

## **IAPO Long-Term Roadmap Goals**

### **Workgroup: Nutrition in Community and Institutional Settings**

- A. Incentivize healthy food options for people on public food assistance.
- B. Create and advocate for nutritional standards in vending machines, canteens, and a la carte lines in all publically-owned or operated buildings and venues (or those with state/local procurement contracts) and disseminate for adoption by other community institutions.
- C. Require or raise the nutritional standards for publicly funded food and nutrition programs.
- D. Encourage the adoption of nutrition standards that adhere to the Department of Health and Human Services Procurement Standards or the American Heart Association's recommendations for procurement of foods and beverages purchased and/or made available in the workplace (i.e., vending machines, cafeterias, meetings and special events).
- E. Restrict marketing of unhealthy foods to children.
- F. For sites exempt from new federal labeling requirements, advocate for calorie labeling on all food and beverage items on menus and menu boards in cafeterias, vending machines and other venues. Encourage pricing and placement strategies to promote healthier and lower-calorie options.
- G. Educate and advocate for the reduction of sugar-sweetened beverages in community settings.
- H. Pass at minimum a one-cent per ounce sugar-sweetened beverage (SSB) excise tax to reduce consumption of SSBs. Revenue raised would establish and sustain a dedicated fund to support state and local-level obesity prevention efforts as outlined in the IAPO road map. Allow other contributions to the fund from foundations, corporations, etc.
- I. Support and promote programs, incentives and regulations (e.g. tax credits, grant and loan programs, small business/economic development programs) that result in more retail establishments offering healthy and affordable foods in under-served neighborhoods.
- J. Provide tax breaks to incentivize increased emphasis on wellness in the workplace, including environmental changes (e.g. healthy vending and food policies in the workplace) and systems changes (e.g. flexible scheduling to allow for physical activity before, during or after work), health screenings that include measures of obesity and risk factors, and employee incentives for healthy behavior and healthy levels of risk factors. Employers who choose to offer healthy lifestyle behavior incentives in the workplace, such as wellness credits and financial incentives should not be attached to healthcare premiums or health status.

### **Workgroup: Childhood Nutrition and Physical Activity in Early Childhood and Educational Settings**

- A. Implement nutritional standards for school meals and competitive foods, including classroom celebrations, rewards, and school fundraising – in all Illinois early childhood settings, schools, and after-school programs and identify opportunities to go beyond existing USDA requirements (e.g., nutritional requirements that meet the Institute of Medicine guidelines).

- B. Establish a baseline measure for compliance with Illinois' daily P.E. instructional requirement and increase accountability by (25%) in Illinois K-12 schools. Oppose legislative attempts to weaken existing physical education requirements.
- C. Support initiatives to integrate physical activity into the school day, including daily physical education, daily recess, classroom education that includes physical activity, and extracurricular physical activity programs.
- D. Promote and implement comprehensive, developmentally appropriate K-12 curricula to teach students the skills and knowledge necessary to establish and sustain a healthy lifestyle.
- E. Provide support for advocacy efforts (at the local level) to prevent waivers applications in the first place and enhance accountability for Illinois' daily P.E. instruction requirement.

## **Workgroup: Physical Activity in Community and Other Institutional Settings**

- A. Promote/support/encourage development of local "Joint Use Agreements" between schools and other community institutions to open recreational facilities to the community after hours.
- B. Develop initiatives through public/private partnerships to build and maintain parks, playgrounds and bike/walking paths that are safe and attractive for playing in close proximity to residential areas – particularly in underserved and low-income communities throughout Illinois.
- C. Develop and implement Safe Routes to School programs to ensure that students can safely walk or bike to and from school. Assess the impact of these policies on active transportation mode share and on traffic crash rates at schools.
- D. Leverage existing Illinois law to implement Safe Park Zones, allowing local governments to institute reduced speed limits and traffic calming measures on streets in and around parks, as well as levy increased fines for traffic violations.
- E. Adopt policies, incentives, facility improvements and worksite locations that enable and encourage biking, walking and public transit for daily commuting and work-based travel.
- F. Promote adoption and implementation of Complete Streets policies at state, county and municipal levels to ensure that streets are designed, built and maintained to serve all road users, including pedestrians, bicyclists, transit users and motorists. Assess the impact of these policies on active transportation mode share and on traffic crash rates. Adopt and promote policies which provide access to safe spaces for physical activity and modify the environment to allow employees to incorporate activity into the workday.
- G. Provide tax breaks to incentivize increased emphasis on wellness in the workplace, including environmental changes (e.g. healthy vending and food policies in the workplace) and systems changes (e.g. flexible scheduling to allow for physical activity before, during or after work), health screenings that include measures of obesity and risk factors, and employee incentives for healthy behavior and healthy levels of risk factors. Employers who choose to offer healthy lifestyle behavior incentives in the workplace, such as wellness credits and financial incentives should not be attached to healthcare premiums or health status.
- H. Adopt and promote policies which provide access to safe places for physical activity and modify the environment to allow employees to incorporate activity into the workday

## **Obesity Prevention through Clinical Interventions and Access to Care**

- A. Improve public and private insurance and health plan coverage and third party reimbursement for preventive counseling and comprehensive clinical care and/or treatment of overweight and obesity including but not limited to mental health and nutrition counseling, and care coordination.
- B. Promote the creation of statewide, multi-disciplinary, comprehensive assessments and interventions to address the health and social needs of obese children.
- C. Promote Baby Friendly Hospital practices and improve public and private reimbursement for breastfeeding support services, including direct clinical support and education provided by lactation consultants, peer counselors and/or community health workers.

## **Workgroup: Local Food Systems / Food Access**

- A. Promote food systems, food-systems planning, policies and incentives to make local/fresh produce and locally-produced healthy food options available through farmer's markets, community-supported agriculture (CSA) subscriptions, co-ops, food retailers, and restaurants.
- B. Strengthen existing and establish new incentives and policies to support networks of local producers, such as farmers, community/urban garden projects and local food processors to provide healthy food options.
- C. Adopt diverse statewide farm-to-institution programs, starting with the farm-to-school program. Create momentum to expand farm-to-institution programs across a variety of settings, such as schools, child care, hospitals, businesses and government.

## **Monitoring and implementation – Goals achieved/moving forward**

- 1. Advocate for the initial allocation of \$10 million in capital funding to the Illinois Fresh Food Fund and ongoing expansion of the Fund.
- 2. Implement a “gold standard” statewide child obesity data collection system including measured BMI, and integrate with existing data systems.

### *Disclaimer:*

All members of the Illinois Alliance to Prevent Obesity (IAPO) have unanimously endorsed the eight objectives listed in the IAPO Roadmap. In contrast, IAPO's corresponding three-year goals constitute a consensus agenda. The establishment of this consensus agenda did not require unanimity among our member organizations. An affiliation with IAPO should not be misconstrued to imply our member organizations have endorsed any, or all, of IAPO's three-year goals.