



FIT NOLA PARTNERSHIP

SHARED ACTION BLUEPRINT

to Achieve Healthy Weight & Fitness
for Everyone in New Orleans

New Orleans Let's Move! City Initiative

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CITY OF NEW ORLEANS

Mitchell J. Landrieu, Mayor

A message from Mayor Mitch Landrieu:

Congratulations to the Fit NOLA Partnership for the efforts that went into making this Action Blueprint to achieve a fit city possible. The Partnership has proven to be a powerful force as our city addresses the challenge of helping children and families be nutritionally and physically fit.

New Orleans has established itself as the nation's laboratory for innovation and change. We are addressing the toughest problems with new solutions and unprecedented energy. Our health care sector has seen a dramatic transformation. Since Hurricane Katrina, there has been a remarkable evolution of community health care clinics, impending development of three new hospitals and an advanced health information technology infrastructure. In the past 5 years, over 80 community health centers have emerged to provide primary care throughout our neighborhoods. Even in tough economic times, New Orleans has stimulated small businesses and created an atmosphere ripe for job growth and entrepreneurship.

As we create a vibrant community of the future, we must address the overall wellness of our residents. In New Orleans, we recognize that a healthy environment depends on access to fresh food, safe space to exercise, excellent education and a supportive culture of wellness.

The City of New Orleans was honored to join the *Let's Move!* campaign in February 2011. Along with First Lady Michelle Obama, we are taking bold steps to address obesity and fitness on a local level. Our blueprint includes creating innovative policies and data-driven practices that position New Orleans as a national leader in achieving health for all.

In order for us to out-educate, out-build and out-innovate the rest of the world, we must prioritize wellness now. Making an impact and improving child wellness requires action on the part of students, parents, school leaders, policy makers, community partners and businesses.

An incredible spirit of wellness exists here in New Orleans. We have a tremendous opportunity to pioneer the childhood obesity prevention movement in the coming years with a focus on fitness. I look forward to working with you as we rethink our choices, build better options and change our culture to one of wellness.

Sincerely,

Mitchell J. Landrieu, Mayor
City of New Orleans





A message from Dr. Karen DeSalvo, Health Commissioner, City of New Orleans:

In keeping with Mayor Mitch Landrieu's commitment to improve the quality of life for the citizens of New Orleans, the Mayor and I are pleased to present this Action Blueprint to guide our work to create a New Orleans where everyone, especially our children, can achieve and maintain a healthy weight and optimum level of fitness. We believe this will help us achieve our vision of becoming one of America's fittest cities by 2018, the 300th Anniversary of New Orleans.

This report is the result of a shared community vision and work product. We launched this planning effort in earnest in the fall of 2011 as the Childhood Obesity Prevention Partnership, a dynamic effort designed to shape our work as a *Let's Move! City*.

To develop this blueprint, the City worked in collaboration with over 100 stakeholders from a diverse set of organizations, public and private. Our partners range from Fortune 500 companies to neighborhood groups all devoted to addressing this critical, yet winnable public health challenge. We appreciate their participation and dedication to working with us in this important effort. We are also thankful for the support and technical assistance provided by the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity and the Arkansas Center for Health Improvement.

In this report, we describe our community challenge around obesity and fitness, our progress in creating impactful policies and programs to improve the health of our children and families, our ongoing needs and our direction to make meaningful improvements. This will be a shared effort – with all partners taking a role to make a difference. Our challenges are great, but so is our opportunity. We encourage everyone to get involved in this critical effort that will save lives, improve health and opportunity for our children and establish New Orleans as one of America's fittest cities.

Sincerely,

A handwritten signature in blue ink that reads "Karen DeSalvo".

Karen Bollinger DeSalvo, MD, MPH, MSc



Executive Summary

In February 2011, the City of New Orleans joined First Lady Michelle Obama's *Let's Move!* campaign and committed to ending childhood obesity in one generation. With funding and support from the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity and the Arkansas Center for Health Improvement, we convened key partners to help us develop a blueprint to achieve this goal.

The Fit NOLA Partnership (Partnership) has brought over 100 organizations together to imagine a fit city for everyone. Through the participation of partner members and guidance from national leaders, the Partnership made recommendations on policy and environmental strategies that make healthy nutrition and physical activity options easier for all New Orleanians. This Action Blueprint is a road map for everyone who lives, learns, works and plays in New Orleans to collaborate and take action to improve the nutritional and physical fitness of our community. The overarching strategies include the following:

Increasing Awareness

- Implement a Fit NOLA communications campaign to spread awareness;
- Link families and community members to local nutrition and fitness resources;
- Empower youth to successfully advocate for policies encouraging fitness and health;

Building Capacity

- Create safe environments for everyone in New Orleans to be physically active;
- Increase program opportunities for children and families to be physically active;
- Improve access to affordable, nutritious food;
- Expand training opportunities to improve the availability of quality physical activity opportunities;
- Create an infrastructure capable of sustaining the Fit NOLA Partnership;

Setting Standards

- Develop a set of Fit NOLA standards to identify successful programs and policies;
- Create employee wellness programs that include healthy procurement policies;
- Advocate for universal assessment and reporting of patient weight and linkage to nutritional and physical fitness programs by health care professionals; and
- Support policies and environments that provide healthy nutrition and active lifestyles for children and families.



Taking Action

In February 2011, the City of New Orleans announced that it was joining First Lady Michelle Obama’s *Let’s Move!* campaign to end childhood obesity in one generation. This announcement was crucial because of the significant public health impact that childhood and family obesity has on New Orleans residents:

	Orleans Parish	U.S. Average
Health Status		
Adults who are Overweight or Obese ¹	64%	66.4%
High School Students who are Overweight or Obese ²	34%	27.8% ³
Diabetes Rate ¹	12.3%	8.7%
High Blood Pressure ⁴	39.1%	28.7%
Poor Physical Health Days Per Month ⁵	3.5	2.6
Behaviors		
Adults eating 5 or more servings of fruits/vegetables per day ⁴	23.6%	23.4%
High School Students eating 5 or more servings of fruits/vegetables per day ²	22.0%	21.4%
Adults participating in moderate to vigorous physical activity frequently ⁴	47.8%	51%
High School Students meeting the recommended amounts of physical activity ²	36.4%	34.7%
		Cost
Obesity-Related Costs⁶		
United States (Medical costs plus productivity loss)		\$270 billion
Louisiana (Medical)		\$2.3 billion
New Orleans Metro Area Fitness Ranking: 37 out of 50 ⁷		

Since New Orleans became a *Let’s Move!* City under Mayor Mitch Landrieu’s administration, the City of New Orleans has embraced the concept of creating active and healthy systems in our community through our policy and environmental changes. Examples of these efforts include the following:

- Creating a Fresh Food Retailers Initiative to increase access to fresh foods in traditionally underserved neighborhoods by awarding forgivable and/or low-interest loans to supermarkets, grocery stores and other fresh food retailers;
- Enhancing recreation opportunities dramatically for youth and families by operating summer camps serving 4,036 children and 800 teens and opening 12 pools that had 82,000 visits and 40,000 hours of swim lessons in the summer of 2011;
- Rebuilding Joe W. Brown Memorial Park in New Orleans East in collaboration with NIKE and several other donors to house a world-class sports complex featuring Victory Football Field, Victory Hall Recreation Center and a championship track;
- Adopting a “Complete Streets” policy which ensures that road designs consider biking, walking and public transit as modes of transportation; and
- Building lactation rooms and installing bike racks at City Hall for employees and visitors.



Building the Fit NOLA Partnership

The New Orleans Health Department (NOHD) actively engaged the community to design a comprehensive strategy to prevent childhood obesity and improve fitness in keeping with a recommendation from the Institute of Medicine, which states “there will be a greater likelihood of success when public, private, and voluntary organizations merge their strengths to ensure coordinated and sustained long term effort.”⁸ With support from partners including the Robert Wood Johnson Foundation and the Arkansas Center for Health Improvement, NOHD organized a series of stakeholder convenings and focus groups that led to this Shared Action Blueprint.



Policy and Environmental Change Strategies

Using definitions developed by the Centers for Disease Control and Prevention, environmental change refers to changes in the physical, social or economic environments that affect people’s choices and behaviors; policy refers to legislative or organizational laws, regulations and procedures that affect behavior.⁹

The Partnership has established 12 priority strategies that Sector Teams will apply through short-term and long-term projects during the first year of the Partnership. These priority strategies focus on developing the effective operations and messaging of the Partnership, addressing policy and environmental gaps and ensuring that sectors adopt physical activity and nutrition best practices.

In addition, the following pages contain strategies that address the following four pillar areas of the *Let’s Move!* initiative:

- “Helping parents make healthy family choices;
- Creating healthy schools;
- Providing access to healthy and affordable food; and
- Promoting physical activity.”¹⁰

Social-Ecological Approach to Partnership



Fit NOLA Partnership Model

Adaptation of the Institute of Medicine Model⁸

The Fit NOLA Partnership adopted the Institute of Medicine’s Social-Ecological Model as a comprehensive framework to consider the causes, consequences and solutions related to obesity and fitness. A powerful aspect of this model is that it encourages communities to engage all sectors to address obesity, nutrition and physical fitness.

We have designed our Partnership to allow all stakeholders to identify appropriate roles they can take on to make New Orleans a fit community. Starting with personal responsibility to make healthy choices, everyone in New Orleans has the opportunity to be a part of this initiative. The ability for individuals and families to engage in healthy lifestyles must be supported by systems and relationships that make healthy choices appealing and accessible.

At the organizational level, we are providing evidence-based strategies and collaboration opportunities to help organizations enact institutional programs and policies. At the sector level, we are working on projects requiring the coordination and expertise of multiple partners that will improve the fitness of individuals, organizations and the entire sector. For example, accomplishing our goal of having more child care centers achieve the *Let’s Move!* Child Care designation positively affects multiple levels of the framework. Children become more active, families have greater options in selecting centers that provide adequate fitness opportunities, child care centers receive increased recognition and the reputation of the entire sector is strengthened as more child care centers follow and share best practices.

As a Partnership, we can work together to advocate for public policy changes, ensure cross-sector collaboration and create a Fit NOLA messaging campaign. An example of an evidence-based intervention requiring action at the Partnership level is a community-wide campaign that involves all levels of the Partnership using media messaging and community involvement to support individual behavior change.¹¹ Establishing interconnectivity in the Partnership allows us to apply strategies at the optimal level of effectiveness. All organizations and individuals can take action to create a fit culture and environment.



Youth Voice

A critical aspect of the Fit NOLA Partnership is working with the youth of New Orleans to hear their perspectives directly. From advocacy efforts around no smoking campaigns to building more parks, youth input is a key driver in successful public health initiatives.

The Partnership will assist New Orleans students in learning how to develop and successfully advocate for healthy policies. Youth participation in the Partnership provides an opportunity for students to put critical thinking, presentation and project planning skills into action by having youth and adults work together in leading the application of fitness strategies. To help New Orleans youth build these skills, the Partnership will collaborate with students to develop and decide how to best execute an empowerment curriculum. By empowering youth we not only encourage a commitment to healthy lifestyles, but also actively improve the leadership capacity of our community and the social development of our young citizens.

Forum Presentations

Girls on the Run: Girls on the Run is a positive youth development program for third through fifth grade girls which inspires girls to be joyful, healthy and confident using a fun, experience-based curriculum which creatively integrates running. Lessons provide girls with the tools to make positive decisions and to avoid risky behaviors. At the third forum, group members Amanda and Eliza explained the health and emotional benefits of participating in the program.

Youth Run NOLA: Youth Run NOLA is an after-school, youth development program for middle and high school students in the Greater New Orleans region. The organization is led by adult mentors at school-based chapters and operates on an 8-month school calendar. Running is used as a medium to inspire and prepare students for success on the track, in the classroom and in the community. Youth Run NOLA members Don, Leo and Mariah discussed ways the Partnership could help them and their families be more active and make healthy choices.

Kids Rethink New Orleans Schools: Kids Rethink New Orleans Schools is a group of students in New Orleans who want to rethink and rebuild our schools after Hurricane Katrina. Their vision is a great education for every kid in our city, no matter the color of their skin, what neighborhood they stay in or how much money their parents make. Ashley and Ron provided the audience with an understanding of how limited physical activity and poor nutrition options affect children's discipline and behavior. At the third forum, Victoria and Lucy spoke about methods to involve youth in the Partnership.

Early Childhood and Family Learning

Foundation: The Early Childhood and Family Learning Foundation focuses its programs on the crucial role of high quality early childhood education in closing the achievement gap between children who are socio-economically challenged and those who are advantaged. ECFLF establishes avenues for young New Orleans children to be physically, mentally and emotionally healthy while receiving quality early education that will ultimately lead to successful, healthy and happy lives. Connie Bellone spoke about the comprehensive screenings that they use to collect and analyze data to improve children's health.

HealthCorps: Co-founded by Dr. Mehmet Oz and his wife Lisa, HealthCorps is a proactive movement fighting the obesity and mental resilience crisis by getting American students and communities across the country to take charge of their health. Dr. Shawn Hayes gave an overview of the methods to assess healthy weight and behaviors.



Vision, Mission and Core Values

The Fit NOLA Partnership developed a shared vision for our community as well as a clear mission and set of values that will guide our work.

Vision

New Orleans will have a culture and environment that empowers everyone to achieve and maintain a healthy weight and become a top ten fittest city in the United States by 2018.

Mission

We will partner to improve fitness and eliminate childhood obesity in New Orleans through innovative, data-driven programs and policies.

Core Values

1. **Institutional Responsibility:** We will engage both public and private institutions to create policies and programs that make healthy choices the most convenient and appealing choices for families.
2. **Personal and Family Responsibility:** We advocate for responsible decision-making and actions by families and individuals to ensure that each family member demonstrates healthy behaviors and habits.
3. **Data-Driven:** We will devote our fitness and obesity prevention efforts to evidence-based interventions supported by sound research. We commit to rigorously measuring our processes and outcomes to evaluate and improve our interventions.
4. **Equity:** Every child and family should have access to a variety of safe outdoor places to exercise and play and nutritious food regardless of geography, gender, race, ethnicity and income.
5. **Collaboration:** Recognizing that fitness and childhood obesity prevention is a community priority, we will create a culture where organizations communicate openly and seek opportunities to collaborate with each other. This includes a meaningful voice for children and youth.
6. **Respect for the Culture of Our City:** New Orleans has a vibrant culture that we will harness to energize our efforts and ensure that our fitness initiative and childhood obesity prevention effort is successful and consistent with the values and traditions that make New Orleans an exceptional city.
7. **Resource Acquisition and Allocation:** We will work cooperatively to leverage existing resources and acquire emerging resources.
8. **Education:** We support informed health education efforts to equip residents with the knowledge needed to make healthy choices and the ability to act upon these healthy decisions.
9. **Policy Focus:** We will create long-term, durable progress through significant policy level changes and implementation.
10. **Knowledge Transparency and Sharing:** To catalyze innovation and the adoption of best practices, we will guarantee that accurate data and information are readily accessible to all parties working to improve fitness and eliminate childhood obesity.

Causes of Obesity and Factors Affecting Fitness

Understanding the many causes and consequences of unhealthy weight and poor fitness is essential to creating a fit city. Everyone has a role as we seek to build a culture and environment where people make good choices and those good choices are made easier through good policies.

Individual Behaviors

- **Screen Time**¹²: Watching television for 2 hours or more a day increases the risk of being obese or overweight and limits the available time for physical activity. Prolonged use of electronic devices such as video games and computers is another form of sedentary behavior that diminishes a person's fitness.
- **Physical Inactivity**¹³: People who do not exercise enough do not expend the number of calories required to maintain a healthy weight and experience a decrease in muscular strength, flexibility and endurance.
- **Diet**¹⁴: Overeating foods that are high in calories and nutritionally poor, such as sugar-sweetened beverages and refined carbohydrates, is a major contributor to obesity. Furthermore, saturated fats and trans fats contribute to obesity and its associated chronic diseases. Eating recommended amounts of fruits and vegetables as part of a balanced diet is critical to providing nutrients that protect against disease and obesity while also fueling the body for physical activity.
- **Family**¹⁵: Babies who are breastfed are better protected from developing childhood obesity and diabetes. Also, family members model eating and physical activity choices, so parents' own physical activity and nutrition choices are a major influence and predictor of their child's behavior. Poor maternal health and prenatal nutrition negatively affect a child's ability to achieve and maintain a healthy weight.
- **Sleep**¹⁶: Inadequate amount of sleep results in lower energy levels and is a potential contributing factor to higher obesity levels.

Organizational, Community and Societal Factors

- **Organizational and Public Policies and Environments**¹⁷: Policies and environments created by governments and other organizations shape people's decisions. Legislation and public services can help all citizens make healthy choices by making these choices available and accessible. Providing affordable recreation options to all community members and incentivizing the creation of supermarkets in underserved areas are examples of using public policy as a tool to create a more fit community. To ensure that policies have their intended effects, it is important that they are properly enforced.
- **Social Network**¹⁸: Peer influence can spread obesity and weight gain among friends and others within a person's social network. Lifestyle choices made by friends and family members influence the nutrition and physical activity decisions made by other friends and relatives.
- **Food Access**¹⁹: Proximity to fresh food is strongly associated with increased levels of fruit and vegetable consumption. Residents living in underserved areas have higher rates of overweight and obesity.
- **Safety**²⁰: Violent crime and the perceptions of violence negatively impact the ability of residents to use outdoor play and exercise spaces as well as decreasing walking to destinations. Enhanced community policing and crime prevention through environmental design (e.g. lighting) can increase physical activity by making parks and playgrounds safer and more accessible. Along with violent crime, blighted properties contribute to problems associated with safety but they do present the opportunity to transform these spaces into well-maintained green spaces that will encourage physical activity.
- **Built Environment**²¹: Structures and physical places can make the environment more conducive to healthy choices. Access to well-equipped and safe parks and playgrounds is associated with lower obesity rates and higher physical activity levels. The existence of trails, sidewalks and bike lanes encourages the use of active transportation.
- **Community Design and Zoning**²²: Sprawl and unappealing landscapes deter the use of the environment for active lifestyles. Using community design to make healthy choices easy by connecting streets and making recreational facilities accessible is an effective tool to promote fitness and reduce obesity.
- **Social Environment**²³: Levels of trust and social support between citizens correlate with greater usage of public recreation facilities. Coordinated exercise groups and programming support physical activity choices and can build skill-related fitness. Isolation and division in neighborhoods act as negative factors discouraging public use of parks and playgrounds. Media can also influence what types of choices are socially acceptable.

Negative Consequences of Obesity and Poor Physical Fitness/ Positive Consequences of Healthy Weight and Fitness

Healthy, active citizens are critical to building a safe and prosperous city. Obesity and a lack of fitness are major threats to not only the physical wellbeing of our population, but also produce adverse behavioral and economic consequences.²⁴ Illness, limited mobility and economic difficulties resulting from higher health care costs are all obesity-related problems that lower the quality of life for individuals. The benefits of physical fitness include improved educational achievement, disease prevention and economic opportunity. These individual and collective results of having a fit community provide the return on investment necessary to prioritize the work of the Partnership.

Obesity and Poor Fitness: Individual and Interpersonal Negative Consequences

- **Physical Health²⁵:** People who do not maintain healthy weight may suffer from significant health problems and illnesses, including the following:
 - ◇ Type 2 Diabetes
 - ◇ High Blood Pressure
 - ◇ Heart Disease and Stroke
 - ◇ Abnormal Cholesterol
 - ◇ Liver Disease
 - ◇ Gallstones
 - ◇ Sleep Apnea
 - ◇ Arthritis
 - ◇ Certain Cancers
- **Behavioral Health²⁶:** Obesity correlates with an increased likelihood of developing depression, anxiety and other mood disorders. Obese children are at risk of depression resulting from social stigmatization and poor self-esteem.
- **Economics²⁷:** Obesity-related health consequences result in obese individuals incurring higher health care costs and earning lower wages. Health care costs for obese individuals are approximately \$1,500 annually more per person compared with individuals who are at a healthy weight. Absenteeism and reduced productivity can exacerbate these economic conditions by limiting career advancement and reducing the time an individual is able to work. The resulting lower income can put financial stress and burdens on families.

Healthy Weight and Fitness: Individual and Interpersonal Positive Consequences

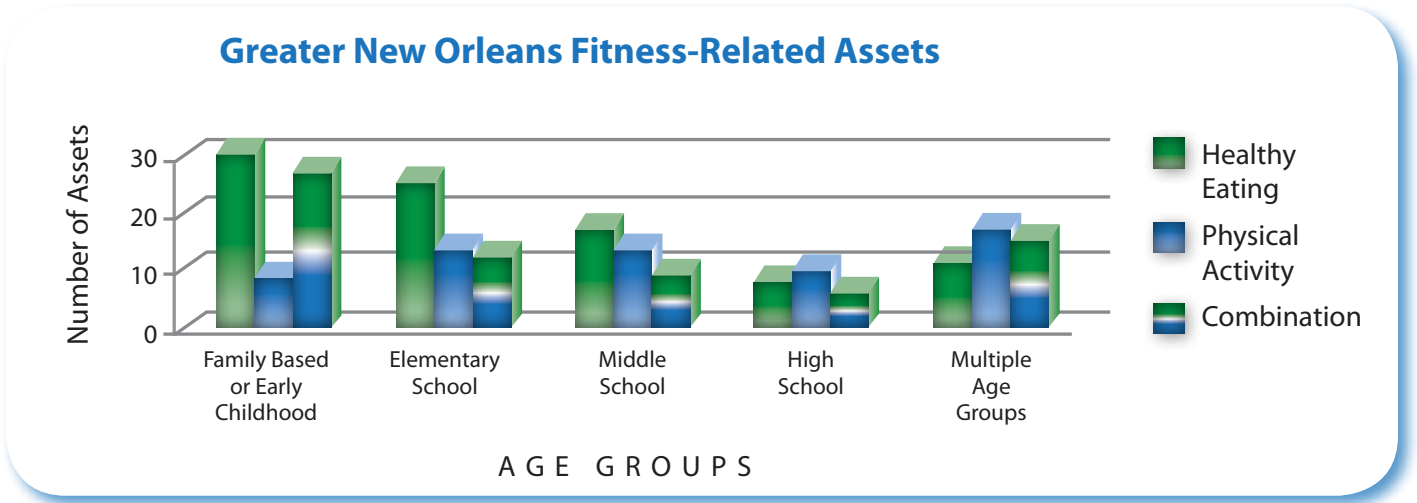
- **Academic Success²⁸:** Physical fitness performance positively correlates with higher academic test scores and most studies indicate that physical activity improves academic performance. In addition to fitness, healthy eating is associated with higher test scores. Healthy feeding practices, such as infant breastfeeding, enhance cognitive functioning.
- **Physical Health²⁹:** Engaging in physical activity and following healthy dietary guidelines increases the following health outcomes:
 - ◇ Prevention of Heart Disease
 - ◇ Prevention of Type 2 Diabetes
 - ◇ Prevention of Certain Cancers
 - ◇ Reduction in Blood Pressure
 - ◇ Improvement in Cholesterol Levels
 - ◇ Improved Bone Density
 - ◇ Improved Muscular Strength, Flexibility, Balance and Endurance
- **Behavioral Health³⁰:** Exercise has been linked with a reduction of depression and anxiety symptoms in adults. For children, outdoor play can positively affect social skills, symptoms of ADHD, imagination and problem solving.
- **Economics³¹:** Improving physical fitness benefits individuals through reduced health care expenditures and less time lost due to obesity-related illnesses.

Healthy Weight and Fitness: Organization, Community and Society Positive Consequences

- **Academic Scores:** Higher academic performance improves the overall quality of schools and the educational system, which can result in a more capable future workforce.
- **Economics³²:** Increased worker productivity and attendance along with lower health care costs improve the economic standing of organizations. For the entire state of Louisiana, eliminating obesity would result in a 10% decrease of annual medical expenditures, which would free up resources to address other pertinent medical conditions and economic development. Also, greater demand for exercise and nutritious food fortifies ongoing efforts to create more fresh food retailers, expand healthy meal options and galvanize health-related entrepreneurship.
- **Image:** The rebranding of the image of New Orleans through fitness will instill a culture of active lifestyles in our community. New Orleans can become a premier and world-renowned destination for healthy adventure and fitness. This positive image will attract families, professionals and tourists who are passionate about living a healthy lifestyle to our city. New Orleans can have an outstanding environment that satisfies and motivates a passion for fitness and healthy living.
- **Population Health:** Improved population level health outcomes can lead to a reduction of health disparities in our community and provide evidence to policymakers about how to effectively address the social and medical determinants of health.

New Orleans Fitness Asset Map

Improving fitness and achieving a healthy weight for everyone, especially children, will be greatly enabled by a host of efforts already underway in our city. Our goal is to use the Partnership to facilitate conversations, link existing assets to better leverage ongoing work and strategically fill gaps. To inform that process, stakeholders participated in a mapping exercise designed to catalogue community assets related to obesity prevention and reduction and improve fitness. This exercise provided important insights about the strengths and gaps of the New Orleans fitness environment. Stakeholders identified 226 existing programs and policy-related efforts.



Areas of Strength

A major strength of community efforts is the aggressive approach to address healthy eating. The existence of a strong food culture, leadership of community and retail organizations and the construction of community and school gardens have resulted in many creative ways to improve access to nutritious food. There has also been a significant amount of activity in the early childhood and family spheres through outreach partnerships between government programs such as WIC and SNAP with other partner organizations. There is a growing effort to combine both physical activity and nutrition together under the umbrella of programs that serve children and families.

Gaps

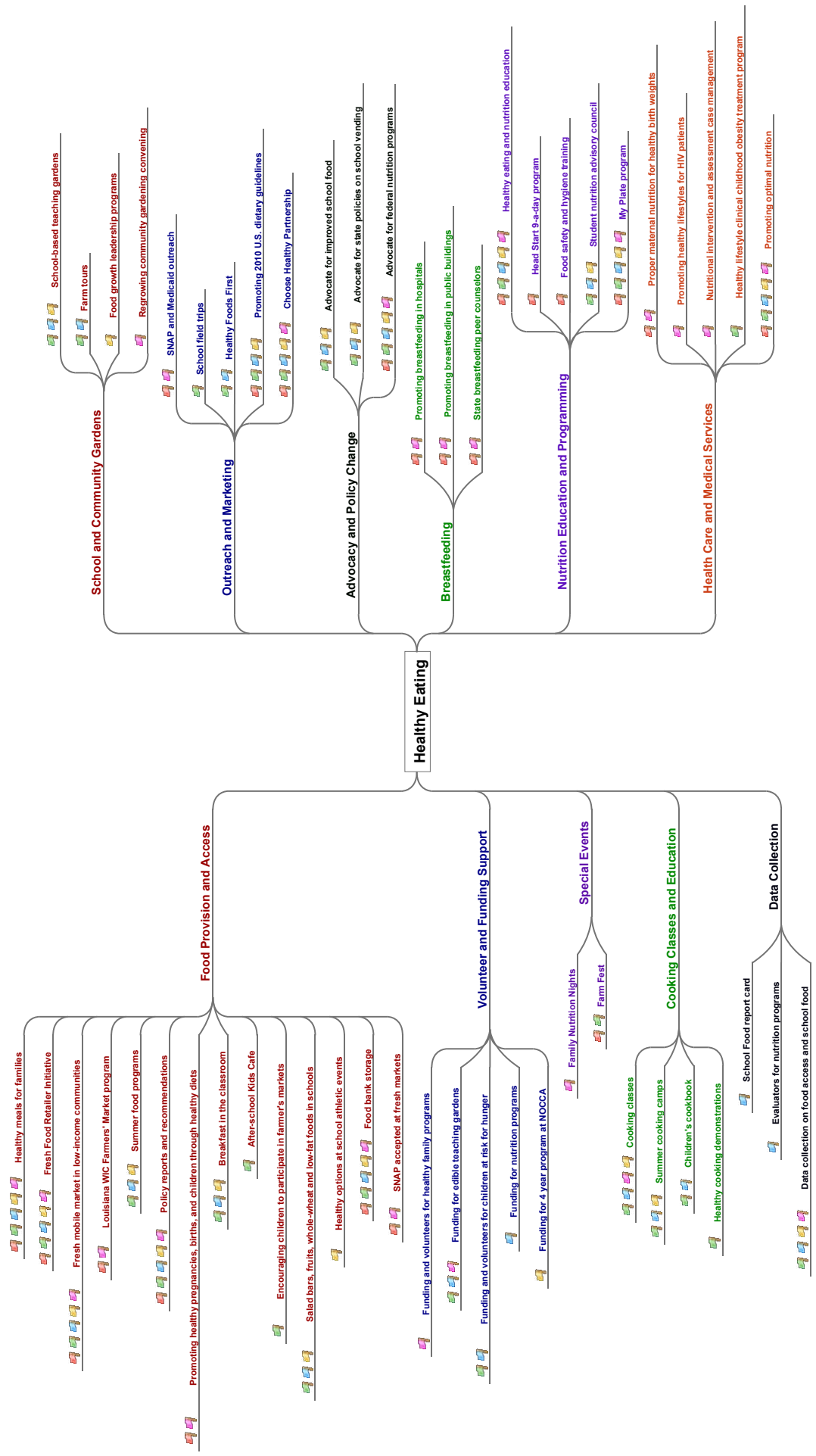
Despite these strengths, this mapping exercise also revealed some major gaps. As the Greater New Orleans Area Fitness-Related Assets graph shows, programs and policies in each category tend to consistently decline from the family/early childhood stage to high school with the exception of physical activity. While early intervention to prevent the onset of childhood obesity has been a focal point, the lack of resources throughout the span of a child's youth could lessen the ability of families and children to maintain a healthy weight. This presents a great opportunity for our Partnership to coordinate in order to make sure all New Orleanians have access to fitness resources from infancy to adulthood.

The number of physical activity policies and programs generally tend to lag behind healthy eating and combination-focused interventions. This is a significant gap, especially in the family/early childhood age group. The number of physical activity resources decreases from middle school to high school as well. Louisiana Act 286, which requires 30 minutes of exercise per school day for K-8th grade students but does not have the same requirement for 9-12th graders, reflects this trend.

Another key gap is the striking difference in the number of programs and policies. The ingenuity and philanthropic spirit of New Orleans has resulted in numerous organizations working to improve the health of the community through programmatic efforts. However, the imbalance between programs and policies demonstrates the need to have enforced policies and environmental changes to create systemic, durable improvements. The asset maps contained in the following pages consolidate the programs and policies listed during the first forum to thematically represent currently available community assets.

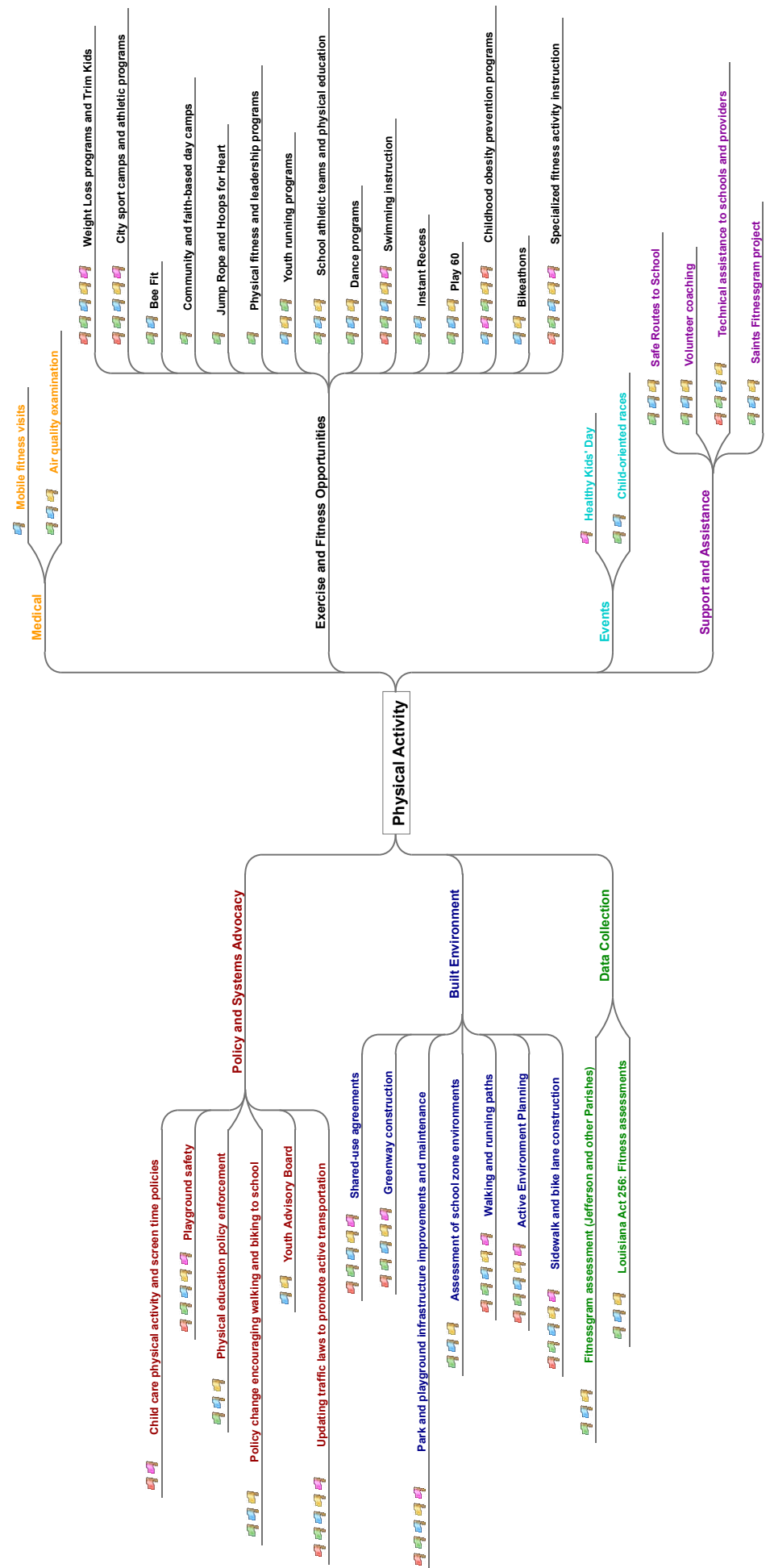
- Early Childhood Age
- Elementary School Age
- Middle School Age
- High School Age
- Families/Adults+ or All Ages

HEALTHY EATING ASSET MAP



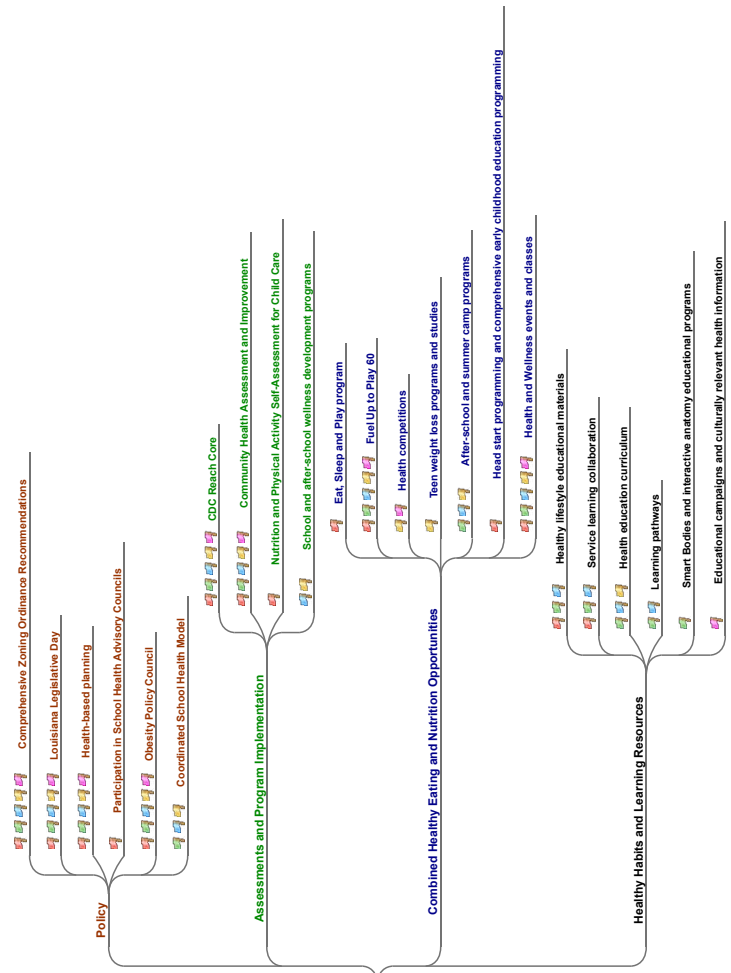
- Early Childhood Age
- Elementary School Age
- Middle School Age
- High School Age
- Families/Adults+ or All Ages

PHYSICAL ACTIVITY ASSET MAP



- Early Childhood Age
- Elementary School Age
- Middle School Age
- High School Age
- Families/Adults+ or All Ages

COMPREHENSIVE ASSET MAP



Priority Fit NOLA Action Strategies

The Partnership agreed to work toward a set of projects in the first year that would build a foundation for future success and leverage existing resources. The development and execution of these strategies is a shared responsibility. Through the combined efforts of individuals and organizations, we can successfully achieve our targets. The Partnership will oversee and assist these efforts by facilitating opportunities for organizations to work together on these projects.

Increasing Awareness

1. Implement a Fit NOLA communications campaign to spread awareness

Targets: 1) Recruit print, television, radio and electronic media members into the Partnership. 2) Develop a core message and logo with input from local children, teens and young adults. 3) Launch a Fit NOLA interactive website and social marketing campaign.

2. Link families and community members to local nutrition and fitness resources

Target: Create a print and electronic resource guide that is an inventory of all existing physical activity and nutrition resources in New Orleans.

3. Empower youth to successfully advocate for policies encouraging fitness and health

Target: 50 children complete an advocacy training program developed with input from students and the Partnership.

Building Capacity

4. Create safe environments for everyone in New Orleans to be physically active

Target: Increase by 5-10% the number of sidewalks restored, bike lanes added, street lamps repaired, parks refurbished and blighted areas fixed.

5. Increase program opportunities for children and families to be physically active

Targets: 1) Adoption of a physical activity break policy by 10 schools and 10 after-school programs. 2) All New Orleans schools meet physical activity requirements. 3) Expand the number of NORDC programming options by 10%.

6. Improve access to affordable, nutritious food

Target: Increase by 3-5% the number of New Orleanians with access to healthy food.

7. Expand training opportunities to improve the availability of quality physical activity opportunities

Target: Conduct at least 2 training workshops.

8. Create an infrastructure capable of sustaining the Fit NOLA Partnership

Target: Obtain adequate funding to staff the Partnership with a full-time director and develop a formal evaluation and communications plan.

Setting Standards

9. Develop a set of Fit NOLA standards to identify successful programs and policies

Targets: 1) Develop standards, an application process and outreach strategy, verification mechanism and recognition plan for the Fit NOLA initiative. 2) Customize these standards in order to recognize Fit Schools, Health Care organizations, Child Care centers, Government organizations, Community organizations and Businesses.

10. Create employee wellness programs that include healthy procurement policies

Targets: 1) Design a model wellness guide and form a coalition to help businesses implement wellness policies that increase physical activity and improve nutrition. 2) A total of up to 10,000 employees in New Orleans are employed by organizations that actively use formal wellness policies.

11. Advocate for universal assessment and reporting of patient weight and linkage to nutritional and physical fitness programs by health care professionals

Targets: 1) Adopt a standard of care and implement the ability of Electronic Medical Records to identify patients who are not at a healthy weight. 2) Four physician groups and three hospitals adopt this policy and promote using it during chapter meetings and grand rounds.

12. Support policies and environments that provide healthy nutrition and active lifestyles for children and families

Target: 10 Child Care centers in Orleans Parish achieve the *Let's Move!* Child Care designation.

Sector-Based Action Strategies

In addition to the targeted, shared one-year goals, the Fit NOLA Partnership also identified sector-based efforts that would improve fitness and encourage everyone to achieve and maintain a healthy weight. They will be undertaken in the next 5 years and accomplished through the work of individual organizations, collaborations and/or, potentially the work of the entire Partnership. Workgroups organized according to sectors developed these sets of strategies and will work cooperatively on their prioritization, funding and execution.

Government Strategies

1. Invest in and evaluate capital projects and policy opportunities to create healthy environments that are Americans with Disabilities Act (ADA) compliant.
2. Collaborate with other government agencies to incorporate health considerations in all policies, ordinances and planning that can affect fitness.
3. Actively promote and incentivize healthy nutrition and physical activity through employee wellness programs and point of decision prompts at government workplaces.
4. Allocate public spaces for nutrition and fitness programming inclusive of recreational activities, farmers' markets and community gardens.
5. Encourage more public and private partnerships that lead to the development of more fresh food retailers and fitness-oriented businesses.
6. Use the WIC and Healthy Start program to assist parents in making healthy choices by directly linking them to available nutrition and physical activity resources and services.
7. Establish and enforce healthy procurement policies to ensure the availability of affordable, nutritious food and beverages in government facilities and buildings. Encourage government agencies to adopt practices that increase physical activity.
8. Improve the aesthetics and safety of recreational spaces and expand programming to increase the utilization of parks, playgrounds and recreational centers.
9. Create Fit NOLA quality standards for physical and nutritional fitness; publicly recognize government buildings and agencies that meet or exceed these standards.
10. Collaborate with all sectors to form a Fit NOLA campaign that increases awareness and access to healthy lifestyle opportunities in New Orleans.
11. Institute a Rails-to-Trails initiative.
12. Provide technical assistance to Partnership organizations and establish a sustainable platform for knowledge sharing, networking and leveraging resources.
13. Effectively implement the Complete Streets policy to build more bike-friendly and walk-friendly environments.



The New Orleans Recreation Development Commission has dramatically enhanced recreational opportunities for children and families in New Orleans. In 2011, NORDC operated summer camps which served over 4,800 youth and operated 12 swimming pools which had 82,000 visits. NORDC is collaborating with NIKE and other partners to bring world-class facilities to Joe Brown Park in New Orleans East.

Community Strategies

1. Implement institutional policies to provide affordable, nutritious food and drinks at community gathering places. Encourage community organizations to adopt practices that increase physical activity.
2. Serve healthy food at faith-based and community events and meetings.
3. Collaborate with multiple sectors to develop and distribute an inventory of available healthy eating and physical activity resources.
4. Create a coordinated outreach campaign that mobilizes civic participation to showcase and use healthy eating and physical activity resources.
5. Form community exercise groups and clubs.
6. Empower all residents, including youth and senior citizens, to advocate for healthy policies.
7. Promote community gardens and farmers' markets.
8. Create safe and attractive environments for physical activity through built environment improvements, enhanced programmatic options and shared-use policies.
9. Enhance the development of health committees in community and faith-based organizations through technical assistance and peer mentoring.
10. Develop child-family activities by linking parental education and activity options.
11. Work across the Partnership to provide nutrition and active living information and tools to community-based organizations.
12. Create Fit NOLA quality standards for physical and nutritional fitness; publicly recognize community and faith-based organizations that meet or exceed these standards.

Marketumbrella.org, a locally-based non-profit with a mission to cultivate the field of public markets for public good, operates three locations of its producer-only Crescent City Farmers Market weekly, year-round in Uptown, Mid-City and Downtown New Orleans. In addition to accepting SNAP and both Senior and WIC Farmers Market Nutrition Program (FMNP) coupons at all three of its markets, marketumbrella.org offers “Market Match” incentive programs to increase SNAP sales and FMNP redemption rates. These incentive programs can largely be credited for a nearly 425% increase in SNAP sales at the Crescent City Farmers Market between 2008-2011. marketumbrella.org also develops evaluation tools, resources and programming for public markets, which it shares locally and nationally.



Early Childhood Strategies

1. Develop a system to identify healthy foods appropriate for pregnant women and young children.
2. Incentivize the consumption of healthy food through increased redemption rates for SNAP and WIC benefits at farmers' markets.
3. Promote breastfeeding through breastfeeding-friendly hospitals, workplaces, public spaces and commercial areas.
4. Increase involvement with lactation consultants to support breastfeeding.
5. Encourage and assist child care centers with the adoption of comprehensive healthy nutrition and physical activity policies.
6. Provide community and health care support to promote healthy lifestyles for women from the prenatal to postpartum phases of pregnancy.
7. Provide education to parents and caregivers on shopping for and cooking with healthy ingredients.
8. Communicate healthy early childhood practices by engaging the media to spotlight healthy practices and collaborating with community organizations to disseminate this information firsthand to parents and caregivers.
9. Provide safe locations for outdoor activity for children ages 0-5 through appropriately designed, constructed and supervised playgrounds and play spaces.
10. Communicate the American Academy of Pediatrics standards regarding zero screen time for children 2 years of age and under and limiting screen time to no more than 2 hours of quality programming per day for children over 2 years of age.
11. Engage WIC, parenting organizations and health care providers to provide health education and messaging to parents and child care centers.
12. Create Fit NOLA quality standards for physical and nutritional fitness; publicly recognize early childhood organizations that meet or exceed these standards.

The Louisiana Children's Museum has participated in a national pilot of early childhood obesity prevention called "Eat, Sleep, Play." Created by the Children's Museum of Manhattan, this program has been delivered in collaboration with the National Institutes of Health, as the curriculum was inspired by their We Can! Nutrition program. An eleven week program, Eat, Sleep, Play is delivered in local Head Start centers to children between the ages of 2 and 5 and their parents. Museum staff members lead the participants in a 5-part interactive lesson each week, with sections on art, music, movement, literature and healthy foods. As indicated by the name, the 3 primary focus areas of the curriculum include nutritional foods (including portion sizes), exercise and proper amounts of sleep. Early results from the Michael Cohen Group, who conducted the evaluation, show behavioral changes around snack selection, choosing low-fat milk over whole milk, choosing water over soft drinks, understanding nutritional value of frozen fruits and vegetables and monitoring portion sizes.



School and Out-of-School Time Strategies

1. Integrate exercise opportunities and physical activity breaks into classroom instruction and out-of-school enrichment programs.
2. Leverage existing resources to assist schools with applying and administering fitness-related grants.
3. Promote the expansion and sustainability of School-Based Health Centers.
4. Enforce existing policies related to physical activity and nutrition requirements.
5. Create Fit NOLA quality standards for physical and nutritional fitness; publicly recognize schools and out-of-school time organizations that meet or exceed these standards.
6. Increase participation in out-of-school time programs by expanding physical activity programming options.
7. Increase the capacity of schools to provide supervised physical activity programming through a formalized service learning collaborative and group purchasing and/or sharing of resources.
8. Integrate high quality physical activity and healthy nutrition throughout the school day and after-school activities.
9. Maximize eligible participation in Federal Food Nutrition programs such as Breakfast in the Classroom.
10. Increase the availability of affordable, healthy food for out-of-school time programs through group purchasing and price-comparison education for purchasers.
11. Incorporate behavioral health techniques to empower students in creating positive physical activity and nutrition habits.
12. Enhance schools' capacity to conduct wellness assessments and implement wellness policies.
13. Develop an adopt-a-school program with the business sector.
14. Support Safe Routes to School programs.
15. Provide nutritious food for school meals and snacks.
16. Institute comprehensive school wellness programs (e.g. CDC Coordinated School Health Model).

Edible Schoolyard New Orleans (ESY NOLA), below, provides hands-on organic gardening and seasonal cooking classes tied to school curriculum and community involvement. Founded in 2006 at Samuel Green Charter School, ESY NOLA serves K-12th grade students across five FirstLine Schools, as well as parents and community members. In collaboration with the Fit NOLA Partnership, and with funder support, ESY NOLA is committed to addressing the academic achievement gap by first closing the “wellness gap.” ESY NOLA promotes health and wellness for our students, parents, faculty and staff using garden- and kitchen-based education, and also through fitness activities such as Instant Recess®, afterschool movement classes and work with the Alliance for a Healthier Generation.



NANCY FARESE OF PHOTO PHILANTHROPY FOR ESY NOLA

KidsWalk Coalition, right, is helping New Orleans schools make it safer and easier for kids to walk and bike to school through participation in the Safe Routes to School program. Four New Orleans schools have already received up to \$250,000 each in grant funds to improve traffic safety in the school neighborhood, and up to \$50,000 for education, encouragement and enforcement programs, such as the Walking School Bus and increased policing.



KIDS WALK COALITION

Business and Media Strategies

1. Design commercial and employment environments to support breastfeeding for employees and customers.
2. Increase partnership opportunities between employee wellness programs and fresh food retailers.
3. Create Fit NOLA quality standards for physical and nutritional fitness; publicly recognize businesses and media organizations that meet or exceed these standards.
4. Involve local media and mass communication outlets, press clubs, community organizations, major events and universities in the generation and dissemination of fitness-related messaging and best practices.
5. Engage businesses to increase their activities and efforts in the community related to improving the built environment and/or providing physical activity programming.
6. Adopt and promote holistic workplace wellness programs and environments; establish institutional policies related to physical activity and healthy eating.
7. Use a peer-to-peer business and mentoring model to expand the quality and quantity of corporate wellness programs.
8. Promote use of business rewards for healthy items and services.
9. Create interactive opportunities to increase the awareness of and access to fitness and nutrition resources and activities.
10. Assess current worksite health promotion practices and the readiness among areas businesses to adopt such practices.
11. Integrate healthy eating and fitness education into employee training.
12. Coordinate with all sectors on a multi-tiered public relations campaign.

The Blue Cross and Blue Shield of Louisiana Foundation has issued a \$10 million dollar challenge to communities across the state to help reshape their environments to support healthy living and prevent obesity over the next three years. Challenge for a Healthier Louisiana seeks innovative projects that address the root causes of obesity through integrated changes in policies, norms, practices, social supports, and the physical environment. The goal of the Blue Cross Challenge for a Healthier Louisiana program is to support communities in the implementation of healthy eating and active living programs along with environmental change initiatives that support healthier communities for children and families across Louisiana.



Health Care Strategies

1. Advocate for enforced healthy food and physical activity policies in all health care settings.
2. Provide recommendations and technical assistance to help other providers, schools, businesses and community groups meet healthy food and exercise standards.
3. Design a guide of model health and wellness policies (including healthy food procurement) to educate hospital executives and act as a roadmap for implementation.
4. Coordinate with the Media Sector to communicate healthy lifestyle messaging and medical information.
5. Create Fit NOLA quality standards for physical and nutritional fitness; publicly recognize health care organizations that meet or exceed these standards.
6. Adopt universal screening of Body Mass Index, nutrition habits and physical activity habits by pediatricians, family practice physicians and primary care providers. Provide appropriate counseling and referrals to patients.
7. Develop a healthy weight and fitness resource guide for physicians listing available community resources that are developmentally appropriate for each age group.
8. Create a culturally sensitive communication guide for diagnosing and treating overweight and obesity that can be used in medical school and residency programs.
9. Increase engagement with the community outside of medical settings.
10. Advocate for improved reimbursement for preventive health and wellness services inside and outside of clinical settings inclusive of nutrition services.
11. Engage obstetricians/gynecologists to promote overweight and obesity prevention and treatment strategies to the pregnant population including the encouragement of breastfeeding.



Ochsner Health System offers a successful and comprehensive wellness program, Pathway to Wellness, for its over 12,000 employees which supports and encourages healthy behaviors in a number of ways. Using Virgin Healthmiles, employees can receive significant decreases on their insurance premium costs by meeting physical activity targets and receiving preventive health services. To encourage healthy eating, cafeterias offer Smartmeals which are lower in cost than traditional foods and offer only sugar-free sodas in the soda fountains. Fried foods are in the process of being eliminated and vending machines now offer healthy snacks.

Evaluating Our Success

It is critical for us to determine the impact we are making in reducing the causes and consequences of obesity while improving fitness measures of our community. Using a thorough evaluation system, we will know if our strategies are having their intended effects and if we are maximizing the benefits of available resources. We can use this knowledge to make future decisions that will help us achieve our vision of being a top ten fit city.

We will use the American College of Sports Medicine's (ACSM) American Fitness Index, which currently ranks New Orleans as the 37th fittest metro area out of the 50 most populated areas in the country as an overarching metric of success.⁷ The ACSM index uses data from a variety of sources measuring behaviors, outcomes and environments.

During our planning process, Partnership members identified the following metrics that could be used if we are able to secure the resources to measure them:

- “Increased number of children who safely walk and bike to school;
- Improved access to and affordability of fruits and vegetables for low-income populations;
- Increased availability and use of community recreational facilities;
- Increased play and physical activity opportunities;
- Increased number of new industry products and advertising messages that promote energy balance at a healthy weight;
- Increased availability and affordability of healthful foods and beverages at supermarkets, grocery stores and farmers’ markets located within walking distance of the communities they serve;
- Changes in institutional and environmental policies that promote energy balance.”³³

We will be working to evaluate the strength of our Partnership and the level of engagement of our Partnership organizations. Increasing the application of collaborative projects and trainings in our community along with state and federal involvement is an important measure to determine that we are increasing the capacity of the Partnership and leveraging resources effectively. Building strong bonds and having a unity of purpose is essential to the success of our Partnership. Monitoring successful implementation of adopted strategies and Partnership projects will be a key indicator in assessing our ability to focus on actions that improve the fitness and health of our city.

Forum Presentations

Louisiana Department of Health and Hospitals: The mission of the Department of Health and Hospitals is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all citizens of the State of Louisiana. The Department of Health and Hospitals is dedicated to fulfilling its mission through direct provision of quality services, the development and stimulation of services of others, and the utilization of available resources in the most effective manner. At the first Forum, Pam Romero spoke about the current state of obesity in Louisiana.

Robert Wood Johnson Foundation Center to Prevent Childhood Obesity: The Robert Wood Johnson Foundation Center to Prevent Childhood Obesity is working to reverse the childhood obesity epidemic by synthesizing evidence; providing expertise and resources to organizations, policy-makers and communities working to prevent childhood obesity; and provide leadership and coordination to fuel a national movement to reverse the epidemic by 2015. Representing the center, Tionna Jenkins discussed the work of the Robert Wood Johnson Foundation to identify policies that can reverse the epidemic.

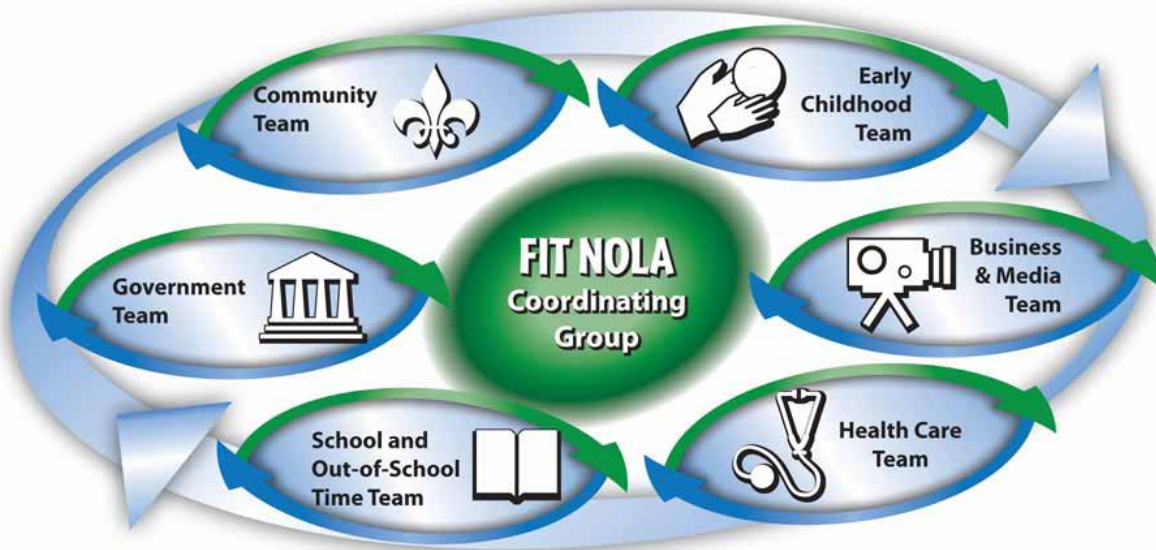
Prevention Research Center at Tulane University: The mission of the Prevention Research Center at Tulane University is to address the physical and social environmental factors influencing the obesity epidemic and its behavioral determinants (physical activity and diet). At the first forum, Kathryn Parker-Karst presented on the role of the built environment in producing the obesity epidemic. The PRC staff including the Practicum program also provided guidance in the drafting of the Action Blueprint.

United States Department of Agriculture, Food and Nutrition Service: The USDA Food and Nutrition Service provides children and low-income people access to food, a healthful diet and nutrition education. Bill Ludwig spoke on behalf of the USDA to articulate how hunger impacts both obesity and children’s performance at school.

Moving Forward to a Fit NOLA

Partnership Structure

Improving the nutritional and physical fitness of our community will require everyone to contribute. We will work collaboratively as a Partnership to achieve the vision and act upon this Action Blueprint. Following the recommendations identified in the planning process, we will create a series of work teams focused on core sectors to maximize the success of our Partnership.



A Coordinating Group, consisting of representatives from each of the Sector Teams, will assist with the synchronization of the Fit NOLA efforts. The New Orleans Health Department will facilitate and provide logistical support for the Coordinating Group. Our Coordinating Group is responsible for the following activities:

- Formalizing an Evaluation Plan;
- Organizing future convenings to spotlight best practices and give progress updates;
- Directing policy and advocacy discussions;
- Creating a communications platform to deliver information to stakeholders and other organizations;
- Providing technical assistance and linkages to partner organizations to assist with program and policy development; and
- Supporting the efforts of Sector Team projects by assisting with the leveraging of critical resources, sharing information and facilitating cross-sector collaboration.

The Sector Teams are responsible for the following activities:

- Planning and implementing sector-specific projects described in this document;
- Maintaining communication with the Coordinating Group on sector activities; and
- Identifying additional organizations to invite into the Partnership.

All Partnership organizations are responsible for committing and using a sector-based strategy in their own organization.

Implementation

The Fit NOLA Partnership is committed to using our Shared Action Blueprint to help everyone reach a healthy weight and improve the fitness of our community. These are the top priorities of the Partnership going forward. To start the implementation process, we have secured commitments from our partner organizations to incorporate the strategies included in this plan into their future organizational activities. The Partnership is building upon the commitments of these organizations by asking all our partner organizations to select a strategy that they can use and identify what assistance they require from the Partnership. In concert, we can scale up existing initiatives that are successful and take action to innovate new initiatives that address barriers to healthy nutrition and physical activity. The Fit NOLA Partnership is exploring funding options to develop a central messaging campaign and expand the capacity of the Partnership to institute the necessary programs, policies and environmental changes to accomplish our vision. We started the specific sector-based project-planning phase at the third forum to move Partnership-wide strategies into actions that will yield significant health and quality of life benefits for our community.

Next Steps

The immediate next steps for the Partnership involve forming the Sector Teams and Coordinating Group while supporting the work of our Partnership organizations in using action strategies. After the formation of these teams and Group, we will draft a central message and evaluation plan, advocate for policy priorities and move proposed Partnership and sector-wide projects from the planning to implementation phase.

Stakeholder feedback concerning the sustainability of the Partnership and strategy implementation focused on the following themes: outreach and promotion of existing initiatives, establishing a communication platform, connecting and sharing best practices and resources with other organizations, networking and follow through with our projects. We will continue to provide linkages and assistance to partner organizations to help them apply the strategies contained in this Action Blueprint as the Partnership moves forward.

We are honored by the commitment of our partner organizations to come together to achieve our vision of helping everyone in our community achieve and maintain a healthy weight and have New Orleans become a top ten fittest city in the United States by our 300th anniversary in 2018.

Forum Presentations

Louisiana Public Health Institute: LPHI's Division of Evaluation and Research designs and implements monitoring and evaluation systems tailored to a wide variety of public health programs. The team designs and implements applied research and utilizes findings to develop and improve programs and policy. Dr. Lisanne Brown oriented the audience on the use of evaluation and how proximal and process measurements can be used to evaluate the success of an initiative prior to having the final health outcome results.

The Fitness Principle: The Fitness Principle is an elite team of fitness and lifestyle consultants based in East Jefferson General Hospital. Through The Fitness Principle, Mackie Shilstone and his team of fitness and nutrition experts have developed an innovative series of programs for individuals or groups designed to go beyond fitness, nutrition, disease management and/or lifestyle management. Mackie Shilstone discussed the short and long-term health consequences of obesity.

Louisiana Children's Museum: The Louisiana Children's Museum welcomes over 147,000 visitors per year, engaging children, families, caregivers and school groups in memorable interactive experiences designed to make learning fun. The Museum's 30,000 square feet of exhibit space and programs offer children a diverse set of activities that promote learning across many disciplines – from reading and math skills to architectural ideas and the nuances of grocery shopping – through interactive play. At the first forum, Julia Bland spoke about the role of personal responsibility and parental modeling in preventing childhood obesity.

Pennington Biomedical Research Center: The Pennington Biomedical Research Center promotes healthier lives through research and education in nutrition and preventive medicine. Dr. Stephanie Broyles discussed the formulation of the Louisiana State Report Card. The primary goal of the Louisiana Report Card on Physical Activity and Health for Children and Youth is to assess the level of physical activity and sedentary behaviors in Louisiana children and youth, the level of facilitators and barriers of physical activity behavior and their related health outcomes.

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New Orleans City Park

Coca-Cola Foundation

Market Umbrella

Greater New Orleans Foundation



Partner Organizations

504HealthNet
Academy of Nutrition and Dietetics
Agenda for Children
Alliance for a Healthier Generation
American Heart Association
Aramark
Baptist Community Ministries
Bike Easy
Blue Cross and Blue Shield of Louisiana
Catholic Charities Archdiocese of New Orleans
Children's Hospital of New Orleans
Coca-Cola
Communities In Schools
Crimestoppers
Deveney Communications
Drive Sports Performance
Downtown Development District
Early Childhood and Family Learning Foundation
East Jefferson General Hospital
Edible Schoolyard NOLA
Emeril Lagasse Foundation
Fairground Triangle Neighborhood Association
Friends of Lafitte Corridor
Girls On The Run
Greater New Orleans Foundation
Greater New Orleans Pediatric Society
Gris Gris Lab
Grow Dat Youth Farm
Healthcare Journal of New Orleans
HealthCorps
Healthy Lifestyle Choices
Healthy Start New Orleans
Institute of Women and Ethnic Studies
Jefferson Parish Public School System
Junior League of New Orleans
Kids Rethink New Orleans Schools
Kingsley House
Louisiana Academy of Family Physicians
Louisiana Action for Healthy Kids
Louisiana Chapter - American Academy of Pediatrics
Louisiana Children's Museum
Louisiana Department of Health and Hospitals
Louisiana Department of Transportation and Development
Louisiana Dietetic Association
Louisiana Health Care Commission
Louisiana Outdoor Outreach Program
Louisiana Public Health Institute
Louisiana Restaurant Association
Louisiana Safe Routes to School
Louisiana State Medical Society
LSU Ag Center
LSU Health Sciences Center
LSU School of Public Health
Market Umbrella
Neighborhood Partnership Network
New Orleans Ballet Association
New Orleans Black Nurses Association
New Orleans Chapter of the LINKS, Inc.

Partner Organizations

New Orleans City Park
New Orleans Department of Public Works
New Orleans Health Department
New Orleans Hornets
New Orleans Kids Partnership
New Orleans Outreach
New Orleans Recreation Development Commission
New Orleans Recreation Development Foundation
New Orleans Regional Planning Commission
NIKE
Ochsner Health System
Office of Mayor Mitchell J. Landrieu
Orleans Parish Medical Society
Orleans Parish School Board
Partnership for Youth Development
Pennington Biomedical Research Center
Picard Center
Play NOLA
Playworks New Orleans
Pontchartrain Chapter of The Links, Incorporated
Prevention Research Center at Tulane University
Recovery School District
Robert Wood Johnson Foundation Center to Prevent Childhood Obesity
Sankofa Community Development Corporation
Save-A-Lot
Second Harvest Food Bank of Greater New Orleans and Acadiana
Share Our Strength
Slidell Memorial Hospital
Social Entrepreneurs of New Orleans
Southeast United Dairy Industry Association
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Tulane Community Health Clinics
Tulane University
Tulane University Dietetic Internship Program
Tulane University Medical Center
Tulane University School of Medicine
Tulane University School of Public Health
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United States Department of Agriculture Food and Nutrition Service
United States Department of Housing and Urban Development
United States Department of Veterans Affairs
United States National Park Service
University of New Orleans Transportation Institute
Up2Us
Urban Strategies
Vietnamese American Young Leaders Association
Vietnamese Initiative in Economic Training
Volunteers of America
Walmart
Xavier University Department of Sociology
YMCA of Greater New Orleans
Youth Run NOLA

Works Cited

- 1) Centers for Disease Control and Prevention (CDC). (2010). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- 2) Broussard, M., Brown, L., Kudla, C., Kohler, S., Lekht, A., Hutchinson, P., Taylor, S. (2010). *School-based health centers are making a difference: An evaluation study of school-based health centers*. Louisiana Public Health Institute. Retrieved from <http://lphi.org/CMSuploads/2009-School-Health-Connection-Impact-Final-Orleans-47896.pdf>; Shanklin S, Brener ND, Kann L, Griffin-Blake S, Ussery-Hall A, Easton A, Barrett E, Hawkins J, Harris WA, McManu T; Centers for Disease Control and Prevention (CDC). (2008). Youth risk behavior surveillance--selected steps communities, United States, 2007. *Morbidity and Mortality Weekly Report Surveillance Summary*. 57(12):1-27.
- 3) Centers for Disease Control and Prevention (CDC). (2009). *Youth Risk Behavioral Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- 4) Centers for Disease Control and Prevention (CDC). (2009). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- 5) University of Wisconsin Population Health Institute. (2012). *County Health Rankings*. Retrieved from <http://www.countyhealthrankings.org/louisiana/orleans>
- 6) Behan, D., Cox, S., Lin, Yijia, Pai, J., Pedersen, H., Yi, M. (2010). *Obesity and its relation to mortality and morbidity costs*. Retrieved from <http://www.soa.org/Research/Research-Projects/Life-Insurance/research-obesity-relation-mortality.aspx>; Trogdon, J., Finkelstein, E., Feagan, C., & Cohen, J. (2012). State- and payer-specific estimates of annual medical expenditures attributable to obesity. *Obesity*, 20(1), 214-220.
- 7) Chamness, B., Zollinger, T., Thompson, W., Ainsworth, B., Lewis, C., and Weathers, T. (2012). *ACSM American fitness index: Health and community fitness status of the 50 largest metropolitan areas*. American College of Sports Medicine. Retrieved from http://www.americanfitnessindex.org/docs/reports/2012_afi_report_final.pdf
- 8) Koplan, J. Liverman, C., Kraak, V., Wisham, S., & Institute of Medicine. (2007). *Progress in preventing childhood obesity: How do we measure up?* Washington, D.C.: The National Academies Press. Koplan, J., Liverman, C., Kraak, V., & Institute of Medicine. (2005). *Preventing childhood obesity: Health in the balance?*. Washington, D.C.: The National Academies Press.
- 9) Kenner, D., Goodman, K., Lowry, A., Zaro, S., & Khan, K. (2009). *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta, GA.
- 10) Let's Move!. *Take action mayors and elected officials: 5 simple steps to success*. Retrieved from http://www.letsmove.gov/sites/letsmove.gov/files/pdfs/TAKE_ACTION_MAYOR_ELECTED_OFFICIALS.pdf
- 11) Task Force on Community Preventive Services. (2002). Recommendations to increase physical activity in communities. *American Journal of Preventive Medicine*, 22(4S), 67-72.
- 12) Sisson, S. B., Broyles, S. T., Baker, B. L., & Katzmaryk, P. T. (2011). Television, reading, and computer time: Correlates of school-day leisure-time sedentary behavior and relationship with overweight in children in the U.S. *Journal of Physical Activity and Health*, 8(Suppl 2), S188-197.; Moreno, M., Furtner, F., Rivara, F. (2011). Reducing screen time for children. *Archives of Pediatrics & Adolescent Medicine*, 165(11), 1056.; American Academy of Pediatrics Committee on Public Education. (2001). Children, adolescents, and television. *Pediatrics*. 107(2), 423-426.
- 13) Thorp, A., Owen, N., Neuhaus, M., & Dunstan, D. W. (2011). Sedentary behaviors and subsequent health outcomes in adults: A systematic review of longitudinal studies, 1996-2011. *American Journal of Preventive Medicine*, 41(2), 207-215.; Swartz A.M., Squires L., Strath S.J. (2011). Energy expenditure of interruptions to sedentary behavior. *International Journal of Behavioral Nutrition and Physical Activity*. 8 (69); Church, T. S., Thomas, D. M., Tudor-Locke, C., Katzmarzyk, P. T., Rodarte, R. Q., Martin, C. K., Bouchard, C. (2011). Trends over 5 decades in U.S. occupation-related physical activity and their associations with obesity. *PLoS One*, 6(5), e19657.; United States Department of Health and Human Services. (2008). *2008 Physical Activity Guidelines for Americans* (ODPHP Publication No. U0036). Washington, D.C. Retrieved from <http://health.gov/paguidelines/pdf/paguide.pdf>
- 14) Levi, J., Segal, L., St. Laurent, R., & Kohn, D. (2011). *F as in fat: How obesity threatens America's future 2011*. Washington, DC: Trust for America's Health. Retrieved from <http://healthyamericans.org/assets/files/TFAH2011FasInFat10.pdf>; U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2010). *Dietary guidelines for Americans, 2010* (7th ed.). Washington, DC: U.S. Government Printing Office.; Vernarelli, J. A., Mitchell, D. C., Hartman, T. J., & Rolls, B. J. (2011). Dietary energy density is associated with body weight status and vegetable intake in U.S. children. *The Journal of Nutrition*. 141(12), 2204-10.; Anderson, P. & Butcher, K. (2006). Childhood obesity: Trends and potential causes. *The Future of Children*. 16(1),19-45.; Berkey, C., Rockett, H., Field, A., Gillman, M., & Colditz, G. (2004). Sugar-added beverages and adolescent weight change. *Obesity Research*. 12(5), 778-88.; Centers for Disease Control and Prevention. (2004). Trends in intake of energy and macronutrients – United States, 1971-2000. *Morbidity and Mortality Weekly Report*. 53(4), 80-82.
- 15) Rome, E. (2011). Obesity prevention and treatment. *Pediatrics in Review*. 32(9), 363-376.; Owen C.G., Martin R.M., Whincup P.H., Smith G.D., & Cook D.G. (2005).

- Effect of infant feeding on the risk of obesity across the life course: a quantitative review of published evidence. *Pediatrics*. 115(5), 1367-77.; Sothorn, M. (2011, September 7). Growing fit and trim kids: Promoting health, preventing obesity. *Academic Distinction Fund Lecture Series*. Baton Rouge, Louisiana, United States.; Sonnevile, K. R., Rifas, S. L., Kleinman, K., Gortmaker, S., Gillman, M. W., & Taveras, E. M. (2012). Associations of obesogenic behaviors in mothers and obese children participating in a randomized trial. *Obesity*. doi:10.1038.; Hendrie, G. A., Coveney, J., & Cox, D. N. (2011). Factor analysis shows association between family activity environment and children's health behaviour. *Australian and New Zealand Journal of Public Health*, 35(6), 524-529.; Scaglioni, S., Arrizza, C., Vecchi, F., & Tedeschi, S. (2011). Determinants of children's eating behavior. *The American Journal of Clinical Nutrition*, 94(6suppl), 2006S-2011S.; Dunton, G. F., Liao, Y., Almanza, E., Jerrett, M., Spruijt-Metz, D., Chou, C. P., & Pentz, M. A. (2012). Joint physical activity and sedentary behavior in parent-child pairs. *Medicine and Science in Sports and Exercise*. doi: 10.1249.
- Simmons, R. (2011). Epigenetics and maternal nutrition: Nature v. nurture. *The Proceedings of the Nutrition Society*, 70(1), 73-81. Kanaka-Gantenbein, C. (2010). Fetal origins of adult diabetes. *Annals of the New York Academy of Sciences*, 1205, 99-105. Boney, C., Verma, A., Tucker, R., & Vohr, B. (2005). Metabolic syndrome in childhood: association with birth weight, maternal obesity, and gestational diabetes mellitus. *Pediatrics*, 115(3), e290-296.
- 16) Van, C. E., Holmback, U., Knutson, K., Leproult, R., Miller, A., Nedeltcheva, A., Pannain, S., Penev, P., Tasali, E., & Spiegel, K. (2007). Impact of sleep and sleep loss on neuroendocrine and metabolic function. *Hormone Research*. 67(Suppl 1), 2-9.; Knutson, K.L. & Van Cauter, E. (2008). Associations between sleep loss and increased risk of obesity and diabetes. *Annals of the New York Academy of Sciences*. 1129, 287-304. doi: 10.1196.; Patel, S.R. (2009). Reduced sleep as an obesity risk factor. *Obesity Reviews*.10(Suppl 2), 61-8.; Buxton, O.M. & Marcelli, E. (2010). Short and long sleep are positively associated with obesity, diabetes, hypertension, and cardiovascular disease among adults in the United States. *Social Science and Medicine*. 71(5), 1027-36.; Knutson, K.L. (2010). Sleep duration and cardiometabolic risk: a review of the epidemiologic evidence. *Best Practice & Research Clinical Endocrinology & Metabolism*. 24(5), 731-43.; Morselli, L., Leproult, R., Balbo, M., & Spiegel, K. (2010). Role of sleep duration in the regulation of glucose metabolism and appetite. *Best Practice & Research Clinical Endocrinology & Metabolism*. 24(5), 687-702.; Nedeltcheva, A.V., Kilkus, J.M., Imperial, J., Schoeller, D.A., & Penev, P.D. (2010). Insufficient sleep undermines dietary efforts to reduce adiposity. *Annals of Internal Medicine*. 153(7), 435-41.; Shankar, A., Syamala, S., & Kalidindi, S. (2010). Insufficient rest or sleep and its relation to cardiovascular disease, diabetes and obesity in a national, multiethnic sample. *PLoS One*. 5(11),e14189.; Lytle, L.A., Pasch, K.E., & Farbakhsh, K. (2011). The relationship between sleep and weight in a sample of adolescents. *Obesity (Silver Spring)*. 19(2), 324-31.; Hart, C.N., Cairns, A., & Jelalian, E. (2011). Sleep and obesity in children and adolescents. *Pediatric Clinics of North America*. 58(3), 715-33.; Beccuti, G. & Pannain, S. (2011). Sleep and obesity. *Current Opinion in Clinical Nutrition and Metabolic Care*. 14(4), 402-12.; Touma, C. & Pannain, S. (2011) Does lack of sleep cause diabetes? *Cleveland Clinic Journal of Medicine*. 78(8), 549-58.; Hanlon, E.C. & Van Cauter, E. (2011). Quantification of sleep behavior and of its impact on the cross-talk between the brain and peripheral metabolism. *Proceedings of the National Academy of Sciences of the United States of America*. 108(Suppl 3), 15609-15616.
- 17) Heath, G. W. (2009). The role of the public health sector in promoting physical activity: National, state, and local applications. *Journal of Physical Activity and Health*, Suppl2, S159-67.; Frieden, T. R., Dietz, W., & Collins, J. (2010). Reducing childhood obesity through policy change: Acting now to prevent obesity. *Health Affairs*, 29(3), 357-363.; Leadership for Healthy Communities. (2011). *Action strategies toolkit: A guide for local and state leaders working to create healthy communities and prevent childhood obesity*. Robert Wood Johnson Foundation. Retrieved from [http://www.leadershipforhealthycommunities.org/images/stories/LHC_Action_Strategies_Toolkit_100222\[1\].pdf](http://www.leadershipforhealthycommunities.org/images/stories/LHC_Action_Strategies_Toolkit_100222[1].pdf); U.S. Department of Health and Human Services. (2010) *The Surgeon General's Vision for a Healthy and Fit Nation*. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General.; Institute of Medicine. (2009). *Local Actions to Prevent Childhood Obesity*. Washington, DC: The National Academies Press.; National Prevention Council. (2011) *National prevention strategy*. U.S. Department of Health and Human Services, Office of the Surgeon General. Retrieved from www.healthcare.gov/prevention/nphpphc/strategy/report.pdf; Kenner, D., Goodman, K., Lowry, A., Zaro, S., & Khan, K. L. (2009). *Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- 18) Christakis, N.A., Fowler, J.H. (2007). The spread of obesity in a large social network over 32 years. *New England Journal of Medicine*. 357(4), 370-9.; Trogon, J.G., Nonnemaker, J., Pais, J. (2008). Peer effects in adolescent overweight. *Journal of Health Economics*. 27(5), 1388-99.
- 19) Babey, S. H., Diamant, A. L., Hastert, T. A., & Harvey, S. (2008). *Designed for disease: The link between local food environments and obesity and diabetes*. UCLA Center for Health Policy Research, UC Los Angeles. Retrieved from <http://escholarship.org>; Rose, D., Hutchinson, P. L., Bodor, J. N., Swalm, C. M., Farley, T. A., Cohen, D. A., & Rice, J. C. (2009). Neighborhood food environments and body mass index: The importance of in-store contents. *American Journal of Preventive Medicine*, 37(3), 214-219. Ahern, M., Brown, C., & Dukas, S. (2011). A national study of the association between food environments and county-level health outcomes. *Journal of Rural Health*, 27(4), 367-379. Undurti, N. D. (2010). Obesity: Genes, brain, gut, and environment. *Nutrition*, 26(5), 459-473. New Orleans Food Policy Advisory Council. (2009). *Stepping up to the plate: Transforming school food in New Orleans*. Retrieved from http://nolafoodpolicy.org/Transforming_School_Food_Web.pdf.

- 20) Farley, T. A., Merriwether, R. A., Baker, Watkins, L. T., Johnson, C. C., & Webber, L. S. (2007). Safe play spaces to promote physical activity in inner-city children: Results from a pilot study of an environmental intervention. *American Journal of Public Health, 97*(9), 1625-1631.; Branas, C. C., Cheney, R. A., MacDonald, J. M., Tam, V. W., Jackson, T. D., & Have, T. R. (2011). A difference-in-difference analysis of health, safety, and greening vacant urban space. *American Journal of Epidemiology, 174*(11), 1296-1306.; Weir, L.A., Etelson, D., & Brand, D.A. (2006). Parents' perceptions of neighborhood safety and children's physical activity. *Preventive Medicine, 43*(3):212-7.; Cohen, L., Davis, R., Lee, V., & Valdovinos, E. (2010). Addressing the intersection: Preventing violence and promoting healthy eating and active living. Oakland, CA: Prevention Institute.
- 21) Novak, N. L., & Brownell, K. D. (2011). Obesity: A public health approach. *Psychiatric Clinics of North America, 34*(4), 895-909.; Colabianchi, N., Kinsella, A.E., Coulton, C.J., & Moore, S.M. (2009). Utilization and physical activity levels at renovated and unrenovated school playgrounds. *Preventive Medicine, 48*(2), 140-143.; Ridgers, N. D., Stratton, G., Fairclough, S. J., & Twisk, J. W. R. (2007). Long-term effects of a playground markings and physical structures on children's recess physical activity levels. *Preventive Medicine, 44*(5), 393-397.; Kaczynski, A., Potwarka, L., & Saelens, B. (2008). Association of park size, distance, and features with physical activity in neighborhood parks. *American Journal of Public Health, 98*(8), 1451-1456. Gobster, P. (1995). Perception and use of a metropolitan greenway system for recreation. *Landscape and Urban Planning, 33*, 401-413.; Reynolds, K.D., Wolch, J., Byrne, J., Chou, C.P., Feng, G., Weaver, S., Jerrett, M. (2007). Trail Characteristics as Correlates of Urban Trail Use. *American Journal of Health Promotion, 21*(4), 335-345.; Sallis, J., Prochaska, J., & Taylor, W. (2000). A review of correlates of physical activity of children and adolescents. *Medicine & Science in Sports & Exercise, 32*(5):963-975.; Heath, G.W. (2009). The role of the public health sector in promoting physical activity: National, state, and local applications. *Journal of Physical Activity and Health, 6*(Supl2), S159-S167.
- 22) Pucher, J., Buehler, R., Bassett, D. R., & Dannenberg, A. L. (2010). Walking and cycling to health: A comparative analysis of city, state, and international data. *American Journal of Public Health, 10*, 1986-92.; Heath, G.W., Brownson, R.C., Kruger, J., Miles, R., Powell, K.E., Ramsey, L.T., Task Force on Community Preventive Services. (2006). The effectiveness of urban design and land use and transport policies and practices to increase physical activity: A systematic review. *Journal of Physical Activity and Health, 3*(Suppl 1), S55-76. Retrieved from: <http://www.aapca3.org/resources/archival/060306/jpah.pdf>; Guide to Community Preventive Services. (2006). Environmental and policy approaches to increase physical activity: Community-scale urban design land use policies. Retrieved from: www.thecommunityguide.org/pa/environmental-policy/community-policies.html; Davis, B., Carpenter, C. (2009). Proximity of fast-food restaurants to schools and adolescent obesity. *American Journal of Public Health, 99*(3), 505-10.
- 23) Broyles, S. T., Mowen, A. J., Theall, K. P., Gustat, J., & Rung, A. L. (2011). Integrating social capital into a park-use and active-living framework. *American Journal of Preventive Medicine, 40*(5), 522-529. McNeill, L. H., Kreuter, M. W., & Subramanian, S. V. (2006). Social environment and physical activity: A review of concepts and evidence. *Social Science and Medicine, 63*(4), 1011-1022.
- 24) Special Committee on Health, Productivity, and Disability Management, American College of Occupational and Environmental Medicine. (2009). Healthy workforce/healthy economy: the role of health, productivity, and disability management in addressing the nation's health care crisis: Why an emphasis on the health of the workforce is vital to the health of the economy. *Journal of Occupational and Environmental Medicine, 51*(1), 114-9.
- 25) Office of the Surgeon General. (n.d.). *Overweight and Obesity: Health Consequences*. Retrieved from The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity: http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_consequences.html; Centers for Disease Control and Prevention. (2011). Overweight and Obesity: Causes and Consequences. Retrieved from: <http://www.cdc.gov/obesity/causes/health.html>; Sothorn, M. (2011, September 7). Growing fit and trim kids: Promoting health, preventing obesity. *Academic Distinction Fund Lecture Series*. Baton Rouge, Louisiana, United States.; Berenson, G. (2012). Health consequences of obesity. *Pediatric Blood & Cancer, 58*(1), 117-121. Freedman, D. S., Zuguo, M., Srinivasan, S. R., Berenson, G. S., & Dietz, W. H. (2007). Cardiovascular risk factors and excess adiposity among overweight children and adolescents: The Bogalusa Heart Study. *Journal of Pediatrics, 150*(1), 12-17. Institute of Medicine (2004). Childhood obesity in the United States: Facts and figures. *The National Academies*. Retrieved from: <http://www.iom.edu/~media/Files/Report%20Files/2004/Preventing-Childhood-Obesity-Health-in-the-Balance/FINALfactsandfigures2.pdf>; Maric, C., & Hall, J. (2011). Obesity, metabolic syndrome and diabetic nephropathy. *Contributions to Nephrology, 170*, 28-35.; Centers for Disease Control and Prevention. (2011). Overweight and Obesity: Causes and Consequences. Retrieved from: <http://www.cdc.gov/obesity/causes/health.html>;
- National Institutes of Health. National Heart, Lung, and Blood Institute. (1998). *Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults* (NIH Publication No. 98 - 4083). Retrieved from: http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf
- 26) Petry, N. M., Barry, D., Pietrzak, R. H., & Wagner, J. A. (2008). Overweight and obesity are associated with psychiatric disorders: Results from the national epidemiologic survey on alcohol and related conditions. *Psychosomatic Medicine, 70*(3), 288-297.; Amianto, F., Lavagnino, L., Abbate-Daga, G., & Fassino, S. (2011). The forgotten psychosocial dimension of the obesity epidemic. *The Lancet, 378*(9805), e8.; Swartz, M., & Puhl, R. (2003). Childhood obesity: A societal problem to solve. *Obesity Reviews, 4*(1), 57-71.; Institute of Medicine (2004). Childhood obesity in the United States: Facts and figures. *The National Academies*. Retrieved from: <http://www.iom.edu/~media/>

- [Files/Report%20Files/2004/Preventing-Childhood-Obesity-Health-in-the-Balance/FINALfactsandfigures2.pdf](#); Vander Wal, J. S., & Mitchell, E. R. (2011). Psychological complications of pediatric obesity. *Pediatrics Clinics of North America*, 58(6), 1393-1401.; De Niet, J. E., & Naiman, D. I. (2011). Psychosocial aspects of childhood obesity. *Minerva Pediatrica*, 63(6), 491-505.
- 27) Robroek, S., Van den Berg, T., Plat, J., & Burdof, A. (2011). The role of obesity and lifestyle behaviours in a productive workforce. *Occupational and Environmental Medicine*, 68(2), 134-139.; Gates, D., Succop, P., Brehm, B., Gillespie, G., & Sommers, B. (2008). Obesity and presenteeism: The impact of body mass index on workplace productivity. *Journal of Occupational and Environmental Medicine*, 50(1), 39-45.; Ostbye, T., Dement, J. M., & Krause, K. M. (2007). Obesity and workers' compensation: Results from the Duke Health and Safety Surveillance System. *Archives of Internal Medicine*, 167(8), 766-773.; Bhattacharya, J., & Sood, N. (2011). Who pays for obesity?. *The Journal of Economic Perspectives*, 25(1), 139-158.; Cawley, J., & Meyerhoefer, C. (2012). The medical care costs of obesity: An instrumental variables approach. *Journal of Health Economics*, 31(1), 219-30.; Au, N. (2012). The health care cost implications of overweight and obesity during childhood. *Health Services Research*, 47(2), 655-676. Finkelstein, E., Trogon, J., Cohen, J., & Dietz, W. (2009). Annual medical spending attributable to obesity: Payer- and service-specific estimates. *Health Affairs*, 28(5), w822-831.
- 28) Picard Center for Child Development and Lifelong Learning. (2011). *Act 256 report: Health-related physical fitness assessments in schools* (Legislative Report No. 5). Lafayette, LA.; Welk, G. J., Jackson, A. W., Morrow, J. R., Haske, W. H., Meredith, M. D., & Cooper, K. H. (2010). The association of health-related fitness with indicators of academic performance in Texas schools. *Research Quarterly for Exercise and Sport*, 81(Supplement to No. 3), S6-S23.; Horwood, L., & Fergusson, D. (1998). Breastfeeding and later cognitive and academic outcomes. *Pediatrics*, 101(1), e1-9.; Edwards, J. U., Mauch, L., & Winkelman, M. R. (2011). Relationship of nutrition and physical activity behaviors and fitness measures to academic performance for sixth graders in a midwest city school district. *Journal of School Health*, 81(2), 65-73.; Centers for Disease Control and Prevention. (2010). *The association between school based physical activity, including physical education, and academic performance*. Atlanta, GA: U.S. Department of Health and Human Services.; Trost, S. (2009). *Active education: Physical activity, physical education and academic performance*. San Diego, CA: San Diego State University and the Robert Wood Johnson Foundation, Active Living Research.; Basch, C.E. (2011). Physical activity and the achievement gap among urban minority youth. *Journal of School Health*, 81(10), 626-634.
- 29) Janssen, I., & LeBlanc, A. G. (2010). Systematic review of the health benefits of physical activity and fitness in school-aged children and youth. *International Journal of Behavioral Nutrition and Physical Activity*, 7(40), 1-16.; Sattelmair, J., Pertman, J., Ding, E. L., Kohl, H. W., Haskell, W., & Lee, I. M. (2011). Dose response between physical activity and risk of coronary heart disease: A meta-analysis. *Circulation*, 124(7), 789-795.; Madsen, K. A. (2011). School-based body mass index screening and parent notification: A statewide natural experiment. *Archives of Pediatrics & Adolescent Medicine*, 165(11), 987-992.; Woodcock, J., Franco, O., Orsini, N., & Roberts, I. (2011). Non-vigorous physical activity and all-cause mortality: Systematic review and meta-analysis of cohort studies. *International Journal of Epidemiology*, 40(1), 121-138.; Sothorn, M. S., Loftin, M., Suskind, R. M., Udall, J. N., & Blecker, U. (1999). The health benefits of physical activity in children and adolescents: Implications for chronic disease prevention. *European Journal of Pediatrics*, 158(4), 271-274.; Brunner, E. J., Mosdol, A., Witte, D. R., Martikainen, P., Stafford, M., Shipley, M. J., & Marmot, M. G. (2008). Dietary patterns and 15-y risks of major coronary events, diabetes, and mortality. *The American Journal of Clinical Nutrition*, 87(5), 1414-1421.; Fontaine, K. R., Redden, D. T., Wang, C., Westfall, A. O., & Allison, D. B. (2003). Years of life lost due to obesity. *The Journal of the American Medical Association*, 289(2), 187-193. U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2010). *Dietary Guidelines for Americans, 2010* (7th ed.). Washington, DC: U.S. Government Printing Office.; U.S. Department of Health and Human Services. (2008). *2008 Physical activity guidelines for Americans*. Retrieved from <http://health.gov/paguidelines/pdf/paguide.pdf>; Van Duyn, M. A., & Pivonka, E. (2000). Overview of the health benefits of fruit and vegetable consumption for the dietetics professional: Selected literature. *Journal of the American Dietetic Association*, 100(12), 1511-1521.; Horwich, T. B., Broderick, S., Chen, L., McCullough, P. A., Strzelczyk, T., Kitzman, D. W., Fletcher, G., Safford, R., Ewald, G., Fine, L., Ellis, S., & Fonarow, G. C. (2011). Relation among body mass index, exercise training, and outcomes in chronic systolic heart failure. *The American Journal of Cardiology*, 108(12), 1754-1759.; Warburton, D. E., Gledhill, N., & Quinney, A. (2001). Musculoskeletal fitness and health. *Canadian Journal of Applied Physiology*, 26(2), 217-237.
- 30) Liu, R., Sui, X., Laditka, J. N., Church, T. S., Colabianchi, N., Hussey, J., & Blair, S. N. (2012). Cardiorespiratory fitness as a predictor of dementia mortality in men and women. *Medicine and Science in Sports and Exercise*, 44(2), 253-9.; Diehl, J. J., & Choi, H. (2008). Exercise: The data on its role in health, mental health, disease prevention, and productivity. *Primary Care: Clinics in Office Practice*, 35(4), 803-816.; Sothorn, M. (2011, September 7). Growing fit and trim kids: Promoting health, preventing obesity. *Academic Distinction Fund Lecture Series*. Baton Rouge, Louisiana, United States.; Bundy, A.C., Naughton, G., Tranter, P., Wyver, S., Baur, L., Schiller, W., Bauman, A., Engelen, L., Ragen, J., Luckett, T., Niehues, A., Stewart, G., Jessup, G., & Brentnall, J. (2011). The Sydney playground project: Popping the bubblewrap--unleashing the power of play: A cluster randomized controlled trial of a primary school playground-based intervention aiming to increase children's physical activity and social skills. *BMC Health*, 1(11), 680.; Conn, V. (2010). Anxiety outcomes after physical activity interventions: Meta-analysis findings. *Nursing Research*, 59(3), 224-231.; Goldwater, B. C., & Collis, M. L. (1985). Psychologic effects of cardiovascular conditioning: A controlled experiment. *Psychosomatic Medicine*, 47(2), 217-237.; Martin, C. K., Chruch, T. S., Thompson, A. M., Earnest, C. P., & Blair, S. N. (2009). Exercise dose and quality of life: A randomized controlled trial. *Archives of Internal Medicine*, 169(3), 269-278.; Lavie, C. J., Milani, R. V., O'Keefe, J. H., Lavie, T. J. (2011). Impact

of exercise training on psychological risk factors. *Progress in Cardiovascular Diseases*. 53(6), 464-70.

31) Ackermann, R. T., Williams, B., Nguyen, H. Q., Berke, E. M., Maciejewski, M. L., & LoGerfo, J. P. (2008). Healthcare cost differences with participation in a community-based group physical activity benefit for medicare managed care health plan members. *Journal of American Geriatric Society*, 56(8), 1459-1465.; Milani, R. V., & Lavie, C. J. (2009). Impact of worksite wellness intervention on cardiac risk factors and one-year health care costs. *American Journal of Cardiology*, 104(10), 1389-1392.; Finkelstein, E. A., Ruhm, C. J., & Kosa, K. M. (2005). Economic causes and consequences of obesity. *Annual Review of Public Health*, 26, 239-57.; Chapman, L. S. (2012). Meta-evaluation of worksite health promotion economic return studies: 2012 update. *American Journal of Health Promotion*. 26(4), TAHP1-TAHP12.

32) Trogon, J., Finkelstein, E., Feagan, C., & Cohen, J. (2012). State- and payer-specific estimates of annual medical expenditures attributable to obesity. *Obesity*, 20(1), 214-220.; Au, N. (2012). The health care cost implications of overweight and obesity during childhood. *Health Services Research*, 47(2), 655-676.; Wang, L. Y., Denniston, M., Lee, S., Galuska, D., & Lowry, R. (2010). Long-term health and economic impact of preventing and reducing overweight and obesity in adolescence. *Journal of Adolescent Health*, 46(5), 467-473.; Chapman, L. S. (2012). Meta-evaluation of worksite health promotion economic return studies: 2012 update. *American Journal of Health Promotion*. 26(4), TAHP1-TAHP12.

33) Koplan, J., Liverman, C., Kraak, V., & Institute of Medicine. (2005). *Preventing childhood obesity: Health in the balance?*. Washington, D.C.: The National Academies Press.

Interviews with Obesity Prevention Program Directors

Rogers, V. W. (2011, August 18). Interview by K. DeSalvo [Personal Interview]. Let's Go Maine Pediatric Obesity Program Discussion.

Moder, L. (2011, December 19). Interview by W.A. Mupo [Personal Interview]. San Diego County Childhood Obesity Initiative Discussion.

Spittgerber, A. (2012, January 13). Interview by W.A. Mupo [Personal Interview]. Eat Smart, Move More South Carolina Initiative Discussion.

Vonasek, K. (2011, September 03). Interview by W.A. Mupo [Personal Interview]. Partnership for a Healthier Arlington Discussion



Works Consulted in Building the Fit NOLA Partnership

- San Diego County Childhood Obesity Initiative. (2010). *Call to action: San Diego County childhood obesity action plan*. Retrieved from: <http://ourcommunityourkids.org/>
- Duval County Health Department. (2009). *Healthy kids, healthy Jacksonville: A community call to action to reduce childhood obesity*. Retrieved from: http://www.dchd.net/files/DCHC_ActionPlanRev.pdf
- 5-2-1-0 Let's Go!. (2011). *Let's go! It's working: Greater Portland demonstration project*. Retrieved from: http://www.lets-go.org/wp-content/uploads/2011/11/LG5yrReport_Final.pdf
- NashVitality: *The spirit of a healthy, active and green city*. Retrieved from <http://www.nashvitality.org/>
- Caldwell, D., Dunn, C., Keene, A., Kolasa, K., Hardison, A., Lenihan, A., Nelson, S., Reeve, R., Ritzman, R., Sauer, M., Schneider, L., Thomas, C., Vodicka, S. (2006). *Eat smart, move more: North Carolina's plan to prevent overweight, obesity, and related chronic disease*. Retrieved from: http://www.eatsmartmovemorenc.com/ESMMPlan/Texts/ESMMPlan_Reduced.pdf
- Madison County Department of Health. (2009). *Overweight and obesity in Madison County: Strategies to build a healthier community*. Retrieved from <http://www.healthymadisoncounty.org/linkeddocus/data/data-obesitymc3-2.pdf>
- Texas Department of State Health Services Center for Policy and Innovation. (2006). *Texas obesity policy portfolio*. Retrieved from <http://www.dshs.state.tx.us/obesity/pdf/TexasObesityPolicyPortfolio.pdf>
- Tennessee Department of Health. (2010). *Tennessee statewide nutrition and physical activity plan: A comprehensive plan to reduce obesity and chronic disease in Tennessee, 2010-2015*. Eat Well, Play More Tennessee. Retrieved from <http://www.eatwellplaymoretn.org/assets/files/plan.pdf>
- Nutrition Council of Oregon and the Oregon Coalition for Promoting Physical Activity. (2007). *A healthy active Oregon: Statewide physical activity and nutrition plan 2007-2012*. http://public.health.oregon.gov/PreventionWellness/PhysicalActivity/Documents/PAN_report-plan07.12.web.pdf
- Wisconsin Partnership for Activity & Nutrition. (2005). *Wisconsin nutrition and physical activity plan: A comprehensive plan to prevent obesity and reduce chronic disease in Wisconsin*. Retrieved from <http://www.dhs.wisconsin.gov/health/PhysicalActivity/StatePlan/StatePlanBM.pdf>
- White House Task Force on Childhood Obesity. (2010). *Solving the problem of childhood obesity within a generation. White House Task Force on Childhood Obesity report to the President*. Executive Office of the President. Retrieved from http://www.letsmove.gov/sites/letsmove.gov/files/TaskForce_on_Childhood_Obesity_May2010_FullReport.pdf
- Leadership for Healthy Communities. (2011). *Action strategies toolkit: A guide for local and state leaders working to create healthy communities and prevent childhood obesity*. Robert Wood Johnson Foundation. Retrieved from [http://www.leadershipforhealthycommunities.org/images/stories/LHC_Action_Strategies_Toolkit_100222\[1\].pdf](http://www.leadershipforhealthycommunities.org/images/stories/LHC_Action_Strategies_Toolkit_100222[1].pdf)
- Leadership for Healthy Communities. (2011) *Obesity prevention on a budget: Low- and no- cost policy options to increase healthy eating and active living*. Robert Wood Johnson Foundation. Retrieved from http://www.leadershipforhealthycommunities.org/images/stories/obesity_prevention_on_budget.final.pdf
- Trust for America's Health. (2010). *National physical activity plan*. Retrieved from <http://www.physicalactivityplan.org/NationalPhysicalActivityPlan.pdf>
- National Prevention Council. (2011). *National prevention strategy*. U.S. Department of Health and Human Services, Office of the Surgeon General. Retrieved from www.healthcare.gov/prevention/nphpphc/strategy/report.pdf
- Institute of Medicine. (2012). *Accelerating progress in obesity prevention: Solving the weight of the nation*. Report Brief. Washington, DC: The National Academies Press. Retrieved from http://www.iom.edu/~media/Files/Report%20Files/2012/APOP/APOP_rb.pdf
- Institute of Medicine. (2012). *Accelerating progress in obesity prevention: Solving the weight of the nation*. Recommendations. Washington, DC: The National Academies Press. Retrieved from http://www.iom.edu/~media/Files/Report%20Files/2012/APOP/APOP_insert.pdf
- Institute of Medicine (2009). *Local actions to prevent childhood obesity*. Washington, DC: The National Academies Press.
- Institute of Medicine (2005). *Preventing childhood obesity: Health in the balance*. Washington, DC: The National Academies Press.
- U.S. Department of Health and Human Services. (2010). *The surgeon general's vision for a healthy and fit nation*. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General.
- U.S. Department of Health and Human Services. (2012). *Healthy People 2020*. Retrieved from <http://www.healthypeople.gov/2020/default.aspx>
- Kenner, D., Goodman, K., Lowry, A., Zaro, S., & Khan, K. L. (2009). *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- Levi, J., Segal, L., St. Laurent, R., & Kohn, D. (2011). *F as in fat: How obesity threatens America's future*. Washington: Trust for America's Health. Retrieved from <http://healthyamericans.org/assets/files/TFAH2011FasInFat10.pdf>
- Pennington Biomedical Research Center. (2011). *Charting the course for 2020: 2011 Louisiana's report card on physical activity & health for children and youth*. Retrieved from www.louisianareportcard.org



FAMILY

FITNESS TIPS

Fit NOLA is committed to creating healthier options for all New Orleanians. We are counting on everyone to take advantage of these options. Below are some ways you and your family can become more physically and nutritionally fit.

- Exercise at least 1 hour (kids and teens) or 30 minutes (adults) a day most days of the week
- Eat at least 5 servings of fruits and vegetables daily
- Schedule 30 minutes a day of family time together to go for a walk or eat a healthy meal
- Choose water and non-fat or low-fat milk
- Set limits on television watching
- Sleep 8 hours each night
- Break up every hour you sit by standing up and moving around for 5 minutes

** Please speak with your physician before starting an exercise or diet program*

To get involved, please contact the New Orleans Health Department at (504) 658-2500. Additional copies of the Fit NOLA Action Blueprint can be downloaded on the New Orleans Health Department's website at <http://www.nola.gov/RESIDENTS/Health-Department/>