

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](http://healthyactive.org)

## ACTION PLAN

### Step 1: Outcome and Success

What is our desired outcome?

To motivate community collaboration around physical activity through applying for and attaining a grant through the AR Dept of Education Joint Use Agreement funding program.

How will we know we are successful?

1) My school will apply for and initiate a collaborative sharing agreement with the local community center to give the students access to a swimming pool and indoor exercise equipment.

### Step 2: Considerations

What are our opportunities/motivators?

Students have limited opportunities for indoor exercise, and the proximity of the community center makes it a good option for them to utilize.

What are our barriers?

Currently, many students cannot afford the fees charged by the community center and therefore don't have access to the resources there.

### Step 3: Key Stakeholders

Who is the strategic lead?

My physical education teacher and/or school counselor.

List their contact information:

Craig Wilson

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Who do we need buy-in from?

- 1) Parents
- 2) Teachers
- 3) Dept of Ed School Health Office

Who are the resisters?

- 1) Community members who don't want to share the space.
- 2) Teachers who think we should build our own exercise resources.

### Step 4: Final Strategic Plan (High-level)

I will ask my PE teacher to work with my school counselor to apply for a Joint Use Agreement grant from the Arkansas Dept of Education so students at my elementary and high school can use the indoor exercise equipment at the nearby community center.

This will enable us to offer additional electives (like swimming and basketball) and will encourage increased physical activity for the students, even during bad weather when our outdoor equipment isn't usable.