

Indiana
**Healthy
Weight**
Initiative



INDIANA'S COMPREHENSIVE
Nutrition & Physical Activity Plan, 2010-2020

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For more information on the Indiana Healthy Weight Initiative or to download this document or sections of this document, please visit www.inhealthyweight.org.

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LETTER FROM THE COMMISSIONER

December 2010

Dear Partners,

The Indiana State Department of Health supports Indiana's economic prosperity and quality of life by promoting, protecting, and providing for the health of Hoosiers in their communities. Vital to that mission is our goal to improve health behaviors and reduce the incidence of obesity and chronic disease in Indiana.

Let's review the key facts about obesity in Indiana: almost two thirds of adults, about one fourth of high school students, and nearly one third of children ages 10-17 are overweight and obese. Many of us do not consume the recommended amounts of fruits and vegetables or engage in the recommended levels of physical activity to maintain a healthy weight and overall good health. Our communities are unhealthy, too. Access to cheap, high-fat, sugar- and sodium-laden food is too commonplace. In addition, access to safe places to walk, bicycle, and simply play are not available or difficult to find.

The good news is there have been state and local efforts implemented in the last few years to address obesity and remove the barriers to healthy eating and physical activity. The launch of Governor Mitch Daniels' health initiative, INShape Indiana (INShape), in July 2005 was a key milestone in Indiana's efforts to encourage Hoosiers to eat healthy, move more, and avoid tobacco. Under the leadership of the Governor, Indiana also published its first trails and greenways plan, *Hoosiers on the Move*, in 2006. The plan seeks to unite current trail systems and build new trails, putting every Hoosier within 15 minutes (7.5 miles) of a trail opportunity.

With these efforts still going strong, in 2008, we came together to develop *Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020*, a collaborative effort involving a large and diverse group of individuals and organizations located throughout Indiana. This Plan provides the bold and dynamic framework for action needed across all sectors of Indiana to address poor nutrition, sedentary behaviors, and obesity. We focus on approaches that target the specific needs of Indiana and support the latest research for improving nutrition and increasing physical activity. This Plan consists of eight focus areas: breastfeeding, early childhood/child care, schools, health care, worksites, older adults, faith-based organizations, and communities.

Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020, provides the opportunity for all of us to work together to alter the course of health in our state so that all Hoosiers can be healthier, happier, and more productive. The Plan's strategic approach will require commitment and engagement from all of our partners, including you. I look forward to working with you to improve the health of Indiana.

Sincerely,



GREGORY N. LARKIN, M.D.
STATE HEALTH COMMISSIONER

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EXECUTIVE SUMMARY

Over the past three decades, the impact and prevalence of overweight and obesity among people have increased at an alarming rate in both Indiana and the nation. The obesity epidemic is real. In Indiana, 29% of adolescents and 65% of adults are overweight and obese.^{1,2} Poor nutrition and sedentary behaviors are contributing to this epidemic. In Indiana, only 41% of adolescents and 64% of adults meet the recommended levels for physical activity.^{1,2} There has been little success to increase fruit and vegetable consumption—16% of adolescents and 21% of adults consume the recommended servings of fruits and vegetables.^{1,2}

Many factors lead to being inactive, eating poorly, and obesity and chronic diseases. While it is true that, overall, the residents of Indiana often fail to eat the recommended number of fruits and vegetables or meet the recommended amount of daily physical activity—two behaviors directly linked to weight and overall good health and well-being—many other factors impact weight. The places where we live, learn, work, and play influence whether or not the healthy nutrition or physical activity choice is even an option. How can people eat fruits and vegetables if they live in a neighborhood without access to grocery stores or farmers' markets? How can people get enough physical activity if half of their day is spent in a setting—be it child care, school, or work—with environments and systems that do not support physical activity? How can mothers continue to breastfeed if workplaces fail to offer the facilities or social environment that allows them to continue?

Now, more than ever, Indiana is positioned to address fully the larger policy, environment, and system factors that make healthy eating and active living possible. The Indiana Healthy Weight Initiative is Indiana's public health response to the growing need and desire for more communities and settings that support good nutrition and physical activity for all of Indiana's residents. The Initiative seeks to enhance the health and quality of life for all Indiana residents by promoting good nutrition, regular physical activity, and a healthy weight through policy, environment, and lifestyle change.

By building on the state's previous efforts while creating new partnerships, the Indiana Healthy Weight Initiative Task Force was established. The Task Force is a diverse group of stakeholders positioned throughout Indiana, representing nutrition, physical activity, transportation, academics, business, professional organizations, and state and local governments. Since December of 2008, the Task Force has been working to develop *Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020*, and to create the infrastructure to support the Plan's implementation and evaluation. Using professional and personal resources and the Initiative's speakers bureau and Website, the Task Force and a growing network of additional partners have developed the framework for what needs to be done across all sectors of Indiana to address poor nutrition, sedentary behaviors, and obesity with an intensity and reach never seen before in Indiana.

The ultimate purpose of the Plan and the work of the Task Force and other partners is to achieve six goals:

- Increase access to and consumption of healthy foods and beverages.
- Increase opportunities for and engagement in regular physical activity.
- Increase efforts aimed at enabling people to achieve and maintain a healthy weight across the lifespan.
- Reduce environmental and policy-related disparities for breastfeeding, nutrition, physical activity, overweight, obesity, and chronic disease.
- Increase the capacity of communities and settings within those communities (e.g., schools, worksites, faith-based organizations, etc.) to develop and sustain environmental and policy support systems that encourage healthy eating and active living.
- Increase state and local strategic partnerships to more effectively coordinate efforts, share resources, and identify and reach priority populations.

The Initiative will measure progress towards achieving these goals by tracking improvements in the following overarching objectives based on decreasing the prevalence of obesity in Indiana and fostering improvement in the national priority target areas:

Healthy Weight and Obesity

- Increase the percentage of adults who are at a healthy weight from 35% to 38% by 2020.
- Increase the percentage of high school students who are at a healthy weight from 71% to 76% by 2020.
- Decrease the percentage of adults who are obese from 30% to 25% by 2020.
- Decrease the percentage of high school students who are obese from 13% to 10% by 2020.

Physical Activity

- Increase the percentage of adults who meet the recommended amounts of physical activity per day from 64% to 68% by 2020.
- Increase the percentage of high school students who meet the recommended amounts of physical activity per day from 41% to 55% by 2020.

Fruit and Vegetable Consumption

- Increase the percentage of adults who eat the recommended amounts of fruits and vegetables per day from 21% to 24% by 2020.
- Increase the percentage of high school students who eat the recommended amounts of fruits and vegetables per day from 16% to 21% by 2020.



Breastfeeding

- Increase the percentage of mothers who breastfeed their babies from 71% to 75% by 2020.
- Increase the percentage of mothers who breastfeed their babies exclusively at 3 months from 29% to 40% by 2020.
- Increase the percentage of mothers who breastfeed their babies at 6 months from 38% to 50% by 2020.
- Increase the percentage of mothers who breastfeed their babies at 12 months from 17% to 25% by 2020.

Sugar-Sweetened Beverage Consumption

- Decrease the percentage of adults who drink 1 or more sugar-sweetened beverages per day from 69% to 59% by 2020.
- Decrease the percentage of high school students who drank a can, bottle, or glass of soda or pop 1 or more times per day during the past 7 days from 30% to 22% by 2020.

The overarching objectives will be achieved by addressing the contexts in which people engage in these behaviors. The Plan includes an additional 50 objectives that address improving the policies, environments, and systems that can positively

influence nutrition and physical activity. The Plan organizes the objectives based on the setting they affect—child-care settings, schools, health care facilities, worksites, faith-based settings, and communities, with special sections related to older adults and breastfeeding. As a whole, the objectives seek to increase access and awareness and to change policies and environments to support the occurrence of healthier behaviors. A set of strategies that partners across Indiana can do accompanies each of the 50 objectives. The strategies include conducting assessments, increasing awareness, changing policies, creating healthier environments, developing partnerships, and advocating for improved policies and practices.

Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020, is a call to action for individuals and organizations to collaborate and coordinate efforts to reach a common vision—an Indiana where *all* residents practice and enjoy a lifestyle of healthy eating and physical activity within an environment that supports health, wellness, and vitality. The Plan will require the efforts and resources of many. As people who care about the health of Indiana's residents and about the health of our communities, let us all work together to achieve the goals of this Plan. Together, we can realize our vision of all residents enjoying the benefits of a more active and healthy Indiana.



INTRODUCTION

Our Challenge

There are still some who think the obesity epidemic has been blown out of proportion; yet as the facts have unfolded over the last 20 to 30 years, the reality is that our collective weight status as a state and nation has been slowly and dangerously inching up and spreading year after year, almost as if it is infectious. There is no boundary. Regardless of age, race, gender or income, this issue has engulfed all population groups. As is often the case, the risks are much greater for our most vulnerable and disadvantaged residents. With the *majority of our population either overweight or obese* and those who are not struggling to maintain a healthy weight, we are at risk of becoming a state with a burden so great that it will cripple our productivity, severely impact our economy, and completely change our quality and way of life. The epidemic is real. What has been “out of proportion” is the insufficient response to addressing the magnitude of this issue.

Although the ever-growing challenges with increasing body weight may seem to have come from out of the blue, the reality is that they have been creeping up on us for some time. In fact, the change across our population has seemed to be so gradual that, collectively, we have been lulled somewhat into a numbed state about what is “normal” or healthy. The problem goes well beyond weight status alone. Across all age groups and both genders, statewide and nationally, we have become more and more sedentary and, on more occasions than not, most of us consume high-fat, sugar- and sodium-laden food, oftentimes without even being aware of it. These habitual daily behaviors further underscore the magnitude of this health issue. Namely, in addition to the exponential risks associated with being overweight, there is also risk for those at a “normal weight” but who are physically inactive and who do not eat a nutritious diet. Carrying more weight than recommended, being inactive and eating poorly—combined *and separately—all* lead to preventable and life-threatening diseases, drastically increasing

our health care costs and, in due time, crippling our independence and quality of life. As a nation, we take pride in our independence, strength and resourcefulness. Being a captive to the ill effects of obesity is not the future any of us envisioned for our families or ourselves. *All told, this is not just about obesity prevention; it is about the overall health, well-being and future of our communities and our entire population.*

Over the last 20 to 30 years, our community environments have changed drastically. As our communities have changed, so have we. Who would have ever known that, in combination, our improved and ever-growing technologies, expanded roadways and subdivisions and access to food at all hours, along with a long list of other mostly man-made factors, would ultimately create a fertile and seemingly “contagious” environment for weight gain and poor health behaviors? Never before in our history have we faced an issue that cuts to the very core of our cherished American and Hoosier lifestyles. Driving, eating, drinking and sitting in front of a screen for endless hours are deep-seated behaviors that are central to our social and economic way of life. With ongoing assessment and analysis of the related issues, it is clear that no one factor has created this enormous and complex health burden and, as importantly, no one factor is going to reverse it.

“If you ‘go-with-the-flow’ in American society today, you will end up overweight.”

Dr. Thomas Frieden, Director of the Centers for Disease Control and Prevention (CDC)

With an overabundance of low-nutrient, easily affordable (and often “value-priced”) food, a dependence on automobile transportation and an ever-growing interest in modern conveniences that require little or no movement, the American lifestyle has tipped the scale to an unhealthy imbalance on the “in” side of the energy balance equation—more calories “in” than the number of calories “used.” As more and more of us gradually succumb to the ever-present temptations to overeat and move less, it is evident that this issue is much more than a lack of individual willpower. While some of these factors are within individual control, many are not.

The challenges and solutions to this complex issue lie in the food and physical activity choices, or lack thereof, that are available to us in our day-to-day life experiences and environments. How often do we encounter situations where there is no healthy choice available? Or, when there is a healthy option, how often is it either too hard to identify or access, too expensive, or not an appealing or safe option? What is certain is the food and physical activity choices we have largely influence the choices we make. If making a healthy choice is too hard, unappealing or, worse yet, not even available, it significantly reduces the likelihood that individuals will make a healthy choice or go out of their way to find a healthy option.

“It is unreasonable to think that people are going to change their behavior easily when so many forces in the social, cultural and physical environment conspire against that change.”

Institute of Medicine, 2000⁹

Our Charge

Although a multitude of factors influence body weight, physical activity and nutrition play a dominant role. Because active lifestyles and good nutrition not only affect body weight but also *provide essential protection against many chronic diseases on their own*, promoting these two behaviors and creating environments where they can be accomplished easily are of paramount importance. As noted by Dr. William Dietz, Director of the Division of Nutrition, Physical Activity and Obesity at the CDC, one of our primary aims must be to promote “health at any weight.” Regardless of a person’s size or weight classification, regularly participating in these two behaviors can have a substantial beneficial impact on overall health status and quality of life.

The challenge is looming. With the large majority of the population of Indiana impacted by overweight issues, poor nutrition and lack of physical activity, the magnitude of change needed to counter these harmful factors is like nothing we have ever faced before. Traditionally, programs aimed at changing individual behaviors have addressed these issues. While some programs have proven effective during the duration of the program and shortly thereafter, evidence consistently reveals that once the program ends or the funding ceases, it is very difficult for people to sustain the targeted behaviors, and, within time, most return to their prior patterns. Now, there is growing recognition that *where* people live, learn, work and play significantly impacts their health behaviors. Due to the complexity and scope of these issues, a broader public health approach is essential. Unlike health care and medicine, which focus on treating individuals, public health action focuses on *preventing* disease and *promoting* the health of entire populations and communities through policy, environment and systems change. While health care is a critical piece of the overall health system, we need a public health approach to address the complex web of social and environmental factors outside and around the individual.

What is a Public Health Issue?

An issue that...

- Affects the health, function, and well-being of entire populations;
- Threatens the well-being of communities or the social fabric of society;
- Results in chronic disability or premature death for a large proportion of the population;
- Will get worse, spread, and affect greater numbers if it is not addressed as a community responsibility.

In the past decade particularly, we have become more aware that social and physical environments and policies either directly or indirectly promote healthy behaviors or, as importantly, actually encourage unhealthy behaviors to occur. Without an accompanying change in the environment or policies that negatively influence behavior every day, it will be very difficult for individuals to accomplish or maintain positive changes in these behaviors. Given this understanding and the enormity of the health issues facing Indiana, it is clear we need an environmental and policy focus to influence widespread, meaningful and sustainable change. Dr. Dietz of the CDC captures this concept by adding that it is not only important for us to promote “health at any weight” but to “create environments where health can happen.”

While policies and environmental changes may be necessary to ensure healthy options are available, the choice will still remain with the individual. Therefore, it will continue to be important to equip individuals with the knowledge to make healthier choices as well as provide them with skills to confidently prepare and eat healthy foods and participate in active behaviors. However, providing individuals with health information and increasing their knowledge is only one aspect of behavior change. As described earlier, without a supportive environment, knowledge will not be enough to sustain these behaviors. Combined, knowledge, skills and environments are the critical factors necessary for sustainable change in health behaviors.

The concept of intervening at different levels of influence is captured and described by the Socio-ecological Model (See Figure 1).⁵ Public health practice often uses this model to assess and guide the development of interventions intended to impact complex behaviors and whole populations. This model identifies individuals at the core but aptly illustrates the layers of the larger environment and levels of influence (sectors) around the individual that make up our society. The embedded layers of influence illustrated in the model emphasize that targeting one or two levels of influence may be insufficient to forge large-scale change. Instead, there is a greater understanding that addressing related factors in each layer of influence can lead to the level of impact needed to affect change at a population level.

What is Policy and Environmental Change?

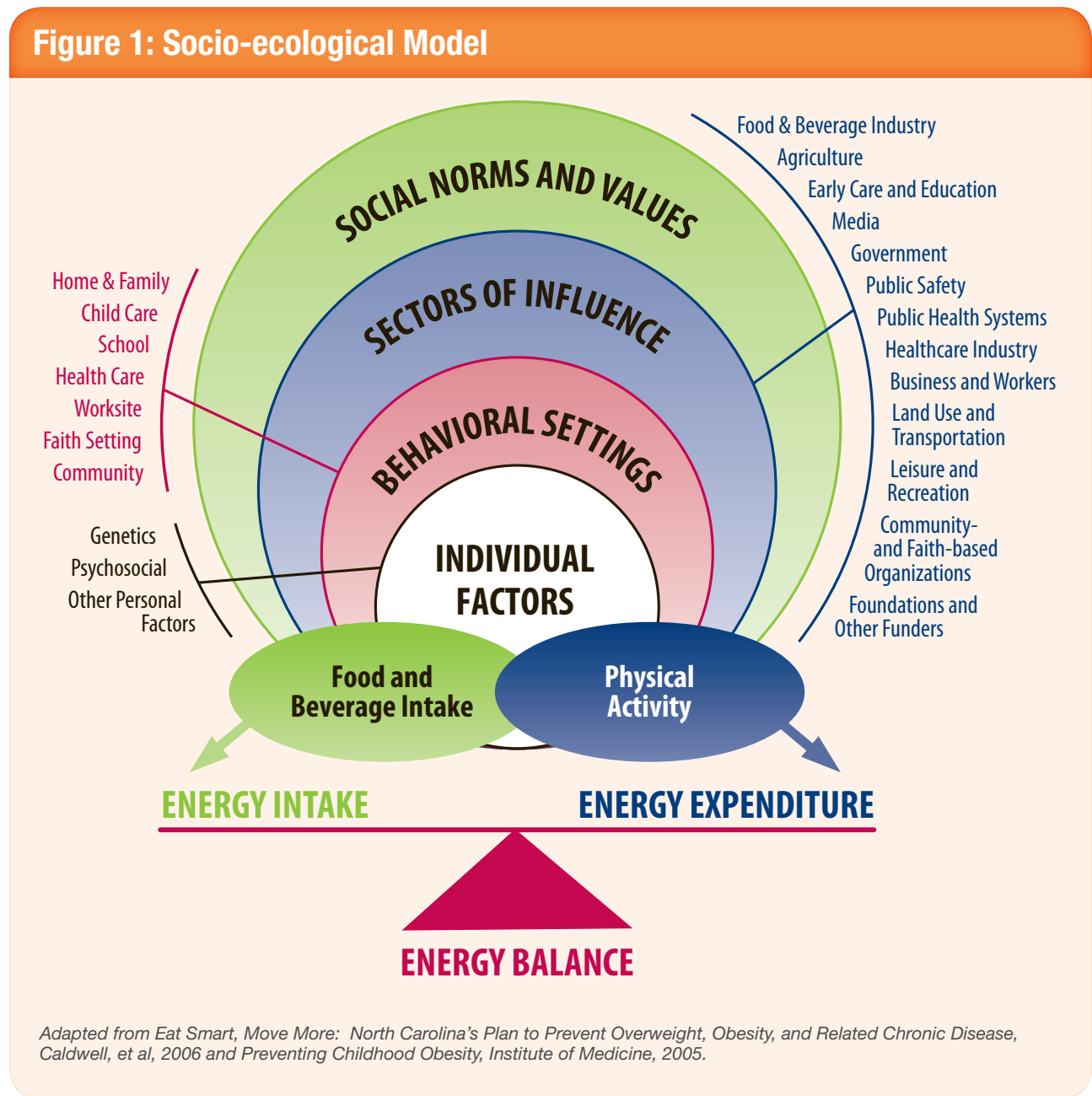
- *Policies* are defined as rules, regulations (both formal and informal) and laws.
- *Environmental interventions* are changes to the economic, social or physical environment.



The epidemic is real. The challenge is on. While the road ahead may seem long and daunting, we are poised as a state to meet this challenge and change the trajectory of the health, economic impact and quality of life of Indiana residents. The good news is that, to date, there is a promising and sizeable evidence base, as well as sound guidance and technical assistance available, to direct state and local efforts. There is no uncertainty about

the direction. As noted by Dr. Thomas Frieden, Director of the CDC, "It's not for us to do the things we think might work, but to implement proven strategies that we *know* will work." Armed with this knowledge and the support of committed partners and citizens across Indiana, and more yet to join in these efforts, the time has come to implement an aggressive, coordinated and comprehensive plan of action.

Figure 1: Socio-ecological Model



Our Direction

Background and History

It is important to acknowledge that overweight, obesity and chronic disease prevention efforts have been going on across the state of Indiana for some time. The valiant efforts of our many state and local partners have laid the groundwork for further developing a plan of action. Although it is impossible to identify or detail the breadth of successful programs and policies that have been launched to date, these foundational efforts have been vital to establishing a more coordinated and credible response.

At the state level, organized efforts began in 2004 when a group of committed professionals came together from a variety of disciplines around Indiana to develop the first committee to attempt to address obesity specifically. From that point through late 2007, the process led to the development of a few early resource documents, the first development of a task force and, subsequently, an initial draft plan. These early efforts proved to be extremely advantageous because they allowed internal state health department staff and external statewide partners to gain valuable experience and knowledge about the process, which has facilitated the development of a more strategic, coordinated and comprehensive direction.

A key milestone in Indiana's efforts to improve its health outcomes was the launch of Governor Mitch Daniels' health initiative, INShape Indiana (INShape), in July 2005. INShape began with a Website to provide Indiana residents with information on nutrition, physical activity, and tobacco cessation to help them engage in healthier behaviors. More than 86,000 Indiana residents have registered online to receive health tips and information from INShape. The initiative has hosted six statewide health summits, focusing on obesity, tobacco cessation, school health, and worksite wellness. INShape collaborated with state

universities for three of these annual summits. In addition, INShape has served as the impetus for a variety of programs—including DNR Day (annual event allowing free admission to state parks), 10 in 10 competitions, SummerFit, Swim Day, and Walk Across Indiana—aimed at helping Indiana residents eat better and move more.

INShape has also played a leading role in worksite wellness, developing short-term programming with a worksite emphasis. In 2008, INShape joined Anthem and Kroger to create the "Indiana Worksite Wellness Partnership." The initial group of 25 employers from throughout the state, representing 120,000 employees, has grown to more than 40.

While INShape focuses on individual behavior change, it has also inspired programs and activities aimed at motivating entire communities to help make the healthy choice the easy choice. Examples of this include INfluence (Indiana Female Leaders Unite) and INside Out. INfluence provides an avenue by which powerful women in Indiana (leaders in government, business, health care, education, media, and faith-based and community organizations) are educated about critical women's health issues, given a charge to educate about and advocate for women's health in their own spheres of influence, and provided toolkits to help them accomplish this goal. INside Out encourages minority school children to become involved in promoting the principles of INShape: eat better, move more, and avoid tobacco.

The strength of INShape Indiana lies in the many partnerships it has created or inspired over the years. As a result, we have laid the groundwork for Indiana to focus more on addressing overweight and obesity through policy and environmental change.

In January of 2008, the Indiana State Department of Health (ISDH) committed to a more robust focus on this area and took steps to provide the leadership, support and expertise needed for public health impact statewide. Consequently, the Agency formed the Division of Nutrition and Physical Activity (DNPA). From the beginning, the Division took painstaking efforts to build and enhance the foundation, infrastructure and capacity necessary to lead and support *effective and sustainable* efforts. Because of the combined activities and progress from the early committee and task force, INShape Indiana, and the newly formed DNPA, the ISDH was privileged to be 1 of 23 states to be awarded a cooperative agreement from the CDC for nutrition, physical activity and obesity prevention efforts in June of 2008. Since that time, the capacity of the DNPA has increased exponentially with essential infrastructure development, an infusion of staff with subject matter and setting expertise, a focus on training and professional development by both receiving and providing technical assistance, and renewed and expanded partnerships.

Given the magnitude, severity and potential impact of public health issues related to nutrition, physical activity and weight management, having a dedicated division and staff to manage and lead state efforts is crucial. The role of this division is not only to provide leadership and resources to reduce the burden of disease related to nutrition and physical activity but, as importantly, to aggressively lead the promotion of these vital health behaviors and development of environments where these behaviors can be practiced easily. To expound further on these responsibilities, the role of the Division of Nutrition and Physical Activity is to:

- Provide statewide leadership for priority nutrition and physical activity policies and environmental changes across all settings and special populations
- Serve as a central coordinating body for all nutrition and physical activity related activities for the state of Indiana with a focus on increasing collaboration and sharing of resources and reducing duplication
- Plan, implement and evaluate in collaboration with partners a comprehensive state plan to promote nutrition and physical activity and prevent overweight, obesity and related chronic disease
- Serve as a resource and provide technical assistance as needed to statewide partners
- Leverage and increase local, state and federal investment and resources for nutrition and physical activity promotion
- Maintain a comprehensive surveillance system for the ongoing, systematic collection of nutrition, physical activity and obesity data as well as policy and environmental change information

Indiana Healthy Weight Initiative

The Division of Nutrition and Physical Activity committed leadership and coordination to launch a reinvigorated state planning process—the *Indiana Healthy Weight Initiative*—in late 2008. The staff deliberately chose the name “Healthy Weight” to clarify and emphasize that the focus of the initiative and plan was not solely about preventing obesity. As noted earlier, with the large majority of our state population impacted by some combination of poor diet, physical inactivity and weight-related issues, the initiative extends beyond obesity prevention and underscores the concept of “health at any weight.”

One of the first strategic activities conducted by the DNPA to initiate the development of a State Plan was to delineate further the stages and steps necessary to develop, organize and lead a formal state-represented task force. After much research and discussion, the DNPA identified and established eight workgroups to inform the development of the Plan. The workgroups included Breastfeeding, Early Childhood/Child Care, Schools, Health Care, Worksites, Faith-Based Organizations, Senior Settings/Mature Adults, and Communities. Establishing specific workgroups within the overall Task Force facilitated the development of setting- and behavior-specific policy and environmental recommendations. It also provided a more meaningful way to engage the expertise and experience of Task Force members. Most importantly, the workgroups ensured efforts had the greatest “reach” (i.e., number and extent of the population potentially exposed to changes) possible. In addition to these workgroups, the DNPA also formed a Physical Activity Advisory Group, because physical activity was identified as an area least represented across settings and, therefore, in need of additional expertise. DNPA staff members led the workgroups through the duration of the planning process, with one staff person per workgroup.

From that point, the DNPA strategically identified, recruited, and engaged a wide range of statewide partners to assist with the development of the Plan. In addition, numerous partners and citizens across the state contacted the DNPA to volunteer their time to developing the plan. The Task Force eagerly welcomed their help.

In the fall of 2008, the DNPA convened an expanded and renewed Indiana Healthy Weight Initiative Task Force to begin the in-depth planning process for state plan development. The primary focus of the first Task Force meeting was to brief the partners on the six target areas identified and prioritized by the CDC to guide state efforts across the nation. The six priority target areas include:

- Increasing the consumption of fruits and vegetables
- Decreasing the consumption of high-energy dense foods
- Decreasing the consumption of sugar-sweetened beverages
- Decreasing television viewing time
- Increasing physical activity
- Increasing the initiation, duration, and exclusivity of breastfeeding

During this initial meeting, DNPA staff translated and presented detailed research information from the CDC for each priority target area to set the stage for the planning process. The six priority target areas helped guide the development of goals and objectives for each specific workgroup.

Over the course of state plan development, the Task Force met five times, and the workgroups held numerous meetings and conference calls in between. Early in the process, workgroups worked diligently to review and digest assessment information and develop Indiana-specific “problem

statements” summarizing the issues relative to specific settings, breastfeeding and older adults. In addition, the Task Force assisted with the development of a mission and vision statement for the initiative and identified overarching goals and objectives for the Plan. Using available assessment information, problem statements and any additional identified data, along with information related to the CDC priority target areas, each workgroup further developed SMART (Specific, Measurable, Achievable, Realistic and Time-bound) objectives to be accomplished statewide in the next 5 to 10 years.

While this account greatly simplifies a very complicated and involved process, much of the credit for the development of this Plan goes to the Task Force and specific workgroups. Although the list of participating partners—including organizations, non-profit associations, government agencies, service industries, along with many more individuals and groups—is too long to mention here, these vital partners are recognized in the Acknowledgments section (See Appendix A) of this document. This influential group of partners, representing both traditional and non-traditional health fields, has evolved and strengthened over the course of the initiative and will be instrumental in assisting with implementation and evaluation of various objectives of the Plan. Along with recognizing these partners in print, it is important to extend a note of gratitude for the time and expertise that each partner shared to develop and fine-tune this Plan.

Vision, Mission and Goals

Vision

- All Hoosiers practice and enjoy a lifestyle of healthy eating and physical activity within an environment that supports health, wellness and vitality.

Mission

- To enhance the health and quality of life of Hoosiers by promoting good nutrition, regular physical activity and a healthy weight through policy, environment and lifestyle change.

Goals

- Increase access to and consumption of healthy foods and beverages.
- Increase opportunities for and engagement in regular physical activity.
- Increase efforts aimed at enabling people to achieve and maintain a healthy weight across the lifespan.
- Reduce environmental and policy-related disparities for breastfeeding, nutrition, physical activity, overweight, obesity, and chronic disease.
- Increase the capacity of communities and the settings within those communities (e.g., schools, worksites, faith-based organizations, etc.) to develop and sustain environmental and policy support systems that encourage healthy eating and active living.
- Increase state and local strategic partnerships to more effectively coordinate efforts, share resources, and identify and reach priority populations.

Indiana Healthy Weight Initiative Website

Paralleling the work of the Task Force and adding significantly to the infrastructure needed to support state and local efforts, the DNPA developed a comprehensive and supplemental Website, www.inhealthyweight.org. The Indiana Healthy Weight Initiative Website provides a dedicated portal of resources, technical assistance and training for statewide partners. Currently, the Website offers extensive resources for all settings, specific priority target areas, surveillance data and much more. Ultimately, the Website will function as a data collection tool featuring interactive assessment information, evaluation tools and matrices of specific community level activities shared by state and local partners. The site provides a powerful complement to implementation activities of the Plan as well as offering an instrumental venue for partners and communities to communicate on a timely basis about success stories and lessons learned.

Indiana's Comprehensive Nutrition and Physical Activity Plan

After an intensive planning and development process, *Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020*, is ready to be put into action. The goals, objectives and strategies of the Plan feature an emphasis on policy and environmental approaches informed by state-specific data and information and the latest scientific evidence. While there is a role for individual behavior change, the primary focus will be on decreasing negative influences and environmental barriers and increasing support systems for healthy food choices and physically active lifestyles. The Plan provides a framework for what needs to be done across all sectors in Indiana, as well as serves as a resource guide for all who are interested in the promotion of physical activity and nutrition, with a connection to the technical resources necessary to make the recommended changes. The strategies provided with each objective highlight current and potential activities based on best practices, but are not an exhaustive list of options. This is a dynamic Plan that will be evaluated and modified continuously as objectives are met or a change in direction is needed based on evaluation.

Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020, outlines in detail the policy, systems and environmental strategies needed to change the trajectory of health in Indiana. The guidelines in this Plan are intended to inspire swift, committed and long-term action across Indiana, paving the way for a new way of thinking about health, a new way of living and, ultimately, a new generation of communities.

No one individual, group, organization, agency or community can implement this Plan and achieve the targeted objectives alone. It will require coordinated and collaborative efforts across multiple levels of influence and a willingness by cross-sector groups to cooperate in ways that they have not attempted before. While the impetus for change is coming from a “top-down” broad approach of evidence-based policy, systems and environmental strategies, to be implemented effectively, it must come alive and be set in motion from the “ground up.” Moving from the ground up will require that statewide partners and local communities take collective responsibility for addressing the issues and work together to forge the needed change.

To *all* residents, groups, organizations, and sectors in Indiana, this is *your* call to action. Using this Plan as a road map and working together, we can achieve the ultimate vision for Indiana—a state where all residents practice and enjoy a lifestyle of healthy eating and physical activity within an environment that supports health, wellness and vitality.

INDIANA'S COMPREHENSIVE NUTRITION AND PHYSICAL ACTIVITY PLAN, 2010-2020

An estimated 3.2 million adults in Indiana are overweight and obese (for specific definitions please see Appendix B). Even more frightening is that the remaining 1.7 million adults are at risk of becoming overweight and obese if they are unable to maintain a healthy lifestyle that includes healthy eating and regular physical activity. *Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020*, contains 14 "overarching objectives" that focus on decreasing the prevalence of obesity in Indiana and improving outcomes within the majority of the Centers for Disease Control and Prevention's (CDC) priority target areas (See page 10). These overarching objectives cover the intermediate and long-term outcomes desired through implementation of the workgroup objectives and strategies as a collective whole over the next 10 years (To see the entire list of overarching objectives for the Plan, please go to Appendix C).

Data from a variety of sources were compiled and reviewed to determine the progress toward meeting the overarching objectives. In addition, a variety of methods were undertaken to determine the final targets for these objectives. One was looking at the statistically significant change, the second used current trends, and the third was looking at yearly (or biyearly) progress needed to meet *Healthy People 2010* goals within predefined timeframes. In addition, translating the percent of increase or decrease into actual numbers of individuals in Indiana the objective would have to affect was considered before finalizing the target.

Meeting the target of each overarching objective is important to achieving the goals of this Plan. The Plan targets adults and high school students for change within these overarching objectives, because many of the workgroup objectives and strategies work toward creating environments that support their health behaviors in the long-term. There are workgroup objectives and strategies that

focus on children; however, there are limitations in the availability of reliable, comparative data for this population as they relate to obesity and the CDC priority target areas. For this reason, there are no overarching objectives targeting young children. In addition, overweight status was not included as an overarching objective, because the numbers in that category fluctuate due to some individuals entering overweight status after gaining weight (from a healthy weight) and others entering overweight status after losing weight (from an obese status). However, data do not identify those individuals who have lost weight and who fall in the overweight category, so it would not be a good indicator of weight gain occurring in the population.

Overweight and Obesity in Indiana

In the United States, being overweight or obese is a problem among all stages of the human lifecycle, beginning with infancy and continuing to late adulthood. For Indiana children under the age of 5, data are not available for overweight and obesity other than what is collected through the Centers for Disease Control and Prevention (CDC) Pediatric Nutrition and Surveillance System (PedNSS). These data evaluate health parameters of participants only in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and do not represent the state population as a whole. The 2009 PedNSS results for Indiana show that the weight trends of children aged 2-5 closely mirror national trends. From 1999 to 2009, overweight and obesity in Indiana for children aged 2-5 increased slightly from 15% to 17% and 12% to 14%, respectively. Nationwide, during this same timeframe, the same increase (15% to 17%) was noted for overweight in children aged 2-5; however, obesity was slightly higher, going from 13% to 15%.⁶

The National Survey of Children's Health (NSCH) evaluates parameters related to the health of youth in the general population for ages 6 to 17 years. According to the 2007 NSCH, approximately 30% of Indiana's children ages 10-17 years are overweight or obese, which is close to the national rate of 32%.⁷ The Youth Risk Behavior Survey

(YRBS) gathers information on the health behaviors of high school students in grades 9-12. Indiana students showed a small increase in obesity, going from 12% in 2003 to 13% in 2009 (See Figure 2). Combined, overweight and obesity rose from 26% in 2003 to 29% in 2009.¹

Figure 2: Percent of High School Students by Overweight & Obesity* Indiana, 2003-2009†

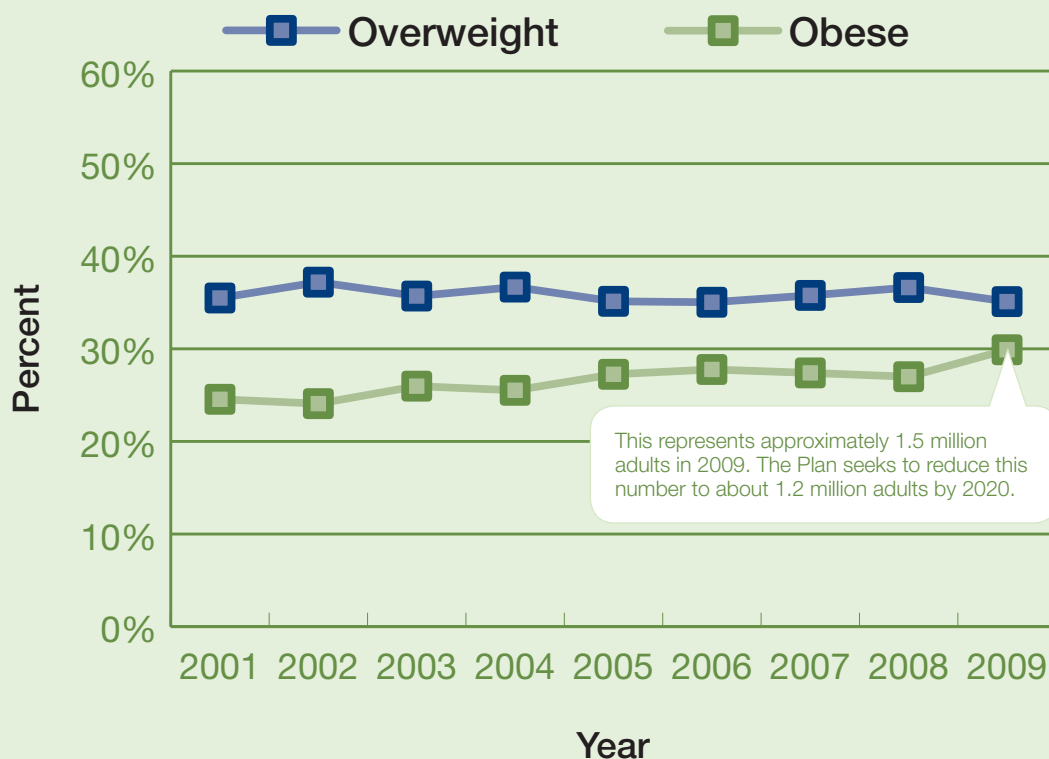


* Overweight is a BMI at the 85th to less than the 95th percentile and obesity is a BMI at or above the 95th percentile.
 † Data are for high school students in grades 9-12.
 Source: Youth Risk Behavior Surveillance System (YRBS).

In the United States, adults (defined as those 18 years of age and older) who are obese rose 10 percentage points between 1995 and 2009. These same results showed that approximately two thirds

of Indiana's adults are overweight or obese (65%), which is similar to the national rate (63%).² The rise in obesity significantly increased from 2001 to 2009 (See Figure 3).²

**Figure 3: Percent of Adults by Overweight & Obesity*
Indiana, 2001-2009†**



* Overweight is defined as a BMI between 25 and 29.9 and obesity is defined as a BMI of 30 or higher.

† Data are for residents ages 18 years and older.

Source: Behavioral Risk Factor Surveillance System (BRFSS).

Overweight rates did not significantly change during the same time period, though a slight decrease was seen from 36% in 1995 to 35% in 2009.² Unfortunately, for adults of healthy or low-weight status (neither overweight nor obese), the numbers have decreased by 9% in the same timeframe to 35% in 2009.² This suggests that the decrease in overweight adults was due to more adults becoming obese. To see additional prevalence estimates for various demographic subgroups, please see Appendix D. Here are the Plan's objectives and targets for improving weight status in the next 10 years:

Overarching Objectives for the Plan:

Healthy Weight and Obesity

- Increase the percentage of adults who are at a healthy weight from 35% to 38% by 2020.*
- Increase the percentage of high school students who are at a healthy weight from 71% to 76% by 2020.†
- Decrease the percentage of adults who are obese from 30% to 25% by 2020.*
- Decrease the percentage of high school students who are obese from 13% to 10% by 2020.†

* Data Source: 2009 Behavior Risk Factor Surveillance System (BRFSS)

† Data Source: 2009 Youth Risk Behavior Survey (YRBS)

Improvement Needed in Health Behaviors

Physical Activity

For younger age groups, data from PedNSS show physical activity levels for children aged 2-5 at 14% in 2007, while the NSCH data for children aged 6 to 17 show physical activity levels at 31%.^{6,7} For high school students, according to the Indiana YRBS, meeting the recommended levels of physical activity showed a slight decrease for all students in grades 9-12 combined from 2007 (44%) to 2009 (41%).¹ According to the BRFSS, from 2001 to 2009, meeting the recommended levels of physical activity for adults varied only slightly, going from 65% to 64%.⁸ Here are the Plan's objectives and targets for improving physical activity in the next 10 years:

Overarching Objectives for the Plan:

Physical Activity

- Increase the percentage of adults who meet the recommended amounts of physical activity per day from 64% to 68% by 2020.*
- Increase the percentage of high school students who meet the recommended amounts of physical activity per day from 41% to 55% by 2020.†

* Data Source: 2009 Behavior Risk Factor Surveillance System (BRFSS)

† Data Source: 2009 Youth Risk Behavior Survey (YRBS)

Fruit and Vegetable Consumption

At this time, data for fruit and vegetable consumption for children younger than high school age are not available. Unfortunately, looking at YRBS results, high school students who met the recommended fruit and vegetable intake in 2003 was at 20% and declined significantly to 16% in 2009.¹ Adults who met the recommended fruit and vegetable consumption (5 times or more per day) had remained the same as in 1996 (21%) according to the 2009 Indiana BRFSS. Though there has been a slight increase, the rate has never exceeded 24% (reported in 1998).² Here are the Plan's objectives and targets for improving fruit and vegetable consumption in the next 10 years:

Overarching Objectives for the Plan:

Fruit and Vegetable Consumption

- Increase the percentage of adults who eat the recommended amounts of fruits and vegetables per day from 21% to 24% by 2020.*
- Increase the percentage of high school students who eat the recommended amounts of fruits and vegetables per day from 16% to 21% by 2020.†

* Data Source: 2009 Behavior Risk Factor Surveillance System (BRFSS)

† Data Source: 2009 Youth Risk Behavior Survey (YRBS)

Breastfeeding

In Indiana, breastfeeding at discharge has steadily increased from 1997 (54%) to 2006 (67%).⁹ However, duration of breastfeeding has not fared as well, so work will continue on targets for initiation and duration of breastfeeding. State data available for breastfeeding at 6 months show no major change between 2006 and 2007, remaining at 38% for each of the two years. Breastfeeding at 12 months, on the other hand, went from 21% down to 17% for 2006 and 2007, respectively.¹⁰ Here are the Plan's objectives and targets for improving breastfeeding in the next 10 years:

Overarching Objectives for the Plan:

Breastfeeding

- Increase the percentage of mothers who breastfeed their babies from 71% to 75% by 2020.*
- Increase the percentage of mothers who breastfeed their babies exclusively at 3 months from 29% to 40% by 2020.†
- Increase the percentage of mothers who breastfeed their babies at 6 months from 38% to 50% by 2020.†
- Increase the percentage of mothers who breastfeed their babies at 12 months from 17% to 25% by 2020.†

* Indiana State Department of Health, PHPC, ERC, Data Analysis Team

† Data Source: Centers for Disease Control and Prevention 2007 National Immunization Survey

Sugar-Sweetened Beverage Consumption

Looking at the YRBS, the change in soda consumption among high school students decreased significantly between 2007 and 2009, going from 36% to 30%, respectively.¹ In 2009, for the first time, the Indiana BRFSS contained a question to measure adult consumption of sugar-sweetened beverages. Adult consumption of 1 or more sugar-sweetened beverages per day for 2009 was 69% in Indiana.⁸ Here are the Plan's objectives and targets for decreasing sugar-sweetened beverage consumption in the next 10 years:

Overarching Objectives for the Plan:

Sugar-Sweetened Beverages

- Decrease the percentage of adults who drink 1 or more sugar-sweetened beverages per day from 69% to 59% by 2020.*
- Decrease the percentage of high school students who drank a can, bottle, or glass of soda or pop 1 or more times per day during the past 7 days from 30% to 22% by 2020. †

* Data Source: 2009 Behavior Risk Factor Surveillance System, Indiana (BRFSS). Sugar-sweetened beverages include regular soda, sweet tea, energy drinks, specialty coffee drinks, sports drinks, and fruit drinks containing less than 50% juice. Diet beverages are not included.

† Data Source: 2009 Youth Risk Behavior Survey (YRBS)

Workgroup Objectives and Strategies

The Indiana Healthy Weight Initiative Task Force workgroups developed 50 objectives with accompanying strategies to achieve the positive and major changes in Indiana that the goals and overarching objectives reflect. Some objectives and strategies focus on training and technical assistance and the identification or creation of tools (e.g., assessments). These efforts are needed to increase the knowledge and skills of individuals, groups, and organizations throughout Indiana to successfully plan, advocate for, and implement policy and environmental changes. Other objectives and strategies focus on specific policy, environmental, and system changes with the strongest potential to succeed by leveraging current and future resources. These policy, environmental, and system changes will influence widespread, meaningful, and sustainable change for the state and for local communities.

Breastfeeding

Breast milk is the natural first food for babies. The American Academy of Family Physicians recommends, “all babies, with rare exceptions, be breastfed and/or receive expressed human milk exclusively for the first six months of life. Breastfeeding should continue with the addition of complementary foods throughout the second half of the first year. Breastfeeding beyond the first year offers considerable benefits to both mother and child, and should continue as long as mutually desired.”¹¹ In addition to providing energy and nutrients, breastfeeding can lower the risks of health problems in infants, children, and mothers. It is a critical health choice. Breastfeeding also can save on health care costs, contribute to a more productive workforce, and be better for the environment.¹²

Despite the well-known benefits of breastfeeding, many Indiana mothers choose not to breastfeed exclusively or prematurely discontinue breastfeeding. According to the Centers for Disease Control and Prevention (CDC) 2007 National Immunization

Survey, 71% of Indiana mothers breastfed their babies. However, breastfeeding rates at 6 and 12 months fell (38% and 17%, respectively).¹³ At first glance, it may seem that all mothers have an equal opportunity to breastfeed their babies. However, breastfeeding rates vary widely by a mother’s age, race, and county of residence. A mother’s experience during her hospital stay, the support she receives at home and within the community, and the barriers she faces upon returning to work or choosing a child-care center often make it difficult for her and her family to meet breastfeeding goals.¹⁴

BREASTFEEDING OBJECTIVE 1

By 2015, enhance and maintain a diverse, statewide network of local breastfeeding partnerships/coalitions and professional breastfeeding experts.

Strategies

- Continue providing resources and support for a statewide breastfeeding coordinator.
- Provide support, mentoring, training opportunities, and technical assistance to increase and sustain local breastfeeding partnerships/coalitions.
- Encourage the use of International Board Certified Lactation Consultants (IBCLC) to assist the mother-infant pair, create and administer lactation programs, educate other health professionals, and advocate for breastfeeding.
- Offer financial assistance to qualified candidates to attend IBCLC training and to take the IBCLC exam.
- Offer financial assistance to qualified candidates to attend the United States Breastfeeding Committee’s biannual national conference.
- Encourage local partnerships/coalitions throughout Indiana working on obesity prevention initiatives to include professional breastfeeding experts among their memberships.

BREASTFEEDING OBJECTIVE 2

By 2020, increase the percentage of mothers who breastfeed their babies at 6 months from 37% to 50%.

Strategies

- Educate mothers (especially first-time mothers) and their networks of support about the benefits of exclusive and continued breastfeeding.
- Encourage hospital marketing practices that support and promote exclusive breastfeeding.
- Provide information to health professionals on the importance of early, exclusive, and continued breastfeeding; lactation management; and how breastfeeding mothers can incorporate breastfeeding into their lives.
- Provide information to health professionals on the services that the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offers to support breastfeeding in the community.
- Advocate for better family, peer, and community support for mothers who choose to breastfeed their babies.
- Encourage the implementation of policy and environmental change interventions across settings (e.g., child-care, schools, health care, worksites, faith-based organizations, and communities) that support continued breastfeeding at 3, 6, and 12 months.
- Recognize public venues (e.g., restaurants, stores, schools, faith-based organizations, libraries, parks, etc.) within the community that provide a supportive environment for breastfeeding mothers and their families.

BREASTFEEDING OBJECTIVE 3

By 2020, increase the percentage of Black* mothers who initiate breastfeeding from 49% to 66%.

Strategies

- Convene statewide partners, including Black mothers who are currently or who have breastfed their babies, to identify and address barriers to breastfeeding among Black mothers.
- Work with statewide partners to develop an action plan to increase breastfeeding among Black mothers.
- Launch a social marketing campaign to promote early, exclusive, and continued breastfeeding and increase cultural and social support for breastfeeding among Black mothers.
- Encourage and support faith-based initiatives aimed at increasing breastfeeding among Black mothers.



* The racial/ethnicity groupings are those provided by the Centers for Disease Control and Prevention (CDC); Black is understood to mean Black or African American.

BREASTFEEDING OBJECTIVE 4

By 2020, increase the number of “Baby Friendly” designated hospitals from 3 to 10.

Strategies

- Sponsor a summit for key decision-makers from hospitals providing maternity care to highlight best practices and evidence-based interventions for breastfeeding and the role hospitals and birth centers play in supporting breastfeeding mothers.
- Provide additional mentoring, training, and support to hospitals seeking the World Health Organization/United Nation’s Children Fund (WHO/UNICEF) “Baby Friendly” designation.
- Maintain collaboration with the Indiana State Department of Health (ISDH) (i.e., WIC, Maternal and Child Health [MCH], Division of Nutrition and Physical Activity [DNPA]) and the Indiana Perinatal Network (IPN) to develop, implement, and promote the *Indiana Can Do 5 Program* to encourage hospital practices supportive of breastfeeding.
- Encourage hospitals to have and routinely communicate a breastfeeding policy to staff and provide training to all health care staff to assist in implementing the policy.
- Develop partnerships among hospitals and birth centers and breastfeeding support networks such as WIC, La Leche League, local breastfeeding partnerships/coalitions, and community drop-in clinics to facilitate patient referrals.

Early Childhood/Child Care

The number of children in some form of child care and the amount of time children spend in the care of someone other than a parent/guardian are at an all-time high. Enabling child-care settings to support healthy eating and physical activity, as well as encouraging child-care providers to model healthy behaviors, may help jump-start children into learning and adopting healthy behaviors. Opportunities exist to improve nutrition and physical activity in child-care settings via professional development for early care and education providers and parents, changes in regulating child care, enhancing quality rating systems for child care and improving nutrition services offered in child-care settings.

There are a variety of child-care settings available in Indiana, e.g., centers, homes, ministries, and pre- and after-school programs. The Indiana Family and Social Services Administration (FSSA), Bureau of Child Care (BCC), reported 606 licensed child-care centers, 3,057 licensed child-care homes, and 716 unlicensed registered child-care ministries in state fiscal year 2009.¹⁵ No information is currently available on the number of children cared for by someone other than a parent/guardian, not in licensed or registered care, and in pre- and after-school programs in Indiana.



CHILD-CARE OBJECTIVE 1

By 2014, provide training and technical assistance to parents, early care and education providers, and others that focus on nutrition, physical activity, and lactation support in child-care settings.

Strategies

- Engage the Indiana Association for the Education of Young Children, Inc. (Indiana AEYC), Indiana Association for Child Care Resource and Referral (IACCRR), FSSA, Indiana Head Start Collaboration Office, Indiana Head Start Association, provider support organizations, parents, early care and education providers, and others to identify training needs.
- Update the Indiana Healthy Weight Initiative Website with best practices and evidence-based nutrition, physical activity, and breastfeeding interventions for child-care settings.
- Build upon existing training resources and activities to provide a variety of offerings using multiple methods of dissemination.
- Support and promote nutrition, physical activity, and lactation support training at the Indiana Early Childhood Conference, Indiana Head Start Conference, and other statewide and/or regional conferences for early care and education providers.
- Continue the partnership between the IPN and FSSA by developing a breastfeeding toolkit and training module on the safe and appropriate handling of breast milk and how to care for breastfed babies.
- Ensure training provides credit hours or continuing education credit for early care and education providers.
- Increase funding for professional development and educational materials.

CHILD-CARE OBJECTIVE 2

By 2014, add nutrition, physical activity, and television viewing recommendations for early childhood settings into the formal and non-formal Child Development Associate (CDA) training.

Strategies

- Engage organizations and colleges statewide that are offering training courses for the CDA National Credential.
- Encourage developing or updating a training course(s) that focuses on early childhood obesity, providing early care and education providers with practical strategies to address nutrition, physical activity, and television viewing in child-care settings.
- Ensure training increases knowledge and skills that support and promote evidence-based or best practice strategies.
- Encourage the Indiana AEYC to include the training course(s) in the Indiana Non Formal CDA Project as part of the training requirements.
- Promote the training course(s) statewide as a resource for early care and education professionals and a means to complete 120 clock hours of formal and non-formal child-care education.

CHILD-CARE OBJECTIVE 3

By 2020, encourage the addition of nutrition, physical activity, and television viewing to the licensing requirements for child-care providers.

Strategies

- Provide information to early care and education providers, policymakers, and other key leaders on the importance of changing policies and environments to create healthier licensed and registered child-care settings.
- Maintain an interagency collaboration among the FSSA, ISDH, and the Indiana Department of Education (IDOE) to support and promote healthy eating and physical activity in early care and education programs.
- Identify and address barriers to the adoption and implementation of nutrition and physical activity standards in licensed and registered child-care settings.
- Recommend regulatory changes to ensure that all children in licensed and registered child-care settings have access to healthy foods and beverages and opportunities for physical activity while in care.
- Provide training and technical assistance to help early care and education providers comply with regulatory changes.
- Update the interpretative guide for licensed and registered child-care providers to support the updated regulatory changes.

CHILD-CARE OBJECTIVE 4

By 2016, include basic nutrition and physical activity requirements for unlicensed child-care providers in the Child Care and Development Fund (CCDF) voucher program provider eligibility standards.

Strategies

- Provide information to early care and education providers, policymakers, and other key leaders on the importance of changing policies and environments to create healthier child-care settings.
- Maintain an interagency collaboration between the FSSA and ISDH to support and promote healthy eating and physical activity in child-care settings.
- Advocate for requirements to ensure that all children in any child-care setting have access to healthy foods and beverages and opportunities for physical activity while in care.
- Increase the number of legislators, child-care advocates, and early care and education providers who support strengthening standards for nutrition and physical activity.
- Set standards for nutrition, physical activity, and television viewing.
- Provide training and technical assistance to help early child and education providers comply with the new standards.

CHILD-CARE OBJECTIVE 5

By 2014, include standard nutrition, physical activity, and television viewing requirements in the Paths to QUALITY (PTQ) rating system standards.

Strategies

- Advocate for nutrition, physical activity, and television viewing criteria in child-care centers, homes, and ministries that support and promote healthy child development.
- Convene statewide partners, including the ISDH, Cooperative Extension Service Nutritionists, Indiana AEYC and the IACCRR, to develop nutrition and physical activity standards and criteria for PTQ.
- Ensure nutrition and physical activity criteria meet national accreditation best practices.
- Identify and address barriers to the adoption and implementation of the nutrition and physical activity criteria in child-care centers, homes, and ministries.
- Submit standards with criteria to the FSSA, Bureau of Child Care, for review and consideration.
- Identify resources needed to adopt properly the criteria into PTQ.
- Provide training to FSSA, Bureau of Child Care; IAIEYC; TCC; and IACCRR staff who assist with the implementation of PTQ.

CHILD-CARE OBJECTIVE 6

From 2010 through 2016, increase participation in the Child and Adult Care Food Program (CACFP) among licensed child-care centers, licensed child-care homes, and unlicensed registered ministries by 2% each year.

Strategies

- Maintain an interagency collaboration between the FSSA and IDOE to identify licensed child-care centers, licensed child-care homes, and unlicensed registered ministries that are not CACFP participants.
- Develop brochures for each type of facility that include eligibility requirements, meal reimbursement, and information providers can return to IDOE expressing interest in the program.
- Conduct *New Sponsor Workshops* by IDOE as needed with the possibility of doing so throughout Indiana.
- Send materials to facilities not participating in the CACFP based on weekly updates from IACCRR identifying open and closed facilities.
- Give CACFP flyers/brochures to FSSA staff to distribute as they visit sites for approval.
- Provide training for licensed child-care centers and licensed child-care homes to participate in CACFP, e.g., food safety training, and include benefits of CACFP participation.
- Provide nutrition training for CACFP participants about improving nutrition and physical activity and the importance of modeling healthy behaviors.

School (Kindergarten through Grade 12)

In Indiana, there are more than 2,100 public and state accredited non-public kindergarten through grade 12 schools. Indiana's schools enroll more than 95% of Indiana's school-age population, with more than 1 million children attending public schools. In addition to the large student population, Indiana's public schools employ more than 11,300 full-time teachers and administrators.¹⁶

Schools are important partners in efforts to improve the health of Indiana's residents. Given their dedication to educating children and youth to become healthy, productive citizens, schools are prime settings for efforts to prevent obesity and improve overall health. By establishing healthy environments and cultures, schools can improve the health of Indiana's children, education workforce, and all whose lives are impacted by schools.

SCHOOL OBJECTIVE 1

By 2015, establish a state-level system for the collection, assessment, reporting, improvement, and implementation of school wellness policies in Indiana.

Strategies

- Maintain an interagency collaboration between the IDOE and ISDH to support the collection, assessment, reporting, improvement, and implementation of school wellness policies.
- Establish an online location for school corporations to submit their school wellness policies.
- Encourage a periodic assessment of the strength and comprehensiveness of Indiana's school wellness policies and promote strategies for improvement.
- Identify and share tools to assist in the collection, assessment, reporting, improvement, and implementation of school wellness policies.
- Create and share a sample school wellness policy for Indiana.
- Provide information to school board members, Coordinated School Health Advisory Council (CSHAC) members, school personnel, and parents on federal legislation dealing with school wellness policy.
- Collect and share information on the effective strategies of Indiana school corporations for developing, assessing, and implementing a school wellness policy.
- Use the corporation's CSHAC and other partnerships to facilitate the development and implementation of a strong school wellness policy.
- Advocate for resources to support the development and implementation of school wellness policies.
- Amend existing law that outlines the responsibilities of a CSHAC to include posting the school wellness policies to an online location.



SCHOOL OBJECTIVE 2

By 2013, establish a system for childhood obesity surveillance using annual statewide, school-based body mass index collection among students in at least three representative grades.

Strategies

- Maintain an interagency collaboration between the IDOE and ISDH to support annual school-based body mass index (BMI) collection and reporting.
- Develop and share a tool to assist schools in the collection, analysis, and reporting of student BMIs.
- Provide information to school board members, CSHAC members, school personnel, and parents on the importance and benefits of measuring and reporting student BMIs.
- Collect and share information on the effective protocols and successful strategies of Indiana schools and other states for collecting student BMIs and sharing results.
- Establish partnerships among schools, local health professionals, and community organizations to facilitate the collection, analysis, and reporting of student BMIs and to create a referral network for students with unhealthy BMIs.
- Include language regarding the annual collection, analysis, and reporting of student BMIs in local school wellness policies.
- Encourage the standardized administration and reporting of annual school-based collection of BMIs to a lead governmental agency for childhood obesity surveillance.
- Enact legislation that requires annual BMI collection in schools and reporting results to a lead governmental agency for childhood obesity surveillance.
- Use BMI measurements to monitor geographic distribution, trends, and progress in reducing childhood obesity.

SCHOOL OBJECTIVE 3

By 2015, increase the percentage of secondary schools that have ever used an evidence-based instrument to assess school policies, activities, and programs related to nutrition from 37% to 41% and related to physical activity from 34% to 41%.

Strategies

- Provide training to school board members, CSHAC members, school personnel, and parents on evidence-based tools and use of assessment results to develop a school health improvement plan.
- Provide technical assistance for conducting an assessment and using the results to prepare grant applications and applications for awards, such as the Healthy Hoosier School Award and the HealthierUS School Challenge.
- Provide information to school board members, CSHAC members, school personnel, and parents on the importance and benefits of assessing school policies, activities, and programs related to nutrition and physical activity.
- Provide resources and incentives to schools to encourage conducting an assessment and to support the development and implementation of an action plan based on the assessment results.
- Establish partnerships between CSHAC members and school personnel to facilitate the completion of a school assessment.
- Select an evidence-based tool to assess school nutrition and physical activity policies, activities, and programs.
- Conduct a school assessment as a first step in developing and implementing a school health improvement plan.

SCHOOL OBJECTIVE 4

By 2015, increase the percentage of schools that report having a corporation-level or school-level Coordinated School Health Advisory Council² (CSHAC) from 71% to 78%.

Strategies

- Provide information to school board members, CSHAC members, school personnel, and parents on federal school wellness policy and Indiana CSHAC requirements.
- Identify and share best practices for starting, organizing, and utilizing a CSHAC.
- Recognize school corporations with high performing CSHACs.
- Provide and promote a central location for schools to share CSHAC activities and receive training and ongoing technical assistance.
- Identify school corporations that do not have a CSHAC and provide direct assistance in establishing one.
- Identify champions to promote the development and ongoing activities of CSHACs.
- Establish and facilitate partnerships among schools, parents, and community organizations to start a CSHAC or to enhance an existing council.

SCHOOL OBJECTIVE 5

By 2015, increase the percentage of lead health education teachers in secondary schools who have received training on physical activity within the previous 2 years from 40% to 55%; and by 2017, increase the percentage who have received training on nutrition within the previous 2 years from 23% to 44%.

Strategies

- Support the efforts of health education teachers to pursue ongoing professional development in nutrition and physical activity.
- Offer sessions on school nutrition, physical activity, and obesity prevention at statewide and/or regional conferences.
- Provide training to teachers on utilizing the Health Education Curriculum Analysis Tool (HECAT) to improve the quality of health education programs.
- Develop and promote online training and professional development opportunities that allow teachers to receive the latest nutrition and physical activity information without interrupting curriculum delivery.

SCHOOL OBJECTIVE 6

By 2020, increase by 50 the number of schools that implement policies, activities, or infrastructure improvements supportive of walking and bicycling to school.

Strategies

- Establish a statewide network of representatives from IDOE, ISDH, and the Indiana Department of Transportation (INDOT), as well as bicycle, pedestrian, health, school, and parent advocacy groups, for the promotion of walking and bicycling to school.
- Advocate for increased public and private funding to support local and state walking- and bicycling-to-school initiatives.
- Promote and support the INDOT Safe Routes to School Program.
- Provide information to school board members, CSHAC members, school personnel, and parents on the benefits and feasibility of children walking and bicycling to school.
- Conduct a walkability and bikeability assessment to identify safety issues and build community support.
- Include language supportive of walking and bicycling to school in local school wellness policies.
- Provide training, resources, and ongoing technical assistance to schools and other entities wishing to implement or maintain active transportation-to-school initiatives, especially in low-income communities and/or underserved geographic areas.

SCHOOL OBJECTIVE 7

By 2020, increase by at least 15 rural schools and 5 urban the number of schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours.

Strategies

- Collect and share information on effective protocols and successful strategies for joint use agreements to allow the use of schools for recreation by the public during non-school hours.
- Provide training to school personnel and community organizations on developing partnerships, facilities, and risk-management plans to support the public use of school facilities for physical activity.
- Conduct an assessment of built and social environments related to physical activity to identify school and community needs for physical activity spaces, especially in low-income communities and underserved geographic areas.
- Develop and disseminate a toolkit to support establishing joint use agreements in Indiana that includes a model joint use agreement template.
- Include language that ensures access to school physical activity spaces and facilities for all persons outside of normal school hours in local school wellness policies.
- Include the establishment of joint use agreements, especially in low-income communities and/or underserved geographic areas, as part of a community's initiative to address obesity.
- Establish and facilitate partnerships among schools, parents, and community organizations to develop and promote physical activity opportunities at local schools that are available to the general public.

SCHOOL OBJECTIVE 8

By 2020, amend existing law that supports daily physical activity in elementary schools to specify at least 30 minutes of daily physical activity.

Strategies

- Provide information and resources to school board members, CSHAC members, school personnel, and parents on the relationship between physical activity, health, and academic performance and how to incorporate physical activity throughout the school day.
- Collect and share success stories and effective strategies from schools and school corporations that provide active, daily recesses and incorporate physical activity into lesson plans.
- Incorporate physical activity into lesson plans.
- Include language recommending at least 30 minutes a day of physical activity in elementary schools in local school wellness policies.
- Include language in local school wellness policies recommending an active, daily recess for elementary schools that teachers/administrators cannot take away as punishment.

SCHOOL OBJECTIVE 9

By 2019, increase the percentage of secondary schools that do not sell soda pop or non-100% fruit juice to students from vending machines or school stores from 57% to 74%.

Strategies

- Provide information to school board members, CSHAC members, school personnel, and parents on the importance, benefits, and financial incentives of offering healthier beverages.
- Collect and share information on effective protocols and successful strategies for healthy vending.
- Create and share a list of healthier beverages and vendors, manufacturers, brokers, and distributors from whom schools can purchase healthier options.
- Establish and facilitate partnerships among beverage providers, school personnel, and CSHAC members to develop contracts that support offering only healthy vending options.
- Include language specifying that schools will sell only non-flavored water, milk, and 100% fruit juice in local school wellness policies.
- Provide healthier beverage options to students including free, potable drinking water.
- Promote the availability and benefits of healthy beverages to students and school personnel.

SCHOOL OBJECTIVE 10

By 2019, increase the percentage of secondary schools that do not sell less healthy food and drink options* from vending machines or school stores from 31% to 46%.

Strategies

- Provide information to school board members, CSHAC members, school personnel, and parents on the importance, benefits, and financial incentives of offering healthier foods and beverages.
- Collect and share information on effective protocols and successful strategies for healthy vending.
- Create and share a list of healthier food and beverage items and vendors, manufacturers, brokers, and distributors from whom schools can purchase healthier options.
- Establish and facilitate partnerships among food and beverage providers, school personnel, and CSHAC members to develop contracts that support offering only healthy vending options.
- Include language specifying that schools will sell only healthier food and beverage options that meet or exceed Institute of Medicine's (IOM) guidelines in local school wellness policies.
- Provide only healthier food and beverage options that meet or exceed IOM guidelines to students.
- Promote the availability and benefits of healthy foods and beverages to both students and staff.

SCHOOL OBJECTIVE 11

By 2020, increase the number of schools with a Farm to School program from 1 to 100.

Strategies

- Establish an interagency working group of the Indiana State Department of Agriculture (ISDA), IDOE, and ISDH to support Farm to School programs.
- Establish an information-sharing network to inform Farm to School stakeholders of available grants to support Farm to School initiatives and equipment, as well as federal and state legislative and regulatory changes that influence Farm to School activities.
- Assess Indiana's food system to determine the feasibility of Farm to School initiatives throughout Indiana.
- Gather information on the interest, capacity, and needs of vendors and school food service personnel to identify opportunities and barriers to increasing Farm to School activities in Indiana.
- Provide training on the safe handling of fresh produce to vendors, school food service personnel, and other school staff.
- Develop, maintain, and disseminate to school personnel a listing of local food producers, distributors, and processors able to participate in a Farm to School program.
- Establish and facilitate partnerships between schools and local food producers.
- Use earned media opportunities to advocate for greater access to fruits and vegetables through Farm to School programs.
- Recognize local Farm to School partnerships and activities through the National Farm to School Network's Website.

* Baked goods, salty snacks, and candy that are not low in fat and soda and juice that are not 100% juice

SCHOOL OBJECTIVE 12

By 2020, increase the number of venues offering the summer food service program from 81 to 91.

Strategies

- Continue outreach efforts to schools that qualify based on their Free/Reduced Lunch percentages.
- Continue training efforts in the spring of each year for schools interested in providing summer feeding sites.
- Provide information to school board members, CSHAC members, school personnel, and parents on the summer food service program and existing summer food service venues.
- Collect and share success stories from new and established sponsors, via the IDOE newsletter, in the spring of each year before the start of the promotion period.
- Establish partnerships between schools and community organizations for summer programs to use school facilities or equipment.

SCHOOL OBJECTIVE 13

By 2020, increase the percentage of high school students who participate in daily school physical education from 28% to 33%.

Strategies

- Provide information to school board members, CSHAC members, school personnel, and parents on the positive effects of daily physical education and physical activity on academic performance and health.
- Encourage students to enroll in physical education regardless of participation in a school sport or other school activity or club.
- Advocate that school corporations offer daily physical education in grades kindergarten-12.
- Recommend time requirements for 150 minutes per week of physical education in elementary schools and 225 minutes per week of physical education for middle and high schools.
- Recommend schools develop and implement comprehensive school policies to support the provision of high-quality daily physical education in grades kindergarten-12.

SCHOOL OBJECTIVE 14

By 2020, increase the percentage of high school students who spend more than 20 minutes of school physical education class time being physically active.

Strategies

- Assess the amount of time Indiana high school students spend being physically active in physical education class through the Youth Risk Behavior Survey.
- Conduct an evaluation of physical education course curricula using a tool, such as the Physical Education Curriculum Analysis Tool (PECAT), to improve the quality of physical education programs.
- Provide support to under-resourced schools to ensure schools have the necessary materials to provide high-quality physical education and physical activity programming.
- Encourage that certified, highly qualified physical education teachers be employed in local schools in accordance with national guidelines for physical education teacher education, such as those published by the National Association for Sport and Physical Education.
- Provide the opportunity and resources for training, professional development, and ongoing technical assistance to all staff responsible for providing physical education.
- Collect, monitor, and track students' health-related fitness data and use the results to make improvements to physical education courses.
- Create and use a system for monitoring corporation compliance with meeting physical education time requirements.
- Advocate for pre-kindergarten through grade 12 physical education curriculum that addresses time, class size, and Indiana standards.
- Encourage state and local standards that emphasize the provision of high levels of physical activity in physical education that facilitates students spending 50% of physical education class time in moderate-to-vigorous physical activity.

SCHOOL OBJECTIVE 15

By 2020, increase the average daily student participation among students who qualify for free, reduced, and paid meals in the school breakfast program from 20% to 25%.

Strategies

- Provide training to schools on breakfast promotion and alternative serving options.
- Provide information to school board members and school personnel on alternative breakfast serving options.
- Provide information to school board members, CSHAC members, school personnel, and parents on the benefits of breakfast and its impact on health and academics.
- Encourage transportation schedules that allow children to arrive at school early enough to eat a school breakfast.
- Ensure children can participate in school breakfast when scheduling before-school activities.
- Limit access to competitive foods during before-school hours to encourage students to eat the school breakfast.
- Offer appealing and healthy food and beverage options at school breakfasts that meet or exceed IOM recommendations.
- Include language supportive of access to breakfast for all students in local school wellness policies.
- Establish and facilitate partnerships between schools and community organizations to provide universal free breakfast to all students.

SCHOOL OBJECTIVE 16

By 2020, increase the average daily student participation among students who qualify for free, reduced, and paid meals in the school lunch program from 68% to 75%.

Strategies

- Provide training to school board members, CSHAC members, and school personnel on offering healthy and appealing meal choices.
- Provide training on IOM findings and reauthorization for meal pattern changes.
- Offer foods and beverages that meet or exceed IOM recommendations for the school meal program.
- Limit access to competitive foods during school hours to encourage students to eat the school lunch.
- Include language supportive of healthier food choices and limiting unhealthy competitive foods in local school wellness policies.

Health Care

Health care professionals are a trusted source of health information and guidance for the general population, spanning all age ranges. In a given month, an estimated 20% of the U.S. population visits a physician's office, offering an opportunity for individual assessment of Body Mass Index (BMI), discussion about physical activity levels and diet, and referral to appropriate resources. Health care settings, especially hospitals, are in a unique position to provide leadership within their communities, modeling a healthy work environment for employees and the public. Hospitals also have an ongoing commitment to community engagement that improves the public's health, making them perfectly situated to affect policy and environmental change on a broader scale.



HEALTH CARE OBJECTIVE 1

By 2015, develop and disseminate a protocol for use by health care providers to integrate obesity prevention into office practice.

Strategies

- Work closely with professional associations representing health professionals, individual health care providers, and other stakeholders to identify and/or develop a protocol for the prevention and assessment of overweight/obesity.
- Research existing implementation models, such as Indiana Tobacco Prevention Cessation's (ITPC) "Ask, Advise, Refer" for integrating obesity prevention into office practice.
- Provide training and technical assistance to health care providers and office staff to ensure the effective integration of obesity prevention into office practice.
- Promote the use of existing resources such as *Exercise is Medicine* prescription, *Ounce of Prevention 12 Well-Child Visit* prescriptions, and the American Academy of Pediatrics (AAP) *Healthy Active Living* prescription.
- Maintain and distribute a comprehensive chart with insurance reimbursement codes for federal- and state-funded insurance plans (i.e., Medicare, Medicaid, and Children's Health Insurance Program) for the prevention and assessment of overweight/obesity.

HEALTH CARE OBJECTIVE 2

By 2013, offer and promote annual continuing education opportunities for health professionals focused on evidence-based nutrition, physical activity, breastfeeding, and obesity prevention practices.

Strategies

- Encourage health professionals to maintain current knowledge of national, evidence-based nutrition, physical activity, and breastfeeding recommendations such as the *Dietary Guidelines for Americans* and the *2008 Physical Activity Guidelines for Americans*.
- Identify and promote evidence-based continuing medical education/continuing education (CME/CE) programs that address obesity prevention, assessment, and treatment.
- Promote the Obesity Society's newly established "Certified Obesity Medical Physician" certification to eligible health care professionals.
- Encourage use of the AAP *Breastfeeding Residency Curriculum*.
- Work with colleges and universities to include competencies in nutrition, physical activity, breastfeeding, and obesity prevention in programs that train future health professionals.

HEALTH CARE OBJECTIVE 3

By 2015, increase by 10 the number of hospitals that provide and promote healthier food and beverage options for food served or sold to staff and visitors on their hospital campuses.

Strategies

- Convene key personnel to assess the current food and beverage procurement practices and policies for food served or sold to staff and visitors on hospital campuses.
- Update the Indiana Healthy Weight Initiative Website with evidence-based recommendations and strategies for improving healthy food and beverage access, availability, and affordability on hospital campuses.
- Encourage farm to hospital programs (e.g., purchasing locally grown products, hosting a farmers' market or community-supported agriculture program on hospital grounds, or creating hospital gardens).
- Encourage hospitals, especially Critical Access and Disproportionate Share that reach disparately impacted populations in rural and low-income areas, to adopt food/beverage policies that serve as model policies for the community.
- Share success stories with hospitals throughout Indiana to expand adoption of healthy food/beverage policies.

HEALTH CARE OBJECTIVE 4

By 2015, increase by 20 the number of hospitals focused on obesity prevention in their community benefit/community outreach initiatives.

Strategies

- Provide information to hospital personnel on the importance of changing policies and environments to create healthier communities.
- Assess current efforts by hospitals to address obesity prevention at the community level.
- Collect and share information on the effective strategies of hospitals for developing and implementing their community benefit/community outreach initiatives that focus on obesity prevention.
- Promote the use of the Indiana Hospital Association's obesity prevention toolkit and implementation plan.
- Encourage hospitals to participate in local community initiatives to maximize resources and support their obesity prevention efforts.
- Encourage hospitals to collaborate with local agencies and organizations to provide nutrition, physical activity, and other obesity-related programs and services in low-income communities and/or underserved geographic areas.

Worksite

With modern day advances in technology, the landscape of today's workplace looks much different than it did a few decades ago. In many of today's workplaces, employees are sitting at a desk for the majority of their workday with limited opportunities for physical activity. Today's workplace can also be a challenging environment for employees to find healthy, low-cost foods served in cafeterias, vending machines, and in meetings.

Despite these challenges, worksites can be an ideal setting to improve health and prevent overweight, obesity, and other associated chronic diseases. Working adults spend a significant portion of their day at the workplace. In 2010, approximately 2.9 million people were employed in Indiana.¹⁷ Some of Indiana's largest employers include manufacturing, government and government enterprises, retail trade, and health care/social assistance. To help improve their bottom line, employers are finding that implementing obesity prevention strategies can lead to reduced health care costs, lower absenteeism, and increased productivity.



WORKSITE OBJECTIVE 1

By 2013, identify and disseminate a worksite-assessment tool that evaluates the current policies and environmental supports for nutrition, physical activity, and lactation in worksites.

Strategies

- Review existing worksite-assessment tools to determine if an established tool can be adopted for use. Develop a new worksite-assessment tool if needed.
- Post the worksite-assessment tool on the Indiana Healthy Weight Initiative Website and disseminate through other means.
- Partner with employers, professional organizations (e.g., Indiana Chamber of Commerce, local chambers of commerce, the Wellness Council of Indiana, Healthiest Employers of Indiana, Indiana Worksite Wellness Partnership, etc.), INShape Indiana, coalitions, and other stakeholders to promote the worksite-assessment tool and its benefits to employers.
- Provide technical assistance to employers on how best to use information from the worksite-assessment tool to improve policy and effect environmental changes.
- Provide a means for employers to give feedback on the tool and conduct internal review of the tool to improve it as needed.
- Recognize worksites using the worksite-assessment tool.

WORKSITE OBJECTIVE 2

By 2013, provide training and technical assistance to employers, local business groups, and coalitions on improving nutrition, physical activity, and lactation support at worksites.

Strategies

- Update the Indiana Healthy Weight Initiative Website with best practices and/or evidence-based interventions for worksites.
- Develop, disseminate, and promote an Indiana-specific worksite toolkit tailored to the needs, issues, and assets of small worksites across the state.
- Engage state and local business groups and coalitions to identify training needs and opportunities. Ensure training includes a focus on small employers and/or employers with a low-income workforce.
- Develop and execute a training plan that provides a variety of offerings using different methods of dissemination.
- Partner with organizations, such as the Indiana Chamber of Commerce, local chambers of commerce, Healthiest Employers of Indiana, the Wellness Council of Indiana, and local health care providers, to offer training opportunities.

WORKSITE OBJECTIVE 3

By 2020, increase by 200 the number of employers that have implemented 1 or more evidence-based policies and/or environmental change strategies to support nutrition, physical activity, and breastfeeding.

Strategies

- Provide information to employers on the importance of changing policies and environments to create healthier worksites.
- Encourage the use of assessment data (from the worksite-assessment tool) to drive implementation of policy and/or environmental change strategies.
- Connect at the design/construction level for new business buildings to provide education/tools for initiating an environment conducive to healthy choices.
- Promote the Indiana Small Employer Worksite Wellness Tax Credit online and with earned media opportunities.
- Encourage the use of the U.S. Department of Health and Human Services *Business Case for Breastfeeding: Steps for Creating a Breastfeeding Friendly Worksite* comprehensive plan.
- Collaborate with partners, such as the Indiana Chamber of Commerce, local chambers of commerce, Healthiest Employers of Indiana, the Indiana Wellness Council, and local health care providers, to recognize Indiana employers who are creating healthier work environments.
- Identify and promote evidence-based nutrition, physical activity, and weight loss/management programs that include a social support component.
- Encourage employers to participate in local community initiatives to maximize resources and support their obesity prevention efforts.

WORKSITE OBJECTIVE 4

By 2014, implement additional efforts to provide and promote healthier food and beverage options and physical activity by state agencies and/or state-owned facilities.

Strategies

- Convene key personnel from state agencies and state-owned facilities to assess the current nutrition and physical activity environment in facilities.
- Ensure that state agencies and/or state-owned facilities with cafeterias and vending options have strong nutrition standards in place wherever foods and beverages are sold or available.
- Promote the availability of healthier foods and beverages in cafeterias and vending options located in state agencies and/or state-owned facilities.
- Provide information to key decision-makers and institutional buyers on purchasing healthier foods, including locally grown foods.
- Encourage the use of nutrition standards for foods and beverages available in government-run or regulated programs and/or facilities.
- Ensure state agencies and/or state-owned facilities promote programs among employees that support walking and bicycling for health during breaks and for transportation.
- Ensure state agencies and/or state-owned facilities promote the use of stairs by employees and visitors where applicable.

Older Adults

Indiana's older adult (65 years and older) population will substantially increase in the coming years. In 2009, the state's older adult population was estimated at 828,591 (13% of the state's population).¹⁸ By 2030, this figure is projected to climb to over 1.3 million (20% of the state's population).¹⁹ This substantial increase in Indiana's older adult population presents new challenges, as older adults typically have one or more chronic conditions and become less physically active as they age.

Where and how we live can affect healthy aging. As more older adults choose to age in place, having neighborhoods that offer access to healthy foods, safe places to walk, easy access to public transit, shops, services, gathering places, and homes built closer together will help promote and support healthy behaviors among older adults. City planners, government officials, developers, community organizations, park and recreation departments, and non-profit groups are just a few of the many groups that play a vital role in creating environments where older adults can live a healthy, active life.



OLDER ADULT OBJECTIVE 1

By 2013, conduct a statewide assessment and provide recommendations to help older adults achieve and/or maintain a healthy lifestyle.

Strategies

- Identify the resources and expertise needed to conduct an assessment.
- Convene statewide partners and other stakeholders that provide programs, resources, facilities, and services to older adults to help contribute information.
- Ensure assessment information highlights access and affordability issues for healthy foods and places for physical activity in underserved and/or low-income communities where older adults live.
- Distribute assessment results and recommendations to all statewide partners and other stakeholders via the Indiana Healthy Weight Initiative Website, as well as presentations at meetings, conferences, etc.
- Provide information to state and local stakeholders, decisions-makers, and the public about the current state of access and affordability issues for healthy foods and places for physical activity for older adults.
- Advocate for policies and environments that improve access to and affordability of healthy foods and places for physical activity for older adults.

OLDER ADULT OBJECTIVE 2

By 2015, launch a multi-year, statewide initiative to promote healthy eating and physical activity among older adults.

Strategies

- Convene statewide partners, including older adults, and use assessment information and recommendations to determine key strategies.
- Ensure the initiative promotes the following:
 - » Increased opportunities for healthy eating and physical activity through policy and environmental change strategies,
 - » Expansion of community programs and services to address healthy eating and physical activity among older adults,
 - » Increased awareness of the benefits of healthy eating and physical activity among older adults.
- Include activities and messaging that are consistent with the Indiana Healthy Weight Initiative and INShape Indiana.
- Identify specific ways individuals and organizations can participate in the initiative.
- Provide training and technical assistance for health, aging, urban/community planning, transportation, recreation, social service, and public and private sector organizations on the importance of creating healthier environments for older adults.
- Increase the number of community-wide campaigns to improve healthy eating and physical activity that includes older adults as a priority population.
- Encourage linkages between health professionals and local communities to facilitate referrals to local nutrition and physical activity resources.

Faith-Based

In Indiana, there are more than 7,000 congregations representing over 3 million members.²⁰ Faith-based organizations (FBO) serve in many capacities. In addition to places of worship, FBOs offer programs such as child care and/or pre- or after-school programs, food pantries, soup kitchens, and community gardens. Regardless of congregation size or religious affiliation, FBOs offer the opportunity to support and promote nutrition, physical activity, and breastfeeding among their memberships and programs.

Engaging FBOs in community obesity prevention initiatives is good practice. Communities, particularly in distressed areas, trust faith-based leaders and the organizations, themselves. They create and provide community leadership; they can access human and financial resources. FBOs serve as community and cultural anchors in areas where they have long been located, and they can provide access to low-income and/or minority populations.²¹ As part of a greater community effort, FBOs can advocate for and make changes that promote the health and wellness of community members.

FAITH-BASED OBJECTIVE 1

By 2014, provide four training opportunities for leaders of faith-based organizations (FBO) to raise awareness and understanding of how FBOs can participate in state and/or local obesity prevention initiatives.

Strategies

- Identify specific conferences and/or events as venues for providing training to leaders of FBOs.
- Provide information to FBOs on the importance of promoting and advocating for healthy foods and beverages, physical activity, and breastfeeding to improve the health of congregations and communities.
- Develop and disseminate a guide(s) for FBOs that provides recommendations for nutrition, physical activity, and breastfeeding for faith-based settings.
- Update the Indiana Healthy Weight Initiative Website with best practices and/or evidence-based nutrition, physical activity, breastfeeding, and/or health disparities interventions for FBOs.
- Identify and promote best practices and/or evidence-based nutrition, physical activity, and weight loss/management programs that include a social support component.

FAITH-BASED OBJECTIVE 2

By 2020, increase by 20 the number of state and/or local partnerships/coalitions that include the faith-based community in obesity initiatives.

Strategies

- Facilitate collaborative faith and community partnerships.
- Partner with state agencies and organizations (e.g., the ISDH Office of Minority Health, Indiana Minority Health Coalition, and the Office of Faith-Based and Community Initiatives) to facilitate collaboration with minority congregations.
- Encourage FBOs to participate in local community initiatives to maximize resources and support their obesity prevention efforts.
- Disseminate information and resources to FBOs on state and/or local initiatives and opportunities.

Community

Where people live, learn, work, and play does affect health. People are more likely to eat healthy and be physically active in a community that promotes and supports those behaviors.²² There are 92 counties in Indiana, which include 120 cities and 447 towns comprising a mix of urban, suburban, and rural communities. Each has its own government entity. Additionally, there are 1,008 townships that cover the entire state.^{23,24} Changing the social and physical environments of local communities as well as the settings within these communities (e.g., schools, worksites, child-care facilities, etc.) to better support healthy eating and physical activity will be no small task. However, implementing interventions within communities is good practice because of their many assets, including human resources, member knowledge and understanding of the community, the influence of local leaders on local policymakers, the ability to bring people together for a common cause, and the sharing of common problems.²⁵

COMMUNITY OBJECTIVE 1

By 2014, provide at least 10 training and/or technical assistance opportunities for local partnerships/coalitions that focus on nutrition, physical activity, breastfeeding, policy and advocacy, coalition development, and/or health disparities.

Strategies

- Engage members of local partnerships/coalitions throughout Indiana to identify training and technical assistance needs.
- Develop a training plan that provides a variety of offerings using different methods of dissemination.
- Develop and implement an evaluation plan for the training events.
- Update the Indiana Healthy Weight Initiative Website with best practices and evidence-based nutrition, physical activity, breastfeeding, and health disparities interventions for communities.
- Promote the Healthy Communities database to share resources and information on model policies and local examples of policy and environmental changes.

COMMUNITY OBJECTIVE 2

By 2017, increase by 30 the number of communities (i.e., counties and/or cities) that have assessed built and social environments related to nutrition and physical activity.

Strategies

- Educate community members and groups about the need to identify local needs, opportunities, and resources.
- Build or use an existing local partnership/coalition to plan and implement an assessment.
- Update the Indiana Healthy Weight Initiative Website with evidence-based assessment tools and methodologies to collect information and data.
- Provide technical assistance to train community members on how to conduct the assessment.
- Ensure that information and data highlight nutrition and physical activity accessibility and affordability issues in low-income and/or underserved geographic areas.
- Identify strategies for evidence-based nutrition and physical activity policy and environmental change and base them on the community's needs.
- Develop a Community Action Plan (CAP) that includes strategies, action steps, potential funding sources, and a timeline for implementation of strategies.
- Complete an assessment such as a Health Impact Assessment (HIA) of the potential health impacts of identified policies or environmental changes.
- Communicate local needs, priorities, and strategies to key community leaders and other stakeholders to assist in adoption, implementation, and funding of the CAP.

COMMUNITY OBJECTIVE 3

By 2020, increase by 40 the number of communities that have implemented 1 or more evidence-based policy and/or environmental change strategies to support nutrition and physical activity.

Strategies

- Provide information to community leaders on the importance of policy and environmental change strategies that support nutrition and physical activity to create a healthy and economically viable environment.
- Encourage the use of a CAP (based on assessment data) to drive implementation of policy and/or environmental change strategies.
- Ensure the implementation of policy and environmental change strategies focuses on increasing access to and the affordability of healthy foods and places for physical activity in underserved geographic areas (e.g., rural communities) and high-risk populations within the community.
- Develop and enhance local partnerships/coalitions to support implementation and evaluation of the CAP.
- Identify key leaders, champions, and resources needed to promote and implement strategies within the CAP.
- Implement community-wide campaigns to support policy and/or environmental change.
- Develop a network of peer mentoring among communities via the Indiana Healthy Weight Initiative Website and other means to share information, lessons learned, and model policies.

COMMUNITY OBJECTIVE 4

By 2020, implement community-wide campaigns in at least 20 communities to improve nutrition and increase physical activity.

Strategies

- Develop and secure funding for a campaign as a means to support and promote a larger, coordinated community (i.e., county and/or city) initiative focused on improving the health of its residents and creating a healthier environment.
- Build or use an existing partnership/coalition that includes a diverse group of local agencies and organizations that plan and implement nutrition- and physical activity-related activities. Ask partners representing different settings (e.g., child care, schools, worksites, faith-based organizations, etc.) to offer activities and events as part of the campaign.
- Identify the priority audience, including underserved children and adults, and conduct the campaign based on formative research.
- Develop an evaluation program for the campaign.
- Ensure the campaign delivers messages through a variety of media such as television, radio, and newspapers; social media; and through community-level programs, activities, policies, and environmental supports.
- The campaign should have a clear and standardized “brand” as well as nutrition, physical activity, and healthy weight messaging that is consistent with the Indiana Healthy Weight Initiative and INShape Indiana.
- Recruit key individuals and organizations in the community to commit to help promote the campaign, including local celebrities, local media, and local government.

COMMUNITY OBJECTIVE 5

By 2014, establish a large, diverse statewide network of professionals with competence and expertise in physical activity and health to promote and support state and community-based physical activity policy and environmental changes.

Strategies

- Educate state and local community leaders, decision-makers, and others on equally supporting and promoting physical activity and healthy eating to achieve and maintain a healthy community.
- Advocate for state and local public health, professional, and community-based organizations to invest resources equitably in physical activity to promote overall good health and reduce the burden of obesity and other chronic diseases.
- Encourage state and local public health, professional, and community-based organizations to hire and retain competent/qualified physical activity professionals to assist with obesity and chronic disease initiatives.
- Encourage local partnerships/coalitions throughout Indiana working on nutrition, physical activity, and obesity-related initiatives to include physical activity professionals or paraprofessionals among their memberships.
- Provide statewide training and technical assistance opportunities for physical activity practitioners and paraprofessionals, including the Physical Activity in Public Health Specialist (PAPHS) Certification.
- Develop a statewide speakers bureau consisting of physical activity professionals to communicate effectively the importance of policy and environmental changes that address physical activity.

COMMUNITY OBJECTIVE 6

By 2020, increase the number of Complete Streets policies at the Metropolitan Planning Organization (MPO) and/or local level from 3 to 15.

Strategies

- Promote streets planned, designed, and maintained to accommodate all types of transportation including transit, cars, pedestrians, and cyclists, as well as accessible and safe for older adults, children, and those with disabilities.
- Provide information to stakeholders at the state, regional, and local level about the health, financial, economic development, and design benefits that can result from finished complete streets projects.
- Provide training for planners and engineers in balancing the needs of diverse users.
- Encourage the adoption and implementation of Complete Streets through a variety of methods that may include executive orders from elected officials, internal memos from directors of transportation agencies, inclusion in comprehensive plans, rewrite of design manuals, and/or ordinances and resolutions.
- Encourage that recommended elements for a Complete Streets policy from the National Complete Streets Coalition be considered when developing a policy.
- Encourage local partnerships/coalitions to include Complete Streets policy in the development, renovation, and maintenance of trails as part of their community's initiative to address obesity.

COMMUNITY OBJECTIVE 7

By 2017, increase the number of Indiana counties with at least 20 acres of public local outdoor recreation land per 1,000 residents from 22 counties to 32 counties.

Strategies

- Promote moderate, fun physical activity daily, including outdoor activities whenever possible.
- Encourage investment in the development, renovation, and maintenance of parks, playgrounds, trails, and recreation facilities.
- Encourage non-traditional funding for the development, renovation, and maintenance, of parks, playgrounds, trails, and recreation facilities.
- Encourage local partnerships/coalitions to include the development, renovation, and maintenance of parks, playgrounds, trails, and recreation facilities as part of a community's efforts to address obesity.
- Adopt and implement strategies that improve access to and the safety and security of parks, playgrounds, trails, and recreation facilities, especially in low-resource and high-crime neighborhoods.
- Encourage programs in parks, recreation, fitness, and sports that are appropriate for individuals of all ages and genders, diverse cultures, abilities, developmental stages, and needs and that have demonstrated positive physical activity outcomes.

COMMUNITY OBJECTIVE 8

By 2020, increase by 20% the mileage of trails available throughout Indiana and promote their use as a means to increase physical activity, recreation, and transportation.

Strategies

- Educate the public and private sectors about the benefits that a statewide trails system will bring to their communities in terms of health, fitness, tourism, active transportation infrastructure, and economic advantages.
- Improve the coordination of trail development, planning, funding, design, and construction at local, state, and federal levels.
- Encourage continued investment in the development, renovation, and maintenance of the statewide trail network.
- Create and maintain information about trail locations, access points, types of physical activity associated with the trail, safety information, and accessible destinations via the trail for distribution via the Web or easy-to-use maps.
- Plan incentives and social support activities for a variety of existing or potential trail users (e.g., families, walking groups, youth, older adults, bicycle and running clubs, etc.) to encourage use of trails.
- Encourage local partnerships/coalitions to include the development, renovation, and maintenance of trails as part of their community's initiative to address obesity.
- Advocate that trails be included as part of a larger active transportation system to connect the places where people live, learn, work, shop, and play.

COMMUNITY OBJECTIVE 9

By 2013, establish at least one food policy council at the state, regional, or local level.

Strategies

- Educate statewide partners on the role and benefits associated with having a food policy council.
- Establish a strong, diverse network of stakeholders from many sectors of the food system (e.g., production, consumption, processing, distribution, and waste recycling) to participate.
- Apply national recommendations and best practices for the structure and practices of food policy councils.
- Ensure information garnered from an assessment of the food system drives the priorities and activities of the food policy council.
- Identify additional resources to expand capacity and infrastructure to support food policy councils.
- Once established, monitor the effects of the council's policies and/or activities.

COMMUNITY OBJECTIVE 10

By 2014, increase the number of farmers' markets statewide licensed to accept Supplemental Nutrition Assistance Program (SNAP) benefits (e.g., Hoosier Works card) from 1 to 20.

Strategies

- Advocate for greater access to fruits and vegetables for low-income persons through farmers' markets.
- Establish a partnership of public and private agencies such as the ISDH, FSSA, ISDA, Purdue University Cooperative Extension Service, and the Indiana Cooperative Development Center (ICDC) to promote and support the number of farmers' markets licensed to accept the Hoosier Works card.
- Create and promote an online resource, *Hoosier Works Card Program at Farmers' Markets*, for market managers and farmers to assist them with the licensing process to accept the Hoosier Works card.
- Provide educational sessions on the licensing process throughout Indiana at events such as the Farmers' Market Boot Camps and the Indiana Horticulture Congress.
- Promote resources such as the United States Department of Agriculture's (USDA) *Know Your Farmer, Know Your Food* Website, the ISDA Website, and the *Ag Grant Guru* to locate funding opportunities.
- Create and promote a farmers' market food assistance partnership to share information and lessons learned about initiating and maintaining a Hoosier Works card program.
- Support and promote the farmers' market and direct-marketing farmers already licensed to accept the Hoosier Works card.
- Ensure that having a licensed farmers' market to accept SNAP benefits is part of a community's initiative to address obesity.

COMMUNITY OBJECTIVE 11

By 2012, conduct a food system assessment to increase awareness of Indiana's current food system and to provide recommendations for improvement.

Strategies

- Identify the resources and expertise needed to conduct a food system assessment in Indiana.
- Involve statewide partners and other stakeholders that comprise the many sectors of Indiana's food system to help contribute information.
- Identify and collect the data needed for the assessment.
- Disseminate assessment results to all statewide partners and other stakeholders via the Indiana Healthy Weight Initiative Website and other means.
- Use assessment results to inform and educate state and local stakeholders, decision-makers, and the public about the current state of Indiana's food system.
- Use assessment results to advocate and influence policies that will strengthen Indiana's food system.

COMMUNITY OBJECTIVE 12

By 2013, provide technical assistance and education to support and promote the availability of nutrition information and the availability of healthier food options in restaurants.

Strategies

- Convene statewide partners, including the Indiana Restaurant Association (IRA), to identify and/or create resources and to disseminate key messages.
- Ensure the initiative focuses on:
 - » Using calorie information to achieve and maintain a healthy weight,
 - » Advocating for restaurants to offer more fresh, locally grown produce; more forms of fruits and vegetables; nutritionally balanced meals for children and adults; and smaller, more economical portions of food,
 - » Recognize leaders in the food industry that offer healthier food options.
- Establish a working group that includes the IRA, culinary institutes, and chefs' associations to begin a dialogue on how chefs can become more engaged in addressing obesity.
- Collaborate with the IRA and the IDOE to work with future culinary and food management leaders to expand the "Pro-Start" curriculum to include a greater emphasis on healthy nutrition innovation.
- Collaborate with the IRA and the Indiana Dietetic Association to provide guidance and assist restaurant operators with how to modify recipes and adopt menus to accommodate healthier food choices.



NEXT STEPS

Implementation

Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020, should serve as a roadmap directing individuals, groups, and organizations toward the creation of healthier environments to support improvements in health behaviors among Indiana's residents. It is not the Plan's purpose to provide the necessary, detailed steps to achieve the objectives and strategies. The Plan's success will greatly depend on the ability of the Indiana Healthy Weight Initiative Task Force, the Division of Nutrition and Physical Activity (DNPA), and other partners to take on the responsibility of implementing the objectives and strategies as part of their day-to-day activities. The Plan is a working document; and although there are already specific planned activities, the Plan will continue to evolve throughout the next 10 years to promote and ensure its widespread implementation.

It will be vital for all of us to entrench the objectives and strategies into the goals, objectives, and priorities of our individual programs and organizations. To successfully implement this Plan and make sustainable progress, it will not be enough to realize the objectives and strategies. We must be committed beyond the life of this Plan. The Plan's objectives and strategies are not meant to duplicate current efforts or future efforts. Rather, the institutionalization of the Plan should complement and enhance existing strategic and/or statewide plans, initiatives, and activities that focus on improving the health of Indiana's residents, especially as they relate to nutrition, physical activity, obesity, and chronic disease.

The charge and official work of the Indiana Healthy Weight Initiative Task Force will go from planning to implementation and evaluation of *Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020*. The DNPA will work with current members to assess Task Force needs and

resources as the group moves into implementation activities. The Task Force may experience some changes in leadership, membership, structure, and roles and responsibilities during this time of transition. The Plan's successful implementation will require the experience and expertise of many more individuals and organizations than currently involved in the Task Force. The DNPA will work with Task Force leadership to recruit new members and ensure existing members and new members are committed to the new charge of the Task Force and to working collaboratively for change.

Each year, the Indiana Healthy Weight Initiative Task Force, the DNPA, and other partners will develop an implementation plan. This plan will include:

- The specific objectives for implementation
- The groups and organizations needed to complete the objectives and strategies
- The resources needed to complete the objectives and strategies
- The specific process for monitoring and tracking progress
- A system to ensure the quality of implementation of interventions
- A timeline showing milestones along with expected completion dates

There is no one funding source that will support the Plan's implementation. Again, implementation will be a coordinated and collaborative effort shared by many individuals, groups, and organizations. Therefore, adequate funding and other resources needed for implementation will be a collective responsibility among many. Putting the Plan into action will require committing existing resources, shifting resources from activities and initiatives

proven ineffective or not evidence-based, advocating for new funding, and identifying new resources.

Throughout the Plan's implementation, the Indiana Healthy Weight Initiative Website and speakers bureau, as well as other resources, will acknowledge and share the successes and lessons learned by those implementing the Plan. Because the Plan's scope of work is great and requires statewide and local action, we must keep individuals, groups, and organizations connected and inspired to achieve success. Those of us involved in implementation and those interested in adopting a certain objective or strategy for implementation will need to know about the commitment and work of our state's champions, learn about the innovative ideas put into action that are transforming our state and local communities, and have a source of guidance for our own efforts. As we all gather experience from implementing the objectives and strategies over the next 10 years, we will find common ground on what works best and what does not. This valuable information will help increase the efficiency and effectiveness of our work and the use of our resources.

Evaluation

Evaluation has been an important, integrated function of the development of *Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020*. It is an ongoing process and will continue throughout the life of this Plan. As we move into implementation, we want to monitor and measure the progress of the workgroup objectives and strategies to ensure that specific policy, environmental, and system changes occur statewide and within our communities to ultimately improve health behaviors and reduce obesity and chronic disease. Evaluation will help our work

stay focused, commemorate successes, and identify areas in need of corrective measures early in the process to ensure success. The Division of Nutrition and Physical Activity (DNPA) initiated evaluation activities early on in the planning process to keep the development of the Plan on task and to help the Indiana Healthy Weight Initiative Task Force produce a quality, meaningful plan for Indiana. These activities included completion of a partnership interest survey, Task Force meeting evaluations, and a partnership satisfaction survey. These activities helped to gauge subject area interest, as well as satisfaction within workgroups and with Task Force meetings.

Information from the partnership interest survey helped to identify Task Force members with expertise and/or an interest in evaluation. The DNPA used guidance from the CDC's Division of Nutrition, Physical Activity, and Obesity Evaluation Team to form the Evaluation Advisory Group (EAG). This group of Task Force members focused on evaluation of the implementation of this Plan. The DNPA Epidemiologist provided leadership and coordination for the EAG. The EAG identified three areas of focus during the development process of the Plan: developing logic models, setting baselines and creating targets, and creating evaluation plans of the implementation process. The logic model for the Plan shows the main components of the Plan and their relationship to each other (Figure 4). The intermediate-term outcomes and long-term outcomes in the logic model reflect what the workgroup objectives and strategies intend to affect and will guide evaluation activities. Additionally, the logic model shows the suggested sequence of actions needed to improve nutrition and physical activity and reduce obesity and chronic disease.

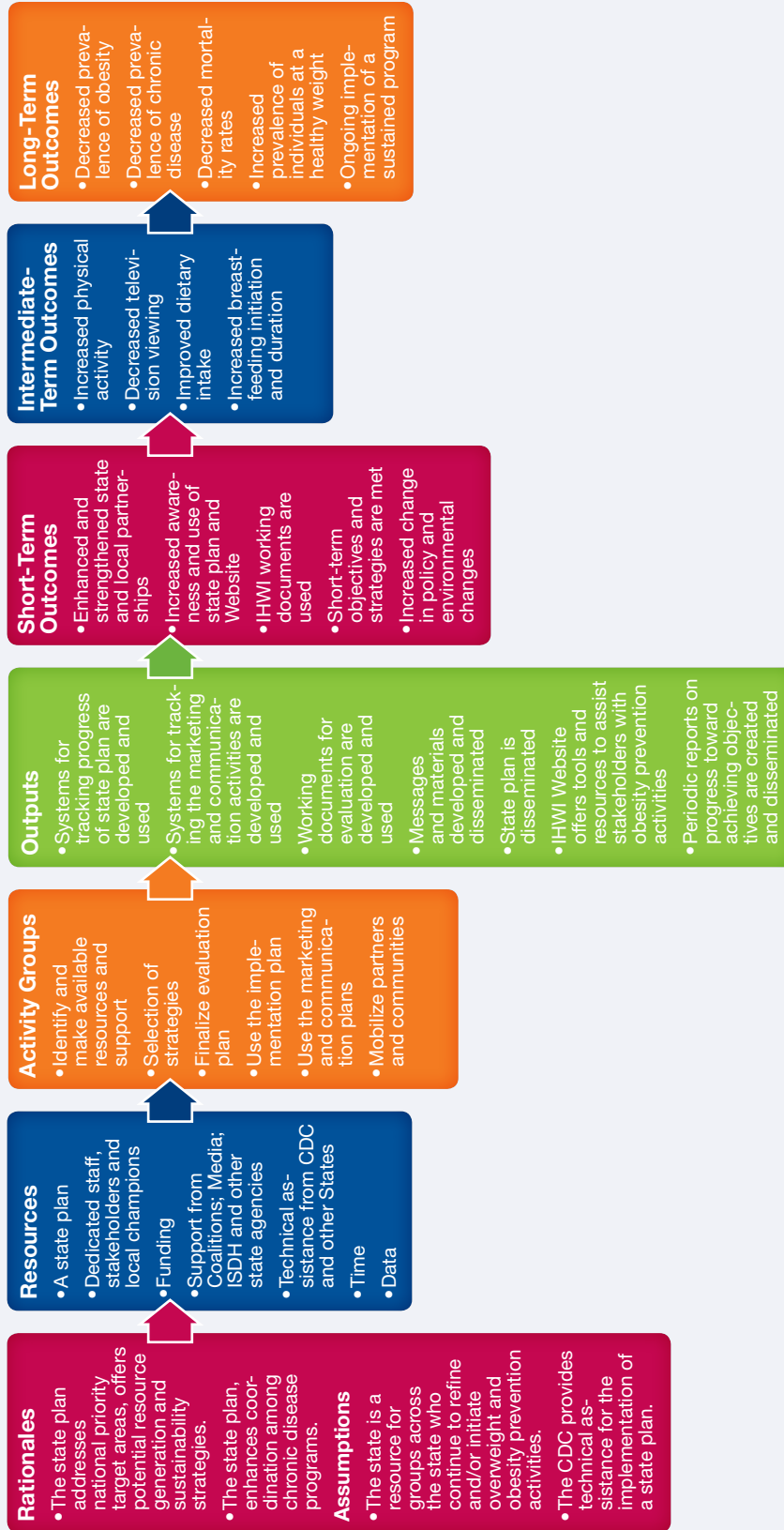
Figure 4: Logic Model

Problem Statement

The rising prevalence of overweight and obesity over the past decade is alarming for adults, adolescents, and children in all ethnic and racial groups. It has had a negative impact on both the health of Hoosiers and the economy of Indiana.

Goal

A state plan is used to guide the work of individuals, organizations, communities, and other sectors so that their activities in the prevention and control of overweight and obesity are synchronized, efficient and successful.



Specific questions that an evaluation can answer are developed to provide a foundation for measurement. Some questions guiding *Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020*, evaluation include:

1. Who are the individuals and organizations engaged in the implementation of the Plan and to what extent?
2. What progress is Indiana making in achieving the objectives of the Plan?
3. What resources were used to implement the Plan?
4. Were stakeholders satisfied with the progress of the Plan?

The evaluation questions will help us monitor both processes and outcomes, and form the framework for evaluation during implementation of the Plan. Measurement of the Indiana Healthy Weight Initiative Task Force and other partnership evolution and satisfaction, increased awareness and knowledge of the Plan, Indiana Healthy Weight Initiative Website usage, objective and strategy implementation, and behavioral indicators and health outcomes will comprise the bulk of evaluation activities. We will track progress using existing data sources such as the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Survey

(YRBS), School Health Profiles, and the National Immunization Survey (NIS). We may develop and/or implement other surveys to assist with evaluation and will use additional methodologies such as interviews, focus groups, and observation to gather data and information.

Like the Indiana Healthy Weight Initiative Task Force, the EAG membership, structure, and roles and responsibilities may change during implementation; however, the group will help coordinate and guide evaluation activities and provide technical assistance during implementation. Each year, the EAG will select a subset of objectives in this Plan for rigorous evaluation by the group with assistance from the Indiana Healthy Weight Initiative Task Force, while other objectives and strategies may undergo evaluation by the individuals, groups, and/or respective organizations working on them directly. Additional evaluation questions and data sources, as well as the interpretation of the evaluation results, will also be determined based on the subset of objectives selected. The EAG will determine a process for disseminating evaluation results to the Indiana Healthy Weight Initiative Task Force, the DNPA, and other key stakeholders and will ensure informed decision-making and appropriate action are taken as implementation of the Plan continues.

GLOSSARY

Active Transportation

Any method of travel that is human powered, most commonly walking and bicycling.

Baby-Friendly Hospital

A designation given by the World Health Organization and the United Nations Children Fund to hospitals that promote, protect, and support breastfeeding.

Body Mass Index

A statistical measure of body weight based on a person's weight and height. Though it does not actually measure the percentage of body fat, it is used to estimate a healthy body weight based on a person's height. Due to its ease of measurement and calculation, it is the most widely used diagnostic tool to identify weight problems within a population, usually whether individuals are underweight, overweight, or obese.

Child and Adult Care Food Program

A program from the United States Department of Agriculture that provides nutritious meals and snacks in child-care centers, family child-care homes, Head Start programs, after-school programs, shelters, and adult day-care centers, as well as reimbursement for food and meal preparation costs, ongoing training on the nutritional needs of children, and on-site assistance in meeting the program's strong nutritional requirements.

Child Care and Development Fund

A federal program that assists low-income families, families receiving temporary public assistance, and those transitioning away from public assistance in obtaining child care so they can work or attend needed training/education.

Child Development Associate

A credential awarded to individuals who have completed a list of requirements, including 120 hours of training, set forth by the Council for Professional Recognition to work with infants, toddlers, or preschoolers.

Complete Streets

Streets designed and operated to enable safe access along and across the street for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities.

Competitive Foods

Foods and beverages offered at school, other than meals and snacks served through the federally reimbursed school lunch, breakfast, and after-school snack programs.

Community-Wide Campaign

A large-scale, multi-component campaign that delivers messages by using media such as television, radio, newspaper columns, and inserts.

Coordinated School Health Advisory Council

Indiana Code 20-26-9-18 mandates that all Indiana school corporations participating in the National School Lunch and/or Breakfast Programs shall establish a Coordinated School Health Advisory Council to review annually the corporation's wellness policy and to perform other school health-related functions.

Energy Density

The number of calories in a particular amount or weight of food.

Environmental Change

An alteration or change to the physical, social, or economic environment designed to influence people's behaviors.

Exclusive Breastfeeding

The infant receives breast milk only, with no additional food or drink, not even water.

Farm to School

A school-based program that connects schools K-12 and local farms with the objective of serving healthy meals in school cafeterias; improving student nutrition; providing agriculture, health, and nutrition education opportunities; and supporting local and regional farmers.

Food Policy Council

A group of stakeholders from public, private, and non-profit sectors who represent a wide array of interests—including nutrition, health, agriculture, education, policy, community design, and commerce—that support and advise residents and governments in developing policies and programs to improve the local food system with the goal of increasing consumer access to and the availability of affordable, healthy food, such as fruits and vegetables.

Food Systems

A local, regional, national, or global system that includes the production, processing, packaging, distribution, marketing, consumption, and waste disposal of food and food-related items.

Hoosier Works Card

A plastic debit card, designed to replace paper food stamp coupons and checks, that allows low-income households to use electronic benefits to purchase food at most grocery stores.

Joint-Use Agreement

An agreement between two or more entities, such as a school and a city or private organization, that establishes the sharing of indoor and outdoor spaces like gymnasiums, athletic fields, and playgrounds.

Licensed Child Care Center

A nonresidential building where at least 1 child receives child care from a provider while unattended by a parent, legal guardian, or custodian; for regular compensation; and for more than 4 hours but less than 24 hours in each of 10 consecutive days per year, excluding intervening Saturdays, Sundays, and holidays.

Licensed Child Care Home

A residential structure in which at least 6 children (not including the children for whom the provider is a parent, stepparent, guardian, custodian, or other relative or any child who is at least 14 years of age and does not require child care) at any time receive child care from a provider while unattended by a parent, legal guardian, or custodian; for regular compensation; and for more than 4 hours but less than 24 hours in each of 10 consecutive days per year, excluding intervening Saturdays, Sundays, and holidays.

Obesity

Classified as an adult body mass index of 30 or higher.

Overweight

Classified as an adult body mass index between 25 and 29.9.

Paths to QUALITY

Indiana's voluntary quality rating system that validates programs and child-care providers for ongoing efforts to achieve higher standards of quality and provides incentives and awards for success.

Physical Activity

Any bodily movement produced by the contraction of skeletal muscle that increases energy expenditure.

Physical Education

A planned, sequential pre-kindergarten-12 program of curricula and instruction that helps students develop the knowledge, attitudes, motor skills, self-management skills, and confidence needed to adopt and maintain physically active lifestyles.

Policy

Laws, regulations, rules, protocols, and procedures designed to guide or influence behavior. Policies can be either legislative or organizational in nature.

Secondary Schools

Middle and high schools.

School Wellness Policy

A formal document required in all school corporations that participate in the National School Lunch and/or Breakfast Programs that outlines the corporation's mission to provide curriculum, instruction, and experiences that support nutrition, physical activity, health, and lifelong learning.

Social Marketing Campaign

The application of commercial advertising and marketing concepts to the planning, implementation, and evaluation of programs designed to influence voluntary behavior of target audiences in order to improve their personal welfare and that of society.

Sugar-Sweetened Beverage

Any beverage that has been calorically sweetened either by industry processing or by consumer preparation.

Systems Change

A permanent change to the policies, practices, and decisions of related organizations or institutions in the public and/or private sector.

Unlicensed Registered Child Care Ministry

Child care operated by a church or religious ministry that is a religious organization exempt from federal income taxation under Section 501 of the Internal Revenue Code.

Universal Free Breakfast

A breakfast offered through the School Breakfast Program that is available to all students at no cost.

Walkability and Bikeability Assessment

An assessment of the ease and safety with which people can walk and bicycle within a community.

Worksite Wellness Tax Credit

Indiana Code 6-3.1-31.2 provides a state tax credit of 50% of the costs incurred by an Indiana small business (2-100 employees) for providing a qualified wellness program for employees during the taxable year that addresses three components: employee-appropriate weight loss, smoking cessation, and the pursuit of preventive health care services.

APPENDICES

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The Indiana Healthy Weight Initiative would like to thank the many people and organizations whose expertise, time, and passion made this Plan possible.

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Appendix B: Defining Overweight and Obesity

Often, the terms overweight or obese are used interchangeably in everyday discussion with the implication that they describe the same thing. However, there are different clinical definitions for overweight and obesity. This is important to clarify and understand while reading the Plan. While it is true that *overweight* and *obese* refer to a person's overall body weight being too high, there are defining boundaries for each. For adults, overweight and obesity are determined by Body Mass Index (BMI), which is calculated by comparing an individual's weight with the individual's height. Overweight is defined as having a BMI of 25.0 to 29.9, while obesity is defined as having a BMI of 30.0 and above. For most people, BMI provides a reliable indicator of body fatness.

Weight Status Category	BMI
Underweight	Below 18.5
Healthy Weight	18.5 - 24.9
Overweight	25.0 - 29.9
Obese	30.0 and Above

For infants, children and adolescents, BMI status for age and gender (i.e., BMI-for-age) is used to determine whether or not a healthy weight is being met when compared to others of the same age and sex. A percentile ranking is applied and is the most commonly used indicator to assess the size and growth patterns of individual children. Overweight is defined as having a weight for height (BMI) greater than or equal to the 85th percentile but below the 95th percentile. Obesity is defined as having a weight for height greater than or equal to the 95th percentile.

Weight Status Category	Percentile
Underweight	Less than the 5th percentile
Healthy Weight	5th percentile to less than the 85th percentile
Overweight	85th to less than the 95th percentile
Obese	30.0 and Above

Appendix C: Indiana's Comprehensive Nutrition & Physical Activity Plan, 2010-2020

Overarching Objectives

Healthy Weight and Obesity

- Increase the percentage of adults who are at a healthy weight from 35% to 38% by 2020.
- Increase the percentage of high school students who are at a healthy weight from 71% to 76% by 2020.
- Decrease the percentage of adults who are obese from 30% to 25% by 2020.
- Decrease the percentage of high school students who are obese from 13% to 10% by 2020.

Physical Activity

- Increase the percentage of adults who meet the recommended amounts of physical activity per day from 64% to 68% by 2020.
- Increase the percentage of high school students who meet the recommended amounts of physical activity per day from 41% to 55% by 2020.

Fruit and Vegetable Consumption

- Increase the percentage of adults who eat the recommended amounts of fruits and vegetables per day from 21% to 24% by 2020.
- Increase the percentage of high school students who eat the recommended amounts of fruits and vegetables per day from 16% to 21% by 2020.

Breastfeeding

- Increase the percentage of mothers who breastfeed their babies from 71% to 75% by 2020.
- Increase the percentage of mothers who breastfeed their babies exclusively at 3 months from 29% to 40% by 2020.
- Increase the percentage of mothers who breastfeed their babies at 6 months from 38% to 50% by 2020.
- Increase the percentage of mothers who breastfeed their babies at 12 months from 17% to 25% by 2020.

Sugar-Sweetened Beverages (Soda Consumption)

- Decrease the percentage of adults who drink 1 or more sugar-sweetened beverages per day from 69% to 59% by 2020.
- Decrease the percentage of high school students who drank a can, bottle, or glass of soda or pop 1 or more times per day during the past 7 days from 30% to 22% by 2020.

Appendix D: Indiana Prevalence Estimates for Weight Status of Selected Populations

		Underweight	Healthy Weight	Overweight	Obese	Total
Children 2-5 Years[†]	Total	2.7%	63.9%	16.8%	14.3%	75,673
	Gender					
	Male	2.6%	63.3%	17.0%	14.8%	36,258
	Female	2.7%	64.5%	16.5%	13.7%	35,533
	Race/Ethnicity					
	White, Not Hispanic	3.2%	69.9%	16.7%	13.4%	42,358
	Black, Not Hispanic	4.6%	75.7%	14.3%	10.0%	12,760
	Hispanic	2.1%	60.6%	19.0%	20.4%	16,084
	American Indian/ Alaska Native	2.4%	§	§	§	77
Children and Youth 10-17 Years[¶]	Total	5.2%	64.8%	15.3%	14.6%	865
	Gender					
	Male	5.8%	65.3%	11.5%	17.4%	432
	Female	4.8%	64.3%	19.2%	11.7%	433
	Race/Ethnicity					
	White, Non-Hispanic	6.3%	66.2%	14.1%	13.4%	610
	Black, Non-Hispanic	0.4%	66.2%	12.4%	21.0%	116
	Multiracial, Non-Hispanic	0.6%	41.5%	41.3%	16.6%	42
	Other, Non-Hispanic	9.5%	69.5%	11.4%	9.7%	13
Hispanic	1.8%	56.9%	18.8%	12.0%	36	
		Neither Overweight nor Obese	Overweight	Obese	Total	
High School Students^{**}	Total	71.3%		15.9%	12.8%	1,443
	Gender					
	Male	70.3%		14.0%	15.7%	733
	Female	72.4%		17.9%	9.7%	710
	Race/Ethnicity					
	White, Non-Hispanic	73.7%		14.9%	11.4%	1,117
	Black, Non-Hispanic	62.4%		21.0%	16.6%	104
	Hispanic/Latino	62.6%		18.1%	19.3%	108
	Adults >=18 Years^{††}	Total	34.8%		35.2%	30.0%
Gender						
Male		30.6%		39.7%	29.7%	3,455
Female		39.1%		30.7%	30.2%	5,408
Race/Ethnicity						
White, Non-Hispanic		35.2%		35.0%	29.8%	7,196
Black, Non-Hispanic		28.8%		36.8%	34.5%	1,109
Other/Multiracial, Non-Hispanic		37.3%		42.4%	20.3%	199
Hispanic		38.8%		29.0%	32.2%	258

* See Appendix B for definitions of weight status for children, adolescents and adults.

† 2009 Pediatric Nutrition Surveillance System.

§ Percentages are not calculated if <100 records are available for analysis after exclusions.

¶ 2007 National Survey of Children's Health.

** 2009 Youth Risk Behavior Survey.

†† Indiana State Department of Health, PHPC, ERC, Data Analysis Team, 2009 Behavioral Risk Factor Surveillance System.

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