



TRIBAL POLICY, SYSTEMS, AND ENVIRONMENTAL STRATEGIES FOR PREVENTING CHRONIC DISEASE



California Rural Indian Health Board, Inc.
Good Health and Wellness in Indian Country



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BACKGROUND

In 2014, the California Rural Indian Health Board, Inc. (CRIHB) was awarded a Centers for Disease Control and Prevention (CDC) grant, “Good Health and Wellness in Indian Country” referred to as the Advancing California Opportunities to Renew Native health Systems (ACORNS) program. The goal of the CRIHB ACORNS program is to prevent heart disease and manage type 2 diabetes and associated risk factors, such as tobacco use, physical inactivity, and unhealthy diet in American Indian tribes through a holistic approach to population health and wellness.

This grant funded mini-grants that are given to California tribes, tribal health programs (THP) and tribal organizations supported by federally recognized tribes. The ACORNS mini-grants include an adaptation of the CDC Community Health Assessment and Group Evaluation (CHANGE) Tool that measures the policy, systems and environmental components (PSEs), within a community; adaptations include an indigenous framework and culturally responsive evaluation techniques. Additionally, CRIHB staff provides technical assistance and multiple trainings to California tribes and tribal programs as applicable. By implementing PSE strategies, communities help tackle health issues such as obesity, diabetes, cancer, and other chronic diseases. PSE strategies are a way of modifying the environment to make healthy choices practical and available to all members of the tribal community. By changing policies and shaping physical landscapes, a big impact can be made.

Additional program information can be found at www.crihb.org/acorns.



Garden at Ya-Ka-Ama, photo provided by Indian Child and Family Preservation Program

INTRODUCTION

This document is an adaptation of the Centers for Disease Control and Prevention’s (CDC) Community Health Assessment and Group Evaluation (CHANGE) Action Guide: Building a Foundation of Knowledge to Prioritize Community Needs. This document shifted the information in the CHANGE Action Guide to provide guidance for tribes, tribal health programs, and tribal organizations in implementing policy, systems, and environment (PSE) strategies to reduce chronic disease. Prior to implementing these [strategies](#) it is suggested tribal communities convene a Tribal Community Team (TCT). The team serves to provide guidance, support and insight. Implementing a [culturally-competent](#) and community sensitive strategy is essential to successful PSE change. Definitions of underlined terms can be found in the section titled “Understanding Terms.”

PSE interventions are intended to:

- Implement policy change including the passing of laws, ordinances, resolutions, mandates, regulations, or rules. Examples: Passing an ordinance allowing residents to plant [community gardens](#) in vacant lots, worksites establishing a policy that prohibits sugar-sweetened beverages from being served at meetings and events.
- Create [systems change](#) involving change made to the infrastructure, rules, or systems within an organization. [Systems change](#) and policy change often work hand-in-hand. Examples: Train nurses, case-managers, and pharmacists in behavioral approaches that can improve patient adherence to diabetes medications.
- Implement [environmental change](#) which is a change made to the physical environment. Examples: Increasing access to cool drinking water in public places, posting no smoking signs, and creating environments that encourage physical activities such as walking and biking.

This guide intends to:

- Provide the opportunity to strengthen partnerships among tribes, local health departments (LHDs), schools, hospitals, clinical providers, and other community organizations;
- Direct clinics and tribes to additional resources available from the CDC and other public health agencies and tribal health programs;
- Provide PSE [strategies](#) for various sectors of the tribal community to address physical activity, nutrition, and chronic diseases.



Bike Rack at Big Pine Tribe Wellness Center

DEFINITIONS

Environmental change:

Physical, social, or economic factors designed to influence people's practices and behaviors. Examples of alterations or changes to the environment include:

- **Economic:** The presence of financial disincentives or incentives to encourage a desired behavior, including charging higher prices for tobacco products to decrease their use or the provision of nonsmoker health insurance discounts.
- **Physical:** Structural changes or the presence of programs or services, including the presence of healthy food choices in restaurants or cafeterias, improvements in the built environment to promote walking (e.g., walking paths), the availability of smoking cessation services to patients or workers, and the presence of comprehensive school health education curricula in schools.
- **Social:** A positive change in attitudes or behaviors about policies that promote health or an increase in supportive attitudes regarding a health practice, including an increase in favorable attitudes of community decision makers about the importance of nonsmoking policies or an increase in nonacceptance of exposure to second-hand smoke from the general public.

Policy change:

Laws, regulations, rules, protocols, tribal resolutions, and procedures, designed to guide or influence behavior. Policies can be either legislative or organizational in nature. Policies often mandate environmental changes and increase the likelihood that they will become sustainable. Examples of legislative policies include taxes on tobacco products, provision of county or city public land for green spaces or farmers' markets, regulations governing the National School Lunch Program, and clean indoor air laws. Examples of organizational policies include schools requiring healthy food options for all students, a district ban on the sale of less than healthy foods throughout the school

day, menu labeling in restaurants, required quality assurance protocols or practices (e.g., clinical care processes), and a human resources policy that requires healthy foods to be served at meetings.

Schools: May be defined by the local schools that reside within or near the community. Schools include Head Start, Kindergarten through 12th grade as well as institutions of higher education.

Tribal Community: May be defined by the area in which tribal members live, work, go to school, and thrive. The exact definition should be established by the Tribal Community Team.

Systems change:

Change that impacts all elements, including social norms of an organization, institution, or system; may include a policy or environmental change strategy. Policies are often the driving force behind systems change. Examples are implementing the National School Lunch Program across the state school system or ensuring a hospital system goes tobacco free.

Tribal Health Program: May be defined by the local tribally controlled health clinic.

Tribal Workplaces and Office: May be defined by tribally governed office and entities as well as institutions with high percentages of tribal employees.



COMMUNITY ASSESSMENT

Community assessment is an integral piece of creating community change and implementing policy, system, and environmental strategies to improving health. The [CDC CHANGE Action Guide](#) has been used in various tribal communities as a tool for conducting a community assessment.

Objectives:

- Identify community strengths and areas for improvement;
- Identify and understand the status of community health needs;
- Define improvement areas to guide the community toward implementing and sustaining policy, systems, and environmental changes around healthy living strategies (e.g., increased physical activity, improved nutrition, reduced tobacco use and exposure, and chronic disease management); and
- Assist with prioritizing community needs and consider appropriate allocation of available resources.

Benefits:

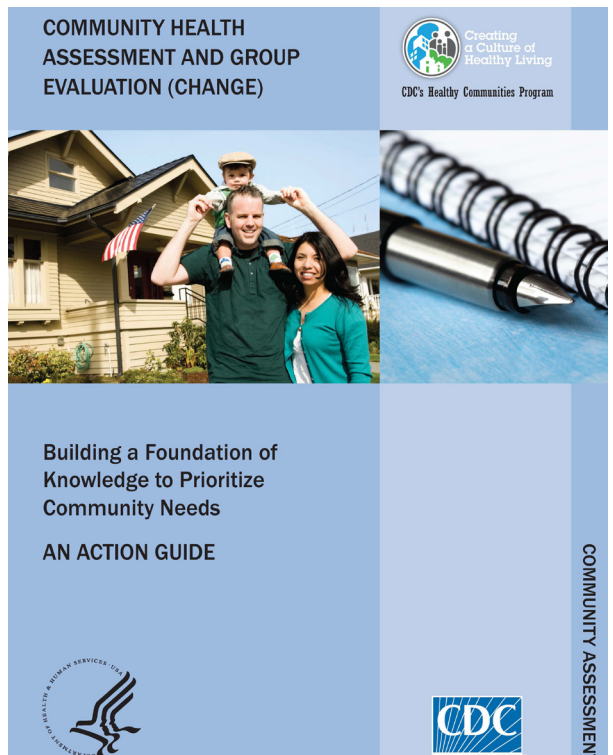
- Allows local stakeholders to work together in collaborative process to survey their community;
- Offers suggestions and examples of policy, systems, and environmental change strategies; and
- Provides feedback to communities as they institute local-level change for healthy living.

In addition, CHANGE can assist you in proposing, developing, and justifying strategic areas for improvement within your Community Action Plan (CAP). CHANGE also serves as a vehicle for developing and operationalizing principles to guide your community team, such as decision-making and member participation.

The CRIHB ACORNS team made cultural adaptations to the CHANGE Action Guide as well as transferred the tool to Survey Monkey.

There are five sectors for the CHANGE Tool:

- Community-At-Large (CAL) Sector, which includes community wide efforts that impact the social and built environments, such as improving food access, walkability or bikeability, tobacco use and exposure, or personal safety;
- Health Care Sector, which includes places where people go to receive preventive care or treatment, or emergency health care services, such as hospitals, private doctors’ offices, and community clinics;
- School Sector, which includes all primary and secondary learning institutions (e.g., elementary, middle, and high schools, whether private, public, or parochial);
- Work Site Sector, which includes places of employment, such as private offices, restaurants, retail establishments, and government offices; and
- Community Institution/Organization (CIO) Sector, which includes senior centers, faith-based organizations, day care centers, boys and girls clubs, health and wellness centers, universities and colleges, and others.



COMMUNITY ASSESSMENT

All five sectors may be chosen, or sectors may be chosen on what the community team feels are the best sectors for the community to review, based on the needs of the community at the time. For CRIHB ACORNS, tribal community teams picked at least two of the first four listed sectors. ACORNS chose not to use the CIO sector as it mirrored the CAL sector. However, for larger tribes or tribes with larger land bases, the CIO Sector may be appropriate to use.

The CHANGE data collection Tool is available from CDC in Microsoft Excel. However, for evaluation purposes, CRIHB ACORNS chose to use Survey Monkey to administer the CHANGE Tool. Accordingly, the CRIHB ACORNS team digitally rendered the CHANGE Tool using Survey Monkey, creating four surveys representing the four sectors. In April 2015, CRIHB ACORNS team electronically shared (i.e., via email) these surveys with representatives of 29 mini-grantee California tribes and tribal health programs.

In administering the CHANGE Tool, some tribes have made further cultural adaptations to the CHANGE Tool, while others have used the CHANGE Tool exactly as it is. CRIHB ACORNS chose to make some adaptations. Changes were made with input from an Evaluation Stakeholders Advisory Group (ESAG) composed of Tribal Leaders and Community Members, ACORNS Staff, and California Tribal Epidemiology Center Staff. Examples of adaptations include adding cultural programs such as Red Road into questions that included Alcoholics Anonymous and substance abuse programs. CRIHB added questions about commercial tobacco use and policies that would be unique to Indian Country as well as questions about access and use of traditional tobacco.

For each survey, mini-grantees were presented with several, specific multiple-choice questions in the areas of Physical Activity, Nutrition, Tobacco, and Chronic Disease Management.

The four surveys contained the following number of area-based questions:

Community-At-Large Sector survey

- Physical Activity, 10 questions
- Nutrition, 10 questions
- Tobacco, 5 questions
- Chronic Disease Management, 14 questions

Health Care Sector survey

- Physical Activity, 4 questions
- Nutrition, 14 questions
- Tobacco, 10 questions
- Chronic Disease Management, 22 questions

School Sector survey

- Physical Activity, 13 questions
- Nutrition, 17 questions
- Tobacco, 5 questions
- Chronic Disease Management, 23 questions

Work Site Sector survey

- Physical Activity, 13 questions
- Nutrition, 15 questions
- Tobacco, 10 questions
- Chronic Disease Management, 24 questions

Community Institution/Organization Sector survey (not included in CRIHB ACORNS)

- Physical Activity, 13 questions
- Nutrition, 13 questions
- Tobacco, 8 questions
- Chronic Disease Management, 8 questions
- Leadership, 10 questions

COMMUNITY ASSESSMENT

Each of the survey questions in the CHANGE Tool is a Policy and Environment component. For each survey question containing a Policy and Environment component, participants are instructed to select one Policy answer and one Environment answer from the following multiple-choice options:

Policy

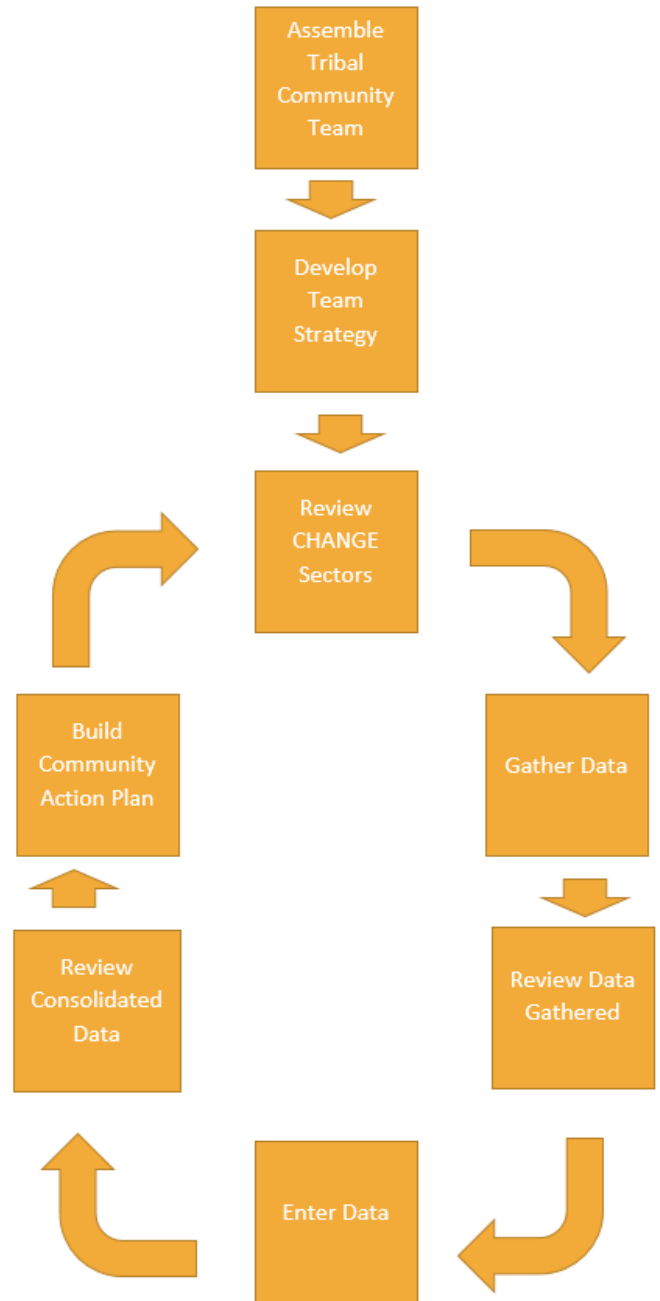
- Not an issue
- Identified as an issue
- Plan has been developed to address issue
- Action taken on issue
- Evaluation and outcome of action
- Not applicable
- No response (if the question was skipped)

Environment

- Not in place
- Few in place
- Some in place
- Most in place
- All in place
- Not applicable
- No response (if the question was skipped)

Upon completion of entering the data, the consolidated data for the sectors may be reviewed. The consolidated data is used to help the Tribal Community Team develop a Community Action Plan (CAP) for the tribe to address the issues through a PSE format. The CAP can be updated to address additional sectors as the PSE strategies are successfully implemented in the originally selected sectors.

Action Steps to Complete the CHANGE Tool:

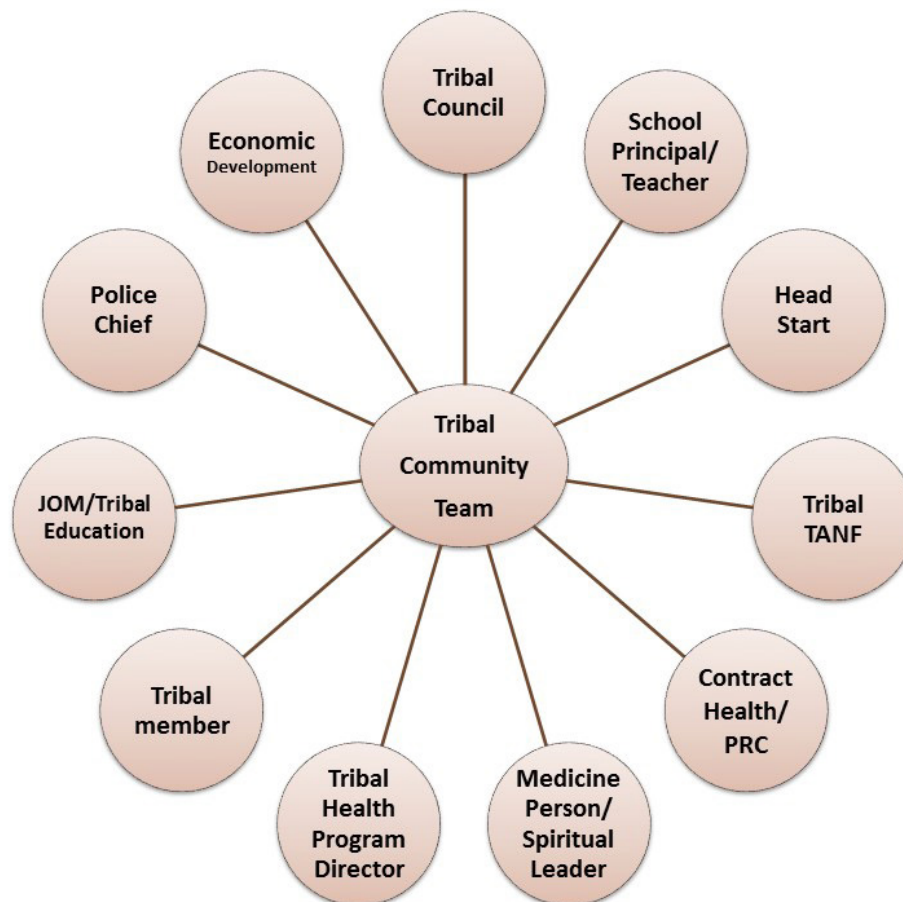


TRIBAL COMMUNITY TEAM

Implementing policy, systems, and environmental changes within the tribal community will take commitment from the community and tribal leadership. Assembling a Tribal Community Team (TCT) starts the commitment phase of the community change process. Representation from diverse areas is key to successful teamwork. Consider the makeup of the community team (10-12 team members maximum is desirable to ensure the size is manageable and to account for attrition of members). Include key decision makers —the tribal chairperson, department directors, public safety officers, school board members, community members—to diversify the team and utilize the skill sets of all involved.

Tips for the TCT:

- Set the tone by defining the purpose of the team
- Define the community capacity of the team and identify potential barriers to success
- Ensure that activities focus on policy, systems, and [environmental change](#)
- Clarify the mission of the team
- Include representatives of all identified stakeholder groups; community representation is key
- Formalize rules, roles, procedures, and responsibilities (e.g., bylaws, standard operating procedures, goals and objectives, memoranda of understanding)
- Raise community awareness of the team and the issues it is addressing
- Generate additional funds to support the team
- TCT must provide benefits (e.g., solidarity, appreciation, evidence of impact) that exceed costs (e.g., time, frustration) to sustain membership and momentum
- Assign tasks based on skills and available resources



COMMUNITY ACTION PLAN

The Community Action Plan (CAP) is created based on the needs established in the Community Assessment. The CAP is a plan that should have the full support of the Tribal Community Team and state a clear priority area and objective. The Priority Area is the topic area the team has identified from the assessment. The topic area can be broad, such as physical activity, nutrition, chronic disease prevention, or tobacco prevention. However, it can be helpful to narrow the topic area to a more specific topic such as obesity, tobacco exposure in the community or diabetes. It is important to ensure the plan includes a SMART objective.

SMART Objectives are:

- **Specific:** Objectives should provide the “who” and “what.” Use only one action verb, because objectives with more than one verb imply that more than one activity or behavior is being measured. Remember, the greater the specificity, the greater the measurability.
- **Measurable:** The focus is on “how much” change is expected. Objectives should quantify the amount of change expected. The objective provides a reference point from which a change in the target population can clearly be measured (e.g., over the next 12 months).
- **Achievable:** Objectives should be attainable within a given time frame and with available community resources.
- **Realistic:** Objectives are most useful when they accurately address the scope of the problem and action steps that can be implemented within a specific time frame. Also, make sure the objective addresses the scope of the health issue and proposes reasonable next steps.
- **Time-phased:** Objectives should provide a time frame indicating when the objective will be measured or a time by which the objective will be met. Including a time frame in the objectives helps to plan and evaluate the strategy.



Walking trail at Bridgeport Indian Colony

COMMUNITY ACTION PLAN

Sustainable Community Action Plan



Priority Area	Number of People Reached	Support for Priority Area from Community Assessment
Goals: Long-term and Short-term	Description of Objective	Timeline (include deadlines and benchmarks)
What resources can you put in? What can be contributed or already exists? (Be specific: costs, number of staff, volunteers, supplies, facilities)	Strengths to address long and short-term goals.	Challenges to address long and short-term goals.
Activities and Actions (What needs to be done in steps to get you to your long-term/short-term goals)		



PHYSICAL ACTIVITY

The physical environment where people live, work, and play is critical to increasing access to opportunities for physical activity and sense of community. There are many strategies that create environments that foster and promote increased physical activity. Tribes throughout the nation have worked in creative ways to establish partnerships with the Bureau of Indian Affairs, local departments of transportation, schools, and various other entities.

In the Tribal Community

- Require sidewalks to be built for all developments (e.g., tribal housing, schools, tribal offices, casinos, gas stations, grocery stores)
- Institute a bike sharing program
- Require bike facilities (e.g., bike lanes, bike ways, bike racks, bike boulevards, multi-use paths) to be built for all areas of the community
- Adopt a “complete streets plan” to support walking and biking infrastructure
- Maintain a network of walking routes, nature trails (e.g., institute a sidewalk program to fill gaps in the sidewalk)
- Maintain a network of biking routes (e.g., institute a bike lane program to repave bike lanes when necessary)
- Maintain a network of parks, establish joint use agreements (e.g., establish a program to repair and upgrade existing parks and playgrounds)
- Provide access to parks, shared-use paths and trails, or open spaces within reasonable walking distance of most homes
- Provide access to public recreation facilities (e.g., parks, play areas, community and wellness centers) for people of all abilities
- Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services) within reasonable walking distance
- Provide street traffic calming measures (e.g., road narrowing, central islands, roundabouts, speed bumps) to make areas safer (e.g., neighborhoods, major intersections) where people are or could be physically active



Walking trail at Santa Ynez Band of Chumash Indians

Tribal Highlight:

Santa Ynez Tribal Health Clinic

The top priority that emerged for Santa Ynez Tribal Health Clinic (SYTHC) through a detailed community assessment and related dialogue with tribal community members in leadership roles was that of creating environments that provide opportunities for physical activity. By focusing on environmental changes that create recreation space, walking routes, and a culturally appropriate outdoor meeting space for the community, various tribal enterprises will be able to utilize the space for tribal community members’ health promotion activities.

SYTHC's plan moving forward is to support the development/further enhancement of a community recreation area on the reservation, trails throughout the reservation, and an outdoor community cultural meeting space. SYTHC plans to secure exercise apparatuses for the outdoor recreation area, expand existing trails, develop signage for trails, and initiate a planning process for erection of an outdoor ‘ap (traditional house) for meeting space and education. A hashtag designed to engage the community in social media that promotes physical activity will also be utilized in conjunction with the environmental changes to monitor utilization.



PHYSICAL ACTIVITY

- Adopt [strategies](#) (e.g., neighborhood crime watch, lights) to enhance personal safety in areas (e.g., playgrounds, parks, bike lanes, walking paths, neighborhoods) where people are or could be physically active (e.g., walk, bike)
- Institute [mixed land use](#)
- Provide access to an onsite fitness center, gymnasium, or physical activity classes
- Provide a changing room or locker room with shower
- Provide access to an offsite workout facility or [subsidized membership](#) to local fitness facility
- Provide bicycle parking (e.g., bike rack, shelter) for employees

In the Tribal Health Program

- Promote stairwell use (e.g., make stairs appealing, post motivational signs near stairs to encourage physical activity) to patients, visitors, and staff
- Assess patients' physical activity as part of a written checklist or screening used in all routine office visits
- Provide regular counseling about the health value of physical activity during all routine office visits
- Implement a [referral system](#) to help patients access community-based resources or services for physical activity
- Implement activity breaks for meetings that are longer than one hour
- Provide direct support (e.g., money, land, pavilion, recreational facilities, sponsorship, advertising) for supporting community-wide physical activity opportunities (e.g., sports teams, walking clubs)

In Schools

- Ban using or withholding physical activity as a punishment
- Require that students are physically [active](#) during the majority of time in physical education class
- Provide access to a broad range of competitive and noncompetitive physical activities that help to develop the skills needed to participate in lifetime physical activities
- Implement a [walk or bike to school initiative](#)
- Ensure the availability of proper equipment and facilities (e.g., playground equipment, physical activity equipment, and athletic or fitness facilities) that meet safety standards
- Allow the use of school buildings and facilities by the public during non-school hours (e.g., [joint use agreement](#))
- Adopt a physical education curriculum for all students in grades pre-K to grade 12, as part of a [sequential physical education course](#) of study, consistent with state or [National Physical Education Standards](#)

In Tribal Offices and Workplaces

- Promote stairwell use (e.g., make stairs appealing, post motivational signs near stairs to encourage physical activity)
- Provide [flexible work arrangements](#) or break times for employees to engage in physical activity
- Encourage non-motorized commutes (e.g., active transportation such as walk or bike) to work
- Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services, subway stations) within [reasonable walking distance](#)
- Support clubs or groups (e.g., walking, biking, hiking) to encourage physical activity among employees
- Provide a safe area outside (e.g., through lighting, signage, crime watch) to walk or be physically active
- Designate a walking path on or near building property



NUTRITION

American Indian and Alaska Native communities have long recognized the importance of traditional foods and in recent years have began a food sovereignty movement around increasing access to traditional and healthy foods. Tribes and tribal organizations can assist in increasing access to nutritious foods in many ways.

In the Tribal Community

- Promote the use of traditional foods and gathering practice; this can be formalized in policies regarding use of tribally owned venues
- Adopt strategies to encourage food retailers (e.g., grocery, corner or convenience stores; bodegas) to provide healthy food and beverage options (e.g., fresh produce)
- Encourage community gardens, and allow community gardens on tribally owned land and tribal housing
- Enhance access to public transportation (e.g., bus stops, light rail stops, van pool services) to supermarkets and large grocery stores
- Provide access to farmers' markets
- Accept Women, Infants and Children (WIC) Farmers' Market Nutrition Program vouchers or Food Stamp Benefits at local farmers' markets
- Connect locally grown foods to local restaurants and food venues
- Promote (e.g., signage, product placement, pricing strategies) the purchase of fruits and vegetables at local restaurants and food venues
- Institute healthy food and beverage options at local restaurants and food venues
- Institute nutritional labeling (e.g., 'low-fat,' 'light,' 'heart healthy,' 'no trans fat') at local restaurants and food venues
- Provide smaller portion sizes at local restaurants and food venues
- Ban local restaurants and retail food establishments from cooking with trans fats
- Adopt strategies to recruit supermarkets and large grocery stores in underserved areas (e.g., provide financial incentives, lower operating costs, provide job training services)
- Provide comfortable, private spaces for

women to nurse or pump in public places (e.g., government buildings, restaurants, retail establishments) to support and encourage residents' ability to breastfeed

Tribal Highlight: Indian Child and Family Preservation Program

The Indian Child and Family Preservation Program (ICFPP) ACORNS Project aims to impact the community and school sector by increasing access to physical activity and nutritious fresh food. The primary focus of the ICFPP ACORNS Project is to create a community garden and a recreational complex. An important success of this project so far includes efforts to create sustainable changes by forming key partnerships. For example, the project staff have partnered with their local tribal health program and a nearby tribal organization. A formal land use policy is in place with Ya-Ka-Ama Indian Education Development, Inc. and informal agreements are in place with Sonoma County Indian Health Project, Inc to refer patients to the garden and recreational center for food and other resources.



Garden at Ya-Ka-Ama, photo provided by Indian Child and Family Preservation Program



NUTRITION

- Protect a woman’s right to breastfeed in public places
- Institute a land use policy to designate garden area

In the Tribal Health Program

- Implement a breastfeeding initiative for future or current moms that is inclusive of educational programs, and identifying a lactation room onsite
- Assess patients’ nutrition as part of a written checklist or screening used in all routine office visits
- Provide regular counseling about the health value of good nutrition during all routine office visits
- Provide free or low cost weight management or nutrition programs
- Implement a referral system to help patients access community-based resources or services for nutrition
- Institute healthy food and beverage options in vending machines
- Institute healthy food and beverage options served to their patients

- Institute pricing strategies that encourage the purchase of healthy food and beverage options
- Institute healthy food purchasing (e.g., to reduce the caloric, sodium, and fat content of foods offered)
- Institute healthy food preparation practices (e.g., steaming, low-fat, low salt, limiting frying) in onsite cafeteria and food venues
- Institute nutritional labeling (e.g., ‘low-fat,’ ‘light,’ ‘heart healthy,’ ‘no trans fat’) at the onsite cafeteria and food venues
- Ban marketing (e.g., counter advertisements, posters, other print materials) of less than healthy foods and beverages onsite
- Provide smaller portion sizes in onsite cafeteria and food venues

In Schools

- Ensure that students are provided only healthy food and beverage options beyond the school food services (e.g., all vending machines, school stores, and food brought for celebrations)
- Institute school breakfast and lunch programs

Tribal Highlight: Bishop Paiute Tribe

The Bishop Paiute Tribe’s Food Sovereignty Program is working to increase access to and awareness of healthy, traditional, environmentally-responsible, community-grown food that sustains an independent and resilient program which acknowledges, preserves, and strengthens existing community food systems and tribal sovereignty. The Elder’s Community Garden, the Community Market, and the Food Sovereignty Garden have supported the first year of a seed saving cooperative pilot project that is working to increase the supply of bio-regionally adapted seeds.



Garden at Bishop Indian Head Start Program

NUTRITION

that meet the U.S. Department of Agriculture School Meal Nutrition Standards

- Ensure that healthy food preparation practices (e.g., steaming, low-fat, low salt, limited frying) are always used in the school cafeteria or onsite food services
- Ban marketing (e.g., counter advertisements, posters, other print materials) of less than healthy foods and beverages onsite
- Promote and market (e.g., through counter advertisements, posters, or other print materials) only [healthy food and beverage options](#)
- Provide adequate time to eat school meals (10 minutes for breakfast/20 minutes for lunch, from the time students are seated)
- Ban using [food as a reward or punishment](#) for academic performance or behavior
- Provide safe, unflavored, cool drinking water throughout the school day at no cost to students
- Provide a school garden (e.g., access to land, container gardens, raised beds) and related resources (e.g., staff volunteer time, financial [incentives](#))
- Ensure that multiple channels, including classroom, cafeteria and communications with parents, are used to promote healthy eating behaviors
- Eliminate the sale and distribution of [less than healthy foods and beverages](#) during the school day
- Prohibit the sale of [sugar-sweetened beverages](#) (can exclude flavored, fat-free milk) during the school day
- Monitor schools' compliance with the implementation of the district school wellness policy enacted as a result of the [Child Nutrition and WIC Reauthorization Act of 2004](#) (i.e., requires that all school districts that participate in the [National School Lunch Program](#) have local wellness policies)
- Adopt a nutrition education curriculum, designed to help students adopt healthy eating behaviors, for all students in grades pre-K to grade 12, as part of a [sequential health](#)

[education](#) course of study, consistent with state or [National Health Education Standards](#)

In Tribal Offices and Workplaces:

- Institute [healthy food and beverage options at company-sponsored meetings and events](#)
- Institute [healthy food and beverage options](#) in vending machines
- Institute [healthy food and beverage options](#) in onsite cafeteria and food venues
- Institute healthy food purchasing practices (e.g., to reduce the caloric, sodium, and fat content of foods offered) for onsite cafeteria and food venues
- Institute healthy food preparation practices (e.g., steaming, low-fat, low salt, limiting frying) in onsite cafeteria and food venues
- Ban marketing of less than healthy foods and beverages onsite, including through counter advertisements, posters, and other print materials
- Provide smaller [portion sizes](#) in onsite cafeteria and food venues
- Provide safe, unflavored, cool drinking water at no cost to employees
- Institute nutritional labeling (e.g., 'low-fat,' 'light,' 'heart healthy,' 'no trans fat') at the worksite's cafeteria and onsite food service
- Institute [pricing strategies](#) that encourage the purchase of [healthy food and beverage options](#)
- Provide refrigerator access for employees
- Provide microwave access for employees
- Provide a sink with water faucet access for employees
- Provide direct support (e.g., money, land, a pavilion, sponsorship, donated advertising) for community-wide nutrition opportunities (e.g., farmers' markets, [community gardens](#))
- [Support breastfeeding](#) by having maternity care practices, including providing a [comfortable, private space](#) for employees to nurse or pump



COMMERCIAL TOBACCO

Tobacco has an important role in traditional American Indian and Alaska Native (AIAN) life. For tribes throughout North America, the use of traditional tobacco plants for spiritual, ceremonial, and medicinal purposes goes back thousands of years. Most Indigenous nations have traditional stories explaining how tobacco was introduced to their communities, many of which emphasize the sacred properties of the plant, containing both the power to heal if used properly and the power to cause harm if used inappropriately.

This historic and enduring relationship with sacred tobacco must be recognized and addressed when shaping meaningful, culturally appropriate tobacco-related [policies](#) in AIAN communities. Understanding the negative health impacts of commercial tobacco in tribal communities is key to honoring sacred tobacco use.

In the Tribal Community

- [Institute a smoke-free policy 24/7 for indoor public places and tribal buildings](#)
- Institute a commercial tobacco-free policy 24/7 for indoor public places and tribal buildings
- [Institute a smoke-free policy 24/7 for outdoor public places](#)
- Institute a commercial [tobacco-free policy 24/7](#) for outdoor public places
- Ban tobacco advertisement (e.g., restrict point-of-purchase advertising or product placement)
- Ban tobacco promotions, promotional offers, and prizes
- Regulate the number, location, and density of tobacco retail outlets
- Restrict the placement of commercial tobacco vending machines (including self-service displays)
- Enforce the ban of selling single cigarettes
- Increase the price of commercial tobacco products and generate revenue with a portion of the revenue earmarked for commercial tobacco control efforts (e.g., taxes, mitigation fees)
- Provide access to a [referral system](#) for commercial tobacco cessation resources and services (e.g., 1-800-QUIT-NOW)

In the Tribal Health Program

- Assess patients' commercial tobacco use as part of written checklist or screening used in all routine office visits
- Assess patients' exposure to commercial tobacco smoke as part of written checklist or screening used in all routine office visits
- Provide regular counseling about the harm of tobacco use and exposure during all routine office visits

Tribal Highlight: Wilton Rancheria

Wilton Rancheria is working to create a smoke-free tribal facility. In an effort to implement the smoke-free policy Wilton has created a culturally adapted no-smoking sign which incorporates a tribal design and the traditional Miwok language. With these efforts they aim to decrease the exposure to commercial tobacco and secondhand smoke through education, awareness, environmental and system changes, and policy implementation.



Sign created by Wilton Rancheria



COMMERCIAL TOBACCO

- Implement a [referral system](#) to help patients access commercial tobacco cessation resources and services, such as a quitline (e.g., 1-800-QUIT-NOW)
- Discourage use of commercial tobacco used for traditional purposes at community events and ceremonies
- Make traditional tobacco easily accessible for traditional purposes in the community
- Provide access to free or low cost [pharmacological quitting aids](#) for patients
- Implement a provider-reminder system to assess, advise, track, and monitor tobacco use

In Schools

- Implement a [referral system](#) to help students access commercial tobacco cessation resources or services
- Establish a case management plan for students with identified chronic diseases or conditions (e.g., asthma, diabetes, epilepsy) in consultation with their families, medical providers, and school staff
- Adopt a tobacco-use prevention curriculum for all students in grades pre-K to grade 12, as part of a sequential health education course of study, consistent with state or [National Health Education Standards](#)



Traditional uses of tobacco include burning tobacco in a shell or storing a tobacco basket

In Tribal Offices and Workspaces

- Ban tobacco vending machine sales including self-service displays
- Provide insurance coverage for commercial [tobacco cessation services](#)
- Provide insurance coverage for commercial [tobacco cessation products](#) (e.g., medicines, [pharmacological quitting aids](#))
- Ban commercial tobacco promotions, promotional offers, and prizes
- Ban commercial tobacco advertisements (e.g., restrict point-of-purchase advertising, or product placement)
- Implement a referral system to help employees access commercial tobacco cessation resources or services such as a [quitline](#) (e.g., 1-800-QUIT-NOW)



Wild tobacco growing at Bridgeport Indian Colony

CHRONIC DISEASE MANAGEMENT

According to the CDC, chronic diseases—heart disease, cancer, stroke, and diabetes—are the leading causes of death and disability in the United States. Strategies to increasing physical activity, access to healthy foods, and reducing exposure and use of commercial tobacco all reduce risk factors for chronic disease. In addition to the strategies listed, tribal communities can address chronic disease in various ways including establishing community clinical linkages.

In the Tribal Community

- Enhance access to chronic disease self-management programs (e.g., Weight Watchers for overweight/obesity)
- Adopt strategies to educate residents on the importance of obesity prevention
- Adopt strategies to educate residents on the importance of controlling high blood pressure

- Adopt strategies to educate residents on the importance of controlling cholesterol
- Adopt strategies to educate residents on the importance of controlling blood sugar or insulin levels
- Adopt strategies to educate residents on heart attack and stroke symptoms and when to call 9-1-1
- Adopt strategies to educate residents on the importance of preventive care
- Provide emergency medical services (e.g., 9-1-1, transport system)
- Adopt strategies to address chronic disease health disparities

In the Tribal Health Program

- Implement a referral system to help patients access community-based resources or services for chronic disease management
- Provide routine follow-up counseling and education for patients to help address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, hypertension, high cholesterol, elevated blood sugar levels, tobacco use and exposure)

Tribal Highlight:

Greenville Rancheria Tribal Health

Greenville Rancheria Tribal Health Program is working to increase community-clinical linkages to support the prevention, self-management, and treatment of diabetes, hypertension, heart disease, and obesity. The clinic is increasing access to Community Health Representatives who link patients to community resources that promote self-management of high blood pressure and heart disease as well as the prevention of diabetes (e.g., Talking Circles, CDC’s National Diabetes Prevention Program, and lactation support). Additionally, Greenville is implementing team-based care strategies, including the use of health care extenders such as Community Health Representatives, pharmacists, public health nurses, case managers, patient navigators, and community health workers.



Tribal youth from Greenville Rancheria

CHRONIC DISEASE MANAGEMENT

- Provide screening for chronic diseases in adults with risk factors
- Record weight and height, and calculate appropriate body mass index (BMI) for every patient at each visit
- Adopt a plan or process to increase patient adherence to chronic disease (e.g., cardiovascular disease, diabetes) treatment
- Institute a systematic approach to the processes of diabetes care
- Institute the latest emergency heart disease and stroke treatment guidelines (e.g., Joint National Committee 7, American Heart Association)
- Provide access to resources and training for using a stroke rating scale
- Provide specialized stroke care units
- Provide specialized heart disease units

In Schools

- Provide chronic disease self-management education to individuals identified with chronic conditions or diseases (e.g., diabetes, asthma)
- Meet the nutritional needs of students with special health care or dietary requirements (e.g., allergies, diabetes, physical disabilities)
- Provide opportunities to raise awareness among students of the signs and symptoms of heart attack and stroke
- Ensure immediate and reliable access to prescribed medications (e.g., inhaler, insulin, epinephrine pen) for chronic disease management throughout the school day
- Have a district health group (e.g., school health council) comprised of school personnel, parents, students, and community partners that help plan and implement district health activities
- Ensure students are aware of the importance of calling 9-1-1 for emergencies
- Ensure cardiopulmonary resuscitation (CPR) training is made available to students
- Engage families in the development of school plans (e.g., school diabetes management plans) to effectively manage students with chronic diseases or conditions

In Tribal Offices and Workspaces

- Provide routine screening, follow-up counseling, and education for employees to help address chronic diseases and related risk factors (e.g., poor nutrition, physical inactivity, hypertension, high cholesterol, elevated blood sugar levels, tobacco use and exposure)
- Provide access to an onsite occupational health nurse
- Provide an onsite medical clinic to monitor and address chronic diseases and related risk factors (e.g., high blood pressure, high cholesterol, elevated blood sugar levels)
- Provide paid time off to attend health promotion programs or classes
- Provide employee insurance coverage for preventive services and quality medical care
- Provide access to a free or low cost employee health risk appraisal or health screenings



Gym at Bishop Paiute Tribe

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Access to farmers' markets: All of the following variables would support having access to farmers' markets:

- Located within 1 mile of a public transportation stop or on tribal reservation
- Open more than 2 days per week
- Having more than one farmer on site
- Accepting Electronic Benefits Transfer (EBT) cards
- Accepting farmers' market coupons
- Accepting senior farmers' market coupons
- Accepting WIC vouchers

Active time: Engaging in physical activity that is moderately to vigorously active, and equal in intensity to (or more strenuous than) fast walking. More information can be found at:

<http://www.thecommunityguide.org/pa/pa-ajpm-recs.pdf>

Appropriate BMI: Body Mass Index (BMI) is a number calculated from a person's weight and height. For adults 20 years old and older, BMI is interpreted using standard weight status categories that are the same for all ages and for both men and women. For children and teens, aged 2 through 19 years old, the interpretation of BMI is both age- and sex-specific. More information can be found at:

http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html

Bike facilities: Improvements and provisions made by public agencies to accommodate or encourage bicycling, including parking and storage facilities, and shared roadways not specifically designated for bicycle use. More information can be found at:

http://www.fhwa.dot.gov/environment/bicycle_pedestrian/index.cfm

Bike lanes: Portions of a roadway that have been designated by striping, signing, and pavement markings for the preferential or exclusive use of bicyclists. More information can be found at:

<http://www.pedbikeinfo.org/community/>

[facilities_bicycle.cfm](#)

Breastfeeding initiative: An initiative that protects, promotes, and supports breastfeeding by providing staff with education and training, encouraging early breastfeeding initiation, supporting cue-based feeding, restricting supplements and pacifiers for breastfed infants; educating mothers to increase their breastfeeding knowledge and skills; and providing professional support by health professionals, focusing on counseling, encouragement, and managing lactation crises. More information can be found at:

http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf

Child Nutrition and WIC Reauthorization Act of 2004: Congress began the process of reauthorizing federal child nutrition programs in early 2003. The process concluded in June 2004 with the passage of reauthorization legislation that improves both the child nutrition programs and health outcomes for children. Specifically, it expanded the availability of nutritious meals and snacks to more children in schools and improved the quality of food in schools.

Comfortable, private space (breastfeeding): Includes at a minimum: four solid walls, a lockable door, a power outlet, a chair, and appropriate signage to locate and identify room, and procedures for gaining access to it (such as access to key or lock combination). More information can be found at:

http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf



Fruit Tree at Bishop Indian Head Start Program



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Community Clinical Linkages: Creating sustainable, effective linkages between the clinical and community settings can improve patients' access to preventive and chronic care services by developing partnerships between organizations that share a common goal of improving the health of people and the communities in which they live. These linkages connect clinical providers, community organizations, and public health agencies. The goals of clinical-community linkages include:

- Coordinating health care delivery, public health, and community-based activities to promote healthy behavior.
- Forming partnerships and relationships among clinical, community, and public health organizations to fill gaps in needed services.
- Promoting patient, family, and community involvement in strategic planning and improvement activities.

Community gardens: Gardening on land that is owned by a community group, institution, municipality, land trust, or some other entity. The process of growing, processing, and distributing food in and around tribal communities, cities, and suburbs or urban agriculture provides individuals and families with many benefits. Advantages of local agriculture include an alternative source of fresh produce, improved life satisfaction, and a way to preserve cultural identity and traditions. Most importantly, community gardening and farming have the potential to provide a supplemental source of fruits and vegetables. Additional benefits of local agriculture beyond food provision include building job skills, improving self-esteem, and contributing to community revitalization. Characteristics of community gardening initiatives comprise: land and supply procurement; organization of participants; reduction of barriers to fresh produce; production of primary or alternative source of fresh produce; and entrepreneurial gardens.

Company-sponsored meetings and events: Meetings, conferences, and other work-related events should follow guidelines for selecting

foods and beverages for breaks or meals. This is a process that can be institutionalized at a work site. Guidelines for healthy food and beverage options, which include whole grains, low sugar, fat-free and low-fat options as well as fruits and vegetables, at meetings and events can be found at:

www.cdc.gov/nccdphp/dnpao/hwi/downloads/healthy_worksite_food.pdf

Complete streets: Streets that are designed and operated to enable safe access along and across the street for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities. More information can be found at:

<http://www.completestreets.org/changing-policy/>

Cultural competence: Ability to interact effectively with people of different cultures. Cultural competence comprises of four components: 1) awareness of one's own cultural worldview, 2) attitude towards cultural differences, 3) knowledge of different cultural practices and worldviews, and 4) cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with, people across cultures. More information can be found at:

<http://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/SMA08-4354>

Environmental Change (Environment): Physical, social, or economic factors designed to influence people's practices and behaviors. Examples of alterations or changes to the environment include:

- Physical: Structural changes or the presence of programs or services, including the presence of healthy food choices in restaurants or cafeterias, improvements in the built environment to promote walking (e.g., walking paths), the availability of smoking cessation services to patients or workers, and the presence of comprehensive school health education curricula in schools.
- Social: A positive change in attitudes or



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behavior about policies that promote health or an increase in supportive attitudes regarding a health practice, including an increase in favorable attitudes of community decision makers about the importance of nonsmoking policies or an increase in nonacceptance of exposure to second-hand smoke from the general public.

- **Economic:** The presence of financial disincentives or incentives to encourage a desired behavior, including charging higher prices for commercial tobacco products to decrease their use or the provision of nonsmoker health insurance discounts.

More information can be found at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a2.htm>

Flexible work arrangements: When the work hours established by the employer are changed at the request of the employee. A flexible work arrangement is often requested by an employee who is trying to successfully meet work obligations while fulfilling a personal need or concern. Examples include: telecommuting, compressed work week, and flextime. More information can be found at:

<http://www.workplaceflexibility2010.org>

Food as a reward or punishment: An example of using food as a reward is providing candy or fast-food coupons to students or patrons because they have behaved well or met an academic or fundraising goal. An example of withholding food as punishment is not giving one student or patron a snack or meal that is offered to all others because of his or her inappropriate behavior. More information can be found at:

<http://www.cdc.gov/HealthyYouth/SHI>

Health disparities: Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States. More information can be found at:

<http://ncmhd.nih.gov/>

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106_cong_public_laws&docid=f:publ525.106.pdf

Health Risk Appraisal: An assessment tool used by health promoters to evaluate an individual's health. The appraisal usually takes the form of an extended questionnaire on personal lifestyle, and personal and family medical history. The appraisal may also include a physical examination, laboratory tests of blood chemistry (e.g., of cholesterol level), blood pressure, and physical fitness levels. The outcome is a profile identifying specific risks (e.g., heavy smoking and sedentary lifestyle) with strategies and targets for reducing the risks.

Healthy food and beverage options: Healthy foods are fruits, vegetables, whole grains, and related combination products, and fat-free and low-fat dairy that are limited to 200 calories or less per portion as packaged. Healthy beverages are water without flavoring, additives, or carbonation, low-fat and nonfat milk, 100% fruit juice, and caffeine-free drinks. More information can be found in the Dietary Guidelines for Americans, 2005:

<http://www.health.gov/dietaryguidelines/dga2005/document/pdf/DGA2005.pdf>

Incentives: Factors (financial or nonfinancial) that provide a motive for a particular course of action, or counts as a reason for preferring one choice to the alternatives. Examples are certificates of appreciation or certificates of participation in the program, movie passes, transportation passes or tokens, phone cards, meal certificates, or cash.

Joint use agreement: A formal agreement between two entities — often a school and a city or county — setting forth the terms and conditions for shared use of public property or facilities. Agreements can range in scope from relatively simple (e.g., opening school playgrounds to the public outside of school hours) to complex (allowing community individuals and groups to access all school recreation facilities,

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and allowing schools to access all city or county recreation facilities). More information can be found at: <http://www.cdc.gov/shpps>

Less than healthy foods and beverages: As defined by the Institute of Medicine, foods and beverages with a high content of calories, sugar, fat, and sodium and low content of nutrients, including protein, vitamins A and C, niacin, riboflavin, thiamin, calcium, and iron. More information can be found at: http://www.nap.edu/catalog.php?record_id=11015

Mixed land use: The use of safe and well-maintained sidewalks, crosswalks, bicycle paths, trails, parks, recreational facilities, and community designs featuring mixed-use development (e.g., mixing residential and commercial in same area) and a connected grid of streets. More information can be found at: <http://www.healthyplaces.org.au/userfiles/file/Mixed%20Land%20Use%20June09.pdf>

National Health Education Standards: Expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. Students will:

- Comprehend concepts related to health promotion and disease prevention to enhance health.
- Analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
- Demonstrate the ability to access valid information, products, and services to enhance health.
- Demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
- Demonstrate the ability to use decision-making skills to enhance health.
- Demonstrate the ability to use goal-setting skills to enhance health.
- Demonstrate the ability to practice health enhancing behaviors and avoid or reduce

health risks.

- Demonstrate the ability to advocate for personal, family, and community health.

More information can be found at:

<http://www.cdc.gov/HealthyYouth/SHER/standards/index.htm>

National Physical Education Standards:

- Standard 1: The learner demonstrates competency in motor skills and movement patterns needed to perform a variety of physical activities.
- Standard 2: The learner demonstrates understanding of movement concepts, principles, strategies, and tactics as they apply to the learning and performance of physical activities.
- Standard 3: The learner participates regularly in physical activity.
- Standard 4: The learner achieves and maintains a health-enhancing level of physical fitness.
- Standard 5: The learner exhibits responsible personal and social behavior that respects self and others in physical activity settings.
- Standard 6: The learner values physical activity for health, enjoyment, challenge, self-expression, and/or social interaction.

More information can be found at:

<http://www.cdc.gov/HealthyYouth/PECAT/pdf/PECAT.pdf>

National School Lunch Program: A federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. More information can be found at:

<http://www.fns.usda.gov/cnd/Lunch/>

Pharmacological quitting aids: Because nicotine is a physical addiction, many smokers are better able to quit with Nicotine Replacement Therapy (NRT) products. These aids include nicotine gum, nicotine patch, nicotine inhaler, or other FDA-approved products. Many of these are available without a



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prescription. Some smokers also can benefit from the antidepressant drugs Zyban® or Welbutrin®, which require a prescription.

Physical activity as a punishment: An example of using physical activity as punishment is making students run laps or do push-ups as a consequence of inappropriate behavior. Withholding physical activity or education as punishment means not allowing students to attend all or part of physical education class as a consequence of inappropriate behavior in another class or failure to complete an assignment in another class. It does not refer to the physical education teachers' disciplining students during physical education class by having them sit out for a period of time. More information can be found at: <http://www.cdc.gov/HealthyYouth/SHI>

Policies: Laws, regulations, rules, protocols, tribal resolutions and procedures, designed to guide or influence behavior. Policies can be tribal, legislative or organizational in nature. Policies often mandate environmental changes and increase the likelihood that they will become sustainable. Examples of legislative policies include taxes on tobacco products, provision of county or city public land for green spaces or farmers' markets, regulations governing the National School Lunch Program, and clean indoor air laws. Examples of organizational policies include schools requiring healthy food options for all students, a district ban on the sale of less than healthy foods throughout the school day, menu labeling in restaurants, required quality assurance protocols or practices (e.g., clinical care processes), or a human resources policy that requires healthy foods to be served at meetings. More information can be found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a2.htm>

Portion size: Amount of a single food item served in a single eating occasion (e.g., a meal or a snack). Portion size is the amount of food offered to a person in a restaurant, the amount in the packaging of prepared foods, or the amount a person chooses

to put on his or her plate. One portion of food might contain several U.S. Department of Agriculture (USDA) food servings. More information can be found at:

<http://www.cnpp.usda.gov/dietary-guidelines-2010>

Pricing strategies: Intentional adjustment to the unit cost of an item (e.g., offering a discount on a food item, selling a food item at a lower profit margin, or banning a surcharge on a food item). More information can be found at:

http://www.ehow.com/about_5432682_food-pricing-strategies.html

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

Protect a woman's right to breastfeed: This includes state laws and organizational policies defending a mother's right to breastfeed in any location where the mother and child are authorized to be present.

Provider-reminder system: Systems in health care settings that are successful in helping improve the delivery of their services. For example, systems that prompt health care providers to identify tobacco-using patients and to advise those patients against tobacco use at every visit.

Public recreation facilities: Facilities listed in the local jurisdiction's facility inventory that have at least one amenity that promotes physical activity (e.g., walking/hiking trail, bicycle trail, or open play field/play area). More information can be found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a2.htm>

Quitline: An information and counseling service that offers telephone support for people who want to quit using tobacco. Some quitlines offer additional services, such as nicotine replacement therapy, online cessation information and programs, and referral to tobacco-use treatment programs in the community. Quitlines that have proactive services provide clients with multiple



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scheduled follow-up sessions with quitline counselors during the quit process that do not need to be initiated by the client. The U.S. National Network of Tobacco Cessation Quitlines is a state/federal partnership that provides tobacco users with access to the tools and resources they need to quit. The toll-free number 1-800-QUIT-NOW (1-800-784-8669) serves as a national portal to state-based quitlines—which have been established in every state—on the basis of the area code where the call originated. More information can be found at: www.naquitline.org/?page=factsheetsetc

Reasonable walking distance: One mile is considered a reasonable distance to walk. More information can be found at:

http://www.cdc.gov/pcd/issues/2008/jul/pdf/07_0087.pdf

Referral system: A resource to which tobacco users are referred for more intensive interventions that supplement the tobacco-use treatment delivered by a health care provider. Users can be referred to programs or services within the health care delivery system itself or in the larger community. A quitline, the American Lung Association, and the American Cancer Society are examples of possible referral resources.

Sequential health education: A curriculum that identifies, defines, and describes the skills and activities that should be covered on a yearly basis. Of special importance is the sequence of instruction throughout students' educational experience (i.e., K–12). Sequential means that current concept and skill learning is built on prior learning and sets a new foundation for learning more advanced concepts and skills in the future. Within health education, students need to be taught increasingly more complex nutrition concepts and advanced application of skills as they progress through their educational experience. More information can be found at:

<http://www.cdc.gov/HealthyYouth/HECAT/>

Sequential physical education: A curriculum that identifies, defines, and describes the skills and activities that should be covered on a yearly basis. Of special importance is the sequence of instruction throughout students' educational experience (i.e., K - 12). Sequential means that current concept and skill learning is built on prior learning and sets a new foundation for learning more advanced concepts and skills in the future. Within physical education, students need to be taught increasingly advanced forms of physical activity skills and concepts as they progress through their educational experience. More information can be found at:

<http://www.cdc.gov/HealthyYouth/PECAT/pdf/PECAT.pdf>

Smoke-free policy 24/7 for indoor public places:

A policy that prohibits smoking in indoor areas around the clock 24 hours a day, 7 days a week by anyone. Smoke-free policy can be extended to private residences used to provide childcare, foster care, adult care, and similar social services. The policy does not apply to the use of tobacco for cultural or traditional purposes. More information can be found at:

<http://www.tobaccofreekids.org/research/factsheets/pdf/0144.pdf>

http://www.cdc.gov/tobacco/basic_information/secondhand_smoke/guides/business/index.htm

<http://www.surgeongeneral.gov/library/secondhandsmoke/factsheets/factsheet4.html>

Smoke-free policy 24/7 for outdoor public places:

Prohibit smoking in all outdoor areas 24 hours a day, 7 days a week by anyone. A smoke-free policy can be extended to private residences used to provide childcare, foster care, adult care, and similar social services. The policy does not apply to the use of tobacco for cultural or traditional purposes. More information can be found at:

<http://www.tobaccofreekids.org/research/factsheets/pdf/0144.pdf>

http://www.cdc.gov/tobacco/basic_information/secondhand_smoke/guides/business/index.htm



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Strategies: Means by which policy, programs, and practices are put into effect as population-based approaches (e.g., offering [healthy food and beverage](#) options in vending machines at schools, implementing activity breaks for meetings longer than one hour) versus individual-based approaches (e.g., organizing health fairs, implementing cooking classes, disseminating brochures). More information can be found at:

<http://www.rwjf.org/pr/product.jsp?id=42514>
<http://www.cdc.gov/mmwr/pdf/rr/rr5807.pdf>

Subsidized membership: A free or reduced-price membership, which is fully or partially financially supported by an individual's employer.

Sugar-sweetened beverages: Beverages that contain added caloric sweeteners, primarily sucrose derived from cane, beets, and corn (e.g., high-fructose corn syrup), including nondiet carbonated soft drinks, flavored milks, fruit drinks, teas, and sports drinks. More information can be found at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a2.htm>

Supermarkets: Stores with more than 50 annual payroll employees.

Support breastfeeding: Support for breastfeeding in the workplace includes several types of employee benefits and services, including writing corporate policies to support breastfeeding women; teaching employees about breastfeeding; providing designated private space for breastfeeding or expressing milk; allowing flexible scheduling to support milk expression during work; giving mothers options for returning to work, such as teleworking, part-time work, and extended maternity leave; providing on-site or near-site child care; providing high-quality breast pumps; and offering professional lactation management services and support. More information can be found at:

<http://www.cdc.gov/breastfeeding/promotion/index.htm>

Systems change: Change that impacts all elements, including social norms of an organization, institution, or system; may include a policy or environmental change strategy. Policies are often the driving force behind systems change. Examples are implementing the National School Lunch Program across the state school system or ensuring a hospital system goes tobacco free. Systematic approaches to processes of diabetes care are intended to provide clinicians, patients, researchers, and other interested individuals with the components of diabetes care, treatment goals, and tools to evaluate the quality of care.

Tobacco cessation products: Over-the-counter nicotine patch, gum, or lozenge; prescription varenicline, bupropion SR, nicotine inhaler, or nasal spray. More information can be found at:

<http://www.ahrq.gov/clinic/tobacco/medsmoktab.htm>



Canned vegetables from Bridgeport Indian Colony

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Tobacco cessation services: Health care delivery administrators, insurers, and purchasers can promote the treatment of tobacco dependence through a systems approach. Purchasers (often business entities or other employers, state or federal government units, or other consortia that purchase health care benefits for a group of individuals) should make tobacco assessment and coverage of treatment a contractual obligation of the health care insurers and/or clinicians who provide services to them. Treating Tobacco Use and Dependence, a Public Health Service-sponsored Clinical Practice Guideline can be found at:

<http://bphc.hrsa.gov/buckets/treatingtobacco.pdf>

Tobacco-free policy 24/7: Prohibit the use of all tobacco products 24 hours a day, 7 days a week by anyone. Tobacco-free policy can be extended to private residences used to provide childcare, foster care, adult care, and similar social services. The policy does not apply to the use of tobacco for cultural or traditional purposes. More information can be found at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm>

<http://www.tobaccofreekids.org/research/factsheets/pdf/0153.pdf>

<http://www.surgeongeneral.gov/library/secondhandsmoke/factsheets/factsheet2.html>

Tobacco-free policy 24/7 for indoor public places: Prohibit the use of all tobacco products in all indoor areas 24 hours a day, 7 days a week by anyone. Tobacco-free policy can be extended to private residences used to provide childcare, foster care, adult care, and similar social services. The policy does not apply to the use of tobacco for cultural or traditional purposes. More information can be found at:

<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>

Tobacco-free policy 24/7 for outdoor public places: Prohibit the use of all tobacco products in all outdoor areas 24 hours a day, 7 days a week by anyone. Tobacco-free policy can be extended to private residences used to provide childcare, foster care, adult care, and or similar social services. The policy does not apply to the

use of tobacco for cultural or traditional purposes. See sectors for sector-specific language. More information can be found at:

<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>

Traffic calming measures: The combination of principally physical measures that reduce the negative effects of motor vehicle use and improve conditions for nonmotorized street users. More information can be found at:

<http://www.fhwa.dot.gov/environment/traffic/calming/index.cfm>

Underserved areas: Areas without availability of services or barriers to the use of available services.

Walk or bike to school initiative: Community-based programs (e.g., Safe Routes to School, Walking School Bus) that aim to increase opportunities for daily physical activity by encouraging children to walk or bike to and from school in groups accompanied by adults. Programs advocate for communities to build partnerships with the school, Parent-Teacher Association, local police department, department of public works, civic associations, local politicians, and businesses to create an environment that is supportive of walking and bicycling to school safely. More information can be found at:

<http://www.saferoutesinfo.org/>

<http://www.walkingschoolbus.org/>

Women, Infants, and Children (WIC): A federally funded program that subsidizes food purchases for low-income women and young children. WIC farmers' market vouchers are known as Farmers Market checks. With these vouchers, participants can buy fresh fruits, fresh vegetables, and fresh cut herbs at approved farmers markets throughout the country. More information can be found at:

<http://www.fns.usda.gov/wic/>



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