

**SHIP Chronic Disease Prevention Action Team
Action Item Quarterly Updates
Obesity**

Objective CD-27: Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.

Strategy A: Increase the availability of healthy options for children and families in community settings with a focus on improving the nutritional quality of food served in food distribution programs. (e.g. soup kitchens, food pantries)

| Action Item Planned/Person(s) Responsible | What was accomplished this quarter | Challenges and Barriers | Action Items for Next Quarter |
|---|--|---|---|
| 1. Inventory existing initiatives working to improve nutritional quality of food served in food distribution programs. Dec 2015 Time frame should be changed to April-July 2016 | Lynn spoke with Foodshare re Hunger Action Teams. Andrew Lyon, UCONN MPH candidate joined the subcommittee and will focus on food policy. | Learning the focus of all the different groups involved in this food policy area. | Andrew is scheduled to meet with SNAP-ED rep as well as Foodshare and then End Hunger CT and CT Foodbank. |
| 2. Identify specific gaps or improvement opportunities, including conduct environmental scan. Dec 2015 Time frame should be changed to Sept. 2016 | Partners identified and information gathered | Learning the focus of all the different groups involved in this food policy area. | Complete the scan |
| 3. Determine the number of children or families with children impacted by food assistance programs Feb 2016 Time frame should be changed to July 2016 | We have identified DSS as the source of the information | None noted | DSS will be contacted to receive that information |
| 4. Research any available food donation or food procurement guidelines or standards for food assistance programs Feb 2016 Time frame should be changed to Sept. 2016. This action should be combined with g. Increase demand for healthier foods through client education: see resource: See "Feeding America" http://healthyfoodbankhub.feedingamerica.org/ for resources and best practices | In process. Will become part of intern's research | None noted | Identify what is available and gauge potential opportunities for collaboration. Observation: connect people with the guidelines and services available. |

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| <p>5. Education Donor community (e.g. Faith-based organization) and promote adoption of food procurement and donation guidelines Time frame should be Sept. 2016.</p> <p>This action should be combined with: h. Incorporate Nutrition education for clients receiving food from food assistance programs as defined in the CT SNAP-ed plans submitted to USDA</p> | <p>Will become part of intern's research</p> | <p>None noted</p> | <p>Focus on education will include emphasizing that food donors should ask food pantries what is needed prior to collection. The assumption is that food pantries will know what is "healthy" and will list those items in the list of what is needed.</p> |
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| <p>9.</p> | | | |
| <p>10.</p> | | | |
| <p>Objective CD-27: Reduce by 5% the prevalence of obesity in children 5-12 years of age and students in grades 9-12.</p> | | | |
| <p>Strategy B: Implement age-appropriate policies and practices that support increased physical activity with a focus on reducing screen time in children to (less than) 2 hours or less each day in targeted settings (e.g. healthcare providers, schools,</p> | | | |
| Action Item Planned/Person(s) Responsible | What was accomplished this quarter | Challenges and Barriers | Action Items for Next Quarter |
| <p>1. Conduct environmental scan, identify gaps and opportunities, review feasibility of adoption of Maine model. April 2016 Time frame should be Sept. 2016</p> | <p>Review of focus of YMCAs on HEPA and how that relates to 5-2-1-0 program</p> | <p>Broad scope of 5-2-1-0 program and how that can be implemented</p> | <p>Reviewing the scan and the parameters of the 5-2-1-0 program</p> |
| <p>2. Review specific recommendations and documents from CDC Community guide and determine feasibility for implementation Oct. 2015 Time frame should be July 2016</p> | <p>Preliminary review conducted</p> | <p>Time constraints</p> | <p>Complete review</p> |
| <p>3. Convene a cadre of key stakeholders to develop an awareness campaign about the association</p> | <p>Discussed this with intern</p> | <p>None noted</p> | <p>Plans will be put in place</p> |

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| <p>between inactivity and health. Consider use of the 5-2-1-0 program. November 2015 Time frame should be Sept. 2016</p> | | | |
| <p>4. Convene a cadre of key stakeholders to develop a training plan on policies and practices to increase the capacity of parents, early childhood education centers/family child care providers and youth-serving organizations to adopt practices aimed to limit screen time for children. Consider providing resources to parents on low cost/free physical activity options for their families. November 2015 Time frame should be Oct. 2016</p> | Not addressed at this time | Time constraints | Will be discussed |
| <p>5. Identify best practices/guidelines and available resources December 2015. Time frame should be Sept. 2016</p> | In progress with Step It Up program | None noted | Will be piloted in various communities in collaboration with community organizations |
| <p>6. Finalize awareness campaign and training program February 2016. Time frame should be 2017</p> | Not addressed | None noted | Should be discussed as part of the next phase of work |
| <p>7. Implement awareness campaign and provide training (? TOT approach) to key audiences (parent organization, medical providers, faith-based organizations, youth-serving organizations Between March 2016 and June 2016. Time frame should be 2017</p> | Not addressed | None noted | Should be discussed as part of the next phase of work. |
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