Our Vision: Healthy Alaska Kids

Strategic Plan to Address Childhood Obesity in Alaska
September 2013
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september 2013

Dear Alaskans,

America is facing a public health crisis: nearly 69% of adults and 32% of kids are overweight or obese. In Alaska, about 67% of adults and 30% of children are overweight or obese; almost a quarter of 3-year-olds are obese. Obesity burdens our economy, costing Alaska approximately $459 million annually in direct medical expenses.1 Equally important is the human cost of unhealthy weight: risk of chronic disease, poor self-esteem or mental health, and lower quality of life.

In Alaska, we have unique opportunities for promoting healthy choices and environments. We have abundant resources such as fish and game, berries and other wild foods: hunting and harvesting these foods provides for both outdoor physical activity and a healthy diet. We enjoy close proximity to these resources, set in stunning landscapes that draw Alaskans outside to the natural world. Alaska also faces unique challenges in promoting healthy lifestyles. Our vast geography and sparse transportation network limit access to fresh and healthy store-bought food. The short growing season can inhibit gardeners’ efforts in most parts of the state. The long, dark winters can make it difficult for families to be safely active outside. However, fostering better connections to our natural resources and better infrastructure in our built environment can give all Alaskans access to healthy choices.

Alaska’s children should grow up in healthy household, school and community environments, with opportunities to eat healthy and nutritious food and play every day. This is key for children to maintain a healthy weight throughout their lives.

We are proud to endorse a new strategic plan of the Alaska Alliance for Healthy Kids. While many great organizations in our state are working to improve children’s health, it will take a coordinated statewide effort to reduce childhood obesity by promoting healthy choices and environments for young Alaskans. The alliance has engaged many stakeholders in creating this new plan, and we will work as partners to address our priorities.

We believe that every Alaskan child can strive to maintain a healthy weight by eating nutritious food, playing every day and growing up in a healthy environment.

We look forward to working together to improve the health of our children and give them opportunities to become healthy adults. We hope you will join us in making a healthier Alaska!

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Senior Director, Division of Community Health Services
Alaska Native Tribal Health Consortium

Michele Brown
President
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Alaska Sports Hall of Fame, Healthy Futures

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Alaska’s children should grow up in a healthy home, school and community environment where they can eat healthy and nutritious food and play every day to maintain a healthy weight throughout their lives. Kids need to build the skills and knowledge to make good choices. We can improve their access and ability to make those choices by fostering supportive environments at home, at school and in the community.

**Vision**

Healthy Alaska Kids

**Mission**

Reverse the upward trend of childhood overweight and obesity prevalence and its impact on the Alaska economy to improve the well-being of current and future Alaskans.

**Six Indicators for Promoting Healthy Kids**

1. Increase Breastfeeding Initiation, Duration and Exclusivity
2. Increase Fruit & Vegetable Consumption
3. Increase Physical Activity
4. Decrease Sugar-Sweetened Beverage Consumption
5. Decrease Energy-Dense Food Consumption
6. Decrease Non-Academic Screen Time
**Priority Areas**

**Priority 1:** Promote comprehensive, high quality physical and health education (K-12) for Alaska students.

**Priority 2:** Promote adoption and integration of evidence-based or consensus guidelines for prevention, screening, diagnosis, and treatment of overweight and obesity from pregnancy through adolescence by primary healthcare providers.

**Priority 3:** Improve access to healthy choices and healthy environments for parents and children, to increase healthy eating, physical activity, and breastfeeding.

**Priority 4:** Maintain a comprehensive public education and communications effort that uses a social marketing approach to promote physical activity and other health messages for children and their families.

**Building an Alliance**

No one can achieve this ambitious vision alone. The Alaska Alliance for Healthy Kids, convened in summer 2013, represents many organizations and individuals committed to improving children’s health through environmental and systems change in Alaska communities.
defining the problem

Why Focus on Kids?

Overweight and obesity in children contributes to a number of health problems. These include high blood pressure and cholesterol, type 2 diabetes and fatty liver disease. In addition to poor physical health outcomes in children, it is also associated with poor self-esteem, social discrimination and other negative psychological impacts. Moreover, obese children are more likely to become obese adults. The rate of overweight and obesity has been on a troubling upward trend within the general population, including children, for nearly 20 years. By focusing prevention efforts on children, the Alaska Alliance for Healthy Kids seeks to reverse the trend in Alaska and ensure that the next generations of Alaskans do not struggle with the health consequences associated with overweight and obesity.

Children do not control the environment in which they live, learn and play—adults do. Young children are directly affected by adults’ choices; parents or caregivers prepare their food, provide them opportunities for play, and control when and how long they sit in front of a screen. Older children are more capable of making independent decisions, but continue to learn how to choose what is healthy. They rely on adult influences and modeling to help them identify healthy and smart behaviors. At the community and state level, our economic and public policy environment affect both children and adults’ access to healthy foods, safe and fun play opportunities, and the resources to make informed decisions about health. As community members, parents, teachers, businesses, government officials we owe it to our kids to foster an environment that equips them for a life of health and success.

What the Data Say

Body Mass Index (BMI) and Weight

The most common way to measure the population’s weight status is the Body Mass Index (BMI), which is a ratio of a person’s height and weight. Calculating children’s (age 2 to 20) BMI percentile also factors in a child’s sex and age. Obesity, overweight, healthy weight and underweight are all defined by BMI thresholds for adults and children, summarized in the table on the next page.

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3 Centers for Disease Control and Prevention, “Basics about Childhood Obesity” (2013).
BMI is a limited measure of a person’s overall health: a fit person with relatively high muscle mass may have an “overweight” BMI, and people with healthy weight status may suffer from a variety of ailments, including diabetes. However, BMI remains a useful measure for tracking a person’s health and for assessing the health of the population. It is easy to collect, generally correlates with a person’s weight status, and gives us a consistent measure for monitoring the overall prevalence of overweight and obesity. Children’s weight status can be monitored on an individual basis by a child’s healthcare provider, and school nurses can conduct district-wide measurement for public health monitoring.

How Does Alaska Measure Up?

A comprehensive statewide data collection system for measuring weight status in all children does not exist, but several local and state-level measures are available. High school students are surveyed regularly about a variety of risk behaviors in the Youth Risk Behavior Survey (YRBS), as well as self-reported height and weight information. Several Alaska school districts weigh and measure students during routine health screenings and report on the prevalence of obesity and overweight. There are limited measures for younger children, but multiple surveys provide information about specific populations: the Childhood Understanding Behaviors Survey (CUBS) of three year olds; Women, Infant and Children (WIC) Nutrition Program records of two-to-four year old children; and the Oral Health Survey of kindergarten and third grade students.

Using the sources mentioned above, the current best estimate is that approximately 3 out of every 10 Alaska children and teens, almost one in three, are overweight or obese. More data is available for certain age groups: about a quarter (26%) of all high school students are overweight or obese, and between 35% and 41% of young children are overweight or obese. In Anchorage, about 36% of all students in the school district are overweight and obese. While most of these surveys do not have previous measures for long-term comparison, the national data suggests that prevalence has remained unchanged for the last decade, and Alaska’s childhood prevalence appears to be similar to the U.S. as a whole.

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4 Current prevalence of overweight and obesity in Alaska’s young children: 35% of kindergarteners (Oral Health Basic Screening Survey, 2010-2011); 40% of three year olds (CUBS 2009); 41% of children enrolled in the Women, Infant and Children program (WIC 2010).
Measuring Our Success: Six Indicators for Promoting Healthy Kids

This plan addresses the public health crisis of obesity in Alaska, but the alliance also believes in a positive, inclusive and engaging approach to help all kids stay healthy. Monitoring the reduction of childhood obesity will be an important measure of progress, but equally important will be tracking our progress toward making significant system- and program-level changes to make healthy choices easier for kids and parents.

The Centers for Disease Control and Prevention (CDC) have identified six evidence-based indicators that track behaviors which contribute to a reduction in the prevalence of obesity. These indicators will aid in measuring the success of this plan:

1. Increase Breastfeeding Initiation, Duration and Exclusivity
2. Increase Fruit & Vegetable Consumption
3. Increase Physical Activity
4. Decrease Sugar-Sweetened Beverage Consumption
5. Decrease Energy-Dense Food Consumption
6. Decrease Non-Academic Screen Time

The State of Alaska, Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, Obesity Prevention and Control Program (OPCP) and epidemiology staff within the Section of Chronic Disease Prevention and Health Promotion are the agencies that monitor these indicators and provide the data that the alliance will use to track progress on the plan. The efforts made by the Alaska Alliance for Healthy Kids to implement strategies in this plan will help the state’s Section of Chronic Disease Prevention and Health Promotion meet their goal to reduce prevalence of overweight and obesity of school-age children by 5% by 2017.

The OPCP produces a regular report, *Alaska Obesity Facts*, to track several indicators from multiple data sources and summarizes their significance in measuring our progress in reducing and preventing childhood obesity. The baseline information for these indicators is outlined on the following page, grouped by indicator.

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5 *Non-academic screen time* includes watching television and movies, playing computer and video games and browsing the Internet. Currently, the survey questions that measure hours of screen time do not include cell phone use.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Most Recent Baseline Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breastfeeding</strong></td>
<td>Almost all Alaska mothers initiate breastfeeding, but few meet the recommended duration of 12 months. 93% of Alaska mothers initiate breastfeeding (PRAMS 2010). Only 15% of Alaska mothers meet the recommended duration (CUBS 2010).</td>
</tr>
<tr>
<td><strong>Fruit &amp; Vegetable Consumption</strong></td>
<td>Few Alaska high school youth eat the recommended amount of fruits and vegetables every day. 79% do not eat 5 or more servings of fruits and vegetables daily (YRBS 2011).</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td>Few Alaska high school youth meet the recommended physical activity levels. 79% do not meet the recommendation of 60 minutes every day (YRBS 2011) and 83% do not attend daily P.E. classes (YRBS 2011).</td>
</tr>
<tr>
<td><strong>Energy-Dense Food Consumption</strong></td>
<td>There are no current measures for consumption of energy-dense or “junk” foods. However, access to these unhealthy foods in Alaska schools has decreased: only about one-quarter of Alaska high schools have chocolate, other candy or high-fat salty snacks available for purchase (CDC School Health Profile 2010).</td>
</tr>
<tr>
<td><strong>Screen Time</strong></td>
<td>Too many Alaska children and youth spend too much time in front of a screen. 23% of 3-year olds watch more than 2 hours of TV (CUBS 2009-2010) and 24% of high school students watch 3 or more hours of TV (YRBS 2011) on an average day. 30% of high school students spend 3 or more hours of non-academic time on a computer or video game (YRBS 2011).</td>
</tr>
<tr>
<td><strong>Sugar-Sweetened Beverage Consumption</strong></td>
<td>Too many Alaska children and youth drink sugary beverages every day. 31% of 3-year olds drink one or more sugary drinks each day (CUBS 2011). 45% of high school students drink 1 or more sugary drinks each day (YRBS 2011).</td>
</tr>
</tbody>
</table>

More detailed data on current prevalence of overweight and obesity and each of the six indicators is available at [www.akhealthykids.org](http://www.akhealthykids.org).
This plan rests on the strong foundation built by the Alaska Obesity Prevention and Control Program (OPCP) and numerous agencies, organizations, and individuals working to help kids eat better and be more active. To accomplish positive change, OPCP maintains partnerships with non-profit, state, and local agencies including Healthy Futures; Alaska Division of Public Assistance, Department of Education & Early Development, and Division of Agriculture; the Alaska Native Tribal Health Consortium; the University of Alaska Fairbanks Cooperative Extension Service; and several local school districts through agreements and community-based funding programs. Working with these many partners, the OPCP saw a need for improved and continued coordination, collaboration, and focus. To this end, the OPCP secured funding to convene a statewide coalition and develop a strategic plan to reduce the prevalence of overweight and obesity among Alaska’s children.

**Alaska Alliance for Healthy Kids**

According to the CDC, community coalitions are an evidenced-based best practice for prevention and public health work. In order to be successful a coalition should have the 4 Ps: people, purpose, participation and a public identity. **People** from numerous organizations have come together to form the Alaska Alliance for Healthy Kids. At the first meeting in May 2013, the alliance agreed upon their **purpose** outlined by a vision, mission, and objectives. **Participation** in the Alaska Alliance for Healthy Kids occurs at varying levels ranging from steering the efforts of the alliance to working on issue specific strategies. The name—the Alaska Alliance for Healthy Kids—communicates a **public identity** to partners and the general public.

The alliance has identified a vision, mission and objectives as guiding statements for the organization, communicating their commitment not only to reducing childhood obesity in Alaska, but also to promote access to healthy foods, activities and choices for all Alaska kids.

**Vision**

Healthy Alaska Kids

**Mission**

Reverse the upward trend of childhood overweight and obesity prevalence and its impact on the Alaska economy to improve the well-being of current and future Alaskans.
Objectives

We envision this alliance becoming a prominent, knowledgeable voice of advocacy for Alaska children, particularly in the areas of nutrition, physical activity and healthy behaviors. In addition to leading the discussion about childhood obesity in Alaska, the alliance will serve as a clearinghouse of information through its regular working meetings, biennial summits, and online through the Alaska Alliance for Healthy Kids website, www.akhealthykids.org. The alliance has identified the following organizational objectives:

- Establish a forum for information sharing, collaboration and collective action
- Set direction and identify the right environmental and systems change for Alaska
- Mobilize stakeholders around a coordinated plan
- Make change happen!

The Alaska Alliance for Healthy Kids

coalition
statewide group championing the implementation of the childhood obesity prevention plan

steering committee
provides direction and leadership for the planning process
endorses and advocates for plan implementation

workgroups
charged with guiding & supporting implementation of issue-specific strategies

quality PE & health education
health screening & referrals
access to healthy choices
public communications

state of alaska obesity prevention and control program
content expertise, data evaluation and surveillance, funding support for programming

agnew :: beck
contracted facilitation & support

diverse government, non-profit and private initiatives to address childhood obesity and promote children's health
Better Health Through Environmental Change

There are many people and organizations working toward the vision of healthy Alaska kids, and this work happens at different scales. A teen in the high school cafeteria opts for water instead of soda. A father bikes with his children to a neighborhood park. A village elder takes children to gather and prepare traditional Alaska Native foods. A doctor counsels a mother about healthy eating during her daughter’s well child exam. A summer meal program finds the resources to include fresh vegetables in every meal they serve.

Individual and program level changes are important, but effecting population-level change requires a systems approach. Many of the organizations in this alliance have community-level programs providing services and assistance to individual children and families. Population-level change requires changing the environment or context in which individuals operate. A population-based approach affords the greatest impact for the least cost (see diagram below). The Alaska Alliance for Healthy Kids seeks to foster an environment in which it is easy for people to make healthy choices about food and physical activity.

Arenas of Influence

Framework for Change

The following framework has helped the alliance organize their approach to improve the health of their identified priority population, Alaska children and teens.6

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6 This framework is based on Results-Based Accountability™, outlined in detail in Friedman, Trying Hard is Not Good Enough (2005), pg. 22.
Result: Healthy Alaska Kids

Indicators: Evidence-based ways to reduce obesity, tracked by the Alaska OPCP

1: Increase Breastfeeding Initiation, Duration and Exclusivity
2: Increase Fruit & Vegetable Consumption
3: Increase Physical Activity
4: Decrease Sugar-Sweetened Beverage Consumption
5: Decrease Energy-Dense Food Consumption
6: Decrease Non-Academic Screen Time

Strategies: Best practices presented in the literature from the CDC, Institute of Medicine, and White House / Let’s Move! Initiative, organized into four priority areas

Performance Measures: Determined and tracked by individual partner programs

The Planning Process

A diverse group of thirty-five stakeholders and experts convened on May 30, 2013 to develop a preliminary set of priorities for the strategic plan. The group reviewed key interviews and data on childhood obesity, discussed the underlying forces at work, and defined an initial list of strategies to reduce the prevalence of childhood obesity and improve the health of Alaska kids.

The planning group organized into small breakout teams organized around each of the six CDC indicator areas. They were presented with current trend data for their assigned indicator and asked to consider root causes of the current trend, and which causes could be addressed in order to effect change.

The teams used a menu of best practice strategies sorted by the six broad indicator areas to determine strategies for moving forward. The result of these small group meetings was a big-picture summary of influential forces and causes related to childhood obesity as well as the top three strategies to address each indicator (see the following page).

The table on the following page summarizes the outcomes of the six teams, developed from the many best practices identified by the Institute of Medicine, the CDC and the White House Task Force on Childhood Obesity. The groups adapted the chosen strategies to fit Alaska’s landscape.

Several of the teams came up with similar or complementary strategies. Four priority areas emerged from this preliminary list, which now form the strategic plan. The priorities offer a structure which the Alaska Alliance for Healthy Kids, through its workgroups, will further develop and prioritize action plans aimed at positive change in each of the six indicators.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Preliminary Strategies Identified by Breakout Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase Breastfeeding</strong></td>
<td>Increase community assistance and peer support for breastfeeding moms, including expanding the WIC program’s Breastfeeding Peer Counselors (BFPC) model.</td>
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<tr>
<td></td>
<td>Integrate breastfeeding consultation into the primary care environment, from pre-conception to the first year, and optimize medical billing opportunities.</td>
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<tr>
<td></td>
<td>Promote breastfeeding-friendly communities and workplace environments.</td>
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<tr>
<td><strong>Increase Fruit &amp; Vegetable Consumption</strong></td>
<td>Maintain a strong Farm/Fish to Schools Program.</td>
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<td></td>
<td>Improve distribution of healthy, fresh foods to Alaska communities.</td>
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<tr>
<td></td>
<td>Launch a statewide public education campaign about eating more fruit and vegetables for children and parents (promoting role modeling and healthy eating at home).</td>
</tr>
<tr>
<td><strong>Increase Physical Activity</strong></td>
<td>Require quality physical education in schools. Quality P.E. includes: instruction by a professionally prepared P.E. teacher; class periods totaling 150 minutes per week for elementary and 225 minutes per week for secondary school; a written, sequential standards-based curriculum and assessment; and adequate equipment and facilities.</td>
</tr>
<tr>
<td></td>
<td>Support existing programs to support physical activity, e.g. Healthy Futures, and minimize cost and other barriers to participation.</td>
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<tr>
<td></td>
<td>Encourage active living and healthy eating at work and school.</td>
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<tr>
<td><strong>Decrease Energy-Dense Food Consumption</strong></td>
<td>Require comprehensive, culturally- and geographically-relevant health education in Alaska schools in all grades (K-12).</td>
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<tr>
<td></td>
<td>Launch a public education campaign to increase primary and oral health screening for weight status, eating and physical activity habits, and counseling parents and kids about how to maintain a healthy weight.</td>
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<tr>
<td></td>
<td>Incentivize selling healthy foods, especially to food distributors and retail outlets in rural Alaska communities.</td>
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<tr>
<td><strong>Decrease Screen Time</strong></td>
<td>Partner with federal, state, tribal and private organizations to improve access to parks and the outdoors through land use agreements.</td>
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<tr>
<td></td>
<td>Launch a public education campaign using screen-based messaging to promote physical activity (e.g. Internet ads): media campaigns, incorporating interactive screen-based activities into outdoor play.</td>
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<tr>
<td></td>
<td>Encourage providers to ask about non-academic screen time and counsel parents and kids with American Academy of Pediatrics recommendations on limiting screen time.</td>
</tr>
<tr>
<td><strong>Decrease Sugar-Sweetened Beverage Consumption</strong></td>
<td>Develop and support a sustained, targeted physical activity and nutrition public education campaign using social marketing strategies.</td>
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<tr>
<td></td>
<td>Ensure strong nutritional standards for all foods and beverages sold or provided through schools. Ensure food literacy and nutritional skill development in schools.</td>
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<tr>
<td></td>
<td>Educate kids and parents about media marketing influences on food choices.</td>
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</tbody>
</table>

Based on the initial strategies identified in May, the steering committee developed four priorities that are workable in a variety of settings, can be tailored to fit the needs and opportunities each community, and will positively impact the population statewide, measured by the six indicators. We envision working on these four priorities for the next five years, aligning with the State of Alaska Section of Chronic Disease Prevention and Health Promotion’s target of reducing the prevalence of childhood obesity by 5% by 2017.

For each of the four priorities, this plan gives some background on Alaska’s landscape and partner organizations (if any) who are already involved in similar efforts. The example strategies below are intended to be suggestions for future action.

Priority 1: Promote comprehensive, high quality physical and health education (K-12) for Alaska students.

This priority area targets the school setting and is a best practice strategy identified by the Institute of Medicine and the Centers for Disease Control, both in a high-quality physical education curriculum and opportunities for active learning in the classroom and during recess. The Alaska Alliance for Healthy Kids also strongly encourages that comprehensive health education be required in Alaska schools to support the attainment of basic knowledge about nutrition and food labeling, among other important subjects. As of 2012, Alaska has 53 school districts and 511 public schools.

Currently to graduate from high school in Alaska, students must earn at least twenty-one credits, one of which must be in health/physical education; other physical and health education requirements differ by district. The Anchorage School District requires 1.5 credits in health or P.E. to graduate from high school and one semester of eighth-grade health is required of all middle school students. The State Board of Education adopted the Alaska Physical Education Standards in June 2010, which are not required but may be voluntarily adopted by individual school districts. Plans for updating the state health education standards are currently being made by the Alaska Departments of Education & Early Development and Health and Social Services.

Example Strategies

- Build general support for increasing physical and health education in Alaska’s schools.
- Work with local school districts to adopt Alaska P.E. content standards, including increasing P.E. instruction time (150 minutes for elementary, 225 minutes for secondary school) and adopting the new health education standards when they are completed.
Priority 2: Promote adoption and integration of evidence-based or consensus guidelines for prevention, screening, diagnosis, and treatment of overweight and obesity from pregnancy through adolescence by primary healthcare providers.

This priority area primarily targets health care systems and providers. It reflects several best practice strategies and the strategies identified by three of the six planning teams related to improving healthcare settings. This priority would promote wide adoption of existing guidelines for breastfeeding, screening and assessment, routine collection of weight status during all provider visits, and best practice recommendations for counseling and treating patients. The leading set of guidelines in this area is the American Academy of Pediatrics (AAP) Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Childhood and Adolescent Overweight and Obesity. The CDC also provides best practices for breastfeeding in The CDC Guide to Breastfeeding Interventions.

While many providers regularly screen adult and child patients for weight status, eating and activity habits during routine visits, they are not always able to provide more resources or a referral for their patients. Primary care providers and their patients would benefit from having more local programs, ready-made resources or other options for referral when families are interested in making positive change in their eating habits and activities. Expectant mothers would also benefit from referrals to more information about breastfeeding and maintaining a healthy weight during pregnancy.

Example Strategies

- Work with healthcare organizations to widely implement the AAP Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Childhood and Adolescent Overweight and Obesity.
- Work with healthcare organizations and midwives to implement the CDC Guide to Breastfeeding Interventions; expand the WIC Breastfeeding Peer Counselor (BFPC) model.
- Help build systems to ensure routine collection of height and weight as part of vital signs in clinical and school settings, including tracking through electronic health records (EHR).
- Work to have International Board Certified Lactation Consultants (IBCLCs) recognized as eligible providers for billable consultation.
- Offer training to providers to promote standard screening protocols and training in best practices for screening and referral.

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8 Shealy et al., The CDC Guide to Breastfeeding Interventions (2005).
Priority 3: Improve access to healthy choices and healthy environments for parents and children, to increase healthy eating, physical activity, and breastfeeding.

This priority covers a very broad area, with many possible strategies for the Alaska Alliance for Healthy Kids to pursue. Several partner programs’ work falls in this area. Alaska participates in a national funding program, Safe Routes to Schools, to improve kids’ ability to comfortably walk or bike to school. The program focuses on transportation infrastructure improvements, from better route signage to dedicated bicycle lanes. The resulting improvements benefit the surrounding neighborhood as well as the specific school routes.

Promoting extracurricular and family-centered activities outside of the school day is an important complement to comprehensive physical and health education in schools (Priority 1). Opportunities for structured and unstructured play for kids and their families are important year-round, indoor and outdoor. Participation in some activities can be costly, particularly team sports or winter sports requiring special gear, and lowering barriers to entry helps more kids and their families take part in the fun.

Worksite wellness programs—from employee fitness club benefits to healthy cafeteria choices—can also effective strategy for both adults and kids. Working mothers benefit from having opportunities to breastfeed or pump once they return to work. Adults working in school and childcare settings have opportunities to make healthier choices as well as modeling healthy behaviors for the kids they teach. Parents whose worksites support healthy eating and physical activity also have opportunities to model these behaviors at home, or have easier access to the gym or other facilities through employers’ support.

Access to nutritious foods can be challenging in both urban and rural Alaska, as our northern climate has a short growing season and most of our food is shipped from elsewhere, often traveling several thousand miles from origin to store. Current efforts to improve our state’s food system are focused on improving access to healthy foods: the Alaska Food Policy Council, Department of Health and Social Services, and Department of Natural Resources are collaborating to make Alaska Grown produce more available at stores statewide and more affordable at farmers markets through the Quest Farmer’s Market program.

Traditional foods obtained through subsistence harvest have many nutritional benefits and cultural significance for Alaska Native people, and are readily available even in rural areas. The Alaska Native Tribal Health Consortium has started the “Store Outside Your Door” initiative (www.anthctoday.org/storeoutside) to reconnect communities with traditional foods, provide nutrition education, and ways to blend these foods into contemporary, easy-to-prepare cooking.
Example Strategies

- Develop better bike, pedestrian and park infrastructure to support safe and active lifestyles.
- Improve access to physical activity outside of school and family-based community activities, including minimizing cost of participation.
- Increase the number of worksites supporting breastfeeding mothers by implementing the recommendations of the HRSA Business Case for Breastfeeding toolkit.\(^9\)
- Promote and expand worksite wellness programs through initiatives such as healthy food offerings for snacks or meals, physical activity breaks or fitness club memberships.
- Partner with food producers, distributors and retailers to make healthy, fresh foods more available and affordable in rural community stores.
- Facilitate gathering and growing of locally available foods, including subsistence hunting and fishing.

Priority 4: Maintain a comprehensive public education and communications effort that uses a social marketing approach to promote physical activity and other health messages for children and their families.

Nearly every group that came together for the strategic planning meeting developed a strategy related to communicating healthy messages broadly to the public. This priority area has also been identified as a best practice. Creating and promoting healthy messages at school, work and in the community is not only an effective way to share information with families about their health, but also acts as countermarketing to the current advertising environment which often encourages unhealthy eating and a sedentary lifestyle.

The White House Task Force on Childhood Obesity recommends creating a healthier message environment through public education, while the CDC recommends limiting the promotion of unhealthy food and beverages.\(^{10}\) The Alaska OPCP program, partnering with Healthy Futures, offers a robust education and communication campaign called “Play Every Day!”

This priority area could work to support the strategies and actions developed for the other three priority areas by promoting their efforts and message.

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\(^{10}\) White House Task Force on Childhood Obesity, Recommendation 2.7 (2011); CDC, MMWR Recommendation 9 (2009).
Alliance Partners

No one can realize this ambitious vision on his or her own. The Alaska Alliance for Healthy Kids, convened in summer 2013, is a partnership of many organizations and individuals committed to improving children’s health through environmental and systems change in Alaska communities.

Getting the Work Done

Community coalitions rely on individual members—both leaders and workgroup members—to implement the strategies outlined in the plan. Workgroups will lead the process to implement this plan. Workgroups will meet regularly (every month/every other month) to review their action plans, discuss progress, and assign tasks to each member as appropriate. The alliance members are encouraged to sign on to be part of the workgroups associated with the specific priority areas of the plan. The priority areas presented in this plan provide the framework. However, it is up to the workgroup members to develop the specific activities and tasks to implement. This will happen in the first year.

The First Year

September 16-17, 2013 will be the inaugural Summit of the Alaska Alliance for Healthy Kids. Nationally recognized speakers will inspire the attendees, and engaging strategy sessions will result in concrete action plans for the priority areas outlined in this plan. The Summit is critical to setting the path for the upcoming year. The action plans prepared at the Summit will map out the work for the year. At the summit, attendees will:

- Brainstorm challenges and opportunities for each priority area
- Develop strategies to address the challenges and opportunities
- Prioritize the strategies
- Develop an action plan for their top two strategies

The Alaska Alliance for Healthy Kids will track, update and make available on the alliance website the action plans for reference and guidance. At the end of year 1, members of the alliance will convene again and the workgroups will report out on their activities and share the measurable progress that has been made. Workgroups may choose to continue on the same path or, if they have made significant progress or a new opportunity arises, choose a new priority.
### PRIORITY 3: Improve access to healthy choices and healthy environments for parents and children.

**Strategy A**: Increase the number of worksites and childcare centers that support breastfeeding mothers.

<table>
<thead>
<tr>
<th>Action Step</th>
<th>Who</th>
<th>When</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify worksites and childcare centers that support breastfeeding employees</td>
<td>Workgroup members X, Y, Z</td>
<td>December 2013</td>
<td>Have found 15 worksites or childcare centers willing to share their story and help other sites.</td>
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<tr>
<td>2. Survey worksites and childcare centers to understand barriers to offering support to breastfeeding mothers</td>
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<tr>
<td>3. Publicly recognize breastfeeding-friendly worksites and childcare centers</td>
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<td>4. Share and implement the HRSA <em>Business Case for Breastfeeding</em> toolkit for breastfeeding-friendly worksites and childcare centers</td>
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<td>5.</td>
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</tbody>
</table>
Saying Thanks

The Alaska Alliance for Healthy Kids is excited to put this plan into action, and could not have come this far without the help and support of many organizations committed to addressing childhood obesity and keeping every Alaska child healthy. Thank you to the following individuals and organizations that participated in and supported the strategic planning process!

Strategic Planning Process Participants & Organizations

- Alaska Department of Health and Social Services (DHSS):
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  - Kelly Tschida, Section of Public Health Nursing
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  - Mary Bell & Sherrell Holtshouser, Women’s, Children’s and Family Health
- Jo Dawson, Alaska Department of Education & Early Development, Child Nutrition Programs
- Johanna Herron, Alaska Department of Natural Resources, Division of Agriculture, Farm to School Program
- Jamie Blei, Alaska Center for Pediatrics
- Kathy Balasko, Jay Butler & Mary Williard, Alaska Native Tribal Health Consortium
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- Cindy Norquest & Harlow Robinson, Alaska Sports Hall of Fame / Healthy Futures
- Rachel Lescher & Stephanie Monahan, All Alaska Pediatric Partnership
- Emily Nenon, American Cancer Society - Cancer Action Network
- Melanie Sutton & Boyd Jorgenson, Anchorage School District
- Mike Mason, City of Barrow
- Liam Ortega, Driven to Move
- Wally Wilson, Providence Alaska Medical Center
- John Hawes, Seattle Children’s Hospital
- Kelly Murphy, Southcentral Foundation
- Martha Pearson, Southeast Alaska Regional Health Consortium
- Sara Boario, United States Department of Agriculture, U.S. Forest Service
- Randi Sweet, United Way of Anchorage
- Diane King, University of Alaska Anchorage
- Mouhcine Guettabi, University of Alaska Anchorage, Institute for Social and Economic Research
- Andrea Bersamin, University of Alaska Fairbanks
Persons Interviewed

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- Jo Dawson, Alaska Department of Education & Early Development, Child Nutrition Programs
- Cindy Norquest, Healthy Futures
- Patricia Owen, Alaska Department of Education & Early Development, School Health Program
- Martha Pearson, Southeast Alaska Regional Health Consortium
- Harlow Robinson, Alaska Sports Hall of Fame
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State of Alaska Department of Health and Social Services, Obesity Prevention and Control Program Staff

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- Diane Peck, Public Health Nutritionist
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- Ann Potempa, Public Health Specialist
- Clint Farr, Evaluator & Epidemiologist
- Wendy Hamilton, School Health Specialist
additional resources

Best Practices

State of Alaska DHSS, Obesity Prevention and Control Program

The Obesity Prevention and Control Program, part of the Alaska Department of Health and Social Services, supports the Alaska Alliance for Healthy Kids as part of its programming to address child and adult obesity. OPCP supports Healthy Futures and the Play Every Day campaign, provides grant funding to eight school districts, partners with the Department of Natural Resources to increase access to Alaska Grown produce, and collaborates with organizations such as the Alaska Food Policy Council. OPCP monitors a variety of key indicators related to nutrition, physical activity and weight status, with reports available annually.

Let’s Move! & White House Task Force on Childhood Obesity

In February 2010, First Lady Michelle Obama launched a comprehensive initiative to combat the issue of childhood obesity, enlisting a variety of public and private sector partners to deliver positive messaging for kids to stay healthy. Concurrently, President Obama created a Task Force on Childhood Obesity to review current government programs and provide recommendations for policy and systems change at the national, state and local levels.

CDC Morbidity & Mortality Weekly Report (MMWR) Recommendations


Institute of Medicine (IOM), Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation

In 2011, the Institute of Medicine convened the Committee on Accelerating Progress in Obesity Prevention, with the task of identifying a set of strategies for community-level engagement to address obesity. The strategies in their final report are organized by environment, prompting individual behavior changes through systems-level change in various settings: physical activity environments, food and beverage environments, message environments, healthcare and the workplace, and schools.
Citations

Centers for Disease Control and Prevention School Health Profiles Survey. 2010.

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Our Vision: Healthy Alaska Kids