

# Blueprint for Accelerating Progress in Childhood Obesity Prevention in Chicago: The Next Decade

## EXECUTIVE SUMMARY



The nation's childhood obesity rate has more than tripled over the past 30 years, and the impact of this epidemic on Chicago children has been especially severe.<sup>(1)</sup> Chicago's obesity rate for young children starting school in 2008 was 22%, more than twice the national average. The rate of obesity among Chicago children starting sixth grade was 28%, or nearly one and a half times the national average.<sup>(2)</sup> In some Chicago neighborhoods, primarily those with average household incomes lower than the citywide average and a majority of African American or Hispanic residents, closer to half of the children are overweight or obese; and in some neighborhoods, even more.<sup>(3) (4)</sup>

Children burdened with obesity endure negative physical, emotional, and social consequences, including type 2 diabetes, depression, and bullying. Children who are obese are more likely to be obese as adults and as a result at a higher risk for heart disease, certain cancers, and premature death. Researchers predict that today's youth may be the first generation to have shorter life spans than their parents.<sup>(1) (5)</sup> An investment in prevention is therefore an investment in our future.

Ten years ago, the Consortium to Lower Obesity in Chicago Children (CLOCC) formed in response to a growing body of evidence documenting the significant increase in childhood obesity and its grave consequences. Since then, CLOCC has

energetically pursued its mission to confront the childhood obesity epidemic by promoting healthy and active lifestyles for children throughout the Chicago metropolitan area and by fostering and facilitating connections between childhood obesity prevention researchers; public health advocates and practitioners; and the children, families, and communities of Chicagoland.

Today, CLOCC is comprised of more than 3,000 individuals representing over 1,200 organizations working on childhood obesity prevention in Chicago, across Illinois, throughout the nation, and beyond. Working together, CLOCC staff and partners have implemented numerous programs, projects, and policy initiatives to increase individual and family knowledge about healthy lifestyles; strengthen organizational and institutional practices to support healthy eating and physical activity; and improve environments so that healthy food and physical activity are widely available where people, and especially children, live, work, learn, and play. As a result, Chicago achieved a statistically significant decrease in obesity among children entering school, from 24% to 22%, over five years.<sup>(2)</sup>

While this reduction is encouraging, more work remains to be done - the burden of obesity and its associated negative outcomes on our city's youth are still far too great. So, as we celebrated our first decade in 2012, we also set out to envision the

future. To craft a blueprint for accelerating progress in the next decade of childhood obesity prevention in Chicago, CLOCC engaged national experts, its leaders and staff, and its many partners to review and recommend the most promising evidence-based strategies. The culmination of this six-month effort is the *Blueprint for Accelerating Progress in Childhood Obesity Prevention in Chicago: The Next Decade*, which we share to provide some focus for the decade ahead.

## Guiding Principles

There are several guiding principles that provide the foundation and framework for the blueprint and recommendations. First, childhood obesity prevention requires a social-ecological and multi-sectoral approach. Second, community-based strategies must be grounded in and guided by community realities, desires, and assets with active community engagement in their development. Third, decision making must be based on evidence. Lastly, special attention must be paid not only to disparities in obesity rates and the consequences of obesity across communities, but also to the inequities that result in higher concentrations of obesity and its consequences in low-income communities and communities of color.

### Social Ecology

CLOCC and its partners understand that individuals and families who are educated and motivated to live healthy, active lives can only succeed if they have access to environmental supports for a healthy lifestyle. For example, fresh produce and other healthy foods and beverages must be accessible and affordable, and the streets, sidewalks, and parks must be safe for active transportation and play.

To prevent and reduce childhood obesity in Chicago effectively and significantly, the complex network of settings and systems that affect the options and opportunities available to families must support health. Therefore, all levels (individual, family, institution, community, and society) and all sectors of our community (including government, school, healthcare, academia, youth development, and industry) must contribute to the solution. Many of the recommendations put forth in the blueprint can or must be supported by policy changes at the city, state, or federal levels.

### Community Engagement

An underlying premise of the blueprint is that members of Chicago's communities of geography (i.e., neighborhoods) and identity (such those based

on gender, racial and ethnic groups, community of faith, or sexual orientation) must be involved in the development, implementation, and evaluation of the interventions designed to address childhood obesity. People and organizations that represent these diverse communities are the best sources of information about opportunities as well as their strengths and challenges. They can also provide valuable insight about effective methods for involving other members of their communities.

There are communities of practice such as educators, advocates, clinicians, government officials, and others who have a professional interest in preventing childhood obesity. These communities must be engaged too, as they can provide expertise and best practices from their specific focus areas as well access to resources – such as financial resources or institutional authority – that might otherwise be unavailable to communities of geography and identity yet are critical for accelerating progress.

Finally, it is essential to involve the children of Chicago, their families, and others who take care of them. Without their support, commitment, buy-in, and active involvement, the strategies identified in this blueprint will not succeed.

Given that no one organization is likely to have expertise in health education, environmental change, institutional decision making, and policy change at the local, state, and federal levels, community coalitions such as CLOCC – comprised of representatives of diverse communities of geography, identity, and practice – are essential to the application of a social-ecological approach to obesity prevention.

### Evidence-Based Decision Making

When resources are scarce and need is high, decision makers need to focus on things that are most likely to achieve the desired outcomes and supported by substantial research evidence. Whether those decision makers are children, parents, institutional leaders, or elected officials, they need to know that they are putting their time, energy, or money into things that will work.

Research focused on obesity prevention strategies, however, faces certain limitations. For example, we cannot easily manipulate the amount of physical activity or number of calories a person gets throughout their day or week, and it is even harder to manipulate the environmental exposures (say, to certain kinds of foods or spaces for physical

activity) people experience because they transition through multiple settings all day long (e.g., home, neighborhood, work, and leisure environments).

As such, evidence-based decision making for obesity prevention (especially the kind of multi-sector, multi-level approaches recommended in the blueprint) requires an alternative framework for thinking about “evidence” - we reviewed the available research, but also examined the local progress and current momentum in each focus area (which speaks to sustainability, local feasibility, and acceptability), and considered equity and unintended consequences in making our final selections.

### Health Equity

Chicago not only experiences high childhood obesity prevalence overall, but it also experiences disparities in health and obesity. Studies have shown that communities of color and lower-income communities have higher rates of childhood obesity than communities that are predominantly Caucasian or that have higher income levels. Not coincidentally, communities with higher rates of obesity also experience inequities in the ability of the surrounding environment to promote healthy, active lifestyles. For example, researchers have identified disparities in access to healthy food and beverages as well as parks and open space across Chicago neighborhoods. Paying attention to these underlying health inequities can help to address Chicago’s obesity disparities. When implementing the policy, systems, and environmental changes identified in the blueprint, we must ensure that their benefits accrue to all communities in Chicago, especially those experiencing health disparities.

### Organization of the Blueprint

The strategies and steps CLOCC recommends for the next decade are grouped into six focus areas in which change is likely to have a positive impact on childhood obesity: food and beverage access, physical activity and the built environment, schools, early childhood, the business sector and industry practices, and health promotion and public education. In each focus area, we present broad goals, supporting objectives, important strategies, and (where possible) specific tactics, grounded in national evidence and local experience, that set the course for intervention in the focus area. (We refer readers to the full blueprint for a more developed discussion of the evidence that supports these recommendations as well as the opportunities and momentum found in the local Chicago context.)

The recommendations outlined in the following sections make up a blueprint for accelerating childhood obesity prevention in Chicago over the next decade. CLOCC will use it to guide our work, and we hope others in Chicago and beyond will find it helpful as they design and implement their own activities so together we can accelerate progress in childhood obesity prevention and further reduce the burden of obesity on children over the next decade.

### References

1. Institute of Medicine. Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. 2012. <http://www.iom.edu/Reports/2012/Accelerating-Progress-in-Obesity-Prevention.aspx>.
2. CLOCC. Data show rates of obesity for Chicago children at school entry fell from 2003 to 2008 while still double the national average. March 16, 2010. [http://www.clocc.net/news/CLOCC\\_Data\\_R\\_FINAL.pdf](http://www.clocc.net/news/CLOCC_Data_R_FINAL.pdf).
3. CLOCC. Englewood Community Nutrition & Physical Activity Survey. 2010. [http://www.clocc.net/coc/project/coop-eng/Englewood\\_Full\\_Data\\_Report.pdf](http://www.clocc.net/coc/project/coop-eng/Englewood_Full_Data_Report.pdf).
4. CLOCC. Pilsen Community Nutrition and Activity Survey. 2010. [http://www.clocc.net/coc/project/coop-pilsen/Pilsen\\_Full\\_Data\\_Report.pdf](http://www.clocc.net/coc/project/coop-pilsen/Pilsen_Full_Data_Report.pdf).
5. Trust for America’s Health. F as in Fat: How Obesity Threatens America’s Future 2012. 2012. <http://www.healthyamericans.org/assets/files/TFAH2012FasInFatfinal.pdf>.

## Six Focus Areas

- Food and Beverage Access
- Physical Activity and the Built Environment
- Schools
- Early Childhood
- Business Sector and Industry Practices
- Health Promotion and Public Education

## Recommendations for the Next Decade

### Food and Beverage Access



#### Goal 1

Make healthy foods and beverages easily accessible to all children where they live, learn, and play.

##### Objective 1-1:

Increase local healthy food production.

- **Strategy a:** Expand urban farming and agriculture.
- **Strategy b:** Expand community gardening.

##### Objective 1-2:

Increase the sale of healthy food and beverages.

- **Strategy a:** Expand availability of healthy food and beverages in existing retail establishments (e.g., corner stores, restaurants, cultural institutions, sport and entertainment venues).
- **Strategy b:** Encourage new healthy food and beverage retail.
  - **Tactic:** Promote the City of Chicago's produce merchant license.
  - **Tactic:** Promote the availability of food financing options (e.g., Illinois Fresh Food Fund).

##### Objective 1-3:

Increase the availability of healthy food and beverages in the emergency food system.

- **Strategy a:** Ensure that food and beverages made available through government-funded food assistance programs meet the *Dietary Guidelines for Americans* ([www.cnpp.usda.gov/dietaryguidelines.htm](http://www.cnpp.usda.gov/dietaryguidelines.htm)).
- **Strategy b:** Work with food pantries and emergency meal programs to stock and deliver healthy foods and beverages.

- **Strategy c:** Create, expand, and promote linkages between supplemental food programs (e.g., SNAP) and local food and beverage retail to ensure that Chicagoans who receive public food assistance can take advantage of farmers' markets, produce carts, and other healthy food and beverage retail.

#### Goal 2

Create a culture of demand for healthy foods and beverages through widely visible public health campaigns.

##### Objective 2-1:

Disseminate evidence-based health messages to educate children and families about the importance of a healthy diet through popular media, outdoor advertising space, and in public buildings.

- **Strategy a:** Disseminate CLOCC's 5-4-3-2-1 Go!<sup>®</sup> message and complementary messages that promote consumption of healthy food and beverages.
- **Strategy b:** Post consistent nutrition messages in food pantries and other emergency food distribution locations to educate program participants.
- **Strategy c:** Inform community residents of the availability of farmers' markets, community gardens, and mobile food vending.

##### Objective 2-2 :

Restrict advertising/marketing of high-calorie, low-nutrition foods and sugar-sweetened beverages, especially to children.

- **Strategy a:** Educate Chicago decision makers (e.g., elected officials, institutional leaders, parents) about the diverse approaches to advertising used by food and beverage marketers (e.g., logo placement, online games, toys, and cartoon character use).
- **Strategy b:** Support national and local strategies to limit food marketing to children.

#### Goal 3

Reduce the availability of and access to calorie-dense and nutrient-poor food and beverages in Chicago communities and institutions.

##### Objective 3-1:

Work with food retail establishments to decrease the amount of calorie-dense and nutrient-poor food and beverages available for purchase.



**Objective 3-2:**

Use a combination of incentives and disincentives to restrict unhealthy foods and beverages sold in public venues.

- **Strategy a:** Eliminate all high-calorie, low nutrition snacks and sugar-sweetened beverages from vending machines.
- **Strategy b:** Provide financial incentives to businesses that sell a greater amount of healthy foods and beverages than unhealthy foods and beverages.

**Objective 3-3:**

Achieve greater balance in pricing of healthy vs. unhealthy food and beverages.

- **Strategy a:** Implement dollar-matching programs (e.g., “double value coupons”) for consumers that participate in federal nutrition assistance programs including SNAP and WIC to increase affordability of healthy foods.
- **Strategy b:** Adjust pricing in vending machines, restaurants, and food retail establishments to make healthy foods and beverages cheaper and unhealthy foods and beverages more expensive.

**Physical Activity and the Built Environment**



**Goal 1**

Ensure that children participate in physical activity programming where they live, learn, and play.

**Objective 1-1:**

Expand existing city-wide physical activity strategies.

- **Strategy a:** Implement or expand physical activity opportunities for children in childcare and school.

- **Strategy b:** Improve access (availability, affordability) to formal physical activity programs at community institutions (e.g., YMCAs, Chicago Park District facilities, gyms and fitness centers).
- **Strategy c:** Support and expand organized programs that make temporary use of the public way for organized physical activity (e.g., CDPH’s Play Streets, Chicago’s Open Streets, LISC’s B-Ball on the Block).

**Objective 1-2:**

Increase community awareness of availability and importance of physical activity opportunities.

- **Strategy a:** Educate children and adults who care for them about the importance of physical activity.
- **Strategy b:** Promote the availability of community-based programs that deliver culturally- and community-appropriate physical activity and strengthen children’s physical activity skills.

**Goal 2**

Create, expand, or improve community environments where children can be physically active.

**Objective 2-1:**

Ensure that city streets and sidewalks support walking, biking, and other forms of physical activity for leisure and transportation.

- **Strategy a:** Gather and share data about barriers to walking and biking in neighborhoods with community organizations and government agencies.
  - **Tactic:** Train and support community-based organizations to implement CLOCC’s Neighborhood Walkability Initiative.
  - **Tactic:** Support street/sidewalk environmental change approaches.
- **Strategy b:** Implement Chicago’s Complete Streets policies and practices.
- **Strategy c:** Implement the components of the Chicago Department of Transportation and Chicago Park District’s Make Way for Play.
- **Strategy d:** Adopt and/or implement city policies regarding land use, zoning, community development and more to incorporate infrastructure and other environmental improvements that accommodate physical activity.

**Objective 2-2:**

Increase or improve the use of public space for physical activity.

- **Strategy a:** Make school grounds available for public use after school hours.

- **Strategy b:** Convert available space (e.g., empty lots) to physical activity spaces (e.g., walking paths, skate parks, playing fields, community gardens).

**Objective 2-3:**

Ensure the safety of existing and/or new physical activity environments.

- **Strategy a:** Strengthen crime prevention in community spaces and during times when children are more likely to be outside and active.
- **Strategy b:** Increase traffic enforcement on major streets and intersections to calm traffic and reduce pedestrian-vehicle crashes.
- **Strategy c:** Ensure and monitor the safety of playground equipment in schools and parks.

**Objective 2-4:**

Enhance the aesthetics of community environments.

- **Strategy a:** Incorporate artwork into public places and other parts of the community.
- **Strategy b:** Require landscaping in public places.
- **Strategy c:** Establish culturally acceptable standards for aesthetics of major street development.
- **Strategy d:** Promote property maintenance through neighborhood planning and neighborhood groups.

**Schools**



**Goal 1**

Ensure all schools in Chicago support healthy eating and physical activity for students.

**Objective 1-1:**

Advocate for and support implementation of comprehensive school wellness policies that include strong nutrition standards for school meals and competitive foods, ensure opportunities for physical activity and adequate minutes of quality physical education, and integrate nutrition education into core curricula.

- **Strategy a:** Assist schools with wellness policy implementation strategies to ensure policies are implemented at the neighborhood-school level.
- **Strategy b:** Create school wellness teams to support wellness policy implementation.

**Objective 1-2:**

Build and increase capacity of various stakeholders including community-based organizations and food and fitness providers to support neighborhood-level schools in creating healthy environments.

- **Strategy a:** Provide technical assistance, training, funding and other support to organizations that implement strategies to improve school environments.
- **Strategy b:** Convene organizations that support schools and/or provide food and activity services and programming to build relationships and collaborations.

**Objective 1-3:**

Identify strategies by which schools can serve as a hub for students, families, and the broader community to access healthy foods and opportunities for physical activity.

- **Strategy a:** Implement, as needed, joint-use agreements between schools and parks that foster community use of school playgrounds.
- **Strategy b:** Expand the use of school property for school and community gardens.
- **Strategy c:** Offer programming at schools for parents and community residents that promotes healthy lifestyles.
- **Strategy d:** Promote experiential learning opportunities for students and healthy food marketing to enrich the school food environment through programs such as salad bars, school gardens, farm-to-school, taste test opportunities, 'food-of-the month' strategies, and health-promoting murals, posters, and bulletin boards throughout the school.

**Objective 1-4:**

Increase capacity of school staff to implement physical activity and nutrition education strategies, advocate for healthy school environments, and implement environmental change strategies.

- **Strategy a:** Provide professional development opportunities for teachers, administrators, and other school personnel on strategies to promote healthy and physical activity in schools. For teacher audiences, align with curricula grade level goals and common core standards.
- **Strategy b:** Provide financial support to schools to implement environmental changes (e.g., add student fitness centers, paint health-promoting murals in dining areas, install or improve school playgrounds).

**Objective 1-5:**

Implement worksite wellness initiatives at schools to promote and support healthy behaviors for staff (lactation support, access to healthy food, physical activity opportunities) to increase their ability to serve as role models for students.

**Goal 2**

Improve the food and physical activity environment around schools.

**Objective 2-1:**

Work with food retailers on or near school premises to increase access to healthy food options and decrease access to unhealthy food options.

- **Strategy a:** Implement food access initiative specifically around schools.

**Objective 2-2:**

Implement complete streets recommendations around schools.

**Objective 2-3:**

Create community coalitions with schools, the police department, and community-based organizations to create a safe environment for children to walk to and from school.

**Early Childhood**



**Goal 1**

Ensure the health of women before and during pregnancy.\*

**Objective 1-1:**

Encourage good nutrition, physical activity, and healthy weight and weight gain for women before and during pregnancy.

**Objective 1-2:**

Eliminate (or prevent) fetal exposure to tobacco and environmental toxins.

**Goal 2**

Promote the consumption of nutritious foods for 0-5 year olds.

**Objective 2-1:**

Encourage breastfeeding.

- **Strategy a:** Support obstetricians, gynecologists, and pediatricians to discuss breastfeeding with mothers and families.
- **Strategy b:** Support hospitals with labor and delivery units to promote successful initiation of breastfeeding.- **Tactic:** Implement the Baby Friendly Hospital Initiative (BFHI).
  - **Tactic:** Support adoption of 10 Steps to Successful Breastfeeding (from BFHI) for hospitals that cannot commit to the BFHI.

\* We include broad goals and objectives for ensuring that women are healthy leading up to and during pregnancy based on factors found to influence weight in early childhood. We do not, however, list specific strategies and tactics. Interested readers should refer to the U.S. Department of Health and Human Services' [www.womenshealth.gov](http://www.womenshealth.gov) section on pregnancy.

- **Strategy c:** Improve community environments to support breastfeeding women.
- **Tactic:** Ensure that Chicago communities adhere to the State of Illinois 2004 Right to Breastfeed Act.
  - **Tactic:** Ensure that Chicago workplaces adhere to the State of Illinois 2001 Nursing Mothers in the Workplace Act.
  - **Tactic:** Implement a breastfeeding friendly business initiative in which local businesses are designated as a breastfeeding-friendly location.
- **Strategy d:** Support breastfeeding mothers to encourage and facilitate breastfeeding.

**Objective 2-2:**

Support healthy nutrition for 0-5 year olds at home and in the family.

- **Strategy a:** Develop education program(s) to educate mothers and families of infants (or expectant families) about proper nutrition from 0-5.
- **Strategy b:** Build capacity of organizations/institutions serving families of 0-5 year olds (or expectant families) to train/educate families about proper infant/toddler nutrition.

**Objective 2-3:**

Ensure proper nutrition in childcare settings.

- **Strategy a:** Provide support through policy and environmental change in childcare centers and homes that enable breastfeeding mothers to supply breast milk to their infants/toddlers.
  - **Tactic:** Train staff and provide equipment for breast milk storage.
  - **Tactic:** Provide adequate space in childcare settings for women to breastfeed their infants/toddlers.
- **Strategy b:** Ensure nutritious meals and snacks for children in childcare, following the age-appropriate *Dietary Guidelines for Americans* and USDA MyPlate recommendations.
  - **Tactic:** Provide training for childcare providers on national nutrition guidelines and on Chicago standards for food and beverage in childcare.
  - **Tactic:** Ensure that childcare centers have access to foods and beverages (through on-site preparation, off-site vendors, or community food and beverage retail) that enable them to meet national and Chicago guidelines and standards for food and beverage in childcare.

- **Tactic:** Train and support childcare providers to include age-appropriate nutrition lessons into regular curriculum, including on-site gardens or linkages to community gardens to educate young children about where food comes from.
- **Tactic:** Engage parents and families of children in childcare through education about healthy nutrition practices and informing them about food and beverage policies in childcare settings (including policies about food and beverage from home).
- **Strategy c:** Limit children’s exposure to food marketing while in childcare through screen time standards and limits and by following laws and regulations pertaining to advertising in educational settings.

**Goal 3**

Promote physical activity in 0-5 year olds (ensure all children 0-5 learn developmentally appropriate fine and gross motor skills to help them lead a physically active life).

**Objective 3-1:**

Support physical activity for 0-5 year olds at home and in the family.

- **Strategy a:** Develop education program(s) to educate mothers and families of infants (or expectant families) about age-appropriate physical activity and motor skills development for 0-5 year olds.
- **Strategy b:** Build capacity of organizations/institutions serving families of 0-5 year olds (or expectant families) to provide to children or educate families about proper infant/toddler physical activity and motor skill development.
- **Strategy c:** Promote and link families to programs and services that engage children in age-appropriate physical activity (including community-based organizations, city parks and playgrounds, and cultural institutions).

**Objective 3-2:**

Ensure age-appropriate physical activity in childcare settings.

- **Strategy a:** Ensure childcare environments contain sufficient and age-appropriate space and equipment for indoor and outdoor physical activity.



- **Tactic:** Ensure effective implementation of established standards pertaining to physical activity space and equipment for childcare settings.
- **Tactic:** Provide financial or in-kind support to childcare settings to ensure they have sufficient space and equipment for age-appropriate physical activity on-site.
- **Tactic:** Promote the use of community space for physical age-appropriate physical activity (e.g., parks, playgrounds, cultural institutions) by children in childcare during the childcare day and under the supervision of childcare providers.
- **Strategy b:** Ensure the implementation of established guidelines and standards for age-appropriate physical activity (structured and unstructured) during the childcare day.
  - **Tactic:** Train staff on national, state, and local standards that meet evidence-based and best-practice recommendations for age-appropriate physical activity.
  - **Tactic:** Provide toolkits, curricula, and easy-to-follow instructions for age-appropriate games and physical activity to increase provider confidence and capacity to lead physical activity for children in childcare.

**Objective 3-3:**

Ensure that community environments support age-appropriate physical activity for children under the age of five.

- **Strategy a:** Ensure that street/sidewalk infrastructure can accommodate 0-5 year olds (with specific attention to visibility and pedestrian crosswalk countdown timers).
- **Strategy b:** Ensure that public space accommodates activity among 0-5 year old (e.g., parks, playgrounds, cultural institutions).
- **Strategy c:** Ensure safe walking routes between childcare settings and nearby community resources for field trips, physical activity, and healthy eating.
  - **Tactic:** Implement CLOCC’s Neighborhood Walkability Initiative with childcare providers and parents of children in childcare.

**Business Sector and Industry Practices**



**Goal 1**

Implement activities in the workplace that support childhood obesity prevention.

**Objective 1-1:**

Encourage companies to provide programs and services to improve the health and wellness of the children of their employees.

- **Strategy a:** Offer workplace training/education/coaching for employees with children to help them create healthy families.
- **Strategy b:** Provide health and wellness benefits to employees with children including education, support, and incentives for developing healthier lifestyles.

**Objective 1-2:**

Support employees to serve as role models of healthy eating and physical activity for children.

- **Strategy a:** Ensure that all workplace vending options contain exclusively healthy food and beverage options.
- **Strategy b:** Provide healthy food and beverages in employee cafeterias and dining rooms.
- **Strategy c:** Provide healthy food and beverages at all meetings and events.
- **Strategy d:** Provide workplace athletic facilities or financial support for employee use of external athletic facilities and classes.

**Objective 1-3:**

Support healthy eating and physical activity for the children of employees.

- **Strategy a:** Offer healthy foods and beverages at all events where employees’ children are present (e.g., company vacations and/or business trips, parties, picnics).
- **Strategy b:** Make workplace athletic facilities available to employees’ children after work/ on weekends and/or provide financial support to children of employees for external athletic facilities and classes.
- **Strategy c:** Provide incentives for employees to support their children’s physical activities.
  - **Tactic:** Provide options to take time off for coaching children’s school or recreational sports teams, travel to children’s athletic events, or participate in other opportunities that support children’s physical activity.
  - **Tactic:** Provide discounts and incentives through insurance plans for children’s participation in physical activities.
- **Strategy d:** Provide physical activity options for all ages and physical abilities as part of planned recreation at all company events and outings.

## Goal 2

Align business activities and funding in the community with childhood obesity prevention.

### Objective 2-1:

Invest in and support childhood obesity prevention organizations.

- **Strategy a:** Create opportunities for employees to volunteer with organizations that promote healthy lifestyles for children.
- **Strategy b:** Focus corporate giving/social responsibility activities toward organizations that support healthy lifestyles, physical activity, healthy food access, and/or safe community activity environments for children.

### Objective 2-2:

Invest in and support access to safe opportunities for physical activity in communities.

- **Strategy a:** Provide community access to worksite exercise spaces after work hours.
- **Strategy b:** Provide financial and other resources to communities to build physical activity spaces (e.g., parks, playgrounds, pedestrian and bicyclist-friendly sidewalks and streets).

### Objective 2-3:

Invest in and support access to healthy food in communities.

- **Strategy a:** Provide financial and/or volunteer support to healthy food and beverage retail establishments (including corner stores, farmers’ markets, mobile produce vendors).
- **Strategy b:** Provide financial and/or volunteer support to emergency food distribution programs that set effective healthy food and beverage policy.
- **Strategy c:** Invest in the development of technologies that support improved access to and purchasing of healthy food.
- **Strategy d:** Support local healthy food and beverage production by purchasing locally produced healthy food and beverages for workplace food and beverage needs.

## Goal 3

Align company products and services with childhood obesity prevention.

### Objective 3-1:

Improve the nutritional content of food and beverage products.

- **Strategy a:** Align nutritional content of foods and beverages with *Dietary Guidelines for Americans*.
- **Strategy b:** Participate in federal, state, or local programs to transition industry regulations and products to meet *Dietary Guidelines for Americans*.

### Objective 3-2:

Increase the sale of healthy food and beverage options.

- **Strategy a:** Market only healthy food and beverage products to children under age 18 in all mediums.
- **Strategy b:** Increase marketing of healthy products in popular media, social media, and at points where consumers make purchasing decisions to increase demand.
- **Strategy c:** Structure product pricing to offer healthy products at prices that are similar to or lower than those of less healthy options.

### Objective 3-3:

Develop and implement business strategies and approaches to supporting physical activity.

- **Strategy a:** Create new products and/or services that support and facilitate physical activity.
- **Strategy b:** Expand the development of games and toys marketed to children under 18 that increase physical activity (e.g., exer-gaming).

**Objective 3-4:**

Increase the availability of goods and services that promote physical activity.

- **Strategy a:** Increase the marketing of active lifestyle products and services to children under age 18.
- **Strategy b:** Expand availability of safety equipment (e.g., bicycle helmets, protective footwear, and clothing) to children in communities experiencing disparities in obesity and physical activity, especially if such equipment is required by law or institutional policy.

**Goal 4**

Support activities that reduce or eliminate marketing of unhealthy products to children under 18 years of age.

**Objective 4-1:**

Standardize and monitor compliance with policies established to govern food marketed to children under 18.

- **Strategy a:** Identify industry practices in the State of Illinois and City of Chicago related to foods marketed to children and identify opportunities to align these practices with obesity prevention approaches through state and local authority (e.g., action by the Illinois Attorney General, policies established by state and local authorities).
- **Strategy b:** Enforce the elimination of marketing of unhealthy foods at any time on school property, school sponsored or affiliated events, or in school materials including websites, social media, publications, and childcare environments.
  - **Tactic:** Eliminate the use of company logos, characters, and mascots associated with unhealthy food products.
  - **Tactic:** Remove food and beverage company logos from the outside of all vending machines.

**Objective 4-2:**

Support the establishment and implementation of approaches to inform consumers of nutritional composition of foods and beverages sold and served in Chicago.

- **Strategy a:** Monitor and ensure the implementation of new menu labeling regulations established under the Affordable Care Act.
- **Strategy b:** Support local innovation to improve menu labeling practices as allowable by local, state, and federal law.

**Health Promotion and Public Education**



**Goal 1**

Employ public education efforts to improve individual nutrition and physical activity behaviors.

**Objective 1-1:**

Improve message environments by promoting healthy foods and beverages in high visibility locations where children and their caregivers are most likely to encounter them.

- **Strategy a:** Disseminate 5-4-3-2-1 Go! and complementary messages using methods that are focused to reach audiences that experience disparities in obesity and health, communicate clear behavior change goals, and are linked to environmental change.
- **Strategy b:** Include nutrition education messages at points-of-purchase (i.e., where consumers make actual purchasing decisions) to promote healthy food and beverage consumption.
- **Strategy c:** Integrate social marketing as an element of environmental change to raise awareness and create consumer demand for healthy food and physical activity resources while also improving the aesthetics of community environments (e.g., include murals that promote healthy behaviors in neighborhood beautification projects).

**Objective 1-2:**

Create a regional message environment to promote clarity and consistency of health promotion and public education for nutrition, physical activity, and screen time for children.

- **Strategy a:** Disseminate evidence-based health messages in key sectors across the region (e.g., beyond Chicago to Cook and other counties) to

increase exposure among children and caregivers who travel frequently across city boundaries into suburbs and outlying areas.

- **Strategy b:** Develop media partnerships in regional media markets (which extend beyond city and county boundaries) to shape public discourse about healthy eating and active lifestyles.

**Objective 1-3:**

Provide training and technical assistance to build capacity for health education in key settings where children spend their time.

- **Strategy a:** Train and support health care providers to offer pediatric patients and their caregivers counseling and supporting materials on healthy lifestyles and healthy weight.
- **Strategy b:** Train and support early childhood, elementary, and secondary education professionals to engage in health promotion using evidence-based nutrition and physical activity curricula.
- **Strategy c:** Train and support community health workers who provide culturally and linguistically appropriate community and in-home education to integrate obesity prevention education into their services.

**Goal 2**

Implement public education campaigns that build public support for environmental change.

**Objective 2-1:**

Use mass media campaigns and other messaging approaches to mobilize communities around health priorities for obesity prevention with clear environmental change goals.

- **Strategy a:** Implement campaigns that include a clear call to action with opportunities to engage in community and city-level advocacy for environmental change.
- **Strategy b:** Build capacity of local leadership to communicate about the importance of healthy food and the physical activity environment.
- **Strategy c:** Build capacity of youth's role as advocates in their communities.

**Goal 3**

Implement health education programs specifically designed to reach individuals in communities experiencing high levels of obesity.

**Objective 3-1:**

Provide programming to build health literacy, knowledge, and skills around healthy eating and physical activity in communities experiencing high levels of obesity.

- **Strategy a:** Implement programs that are theory-driven and evidence-based, including those that are family-centered, involve experiential learning, and build self-efficacy around targeted behaviors (e.g., cooking/nutrition programs, gardening education, grocery store tours).
- **Strategy b:** Expand opportunities for healthy lifestyle education in the Women, Infants, and Children program (WIC); the Supplemental Nutrition Assistance Program (SNAP); and other aspects of the emergency food systems to reach the most vulnerable populations.
- **Strategy c:** Provide education about preparing nutritious meals on a limited budget for families experiencing food insecurity.

**Objective 3-2:**

Expand supportive environments and networks of social support for healthy eating and physical activity in the community setting.

- **Strategy a:** Align organizational policies and practices to support health promotion messaging and enable staff to model healthy behaviors for program participants.
- **Strategy b:** Implement health education programs in important community settings (e.g., faith-based institutions, workplaces, schools) so members of existing social networks can support each other's effort to adopt healthy behaviors.



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