

What does a healthy, active Arkansas look like? It's a state in which all of our citizens enjoy access to wholesome foods and opportunities for fun, exertive activities.

SINGLE, OVERARCHING GOAL

To increase the percentage of adults, adolescents, and children who are at a healthy weight.

THE FRAMEWORK

The framework is built around **nine priority areas** modeled after the Institute of Medicine goals outlined in their 2012 report *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation*:

1 PHYSICAL AND BUILT ENVIRONMENT: Encourage all stakeholders to create livable places that improve mobility, availability, and access within the community where they live, work and play.

2 NUTRITIONAL STANDARDS IN GOVERNMENT, INSTITUTIONS, AND THE PRIVATE SECTOR: Ensure uniform access to healthy foods and beverages to consumers in government, institutional and private sector settings.

3 NUTRITIONAL STANDARDS IN SCHOOLS—EARLY CHILD CARE THROUGH COLLEGE: State and local governments, early child care providers, school districts and colleges will provide food and beverages that align with the Dietary Guidelines for Americans and promote health and learning.

4 PHYSICAL EDUCATION AND ACTIVITY IN SCHOOLS—EARLY CHILD CARE THROUGH COLLEGE: State and local governments, early child care providers, school districts and colleges ensure that all students have opportunities for daily physical activity and quality physical education that promotes healthy lifestyles.

5 HEALTHY WORKSITES: Worksites will establish healthy environments that promote good health through prevention, reduce health care costs associated with chronic illness and disability, and improve employee productivity.

6 ACCESS TO HEALTHY FOODS: State and local governments and other stakeholders will promote education, public policies and access to affordable healthy foods for all Arkansans.

7 SUGAR-SWEETENED BEVERAGE REDUCTION: Decision-makers in the business community/private sector, non-governmental organizations, educational institutions and at all levels of government will adopt comprehensive strategies to reduce overconsumption of sugar-sweetened beverages in worksites, public places, recreational facilities and schools.

8 BREASTFEEDING: Women, health service providers, employers, communities and other key stakeholders will adopt, implement and monitor policies that support and increase the proportion of mothers who initiate and continue optimal breastfeeding practices.

9 MARKETING PROGRAM: Develop and implement a robust, sustained and culturally appropriate targeted communications and marketing program aimed at changing norms and behaviors with respect to physical activity and nutrition.

WHO SHOULD USE THE FRAMEWORK? Anyone can! Examples include:

- Businesses/employers
- Local and state governments
- Parks and recreation
- Chambers of commerce
- Professional organizations, nonprofits, foundations, and service groups
- Health care systems and providers
- Religious and faith-based organizations
- Transportation/city/urban planners
- Schools, colleges, and universities

ARKANSAS PORTRAIT

35.9%
(+ / - 2.1)

In 2014, Arkansas become the **most obese state in the nation**, according to a report from the Robert Wood Johnson Foundation and the Trust for America's Health.



- Nearly 760,000 adults in Arkansas are obese.
- Nearly a quarter million adults in Arkansas have diabetes and 85% of diabetics are overweight.
- \$1.25 billion of annual expenditures in Arkansas are attributable to obesity.
- The cost of diabetes in Arkansas for 2007 was estimated at \$1.4 billion.

Reducing the average BMI of Arkansans by only 5% could lead to health care savings of more than **\$2 billion** in 10 years and **\$6 billion** in 20 years, while also preventing thousands of cases of stroke, coronary heart disease, type 2 diabetes, hypertension and cancer.



Obesity causes or exacerbates numerous chronic diseases & conditions, including:

Cardiovascular disease
Type 2 diabetes
Various cancers
High blood pressure
Hypertension
High cholesterol
Stroke
Liver and gallbladder disease
Arthritis
Asthma
Metabolic syndrome
Sleep disorders
Depression

VIEW THE FULL PLAN: healthyactive.org

ACTION PLAN

Step 1: Outcome and Success

What is our desired outcome?

To survey existing snacks available in a space in my sphere of influence and to make recommendations for improving access to healthy options.

How will we know we are successful?

- 1) At least 50% of snacks available in vending machines and/or snack stations will be low/no sugar, and low fat.
- 2) Non-sugar-sweetened beverages will be readily available at an equal or lesser price than SSBs.

Step 2: Considerations

What are our opportunities/motivators?

Staff will have easy access to healthy food options, demonstrating organizational support for overall health.

What are our barriers?

Some staff members may be resistant to the perceived imposition on their snack choices.

Healthy snack choices may be more expensive, making them less popular and accessible to all.

Step 3: Key Stakeholders

Who is the strategic lead?

Office Manager

List their contact information:

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Who do we need buy-in from?

- 1) Building management
- 2) Chair of staff engagement committee
- 3) Snack machine vendor

Who are the resisters?

- 1) Soda addicts
- 2) Makers of insulin

Step 4: Final Strategic Plan (High-level)

I will ask my Office Manager to review current snack options available in our vending machines and make changes to ensure that healthy snacks are available in even numbers to unhealthy snacks. I will also ensure that bottled water is available in equal quantities at a lesser price than sugar-sweetened beverages.