

The Ohio Obesity Prevention Plan

Executive Summary

*Ohio Department of Health
March 2009*

Healthy  hio
The State of Living Well.

Executive Summary

Overview

Ohio and the nation are experiencing obesity epidemics that threaten the health of our children, productivity of our workers, vitality of our communities, affordability of our health care system and overall quality of life. Overweight and obesity are no longer cosmetic issues but imminent public health and financial threats that require coordinated, immediate and long-term strategies to impact the health of our state.

In keeping with Gov. Ted Strickland's envisioned state for a healthy Ohio, the governor, on Sept. 19, 2008, issued a directive to the Ohio Department of Health's Office of Healthy Ohio to develop a comprehensive, multi-faceted obesity prevention plan for Ohio by March 31, 2009.

Launching a comprehensive effort to prevent obesity is of critical importance to both the physical and fiscal health of Ohioans. However, difficult economic times and resulting major public and private budget challenges cannot be ignored. Recognizing those fiscal constraints, the plan recommends specific priority areas and a realistic time line to achieve successes over the next five years.

The Ohio Obesity Prevention Plan was developed with guidance and contributions from numerous state agencies through the newly created Interagency Executive Committee on Health Investment Strategies, along with survey responses, obesity expert input and multiple state and national recommendations for obesity prevention strategies. Additionally, a public survey, public comment period and public hearing were held to solicit feedback from the broader community. A consistent theme throughout this plan is the role of the state's diverse agencies and programs in leading and collaborating with others to comprehensively address the issue of obesity. A great deal of work is already underway in communities, health care settings, schools and workplaces. Several organizations have developed, or are developing, proposals that also address the issue of obesity or the value of healthier living. The state's comprehensive plan recognizes and seeks to maximize those efforts by proposing objectives and strategies that contribute to the state's unique role in promoting health and providing the tools necessary to achieve wellness.

The plan identifies the lead and partner state agencies for each objective, but recognizes and anticipates working with associations, local communities and agencies, private-sector representatives and others to further develop the action plan and move each objective forward. By working together and following these proposed strategies, we can reach the goal of halting the growth rate in the prevalence of obesity among Ohioans by 2014.

Envisioned State for a Healthy Ohio

"Ohioans are achieving and maintaining optimal health through personal wellness management and a health care delivery system that focuses on the promotion of health and the prevention of disease. At each stage of life, every Ohioan has access to timely, patient-centered and efficient physical and behavioral health care choices. All Ohioans have access to primary and preventive services as well as education and opportunities for healthy lifestyles and the incidence of preventable diseases are at the lowest levels in the nation across all population groups. Services and care are coordinated through widespread use of health information technology, thereby improving health outcomes and delivering effective, efficient and culturally competent health care."

Gov. Ted Strickland

Plan Rationale

The Ohio Obesity Prevention Plan recognizes the opportunities and challenges to improve the health of Ohioans. Given the growing recognition of the extent and consequences of the obesity epidemic, considerable attention to the problem is already being given and has informed the plan's development and priority recommendations. The preceding and ongoing work has enabled the plan to begin with several assumptions:

- Inadequate nutrition and lack of physical activity are the leading causes of overweight and obesity. Improvements in physical activity and nutrition, beginning with breastfeeding of infants, will lead to improved health for all Ohioans.
- Various state agencies that do not directly deal with health or health care, have programs and policies that impact health and have the potential to help prevent or reduce obesity.
- Information sharing across agencies regarding existing programs has the potential to benefit each agency's work, create greater efficiencies and support healthier Ohioans.
- Short and long-term goals and strategies must be identified and prioritized to be able to measure progress toward the plan's goals and use financial resources most wisely.
- Public and private partner coordination is critical to avoid duplication, maximize resources and enhance results.
- The plan should be reviewed and updated annually to reflect experiences and current circumstances.
- A central repository is key to tracking the numerous obesity prevention initiatives and reporting on promising practices.
- High-risk populations in Ohio (for example, those in Appalachia and specific ethnic and cultural groups) may require specific strategies beyond those addressing the obesity problem in the general population.

Vision Statement

The Ohio Obesity Prevention Plan seeks to fulfill Gov. Ted Strickland's envisioned state for a healthier Ohio by ensuring all Ohioans will learn, work and live in communities that support opportunities for physically active lifestyles and access to nutritious foods that lead to healthy weight and improved quality of life.

Focus Areas

Given the pervasiveness of the obesity problem and the numerous possible tactics for intervention, four overarching focus areas were developed to meet the governor's directive and guide the plan.

Those targets include:

1. **Focus on prevention.** Evidence of effective treatments for reversing obesity in individuals for the long term is limited, so efforts should be focused on preventing overweight and obesity.
2. **Focus on multi-faceted, population-based strategies.** Multi-faceted, population-based strategies are most likely to lead to successful results. While individual behavior change is necessary, those changes can and should be supported, encouraged and enabled through state and community strategies and policies.
3. **Focus on the most at-risk populations.** In the Ohio Obesity Prevention Plan, special attention should be directed to groups most at risk for developing obesity and related chronic diseases.
4. **Focus on evaluation of efforts.** Because of the complexity of obesity, it is unlikely that major reductions in obesity rates will be achievable in the short term. Interim evaluation strategies are critical to measure progress toward behavior, policy and environmental changes that support the prevention of obesity and ultimate reduction of obesity rates.

Settings

The plan is divided into settings where objectives related to each goal should be targeted and specific strategies developed. Objectives are organized to occur in the following settings:

- Schools and Child Care
- Communities and the Built Environment
- Individuals and Families
- Health Care
- Worksites
- Government

Goals

To measure progress toward the vision of a Healthy Ohio, a goal of improving the percentage of Ohioans engaging in physical activity and eating healthier foods has been established for 2014, along with stabilizing the increasing rate of obesity among both adults and children. Based on the 2007 Behavioral Risk Factor Surveillance Survey, 28.1% of adults in Ohio were classified as obese. Almost 19 % of Ohio's third grade public school children were classified as obese according to the Ohio Department of Health's *Body Mass Index Survey of Third-Grade Students*. While a significant improvement is unlikely in less than five years, the vision is to prevent any further increase and begin to reverse the trend. The Ohio Obesity Prevention Plan outlines three specific goals preventing obesity.

Goal 1: Improve physical activity options and opportunities.

Goal 2: Improve nutrition and access to healthy food choices and limit access to unhealthy food and beverage choices.

Goal 3: Improve the coordination of policy and resources directed to the prevention and reduction of obesity, especially among those populations most at risk.

Timeline and Objectives

The Ohio Obesity Prevention Plan encompasses the next five years. However, the plan should be considered a working document and will be updated regularly. Objectives outlined in the Ohio Obesity Prevention Plan provide specific actions that will be undertaken in the efforts to prevent obesity. The recommendations are categorized by immediate, short-term and long-term objective

areas for action from 2009 to 2014. The time frames for action should not be seen as mutually exclusive, as planning to address long-term objectives may begin sooner to ensure adequate time to meet the objectives. The plan will be revised annually to reflect available opportunities, additional partners or changed circumstances. The following provides the time line for immediate, short-term and long-term objectives, as well as **selected** objectives from each time frame and setting. Please refer to the plan summary document for the complete objective list.

Immediate Objectives: Immediate objectives will be completed by December 2009. These are objectives that are already underway, could be accomplished readily or are necessary to build infrastructure for the next steps in plan implementation.

Schools and Child Care

- By Dec. 31, 2009, leadership of the Ohio Department of Education will identify and communicate with federal partners regarding increasing United States Department of Agriculture (USDA) meal reimbursements to support the provision of high quality, nutritious meals in schools.

Communities and Built Environment

- By summer 2009, create a plan to enhance physical activity opportunities as well as encourage healthier nutrition in the school environment through school construction and reconstruction funded by state government.
- By Dec. 31, 2009, increase access to fresh and healthy food for all Ohioans through support of Ohio farmers' markets by creating a farmers' market management network.
- By Dec. 31, 2009, identify rural and urban food deserts in Ohio and by 2015, decrease these areas by 10 percent by providing access to healthy local foods. *Note: The Ohio Department of Agriculture has a six-year time frame for achieving this objective.*
- By Dec. 31, 2009, develop and promote a statewide trail plan, linking local and regional plans, including priorities for trail completion, anticipated time lines and identification of implementation funding.

Individuals and Families

- By spring 2009, create and implement a statewide obesity prevention social marketing campaign that gives families information and tools to prevent obesity.

Government

- By July 31, 2009, form the Ohio Community Wellness Alliance as part of the Healthy Ohio Advisory Council. This public-private partnership will establish a framework to implement and evaluate progress toward the goals of the plan, including integrating efforts directed at obesity prevention.
- By Dec. 31, 2009, develop a comprehensive, continuous and reliable surveillance and evaluation systems to facilitate data-driven decisions and monitor overweight, obesity, related risk factors and progress toward achieving the goals outlined in the Ohio Obesity Prevention Plan.
- By Dec. 31, 2009, create a centralized database for the Healthy Ohio Web site of existing obesity prevention activities occurring across the state and of referral listings for obesity prevention services.

Short-term Objectives: Short-term objectives will be addressed by December 2011. These may require redistribution of resources, significant expansion of existing efforts or new initiatives to achieve results.

Schools and Child Care

- By Dec. 31, 2011, develop a plan and evaluation measures to assess and make recommendations to improve nutrition and physical activity policies within all Ohio child care settings.

Communities and the Built Environment

- By Dec. 31, 2010, identify opportunities for increased access to healthy, Ohio-produced foods in Ohio vending machines.
- By Dec. 31, 2011, increase the number of local, broad-based coalitions with members representing a cross-section of community partners and agencies to support sustainable evidence-based activities to improve nutrition and physical activity. Coalitions should include representatives from sectors such as transportation, urban/rural planning, education, economic development and the employer community.
- By Dec. 31, 2011, increase the number of Ohio farmers' markets that can accept and process food stamps from 11 to 40.

Health Care

- By Dec. 31, 2010, emphasize obesity prevention and treatment for Ohioans with serious mental illness.
- By Dec. 31, 2010, increase and expand effective education and programming efforts to provide professional and parental nutrition education.
- By Dec. 31, 2011, develop a plan to have more primary care providers and related health care professionals focus on early intervention by routinely measuring and tracking evidence-based obesity measures for children and adults and by providing counseling and/or referral to qualified providers for patients.
- By Dec. 31, 2011, increase trainings, education and resource opportunities for primary care providers and other health care professionals to promote obesity prevention.

Worksites

- By Dec. 31, 2011, more employers will support breastfeeding-friendly policies.
- By Dec. 31, 2011, identify best practices for improving food options in the workplace and develop resources for nutrition improvements at worksites.

Government

- By Dec. 31, 2011, develop a health impact assessment tool for use by state agencies and other entities to objectively evaluate the potential health effects of a project or policy before it is implemented or built.

Long-term Objectives: Long-term objectives will be addressed by December 2014. These components of the plan will require significant policy or statutory changes involve new investment and are expected to have the most political challenges or require the most time to implement.

Schools and Child Care

- By Dec. 31, 2014, increase the number of facilities/environments that adopt policies, practices and incentives to promote healthy eating where children and adolescents learn and play.

- By Dec. 31, 2015, increase the number of schools using the national Farm-to-School program by a minimum of 50 schools. *Note: The Ohio Department of Agriculture has a six-year time frame for achieving this objective.*
- By Dec. 31, 2014, increase the proportion of schools that increase physical activity throughout and after the school day.

Communities and the Built Environment

- By Dec. 31, 2012, increase the number of children walking or bike riding to school by 5 percent in communities funded for Safe Routes to School programs by supporting infrastructure improvements (such as sidewalks and bike paths) and programmatic components (such as walking school buses).
- By Dec. 31, 2014, at least 40 Ohio counties will have made an improvement in physical activity opportunities available in the county.

Individuals and Families

- By Dec. 31, 2014, increase the number of restaurants that offer healthier meals and appropriately sized portions and list caloric information on menus.

Health Care

- By Dec. 31, 2014, coordinate with insurers and payers to offer health plans that encourage members to achieve a healthy weight and lifestyle.
- By Dec. 31, 2014, increase the number of insurance providers and health care providers who conduct or participate in research on obesity prevention, with a focus on at-risk populations, and disseminate promising practices for the prevention of obesity.

Coordination and Implementation

The ongoing coordination of the plan's proposed strategies will be led by the Office of Healthy Ohio at the Ohio Department of Health. A Community Wellness Alliance comprised of the current members of the Interagency Executive Committee on Health Investment Strategies as well as other public and private partners will be formed as an adjunct to the Healthy Ohio Advisory Council. This group will provide ongoing direction, share information and lead evaluation activities related to the plan.

Evaluation

Measurement and evaluation are critical components of determining progress toward stated goals. The development of the Ohio Obesity Prevention Plan has incorporated beginning plans for the surveillance and/or evaluation of each objective. Coordination of plan evaluation will rest with the Ohio Community Wellness Alliance. Further development of resources and expertise will be identified by the Alliance, along with a plan for reporting progress, identifying best practices and recommending revisions to the plan.

Ohio Obesity Prevention Plan

Summary Objective List, Sorted by Goal and Timeline

Goal 1: Improve physical activity options and opportunities.

Timeline	Setting	Objective	Lead Agency	Reference Number in Plan
Immediate (to be completed by Dec. 31, 2009)	Communities and the Built Environment	By Dec. 31, 2009, develop and promote a statewide trail plan, linking local and regional plans, including priorities for trail completion, anticipated time lines and identification of implementation funding.	Ohio Department of Natural Resources	B-1-a
Immediate (to be completed by Dec. 31, 2009)	Communities and the Built Environment	By Dec. 31, 2009, begin and expand marketing and promotional programs to encourage Ohioans to get physically active using Ohio's trails, parks and other natural resources.	Ohio Department of Natural Resources	B-1-b
Short term (to be completed by Dec. 31, 2011)	Communities and the Built Environment	By Dec. 31, 2011, develop plans to make communities more accessible for active transportation such as walking and bicycling.	Ohio Departments of Transportation, Natural Resources and Health	B-1-c
Short term (to be completed by Dec. 31, 2011)	Worksite	By Dec. 31, 2011, identify best practices and develop resources for employers to improve physical activity at worksites, including worksite facilities (i.e. showers on site), work day flexibility and incentives for physical activity, policies and activities.	Ohio Department of Health/Office of Healthy Ohio, Ohio Department of Health/Healthy Ohio Business Council	E-1-a
Long term (to be completed by Dec. 31, 2014)	Communities and the Built Environment	By Dec. 31, 2012, increase the number of children walking or bike riding to school by 5 percent in communities funded for Safe Routes to School programs by supporting infrastructure improvements (such as sidewalks and bike paths) and programmatic components (such as walking school buses).	Ohio Department of Transportation	B-1-d
Long term (to be completed by Dec. 31, 2014)	Communities and the Built Environment	By Dec. 31, 2014, at least 40 Ohio counties will have made an improvement in physical activity opportunities available in the county.	Ohio Department of Health	B-1-e:

Long term (to be completed by Dec. 31, 2014)	Individuals and Families	By Dec. 31, 2014, encourage and expand safe, accessible and affordable opportunities for increased physical activity for at-risk populations including persons with disabilities.	Ohio Department of Health	C-1-a
Long term (to be completed by Dec. 31, 2014)	Schools and Child Care	By Dec. 31, 2014, increase the proportion of schools that increase physical activity throughout and after the school day.	Ohio Departments of Education and Health	A-1-a

Goal 2: Improve nutrition and access to healthy food choices and limit access to unhealthy food and beverage choices.

Timeline	Setting	Objective	Lead Agency	Reference Number in Plan
Immediate (to be completed by Dec. 31, 2009)	Schools and Child Care	By Dec. 31, 2009, leadership of the Ohio Department of Education will identify and communicate with federal partners regarding increasing United States Department of Agriculture (USDA) meal reimbursements to support the provision of high quality nutritious meals in schools.	Ohio Departments of Education and Health	A-2-a
Immediate (to be completed by Dec. 31, 2009)	Communities and the Built Environment	By Dec. 31, 2009, increase access to fresh and healthy food for all Ohioans through support of Ohio farmers' markets by creating a farmers' market management network.	Ohio Department of Agriculture and Ohio State University South Centers	B-2-a
Immediate (to be completed by Dec. 31, 2009)	Communities and the Built Environment	By Dec. 31, 2009, identify rural and urban food deserts in Ohio and by 2015, decrease these areas by 10 percent by providing access to healthy local foods. <i>Note: The Ohio Department of Agriculture has a six-year time frame for achieving this objective.</i>	Ohio Department of Agriculture, Ohio Food Policy Council, Healthy Food Access Task Force	B-2-b
Immediate (to be completed by Dec. 31, 2009)	Communities and the Built Environment	By Dec. 31, 2009, promote greater coordination and collaboration of nutrition education and promotion programs in Ohio to promote consistent and effective information on nutrition.	Ohio Department of Agriculture (Ohio Food Policy Council), Healthy Food Access Task Force	B-2-c
Immediate (to be completed by Dec. 31, 2009)	Individuals and Families	By Dec. 31, 2009, develop a plan to educate participants in Ohio's Food Assistance Nutrition Education program to make healthier choices within a limited budget and choose active lifestyles consistent with the current Dietary Guidelines for Americans and the Food Guide Pyramid.	Ohio Department of Job and Family Services/Ohio's Food Assistance Nutrition Education Plan	C-2-a

Short term (to be completed by Dec. 31, 2011)	Communities and the Built Environment	By Dec. 31, 2010, foster closer coordination among the various nutrition assistance programs to plan and implement nutrition education through the State Nutrition Action Plan (SNAP). Encourage partnerships and collaborative interventions targeting healthy eating and active lifestyles among nutrition assistance programs and other organizations working with low-income individuals and families.	Ohio Department of Job and Family Services (Ohio's Food Assistance Nutrition Education Plan)	B-2-d
Short term (to be completed by Dec. 31, 2011)	Communities and the Built Environment	By Dec. 31, 2010, identify opportunities for increased access to healthy, Ohio-produced foods in Ohio vending machines.	Ohio Department of Agriculture	B-2-e
Short term (to be completed by Dec. 31, 2011)	Health Care	By Dec. 31, 2010, increase and expand effective education and programming efforts to provide professional and parental nutrition education.	Ohio Department of Health	D-2-a
Short term (to be completed by Dec. 31, 2011)	Communities and the Built Environment	By Dec. 31, 2011, increase the number of Ohio farmers' markets that can accept and process food stamps from 11 to 40.	Ohio Departments of Agriculture and Job and Family Services	B-2-f
Short term (to be completed by Dec. 31, 2011)	Health Care	By Dec. 31, 2011, more health care organizations, in particular those serving children, such as hospitals, will adopt policies to improve nutritional quality of food served through vending, restaurant and cafeteria choices.	Ohio Department of Health/Office of Healthy Ohio	D-2 b
Short term (to be completed by Dec. 31, 2011)	Worksite	By Dec. 31, 2011, identify best practices for improving food options in the workplace and develop resources for nutrition improvements at worksites.	Ohio Department of Health/ Office of Healthy Ohio, Ohio Department of Health/Healthy Ohio Business Council, Ohio Department of Health	E-2-a
Short term (to be completed by Dec. 31, 2011)	Worksite	By Dec. 31, 2011, more employers will support breastfeeding-friendly policies.	Ohio Department of Health/Office of Healthy Ohio, and Ohio Department of Health/Healthy Ohio Business Council, Ohio Department of Administrative Services	E-2-b

Long term (to be completed by Dec. 31, 2014)	Schools and Child Care	By Dec. 31, 2014, increase the number of facilities/environments that adopt policies, practices and incentives to promote healthy eating where children and adolescents learn and play.	Ohio Departments of Education and Health	A-2-b
Long term (to be completed by Dec. 31, 2014)	Schools and Child Care	By Dec. 31, 2014, increase awareness and knowledge about healthy eating and the proportion of children and adolescents whose intake of meals and snacks in child care centers, schools and after-school programs that contribute to good overall dietary quality.	Ohio Departments of Education and Health	A-2-c
Long term (to be completed by Dec. 31, 2014)	Individuals and Families	By Dec. 31, 2014, continue current programs and increase community events that support local and healthy food such as celebrity chef contests or community cooking lessons for family participation.	Ohio Department of Agriculture, Ohio Department of Health/Office of Healthy Ohio	C-2-b
Long term (to be completed by Dec. 31, 2014)	Individuals and Families	By Dec. 31, 2014, increase the number of restaurants that offer healthier meals, appropriately sized portions and list caloric information on menus.	Ohio Department of Health	C-2-c
Long term (to be completed by Dec. 31, 2014)	Health Care	By Dec. 31, 2014, develop strategies to work with birthing hospitals, prenatal care providers, pediatricians, other health care providers and breastfeeding coalitions to increase initiation and duration of breastfeeding among Ohio mothers.	Ohio Department of Health	D-2-c
Long term (to be completed by Dec. 31, 2014)	Schools and Child Care	By Dec. 31, 2015, increase the number of schools using the national Farm-to-School program by a minimum of 50 schools. <i>Note: The Ohio Department of Agriculture has a six-year time frame for achieving this objective.</i>	Ohio Department of Agriculture	A-2-d
Long term (to be completed by Dec. 31, 2014)	Communities and the Built Environment	By Dec. 31, 2015, increase consumer awareness and participation in purchasing fresh local produce. <i>Note: The Ohio Department of Agriculture has a six-year time frame for achieving this objective.</i>	Ohio Departments of Agriculture and Health, Ohio Rural Development	B-2-g

Goal 3: Improve the coordination of policy and resources directed to the prevention and reduction of obesity, especially among those populations most at risk.

Timeline	Setting	Objective	Lead Agency	Reference Number in Plan
Immediate (to be completed by Dec. 31, 2009)	Government	By spring 2009, create a plan for launching and distributing the Ohio Obesity Prevention Plan in conjunction with the obesity prevention social marketing campaign.	Ohio Department of Health/Office of Healthy Ohio	F-3-a
Immediate (to be completed by Dec. 31, 2009)	Individuals and Families	By spring 2009, create and implement a statewide social marketing campaign that gives families information and tools to prevent obesity.	Ohio Department of Health/Office of Healthy Ohio	C-3-a
Immediate (to be completed by Dec. 31, 2009)	Communities and the Built Environment	By summer 2009, create a plan to enhance physical activity opportunities as well as encourage healthier nutrition in the school environment through school construction and reconstruction funded by state government.	Ohio Schools Facilities Commission, Ohio Department of Transportation	B-3-a
Immediate (to be completed by Dec. 31, 2009)	Government	By July 31, 2009, form the Ohio Community Wellness Alliance as part of the Healthy Ohio Advisory Council. This public-private partnership will establish a framework to implement and evaluate progress toward the goals of the plan, including integrating efforts directed at obesity prevention.	Ohio Department of Health/ Office of Healthy Ohio (Healthy Ohio Advisory Council)	F-3-b
Immediate (to be completed by Dec. 31, 2009)	Individuals and Families	By Dec. 31, 2009, launch a healthy living challenge to Ohioans that will incorporate the state's newly developed obesity prevention social marketing campaign.	Ohio Department of Health/Office of Healthy Ohio	C-3-b
Immediate (to be completed by Dec. 31, 2009)	Worksite	By Dec. 31, 2009, increase participation in Take Charge! Live Well!, the program to improve the health of state employees and their dependents enrolled in a state health plan.	Ohio Department of Administrative Services	E-3-a
Immediate (to be completed by Dec. 31, 2009)	Worksite	By Dec. 31, 2009, develop materials to encourage employee wellness programs to focus on the whole family.	Ohio Department of Health/Office of Healthy Ohio, Ohio Department of Health/Healthy Ohio Business Council	E-3-b

Immediate (to be completed by Dec. 31, 2009)	Government	By Dec. 31, 2009, develop a plan for comprehensive, continuous and reliable surveillance and evaluation systems to facilitate data-driven decisions and monitor overweight, obesity, related risk factors and progress toward achieving the goals outlined in the Ohio Obesity Prevention Plan.	Ohio Department of Health/Office of Healthy Ohio (Community Wellness Alliance) and Ohio Department of Health	F-3-c
Immediate (to be completed by Dec. 31, 2009)	Worksite	By Dec. 31, 2009, continue and strengthen efforts to improve the health of state employees through agency wellness committees.	Ohio Departments of Administrative Services and Health	E-3-c
Immediate (to be completed by Dec. 31, 2009)	Government	By Dec. 31, 2009, identify additional interagency partnerships for opportunities to promote progress toward the plan.	Ohio Department of Health/Office of Healthy Ohio (Community Wellness Alliance)	F-3-d
Immediate (to be completed by Dec. 31, 2009)	Government	By Dec. 31, 2009, create a centralized database for the Healthy Ohio Web site of existing obesity prevention activities occurring across the state and of referral listings for obesity prevention services.	Ohio Department of Health/Office of Healthy Ohio	F-3-e
Immediate (to be completed by Dec. 31, 2009)	Government	By Dec. 31, 2009, review opportunities available through programs and incentives at the Ohio Department of Development to promote healthy communities and families including, among others, those that tend to facilitate and encourage increased physical activity and access to healthy food choices.	Ohio Department of Development	F-3-f
Short term (to be completed by Dec. 31, 2011)	Schools and Child Care	By Dec. 31, 2010, increase participation in recognition programs to highlight school wellness-based initiatives such as the Buckeye Best Healthy Schools awards program.	Ohio Departments of Education and Health, Ohio Department of Health/Office of Healthy Ohio	A-3-a
Short term (to be completed by Dec. 31, 2011)	Worksite	By Dec. 31, 2010, an additional 10 percent of employers in the State of Ohio will apply for the Healthy Ohio Worksite award.	Ohio Department of Health/Healthy Ohio Business Council	E-3-d

Short term (to be completed by Dec. 31, 2011)	Individuals and Families	By Dec. 31, 2010, expand effective education and programming efforts to provide opportunities for parental education.	Ohio Department of Health	C-3-c
Short term (to be completed by Dec. 31, 2011)	Individuals and Families	By Dec. 31, 2010, create a Healthy Ohio Star award to recognize individuals who promote consistent healthy messages within health care organizations, business and industry, schools, professional organizations and the community.	Ohio Department of Health/Office of Healthy Ohio	C-3-d
Short term (to be completed by Dec. 31, 2011)	Health Care	By Dec. 31, 2010, emphasize obesity prevention and treatment for Ohioans with serious mental illness.	Ohio Department of Mental Health	D-3-a
Short term (to be completed by Dec. 31, 2011)	Worksite	By Dec. 31, 2010, the Healthy Ohio Business Council award criteria will be reviewed and expanded to include additional components related to improving physical activity and nutrition, including breastfeeding support.	Ohio Department of Health/Healthy Ohio Business Council	E-3-f
Short term (to be completed by Dec. 31, 2011)	Worksite	By Dec. 31, 2010, develop and implement a comprehensive obesity prevention program for state employees and their dependents.	Ohio Department of Administrative Services	E-3-e
Short term (to be completed by Dec. 31, 2011)	Schools and Child Care	By Dec. 31, 2011, expand the Buckeye Best Healthy Schools awards to include recognition for child care settings that implement model nutrition and physical activity policies.	Ohio Department of Health	A-3-d
Short term (to be completed by Dec. 31, 2011)	Health Care	By Dec. 31, 2011, increase trainings, education and resource opportunities for primary care providers and other health care professionals to promote obesity prevention.	Ohio Department of Health/Office of Healthy Ohio	D-3-c
Short term (to be completed by Dec. 31, 2011)	Communities and the Built Environment	By Dec. 31, 2011, increase the number of local, broad-based coalitions with members representing a cross-section of community partners and agencies to support sustainable evidence-based activities to improve nutrition and physical activity. Coalitions should include representatives from sectors such as transportation, urban/rural planning, education, economic development and the employer community.	Ohio Department of Health/Office of Healthy Ohio (Community Wellness Alliance)	B-3-b

Short term (to be completed by Dec. 31, 2011)	Schools and Child Care	By Dec. 31, 2011, develop a plan to involve students in an advisory role for implementing the Ohio Obesity Prevention Plan.	Ohio Department of Health/Office of Healthy Ohio	A-3-b
Short term (to be completed by Dec. 31, 2011)	Schools and Child Care	By Dec. 31, 2011, develop a plan and evaluation measures to assess and make recommendations to improve nutrition and physical activity policies within all Ohio child care settings.	Ohio Departments of Health, Job and Family Services, and Education	A-3-c
Short term (to be completed by Dec. 31, 2011)	Health Care	By Dec. 31, 2011, develop/expand specific program approaches for the state Medicaid program including the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT) and the State Children's Health Insurance Program (SCHIP) to prevent obesity in the Medicaid population and improve obesity-related pediatric practice in the state.	Ohio Department of Job and Family Services	D-3-d
Short term (to be completed by Dec. 31, 2011)	Communities and the Built Environment	By Dec. 31, 2011, increase the number of communities that apply for the Healthy Ohio Community award annually.	Ohio Department of Health/Office of Healthy Ohio	B-3-c
Short term (to be completed by Dec. 31, 2011)	Health Care	By Dec. 31, 2011, develop a plan to have more primary care providers and related health care professionals focus on early intervention by routinely measuring and tracking evidence-based obesity measures for children and adults and by providing counseling and/or referral to qualified providers for patients.	Ohio Department of Health	D-3-b
Short term (to be completed by Dec. 31, 2011)	Worksite	By Dec. 31, 2011, increase the number of employers providing environments that support wellness, healthy food choices and physical activity.	Ohio Department of Health and Ohio Department of Health/Healthy Ohio Business Council	E-3-g
Short term (to be completed by Dec. 31, 2011)	Government	By Dec. 31, 2011, develop a plan to align social marketing and other public messaging used among state agencies as it relates to obesity.	Ohio Department of Health/Office of Healthy Ohio	F-3-g

Short term (to be completed by Dec. 31, 2011)	Government	By Dec. 31, 2011, encourage or require the use of evidence-based and/or promising practices in all Ohio Department of Health programs funding nutrition, physical activity or other obesity prevention-related activities. Programs will review, and revise if necessary, existing relevant program and grant-making criteria to promote evidence-based and promising practices to prevent obesity.	Ohio Department of Health	F-3-h
Short term (to be completed by Dec. 31, 2011)	Government	By Dec. 31, 2011, research policy issues, consider specific policy changes and incentives and make recommendations related to the availability of improved nutrition (including breastfeeding support).	Ohio Department of Health/Office of Healthy Ohio (Community Wellness Alliance)	F-3-i
Short term (to be completed by Dec. 31, 2011)	Government	By Dec. 31, 2011, develop a health impact assessment tool for use by state agencies and other entities to objectively evaluate the potential health effects of a project or policy before it is implemented or built.	Ohio Department of Health/Office of Healthy Ohio (Community Wellness Alliance)	F-3-j
Short term (to be completed by Dec. 31, 2011)	Government	By Dec. 31, 2011, align nutrition and physical activity programs with the goals and priorities of the state's obesity prevention plan.	Ohio Department of Health	F-3-k
Long term (to be completed by Dec. 31, 2014)	Health Care	By Dec. 31, 2014, increase the number of insurance providers and health care providers who conduct or participate in research on obesity prevention, with a focus on at-risk populations, and disseminate promising practices for the prevention of obesity.	Ohio Department of Health/Office of Healthy Ohio (Community Wellness Alliance), Ohio Department of Health	D-3-e
Long term (to be completed by Dec. 31, 2014)	Communities and the Built Environment	By Dec. 31, 2014, develop and make recommendations to state government related to policy and funding for communities that limit sprawl and reward comprehensive planning efforts that support improved built environments and encourage pedestrian-friendly communities.	Ohio Department of Transportation	B-3-d
Long term (to be completed by Dec. 31, 2014)	Individuals and Families	By Dec. 31, 2014, increase the number of family programs offered at faith-based centers, park and recreation centers and other community-based centers that incorporate physical activity and healthy nutrition opportunities.	Ohio Department of Health	C-3-e

Long term (to be completed by Dec. 31, 2014)	Health Care	By Dec. 31, 2014, coordinate with insurers and payers to offer health plans that encourage patients to achieve a healthy weight and lifestyle.	Ohio Departments of Insurance and Health	D-3-f
Long term (to be completed by Dec. 31, 2014)	Health Care	By Dec. 31, 2014, develop strategies for community health centers to increase obesity prevention activities.	Ohio Departments of Health and Job and Family Services	D-3-g
Long term (to be completed by Dec. 31, 2014)	Government	By Dec.31, 2014, explore, consider, and develop a plan for incentivizing policies and practices that encourage and support availability and purchase of healthy foods.	Ohio Department of Health/Office of Healthy Ohio, Ohio Departments of Development and Agriculture	F-3-l