

2012

Harford County Obesity Task Force Final Report to Harford County Council



Acknowledgements

We would like to extend our appreciation to the Obesity Task Force for their extensive work on this initiative and culminating report.

- Susan Kelly (Obesity Task Force Chair), Harford County Health Officer
- Councilwoman Mary Ann Lisanti (Obesity Task Force Vice-Chair), Harford County Council, District F
- Sheriff Jesse Bane, Harford County Sheriff's Office
- Bruce Clarke, Executive Chef and Owner, Laurrapin Grille
- Michael Elder, Private Citizen
- Janet Gleisner, Harford County Department of Planning and Zoning
- Dr. Rebecca Hartwig, Pediatric Partners
- Elizabeth Hendrix (Access to Healthy Food Subcommittee Chair), Director of Harford County Department of Community Services
- Jayne Klein, Klein's ShopRite
- Kathy Kraft (Community Engagement Subcommittee Chair), Director of Community Health/Leadership and Learning at Upper Chesapeake Health
- Kelly Lepley, Y of Central Maryland
- Arden McClune (Built Environment Subcommittee Chair), Director of Parks and Recreation
- Vanessa Milio, CEO, Harford County Chamber of Commerce
- Brad Milton, Owner, Brad's Produce
- Dr. Robert Tomback, Superintendent of Harford County Public Schools

Harford County Health Department was the lead organization in preparing this report: Russell Moy, MD, Deputy Health Officer, Laura McIntosh and Bari Klein, Health Policy Analysts, contributed to this document.

Executive Summary

On October 18, 2011, Harford County Council Member Mary Ann Lisanti introduced Resolution No. 28-11 which established a Harford County Obesity Task Force. Recognizing obesity as a public health concern, Councilman James McMahan co-sponsored the resolution. Acting both in their legislative authority and sitting as the Board of Health, the County Council unanimously supported the initiative. This document serves as the final report outlining nine critical recommendations to move towards a Healthier Harford. The 15 member task force has been assisted by over 50 committed community volunteers to develop a comprehensive list of strategies to accomplish these recommendations.

The Obesity Task Force established three subcommittees to tackle top issues concerning obesity: **access to healthy food**, the **built environment** and **community engagement**. The Obesity Task Force was charged with studying and making recommendations concerning programs and policies for the following:

- Educating citizens of all ages regarding healthier living, including food choices and exercise;
- Accessibility to healthy and affordable foods;
- Encouraging food providers to provide healthier food choices and menu options; and
- Identifying ways to develop and implement more opportunities for walkable communities and recreational activities for all citizens throughout the County.

Below are the final recommendations being made to the Harford County Council on behalf of the Obesity Task Force:

1. Encourage access to healthy food
2. Support school wellness
3. Implement the Bike and Pedestrian Master Plan
4. Encourage multimodal and active transportation
5. Encourage changes that emphasize active movement
6. Implement the 2012 Land Preservation Parks and Recreation Plan
7. Create and employ a unified message of healthy eating and active living
8. Establish healthy designation programs
9. Sustain Obesity Task Force initiatives by establishing a Wellness Commission

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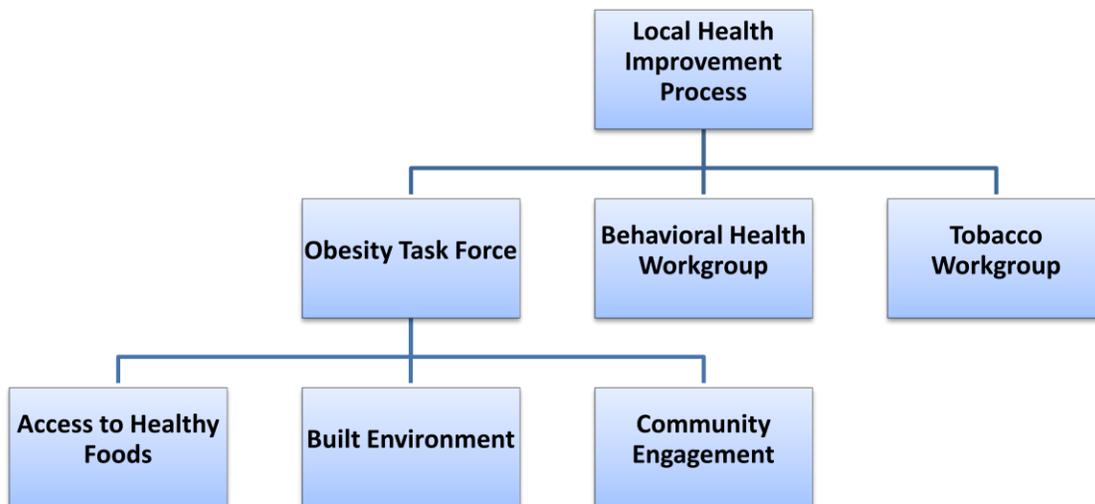
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- A. Harford County Local Health Action Plan
- B. Harford County Council Resolution 28-11
- C. Obesity Task Force Subcommittee Members
- D. Map of Food Access
- E. Map of Parks and Recreation Opportunities
- F. “Moving Towards a Healthier Harford”

I. Introduction

Over the past year, Harford County has engaged in a Local Health Improvement Process. This process, spearheaded by the Health Department, has brought together a number of community members and agency representatives to review and identify the top health priorities of the County, namely: obesity, tobacco and behavioral health. The Local Health Improvement Process has been greatly strengthened through the County Council's establishment of an Obesity Task Force, which set into motion a series of discussions around the barriers to health that may contribute to obesity, including access to healthy food, the built environment and community engagement. Below is a visual depiction of the Local Health Improvement Process and how the Obesity Task Force fits into its work. An excerpt of the Local Health Action Plan specific to obesity can be found in Attachment A.



II. Demographic Profile

Harford County, Maryland, is home to more than 244,000 people. The majority of the population has at least a high school diploma (91%) and 31% have a Bachelor's degree or above. The median household income is above the state and national average at \$77,010 and the percent of individuals with income below the poverty level is less than that of the state and nation at 5.6% (2006-2010 U.S. Census Bureau).

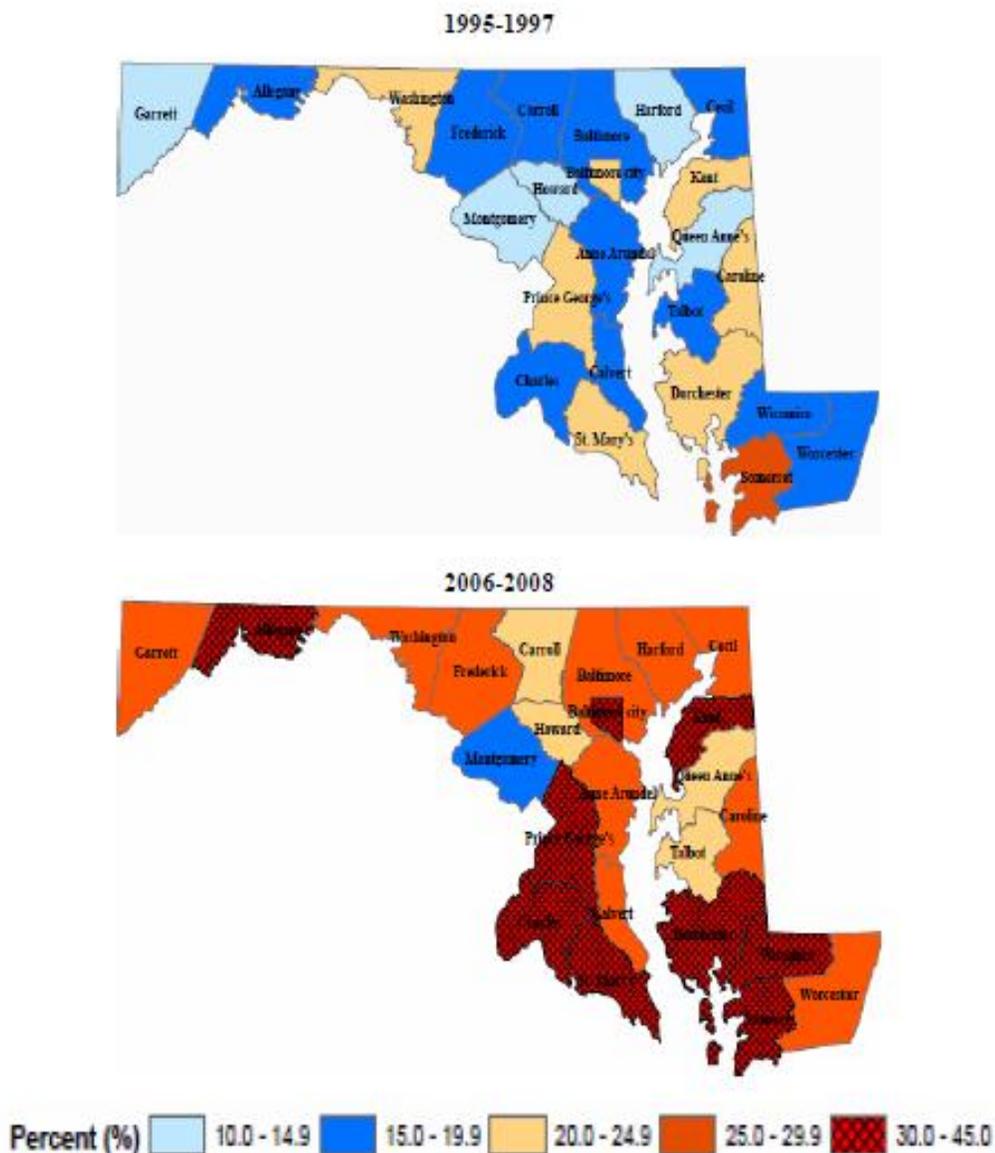
Despite these statistics, Harford County has not been exempt from the national struggle with weight. The 2008-2010 Behavioral Risk Factor Surveillance System data produced by the Centers for Disease Control (CDC) found that two out of every three adults in Harford County (63.5%) are overweight or obese. The obesity rate of adults alone increased 130% over the past 10 years (from 11.4% to 26.2%). Obesity in adults is determined by measuring a person's body mass index (BMI), a calculation that takes into account height and weight. A BMI calculator is available at the CDC's website: <http://www.cdc.gov/healthyweight/>.



Two out of every three adults in Harford County are overweight or obese.

Harford County is not alone in its fight. In Maryland, 64.1% of adults are overweight or obese, and nationally, the rate of overweight/obese adults is 68.3% (CDC, 2007-2008). Referring to the following maps, both show the percent of adults by county in Maryland that are obese. Blue represents a low prevalence of obesity and red a high prevalence. What is the difference? The upper map is from 1995-1997; the lower one is from 2006-2008.

Map 1. Prevalence of Obesity among Maryland Adults by Jurisdiction*



Equally alarming is the rising number of youth who are obese. In Harford County, almost one out of ten youth (9.7%) is obese. In the state, this number is 11.9% and nationally 17.9% of youth are obese, meaning that their body mass index is greater than or equal to the 95th percentile for children their age and sex (National Health and Nutrition Examination Survey 2005-2008 and the Maryland Youth Tobacco Survey, 2010).

Research shows that overweight adolescents have a 70% chance of becoming overweight or obese adults. Obesity leads to a 50-100% increased risk of premature death and is associated with heart disease, cancer, diabetes, asthma, arthritis, pregnancy complications and many other conditions (Office of the Surgeon General, 2010). Obesity can even shorten a person's life, moderate obesity by up to 4 years and severe obesity by up to 10 years (The Lancet, 3/18/09).

***"Without health,
there is no
happiness."
-Thomas Jefferson***

The 2010 Harford Community Health Assessment Project (CHAP) found that 70% of local residents surveyed eat only 1-2 servings of fruit and vegetables per day. At the same time, 65% eat fast food one to two times per week. Approximately 15% of CHAP respondents stated that they do not engage in any physical activity (Healthy Harford Inc., 2011).

Obesity and chronic diseases associated with obesity have an impact on a person's overall quality of life. Not only does the individual feel the negative effects, but everyone is impacted by rising healthcare costs. The Institute of Medicine reported in 2012 that an estimated \$190.2 billion is spent on obesity-related illness each year, or almost one quarter (21%) of total medical spending. Businesses suffer too. A recent news report stated that employers lose upwards of \$6.4 billion a year due to obesity-related absenteeism (Reuters, April, 2012).

The good news is that the negative impacts of obesity can be reversed. Even modest weight loss can have a dramatic effect on health. Five percent weight loss in an obese person can reduce mortality by 12% (Goldstein, et. al., International Journal of Obesity, 1992; 16: 397-415). It has also been found that 80% of heart disease, stroke and type II diabetes and 40% of cancer can be prevented with a healthy diet, daily physical activity and smoking cessation (World Health Organization, 2005).

III. The Obesity Task Force

The Obesity Task Force Resolution states that the Task Force is to consist of 15 members representing a broad cross-section of the community, including: restaurants, grocery stores, nutritionists, physicians, farmers, fitness specialists, County Council, Board of Education, Parks and Recreation, the Harford County Health Department, Community Services, Harford County Sheriff's Office, Planning and Zoning, and the Economic Development Advisory Board. The Task Force chair is the County Health Officer (Attachment B). Below is a full listing of members:

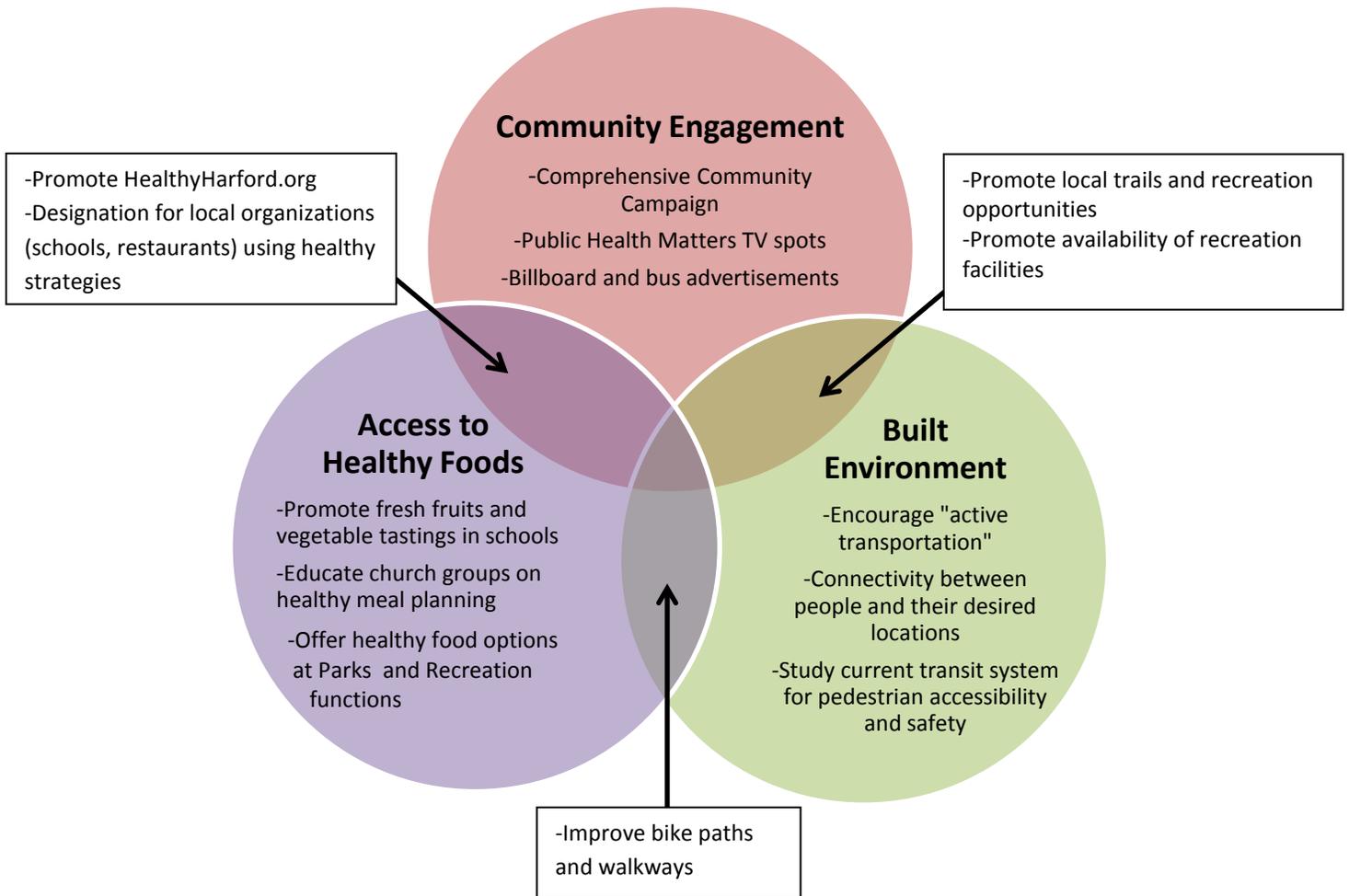
- Susan Kelly (Chair) - Harford County Health Department
- Mary Ann Lisanti (Vice-Chair) - Harford County Council
- Jesse Bane - Harford County Sheriff's Office
- Bruce Clarke (Laurrapin Grille) - Restaurant
- Michael Elder - Fitness Specialist
- Janet Gleisner - Harford County Department of Planning and Zoning
- Rebecca Hartwig (Pediatric Partners) - Physician
- Elizabeth Hendrix (Harford County Government) - Community Services
- Jayne Klein (Klein's ShopRite) - Nutritionist & Grocery Store
- Kathy Kraft (Upper Chesapeake Health) - Community Services
- Kelly Lepley (Y of Central Maryland) - Fitness Specialist
- Arden McClune - Harford County Department of Parks and Recreation
- Vanessa Milio (Harford County Chamber of Commerce) - Economic Development Advisory Board
- Brad Milton (Brad's Produce) - Farmer
- Robert Tomback - Board of Education

Obesity Task Force members met four times between January, 2012 and September, 2012 to guide the local planning process. In April, the Task Force received a presentation by Dr. Katherine Richardson, a family physician and graduate student at Johns Hopkins Bloomberg School of Public Health. Dr. Richardson presented her capstone paper, entitled "Moving Towards a Healthier Harford: An Analysis of Obesity Prevention Intervention in Harford County, MD." Dr. Richardson examined obesity interventions undertaken by counties nationwide that are similar in size and demographics to Harford. The full report has been included as Attachment F at the end of this document. Key conclusions of what works to improve community health include:

- Use of community engagement
- Lowering barriers to accessing healthy foods
- Promoting health in policy decisions
- Addressing the physical access and safety of the built environment

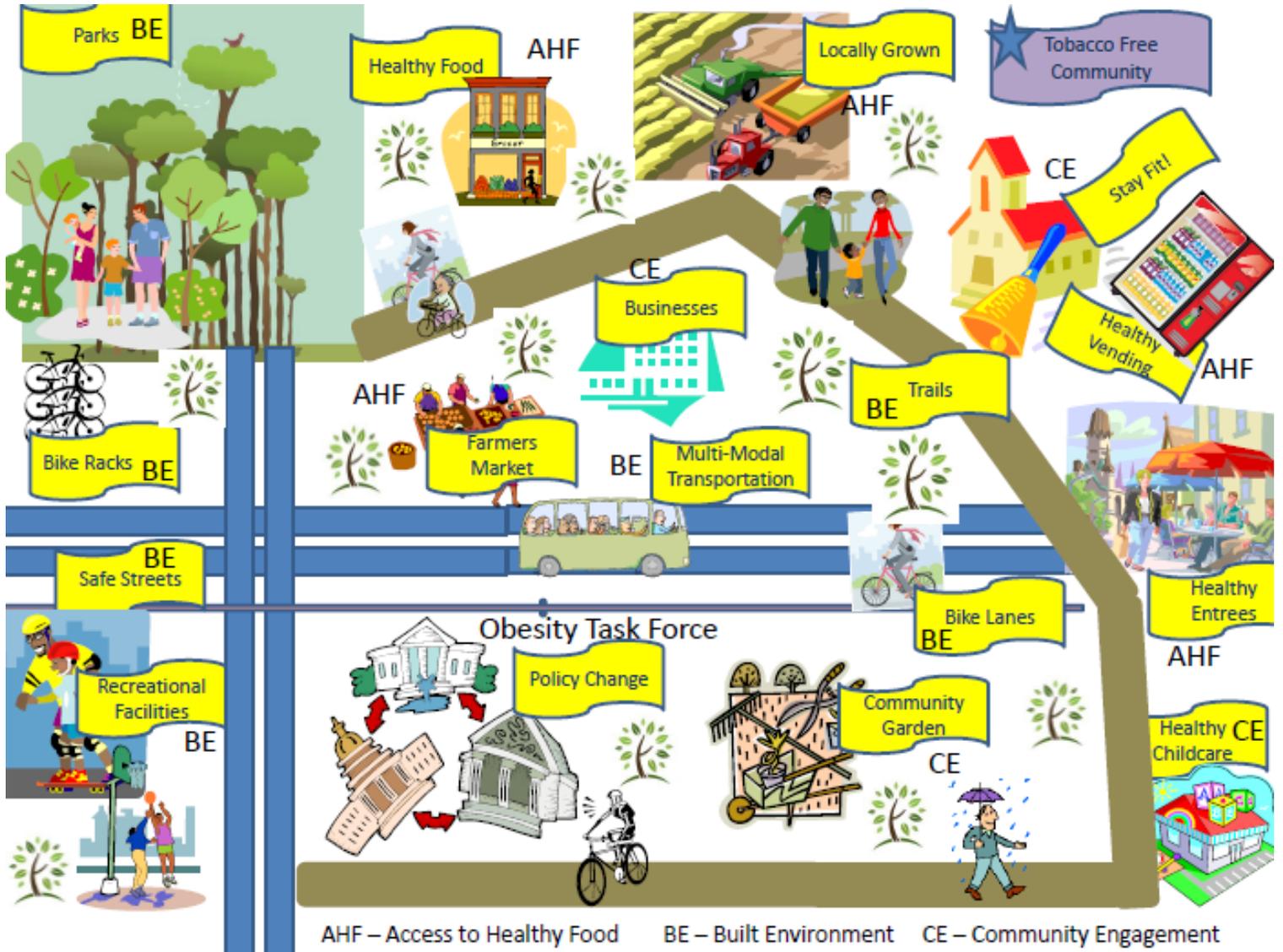
These recommendations align with the work of the Task Force, which established three subcommittees to assist in carrying out its work. The three subcommittees are: Access to Healthy Food, chaired by Elizabeth Hendrix, Director of Community Services; Built Environment, chaired by Arden McClune, Director of Parks and Recreation; and Community Engagement, chaired by Kathy Kraft, Director of Community Health/Leadership and Learning at Upper Chesapeake Health. Subcommittees were made up of Task Force members and also populated with local experts and interested community members (Attachment C).

Subcommittees met monthly to discuss their specific piece of the health and wellness puzzle. It was quickly realized that the three groups could not operate independently of one another, as there was overlap among their initiatives. This made Obesity Task Force meetings especially critical, offering an opportunity to cross-share the work happening at the subcommittee level.



Each of the three subcommittees followed a similar process, beginning with a review of data, next brainstorming ideas of what could work to improve health outcomes, then engaging in a process to prioritize ideas and finally agreeing on top recommendations which are outlined in the following section. The visual below shows how all components of the Obesity Task Force fit into the bigger picture of a healthy community.

Vision of a Healthy Community



IV. Recommendations

1. Encourage Access to Healthy Food

“Equitable access to healthy food is a cornerstone for healthy communities in which all residents have the opportunity to participate, work, prosper, and enjoy healthy, productive lives. As the Harford County Health Department Obesity Task Force continues to champion this effort, we must help residents choose health – strengthen their ability to make healthy decisions, remove obstacles to healthy choices, and create more opportunities to be healthy” (Access to Healthy Food In Harford County Report, Department of Community Services, 2012).

Research has shown that there is a positive relationship between access to healthy food and good eating habits (Larson, et. al., American Journal of Preventative Medicine, 2009; 36: 74-81). It is therefore important to have an awareness of any disparities in food access within a community. The Access to Healthy Food Subcommittee reviewed maps of Harford County which overlaid food retail outlets (supermarkets, farmers markets, farm stands, Community Supported Agriculture, food pantries and soup kitchens) with the following indicators: low-moderate income census tracts, educational attainment, affordable rental units and public transportation. It then established the definition of a “food desert” as any area which is lacking:

1. Access to fresh fruits, vegetables, and healthy options, preferably local products
2. Consistent physical access (transportation/walking)
3. Consistent access seven days per week

Among low-moderate income areas, the Route 40 corridor was found to have the greatest number of assistance programs, including soup kitchens, food pantries and congregate meals. This is also the area of the county with the most developed public transit line. The only true food desert, as defined by the subcommittee, was found to be the northeastern part of the county, specifically 21154 (Street), 21160 (Whiteford) and 21034 (Darlington) (Attachment D). This area is low-moderate income, has limited access to food retail outlets and no access to public transportation.

On July 18, 2012, Harford County Department of Community Services held an Access to Food Community Needs Café with 23 participants from local provider agencies. This group agreed that more attention was needed in the northern part of the county. Suggestions to address this need include developing a county wide mobile food pantry for low income, disabled and elderly residents. Other ideas were to form provider cooperatives to allow resource sharing among existing programs and to engage volunteers in delivering food.

Overall, the group felt that education about healthy food choices and nutrition was needed county-wide. This echoed the sentiments of the Access to Healthy Food subcommittee which is interested in promoting health among community groups that serve food. For instance, faith

and community groups that organize food drives and make meals for the hungry should be made aware of nutritious options. Community outreach and education could be capitalized on during National Hunger Awareness month. Next, food pantries can promote health by offering recipe cards to go along with fruits and vegetables. Senior centers should be encouraged to promote farmers markets and offer farmers' market coupon books. Lastly, local recreation programs and concession stands should be encouraged to offer healthy food options.

Strategies:

- Support the Department of Community Services in efforts to expand access to healthy food in the northern part of the county
- Provide outreach to community groups that serve food

2. Support School Wellness

Harford County Public Schools has established a School Wellness Policy that requires all schools to incorporate healthy food and physical movement into the school day. Acknowledging that health habits are established early and have lifelong impact, the Task Force believes that support of school wellness initiatives is key to laying the foundation for a healthy future in Harford County.

Recommendations include utilizing Parent Teacher Associations (PTA's) as a central way to disseminate information to families about healthy meal planning and promotion of exercise outside of the school day. In addition, schools should be encouraged to help "make the healthy choice the easy choice" for children whether they are making choices in the lunch line or at recess. Fresh fruit and vegetable tastings have had great success at the elementary level in the past and should be made available as widely as possible.

Students should also be encouraged to walk or bike to school. The County and municipal Departments of Public Works and Harford County Public Schools should continue efforts to improve pedestrian access to schools sites. Financial assistance may be available through grant programs, such as the "Safe Routes to School" program in conjunction with the State Highway Administration. It is recommended that funding be supported through the local public works departments, as well.

For schools where traffic or safety make this prohibitive, some schools are establishing creative alternatives. For instance, Red Pump Elementary School encourages children to be dropped off at the far parking lot two tenths of a mile away from school and "walk to school" along a sidewalk. The unloading zone is supervised by physical education teachers and many parents have gotten in the habit of parking and making the walk with their child. At William Paca/Old Post Road Elementary, the principal is interested in using temporary signage to create a walking path around the perimeter of the school to encourage children to walk during the school day. Both schools use incentives to get children excited about participating in walking programs.

For schools where walking and biking are possible, “walking school bus programs” should be established. Walking school buses are a strategy promoted through the Safe Routes to School Program and consist of a group of children walking to school with one or more adults. Informally, families can take turns walking their children to school or a more formal structure can be created with designated meeting points, a timetable and a regularly rotating schedule of volunteers. If a particular intersection at a cross roads or school is of concern, Harford County’s Department of Public Works can be requested to conduct a Traffic Calming Study and potentially implement traffic slowing devices if they are in order.

Key elements to any schools successful walking or biking program are the availability of crossing guards and the implementation of consistent signage and pavement markings to alert drivers to the pedestrians and bicyclists approaching the school. It is recommended that requests for increased resources for crossing guards be supported as this will positively impact the health of children and may also result in decreased costs assumed by the public schools in busing students to school. The County, the three municipalities and the State Highway Administration are encouraged to coordinate the implementation of signage and pavement markings for crossways and school approaches as provided in the Manual of Uniform Traffic Control Devices to enhance awareness of pedestrians and bicyclists.

Strategies:

- Offer support for school wellness efforts through recognition, community awareness and resources to support sustainability and replication
- Increase availability of fresh fruits and vegetables at schools
- Improve pedestrian access to schools sites
- Encourage development of walking and biking programs at schools
- Support requests for additional crossing guards
- Coordinate the implementation of signage and pavement markings for crossways and school approaches as provided in the Manual of Uniform Traffic Control Devices

3. Implement the Bike and Pedestrian Master Plan

Harford County Government’s Department of Planning and Zoning is currently developing a Bicycle and Pedestrian Master Plan. A member of an Obesity Task Force workgroup was appointed to sit on the Bike and Pedestrian Advisory Board which began meeting in December, 2011. “The Bicycle and Pedestrian Master Plan is an important part of helping to make Harford County a truly multimodal community; one that promotes and supports increased bicycle and pedestrian activity. It is also an important step in helping Harford County become a healthier community” (Department of Planning and Zoning website, 2012).

This planning effort has included public participation. An open house was held in March, 2012 where local residents had a chance to learn about the plan and provide comments. Written

comments were accepted and a “Community Walk Website” was created which offered residents an opportunity to comment virtually on a web-based map of the county. In total, 159 comments were received regarding sidewalks, bike parking, bike lanes, bike signage, road repairs, enforcement, dangerous intersections, existing bike routes and favorite/friendly routes.

The Bicycle and Pedestrian Master Plan is slated to be introduced to County Council in the spring of 2013. The Obesity Task Force would like to put its full support behind the adoption and implementation of this plan, as it will provide a virtual roadmap to the improved health of Harford County.

Strategy:

- Adopt and implement the forthcoming Bicycle and Pedestrian Master Plan

4. Encourage Multimodal and Active Transportation

“Active transportation is engaging people to walk or bicycle or use transit as a means of transportation instead of using a car” (Springer, Harford County Obesity Task Force, Built Environment Recommendations, 2012). The CDC’s report “Transportation and Public Health Policy Recommendations” noted a positive correlation between physical activity, safe opportunities for active transportation and ease of use of public transportation (April, 2010).

Barriers to people utilizing these modes of active transportation include a lack of awareness of the public transportation system and risks associated with walking and biking on the road. To address awareness, the Task Force recommends that marketing be done around the availability of Harford County Transit routes, Demand Response Services (available to seniors and individuals with a disability), and the availability of bike racks on buses. The county is also adding QR (quick response) codes to bus stops to provide people with smartphones easy access to schedule information, which should be publicized as well.

To encourage active transportation, transit buses must be a safe and attractive option. There are numerous problems with the current transit stops in the Harford and Maryland transit systems that discourage pedestrians and cyclists from utilizing this option. A study should be done of the current transit system stops to determine the visibility, pedestrian accessibility, safety and comfort of the stops. A priority list of improvements should be developed and funding sought.

The term “connectivity” focuses on the linkages between people and their desired destinations. In order to encourage the walking and bicycling as forms of active transportation, the road, sidewalk and/or trail connections must be in place. The current built environment often does not meet the needs of the public to use these modes of transportation. The County should review its Development Regulations to ensure that new development and redevelopment, where appropriate, support accessibility by walking, biking or transit. Road improvement

projects should be designed to incorporate “Complete Street” elements, such as bike lanes and pedestrian walkways to encourage alternative means of transportation.

Businesses should also encourage employees to bike to work through availability of quality bike racks in close proximity to their building entrance. Other incentives for biking include workplaces that offer employees showers and locker rooms. In addition to supporting active transportation, these facilities would benefit the health of employees who would like to go for a run or bike-ride during their lunch hour. The Task Force recommends that existing programs such as the County’s Bike Mentor Program, Bike to Work Day and Ride Share Program be communicated with local businesses as well.

As mentioned previously, the second barrier to active transit is risk. According to the Baltimore Sun, there were 12 fatal crashes in Harford County between January and June, 2012. Of the 15 individuals who died in these accidents, four were pedestrians. The state has also seen an uptick in the number of pedestrian deaths between 2011 and 2012 (Maryland StateStat, 2012). As one strategy to address risk, the Task Force recommends support of a “Street Smart” campaign that will be brought to Harford County by the Baltimore Metropolitan Council (DriveSafeBaltimore.com), through the Health Department’s Community Transformation Grant. The campaign uses mass media to raise awareness of the responsibilities of motorists, pedestrians and bicyclists to share the road.

Strategies:

- Increase public awareness of Harford Transit and County bike and commuter programs
- Conduct a study of the current transit system stops
- Review the County’s Development Regulations to ensure that new development and redevelopment, where appropriate, support accessibility by walking, biking or transit
- Incorporate “Complete Street” elements in the design of road improvement projects
- Encourage businesses to offer incentives for active transportation
- Support implementation of the Street Smart campaign

5. Encourage Changes that Emphasize Active Movement

Just as it is important to “make the healthy choice the easy choice” for children at school, more can be done to encourage adults to make healthy decisions as well. For instance, buildings should offer visible, well-lit and attractive staircases to encourage use. Signage can be placed at elevators offering encouragement to take the stairs, such as by noting the number of calories that would be burned by doing so.

Within the environment, walking is a key component to incorporating activity into daily life. While gaps in connectivity are an issue, many paths and trails exist but the public lacks information about these facilities. Existing walking paths should be clearly labeled where available for public use. Plaques or signage can encourage their use when going from

neighborhoods to a community amenity such as a school or library. Information should also be widely available about the county's numerous walking, running and biking groups.

A webpage should be developed to provide information about available walking paths, including both trails such as the Ma and Pa Heritage Trail and Lower Susquehanna Heritage Greenway which connect parks and facilities and trails within existing parks and smaller community connections. This webpage, and corresponding signage, should also identify facilities available for adults and children with disabilities to encourage physical activity. Fun challenges, such as geocaching, could be created which would encourage families to track their use of local trails with the opportunity to win healthy prizes. This could be modeled after the Harford County Public Library's Summer Reading Program where youth register, are challenged to read a certain number of books, and then receive a special completion prize and certificate for their participation.

Strategies:

- Encourage business owners to make staircases a visible and attractive option
- Develop plaques and signage for all walking trails
- Make information about walking paths available online and incentivize use

6. Implement the 2012 Land Preservation Parks and Recreation Plan

Harford County has numerous indoor and outdoor recreation facilities at its State and County parks (Attachment E). The 2012 Land Preservation Parks and Recreation Plan (LPPRP) should incorporate goals for recreation facilities to serve citizens of all ages and physical abilities. Facilities for individual and independent use should be incorporated into future parks in addition to team sports fields. For instance, facilities that benefit active seniors, such as pickleball and bocce, as well as individual activities and sports such as skateboarding, archery and disc golf should be integrated. Priority should be given to the connection of the segments of the Ma and Pa Heritage Trail and Lower Susquehanna Heritage Greenway. The LPPRP should support the design and construction of future multi-use trails to connect parks with community destinations.

Public information efforts to promote the availability of recreation facilities at County parks and public schools should be improved. Many citizens are unaware of the fact that outdoor school facilities such as tracks and playgrounds can be used by the public when not needed for school activities. Public outreach should advertise family activity programs at schools and recreation through a variety of outlets, including social media, websites, grocery stores and libraries.

Strategies:

- Adopt and implement the 2012 Land Preservation Parks and Recreation Plan
- Publicize that Parks and Recreation facilities are available for use by all residents

7. Create and Employ a Unified Message of Healthy Eating and Active Living

Outreach is essential to educate community members on how to make better and healthier choices. Since 1993, Healthy Harford has been the local authority on health and wellness for the county. Healthy Harford is a non-profit coalition of local government agencies, businesses, non-profits and citizens dedicated to improving the health of Harford County. Healthy Harford's vision is "to make Harford County the healthiest community in Maryland." The founding partners of this coalition are the Harford County Health Department, Harford County Government and Upper Chesapeake Health.

Healthy Harford began a Community Health Assessment Project (CHAP) in 1996 which consists of a telephone survey of Harford County residents on their health and lifestyle behaviors. This survey has been repeated approximately every five years since, with most recent data being collected in 2010. In addition to the CHAP, Healthy Harford members are present at many local health related events providing education and resource information. The organization also has a robust website, www.healthyharford.org, which is the local source for information on health and wellness resources, opportunities and events. Despite its efforts to date, Healthy Harford is not yet a household name. The Obesity Task Force believes that Healthy Harford is an untapped resource which could be the key component in mobilizing the community around health.

Healthy Harford can be utilized to accomplish the goal of promoting a unified message of healthy eating and active living. It will take the support of local government to fully back this message and help saturate the community. The Health Department and Upper Chesapeake Health are currently in the process of developing a marketing plan to brand and promote Healthy Harford. The Task Force recommends that support be offered in the promotion and dissemination of Healthy Harford media messages.

Strategy:

- Support marketing efforts to establish Healthy Harford as a household name

8. Establish Healthy Designation Programs

A strategy in promoting health that has been successful in other communities is to offer healthy designation programs. These programs have criteria which organizations can strive to meet in order to obtain a designation which recognizes them in the community as a healthy establishment. For instance, in Howard County, Maryland, Healthy Howard, www.healthyhowardmd.org, offers designation programs for restaurants, schools, workplaces and childcare. In June, 2012, Peter Beilenson, Health Officer of Howard County, gave a presentation to the Obesity Task Force subcommittees on the Healthy Howard designation programs.

The Task Force recommends that healthy designation programs be established under the Healthy Harford name. It recommends that the first designation program created be "Healthy Harford Restaurants" as the Obesity Task Force Resolution specifically named "encouraging food providers to provide healthier food choices and menu options" as a priority. Restaurants that wish to obtain the designation will need to offer a set amount of healthy menu items, commit to obtaining Food Management or a comparable certification, not use any trans-fat and encourage a smoke-free environment. In exchange for their commitment to health, the restaurant will be able to display a Healthy Harford Restaurant decal and certificate, be listed on the Healthy Harford website and benefit from other local promotions.

Following successful establishment of the Healthy Harford Restaurant designation program, the Task Force plans to create a Healthy Harford School/Childcare program and Healthy Harford Workplace program.

Strategy:

- Support the establishment of Healthy Harford designation programs, beginning with Healthy Harford Restaurants

9. Sustain Obesity Task Force Initiatives by Establishing a Wellness Commission

The Obesity Task Force remains committed to this work and seeing the implementation of its proposed recommendations. Many of the suggested strategies have an element of public awareness and community engagement and all require additional discussion and collaboration among local partners to produce anticipated outcomes. It is therefore critical that in order to make these recommendations a reality, a structure be put in place to carry out this work and sustain it in the future.

The Obesity Task Force recommends that the County Council establish by resolution a Harford County Wellness Commission that will sustain and advance the goals of the Task Force. This Commission should consist of former Obesity Task Force member organizations as well as Healthy Harford, and will report annually to the Council. The Task Force further recommends that the Commission work with Healthy Harford to implement the policies and programs recommended in the Obesity Task Force Report.

Strategy:

- County Council should establish by resolution a Harford County Wellness Commission that will sustain and advance the goals of the Obesity Task Force
- The Commission should work with Healthy Harford to implement the policies and programs recommended in the Obesity Task Force Report

V. Conclusion

In general, the public has an understanding that nutrition and exercise are important. Most people know what obesity is and what contributes to it. However, even with this knowledge, Harford County is a community in which two-thirds of the adult population is struggling with being overweight. Over the past year, the Obesity Task Force and its stakeholders have taken a close look at the local barriers to health and identified strategies that have worked in peer communities to address these issues. This report outlines the top recommendations and proposes strategies to carry them out.

The recommendations listed in this report are ambitious, yet critical, if Harford County wants to make real and lasting change in the community with regard to the way people think about and approach their health. The Task Force believes that with the regular and consistent support and commitment of the County, local changes can be made which will have an impact on the health of all Harford County residents. By paying particular attention to access to healthy food, the built environment and community engagement, it has been determined that health has a role to play in all facets of community development.

By supporting and implementing the Harford County Obesity Task Force's recommendations, the County will be able to set into motion a series of small changes that will help “make the healthy choice the easy choice,” and if sustained will result in a local **culture of wellness**.

***“Knowing is not
enough; we
must apply.
Willing is not
enough; we
must do.”***
-Johann Wolfgang
von Goethe

VI. List of Recommendations and Supporting Strategies

1. Encourage Access to Healthy Food

- Support the Department of Community Services in efforts to expand access to healthy food in the northern part of the county
- Provide outreach to community groups that serve food

2. Support School Wellness

- Offer support for school wellness efforts through recognition, community awareness and resources to support sustainability and replication
- Increase availability of fresh fruits and vegetables at schools
- Improve pedestrian access to schools sites
- Encourage development of walking and biking programs at schools
- Support requests for additional crossing guards
- Coordinate the implementation of signage and pavement markings for crossways and school approaches as provided in the Manual of Uniform Traffic Control Devices

3. Implement the Bike and Pedestrian Master Plan

- Adopt and implement the forthcoming Bicycle and Pedestrian Master Plan.

4. Encourage Multimodal and Active Transportation

- Increase public awareness of Harford Transit and County bike and commuter programs
- Conduct a study of the current transit system stops
- Review the County's Development Regulations to ensure that new development and redevelopment, where appropriate, support accessibility by walking, biking or transit
- Incorporate "Complete Street" elements in the design of road improvement projects
- Encourage businesses to offer incentives for active transportation
- Support implementation of the Street Smart campaign

5. Encourage Changes that Emphasize Active Movement

- Encourage business owners to make staircases a visible and attractive option
- Develop plaques and signage for all walking trails
- Make information about walking paths available online and incentivize use

6. Implement the 2012 Land Preservation Parks and Recreation Plan

- Adopt and implement the 2012 Land Preservation Parks and Recreation Plan
- Publicize that Parks and Recreation facilities are available for use by all residents

7. Create and Employ a Unified Message of Healthy Eating and Active Living

- Support marketing efforts to establish Healthy Harford as a household name

8. Establish Healthy Designation Programs

- Support the establishment of Healthy Harford designation programs, beginning with Healthy Harford Restaurants

9. Sustain Obesity Task Force Initiatives by Establishing a Wellness Commission

- County Council should establish by resolution a Harford County Wellness Commission that will sustain and advance the goals of the Obesity Task Force
- The Commission should work with Healthy Harford to implement the policies and programs recommended in the Obesity Task Force Report

Attachment A:
Harford County Local Health Action Plan
Priority #1 - Obesity

Harford County Local Health Action Plan

The following is an excerpt of the Harford County Local Health Action Plan, the guiding document of the Local Health Improvement Process. This process is a multi-stakeholder effort spearheaded by the Health Department, which has identified obesity as one of the top three priorities of the county’s public health efforts over the next few years.

Priority #1 – Obesity

Baseline and Goal for 2014:

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
Percentage of adults who are at a healthy weight, not overweight or obese (MD - BRFSS 2008-2010; County - CHAP 2010)	39.7%	34%	41.4%	35.7%
Percentage of youth (ages 12-19) who are obese (MYTS 2008)	9.7%	11.9%	9%	11.3%

Strategies:

- A. Increase access to healthy foods
- B. Enhance the built environment to support active living
- C. Create a ‘Community of Wellness’ through community engagement
- D. Increase physical activity and healthy eating in schools
- E. Increase physical activity and healthy eating in early child care settings

Strategy A. Increase access to healthy foods

Actions	Responsible parties	Timeline	Measures
Conduct a study of food deserts in Harford County.	Obesity Task Force Access to Healthy Food Subcommittee (AHF) and Harford County	May 2012	Food desert study

Harford County Local Health Action Plan

Actions	Responsible parties	Timeline	Measures
	Government, Department of Community Services		
Create a map highlighting access to food in Harford County to determine underserved areas.	AHF and Harford County Government, Department of Community Services (DCS)	May 2012	Completed map highlighting: # of supermarkets, # of food pantries, # soup kitchens # of farmers markets/coops
Strategize how community based organizations such as food pantries can operate in underserved areas.	AHF, LHIC members, Department of Community Services	July 2013	Access to Food Community Needs Assessment
Determine ways to familiarize families that receive public assistance and seniors on fixed income to access healthy foods via the farmers markets.	AHF, Farmer's markets, Department of Social Services, senior centers	December 2014	# of community outreach efforts # of SNAP participants accessing food at farmers markets.
Review local bus routes and ensure linkages between low income residential areas and supermarkets.	AHF and DCS	December 2013	Percentage of people in low income areas that have public transportation access to supermarkets.
Develop and incentivize a Healthy Restaurant Designation program.	AHF, Healthy Harford, Community Engagement Subcommittee (CE), Chamber of Commerce	December 2014	Number of restaurants providing calorie menu labeling Number of restaurants identifying healthy options on their menus.
Promote Healthy Harford website - www.healthyharford.org	AHF, CE, Healthy Harford	December 2014	Number of website hits
Utilize schools (and PTA's as a central way to reach families) to teach meal planning and ways to exercise outside of the school day.	AHF, School Wellness Workgroup (SWW)	December 2014	Number of schools participating, number of families reached
Look into opportunities to offer additional fresh fruit & vegetable tastings at more elementary	AHF, School Wellness Workgroup (SWW)	December 2014	Number of schools participating, number of children reached

Harford County Local Health Action Plan

Actions	Responsible parties	Timeline	Measures
schools in Harford County.			
Explore opportunities for targeted educational outreach on healthy eating including recipe cards at food pantries and healthy meal planning for church groups	AHF, CE, food pantries, faith based groups	December 2014	Number of outreach activities conducted

Strategy B. Enhance the built environment to support active living

Actions	Responsible Parties	Timeline	Measure
Work with leadership in the Planning and Zoning Department (PZD) to have a representative from the Obesity Task Force (OTF) or workgroup member appointed by the County Executive to sit on the Bike and Pedestrian Advisory Board.	Planning and Zoning Department (PZD), OTF chairs.	February 2012	Representative appointed
Complete a Bike and Pedestrian Master Plan that outlines strategies to improve bikability and walkability in Harford County, present to County Council.	Planning and Zoning Bike and Pedestrian Advisory Board	February 2013	Bike and Pedestrian Master Plan
Launch a web-based interactive map that overlays bike routes with bus routes to encourage multi-modal transportation.	Built Environment Subcommittee (BE), Harford Transit, Planning and Zoning, Healthy Harford	December 2013	Number of people utilizing service to meet their transportation needs.
Encourage multi-modal and “active” transportation, particularly in low socio-economic status areas, through targeted outreach and education concerning available resources (potential examples - Quick Response (QR) bus schedules, bike racks on buses, interactive web based bus/bike maps, safe riding classes and mentors, bike racks, helmet	BE, Minority CBOs, Health Department, Harford County Sustainability Office, Sheriff’s Office, Public Libraries, Parks and Rec., Healthy Harford (HH), Harford Transit	December 2014	Number of people utilizing multi-modal means of transportation.

Harford County Local Health Action Plan

Actions	Responsible Parties	Timeline	Measure
giveaways).			
Explore possibility of a community education “Street Smart Campaign” to encourage drivers to share the road with bicyclists.	PZD, BE, Bike/Ped Advisory Board, Health Department, Dept. of Public Works (DPW), Sheriff’s Office.	December 2014	Number of pieces of information disseminated
Develop Healthy Workplace Designation program guidance such as: commuter program, bike to work program, showers, use of stairs, participation in County’s Bike Mentor Program, Bike to Work Day and Ride Share Program	BE, Community Engagement Subcommittee (CE), Tobacco Workgroup (TW), HH, PZD, Sustainability Office, DCS	December 2014	Healthy Workplace Designation program strategies
Encourage changes that emphasize active movement (examples – visible, well-lit staircases in buildings, more sidewalks as opposed to parking spaces, path connections between retail, residential, and workplaces).	BE, PZD, Department of Inspections, Licenses and Permits	December 2014	Number of strategies implemented
Encourage development of walking paths for use during work/school day as well as promoting community activity and recreation.	BE, Parks and Rec., Healthy Harford Designation programs	December 2014	Number of walking paths established
Incorporate goals for recreation facilities to serve citizens of all ages and physical abilities in to the 2012 Land Preservation, Parks and Recreation Plan. This plan should promote physical activity for individuals and families as well as team sports.	BE, Parks and Recreation, County Government	December 2014	2012 Land Preservation Parks and Recreation Plan
In cooperation with the School Wellness Workgroup, encourage students to walk, bike or otherwise “actively commute” to and from school whenever possible. Show support through annual Walk to School Day (Oct.) and Bike to School Day (May).	BE, Sustainability Office, Sheriff’s Office, SWW, CE, school staff	December 2014	Active Transport guidance

Harford County Local Health Action Plan

Strategy C. Create a 'Community of Wellness' through community engagement

Actions	Responsible Parties	Timeline	Measure
Create and employ a unified message of healthy eating and active living via social, print, and visual media; community health fairs; and partnerships with CBOs, schools, and business, to reduce obesity related health consequences and preventable chronic disease. Specific attention will be paid to minority disparities.	Community Engagement Subcommittee (CE), Healthy Harford, Health Department, Upper Chesapeake Health, marketing specialist, schools, businesses, CBOs.	December 2014	Number of health promotion messages disseminated Number of people aware of the health risk associated with obesity
Build community support for the new Master Plan, Land Use plan, and Bicycle and Pedestrian Master Plan in achieving the goals of a more walkable/bike able community.	CE, Built Environment (BE) Subcommittee, PZD, Healthy Harford, Media Specialist.	December 2013	Number of outreach efforts
Develop and promote Healthy Designation programs for restaurants, workplaces, schools and child care centers.	CE, BE, Access to Healthy Foods (AHF), Tobacco Workgroup (TW), Healthy Harford, Chamber of Commerce	December 2014	Number of organizations designated. Number of strategies implemented.
Provide trainings and toolboxes to physicians on how to discuss obesity issues with their patients. Modules specifically for pediatricians will be developed to help them communicate effectively with parents regarding concerns about their children's weight.	CE, HCHD Health Educator, Media Specialist, Healthy Harford, Upper Chesapeake Health	December 2014	Number of participating physician practices Number of patients receiving obesity consultations
Provide regular updates regarding LHIC and the Obesity Task Force to elected officials and policy makers to keep them abreast of work and encourage them to promote healthy eating and physical activity in their districts.	CE chair, County Council, City Councils	December 2014	Summary of e-mails, reports to County Council

Harford County Local Health Action Plan

Actions	Responsible Parties	Timeline	Measure
Implement a structure for long-term sustainability of the Obesity Task Force initiative.	Harford County Government, Health Department, Upper Chesapeake Health	December 2014	Sustainability plan developed
Encourage local businesses to become a “Healthiest Maryland Business”	Community Transformation Grant Coordinator (CTGC), CE, Harford County Health Department (HCHD) Health Educator, Chamber of Commerce, Healthy Harford,	December 2014	Number of businesses recruited for Healthiest Maryland Business
Encourage local businesses to offer an Asheville-like pharmacist model for employees addressing, at a minimum, control of high blood pressure, high cholesterol and/or diabetes.	CTGC, Harford County Health Department, Healthy Harford, Upper Chesapeake Health, Chamber of Commerce, Rotary Club, Businesses	December 2014	Number of new worksites supporting Asheville-like pharmacist model Number of employees reached at these worksites

Strategy D. Increase physical activity and healthy eating in schools

Actions	Responsible Parties	Timeline	Measure
As part of the Local Health Improvement Plan, recruit members of the Local Health Improvement Coalition (LHIC) to sit on the School Wellness workgroup (SWW)	Health Officer as LHIC lead, Obesity Task Force (OTF), and School Wellness Chair	October 2012	Schedule of meetings
Conduct meeting for members of SWW to familiarize group with the Harford County Public School (HCPS), School Wellness Policy, amendments made in 2009, and implementation in 2011. Introduce Wellness Policy Committee Members who are responsible for implementation of the School Wellness Policy.	SWW chair, HCPS Wellness Policy Committee	March 2013	Number of school wellness council meetings

Harford County Local Health Action Plan

Actions	Responsible Parties	Timeline	Measure
Three elementary schools will receive targeted school wellness enhancements: William Paca, Edgewood, and Havre de Grace. SWW chair will meet with principals to discuss proposed enhancements and work toward plan for wellness enactments	CTG Coordinator (CTGC), SWW, Healthy Harford, HCPS Coordinator of Physical Activity, HCPS Nurse Coordinator, and school principals	September 2012	Number of school partnerships with Number of students enrolled in participating schools
As per recommendations from the National Assoc. for Sports and Physical Education, increase the total number of physical activity opportunities during the day.	CTGC, SWW, Healthy Harford, HCPS Coordinator of Physical Activity, HCPS Nurse Coordinator, and school principals	June 2013	Physical activity break changes
As per evidenced based Shape Up Somerville (SUS) program, switch recess to before lunch for calmer children and increased consumption of milk, fruits, and vegetables. Hand washing stations will be required so students can wash hands before eating.	CTGC, SWW, Healthy Harford, HCPS Coordinator of Physical Activity, and school principals	June 2013	Recess changes implemented
Build and utilize recess carts, one at each school, filled with hoops, balls, jump ropes, etc. to enhance recess and encourage active play. Equipment will be replaced as necessary.	CTGC, SWW, Healthy Harford, HCPS Coordinator of Physical Activity, and school principals	December 2012	Recess changes implemented
Provide training sessions to provide hands on training in encouraging active play. These teachers will then function as Recess Coaches to encourage physical activity on the playground.	CTGC, SWW, Healthy Harford, HCPS Nurse, and school principals	June 2013	Recess changes implemented, training notes
Once developed, support schools in applying for a Healthy Schools Designation.	CTGC, SWW, CE, Healthy Harford, HCPS Nurse Coordinator, and school staff	December 2014	Number of schools participating in Healthy School Program
Explore opportunity to engage parents and promote the importance of healthy eating and	CTGC, SWW, Community Engagement Subcommittee	December 2014	Number of outreach initiatives, messages

Harford County Local Health Action Plan

Actions	Responsible Parties	Timeline	Measure
active living - keeping parents up to date on changes in the school and how they can support these changes at home (importance of not using food as a reward, encouraging non food related fundraisers, and offering healthier food options at after school events).	(CE), Healthy Harford, Public Schools, Media Specialist		
Explore opportunities to promote a comprehensive unified message regarding healthy eating and active living at targeted schools (ACTIVATE video, social media, healthy living commercial contest, etc).	CTGC, SWW, Healthy Harford, HCPS Nurse Coordinator, and school staff, CE	December 2014	Unified Media Plan
Engage staff at targeted schools to design and implement a Staff Wellness program focusing on healthy eating and active living, as directed in the School Wellness Policy, to encourage a culture of wellness, and model positive behavior.	CTGC, SWW, Healthy Harford, HCPS Nurse Coordinator, and school staff	December 2014	Staff Wellness Program plan
Analyze data from selected schools to monitor school wellness progress	CTGC, SWW, HCPS data services, Superintendent	December 2014	Wellness data, school wellness survey data
Ensure school district offers comprehensive physical activity practices (in accordance with CDC and other national standards)	CTGC, SWW	December 2014	Number of physical activity practices include in local school wellness policy
Ensure school district institutes nutrition guidelines (aligning with 2010 Dietary Guidelines for Americans recommendations)	CTGC, SWW	December 2014	Number of improved nutrition standards included in the local school wellness policy

Strategy E. Increase physical activity and healthy eating in child care

Actions	Responsible Parties	Timeline	Measure
Provide educational trainings to child care providers, including tool-kits to help them	CTGC, Healthy Harford, Child Care Resource and Referral	December 2014	Number of child care providers/programs trained

Harford County Local Health Action Plan

Actions	Responsible Parties	Timeline	Measure
incorporate age appropriate healthy eating and active lessons in their curriculum as well as model positive behaviors.	Center, Child Care Centers		Number of children served by trained providers/programs
Encourage early care and education settings regulated by MSDE to implement Caring for our Children: National Health & Safety Performance Standards for Early Care and Education Programs (3 rd Ed.) physical activity and screen time standards	CTGC, Healthy Harford, Child Care Resource and Referral Center, Child Care Centers	December 2014	Number of child care providers/programs trained Number of children served by trained providers/programs
Encourage early care and education centers/homes to complete the Let's Move Child Care checklist quiz	CTGC, Healthy Harford, Child Care Resource and Referral Center, Child Care Centers	December 2014	Number of child care providers/programs trained Number of children served by trained providers/programs

Attachment B:

Harford County Council Resolution 28-11

COUNTY COUNCIL
OF
HARFORD COUNTY, MARYLAND

Resolution No. 28-11

Legislative Session Day 11-23

October 18, 2011

Introduced by Council Member Lisanti

A RESOLUTION establishing a Harford County Obesity Task Force to review and make recommendations concerning the programs and policies for creating a healthier Harford County; to educate Harford County citizens regarding healthier living, food choices, and exercise; to provide for accessibility to healthy and affordable foods; to identify ways to develop and implement more opportunities for walk able communities and recreational activities throughout the County; to appoint certain persons to serve on the Task Force; to provide for the duties of the Task Force, including the duty to submit an interim and final report with its findings and recommendations on or before certain dates; and generally relating to the Harford County Obesity Task Force.

WHEREAS, Obesity has emerged as a significant contributing factor for chronic diseases; and

WHEREAS, Obesity is known to increase a person's risk for coronary heart disease, high blood pressure, Type 2 diabetes, gallstones, breathing problems, and certain cancers; and

WHEREAS, Sixty percent of adults living in Harford County are overweight (35.2%) or obese 4 (25.1%); and

WHEREAS, The Harford County Health Department has reported that the health of Harford County adults and children has declined from 1996 to 2010 with respect to numerous chronic diseases including, diabetes, heart disease, high blood pressure and high cholesterol; and

WHEREAS, The percentage of obese children has tripled in Harford County since 1996; and

WHEREAS, Lack of physical activity and poor nutrition contribute significantly to obesity; and

WHEREAS, Many adults and children living in Harford County fail to consume the recommended servings of fruits and vegetables per day and fail to meet the weekly recommendations for moderate exercise; and

WHEREAS, Annual medical care costs associated with obesity in Harford County are staggering and impose disproportionately high economic burdens on not only the individual suffering from obesity but on our local economy; and

WHEREAS, The Harford County Board of Health recognizes the significant negative impact 7 obesity has on everyone in Harford County; and

WHEREAS, The Board of Health recognizes that individual effort alone is not sufficient to combat obesity and that changes in public policy and the built environment need to occur in Harford County to provide citizens with access to fitness opportunities and healthy foods; and

WHEREAS, The County Council, which also acts as the Board of Health, recognizes that to achieve the goal of making Harford County citizens healthier requires the commitment and cooperation of the County Government to educate and provide better opportunities for the citizens of Harford County.

NOW, THEREFORE, BE IT RESOLVED, that the Harford County Council hereby creates a task force to study and make recommendations concerning programs and policies for the following:

- 1) educating citizens of all ages regarding healthier living, including food choices and exercise;
- 2) accessibility to healthy and affordable foods;
- 3) encouraging food providers to provide healthier food choices and menu options; and
- 4) identify ways to develop and implement more opportunities for walk able communities and recreational activities for all citizens throughout the County.

AND, BE IT FURTHER RESOLVED, that the Task Force shall consist of 15 members representing the following areas: restaurants, grocery stores, nutritionists, physicians, farmers, fitness specialists, County Council, Board of Education, Parks and Recreation, the Harford County Health Department, Community Services, Harford County Sheriff's Office, Planning and Zoning, and the Economic Development Advisory Board.

AND, BE IT FURTHER RESOLVED, that the Task Force shall be chaired by the County Health Officer and submit its first interim report with its findings and recommendations to the County Council by May 1, 2012, and a second final report with its findings and recommendations to the Council by October 2, 2012.

ATTEST:

Pamela Meister Billy Boniface

Council Administrator President of the Council

ADOPTED:

Attachment C:
Obesity Task Force Subcommittee Members

Obesity Task Force Subcommittees

Access to Healthy Food

- Elizabeth Hendrix, Harford County Department of Community Services (Chair)
- Linda Sue Ames, Registered Nurse
- Marcy Austin, Harford County Health Department
- Dee Athey, United Way of Central Maryland, Inc.
- Heidi Brady, Registered Dietician
- Gary Childress, Harford County Public Schools Food and Nutrition Department
- Bruce Clark, Laurrapin Grille Restaurant
- Meg Deem, Office of the County Executive
- Erin Ferriter, PhD, Harford County Sustainability Office
- Jayne Klein, RD, Shop Rite Grocery Store
- Judy Mason, Harford County Community Action Agency, Inc.
- Brad Milton, Brad's Produce
- Andrea Pomilla, Harford County Department of Community Services - Office on Aging
- Ginny Popiolek, Harford County Public Schools
- Barbara Richardson, Mason Dixon Community Services, Inc.
- Rob Reier, DC, Town of Bel Air
- John Sullivan, Deputy Chief of Staff for Agricultural Affairs
- Terry Troy, Community Member
- Andrew Walsh, SAIC
- Cindy Weyant, Consultant

Built Environment

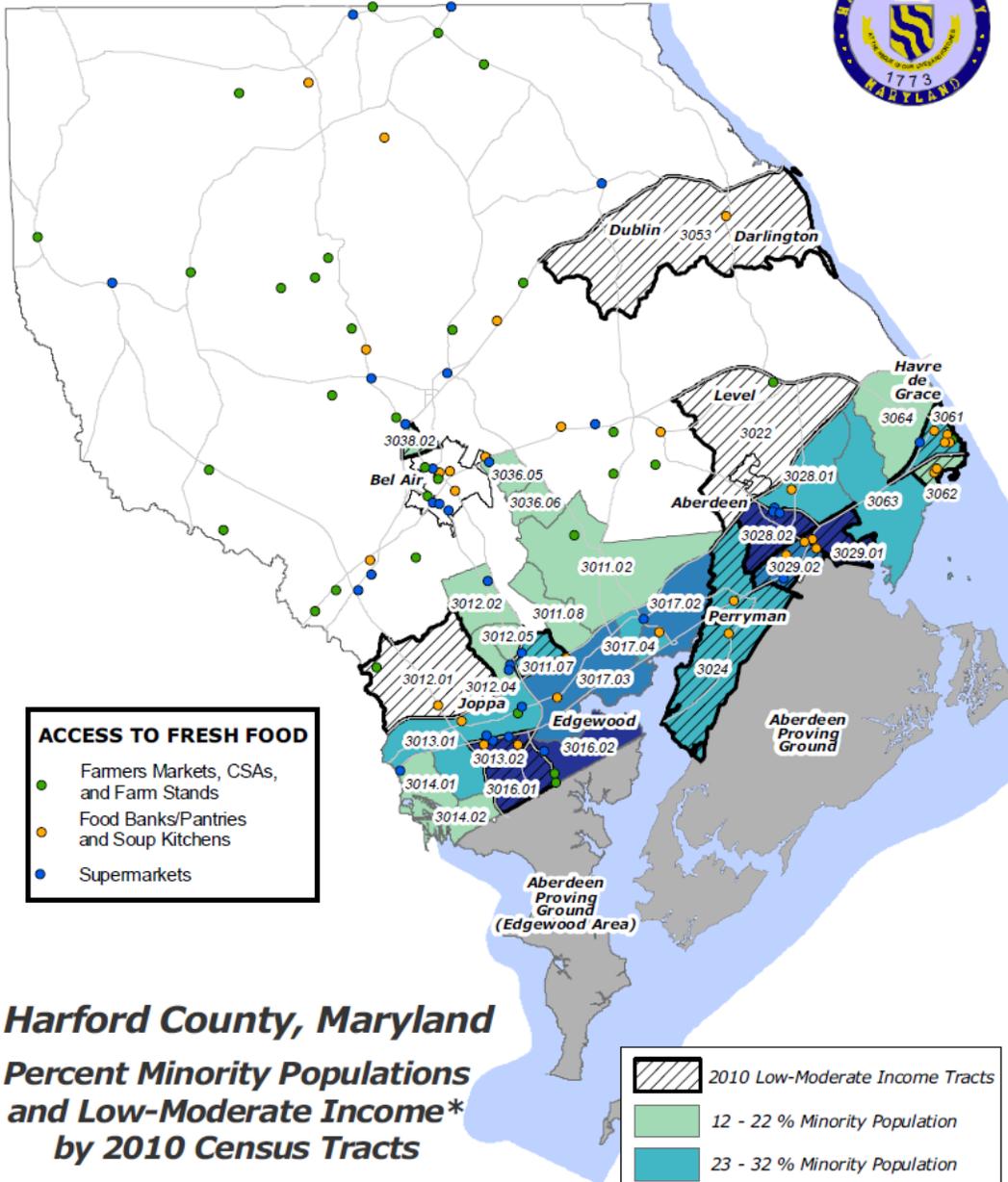
- Arden McClune, Harford County Department of Parks and Recreation (Chair)
- Kathy Baker-Brosh, PhD, Anita Estuary Center
- Jesse Bane, Harford County Sheriff
- Ann Bizzano, PhD, Physical Therapist
- Michael Elder, Citizen
- Erin Ferriter, PhD, Harford County Sustainability Office
- Janet Gleisner, Harford County Department of Planning and Zoning
- Dale Gomez, Community College of Baltimore County – Essex
- David Hagen, Harford County Public Schools, Physical Education
- Gil Jones, City of Aberdeen
- Mary Ann Lisanti, Harford County Council
- Julie Mackert, Harford County Health Department
- Hudson Myers, Harford County Department of Public Works
- Keith Rawlings, The Arena Club
- Kevin Small, Town of Bel Air
- Jeff Springer, Booz Allen Hamilton
- Barbara Wagner, Havre de Grace City Council
- Keith Warner, Harford County Sheriff's Office

Community Engagement

- Kathy Kraft, Upper Chesapeake Health (Chair)
- Rob Bailey, Harford County Parks and Recreation
- Gregory Beatty, Vetcentric, Inc.
- Carole Boniface, Harford County Government
- Kathy Burley, Harford Community College
- Rebecca Hartwig, MD, Pediatrician
- Mary Hastler, Harford County Public Libraries
- Bari Klein, Upper Chesapeake Health/Harford County Health Department
- Jayne Klein, RD, Klein's ShopRite
- Whitney Lang, Y of Central Maryland
- Kelly Lepley, Y of Central Maryland
- Vanessa Milio, Harford County Chamber of Commerce
- Donarae Moulodale, Harford County Chamber of Commerce
- Mary Nasuta, Harford County Public Schools
- Katy Richardson, MD, Physician
- Gale Sauer, Aberdeen Proving Ground
- Robin Stokes-Smith, Upper Chesapeake Health
- Robert Tomback, PhD, Superintendent, Harford County Public Schools
- Martha Valentine, Business Wellness Consultant

Attachment D:

Map of Food Access in Harford County



ACCESS TO FRESH FOOD

- Farmers Markets, CSAs, and Farm Stands
- Food Banks/Pantries and Soup Kitchens
- Supermarkets

**Harford County, Maryland
Percent Minority Populations
and Low-Moderate Income*
by 2010 Census Tracts**

*Low-to-moderate income census tracts are those where 51% or more of the families are of low-to-moderate income; Harford County Low-Mod Income threshold is \$70,697, which is 80% of Median Family Income \$88,370.
Source: American Community Survey (2006 to 2010) and Harford County Dept. of Planning and Zoning*

2010 Low-Moderate Income Tracts
 12 - 22 % Minority Population
 23 - 32 % Minority Population
 33 - 42 % Minority Population
 43 - 60 % Minority Population

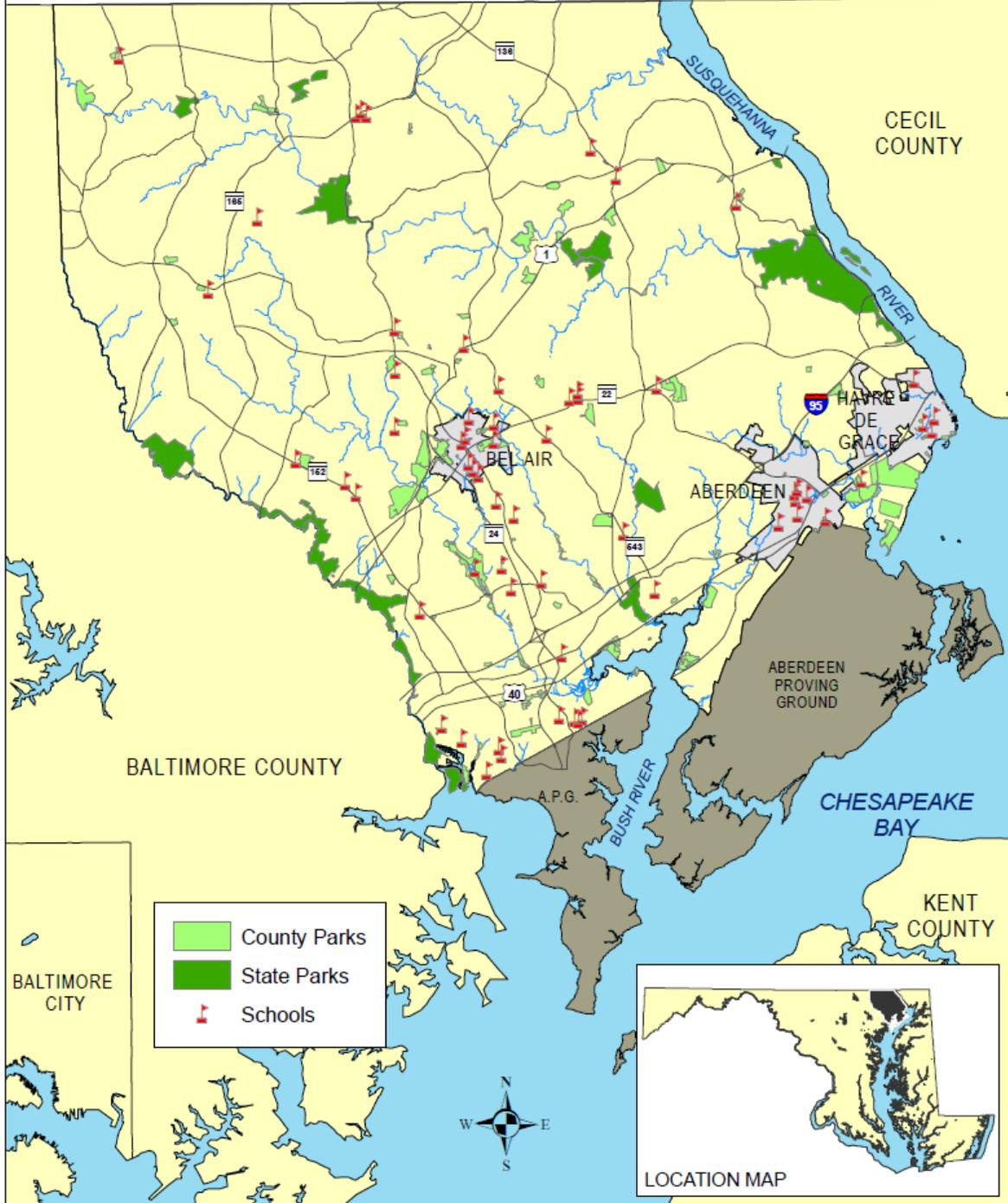
Attachment E:

**Map of Parks and Recreation Opportunities
in Harford County**

RECREATION OPPORTUNITIES

Harford County, Maryland

P E N N S Y L V A N I A



Attachment F:
“Moving Towards a Healthier Harford”

Moving Towards a Healthier Harford

An Analysis of Obesity Prevention Interventions
for Harford County, MD

Katherine Richardson

4/26/2012

Executive Summary

Background

Harford County, Maryland has made much progress in promoting good nutrition and physical activity over the past twenty years. However, like the rest of the country, obesity rates have continued to rise. With the formation of the Obesity Task Force in late 2011, Harford County is looking to move towards a more comprehensive approach for addressing obesity prevention. The goal of this analysis was to examine community-based obesity prevention interventions in counties with similar demographics to Harford in order to better inform Task Force members as they put together recommendations to address the obesity epidemic through community engagement, access to healthy foods, and the built environment.

Methods

Fifty-six counties are listed as peer counties to Harford in the U.S. Department of Health and Human Service's Community Health Status Indicators. Counties are stratified there on the basis of population size and density, poverty level, income, and age and race/ethnicity mix. This list of 56 was matched more closely to Harford's demographics, and 14 counties were selected in this way for an online search of recent obesity prevention interventions undertaken in partnership with local health departments. Eight counties found to have interventions published online served as the basis for this analysis. A matrix was created for each county with details of the interventions, including which were evidence-based, involved other stakeholders or policy changes, or were evaluated in some way.

Key Conclusions

- Interventions are usually evidence-based but typically lack evaluation and a plan for sustainability.
- Community engagement, by building relationships over time and keeping key stakeholders motivated and active, is essential.
- Access to healthy foods includes lowering both physical and financial barriers.
- Incentive policies and programs are often most acceptable for increasing access to healthy foods.
- Promote health in policy decisions by cultivating relationships across local governmental agencies, particularly the departments of planning and transportation.
- Address access to locales for physical activity as well safety with changes to the built environment.

Policy Implications

- Short-term
 - Conduct a Health Needs Assessment.
 - Use best practices when forming action plans.
 - Leverage resources and build consensus via collaborations.
- Long-term
 - Adopt a "Health in All Policies" approach.
 - Address policies, regulations, systems, and the built environment to promote sustainability.
 - Employ a comprehensive approach by including interventions for schools, workplaces, restaurants, food stores, child care centers, and the built environment.
 - Consider equity in decision making by combining a population approach with a targeted approach aimed at high-risk populations.

Introduction

Harford County, Maryland has made much progress in promoting good nutrition and physical activity through education and programs over the past twenty years. However, like the rest of the country, obesity rates have continued to rise. 2011 brought renewed interest for addressing obesity prevention in novel ways throughout the county as the connection between local policies, the built environment, and healthy living took hold in the minds of several key stakeholders. This “Moving Towards a Healthier Harford” analysis continues this conversation by examining interventions across the country in similar locales to Harford. Done in collaboration with the Harford County Health Department, this analysis can help them evaluate and recommend new programs and policy changes to address obesity in Harford County. The impetus for this study was the October, 2011, passage of Resolution No. 28-11 by the Harford County Council establishing an Obesity Task Force to make recommendations to the Council concerning programs and policies to address community engagement, access to healthy foods, and changes to the built environment to promote physical activity (Lisanti, 2011). In this resolution, the County Council stated that, “individual effort alone is not sufficient to combat obesity and that changes in public policy and the built environment need to occur....” (Lisanti, 2011). Task force members include representatives from throughout the county: restaurants, grocery stores, nutritionists, physicians, farmers, fitness specialists, County Council, Board of Education, Parks and Recreation, Health Department, Community Services, Sheriff’s Office, Planning and Zoning, and the Economic Development Advisory Board.

Harford County

Harford County, Maryland, part of the Baltimore-Washington Metropolitan Area, sits northeast of Baltimore City and the surrounding Baltimore County and stretches from the northern end of the Chesapeake Bay to the Pennsylvania border. The county is a mix of rural and suburban development.

Table 1 summarizes statistics on Harford County compared to Maryland and the United States. These data show that Harford County is whiter, less ethnically diverse overall, wealthier, and more obese than Maryland and the United States as a whole. Regarding access to healthy foods, the USDA Food Desert Locator displays one food desert location in Harford County, affecting 2778 people between Interstate 95 and Aberdeen Proving Grounds (Economic Research Council (ERC), 2011). Here a food desert is defined as a low-income census tract where a substantial number or share of residents lives more than a kilometer away from a supermarket or large grocery store (ERC, 2011).

Table 1. Harford County Statistics

	Harford County	Maryland	United States
Population	244,826	5,773,552	308,745,538
Population density (people/sq mile)	560	595	87
Persons under 18 years (%)	24.7	23.4	24.0
Persons 65 years and over (%)	12.5	12.3	13.0
White persons (%)	81.2	58.2	72.4
Black persons (%)	12.7	29.4	12.6
Asian persons (%)	2.4	5.5	4.8
Persons of Hispanic or Latino origin (%)	3.5	8.2	16.3
High school graduates (% of persons 25+)	91.0	87.8	85.0
Bachelor's degree or higher (% of persons 25+)	30.5	35.7	27.9
Persons below poverty level (%)	5.6	8.6	13.8
Median household income	\$77,010	\$70,647	\$51,914
Per capita money income in past 12 months (2010 dollars)	\$33,559	\$34,849	\$27,334
<u>Neither overweight nor obese (BMI <=24.9) (%)</u>	32.9	34.0	35.5
<u>Overweight (BMI 25.0-29.9) (%)</u>	38.0	38.2	36.2
<u>Obese (BMI >=30.0) (%)</u>	29.1	27.9	27.5

2010 U.S. Census Bureau statistics (2012)
2006-2010 U.S. Census Bureau statistics (2012)
2010 BRFSS statistics (CDC, 2012b)

Obesity Overview

Body Mass Index (BMI) is a commonly-used measure for body fat and is equal to an individual's weight in kilograms divided by their height in meters squared. An adult is characterized as overweight if they have a BMI between 25 and 29 kg/m² while a BMI of 30 or greater signifies obesity. Like the rest of the United States, obesity in Harford County adults has risen dramatically over the past 30 years. From 1980 to 2008, obesity rates for US adults doubled, and rates for children tripled (Skelton et. al., 2009). This has continued over the past decade with a rise in obesity prevalence in Harford County from 11.4% in 1997 to 26.2% in 2008, an increase of 130% over ten years (Moy, 2012). 31.2% of low-income Harford preschoolers were overweight or obese in 2009, and national data suggests that overweight and obesity rates continue to rise with age (Moy, 2012; CDC, 2011). Healthy People 2020 sets a target for 10% improvement in obesity rates across all ages, but little progress is being made towards this goal (U.S. Department of Health and Human Services, 2012a). Although there has been a slowing in the rise of obesity rates across the country in recent years, very few communities have seen decreases in obesity prevalence (Flegal et. al., 2012; Ogden et. al., 2012; Centers for Disease Control and Prevention (CDC), 2011).

Being overweight and obese increases an individual's risk for type II diabetes, hypertension, and elevated cholesterol levels, all of which increase the risk of heart disease (Office of the Surgeon General, 2012). Asthma, sleep apnea, pregnancy complications, psychosocial problems, arthritis, cancers, and strokes are also associated with obesity (Office of the Surgeon General, 2012). As one example in Harford County, 11.4% of adults had a diagnosis of diabetes in 2010, up from 7.9% in 2005 (Healthy Harford Inc., 2011). Individuals who are obese have a 50 to 100% increased risk of premature death from all causes, compared to individuals with healthy weight (Office of the Surgeon General, 2012). In

2009, four of the six leading causes of death in Harford County and in Maryland were heart disease, cancer, stroke, and diabetes, each of which is related to obesity (Moy, 2012).

Interventions to promote healthy eating and active living are central to addressing obesity and the chronic diseases associated with excessive weight. At least 80% of heart disease, stroke, and type II diabetes, and 40% of cancer are preventable through proper nutrition, daily physical activity, and smoking cessation (World Health Organization, 2005). Mokdad et al. looked at leading underlying causes of mortality in the US in 2000, and poor diet and physical inactivity came in a close second to tobacco, causing over 16% of all deaths (2004). In Harford County, in 2006-2008, only 22.2% of adults consumed five or more servings of fruits or vegetables daily, slightly lower than the Maryland average of 27.4% (Moy, 2012). 2010 Harford Community Health Assessment Project (CHAP) data show that 65% of respondents still eat fast food on a weekly basis (Healthy Harford Inc., 2011). In addition to too few fruits and vegetables and too much fast food, some Harford residents do not have access to healthy foods. In 2008, 16% of residents in Harford County lived in a zip code with no access to a grocery store or farmer's market where healthy foods could be purchased (University of Wisconsin, 2012).

Regarding physical activity, at least 30 minutes of moderate activity at least five times a week is recommended by the American College of Sports Medicine and the American Heart Association (Healthy Harford Inc., 2011). Twenty-five percent of Harford adults report no leisure time physical activity while 51.1% report moderate activity for at least 30 minutes a day, at least five days a week (University of Wisconsin, 2012; Moy, 2012). The Harford County Public Schools use FitnessGram testing to assess the fitness levels of school children (Human Kinetics, 2012). In 2010, between 68% and 87% of children achieved the "Healthy Fitness Zone", with girls and younger children generally achieving better rates than boys and older youth (Healthy Harford Inc., 2010). To assess attitudes and built environment for

biking, a 2010 Bicycle Survey was undertaken in Harford County. It showed that the majority of respondents bicycle for recreation and leave the county to do so, though over 80% would consider biking for errands or commuting if adequate facilities were available (Healthy Harford Inc., 2010).

Overview of Interventions

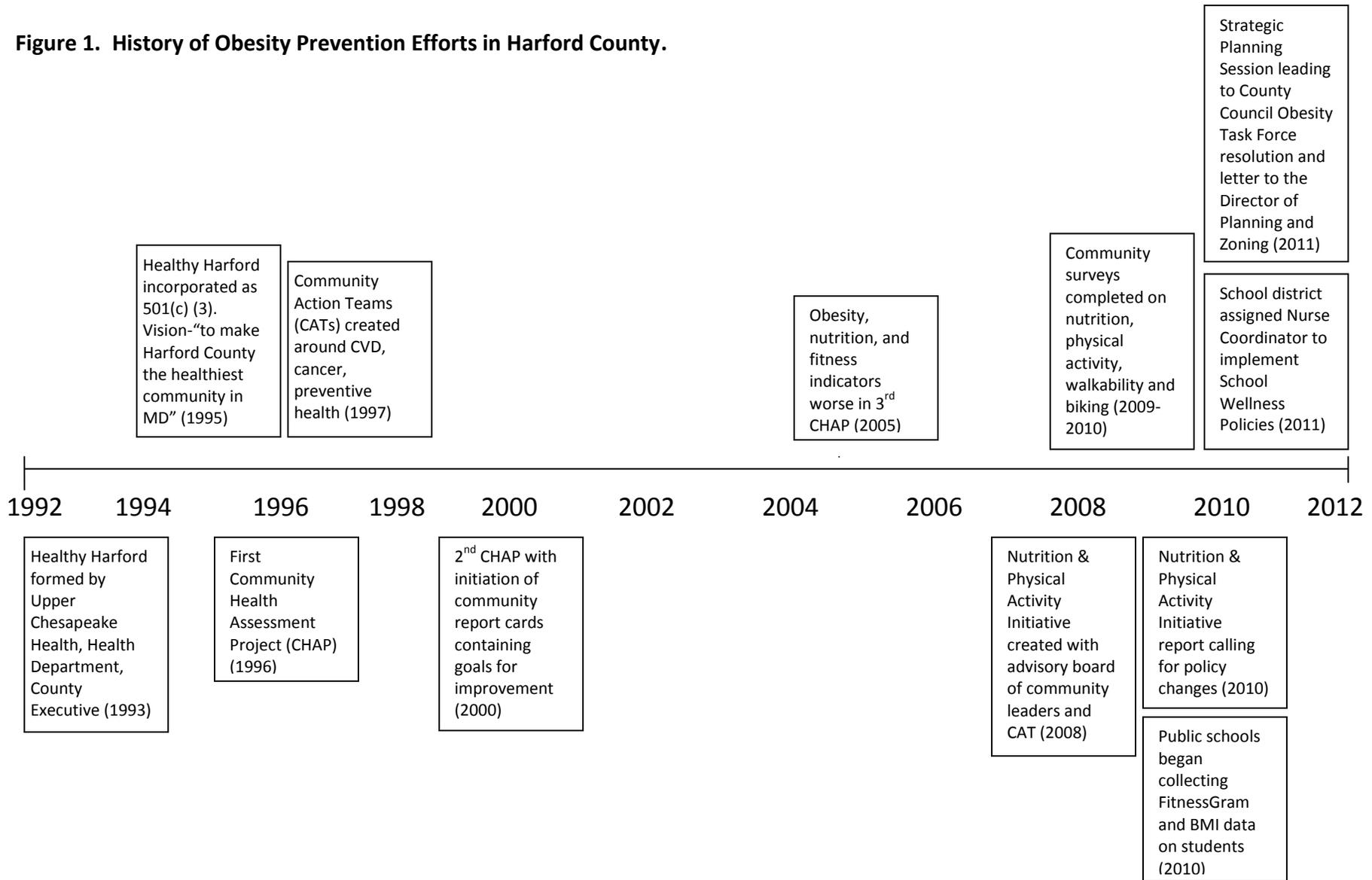
The goal of programs that aim to prevent obesity through policy, systematic or environmental approaches work to improve access to healthy foods and/or opportunities for physical activity.

Appendix A provides a summary of goals, objectives, and recommendations, found in Healthy People 2020 and the 2010 White House Task Force on Childhood Obesity report to the President. It concludes with additional resources for finding best-practice policies and strategies for that can be adapted for local implementation.

History of Obesity Prevention Efforts in Harford County

Obesity prevention efforts began almost twenty years ago in Harford County (Figure 1). While programs developed by Community Action Teams addressed heart disease, cancer, and preventive health and wellness in many ways, there was a clear recognition that their impact was not broad enough to have a significant effect on obesity rates countywide (Healthy Harford, 2010). The Nutrition and Physical Activity Initiative released its full report in December, 2010, and the executive summary concludes with the following: "...the stage is set for the Healthy Harford Advisory Board...to engage in a strategic planning process that takes the information contained in this report and converts it into actionable strategies designed to make healthier lifestyle choices easier in Harford County. The focus is a variety of policy and built environment strategies that have the potential to impact worksites, schools, and the community at large....Success through this process will make the 'healthy choice' the 'easier choice'...." (Healthy Harford, 2010). In March, 2011, a Strategic Planning Session with those on the Healthy Harford

Figure 1. History of Obesity Prevention Efforts in Harford County.



Sources: Personal communication with Kathy Kraft and Bari Klein; Report on Harford County Nutrition and Physical Activity Strategic Initiative (Healthy Harford Inc. Nutrition and Physical Activity Community Action Team, 2010); and CHAP data (Healthy Harford Inc., 2011).

Advisory Board and other stakeholders from across the county convened, and out of this, county and city governments stressed a need to look at policy change to address the issues of nutrition and physical activity community-wide (Kraft & Klein, 2012).

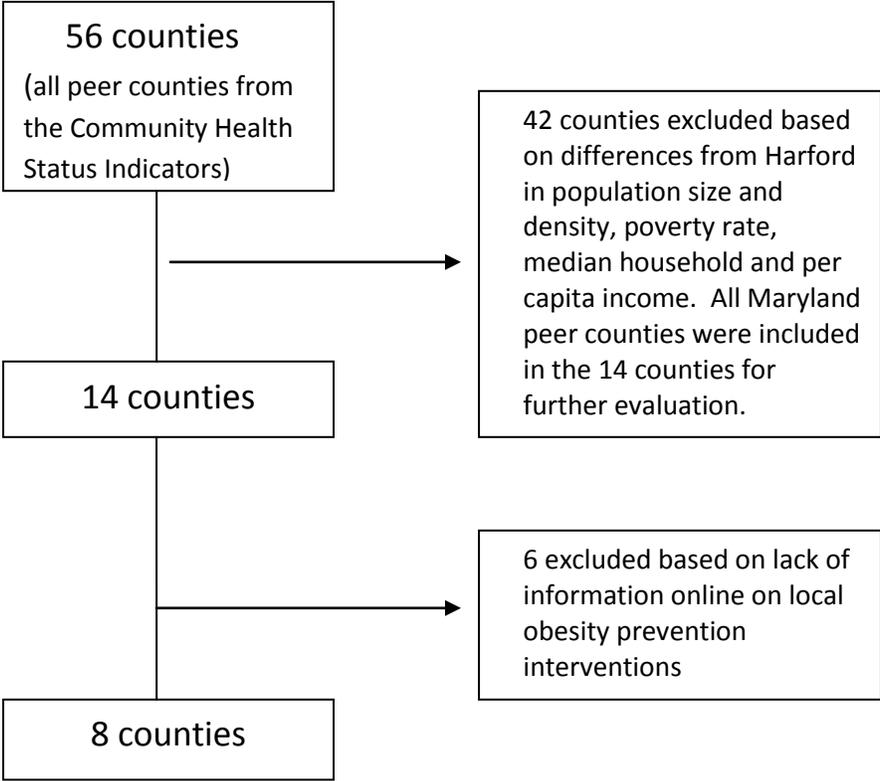
Two specific action items emerged from this Strategic Planning Session. A group of stakeholders wrote a resolution, which was passed by the Harford County Council in October, 2011, calling for an Obesity Task Force, with the mandate to return with recommendations to County Council for policy, systematic, and/or environmental changes to address the epidemic of obesity in the county (Kraft & Klein, 2012).

The other action item that came out of the Strategic Planning Session was the decision by the Healthy Harford Advisory Board to draft a letter to the county's Director of Planning & Zoning, dated March 17, 2011, asking that strategies to promote and enable physical activity such as sidewalks, linkages between residential and business areas, bike-able roadways, and safe walking routes to schools be incorporated into the 2012 Harford County Master Plan and Land Use Element Plan (The Healthy Harford Advisory Board, 2011). The 2012 Harford County Master Plan and Land Use Element Plan now addresses sustainable growth, walkable communities, mixed use development, and sustaining agriculture (Harford County Department of Planning and Zoning, 2012). Healthy Communities is now one of the Plan's guiding principles, with policies and strategies to address opportunities for healthy lifestyle and provide a healthy environment for County residents (Harford County Department of Planning and Zoning, 2012). The March 2011 letter has been referenced frequently in discussions regarding the 2012 Plan changes (Kraft & Klein, 2012). In addition, the Department of Planning and Zoning is now working on a Bicycle and Pedestrian Master Plan (Harford County Department of Planning and Zoning, 2012b).

Methods

With a goal of applying evidence-based solutions to obesity prevention, Harford County looked to other locales for what was working to address healthy living in similar communities. As one strategy for doing this in a systematic way, this analysis of community-based obesity prevention interventions in counties with similar demographics to Harford County was undertaken to inform recommendations from the Obesity Task Force. Figure 2 shows criteria for choosing counties for this analysis.

Figure 2. Selection of Counties for Analysis.



Analysis began using all of Harford’s peer counties, as determined by the Community Health Status Indicators (CHSI) (U.S. Department of Health and Human Services, 2009). Stratified on the basis of population, poverty, age and race/ethnicity, these 56 peer counties were further matched by hand to narrow the list still further. Criteria used to determine the final 14 comparison counties were centered

on Harford's demographic characteristics in 2008, as reported in the Community Health Status Indicators, and were as follows: population size between 200,000 and 280,000, population density between 430 and 640 people per square mile, individuals living below poverty level between 3.7 and 7.7%, median household income between \$50,000 and \$64,000, per capita income between \$21,000 and \$27,000, and proximity to Harford (within the state of Maryland). The final 14 counties—Cherokee County, GA; McHenry County, IL; Johnson County, IN; Carroll County, MD; Charles County, MD; Frederick County, MD; Howard County, MD; Ottawa County, MI; Washington County, MN; Sarpy County, NE; Medina County, OH; Williamson County, TX; Brown County, WI; and Kenosha County, WI—met at least three of these six criteria and were therefore deemed the 14 counties matched most closely to Harford demographically.

An online search for obesity prevention interventions in these 14 counties was then conducted, and 8 counties were selected for further analysis based on the results of this search. Those 8 counties had information, usually on their local health department website, on program and policy changes to improve community engagement around healthy eating and active living, access to healthy foods, and the built environment to make it more conducive to physical activity. Within these counties, interventions were chosen to include on the matrix if the intervention occurred within the past three years, had the health department as a partner, and centered on prevention of obesity as opposed to treatment. Information gathered included the type, duration, location, population targeted, financing, and effectiveness of the interventions. Matrices were initially filled in with information found online, and then each health department was contacted by email to ask if a staff member could expand and revise the information contained in the matrix. Staff from all eight health departments shared information in 15-60 minute phone discussions. Questions posed by phone to each health department included the following:

- Are there other interventions to include in the matrix or any that should be removed?
- How were the interventions carried out?
- Are any of the interventions considered best practices?
- Do any of the interventions reflect a policy change?
- Can the success of the intervention be gauged?

Matrices were revised after the telephone call and sent to respondents for final revision.

Matrices

Table 2. Summary of County Obesity Prevention Interventions.

	Community Engagement	Access to Healthy Foods	Built Environment to Encourage Physical Activity
Charles County, MD	✓	✓	
Frederick County, MD	✓	✓	
Howard County, MD	✓	✓	
Ottawa County, MI	✓	✓	✓
Washington County, MN	✓	✓	✓
Medina County, OH	✓	✓	✓
Williamson County, TX	✓	✓	✓
Brown County, WI	✓		✓

See matrices for each county in Appendix A.

Discussion

General

Overall, interventions are mostly evidence-based but typically lack an evaluation component and plan for sustainability.

- Many programs are based on best practices and not created from scratch.
- Little evaluation of interventions was done, especially evaluation beyond pre/post tests and surveys.
- Combination of global interventions and targeted interventions to at-risk sub-populations can be most effective.
- Many programs do not continue once grant funding runs out; sustainability is difficult.
- Assessments prior to action often lead to more effective intervention.

Community Engagement

Overall, grassroots efforts to build relationships over time engages the community, and this happens when key stakeholders are motivated to work together toward common goals.

- Key interventions
 - pledges to go soda-free by schoolchildren, parents, and employees for 30 days
 - incentives to restaurants, workplaces, schools, and child care centers to improve nutritional offerings and/or increase opportunities for physical activity with free marketing and decals
 - educational campaign using social media and leveraging these activities for grants to improve the built environment and increase physical activity in child care centers
 - classes to teach nutrition and exercise to high-risk groups
 - involvement of the faith community

- obesity tool kit targeting health care providers, with an information technology resource tool to assist with referrals and information on local resources
 - worksite wellness initiatives
 - technical support for designing and implementing school wellness policies
 - measurement of BMI at school as an educational tool for students, parents, and the community
 - emphasis on stakeholder involvement in partnerships
 - healthy snack toolkit for children’s sports organizations
- Lessons learned
 - plan evaluation from the beginning
 - keep the local health department involved to sustain momentum of partnerships
 - develop relationships—“when key people are at the table and they leverage resources, things happen”
 - be patient—change takes time
 - involve parents to affect children’s nutrition, physical activity

Access to Healthy Foods

Overall, physical and financial access to healthy foods are key components, and these are often addressed most easily through incentive policies and programs.

- Key interventions
 - Individual
 - education for high-risk groups, such as those with diabetes and those using food pantries or soup kitchens, and breastfeeding support for new mothers

- physical access, including support for community gardens, encouraging healthier food policies in child care centers and schools, and increasing healthy foods in convenience stores
- financial access, including coupons/tokens for WIC, seniors, SNAP recipients to use at farmer's markets and grocery store vouchers to increase fresh produce at food pantries
- Environmental
 - incentives to increase healthy options on restaurant menus
 - zoning conducive to agriculture, community gardens, and composting
- Lessons learned
 - when working with schools, start slow and meet with district office as well as individual schools
 - nutrition policy often more difficult than physical activity policy due to stakeholders on all sides of nutrition issue (beverage companies, fast food restaurants, manufacturers of calorie-dense, nutrient-poor foods)
 - health department support crucial for small stores when first stocking healthy foods to help to address barriers to stocking these items during the initial phases (Penniston, 2012)
 - support storeowners to become vendors for SNAP and WIC, which may increase demand and access to healthy foods in small stores (Penniston, 2012)
 - implementation of Healthy Stores takes time (Penniston, 2012)
 - leverage grant and loan programs for small and rural business owners to facilitate facility improvements needed to stock, store, and display fresh foods (Penniston, 2012)
 - start with foods with longer shelf life and move towards fresh produce (Penniston, 2012)
 - help storeowners to buy in bulk or from local farmers to reduce costs (Penniston, 2012)
 - involve the community

Built Environment

Overall, relationships across agencies are a key factor for promoting health in all policy decisions on planning and transportation, and changes to the built environment often address access to locales for physical activity and safety.

- Key interventions
 - establish partnerships, including with the county planning department and tech schools to train law enforcement on bike safety or have horticulture students design for local parks and trails
 - Walking and Biking Advocacy Steering Committee countywide, with local plans by community
 - Safe Routes to Schools a good way to improve sidewalks, bike lanes
 - increase trail use by developing maps, promoting trail use, surfacing trails, improving signage, and better integrating trails with roadways and transit facilities
 - make zoning regulations more friendly to physical activity by providing workshops on health and community gardens, instituting SmartCode, and adding language calling for sidewalks and trail systems
 - health department reviews response letter to application for new sub-divisions
 - use System for Observing Play and Recreation in Communities (SOPARC) to evaluate parks

- Lessons learned
 - involve health department on planning and transportation committees
 - learn the language of planning and transportation and use it when asking for health to be included in decisions (i.e. how will it save money, target as a fairness issue)

- educate stakeholders that are not used to associating health policy with planning
- environmental assessment important initial step

Recommendations

- Short-term
 - Conduct a Health Needs Assessment. This would ideally include the following components: a situational assessment to include a food map for the county, an assessment of walking/biking facilities, and a review of school food and physical activity policies; a stakeholder assessment with responsibility assignment matrix; a public health action plan with time-dependent goals and objectives as well as clearly defined roles for each participant; strategy including a communication plan; a feasibility assessment; and a monitoring and evaluation plan including process and outcome indicators. (Baral, 2012b; Cavanaugh & Chadwick, 2005)
 - Use best practices, like those found in the CDC's Guide to Community Preventive Services, when choosing action plans. (CDC, 2012a)
 - Leverage resources and build consensus via collaborations.
- Long-term
 - Adopt a "Health in All Policies" philosophy, emphasizing the social determinants of health, inter-agency collaboration within local government, and public health needing a seat at the table when important decisions are made that affect the health of the population.
 - Address policies, regulations, systems, and the built environment to promote sustainability.

- Employ a comprehensive approach to move health indicators. Interventions should be aimed at schools, workplaces, restaurants, food stores, child care centers, and the built environment.
- Consider equity in decision-making. Combine a population approach with a targeted approach aimed at high-risk populations. A Health Impact Assessment can be used to judge the potential health effects of a policy, program or project on a population, particularly on vulnerable or disadvantaged groups. (Baral, 2012a; Quigley et. al, 2006)

Limitations

- Information was only gathered on interventions from eight local health departments.
- In each health department, information was only gathered online and from one to four local staff, along with any materials sent by these contributors.
- Little evaluation was done for most of these interventions, and the data from what evaluation was completed often could not be obtained.
- There are inherent challenges in applying interventions from one county to another— cultural, political, and institutional.

Conclusion

Harford County has a solid foundation on which to build. Their history of addressing preventive health and wellness over the past twenty years, myriad array of prior interventions, timely local data gathered on important health indicators, and wide range of stakeholders involved over time have positioned Harford as a leader for nutrition and physical activity interventions in Maryland and in the United States. Like many of the other counties analyzed here, Harford County seems

poised to move its obesity prevention interventions from a strategy of primarily program-based health educational campaigns to a strategy of collective advocacy for a comprehensive approach. This approach should include changes to policies, regulations, systems, and the built environment so that “the healthier choice becomes the easier choice.” With an emphasis on sustainability and evaluation, Harford County can learn from others, adapt best practices to the local community, and continue to insist that data inform priorities and define progress.

Acknowledgements

I would like to thank the following people for their assistance and support on this Capstone project: Susan Kelly, Russell Moy, and Bari Klein from the Harford County Health Department; Kathy Kraft from Upper Chesapeake Health; Beth Resnick and Sara Bleich from Johns Hopkins Bloomberg School of Public Health; all contributors to the county matrices; and David Bundy.

Appendix A. Overview of Best Practices in Obesity Prevention.

Healthy People 2020 and the White House Task Force on Childhood Obesity report both lay out time-bound goals, objectives, and recommendations for improving nutrition and increasing physical activity (US Department of Health and Human Services (US DHHS), 2012a; White House Task Force on Childhood Obesity, 2010). Healthy People objectives in the areas of nutrition and weight status include the following, among others: increase the proportion of children, adolescents, and adults at healthy weight and decrease the proportion of the population who are obese; increase the proportion of primary care physicians who assess BMI in their pediatric and adult patients; increase the contribution of fruits, vegetables and whole grains to the daily diet; and decrease consumption of calories from solid fats, saturated fats, and added sugars (US DHHS, 2012a). Under physical activity, Healthy People 2020 include objectives to decrease the proportion of adults who engage in no leisure-time physical activity; increase the proportion of children, adolescents, and adults who meet guidelines for aerobic physical activity and for muscle-strengthening activity; increase the number of school districts requiring regularly scheduled elementary school recess for an appropriate length of time; increase the proportion of children over 2 and adolescents who do not exceed two hours of TV, videos, or played video games daily; and increase the number of schools providing access to physical activity spaces and facilities outside of normal school hours (US DHHS, 2012b).

The White House Childhood Obesity Task Force goals for reducing childhood obesity include about 70 specific recommendations which fall into six categories: getting children a healthy start on life; empowering parents and caregivers; providing healthy foods in schools; improving access to healthy, affordable foods; and getting children more physically active (2010). Recommendations for local action in early childhood include emphasizing the importance of a healthy weight prior to pregnancy; support from hospitals, providers, workplaces, communities and childcare centers for

breastfeeding; increasing availability to parents and early childcare settings of American Academy of Pediatrics guidelines on screen time; and supporting good program practices regarding nutrition, physical activity, and screen time in childcare centers. To empower parents and caregivers, disseminate information on 2010 Dietary Guidelines through simple, actionable messages for consumers; ask restaurants to consider portion sizes, improve children's menus, and make healthy options the default choice; encourage primary care physicians to assess BMI; and provide training for medical providers to prevent, diagnose, and treat those with excess weight.

Solving the Problem of Childhood Obesity Within a Generation: White House Task Force on Childhood Obesity Report to the President also states that healthier food in schools can be fostered by connecting school meal programs to local growers and using farm-to-table programs where possible to incorporate more fresh, appealing food in school meals; using school gardens to educate students about healthy eating; creating, posting, and implementing strong school wellness policies; and increasing the alignment of foods sold at school, including a la carte lines and vending machines, with federal Dietary Guidelines (White House Task Force on Childhood Obesity, 2010). To address access to healthy, affordable foods locally, recommendations include incentives to attract supermarkets and grocery stores to underserved neighborhoods and to improve transportation routes to healthy food retailers; establishment and use of farmer's markets and community-supported agriculture (CSAs); food policy councils to enhance comprehensive food system policy; and encouragement of hospitals, afterschool programs, recreation centers, parks and others to implement policies and practices to promote healthy food and beverages and to reduce availability of calorie-dense, nutrient-poor food. Finally, the White House Task Force on Childhood Obesity report to the President lists many recommendations to increase physical activity in children and youth, and some that could be implemented by local government include the following: encourage

communities to consider the impacts of built environment policies and regulations on human health; add a strong physical activity component to school wellness policies; increase the quality and frequency of physical education for all students; promote recess for elementary students and physical activity breaks for older students and provide support to schools to implement recess in a healthy way; encourage “active transport”; and increase the number of safe and accessible playgrounds and parks, particularly in underserved, low income areas (White House Task Force on Childhood Obesity, 2010).

Many additional evidence-based resources now exist for finding best-practice policies and strategies aimed at obesity prevention that can be adapted for implementation (CDC, 2012; Fry, 2012; Health-Evidence.ca, 2012; Khan et al., 2009; NCCOR, 2012; Neuner et al., 2011; Public Health Agency of Canada, 2012; The Cochrane Collaboration, 2012; Waters, 2011). *The Guide to Community Preventive Services* from the CDC, in particular, can be helpful in identifying evidence-based community strategies, reviewing the associated evidence, and finding specifics of programs employing this strategy across the country (2012a). Likewise, the recently published *Putting Business to Work: Incentive Policies for the Private Sector* offers a how-to guide for creating a variety of incentives, many at low- or no-cost to local government, for businesses to expand access to healthy foods and physical activity spaces (Fry, 2012).

Appendix B. County Obesity Prevention Intervention Matrices.

Charles County, MD

Initial information gathered February, 2012, from Charles County Health Department website and from November 16, 2011, presentation on Healthy Stores at University of Maryland Summit on Childhood Obesity in Baltimore, MD (Thomas, 2011)

Linda Thomas (LindaT@dhhm.state.md.us), Program Manager for Charles County Health Department; Betsy Anderson, Project Coordinator for MHS; and Erin Penniston, Childhood Wellness Coordinator for Maryland Department of Health and Mental Hygiene, contributed

Intervention	Who	What	When	Where	How	Partnerships	Evaluation
Maryland Healthy Stores (MHS): Improving Healthy Food Access in Rural Settings	Store owners and customers at country/convenience stores	4 phases, 1 month each 1 week before, placed poster "Coming to a Store Near You..." Healthy Beverages—no/low-calorie options such as diet sodas, sugar-free drinks like crystal light, 1% and skim milk Healthy Snacks—baked chips, pretzels, trail mix, granola bars Home Healthy	6/11-2/12 Hoping to continue in these 4 stores and add 2 addl.	4 country/convenience stores received intervention and 4 stores served as a comparison group	Shelf Labels, posters, in-store health promotion and nutrition education, customer incentives, gift cards to store owners to stock the healthier products 2 hr. intervention with health department (HD) staff member in store 2 interventions/week/store, then weekly follow-up to check posters,	Johns Hopkins School of Public Health (JHSPH)-Joel Gittelsohn Maryland Department of Health and Mental Hygiene (DHMH) Charles County Chronic Disease Prevention Team Store owners	Results indicate that the availability and identification of healthy foods increased in pilot stores --participating stores had a 100% increase in point-of-purchase health promotion materials --prior to the pilot only 50% of intervention stores stocked skim or 1% milk while afterward it was stocked in all stores

		<p>Foods—low-sodium deli meats, wheat bread, low-fat cheese, low-fat mayo. For taste tests, made turkey and ham sandwiches, grilled cheese.</p> <p>Healthy Deli/Carry-out Foods—low-fat cheese, wheat bread, light mayo available. Only 2 of 4 stores had deli. One of the stores experimented with low-fat recipes for other products.</p>			<p>shelf labels, stock for additional 4 months</p> <p>MHS pilot was part of DHMH's Communities Putting Prevention to Work and Healthy Communities Program Initiatives</p> <p>JHSPH for supplies</p> <p>32 hour/week of HD staff time during initial 4 months</p>		<p>Success depends on storeowner acceptability, operability, and perceived sustainability of the program</p> <p>Participating storeowners had increases in food sales expectations and self-efficacy for stocking healthy foods</p> <p>DHMH supports healthy food access strategies including healthy stores implementation</p>
We Can!	8-13 year old kids and their parents	Classes on enhancing activity and nutrition	7/09-10/11	Community Center	<p>DHMH block grant</p> <p>Classes led by exercise physiologist, nutritionist, health educator</p>	Community Services, Civista Medical Center	Quarterly summaries of how many attended classes, pre/post BMI, pre/post surveys

Frederick County, MD

Initial Information gathered February, 2012, from Frederick County Health Department website

Angela Blair, Community Health Educator; and Dr. Jacqueline Douge (JDouge'@FrederickCountyMD.gov), Deputy Health Officer, contributed

Intervention	Who	What	When	Where	How	Partnerships	Evaluation
Health Care Provider Obesity Toolkit	pediatric providers across county	Brochures, poster, prescription for health. 5, 2, 1, 0 message	2010; information still on website to download	Countywide	State Farm grant	Frederick County Child Health Partnership	None
Power to Prevent	Adults with DM II or at risk	Evidence-based curriculum developed by National Diabetes Education Program Model Practice Award in 2011 from NACCHO Goals —if overweight, lose 5-7% of BW; if normal weight, maintain --moderate physical activity (PA) for 30minutes/day 5d/wk for all --connect to healthcare provider	11/2009-10/2011	1 2-hr class (of which 30 minutes was low-impact physical activity) per week for 12 weeks, plus two individual sessions with dietician	Chronic disease grant project through DHMH	Frederick County Diabetes Coalition	140 adults graduated from the program. Of 127 who completed pre/post surveys, those reaching the PA goal increased from 31% to 64%. Percentage of participants eating 5 servings of fruits and vegetables a day at least 5 days a week increased from 36% to 55%. More moderate improvements in

							weight with 21% maintaining normal weight or achieving weight loss of 5% or more.
Frederick County Child Health Partnership	See partnerships, health department	Adolescent Obesity Seminar, Health Care Provider Obesity Toolkit, report on healthier vending machine snacks	2007-2011 When HD transferred leadership to community, partnership stopped meeting	Countywide	Grant from AAP to convene stakeholders and hire consultant Kaiser Foundation Health Plan of the Mid-Atlantic States grant to evaluate healthier vending machine options	YMCA, Head Start, Diversity Leadership Institute, University of Maryland cooperative, Tom Werner, Priority Partners, Girl Scouts, Public Schools	None
Frederick Restaurant Challenge	Restaurants countywide	Healthy meal option on menu Recipes sent in for evaluation by dietician Builds Diabetes Awareness	2010-present	Restaurant menus	\$1300 plus in-kind contributions (expense summary in Diabetes Educator article)	Area restaurants, FC Diabetes Coalition, Office of Economic Development, Downtown Frederick Partnership, local American Diabetes Association chapter, Frederick Memorial	16 restaurants, 540 patrons have ordered the healthy meal option Published in <i>The Diabetes Educator</i> as successful low-budget project (Blair et. al., 2011)

						Healthcare System	
Healthy Snack Toolkit	Local sports organizations, schools	Healthy Snack toolkit in development, including template, poster, handout, list of recommended snacks, and recipes Developed from <i>All-Star Snacks Playbook: Healthy Snack Policies</i> produced by the City of Hamilton Public Health Services, Canada	2011-present	Beginning with 1 local soccer league	Internet search for programs lead to Canadian guidelines for healthy snacks as basis for toolkit	Sports organizations, schools	Will likely use pre/post survey to evaluate

Howard County, MD

Initial information gathered February, 2012, from Healthy Howard and Howard County Health Department websites

Kea McKoy, Community Health Promotion and Chronic Disease Prevention Coordinator; and Robin McClave (rmcclave@healthyhowardmd.org), Director of Community Health Promotion and Chronic Disease Prevention, contributed

Intervention	Who	What	When	Where	How	Partnerships	Evaluation
Soda-Free 30	Schoolchildren, parents, employees	30 day pledge to stop drinking sodas	10/20-11/18, 2011	Schools, workplaces	Advertising, signed pledges, Facebook	schools, workplaces	None
Healthy Schools	School children and staff	Encourage healthy eating and physical activity Application, awards ceremony, plaque, recognition, and technical assistance	2008-present	Public and private county schools Contacts at schools include PTA, principals, teachers, school nurse	Concentrating on nutrition and physical activity this year and application has gone from 15 pages to 1 page. Application now asks for how many kids reached and measurable improvement. Funded with combination of county funding and grants 1.0 FTE	Healthy Howard Inc. (non-profit begun by County Executive and Health Officer; housed in HD)	12 schools in the 1 st year, 25 in 2 nd year, 39 in 3 rd year, and 52 in 4 th year. 60 schools since the beginning. Participation rates current method of evaluation

Healthy Restaurants	County residents	<p>Offer at least 2 healthy menu options, excellent environmental health inspections, no trans fats, smoke-free</p> <p>Free advertising, certificate, free nutritional analysis of menu items</p> <p>Working to increase business for participating restaurants. Soon 10% off coupon to participating restaurants to local teachers, given out at wellness fair.</p>	<p>2008-present</p> <p>Restaurants re-certify every two years</p>	Restaurants countywide.	<p>Funded with combination of county funding and grants</p> <p>0.5 FTE</p>	Healthy Howard Inc.	<p>100 restaurants now participating.</p> <p>Focus group was held in August, 2011. Feedback included need for tangible benefits for participating and minimal paperwork.</p> <p>Considering customer comment cards.</p>
Healthy Workplaces	Employees	<p>3 levels-Bronze, Silver, Gold</p> <p>Application, Public recognition, plaque, technical assistance, Innovation Awards with cash prize</p> <p>Vending policy requires 25% healthy options in machines in all county offices. May increase to 50% soon.</p>	2008-present	Workplaces of all sizes in the county	<p>Funded with combination of county funding and grants</p> <p>0.6 FTE</p>	Healthy Howard Inc.	<p>14% of HC workers in Healthy Workplaces in 2011</p> <p>Vending policy evaluation. Showed no tangible impact on sales.</p>
Healthy Recreation	Students in grades 3-5 attending afterschool program at some public schools	<p>Increase fruit/vegetable consumption, physical activity.</p> <p>Decrease screen time.</p> <p>Developed 8 week curriculum, ½ hour classroom time and ½ hour recess time, now for grades 3 to 5 in afterschool program. Was</p>	Fall, 2011 to present	Pilot in some local Title 1 Elementary Schools	<p>Healthy Eating and Active Living grant from Kaiser Permanente</p> <p>0.5 FTE</p>	Healthy Howard Inc.	<p>4 schools in the Fall, 2011; 5 schools in the Spring, 2012.</p> <p>Pre/post assessments with students.</p>

		during school, 4 th grade, 1 st semester.					
Healthy Childcare	Young children	<p>Increase fruit, vegetables, nutritious foods, milk, water, 100% juice. Eliminate sugar-sweetened beverages, increase physical activity, limit screen time, promote breastfeeding, increase participation in Child and Adult Care Food Program, WIC program for eligible families</p> <p>Provides funding for 1 staff member per center to go to continuing education throughout the year.</p>	January, 2012, to present	Licensed childcare and early childhood programs	<p>Application, technical assistance, public recognition, window decal and certificate, use of graphic, earn Professional Activity Unit for Maryland Childcare Credential</p> <p>Funded with combination of county funding and grant from Horizon Foundation</p> <p>1.0 FTE</p>	Healthy Howard Inc.	<p>More than 60 nursery schools, daycare centers, and in-home group childcare participating.</p> <p>Evaluation through Yale Rudd Center for Food Policy & Obesity consulting. Will measure participation, level of outreach, articles to teachers and parents, # child care providers going to trainings. Hoping to measure BMI.</p>

Ottawa County, MI

Initial information gathered February, 2012, from Ottawa County Health Department website

Lisa Uganski (luganski@miottawa.org), dietician and health educator; Kim Kooyers, health educator; Marcia Knol, epidemiologist; and Becky Young, Health Education Team Supervisor, contributed

Intervention	Who	What	When	Where	How	Partnerships	Evaluation
Fit for a Kid	School children	<p>BMI measurements of elementary school children, educational materials</p> <p><i>(has evolved into more of a surveillance program with supporting information available for schools, parents and health care providers)</i></p>	2005-present	Elementary Schools	<p>After first year, only third graders are measured for BMI. Schools are randomly selected without replacement and asked to participate. The Fit for a Kid staff visit schools during scheduled hearing and vision screenings. Trained OCHD staff or Hope College nursing students record height, weight, and gender of every 3rd grader present that day. The school supplies name and date of birth for each child. Each participating school is assigned a designation based on the percentage of children receiving federal free or reduced price meals (Higher Income >40%, Lower Income >= 40%, or Private) to serve as a rough indicator of family incomes.</p>	Ottawa County Health Department, Hope College nursing students, school systems	<p>Data analysis includes overall descriptive frequencies of the sample demographics. Include bivariate analysis using Chi-Square tests crossing weight category by gender and school type. Additional logistic regression analysis is looking at school type as a predictor of weight category adjusting for gender and also for changes in overall weight distribution over time for the three administrations of this program.</p>

					Findings presented to schools and stakeholders coupled with a media release directing people to Fit for a Kid website for more information and supporting material.		Overall, BMI results for children have not changed since 2005. Results tallied and available at http://www.miottawa.org/HealthComm/Health/pdf/data/2010_2011_BMI.pdf Results of Ottawa County Behavioral Risk Factor Surveys and Youth Assessment Surveys also available at http://www.miottawa.org/HealthComm/Health/data.htm
Ottawa County Food Council	Residents with food insecurity	Assure residents' access to healthy foods	2011-present	Countywide	Food Insecurities Needs Assessment (2011), Strategic Plan (2012, planned) Meet monthly and also webinars Funded by Building Healthy Communities Funding (Michigan	Local food pantries, United Way, Senior Resources of Western Michigan, School Food Service, Catholic Charities, Extension Program, Dept	Guided by Strategic Plan but not yet evaluating

					Department of Community Health) and local grants	of Human Services, Kids Foodbasket.	
Safe Routes to Schools	School children	Encourage walking, biking to school	2009-present	Jenison, Holland, Zeeland and Grand Haven 6 schools at this time	Each school decides how to incentivize kids 1 uses walking school bus Michigan Department of Community Health -Safe Routes Funding	Michigan Department of Community Health, Schools	Classroom Tallies, Parent Surveys, Student Surveys, Biking Audits, Walking Audits For explanation go to www.michigansaferoutes.org
Improve parks	Park users, emphasis on special needs population	Added 6 pieces of equipment, fencing, benches, provided healthy food tasting and education lessons, and two parties with active games.	2010-present	Allendale Community Park	Building Healthy Communities Funding (Michigan Department of Community Health plus Snap Ed) Can apply for up to \$40,000/year for infrastructure improvements to parks and/or trails and up to \$30,000/year through SNAP Ed for nutrition education on-site	Children's Special Health Care Services, Michigan Department of Community Health, Allendale Township.	System for Observing Plan and Recreation in Communities (SOPARC) evaluation used pre/post intervention (McKenzie et. al., 2006). Includes direct observation and intercept survey.
Developed non-motorized pathways, trails, sidewalks	Pathway and Trail users	Assisted with surfacing, promotion, signage, and kick-off parties	2006-2010	Apple Trail; Coopersville Trail; Northside Pathway; Sheridan Park Trails; Allendale sidewalks to schools	Building Healthy Communities Funding (Michigan Department of Community Health plus Snap Ed)	Several churches; Sheridan Park Committee; city and township governments	SOPARC evaluation Data collated on the state level and published (Reed et. al., 2011) http://atfiles.org/files

							/pdf/Reed-Increasing-Trail-Use2010.pdf
Community Gardens	Produce Recipients and gardeners. Concentrates on working with children and their families.	Structural improvements, nutrition education	2008-2011	Calvary Reformed Church, Holland; Jenison Early Childhood Center; food pantry with adjacent garden	Funding by Michigan Department of Community Health, Snap-Ed Funding for Garden Coordinator, Nutrition Education Funding helped to build fence around a garden, add refrigeration to food pantry, supply growing lights for seedlings, nutrition education for child gardeners and other volunteering in the gardens.	Michigan Department of Community Health; Snap-Ed, Calvary Reformed Church, Jenison Early Childhood Center	Community Garden Survey from Michigan Department of Community Health. Tracks number of lbs of produce, hours spent working in garden, etc.
Other Nutrition Education	Pantry Clients; Soup Kitchen participants	Provided mini-education session, brochure, taste sampling, recipe and kitchen utensil	2009-2011	Love INC,(Allendale) ; Community Action House (Holland); Community Kitchen (Holland)	Funding by Michigan Department of Community Health, Snap-Ed	Love INC ; Community Action House ; Community Kitchen ; Michigan Department of Community Health and Snap Ed	None
Farmer's Market	SNAP recipients	Use of Bridge Card (SNAP) to obtain	2012	Farmer's Market twice weekly during	USDA Farmer's Market Promotion grant to hire	Farmers selling at Holland	Just starting

Produce for SNAP recipients		tokens that can be used at the Holland Farmer's Market		growing season	someone to manage program, market, and provide nutrition education on-site	Farmer's Market	
Assistance to Coordinated School Health Teams	Schools	Technical assistance to Coordinated School Health Teams/Wellness Policy teams	2007-present	Countywide	HD staff reach out to schools	Schools	Evaluation of wellness policies across schools as baseline

Washington County, MN

Initial information gathered February, 2012, from Living Healthy in Washington County website, Statewide Health Improvement Program Fact Sheet (March 2011) and *Planning to Eat? Innovative Local Government Plans & Policies to Build Healthy Food Systems in the United States*, SUNY-Buffalo (Neuner, Kelly & Raja, 2011)

Jean Streetar (Jean.Streetar@co.washington.mn.us), Public Health Program Manager, contributed

Intervention	Who	What	When	Where	How	Partnerships	Evaluation
Living Healthy in Washington County: Healthy Foods Closer to Home	County residents	<p>Completed a countywide community assessment and review of existing resources and policies to identify gaps and develop goals for improving community access to nutritious foods</p> <p>Increased land for community gardens & farmer's markets; grocery store vouchers to increase fresh produce in food pantries; education on healthy/ nutritious food preparation</p> <p>Established industrial grade community kitchen in local church that now serves free hot breakfast two days a week and is also used for teaching healthy food preparation</p> <p>Customers at participating grocery stores can pick up a voucher in the produce section, pay for it with their groceries, and this provides fresh produce to the local food pantry year-around. Toolkit for the food pantry to initiate this intervention</p> <p>Introduced a new menu offering healthier options and incorporating more fruits and vegetables at the 4-H booth at the 2010 county</p>	2010 to present	<p>Grocery stores with relationship to food pantries;</p> <p>Community Kitchen in local church</p> <p>Community gardens throughout county</p>	<p>State Health Improvement Plan (SHIP) funding from Minnesota Department of Health-- \$1.5 million from 2009-2011</p> <p>A portion of the funding paid for consultants to help in the planning and implementation of interventions</p>	<p>City/township governments, social service non-profits, Safe Communities, food pantries</p> <p>Community Leadership Team for all of Living Healthy in Washington County includes businesses, city governments, health systems, chamber of commerce, public school systems, Take Heart MN, MN Institute of Public Health, local Medical Society, Dept. of Community</p>	<p>Pre/post surveys of food pantries. 3 of 4 participating found vouchers to be very beneficial.</p>

		fair				Services, Parks and Open Space Commission, Public Works, WIC, YMCA	
Living Healthy in Washington County: Healthy Foods in Childcare and Preschool	Young children	<p>Learning about Nutrition through Activities (LANA) training for child care providers in 34 facilities, developed tools and resources, nutrition consultations and training</p> <p>Has reached up to 93 child care providers in county who have completed the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) survey to assess the current environment and work toward adopting healthier food policies</p>	2010 to present	Child care centers	<p>SHIP funding from MN DOH \$1.5 million from 2009-2011</p> <p>A portion of the SHIP funding paid a consultant to do the LANA trainings</p>	Child Care Council, Washington County Community Services	Pre/post surveys
Living Healthy in Washington County: Healthy Foods in Schools	School children	<p>Assessing current nutrition practices in schools and developing action plans for improvement. 5 of 6 districts in county are participating to date</p> <p>Three school districts working to establish school health councils to conduct nutrition assessments and policy enhancements and provide nutritional education to students, staff, and parents</p> <p>Starting youth community gardens</p> <p>Evaluating vending machine options</p> <p>Recommending healthy student snacks and rewards practices, and identifying healthy options for school staff</p>	2010 to present	schools	<p>SHIP funding from MN DOH \$1.5 million from 2009-2011</p> <p>With a portion of the SHIP funding, 5 coordinators were paid to work with school wellness committees</p>	schools	Reaching over 27,000 students in 38 schools in county
Living Healthy in Washington County: Breastfeedin	Babies and families	<p>Developing "Baby Friendly" hospitals that actively support breastfeeding.</p> <p>Developed breastfeeding resource list http://www.livinghealthywc.org/images/WCbre</p>	2010 to present	Area hospitals	SHIP funding from MN DOH \$1.5 million from 2009-2011	All area hospitals, La Leche League, WIC, local health care providers	Completed initial assessment; continuing work on the

g: Healthy from the Start		astfeeding.pdf Toolkit for providers being developed			A portion of the SHIP funding paid one partner hospital staff member to establish and coordinate the Washington County Breastfeeding Coalition		stages of certification for Baby Friendly Hospitals
Living Healthy in Washington County: Active Living	County residents	More walking and biking paths with signs and maps; better integration of paths with roadways, transit facilities; improved access to community facilities. 3 locations—New rail-to trail, additional entrances to park reserve, improved access along existing trail Implemented the WC Park and Open Spaces plan to encourage structured and unstructured active outdoor recreation opportunities for youth, adults, and families at 11 different sites throughout the county	2010 to present	County-wide	SHIP funding from MN DOH \$1.5 million from 2009-2011 A portion of the SHIP funds paid for trail planning consultants, nine city mini grants for local projects	Dept. of Public Works	Feedback at public meeting about trails Mini grant project evaluations
Living Healthy in Washington County: Resources and Referrals	County residents	Allina Clinics are developing tools to help health care providers link patients with local resources for weight management, access to nutritious foods, and physical activity as part of the Woodbury Health and Wellness Collaborative	2010 to present	Allina Clinics, community resources	SHIP funding from MN DOH \$1.5 million from 2009-2011	YMCA, schools, Woodbury Parks and Rec., Woodwinds Hospital.	Baseline assessments with clinics to understand where and how referrals are made
Living Healthy in Washington County: Worksite Wellness	Businesses	Collaboration and networking through the Worksite Health Partnership with more than 45 employers and over 2000 employees to implement comprehensive worksite wellness initiatives Increasing the availability of employee health assessment tools at large and small businesses. 9 employers took advantage of grant program to	2010 to present	Businesses	SHIP funding from MN DOH \$1.5 million from 2009-2011 A portion of the SHIP funds used for mini grants to 8 worksites	Employers	Mini grant project evaluations

		fund health assessments of employees Conducted a community assessment and readiness survey at 50 worksites					
Permitted open space use within open space design district	Denmark residents	Agriculture (including demonstration farms), community gardens, composting (for waste generated by residents of the development)	2010?	Denmark, MN; in open space design sub-divisions	MN's Development Code	Departments of Planning and Public Works	None

Medina County, OH

Information gathered February, 2012, from Medina County Department of Planning Services and Health Department websites

Sharon Jaeger, dietician; Kim Marie Summers, health educator (330-662-0510); and
Susan Hirsch, Planning Department (330-722-9219) contributed

Intervention	Who	What	When	Where	How	Partnerships	evaluation
Obesity Prevention Team	registered dietician (2d/wk)	Individual/family consultation w/ referral for child 85 th percentile or more in BMI 30 minutes minimum, one or multiple visits based on dietician recommendation	2007-present	Countywide Consultations are run out of HD	Ohio Department of Health, Federal Government, Bureau of Child and Family Health Services, Child and Family Health Services Program	Referrals from HD, WIC, any local physician, school nurse or family self-referral	2 grant reports/year, including chart reviews
Obesity Prevention Team	Health educator (1d/wk), registered dietician (2d/wk including above), registered nurse (1d/wk)	School Wellness Technical Support Faculty/Staff Development (Curriculum integration, Consequences of using food as a reward) <i>5-2-1-0 Let's Go!</i> Messages focus on low fruit and vegetable intake; screen time; lack of physical activity; and over consumption of sugar-sweetened beverages 5-2-1-0 Let's Go is evidence-based program-- best practices	2007-present	Countywide in schools and childcare centers Implemented 5-2-1-0 Let's Go! this year in 3 school districts, 8 childcare facilities, and 6 Head Start locations	Ohio Department of Health, Federal Government Bureau of Child and Family Health Services, Child and Family Health Services Program	Schools, child care centers	Baseline assessment of school Wellness Policies Evaluation using pre and post-survey results of families and initial and follow-up assessment of school environment
Updated Zoning regulations	County Planning Dept, Health	Two zoning workshops, one on health and one on community gardens	2008-present	Countywide; zoning done community	County Commissioner's Comprehensive Plan	County Planning Department	None

	Dept	Copy of response letter regarding application for new sub-divisions in county sent to HD for review County Planning Department recommended language on sidewalks or trail systems to be added to local zoning regulations and most communities did include		by community	Grant Program for zoning changes		
Coupons for fresh produce from local farms	WIC participants who are pregnant, breastfeeding or age 1-5 year old, seniors, SNAP recipients	Up to 2 books (one coupon book as 5 vouchers for \$3 each) provided by Ohio Department of Health to WIC participants to use at Farmer's Market, local farms throughout the growing season. Coupons distributed on one day and then given out afterwards at WIC until gone. Maps with local farms given to participants along with coupons. County gives coupons to seniors. For SNAP, county gives tokens at Farmer's Market to SNAP recipients, farmer turns them back into county, and county reimburses farmer	1998-present for coupons 2011-present for SNAP recipients	Farmer's Markets	Ohio Department of Health, WIC program, county government, SNAP	Local farmers, Planning Department	For WIC, county usually receives about 200 books at \$15 per book. On average, 65.9% of vouchers distributed are redeemed during the growing season

Williamson County, Texas

Initial information gathered February, 2012, from *Planning to Eat? Innovative Local Government Plans & Policies to Build Healthy Food Systems in the United States*, SUNY-Buffalo (Neuner et al., 2011), and the Williamson County & Cities Health District website

Melissa Cammack (mcammack@wcchd.org), Coordinator of the WilCo Wellness Alliance, contributed

Intervention	Who	What	When	Where	How	Partnerships	evaluation
Smart Code	Two towns in county	<p>Regulatory tool to promote healthy food systems based on a theory that assigns rules based on appropriate development intensity for six “transect zones” (T-zones) going from the most rural to the most urban.</p> <p>The SmartCode is a unified land development ordinance for planning and urban design. It folds zoning, subdivision regulations, urban design, and optional architectural standards into one compact document.</p> <p>The SmartCode supports these outcomes: community vision, local character, conservation of open lands, transit options, and walkable and mixed-use neighborhoods. It prevents these outcomes: wasteful sprawl development, automobile-dominated streets, empty downtowns, and a hostile public realm.</p> <p>The SmartCode is considered a “form-based code” because it strongly addresses the physical form of building and development. Conventional zoning codes are based</p>	2008-present	Hutto and Leander	Done when updating zoning regulations	Planning Department	None

		<p>primarily on use and density. They have caused systemic problems over the past sixty years by separating uses, making mixed-use and walkable neighborhoods essentially illegal.</p> <p>The SmartCode integrates the design protocols of a variety of specialties, including traffic engineering, public works, town planning, architecture, landscape architecture, and ecology.</p>					
WilCo Wellness Alliance	County residents	<p><u>Exercise is Medicine:</u> Encourages health care providers to include exercise in their treatment plans for patients by using tear pad prescriptions for adults with diabetes and hyperglycemia. Now includes FQHC, HD, and one hospital clinic network. Also free exercise classes for these patients for up to 120 people (8 sessions)</p> <p><u>Por Vida/For Life:</u> Encourages local restaurants and other establishments to increase their offerings of healthy menu items and promotes the selection of healthier menu items by diners. 5 restaurants and establishments now certified and several others in process of having their recipes analyzed. Send out info. with environmental renewal packets as well as contact via in-person/phone call recruitment and outreach. Give decal, free marketing, and access to other marketing materials for their restaurant/establishment.</p> <p><u>Worksite Wellness:</u> Provides employers with recommendations in the form of a toolkit for policy and environmental changes that will benefit the health of employees. 2 employers now participating (pilot) with plans to expand countywide through Chambers of Commerce.</p>	2009-present	Started in Georgetown and now being expanded to other communities	Two meetings a year for alliance as a whole. Each initiative has a chair and each community a coach.	County commissioners, hospitals, FQHC, University, schools, United Way, Habitat for Humanity, Planning Dept., Parks and Rec., worksites, restaurants	<p>Use Community Assessments to evaluate success on broad wellness goals</p> <p>http://www.wcchd.org/statistics/docs/Georgetown_Profile2011.pdf</p> <p>Health Data Users Group also helps to find and/or collate needed data</p>

	<p><u>Heart & Stroke Healthy City:</u> Recognizes cities for their role in reducing cardiovascular disease and stroke among residents. Cities are assessed on ten policy, systems, and environmental change indicators. The goal of the program is to increase chronic disease awareness and education thereby improving the health of the community. Georgetown participating in this assessment process for the fourth year (received Silver for first time this year).</p> <p><u>Faith-based Community Gardens:</u> Increases community access to nutritious foods through the building of community gardens on church properties and provides education on using gardens to support a healthy diet. One organization has received funds to start a garden and they get free gardening and nutrition classes with it. Two other organizations have applied and are being screened.</p> <p><u>Get Fit, Get Healthy, Get Movin' (G3) School:</u> Assesses current school policies, systems, and environments related to physical activity and nutrition and recommends change strategies to improve these areas. In addition, an after-school program focusing on physical activity and nutrition education is being developed with the goal of reducing obesity rates among students. In one community for now with plans to share the toolkit and program with all schools through the Williamson County School and Public Health Nurses Conference in the fall.</p>		<p>Directors (NACDD) ended in 2012</p> <p>Now have Transforming Texas grant for this work</p> <p>Grant from United Way funding the exercise classes for diabetics.</p>	
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Brown County, WI

Initial information gathered February, 2012, from Live 54218 website and Facebook page and from the Brown County Government website

Becky Nyberg (920-448-6438), Health Educator, Brown County Department of Health, contributed

Intervention	Who	What	When	Where	How	Partnerships	Evaluation
Live 54218	Childhood obesity prevention	<p>Mostly educational campaign</p> <p>5 fruits/veggies; 4 bottles water; 2 hrs or less screen time; 1 hr exercise; 8 hrs of sleep</p> <p>Healthy schools; Healthy family choices; Access to Food; Physical Activity</p> <p>2 committees-one for those with access to resources (business, community foundation, mayor, etc) and one for those on the ground who can plan interventions (schools, social services, parks and rec, HD, etc.)</p> <p>Green Bay Packers</p>	2010-present	<p>Facebook posts, educational materials,</p> <p>http://www.live54218.org/</p>	<p>ACHIEVE Grant for kick-off funds and to increase miles of trails and increase physical activity in child care centers.</p> <p>Funding from Business partners (for example, local grocer donating marketing expertise)</p>	<p>Green Bay Press Gazette and Green Bay Area Chamber of Commerce are key partners</p>	<p>Fitnessgram in Middle Schools</p> <p>Behavioral Risk Factor Survey in schools and in Brown County every 4-5 years</p>

		agreed to support					
Brown County Walking and Bicycling Advocacy Steering Committee	Countywide	<p>Bicycle transport map (collaboration between Chamber of Commerce, Planning Department, volunteers; maps were sold by Parks Dept and bike shops; now bicycling maps online using money from the map sales)-- http://www.co.brown.wi.us/i/f/BicycleMapL1.pdf</p> <p>Law enforcement training through technical school on biking safety</p> <p>Bike riding education</p> <p>Facility Inventory and Model Ordinance Development</p>	<p>Map printed in 2008; now online</p> <p>Last Plan Update 4/11</p>	<p>Interventions individualized to communities throughout county</p> <p>http://www.public.applications.co.brown.wi.us/Plan/PlanningFolder/Transportation/Brown%20County%20Bicycle%20and%20Pedestrian%20Plan%20Update%202010.pdf</p>	<p>Grants</p> <p>Private donations on a per project basis</p> <p>Health Promotion and Prevention Funding until 9/11</p> <p>ARRA funding</p> <p>WI Dept of Transportation</p>	<p>Brown County Planning Commission, Chamber of Commerce, Wisconsin Department of Transportation, WE BIKE, Village Boards,</p> <p>Technical College--Police science and horticulture programs (class project to design path and gardens)</p>	<p>Counts of bicycles</p> <p>Miles of new facilities</p> <p>Sales of bicycles in the county</p>
Village of Allover Safe Routes to school plan	Schools, Village Allover Walks and Bikes!, Residents	<p>Recommended addition of sidewalks in key areas</p> <p>Lead to the development of a Village Bicycle and Pedestrian Plan</p>	2011-present	Village of Allover	Applying SRTS Wisconsin Dept of Transportation for grants to help fund sidewalks	Schools, village government, Residents	Surveys of student, parents. Bicycle and pedestrian audit.

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