and
- Gynecological problems

Being overweight or obese can also make existing health problems worse.

The Cost of Obesity

Obesity is not simply a problem that affects an individual's health. Obesity is costly, affecting the economy through escalating medical costs, medication costs, and lost productivity due to missed time at the workplace.

In 2007, **$1,868,826** (approximately **8%**) of total dollars spent on Chatham County Medicaid were attributed to overweight and obesity.

Figure 3
2007 Eat Smart, Move More North Carolina County Highlights

In the United States, obesity is estimated to:[2]

- Cost the nation $75 billion in direct costs each year, while the total cost of obesity, including indirect costs, is as high as $139 billion per year.
    - Indirect costs often fall most heavily on employers in the form of increased absenteeism, disability, presenteeism (when employees come to work in spite of illness, which can have similar negative repercussions on business performance), and workers' compensation.
- Obesity-related annual costs for treating children more than tripled between 1979 and 1999.
- Projections for health care costs attributable to obesity and overweight are that they will more than double every decade. By 2030, according to one study, health care costs attributable to obesity and overweight could range from $860 billion to $956 billion, which would account for 15.8 to 17.6 percent of total health care costs, or one in every six dollars spent on health care.

The high percentage of overweight and obese in the population has had an effect on the North Carolina economy. "Be Active North Carolina reports that excess weight in North Carolina led

to an increase of $2.81 billion in medical costs, $0.96 billion in prescription drug costs, and $11.80 billion in lost productivity costs in 2006."[3]

In Chatham County in 2007, $1,868,826 (approximately 8%) of total dollars spent on Chatham County Medicaid were attributed to overweight and obesity.[7]

Reasons Behind the Obesity Epidemic

The trend in the obesity rate rose steadily upward from the early 1980s until skyrocketing in the last 15 years. Genetic changes to a population do not happen within just one generation. *What has occurred during the past thirty years to cause such a large change in the general public?* There are a variety of factors between how our communities are designed, what food is affordable, and what choices individuals make. Following is a list of causes:

Nutrition[2]

- Higher caloric intake - Adults consumed approximately 300 more calories daily in 2002 than they did in 1985.
- Higher caloric density of foods- Number of calories packed into a given amount of food, for example an ounce of carrots vs. an ounce of hot fudge
- "Portion distortion" or the rise of bigger portions
- Unhealthy options available in school cafeterias or work lunch sites
- "Value sizing" of less nutritious foods, and the higher costs of many nutritious foods
- More meals – many of them high in calories – are eaten outside of the home.

Food Availability[2]

- Limited access to supermarkets and nutritious, fresh foods in many urban and rural neighborhoods.
- Lower-income neighborhoods have fewer and smaller grocery stores and less access to affordable fruits and vegetables.
- Disinvestment and poor land use planning disproportionately impact low income neighborhoods and contribute to the creation of "food deserts," leaving residential neighborhoods lacking ready access to the components of a fresh and healthful diet.

Physical Activity Opportunities[2]

- Reduction in the amount of physical education, recess, and recreation time.
- Few safe routes to school that encourage kids to walk and bike.
- Many desk jobs limit or discourage activity, part of the sedentary lifestyle.
- Limited parks and recreation space, including indoor facilities.

Built Environment[2]

- Communities designed to foster driving rather than walking or biking.
- Lack of public transportation options.
- No sidewalks or poor upkeep of sidewalk infrastructure.
- Walking areas often unsafe or inconvenient.

Other[2]

- Health insurance coverage for obesity-prevention services is often limited or not available.
- "Electronic culture" options for entertainment and free time, including TV, video games, and the Internet.
- Long work hours mean more meals – many of them high in calories – are eaten outside of the home.

The obesity epidemic is not just an individual problem. The environment in which we live has an impact on our health. Often times, where we live does not encourage healthy behaviors. The above list contains many factors that affect the overall public's health such as communities that don't have infrastructure to allow people to get physical activity by walking or biking to destinations, schools that don't mandate physical education, and a lack of access to affordable fresh and healthy foods. These issues are often out of an individual's control. These matters are systemic and policy related. Once the obesity epidemic is addressed at these higher levels, change can be made.

Importance of Multi-Level Approach

Obesity is a complex problem that requires a complex solution. Multiple interventions are needed in multiple settings in order to provide lasting change. The obesity epidemic must be targeted at different levels.

Figure 4

According to the CDC,

"**Reversing the U.S. obesity epidemic requires a comprehensive and coordinated approach that uses policy and environmental change to transform communities into places that support and promote healthy lifestyle choices for all U.S. residents**. Environmental factors (including lack of access to full-service grocery stores, increasing costs of healthy foods compared to the lower cost of unhealthy foods, and lack of access to safe places to play and exercise) all contribute to the increase in obesity rates by inhibiting or preventing healthy eating and active living behaviors. Recommended strategies and appropriate measurements are needed to assess the effectiveness of community initiatives to create environments [and policies]that promote good nutrition and physical activity."[8]

The Socioecological Model which is used by the Chatham County Public Health Department for planning purposes, (See figure 4 above.) addresses health issues at the individual, interpersonal, organizational, community, and public policy levels. The multi-level approach creates healthy environments that encourage physical activity and nutrition in the following ways: [9]

1. **Individual-** Motivating change in individual behavior by increasing knowledge, or influencing attitudes or challenging beliefs. *Example:* individual nutrition counseling

2. **Interpersonal –** Recognizing that groups provide social identity and support, interpersonal interventions target groups, such as family members or peers. *Example:* a church health ministry.

3. **Organizational–** Changing the policies, practices, and physical environment of an organization (e.g., a workplace, health care setting, a school/child care, a faith organization, or another type of community organization) to support behavior change. *Example:* a worksite health program that holds exercise classes for employees during work hours, encourages healthy eating, and posts signage for a tobacco free workplace.

4. **Community–** Coordinating the efforts of all members of a community (organizations, community leaders, and citizens) to bring about change. *Example:* A community-wide campaign with multiple partners to increase physical activity or healthy eating among residents.

5. **Public Policy -** Developing and enforcing state and local policies that can increase beneficial health behaviors. Developing media campaigns that promote public awareness of the health need and advocacy for change. *Example:* Mandating that all new developments include land for parks or recreation spaces.

It is important for all levels to work together in order to be effective. Doing so gives the public the opportunity to be healthy throughout their lives whether at home, work, school, or at other locations such as church.

Stakeholder Obesity Prevention Meeting Process

The Chatham County Public Health Department took the lead on the Board of Commissioners' 2010 fiscal year goal of coordinating obesity prevention efforts across the county.

The health department decided that its Healthy Chatham coalition already had infrastructure in place to organize a series of meetings with county stakeholders. Healthy Chatham is a county-wide coalition of the community, agencies, and organizations working together to improve health and quality of life for Chatham County. Healthy Chatham exists to address health priorities from Chatham County's 2006 Community Health Assessment.

The coalition currently focuses on three priority areas of affordable health care, diabetes, and obesity. This is done by carrying out programs and implementing long-term solutions and policies.

There were originally only two meetings planned. At the conclusion of the second meeting, participants felt that an additional meeting was necessary. The group wanted to have more input into the final recommendations made to the Chatham County Board of Commissioners.

The health department and Healthy Chatham sponsored a series of three meetings facilitated by an independent consultant between July and December 2009. Meetings were held in the morning and lasted four hours, from 9:00am until 1:00pm. Prior to the sessions, the consultant assisted health department staff in developing meeting plans and goals. Throughout the process, the facilitator ensured that all participants reached established goals by helping the group meet its objectives, used its time well, and functioned well overall. The facilitator also made sure that decisions were made by the consensus of the entire group.

The Health Department's Social Research Associate was responsible for communicating with attendees between meetings via email and gathering resources and materials for each meeting. Other health department staff members found meeting space, arranged meals, and facilitated small group sessions.

Meeting attendance ranged between 24 and 27 at each of the three meetings. Obesity prevention stakeholders represented Chatham County government, Chatham County Parks and Recreation, Chatham County Public Health Department, Chatham County Schools, Chatham Crossing Medical Center, Chatham Hospital, Chatham YMCA, Childcare Networks, Cooperative Extension, Council on Aging, Partnership for Children, United Way, Walk Softly, LLC, and the community.

The purposes of the meetings were to:

1. Identify the range of programs and activities related to obesity prevention and intervention taking place in Chatham County.
2. Identify the gaps and overlaps among these programs and activities.
3. Develop ideas that the Health Department could use to recommend priorities to the Board of Commissioners for coordinating obesity prevention and interventions in Chatham County that would fully address the obesity epidemic.

Results of Meetings

Meeting One:
July 29

Many Chatham County groups, organizations, and individuals are addressing the obesity issue with different programs, policies, and methods. There are numerous obesity interventions throughout the county, but little communication and partnership between efforts. The problem identified by the Board of Commissioners' was that many of the interventions did not seem to communicate their goals or purposes with one another. There often seemed to be overlap with program audiences or fragmentation in the outlying areas of the county.

At the July 29th meeting, the attendees separated into three groups based on their areas of expertise around the topics of nutrition, physical activity, and the built environment. The groups

then discussed a series of questions posed by the facilitator such as, "what is happening in your area?" and "what gaps and overlaps are there?"
The outcome of the first meeting was to create an inventory of Chatham County initiatives to determine what obesity related programs already existed. The next step was to identify gaps and overlaps in the current programs and policies. Groups then developed suggestions on how to better coordinate efforts already in place, as well as those planned for the future. A summary of the July 29th notes is listed below. (See full list of July 29th meeting in Appendix A.)

Gaps and Overlaps

The common gaps and overlaps from the July 29th meeting identified the areas that are not being met by current Chatham County obesity prevention interventions. This includes location, types of programs offered, and age groups targeted. In the first small group break out session, ideas began to emerge on possible solutions to best address the gaps in Chatham County obesity prevention interventions. Lack of cohesion or communication among groups, populations not addressed, lack of zoning policies, and funding were among the issues discussed most frequently.

- **Town/Facility Partnerships-** Open up school facilities for public use
  Feedback from meeting: Public access to school facilities, disconnect between administration and public, usage of school buildings, private developments with private recreation

- **Coordinating Programs-** Work with other groups on obesity prevention efforts
  Feedback from meeting: Find or create bridges between programs, no cohesion between groups, coordinate groups, coordinate amongst programs and services within county, poor coordination of some progress, inventory of what works

- **Educate Community-** Get information to the public about the importance of healthy lifestyles.
  Feedback from meeting: More information to community about how to include physical activity in daily activity, safe routes, social marketing campaigns, work with parents to educate about nutrition, knowing about resources within county, educate community about quality of life and health

- **Populations-** Work with elderly, disabled, middle schoolers, and after-school programs

- **Funding-** Find additional funding for programs
  Feedback from meeting: Money is power, fund sustainable programs

- **Connection Between Public Health and Community Design-** Focus on communities that encourage healthy lifestyles
  Feedback from meeting: No zoning county-wide, more interaction between town and county, include infrastructure in conversation about development, planning process of various developments within the county

- **Enhance What is Already There-** Support existing programs

Feedback from meeting: Help healthy food providers increase access to populations, using resources efficiently

- **Cost-** Cost to people to participate in programs
  Feedback from meeting: Recognizing all costs for participating in programs such as time, priorities, financial, and transportation

To Improve Coordination

The better coordinated ideas specified how Chatham County agencies, organizations, and individuals can work together in order to more effectively combat the obesity problem. Communication, working together, and marketing were the among the more common coordination themes.

- **Put Together All We Do-** Partner with other agencies and organizations to serve the public. Example: Planned CCCC culinary kitchen prepare meals for childcare programs, integrating programs that are interested in working together.

- **Utilize Local Groups-** Get feedback and ideas from residents and other local groups. Include communities in decisions and programs.

- **Support-** Get support and financial backing from legislators/local government and businesses.

- **Getting the Word Out-** Advocate for obesity prevention efforts through word of mouth, schools/churches, websites, newspaper, radio, and networking.

- **Incentives-** Give people material items to motivate them to be active. Such items could be part of a fitness program or wellness challenge.

The work done at the first meeting laid the foundation for the second meeting.

Meeting Two:
October 14

The purpose of the October 14th meeting was to set priorities in the areas of nutrition, physical activity, and built environment using information from the first meeting. The second meeting began with small groups reviewing notes from the first meeting and adding information that may have been omitted.

The groups were tasked with developing obesity intervention priorities using the following guidelines:

- Supported by evidence to be effective,
- Reach residents across the whole county,

- Will have a return on investment, and
- Prevent or intervene against obesity at multiple levels, from the individual to the policy level.

The groups then narrowed their ideas for coordination to their three top priorities. See results from the October 14th meeting below. (A full meeting summary can be found in Appendix B.)

Common Themes among Priorities

- **New County Position Focusing on Obesity-** The new position would focus on implementing obesity prevention recommendations from the series of meetings.

- **Community Social Marketing Campaigns**- A community-wide campaign that would encourage healthy lifestyle behaviors among Chatham residents. A possible name is the *Chatham County Shrink Down*.

- **Infrastructure to Support Healthy Lifestyles-** Incorporate sidewalks, greenways, and complete streets that would promote walking and safe routes to schools. Farmer's Markets in different locations around the county and community and school gardens located around the county would promote healthy eating.

- **More Cooperation Between Schools and the Community-** Allow Chatham residents to use school facilities after hours. Groups could work with school leaders to help create a healthier environment for students through additional physical activity during the school day and healthier lunch options.

- **Communicate Obesity Related Efforts around the County**- Have the obesity prevention retreat group continue to meet to identify what other organizations are doing in the county. Other suggestions included forming a nutrition task force, starting a regular newsletter with county-wide obesity prevention efforts, bringing people together to discuss obesity efforts, and forming an obesity prevention advisory group.

At the end of the October 14th meeting, the stakeholders present decided that the work was not done. They wanted more input into the final recommendations. A third meeting date was scheduled.

Following the second meeting, health department staff reviewed the meeting notes and combined the most common similar ideas into themes. The themes cover a variety of interventions among nutrition, physical activity, and the built environment.

At the final meeting, the attendees would use the five themes identified to develop priorities and strategies in those areas.

Meeting Three:
December 1

The purpose of the December meeting was to further work on the themes from the October 14th meeting. The outcomes for the meeting were to develop ideas that the health department could use to draft obesity prevention and intervention strategies, be aware of the importance of strategies that work on the social, community, and organizational levels and clarify the next steps for completing the Health Department's recommendations to the Board of Commissioners.

As a group, the participants decided to focus on infrastructure to support healthy lifestyles, communicating obesity related efforts, and more cooperation between schools and the community. (See Appendix C for the full meeting summary.) The group felt the community social marketing and the new county employee position ideas could wait until the other ideas had been further developed.

Attendees broke into small mixed groups made of nutrition, physical activity, and built environment individuals. Each group worked on a specific priority and developed detailed strategies to share.

The guidelines were to develop:

- Outcomes that are specific, measurable, achievable, realistic and time-bound ("SMART"),

- Steps that would take the County from where it is now to achievement of the outcomes within the timeframe,

- Desired community partners for the initiative, and

- One or more "champions" for the initiative from the break out group: who'll help shepherd this initiative forward, and what will you do?

See results from the December 1st meeting below.

Wrap Up Discussion

- Consider integrating all the "councils" across the 3 small groups' work products.
    - Food Policy Council
    - School Health Advisory Council
    - Reducing Obesity Coalition
        - Stakeholders
        - Organizational home
        - Task groups
        - Communication strategy
        - What resources needed?
        - Go to BOC

    - Local Foods Advisory Council (Cooperative Extension)
    - Recreation boards
    - EDC's sustainability
- Seek grants
    - County has full time writer
    - County to sustain effort matching funds

At the conclusion of the third meeting, the health department had strategies and suggestions based on what had been discussed at all three meetings. The strategies developed throughout the process formed the recommendations.

Recommendations

The following four recommendations are in no order of importance. Resources such as funding, staff resources, office space and equipment will be needed to implement the recommendations. Exact timelines, costs, and resources needed would depend on which recommendations are implemented and their timing. Evidence-based strategies that have been proven to work are listed after each recommendation as possible interventions. The strategies can be adapted to use with Chatham County residents.

1. **New County Position Focusing on Obesity**- Create a new position to focus on coordinating stakeholders, interventions, and sources of funding for obesity prevention efforts. The new position would be responsible for facilitating a county-wide obesity prevention coalition of stakeholders.

   The coalition would improve communication between stakeholders and steer the direction of obesity prevention efforts in Chatham County. Communication objectives from the December 1 retreat:

- By February 28, 2010, identify and engage all individuals/groups/organizations. Obtain written commitment to participate in a reducing obesity coalition that focuses on physical activity, nutrition, and built environment.
- By 12/31/2010, establish one coalition/committee with a broad representation (i.e. community agencies, school reps, etc.) to coordinate school and community efforts.

Evidence-based Strategies: [8]

- **Communities Should Participate in Community Coalitions or Partnerships to Address Obesity**
  Community coalitions consist of public- and private-sector organizations that, together with individual citizens, work to achieve a shared goal through the coordinated use of resources, leadership, and action. The effectiveness of community coalitions stems from the multiple perspectives, talents, and expertise that are brought together to work toward a common goal. In addition, coalitions build a sense of community, enhance residents' engagement in community life, and provide a vehicle for community empowerment.

Other possible job duties as defined by attendees at the obesity prevention meetings include:

- Facilitating a county-wide coalition of obesity stakeholders made of representatives from community agencies, organizations, local government, businesses, community, medical providers, builders, local farmers, etc.,
- Increasing and improve communication among obesity-related interventions in the county,
- Creating an e-newsletter about obesity prevention efforts,
- Identifying grant funding for projects, and
- Working with various stakeholders such as local government, schools, etc. to create policy and environmental changes.

The new county position would focus on multi-level change across multiple disciplines in the county.

2. **Community Social Marketing Campaigns**- The purpose of a campaign would be to change thinking and beliefs around healthy lifestyle behaviors in order to improve the health of a population. Chatham County would design a campaign specifically tailored to its residents focused on a lifestyle behavior such as healthy eating or physical activity. According to research, the campaign would include an environmental activity such as a new trail or community garden.

Evidence-based Strategies:

- "Community-wide campaigns are sustained efforts with ongoing high visibility. These large-scale campaigns deliver messages that promote physical activity by using television, radio, newspaper columns and inserts, and trailers in movie theaters. They use many components and include individually focused efforts such as support and self-help groups; physical activity counseling; risk factor screening and education at worksites, schools, and community health fairs; and environmental activities such as community events and the creation of walking trails."[10]

  "Community-wide education is strongly recommended on the basis of its effectiveness in increasing physical activity and improving physical fitness among adults and children. Other positive effects include increases both in knowledge about exercise and physical activity and in intentions to be physically active."[10]

3. **Infrastructure to Support Healthy Lifestyles**- Infrastructure for physical activity, nutrition, and the built environment such as greenways, complete streets, and community and school gardens would increase opportunities and make it easier for Chatham County residents to be healthy and live healthful lifestyles. According to research, the best way to establish this infrastructure is through policy and ordinance changes such as incorporating bike lanes or Complete Streets into the Zoning Ordinance. Infrastructure related objectives from the December 1 retreat:

- Increase access to affordable healthy foods in retail establishments.
    - Grocery stores
    - Convenience Stores/Corner stores
    - Other stores selling foods
- Support access to affordable foods at local farmers markets and community gardens, Community Support Agriculture (CSAs)
- Support the development of a countrywide greenway system

Evidence-based Strategies:[8]

- **Communities Should Improve Geographic Availability of Supermarkets in Underserved Areas**
  Supermarkets and full-service grocery stores have a larger selection of healthy food (e.g., fruits and vegetables) at lower prices compared with smaller grocery stores and convenience stores. However, research suggests that low-income, minority, and rural communities have fewer supermarkets as compared with more affluent areas. Greater access to nearby supermarkets is associated with healthier eating behavior.

- **Communities Should Improve Availability of Mechanisms for Purchasing Foods from Farms**
  Mechanisms for purchasing food directly from farms include farmers' markets, farm stands, community-supported agriculture, "pick your own," and farm-to-school initiatives. Experts suggest that these mechanisms have the potential to increase opportunities to consume healthier foods, such as fresh fruits and vegetables, by possibly reducing costs of fresh foods through direct sales; making fresh foods available in areas without supermarkets; and harvesting fruits and vegetables at ripeness rather than at a time conducive to shipping, which might improve their nutritional value and taste.

- **Communities Should Improve Access to Outdoor Recreational Facilities**
  Recreation facilities provide space for community members to engage in physical activity and include places such as parks and green space, outdoor sports fields and facilities, walking and biking trails, public pools, and community playgrounds. The Community Guide [a free resource from the CDC that has reviewed more than 200 obesity prevention interventions and rated their effectiveness] concluded that efforts to increase access to places for physical activity, when combined with informational outreach, can be effective in increasing physical activity. A comprehensive review of 108 studies indicated that access to facilities and programs for recreation near their homes, and time spent outdoors, correlated positively with increased physical activity among children and adolescents.

- **Communities Should Enhance Infrastructure Supporting Bicycling**
  Enhancing infrastructure supporting bicycling includes creating bike lanes, shared-use paths, and routes on existing and new roads; and providing bike racks in the vicinity of commercial and other public spaces. Longitudinal intervention studies have demonstrated that improving bicycling infrastructure is associated with increased frequency of

bicycling. Cross-sectional studies indicated a significant association between bicycling infrastructure and frequency of biking.

- **Communities Should Enhance Infrastructure Supporting Walking**
  Infrastructure that supports walking includes but is not limited to sidewalks, footpaths, walking trails, and pedestrian crossings. The Community Guide reports sufficient evidence that street-scale urban design and land use policies that support walking are effective in increasing levels of physical activity.

- **Communities Should Zone for Mixed-Use Development**
  Zoning for mixed-use development is one type of community-scale land use policy and practice that allows residential, commercial, institutional, and other public land uses to be located in close proximity to one another. The Community Guide rated the evidence for community-scale urban design and land use policies and practices as sufficient to justify a recommendation that these characteristics increase physical activity.

- **Communities Should Enhance Traffic Safety in Areas Where Persons Are or Could Be Physically Active**
  Traffic safety is the security of pedestrians and bicyclists from motorized traffic. Traffic safety can be enhanced by engineering streets for lower speeds or by retrofitting existing streets with traffic calming measurements. The review indicated that both community-scale and street-scale policies and practices were effective in increasing physical activity.

4. **More Cooperation between Schools and the Community**- Chatham County Schools would create a policy that would allow the public to use athletic facilities during non-school hours. New school policies would also encourage more physical activity throughout the school day and create a healthier school environment. The group discussed the following possible school and community related suggestions at the December 1 retreat.

   Schools could increase the amount of students' physical activity by meeting the national standards of 60 minutes of physical activity a day for all kindergarten through eighth grade students, requiring four credits of health and PE to graduate high school.

   Students' health knowledge would be enriched by having at least one teacher from each school certified as a health teacher and if health classes were stand alone (not combined with PE). In 2008, the state Board of Education approved a proposal to create a combined teaching license in health and physical education. After June 30, 2012, either a health specialist license or a combined health and physical education license will be needed to teach health classes.

   Wellness would become a part of the school experience with community gardens at elementary schools in county, wellness programs for staff at all schools, baseline screening Body Mass Index (BMI) for all kindergarten students, wellness committees through school PTAs, and the implementation of a district wide coordinated school health program in

Chatham County. Education and training programs for school staff would encourage adaption of recommended policies.

School policy encouraging access to indoor/outdoor facilities to the public would increase physical activity opportunities for the community.

Evidence-based Strategies: School-based programs have been shown to yield positive results in preventing and reducing obesity. School-based efforts have focused on improving the quality of food sold in schools, limiting sales of less nutritious foods, improving physical education and health education, and encouraging increased physical activity either within the school day or through extracurricular activities. A new trend has been the development of farm to school programs that bring fresh, local produce into schools, both encouraging healthy eating and sustainable farming.[2]

- **Communities Should Require Physical Education (PE) in Schools**
  The National Association for Sport and Physical Education (NASPE) and the American Heart Association (AHA) recommend that all elementary school students should participate in >150 minutes per week of PE and that all middle and high school students should participate in >225 minutes of PE per week for the entire school year. School-based PE increases students' level of physical activity and improves physical fitness.[8]

- **Communities Should Increase Opportunities for Extracurricular Physical Activity**
  Opportunities for extracurricular physical activity outside of school hours to complement formal PE increasingly are an important strategy to prevent obesity in children and youth. This strategy focuses on noncompetitive physical activity opportunities such as games and dance classes available through community and after-school programs, and excludes participation in varsity team sports or sport clubs, which require tryouts and are not open to all students. Research has demonstrated that after-school programs that provide opportunities for extracurricular physical activity increase children's level of physical activity and improve other obesity-related outcomes.[8]

- **Establish Joint-use Agreements to Expand Use of School and Community Recreational Facilities**
  Recreational facilities exist on school property within many communities; however, these facilities are often not available for use by the general public or by school children past school hours. Creating additional recreational facilities requires funding and land—one or both of which are limited in many communities in North Carolina. Joint-usage agreements—which establish partnerships between communities and schools to provide community access to school facilities during after-school hours and on weekends and to allow schools access to parks and recreation facilities when needed are a potential solution to this predicament. Research shows that although school administrators are generally open to the idea, it is only sporadically done. Preliminary evidence also shows elevated rates of physical activity for children able to use school facilities on evenings and weekends.[3]

Conclusion

Obesity is a complex problem that has been worsening for the past 30 years. Many factors contribute to the present reality that nearly two-thirds of Chatham County adults and one-third of Chatham County children are overweight or obese. Fortunately, there are evidence-based strategies that can be implemented to try to reverse the obesity problem.

The obesity recommendations in this report were compiled by the staff of the Chatham County Public Health Department based on the stakeholder meetings and in depth research on the problem of obesity and evidence-based strategies to address the problem. The recommendations offer multi-level approaches to the complicated obesity problem. Implementation of a combination of projects would create an environment that fosters healthy lifestyle choices for Chatham County residents.

On behalf of the stakeholders and Healthy Chatham, the recommendations included in this report will be forwarded to the Board of Health and the Board of Commissioners for funding and policy consideration.

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Appendices

Appendix A

2009 Obesity Prevention Retreat Meeting Notes

July 29th

Breakout Session #1: Inventory of Current Activities

Physical Activity	Built Environment	Nutrition

• Child Care Network- Playground design/training in physical activity w/ childcare providers
• Smart Start- NAPSAC (evidence based), physical activity and nutrition with child care centers
• Health Department: LIGHT Way, Team FIT, FIT Families, DTF (diabetes task force)- assistance in expertise, J2J (journey to Jerusalem, Staff wellness, Eat Smart, Move More, Active Chatham, Reindeer Run, Playground in Goldston, Playground in Pittsboro, Town Lake Park trails
• Pittsboro greenway
• S.C. Senior Center trail
• Special Olympics- weekly dance and sports practice
• American Tobacco Trail (Chatham) TRTC- Deep River Trail
• POD- prevents obesity by design
• Northwest Park (Parks and Rec)
	• Park development with PBO Parks and Rec.
	  o Powell Place
	  o Park @ 3M land
	• Pedestrian Plan
	  o Completed and approved by commis.
	  o Looking for funding to find priorities Id'd
	  o Town of Pittsboro- promotion; media included in their plan
	• PBO gave public access to sewer lines for walk/bike not developed but the potential exist to interconnect the town
	• Walkable but not publicized
	• County - Jordan Lake (Big Woods Park), NW Park
	• Master plan for county recreation (Sent to economic development board/committee for review
	• Siler City- Greenway committee (Sent recommendations for greenway plan, have been passed to town planner
	• Proposed plan to focus on small
		• Backpack program (helps children on free and reduced lunch)
		• CORA Food Pantry
		• Gardens w/in neighborhood (sharing of the food w/in the community
		• Color Me Healthy- 2-5 years old (Coop. Ext. & CCN)
		• More farmer's markets
		• Too much fast food
		  o People previously ate @ home, now fast food places are packed
		• Cost of eating healthy
		  o Some- expensive (esp. if on fixed income)
		  o Some- not costly
		• Guidelines from the state
		  o Childcare (nutrition)
		• Concerns about what schools are servings
		• Haw River "Health Warriors Ministry"
		  o Body and Soul Program (Increase fruits/veggies)
		• Documentaries

<u>Community/Local</u> • Shagging line dancing (General Store) • Fearrington- bocce, biking, pool, etc. • Camp Royal • Gyms/Fitness Centers <u>Parks and Rec.</u> • Sports and athletic prog. • Day camp • SW Park, ballfields • NE Park design • NW Park design <u>YMCA</u> • Fitness facility • Itty-bitty sports • Soccer, t-ball, baseball • Summer day camp, Camp Wannago • Partnership for Children • Afterschool design • Active in schools <u>School System</u> • Staff wellness • Physical activity integrated • Developing community wellness centers a schools • Physical activity built into day • Sports programs <u>Council on Aging</u> • Fitness facility and classes (SC & Pboro) • Yoga, Tai-chi • Senior Games (Spring) 55+	communities- They have assoc./groups that are committed to the community, potential resources for involving in future plans • Silk Hope- Ruritan club plans to build heritage center • County Sustainable transportation planner, beginning stages (includes bicycle & pedestrian aspect of it) • Land use plan was designed to be smart growth (green sprawl?) • County supportive of sustainable development (housing & industry) • Chatham County Fairground wants to build a "historical trail" around area • Sustainable agriculture at CCCC including public policies • Planning and design for healthy eating	o Growing organic foods o Nutrition • Faith-based Health Initiative o Focusing on nutrition o LIGHT Way Program • Cooperative Extension • CCCC- Culinary arts program • Eating seasonally from gardens • Vending taken out of schools • Increase fruits and veggies • Children & child care o NapSack program (Edna) o Smart Start/Partnership for Children • Child Care Network o Child Care & Adult Food Program • Governmental responsibility to nutrition

• Two walking trls. • Monthly dance		

Breakout Session #2: Gaps and Overlaps

Physical Activity	Built Environment	Nutrition
• Town/school partnerships, hard to work w/ schools (some are not always open)- public access to facilities- design school w/in community for joint use including public • PA integrated into our daily lives (safe connections) • Staff time allocated to all these issues • Group of origination citizens to promote change issues • Thinking outside the box- looking into the community for answers • Fear- irrational, i.e not safe to walk, bike, etc. • New library causing trail to be closed- what are the options? • Parking @ parks- costs of programs? Access • How can we get after school programs? • Are we missing middle schoolers? • Need to put more information out in the community @ how to include PA into daily activity • The things we already do	• No cohesion between these groups (maybe need to work together) • Allowing private developments to have private rec., maybe they should be required to be public or support public rec. • Are these groups having public health representation when they make their plans? Is the health aspect being taken into account? Are we looking at the connection between health & community design • What knowledge do individuals on these committees/groups have? Maybe we need an inventory of the knowledge of these individuals • It has been a growth vs. non-growth debate, needs to be focused on quality of life overall & health as part of that • Missing the conversation @ how people are going to live & impact on lives • No zoning county wide (except Siler City, no zoning western part) • Enhancing what is already there, not	• How to improve school lunches, affordable, tasty • Schools- disconnect b/t admin & public • Work w/parents to educate @ nutrition • Inventory of effective programs • Programs looking at young adults (middle age) • Helping healthy food providers increase access to population • Are we using our resources efficiently • Behavior modification (individual level) • Awareness of resources • Motivation- how to motivate ppl? • Cost of attending programs- as well as time (other responsibilities) • Elderly/shut in that cannot get out of home, age • Transportation • Knowing whether or not these programs have an impact on individuals?- cost benefit analysis • Location/knowing the resources w/in the county (ex. North Chatham)

• Incentivize the PA choice • Pay attention to issues so you can make the connections • More work in the schools • We don't understand how all areas are connected, ex. KFC commercial • Don't coordinate on discussion or talk about what's happening (obesity) • Money is power • Educate the community about quality of life and quality of health • We don't use our power • We adhere to the social norm, too hard to disassociate • Political, financial, tax based, norms • Influence from media- utilize social marketing campaign • Eat the way raised to eat (unhealthy) • Communication • Culture- social norms, priorities • How do we evaluate health norms, beauty • Successful statewide campaigns- targeting obesity • How to serve population, coincidence in most programs, we all have the same objectives/target and priorities • Finding bridges in between programs • Funding programs that aren't sustainable, takes away from the successful ones	just looking at new things • Equity and environmental justice • Non-traditional work environments (ie telecommuting) • Include infrastructure in conversation @ development • Know what community is • More interaction between towns and county • Include public health in planning (ie public health reps on planning board) • Getting health into land use plans, etc. i.e. "Healthy General Plans" from CA, when school site selection site selection plans • Educate the public and the people involved about the connection between built environment and health • Need a broad coalition to work with agencies to address health issues	• No. 1 place/inventory of ALL if not most resources- availability? • Planning process of various developments w/in county • No year round swimming facility • Usage of school buildings- schools sys. Issue w/ recovering cost • Need more coordination amongst programs/services w/in county • People knowing where to find nutrition programs services • Poor coordination of some of the programs • Access/Transportation • Education-how to read labels • Organic/Nonorganic foods • Portion sizes

Breakout Session #2: Coordination?

Physical Activity	Built Environment	Nutrition
• Put together all that we do, ex.- kitchen to prepare meals for childcare programs • CCCC- culinary program- ask for integrating in other programs interested in targeting obesity • Restaurant (convenient) w/ healthy options only • Employee incentives, more lenience • Engaging businesses	• Mixed needs • Notice connections, that you get multiple benefits • Work from the bottom up (utilizing local groups) • Include communities in decisions and programs • Public education side	• More meetings like this one today • Inventory (countywide) • Support from legislators • Discounted membership for recreational facilities • Countywide "Fitness Day" • Coordinate more w/ other programs • Word of mouth • Schools/churches • Websites • Media- radio, newspaper • More networking opportunities • Umbrella organization (ex. Child nutrition/ adult nutrition)

Additional Programs Discussed in Large Group after Session #1:

- Healthy Food Policies for organizations
- Map of "all" physical activity areas in Chatham County
- Sustainable agriculture community, "Economic Dev. Cluster"
- Where's the bike map?
- Are we doing serious PE in the schools?- This year we'll be integrating activity throughout the school day
- Walk to schools policies?
- YMCA programs
- Other places have "Walking School Bus"
- Health Department Nutritional Counseling
- NC DOT has walk to school staff/safe routes to schools

- Community garden @ Siler City school (SAGE)
- Fairgrounds garden
- Junior Chef Program- Cooperative Extension
- Eat Smart Move More, Weigh Less, NC DOH and Cooperative Extension
- Teaching people how to cook- Cooperative Extension
- Dining w/ chronic illness- Cooperative Extension
- Food conservation/preserving- Cooperative Extension
- Nutrition List serve- Cooperative Extension
- J.S. Waters school rowing- Cooperative Extension
- Youth in Motion- Cooperative Extension
- 4-H After school- Cooperative Extension
- Using volunteers for physical labor = activity
- Funding resources far better/healthier foods?
- Unofficial groups- running/swim/run, 30 people!!!
- How well utilized are all these programs? Info? Expand capacity?
- Equity: locations, access, affordability
- Spend more on programs that work? Less on those that don't
- School athletics: for a small minority and not educating rest of us
- Two worlds

Common Themes in Discussion Groups

Gaps and Overlaps

- **Town/Facility Partnerships-** Open up facilities for public use
  Feedback from meeting: Public access to school facilities, disconnect between administration and public, usage of school buildings, private developments w/ private recreation

- **Coordinating Programs-** Work with other groups on obesity prevention efforts
  Feedback from meeting: Find bridges between programs, no cohesion between groups, coordinate groups, coordinate amongst programs and services within county, poor coordination of some progress, inventory of what works

- **Educate Community-** Get information to the public about the importance of healthy lifestyles.
  Feedback from meeting: More information to community about how to include physical activity in daily activity, safe routes, social marketing campaigns, work with parents to education about nutrition, knowing about resources within county, educate community about quality of life and health

- **Populations-** Work with elderly, disabled, middle schoolers, and after-school programs

- **Funding-** Find additional funding for programs
  Feedback from meeting: Money is power, fund sustainable programs

- **Connection Between Public Health and Community Design-** Focus on communities that encourage healthy lifestyles
  Feedback from meeting: No zoning county-wide, More interaction between town and county, include infrastructure in conversation about development, planning process of various developments within the county

- **Enhance What is Already There-** Support existing programs
  Feedback from meeting: Help healthy food providers increase access to populations, using resources efficiently?

- **Cost-** Cost to people to participate in programs
  Feedback from meeting: Time, priorities, financially, transportation

Better Coordinated

- **Put Together All We Do-** example: kitchen prepare meals for childcare programs, integrating in other programs interested
- **Utilize Local Groups-** Include communities in decisions and programs
- **Support-** From legislators and businesses
- **Getting the Word Out-** Word of mouth, schools/churches, websites, newspaper, radio, networking
- **Incentives-** To get people to be active

Appendix B
2009 Obesity Prevention Retreat Meeting Notes
October 14th

Priorities

Physical Activity	Built Environment	Nutrition

• Physical activity and nutrition opportunities, Color Me Healthy
• Train the teachers to use energizers in classrooms (integrated PA), resources available
• More structured in PE in schools, encourage active lifestyles, get all kids in class active
• Incorporate PA ideas in after school program (414 kids)
• Work w/ teachers to increase PA opportunities in schools
• Community support and social marketing campaigns (Change thinking)
• Work w/ school leaders to create healthy school envmts., develop plan
• More health ministries in county churches
• Health buddies- Comm. Guide, social support
• Grocery stores in communities
• Sidewalks linking to parks, stores, etc.
• More cooperation between schools and
	• Including public health in planning (i.e. land use, town, etc.)- link a number of strategies to this in any priority/strat. This should be included
	• Zone for mixed use.
	• Infrastructure to support walking including green ways, trails related to mixed use, including health in planning
	• Safety and walkability go hand in hand
	• Infrastructure sup. Bicycling- including greenways and trails
	• No improving roads w/o sidewalks
	• Implementing complete streets and road policy/resolution/standards
	  o Not complete unless all users are included in planning to the degree that difficulty b/c county doesn't have "road" authority the county can do
	• Who would do this- the Planning Board would recommend to the BOC
	  o When repave roads include this
	  o i/e, the Parks Board made sure SW were included @ the library
		1. Encourage healthy foods
		  a. Discourage unhealthy foods. (the availability) road signs
		2. Increase access to healthy foods (in general)
		  a. Locally grown foods (strategy)
		3. Community gardens
		  a. Schools, daycares, churches, etc.
		4. Increase education about healthy foods
		  a. Access ⇧
		  b. East seasonally
		  c. Portion size/ control (pg. 11 MMWR)
		5. Discourage consumption of sugar sweetened beverages.
		6. Encourage breastfeeding.
		7. Encourage consumption of locally grown food.
		8. Affordability of healthy food.
		
		Top Priorities
		1. Increase consumption of healthy foods within schools and childcare.
		2. Increase nutrition education in

public to use facilities after hours (some movement)

1. Encourage bike or walk to school where accessible

Top Priorities

1. Schools as centers for healthy promo. In communities
    a. More cooperation b/w schools and public for facilities
    b. Professional development for PE teachers, ensuring funding
    c. Encourage bike or walk to school where possible
    d. More PA in after school programs, more structure
    e. Promote more energizer use in schools
    f. Color Me Healthy
    g. Work w/ school leaders to create healthy environments
2. Churches
    a. Expand programs (LIGHT Way)
    b. Assessment to find out needs
3. Community wide social marketing- Chatham County Shrink Down
    a. Change beliefs in population
    b. Medical comm. on board

Coordination

- Bring people together to discuss
    - However doesn't address mixed use development
- Permanent structures for Farmer's Markets
    - Strategy 5 in MMWR links back to the health planning
    - Downtown Farmer's Markets (weekends)
    - Bring FMs to small rural communities
- County land that is not bring used can be used for community gardens
- Planning for small farm subdivisions
- Every school in the county should have a garden
- School site selection- safe routes to school
    - All kids that live within a specified distance to school should be able to walk to school, related to strat. 23
    - Addressing safety first is important
- What can we do to address the availability of healthy foods in existing food venues (i.e. convenience stores)
- Position healthy foods in stores
- Advertise in stores the healthy foods
- Tie shopping to healthy eating
- Work w/ PTA what is the policy for the money you get from grocery stores
- Shared use of facilities to increase

Chatham County

3. Discourage consumption of unhealthy foods and beverages in the community.
4. Increase consumption of locally grown foods. (within the community)
5. Increase breastfeeding.
6. Increase access and affordability to healthy foods

Coordination Among Groups

1. Recommendation of a "Nutrition Task Force"
    a. Consist of those who have a focus/strong interest in nutrition
2. Shifting/reorganization/prioritizing w/in the HD to address nutrition; grant $, etc. (HD take lead
3. Include community members in planning process (all ages)
4. Identify the players are for each priority and strategies and get them together.
5. List serve/Blog/Email/Electronic communication
6. H.D. to take lead and fund
7. Champion take lead and fund
8. Long-term plan

obesity efforts o Keep meeting as a group (keep people updated)/ resource group • Expand diversity of group including Hispanics and school rep., physicians, using different mediums of communication • E-newsletter about obesity prevention efforts (2X year) • Post info. @ Parks and Rec.	access c. Policy that addresses costs/liability 4. Encourage school boards to open facilities up for use 5. Needs to be communication b/t vice superintendant and principals (there is not agreement on use) 6. School board, principal, superintendant, communities should be included in a discussion on use 7. Work w/ PTAs their policies (i.e. what do they sell to raise money, what do they spend their money on) 8. Connecting the recreation facilities that exist **Top Priorities** 1. Active transportation a. Enhance infrastructure for active transportation b. Complete streets- safe routes to school- connecting of all forms of activities 2. Including Public Health in Planning a. Comprehensive planning- school site selection and co/action of facility b. Land use planning- incentives to encourage public use of private facilities (i.e. neighborhoods)	

	3. Improve access to fresh healthy foods a. Structures for Farmer's Markets- permanent or mobile b. Community and school gardens HM. Shared use of facilities **Coordination** • Communication of current efforts/programs, etc related to obesity (i.e. let the boards you are on know what is happening) • 1 overarching group that oversees? Acts as advisory (not really)? • Make sure that key stakeholders are included in this o i.e. someone from planning, schools, public health department, rec., hospital o Could be an advisory board incorporating all organizations involved • Webpage committed to advertising obesity reduction efforts in the county • Social Marketing Campaign o Organizations that are working on issues are used, i.e. article "What is _____ doing on obesity", Chatham Challenge, Organization Challenge, Public Health Dept., Active Chatham, Co. Op Ext.	

Common Themes among Priorities

- **Community Social Marketing Campaigns**- Chatham County Shrink Down, change thinking and beliefs of population
- **Infrastructure to Support Healthy Lifestyles-** Sidewalks, greenways, complete streets, etc. that link to promote walking and safe routes to schools, Farmer's Markets in different locations around the county, Community and school gardens located around the county
- **More Cooperation Between Schools and the Community-** Be able to use school facilities after hours, work with school leaders to help create a healthier environment for students

Common Themes among Coordination

- **Communicate Obesity Related Efforts Around the County**- Have this group continue to meet, form a nutrition task force, start a regular newsletter with county-wide obesity prevention efforts, bring people together to discuss obesity efforts, form an advisory group
- **New County Position Focusing on Obesity**

Appendix C

2009 Obesity Prevention Retreat Meeting Notes
December 1st

Small Group Discussion

Infrastructure to Support Healthy Lifestyles	Communicating Obesity Related Efforts	Schools and Community
Healthy Eating **Objective 1:** Increase access to affordable healthy foods in retail establishments. A. Grocery stores B. Conv. Stores/Corner stores C. Other stores selling foods **Partners:** Store owners/emp., customers, Chamber of Commerce, Economic Development, Planning Board, Farmers, Chatham Together/JOCCA/Family Resource Center, agricultural people, food distribution companies, WIC, CORA/other food pantries, faith community **Objective 2:** Establish a food policy council for Chatham County, NC - Appointed by the County	**Goal** Determine and form structure of group within existing structure or independently. **Objective 1:** By February 28, 2010, identify and engage all individuals/groups/orgs. And get written commitment to participate in a reducing obesity coalition that focuses on PA, nutrition, and built environment. **Strategies:** 1. Advertise coalition in local media-newspaper, radio, internet 2. Retreat participants actively solicit partners from schools, churches, food pantries, businesses, etc. 3. Develop a coalition outline (purpose, goals, meeting plan, etc.)	**Goal 1** By 12/31/2010, one coalition/committee with a broad representation (i.e. community agencies, school reps, etc.) established to coordinate school and community efforts. **Goal 2:** By 12/31/2020, reduce obesity by 10% in Chatham County Schools. **Objectives:** 1. By 12/31/2020, 100% of elementary schools in county have school gardens 2. By 12/31/2020, 100% of schools have wellness program for staff. 3. By 12/31/2011, implement baseline screening (BMI) of all K school children 4. By 12/31/2010, develop education/training program for school

Commissioners (Accountability) **Objective 3:** Support access to affordable foods @ local farmers markets and community gardens, CSAs **Physical Activity** **Objective 1:** Establish a health section in the comprehensive plan to increase access to affordable healthy foods and opportunities to active lifestyles. **Objective 2:** Establish a public health position on the Planning Board of the county municipalities. (As a voting member.) **Partners:** Developer, Agricultural Business Council, Planning Depts., Elected officials, Active Chatham, Healthy Chatham (Obesity TF), P & R (Chatham County), Towns- Pboro, Siler City (P & R), school system, Parks Foundation, Environmental Review Board, Friends of Haw River, Abundance Foundation **Objective 3:**		staff to encourage adaption of recommended policies. 5. By 12/31/2015, all K-8 schools will meet national standards of 60 minutes of physical activity a day. 6. By 12/31/2015, four credits of health and PE will be required to graduate H.S. 7. By 12/31/2015, at least one teacher from each school is a certified health teacher. 8. By 12/31/2010, 100% of health education classes are stand alone (not combined with PE) 9. By 12/31/2011, one policy encouraging access to indoor/outdoor facilities 10. By 12/31/2010, 100% of PTAs have wellness committee. 11. By 12/31/2015, district wide coordinated school health implemented in Chatham County. **Strategies:** 1. Research what schools are doing, best practices. E.g. Chatham Schools Food Initiative 2. Identify key stakeholders for committee 3. Work with the coordinated school health planning initiative. 4. Work with child nutrition director

Support the development of a countrywide greenway system **Objective 4:** Increase access to existing facilities for physical activity (ex. Schools, centers, etc.)		**Partners** CCCC Culinary school, sustainable Ag., Child Nutrition director, Parents, PE teachers, Parks & Rec, Y, Pediatricians, other health care providers, BCBS, school board, Commissioners, Triangle Land Conservancy, other nature/outside organizations, Active Living by Design, 4H/Ag. Ext., businesses- perhaps even outside of the county, UNC, Chatham Hospital **School Health Champions** Ellie, Bruce, George, Debbie Roos?, Debbie McKenzie? (School Nutrition Director), Child Care Networks reps?, Eric Montross, local high school star athletes, (Eric Montross and local high school star athletes for social marketing)

<u>Common Themes among Priorities and Coordination</u>

- **Community Social Marketing Campaigns**- Chatham County Shrink Down, change thinking and beliefs of population
- **New County Position Focusing on Obesity**

These two items were not discussed by groups in detail.

Wrap Up Discussion

- Consider integrating all the "councils" across the 3 small groups' work products.
    - Food Policy Council
    - School Health Advisory Council
    - Reducing Obesity Coalition
        - Stakeholders
        - Organizational home
        - Task groups
        - Communication strategy
        - What resources needed?
        - Go to BOC
    - Local Foods Advisory Council (Cooperative Extension)
    - Recreation boards
    - EDC's sustainability
- Seek grants
    - County has full time writer
    - County to sustain effort matching funds

Report

Add price tags and data.

1. Draft
2. Review

3. Revise
4. Board of Commissioners’ Retreat
5. BOC Process- stakeholders speak

r

Appendix D
List of Obesity Prevention Retreat Meeting Attendees (Attended at least one meeting)

Name	Organization
1. Megan Bolejack	Chatham County Public Health Department
2. Phil Bors	Community Member
3. Tracy Burnett	Chatham County Parks and Recreation
4. Bill Bussey	Chatham County Parks and Recreation
5. Rebecca Chasnovitz	University of North Carolina-Chapel Hill
6. Holly Coleman	Chatham County Public Health Department
7. Al Cooke	Chatham County Cooperative Extension
8. Alane Coore	United Way of Chatham County
9. Deborah Day	Chatham Partnership for Children
10. Joseph Ellen	Chatham County Special Olympics
11. Kelly Evans	Chatham County Public Health Department
12. Vanessa Farrar	Chatham County Public Health Department
13. Wanda Fearrington	Community Member
14. Erika Gabriel	Chatham County Public Health Department
15. George Gregor-Holt	Chatham County Schools
16. Harvey Harman	Walk Softly, LLC
17. Lindsay Hickling	Chatham Council on Aging
18. Marissa Jelks	Chatham County Public Health Department
19. Njathi Kabui	Walk Softly, LLC
20. Jim Kurz, MD	Chatham Crossing Medical Center
21. Madeline Mason	Community Member
22. Pam McCall	Chatham County Public Health Department
23. Debbie McKenzie	Chatham County Schools
24. Genevieve Megginson	Chatham County Partnership for Children
25. Jane Miller	Chatham County Board of Health
26. Ellie Morris	Chatham County Public Health Department
27. Bruce Murray	Chatham YMCA
28. Marianne Nicholson	Chatham County Partnership for Children
29. Renee Paschal	Chatham County Manager’s Office
30. Amy Rabb	Childcare Networks
31. Debbie Roos	Chatham County Cooperative Extension
32. Phyllis Smith	Chatham County Cooperative Extension
33. Fred Sparling, MD	Community Member
34. Jeffrey Starkweather	Community Member
35. Carla Strickland	Chatham County Public Health Department
36. Tonya Stokes	Chatham Hospital
37. Sybil Tate	Chatham County Manager’s Office
38. Cynthia Van Der Wiele	Chatham County Sustainable Communities Development
39. Kelcy Walker	Chatham County Public Health Department
40. Edna Williams	Chatham County Public Health Department