



Shape Up San Francisco

Creating environments that make it easy to eat well and move more.

2009 Strategic Plan

November 13, 2008







TABLE OF CONTENTS

Acknowledgments	5
Executive Summary	7
Introduction to Shape Up San Francisco	9
The Challenge of Chronic Disease Prevention	14
The Strategic Plan: 2009 to 2014	17
Shape Up SF Environments	
Neighborhoods	18
Schools, Afterschool, Childcare	21
Worksites	25
Healthcare	29
Appendix A: Shape Up SF Policy Platform	33
Appendix B: Key Informant Interview Protocol	35
Appendix C: Shape Up SF Partners	42
References	43





Acknowledgments

The development of this Strategic Plan is the result of efforts from a variety of individuals and organizations, reflecting the collaborative nature of Shape Up SF. The Shape Up SF Coalition is a multidisciplinary body with representation from city government, community-based organizations, businesses, schools, health care, and others, and this document could not have been created without the commitment and dedication of the following people:

Shape Up Steering Committee and Summit Planning Group

Aimee Marcich, MPH, CHES
Amy Adkins
Ana Validzic, MPH, Department of Public Health
Bergen Watterson, Children's Council
Christina Goette, MPH, Department of Public Health
Esperanza Pallana, Urban Sprouts
Gloria Thornton, MA, LMFT, Anthem Blue Cross
Kim Baranek, MPH(c)
Kristen Brock Greenville, YMCA SF
Lara Sallee, MPH, Kaiser Permanente Public Affairs
Libby Albert, Department of Children, Youth & Their Families
Marianne Szeto, MPH, Shape Up SF
Pat Wiley, Department of Recreation and Park
Patricia Erwin, MPH, Department of Public Health
Paula Jones, PhD(c), Department of Public Health
Susana Hennessey-Lavery, MPH, Department of Public Health
William Edmonson, Somatic Consultant

Key Informants

Ana M. Rodriguez, Latino Issues Forum
Arden Bucklin-Spore, SF Unified School District/Green Schoolyard Alliance
Barb Alberson, CA DHS, EPIC Branch
Bill Vanark, Sports4Kids
Brajah Norris, Small Business Commission
Brooke Rodgers, American Cancer Society
Catherine Dodd, PhD, RN, Mayor's Office
Catherine Waters, RN, PhD, SF Health Commission
Chris Mittelstaedt, The FruitGuys
Chuck Collins, YMCA SF
Claudia Arana, California Food Policy Advocates
Danika Davis, Northern California Human Resources Association
Delilah Raybee, Sunset Russian Tobacco Ed Program
Diane Aranda, The California Endowment
Dwayne Jones, Mayor's Office of Community Development
Ed Wilkins, SF Unified School District Student Nutrition Services
Ellie Rossiter, Parents for Public Schools
Harold Goldstein, California Center for Public Health Advocacy
Jared Blumenfeld, SF Environment
Jean Fraser, SF Bicycle Coalition and San Francisco Planning and Urban Research
Julia Sabori, Youth Commission
Karen Kidwell, SF Parks Trust
Karen Taylor, SF Port Authority
Ken Hecht, CA Food Policy Advocates
Kristine Madsen, MD, MPH, UCSF Department of Pediatrics



Lara Sallee, MPH, Kaiser Permanente Public Affairs
Laurel Kloomok, First 5 SF
Leah Cox, California Task Force on Youth and Workplace Wellness
Leah Shahum, SF Bicycle Coalition
Linda Lau, Department on Aging
Loretta Lee, SF Unified School District Student Nutrition Services
Manish Champsee, Walk SF
Meredith Thomas, Neighborhood Parks Council
Meyla Ruwin, MPH, CHES, School Health Programs Department
Micha Berman, Let's Be Healthy!
Michael Cohen, Workforce Development
Mike Farrah, Mayor's Office of Neighborhood Services
Mirian Saez, TI Development Authority
Mohammad Nuru, Department of Public Works
Nadine Burke, MD, MPH, California Pacific Medical Center
Pam Calvert, Literacy for Environmental Justice
Paul Ash, SF Food Bank
Paula Jones, PhD(c), SF Department of Public Health
Perry Lang, Black Coalition on AIDS
Renee Espinoza, SF Police Activities League
Rhajiv Bhatia, PhD, SF Department of Public Health
Saidah Kinnerman, UCSF
Samantha Allen, Rhythm and Motion/ODC
Sarah Wan, Community Youth Center
Stacey Blankenbaker, Wellness Center
Susan Mizner, Mayor's Office on Disability
Tavi Baker, SF Boys and Girls Club
Terry Schwartz, PhD, Department of Recreation and Parks
Tilly Chang, SF County Transportation Authority
Wylie Liu, MPH, California Pacific Medical Center



Executive Summary

The mission of The Mayor's Challenge: Shape Up San Francisco is to increase the awareness of and opportunities for increased physical activity and improved nutrition where people live, play, work and learn. To accomplish this mission is no small task.

When considering the root causes of chronic disease, they are ultimately far more widespread than the "poor choices" of an individual. To that end, addressing chronic disease is far more complicated and nuanced than simply asking people to eat their fruits and vegetables and start exercising 30 minutes a day. To ask people to make those 'simple' changes, we must consider how their behaviors are shaped by their social, physical and political environments.

Shape Up SF's strategic plan presents strategies designed to address the roots of chronic disease, and, in particular, address health disparities associated with the development of chronic disease. Shape Up SF's philosophy is embodied throughout the plan insofar that our work focuses on *creating the environments* that make it easy for people to be physically active and eat healthfully where they live, work, play and learn. Our identified strategies cover four key areas: policy, programs & events, awareness & education, and data & research.

Shape Up SF Strategic Plan Overview

The development of this plan consisted of a review of plans from across the country, over 50 in depth key informant interviews, and several focus groups. This five year plan incorporates work Shape Up SF has begun and provides a roadmap for work to come. Recognizing that Shape Up SF cannot carry out all the necessary work, we indicate some of the work of our partners as well.

I. Neighborhoods Overall Goal: All San Francisco neighborhoods will have increased opportunities for physical activity and access to healthy foods.

- I.A San Francisco neighborhoods will be safe and aesthetically pleasing to promote active transportation such as walking and biking.
- I.B San Francisco residents will have access to affordable healthy foods.

II. School, Afterschool, Childcare Overall Goal: All children and youth will improve their health through physical activity and nutrition in school, afterschool and child care.

- II.A Children and youth are physically fit.
- II.B Children and youth have access to healthy and appetizing food in schools, afterschool and child care programs that includes fresh, sustainably produced fruits and vegetables.

III. Worksite Overall Goal: All San Francisco employees will work in settings that promote healthy eating and active living in order to reduce prevalence of chronic disease particularly among those at greatest risk.

- III.A Policies are in place for employees and employers to eat healthfully and be physically active.
- III.B Employers create the settings that support their employees to eat healthfully and be physically active.

IV. Health Care Overall Goal: Engage health care system in chronic disease prevention by encouraging clients to increase protective factors such as improved nutrition and increased physical activity.

- IV.A Health care settings promote healthy eating and active living for all ages.
- IV.B All providers screen for health risks.
- IV.C Prevention services are more widely available and utilized.

To accomplish these goals, we welcome partners, existing and new, to help us create the environments that make it easy and fun to eat well and move more.





Introduction to Shape Up San Francisco

Shape Up San Francisco was launched on April 26, 2006, and was created out of several different initiatives working to address childhood obesity, chronic disease and create healthy environments. The Initiative is a public-private partnership, staffed by the Department of Public Health and the Department of Children, Youth and Their Families.

The Shape Up San Francisco mission is to increase the awareness of and opportunities for increased physical activity and improved nutrition where people live, play, work and learn.

Shape Up SF has four primary goals:

- To reduce chronic disease and disparities among San Franciscans using culturally and age-appropriate strategies;
- To create environments that support healthy eating and active living in San Francisco;
- To provide fun, motivating and accessible opportunities for people who live, learn, work and play in San Francisco to get physically active; and
- To encourage everyone to use the resources available in San Francisco to get active and eat healthfully.

When Shape Up SF was launched, the focus was, and remains, on preventing chronic diseases because they account for the greatest proportion of death and disability. The major chronic disease killers—heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes—are an extension of what people do, or don't do; specifically as it relates to tobacco, physical activity, and nutrition. According to the Centers for Disease Control (2004), these three behaviors are major contributors to heart disease and cancer, our nation's, and City's, leading killers. Shape Up commenced its work by focusing on two key of these factors: physical activity and nutrition. Tobacco, the other major risk factor, was not included because San Francisco has an active, successful Tobacco Free Coalition, with whom we regularly collaborate.

In our planning, we intentionally framed our work using the Social Ecological model, because this model considers the complex interplay between individual, relationship, community, and societal factors. That is, it moves beyond an individual's behavior and acknowledges that our social, political and economic environments shape our behaviors. This model leads to the use of a continuum of activities that address the multiple risks or protective factors for chronic disease. To that end, Shape Up SF has identified four strategies to achieve its goals:

- Policy advocacy and environmental prevention: Create environments, through policy and organizational change, to support healthy eating and active living;
- Programs and events: Provide opportunities for physical activity and good nutrition in the community, at worksites, in schools, afterschools, and child care, and health care and clinical settings;
- Research and data: Conduct research and share data on pertinent nutrition and physical activity issues; and
- Awareness: Increase awareness of the importance of physical activity and nutrition using a variety of methods including campaigns, advisory councils, website, etc.

These strategies are to be implemented in four key settings – neighborhoods, worksites, schools/after schools/childcare, healthcare/clinical – where people live, work, learn and play.



Looking Back: Progress Thus Far

Community-based organizations, city agencies, businesses, individuals, schools and many others have joined the Shape Up movement. (See Appendix C for a list of Shape Up SF Partners). With these partners, Shape Up SF has made great progress since its inception. At the 2006 summit, Shape Up SF introduced its top ten priorities and action steps and attendees broke into roundtable discussions to tackle issues such as food access, worksite wellness, the built environment's impact on public health, and the Physical Activity Council.

Priorities Reviewed

In April 2006, Shape Up SF identified ten priorities on which to focus. Below is a progress update on those priorities. Some of the activities below were implemented directly through Shape Up SF and others were led by or carried out by other key organizations.

1. Complete the streets for improved walking and biking.

Completing the streets helps decrease car dependence and increase walking or biking while promoting community revitalization. Numerous strategies can be implemented including: investing in local shops, services, parks and trails as attractive destinations for pedestrians, cyclists and public transit users. Transit Oriented Design (TOD) principles can serve as a tool to complete the streets. TOD describes a means of developing communities to create a mixed-use environment that is walkable rather than auto dependent. It provides a form of development that better integrates land use and transportation.

RESULTS

- Safe Routes to School Grant Award to Shape Up SF (May 2007)
- Sunday Streets launched and presented by Shape Up SF Physical Activity Council (Summer 2008)
- Continued development of Mayor's Better Streets Initiative (Ongoing)
- Ongoing Blue Greenway development (Ongoing)
- First bike light at Fell and Masonic (September 2008)

2. Promote overall community aesthetic and atmosphere of safety to encourage outdoor physical activity and recreation.

In order to encourage physical activity and the use of outdoor recreation areas, outdoor environments need to be pleasant and safe. Community safety efforts can reduce barriers to outdoor activity through monitoring or patrolling programs, including resident-led Neighborhood Watch programs or by city officials such as police officers. Aesthetic improvements to the community atmosphere can encourage the use of outdoor recreation areas by creating a more appealing and inviting environment. These enhancements can be as simple as providing trash bins, benches or planting flowers. Community clean-up days combine the two concepts of safety and aesthetics by allowing community members to become a visible force in the community as well as making immediate improvements.

RESULTS

- Mayor's Office of Greening Initiative (Ongoing)
 - Increased greening along thoroughfares throughout the city
 - Victory Garden at City Hall
- Shape Up BVHP (September 2007 – present)
 - Quesada Gardens Initiative's community gardens
 - Double Rock Garden as site for Bret Harte Elementary Students
- Rec Connect
- Sunday Streets events (Summer 2008)



3. Incorporate explicit health criteria into planning processes.

Requiring that each general, area and redevelopment plan contain a health element that includes access to, and availability of, facilities and park land to encourage physical activity will ensure that new or infill development creates healthier communities. New buildings are designed in a way that promotes stair use and walking paths to foster physical activity. Attention is paid in the planning process to access to healthy food and safe places to play and exercise. Such strategies are the most likely to change the environment in a way that helps people make the healthiest choices.

RESULTS

- Healthy Development Measurement Tool completed and being tested

4. Ensure that all neighborhoods have access to fresh, healthy, nutritious foods - including vegetables and fruits.

Not all neighborhoods have access to healthy food. Some communities are dependent on the corner store for food. Often, these stores carry a preponderance of alcohol, tobacco and heavily processed foods, and little or no fresh produce. Hi-sugar and hi-fat foods including soft drinks, salty snacks, sweets and desserts comprise almost 30% of all calories consumed by people in the U.S. The current food system favors animal products and highly-refined, calorie-dense foods, over fresh, minimally-processed foods which are more nutritious. Research has shown that when a poor neighborhood finally gets a grocery store, consumption of fresh produce increases by 32% (Morland et al., 2002).

RESULTS

- Increased fresh fruits/veggies in school lunch (Ongoing)
 - Salad bars at over 40 SFUSD schools
- BVHP farmers' market open for three years (Spring 2005 – present)
- Southeast Food Access Working Group (February 2007 – present)
 - Surveyed 600 BVHP residents regarding food access preferences
 - Working with existing retail markets to increase fresh produce
 - Supported Mayor's Office of Economic Workforce Development to bring in Fresh and Easy to BVHP scheduled to open in April 2010.
- Somethin' Fresh: Youth employment & fruit delivery in BVHP (Summer 2006 – present)
- Increased funding for Mayor's Summer Lunch program (Fall 2007)
- Support for meals served in family child care provider homes

5, 6 & 7. Create Healthy Worksites

5. Develop and adopt health and wellness worksite criteria/standards
6. Adopt standards for the provision of healthy, sustainable food at all meetings and events.
7. Adopt healthy vending machine legislation

The cost of employee healthcare benefits is skyrocketing for both employers and employees. To decrease the cost of treating chronic diseases, a focus on prevention is necessary. Workplace Wellness standards have benefits to both the employers and employees, and are the first step toward creating healthy places for people to work productively. Preventive health and wellness activities reduce the risk of chronic diseases and therefore lower healthcare costs, decrease worker's compensation costs, increase productivity, decrease absenteeism, and create a more positive work environment. Workplace environments that offer incentives for employees to seek preventive healthcare practices -- such as reimbursement or coverage policies -- will see an increase in employee health and a reduction in overall healthcare costs to all parties.

RESULTS

- CCSF Shape Up @ Work Coordinators meetings (Ongoing)
- Worksite Wellness Breakfast forum with Chamber of Commerce (May 2006)
- DPH Healthy and Sustainable Food Policy adopted by Health Commission (July 2006)



- Adoption of San Francisco Shape Up at Work Standards by Small Business Commission (September 2006)
- Shape Up SF members advocated to create financial incentives for primary prevention in the local Healthy SF health access plan (2007)

8. Coordinate Food Systems

Numerous admirable and important organizations, agencies and individuals have worked to create a healthy, robust food system for San Francisco. To that end, it is vital to create a consistent institutional food systems presence, which includes broad community representation, within the San Francisco legislative or executive branch to direct resources and hold city agencies, departments, businesses and community organizations accountable for the implementation of approved/endorsed food policy recommendations. This group could also coordinate social marketing campaigns to educate about both nutrition as well as food systems.

RESULTS

- Food Systems position created in DPH (2008)
 - Citywide Food working group developed comprehensive food policy
- Food Security Task Force implementation of recommendations (Ongoing)
- Urban Rural Roundtable launched (October 2008)
- Slow Food Nation (September 2008)

9. Coordinate Physical Activity Services and Policy

Just as a need exists to coordinate food systems work, so is it with physical activity. Coordinating the vast array of physical activity opportunities and their providers as well as creating a venue to consider policy recommendations is vital to ensuring that the environment is conducive to promoting physical activity.

RESULTS

- Physical Activity Council launched (February 2008)
- Drafted Executive Directive on Physical Activity, Nutrition and Food Systems and accompanying Compendium (Summer 2008)
- Conducting Policy Analysis on barriers to physical activity
- Presented two Sunday Streets events (Ongoing)
- Partnered with the YMCA's Pioneering Healthier Communities (October 2007 – present)
 - Serving as model program for national initiative



10. Identify Stable Funding Source

Research opportunities to create a long-term funding base for physical activity and nutrition/food system work. This work is currently not funded in a significant way. Much of the work challenges current social norms and faces heavy marketing by the food industry. Lack of a solid funding base will continue to thwart efforts to promote healthy communities and healthy behaviors.

RESULTS

- Mayor's Office is evaluating feasibility of a calorically-sweetened beverage fee (Ongoing)
- Mayor's Office provided General Fund support for Shape Up SF staffing and projects (Ongoing)
- Children's Fund allocation to Shape Up Shape Up San Francisco

Shape Up SF Projects & Events

In keeping with the Shape Up SF model, below is a selection of projects, policies and events in which Shape Up SF was involved over the past two and a half years:

Policies

- Catering Truck Ordinance, keeping catering trucks and the unhealthy food they sell at least three blocks from a school's perimeter.
- Supervisor Maxwell sponsored the voluntary TransFat Program legislation, whereby restaurants can voluntarily participate by keeping trans fats out of their food.
- Supervisors Ammiano, Mirkarimi, Maxwell, Dufty, and McGoldrick sponsored a Menu Board Labeling ordinance requiring chain restaurants to post calories on their boards and calories, fat, carbohydrates and sodium on their menus. Unfortunately, this legislation will be superseded by less stringent State requirements recently adopted.
- Shape Up partner, SF Food Systems, advised the Mayor's Office on the Farm Bill.
- DCYF provided funding to SFUSD to pilot Point of Sale (POS) equipment (and grab and go) at two schools and secured funding for two additional schools.
- Requiring DCYF-funded afterschool programs to provide a healthy snack according to USDA nutrition guidelines.
- Department of Public Health, San Francisco Food Systems and Department of the Environment developed a comprehensive set of Citywide sustainable food policies. Out of this, the first Urban Rural Roundtable was convened in October 2008, and an executive directive will be issued in late 2008.
- Southeast Food Access (SEFA) Working Group supported Mayor's Office successful efforts to identify a full service market in the Bayview Hunters Point, through a community survey, identifying potential businesses, including the market that ultimately will build there, Tesco.
- SEFA has supported local BVHP markets and engaged private, pro bono services as well as convened city agencies to create a more robust food system in the BVHP.

Programs and Events

- Shape Up SF coordinated two Walking Challenges engaging schools, afterschool programs, worksites, and recreation centers to participate. Shape Up SF launched an awareness campaign, "Take Strides", to promote the Walking Challenge in 2007.
- The Department of Recreation and Park held 19 tournaments and reached over 1500 youth who do not normally participate in athletic leagues.
- Increased Summer Lunch participation by 8% in 2006 and 4% in 2008.
- In October 2007, Kaiser Permanente funded a two year Shape Up BVHP school/community garden project for \$260,000. All Bret Harte Elementary students are gardeners at the DoubleRock Garden and are learning about nutrition and getting physical activity as they work in the garden.



Awareness and Education

- The Shape Up website was launched. www.ShapeUpSF.org
- In 2008, Shape Up implemented the Soda Free Summer Campaign as part of regional initiative. Nearly 1000 San Franciscans actively participated in campaign and over 40,000 received Soda Free Summer message.
- Through "Power Play" and the American Cancer Society, DCYF is providing nutrition education and support at all summer lunch sites.



Data and Research

- SUSF supported the grant and research of Susan Zieff, PhD, an SFSU professor of Kinesiology, who is researching attitudes and knowledge of physical activity in different SF adult populations.
- Shape Up SF partnered with the YMCA's Pioneering Healthy Communities. This will support the Physical Activity Council's analysis of policies that impact on people's ability to be physically active.



The Challenge of Chronic Disease Prevention

The term “chronic disease” often conjures images of older adults, clinics, doctors, prescriptions and a lifetime ailment of some form. People often associate chronic diseases with individual choices such as eating or smoking too much or exercising too little. However, these images simply don’t capture the nature, origins and scope of the chronic disease epidemic that faces the city, state and nation. Today, as has been often cited, children may not have as long a life span as their parents due to chronic disease and its forerunner overweight and obesity. No longer is it only older who adults suffer from heart disease, diabetes and hypertension; increasingly **children** are facing these same issues.

Certainly, the choices people make impact their health. However, if you cannot buy fresh produce or your neighborhood is too dangerous for exercise or play, then that choice has effectively been taken away. When considering the roots of chronic disease, they are ultimately far more widespread than “choices” of the individual. To that end, addressing chronic disease is far more complicated and nuanced than simply asking people to eat their fruits and vegetables and start exercising 30 minutes a day. To ask people to make those ‘simple’ changes, we must consider how their behaviors are shaped by their social, physical and political environments. Consider how someone with post traumatic stress due to violence might turn to food, alcohol or sleep to numb the pain; how a low-income mom shops at her corner market (which has an overabundance of cheap, fatty, highly processed food) because there is no full service market nearby; how a parent might require their child to stay indoors to avoid the gunshots or unsafe traffic patterns. Incorporating a daily walk to school may not be possible in a city that buses children across the city to achieve an integrated school system.

These are but a few of the challenges we face in addressing chronic disease; and they only begin to illuminate the multi-disciplinary, collaborative approach that is required to create the settings that make it easy, fun and accessible to make the healthy choice. That is the goal of The Mayor’s Challenge: Shape Up San Francisco Initiative.

The Facts

A nutritious diet and regular physical activity are key protective factors against a range of chronic diseases including heart disease, hypertension, diabetes, poor mental health, and some cancers. However, 2005 California Health Interview Survey (CHIS) data show that only one third (34%) of adult San Franciscans are moderately or vigorously physically active and among SFUSD high school students, only one in four (25%) reported meeting recommended levels of physical activity. CHIS data reveal that children (60%), teens (81%) and adults (47%) eat fewer than five servings of fruits and vegetables a day (2005).

In turn, more than 40% of San Francisco adults were overweight or obese (2005, CHIS). Among children, in 2004, nearly one quarter (24.4%) of San Francisco children in grades 5, 7, and 9 were overweight (California Center for Public Health Advocacy, 2006). According to the 2007 Youth Risk Behavior Survey, 9% of San Francisco Unified high school students are overweight and 13% are at risk for becoming overweight (ETR, 2007). Childhood overweight is of concern because researchers note that 75% of overweight children are at risk for being overweight as adults, contributing to increased cases of diabetes, heart disease and other chronic diseases.

Chronic Diseases

According to the California Health Interview Survey, the percent of adults who have been diagnosed with heart disease has been going down in both California (from 6.9% to 6.2%) and San Francisco (from 6.4% to 4.5%) since 2003. These hopeful trends are likely a result of decreased smoking prevalence. However, heart disease remains the leading cause of death in California and San Francisco (Aragón, Reiter, & Katcher, 1998), and a major source of disability worldwide.

Stroke is the third leading cause of death in the United States and in California. Each year about 700,000 people suffer a new or recurrent stroke in the United States, and over 150,000 of these people die



(NCHS, 2004). In San Francisco, stroke was the fourth leading cause of death among all ethnicities, ranking second or third among females, and among the top nine for males (Aragón, Reiter, & Katcher, 1998).

Diabetes, one of the most expensive chronic diseases, has been diagnosed in 6.2% of San Francisco adults (CHIS, 2005).

Disparities

The burden of preventable chronic disease in San Francisco is substantial, as measured by the linkages between chronic disease and premature death described above. But especially troubling are the health disparities related to obesity, cardiovascular disease, and diabetes among San Francisco's African American and Latino populations. Further, there is a general need to increase physical activity and healthy eating among all residents, regardless of race or ethnicity, in low-income areas of the city.

Across all of these issues – overweight/obesity, heart disease, diabetes, etc. – Latino and African American San Franciscans generally fare worse, insofar that they bear a disproportionate share of the disease burden. Overweight and obesity prevalence highlights these disparities: Latino (27%) and African Americans (34%) have a much higher prevalence of obesity than Caucasian (15%) San Franciscans (2005, CHIS). Diabetes data demonstrate the same trend: 12.4% of African Americans participating in the 2001 CHIS reported that they had been diagnosed with diabetes, compared to 3.0% of Whites and 3.0% of Asians. Data pooled from the 2003 and 2005 CHIS indicate that 16.0% of African Americans have been diagnosed with diabetes compared to 3.3% of Whites.

Years of Lost Life (YLL) data – a measure of premature death – show that the health burden of cardiovascular disease and diabetes is dramatically higher among the City's African Americans than among other race/ethnic groups and citywide rates. For African American men, YLL rates from heart disease and stroke (based on the age-standardized YLL per 100,000 population) are 91% and 114% higher, respectively, than citywide rates. For women, African American YLL rates from heart disease and stroke are 141% and 119% higher, respectively, than citywide. In the case of YLL from diabetes, the disparities are even more pronounced. Among African Americans in San Francisco—males and females—the YLL rate from diabetes is more than three times the rate for the city's population as a whole.

Although physical activity and healthy eating are critical protective factors against risks for obesity, cardiovascular disease, and diabetes, African Americans in San Francisco are much less likely to engage in physical activity or healthy eating than are San Franciscans as a whole, according to 2005 CHIS data. Almost one-fourth African American adults in San Francisco (23%) reported no vigorous or moderate physical activity, much higher than the 17 percent citywide. Similarly, almost two-thirds of African American adults (62%) reported eating less than five servings of fruits/vegetables a day, well above the 53 percent rate citywide.

Costs

The prevention and control of the major risk factors for chronic disease are critical to achieving a healthy population and reducing their economic impact. According to the Weight-Control Information Network, the economic cost of overweight and obesity in 2001 was \$61 billion in direct costs and \$56 billion in indirect costs. Direct costs include prevention, diagnosis, treatment, and hospital care, while indirect costs include lost wages due to illness or disability and the value of future earnings lost from premature death. This total does not reflect the cost of overweight and obesity on complications such as type 2 diabetes, heart disease, or cancer.

According to the California Department of Health Services (2005), the annual cost of obesity in California alone is \$6.4 billion. Coupled with the costs of inactivity and overweight, a precursor for obesity, California spent approximately \$21.7 billion in 2000. One out of every ten health care dollars spent in the U.S. is



spent on diabetes and its complications. The total annual economic cost of diabetes in 2002 was estimated to be \$132 billion (American Diabetes Association, 2003).

Although the prevalence of cardiovascular disease has declined since 2003 at the national, state, and local level, the cost of cardiovascular disease rose from \$394 billion in 2005 to \$431 billion in 2007 (Centers for Disease Control and Prevention, American Heart Association, National Heart Lung and Blood Institute, US Department of Health and Human Services).



Shape Up SF Strategic Plan: 2009-2014

Purpose

The purpose of this document is to create broad recommendations and strategies with which to guide the Shape Up SF Coalition over the next five years. As specific recommendations are taken on by the Coalition, specific objectives and measurable outcomes will be further defined.

Methodology

The following approach was taken to develop this five-year strategic plan:

1. In April of 2008, Shape Up SF convened a **Summit Planning Group** that consisted of the Shape Up SF Steering Committee and other Coalition members who met on a monthly basis to govern the development and progress of the strategic plan.
 2. Conducted a **literature review** of various community-action plans and strategic plans from other counties and jurisdictions to determine best practices in the area of chronic disease prevention.
 3. Developed a key informant interview protocol with best practices identified from the literature review. (The protocol is available as Appendix B). **Key Informant interviews** were conducted using the protocol with 55 key experts in the field identified by the Shape Up SF Steering Committee. Our experts were drawn from community based organizations, education, business, city agencies, elected officials, public health organizations, and others. Not all whom we wished to engage were reachable during our timeframe.
-



I. Environment: Neighborhoods

Overall Goal: All San Francisco neighborhoods will have increased opportunities for physical activity and access to healthy foods.

Goals	Planned Strategies	Desired Outcomes*
<p>I.A San Francisco neighborhoods will be safe and aesthetically pleasing to promote active transportation such as walking and biking.</p> 	<p>I.A1 Support and track the implementation of the Mayor’s Executive Directive on Physical Activity, Nutrition, and Food Systems.</p> <p>I.A2 Support initiatives that bring open space and opportunities for physical activity (PA) to all neighborhoods.</p> <p>I.A3 Analyze policies and enhance those that help promote physical activity and address those that get in the way or hinder opportunities for physical activity.</p> <p>I.A4 Conduct an assessment of safe, accessible, and affordable physical activity resources in San Francisco to create a comprehensive web tool to make information accessible to health providers and public.</p> <p>I.A5 Support efforts to create “safe routes” programs not just to schools, but also parks, recreation and public transportation centers.</p> <p>I.A6 Support Department of Recreation and Park (RPD) to make innovative use of facilities and programs.</p> <ul style="list-style-type: none"> • Activate and evaluate the joint-use agreements between schools and municipalities. • Evaluate enterprise zones as a way to raise revenue using existing 	<ul style="list-style-type: none"> • City department compliance with the Mayor’s Executive Directive on Physical Activity, Nutrition, and Food Systems. • Increased number of initiatives that provide open space and accessible and appropriate opportunities for PA such as Sunday Streets. • Completion of a policy analysis and a decrease in number of policies that unintentionally hinder opportunities for physical activity • Recommendations for a comprehensive database of safe, accessible, and affordable physical activity resources in San Francisco. • Increased number of safe routes programs to schools, recreation centers and public transportation centers • Increased use of RPD facilities via joint-use agreements, increased revenue, etc.



Goals	Planned Strategies	Desired Outcomes*
<p>I.B San Francisco residents will have access to affordable healthy foods.</p> 	<p>property.</p> <p>I.B1 Support and track implementation of the Mayor’s Executive Directive on Physical Activity, Nutrition and Food Systems.</p> <p>I.B2 Support culturally relevant nutrition education programs to low-income neighborhoods to increase knowledge of the benefits of healthy eating.</p> <p>I.B3 Create a robust and sustainable food system with urban agriculture and accessible foods.</p> <ul style="list-style-type: none"> • Continue to support Southeast Food Access workgroup to increase awareness and education about nutrition, urban agriculture and food access. 	<ul style="list-style-type: none"> • 100% compliance with the Mayor’s Executive Directive on Physical Activity, Nutrition and Food Systems in two years • Greater numbers of families participating in nutrition education programs • Increase of accessible quality foods, full service markets, local vendors and community gardens to all neighborhoods
<p>The following partners and strategies are already doing work in the neighborhood environment that is in alignment with the mission and goals of Shape Up, and we will continue to support their efforts:</p> <ul style="list-style-type: none"> • Support implementation of the Better Streets Plan (BSP). • Support the work of the Food Security Task Force. • Support Planning, Real Estate and Redevelopment Agencies in promoting development of land in higher density and more walkable neighborhoods. 		

* Specific measures will be developed as a component of establishing an evaluation framework and methodology.

Rationale:

Shape Up SF recognizes that getting regular physical activity or eating nutritious foods is often dependent upon where you live, thus not always a choice. Where you live can shape your health, for better or worse. The physical environment, social relationships, opportunities, and resources in a neighborhood or community shape our choices and health behaviors. Publications such as the Bay Area Regional Health Inequities Initiative’s (BARHII) report on Health Inequities in the Bay Area, Robert Wood Johnson Foundation’s issue brief on Neighborhoods and Health, and even California Newsreel’s documentary, *Unnatural Causes: Is Inequality Making Us Sick?* have brought much needed attention to how the social circumstances in which we live and the built environment have an influence on our health.

It is no doubt that place matters. Lower income neighborhoods tend to have higher numbers of alcohol, tobacco and fast food outlets and often lack full service markets with fresh, healthy and sustainable foods. Combined with a lack of open space, limited public transportation and high rates of violent crime, these communities have disproportionately higher rates of chronic disease such as heart disease, cancer, diabetes, and more. In contrast, neighborhoods that have clean and safe sidewalks, recreation areas,



access to affordable and nutrition foods and convenient and safe public transportation have better health outcomes.

Shape Up SF seeks to address this link between health and neighborhoods. Improving social and physical environments in neighborhoods is a critical strategy to improving the health of San Francisco residents. Shape Up SF will work to positively impact the physical, social, and service environments of all San Francisco neighborhoods. Neighborhoods that are safe and aesthetically pleasing naturally promote active transportation and outdoor activity. Safety also allows for improved quality of relationships, trust, and connectedness among neighborhood residents.

San Francisco has been a leader in innovative policies that promote the health and well-being of its residents. Shape Up SF can make progress toward achieving healthy neighborhoods by supporting the implementation of the Mayor's Executive Directive on Physical Activity, Nutrition, and Food Systems. In order to comply with the Executive Directive, city departments and agencies will incorporate policies that create environments for increased physical activity and improved nutrition, and these benefits will not only benefit employees, but also positively impact the public.

Shape Up will support initiatives that bring open space and opportunities for physical activity to all neighborhoods. In August and September of 2008, Shape Up presented a pilot project, Sunday Streets, that connected communities from Bayview Hunters Point to Chinatown, providing 4.5 miles of car-free space for San Franciscans and Bay Area residents to bike, skate, run, walk, dance, do yoga, and much more.

Another strategy to create more opportunities for physical activity is to evaluate the effectiveness of joint-use agreements for schools and municipalities. Shape Up SF will support and advocate for efforts to create access to school playgrounds on weekends and opportunities to activate those playgrounds in order for residents to have more open space for physical activity.

Shape Up also recognizes the importance of equal access for all San Francisco residents to healthy, affordable and nutritious foods. However, access to healthy, fresh foods is not enough. Culturally relevant nutrition education programs are needed to insure that residents understand the benefits to healthy eating. Shape Up will continue to support the creation of a robust and sustainable food system with urban agriculture and accessible, healthy foods through the work of the Southeast Food Access working group.



II. Environment: Schools, Afterschool, Child Care

Overall Goal: All San Francisco children and youth will improve their health through physical activity and nutrition in school, afterschool and child care.

Goals	Planned Strategies	Desired Outcomes*
<p>II.A Children and youth are physically fit.</p> 	<p>II.A1 Continue and expand programs and events such as Walk to School day, Shape Up SF Walking Challenge, Alliance for a Healthier Generation, Shape Up BVHP and Safe Routes to School to increase awareness for the benefits of physical activity.</p> <p>II.A2 Advocate for expanded youth recreation opportunities through improved playing fields, recreation facilities and playgrounds and shared use agreements between SFUSD and Recreation and Park (RPD) facilities.</p> <p>II.A3 Support culturally relevant training and technical assistance to child and youth serving community based organizations on incorporating physical activity into programs.</p> <ul style="list-style-type: none"> ▪ Eventually require all community-based organizations serving children and youth that receive funding from the City to provide a minimum amount of physical activity per day. <p>II.A4 Involve youth in providing leadership and advocacy around physical activity in school environments.</p>	<ul style="list-style-type: none"> • 5% increase in the number of schools participating in Walk to School Day each year for 5 years • Implementation of the Safe Routes to School Grant • Increase in the number of programs and participants in the Shape Up SF Walking Challenge by 5% per year for 5 years • Increased number of RPD sites available to the schools • Increased number of school yards open to the public • Number of improved playing fields, recreation facilities and playgrounds • Number of classes offered and number of individuals attending classes. • Implementation of policy requiring all City funded programs serving children and youth to incorporate physical activity into programs • Youth involvement in Shape Up SF, Student Nutrition and Physical Activity Committee.
<p>II.B Children and youth have access to healthy and appetizing food in schools, afterschool and child care programs that includes fresh,</p>	<p>II.B1 Increase participation in federal meal programs using various strategies such as:</p> <ul style="list-style-type: none"> ▪ Improving meal options at SFUSD schools (hot 	<ul style="list-style-type: none"> • Increased proportion of students eating school meals • Increase in number of child care



Goals	Planned Strategies	Desired Outcomes*
<p>sustainably produced fruits and vegetables</p> 	<p>breakfast in all elementary schools, salad bars in all middle and high schools, larger portions in high school meals, more choices for middle and high school meals, more Grab & Go Breakfast at middle and high schools;</p> <ul style="list-style-type: none"> ▪ Improve coordination between Human Services Agency and SFUSD for more effective direct certification; ▪ Support SFUSD meal application return; ▪ Support implementation of Point of Sale (POS) system at all SFUSD schools; ▪ Support sponsors of Child and Adult Care Food; Program and advocate for less red tape for sponsors ▪ Continue to expand Summer Food Service Program and After School Snack Program and continue local level funding for these programs; <p>II.B2 Advocate federal, state and local funding for federal nutrition programs so that food quality and sustainability can be improved</p> <p>II.B3 Support culturally relevant training and technical assistance to child and youth serving community based organizations on creating</p>	<p>providers participating in Child and Adult Care Food Program</p> <ul style="list-style-type: none"> • Increased proportion of students categorically eligible for school meals through direct certification • Increase in number of meal applications returned • Phased in implementation of POS system to all schools within five years • Improvements to Child Nutrition Act including less red tape and more funding for these programs



Goals	Planned Strategies	Desired Outcomes*
	<p>healthy nutrition environments in programs and eventually create nutrition standards for all community based organizations serving children and youth that receive funding from the City.</p> <p>II.B4 Continue to promote awareness and education around the importance of nutrition through programs such as:</p> <ul style="list-style-type: none"> • Soda Free Summer • Health fairs • Alliance for a Healthier Generation • Nutrition Education in Summer Food Service Program • School gardens 	<ul style="list-style-type: none"> • Number of commitment cards returned and number of sites implementing Soda Free Summer • Curriculum and materials developed for 0-5 year olds and their families for Soda Free Summer • Number of health fairs • Number of sites receiving nutrition education in the Summer Food Service Program
<p>The following partners and strategies are already doing work in the schools, afterschool and childcare environment that is in alignment with the mission and goals of Shape Up, and we will continue to support their efforts:</p> <ul style="list-style-type: none"> • The SFUSD goal that all students receive the required amount of quality, age appropriate and sequential physical education from a credentialed teacher (200 minutes in grades k-5 and 400 minutes in grades 6-12 per each 10 instructional days). • Monitoring, implementation and evaluation of the SFUSD Wellness Policy. • Work with the San Francisco Bicycle Coalition and SFUSD to identify funding for bike racks for SFUSD schools 		

* Specific measures will be developed as a component of establishing an evaluation framework and methodology.

Rationale:

Childhood is the time to develop healthy habits and institutions that educate and provide care for our children and youth such as schools afterschool and child care programs can play a key role in helping children learn good health habits and can have a major impact on their health outcomes. The proportion of working mothers in the United States has gone from 39% in 1975 to 63% in 2003 and children and youth are spending a larger proportion of their time away from home. Institutions, dedicated to educating and caring for our children can bear significant responsibility in providing opportunities for young people to eat healthy food and be physically active by creating environments where these behaviors are easy and the norm.

The health and well being of children and youth affects their capacities to develop learn and grow. While most children in San Francisco are healthy, grim disparities in health outcomes for many low income children of color continue to exist. These disparities are especially pronounced in rates of obesity, physical activity and healthy eating. The prevalence of obesity for African American and Latino San Franciscans is almost twice the prevalence of Caucasian San Franciscans. In 2004, nearly one quarter (24.4%) of San Francisco children in grades 5, 7, and 9 were overweight (California Center for Public Health Advocacy). According to the 2007 Youth Risk Behavior Survey for the San Francisco Unified



School District, 9% of their high school students are overweight and 13% are at risk for becoming overweight. Researchers note that 75% of children who are overweight are expected to be overweight as adults, contributing to increased cases of diabetes, heart disease and other chronic diseases and straining our healthcare system.

The behaviors that lead to overweight and obesity, poor nutrition and physical inactivity, are prevalent in our young people. Only 54% of SFUSD high school students report engaging in physical activity for at least 60 minutes five or more days per week and only 34% report eating a vegetable one or more times during the past seven days (ETR 2007).

Early intervention is key; a study conducted in 2006 lead by Rachel Kimbro and published in the American Journal of Public Health showed that the number of overweight preschoolers from low-income families is on the rise. Thirty percent of white and black children and 44% of Hispanic children were found to be overweight or obese. The study focused on 2000 three-year olds growing up in poverty in 20 cities.

Shape Up SF recognizes that changing behaviors and reversing the trends of poor nutrition and physical inactivity are not just a matter of personal choice or parental influence. Institutions that educate and care for our children have an opportunity to positively influence a child's choices and exposure in a safe and supportive environment, as well as engage parents about making healthy choices at home. Shape Up SF can assist afterschool and child care programs by helping build capacity for creating healthy nutrition and physical activity environments, providing training, connecting programs with resources available to them. Shape Up SF will focus on creating model policies for afterschool and child care programs and phase in requirements to implement policies while providing support and resources to do so. Shape Up SF can also connect programs to federally funded meal programs through the California Department of Education, SF Department of Children, Youth and Their Families or SFUSD.

Shape SF works to create opportunities for young people to engage in healthy behaviors and will continue to expand programs and events such as Walk to School day, Shape Up SF Walking Challenge, Soda Free Summer, Alliance for a Healthier Generation, Shape Up BVHP and Safe Routes to Schools to increase awareness of the benefits of physical activity. Additionally Shape Up SF will advocate for expanded youth recreation opportunities through improved playing fields, recreation facilities and playgrounds and shared use agreements between SFUSD and RPD facilities.

Shape Up SF also recognizes the importance in involving youth in program planning and advocacy. Youth can provide new perspective on decision making and more relevant information about the needs and interests of young people. They provide fresh ideas and can provide candid opinions about programs. Shape Up SF will work with youth leadership organizations such as the SFUSD Student Council and the San Francisco Youth Commission in program planning, implementation and advocacy.



III. Environment: Worksites

Overall Goal: All San Francisco employees will work in settings that promote healthy eating and active living in order to reduce prevalence of chronic disease particularly among those at greatest risk.

Goals	Planned Strategies	Desired Outcomes*
<p>III.A Policies are in place for employees and employers to eat healthfully and be physically active.</p> 	<p>III.A1 Identify incentives (financial, release time, subsidized programs and otherwise) that employers can use to encourage and promote prevention and worksite wellness policies and programs.</p> <p>III.A2 Identify opportunities to incorporate prevention and incentivize employers to offer quality worksite wellness programs.</p>	<ul style="list-style-type: none"> CCSF employees are offered a comprehensive worksite wellness program that result in reduced absenteeism, decreased health costs, and increased productivity. Worksite wellness programs count toward employers' contribution to employee health plans
<p>III.B Employers create the settings that support their employees to eat healthfully and be physically active.</p> 	<p>III.B1 Develop strategic partnerships with organizations and agencies to support employers as they adopt effective worksite wellness policies, programs and activities.</p> <p>III.B2 Continue to promote and implement Shape Up @ Work Guidelines.</p> <ul style="list-style-type: none"> Develop a web-based tool kit for the Shape Up Guidelines <p>III.B3 Research and develop CCSF Vending Machine legislation</p> <p>III.B4 Promote and support programs & events such as: Stadium to Stadium, Walking Challenge, Health fairs, Soda Free Summer, Active for Life</p>	<ul style="list-style-type: none"> Number of employers providing comprehensive worksite wellness programs for their employees increases, and employers report that: <ul style="list-style-type: none"> - absenteeism is reduced - productivity boosted - health costs decreased
<p>The following partners and strategies are already doing work in the worksite environment that is in alignment with the mission and goals of Shape Up, and we will continue to support their efforts:</p> <ul style="list-style-type: none"> Support the Breast Feeding Coalition in their efforts to implement the California Lactation Accommodation Law. 		

* Specific measures will be developed as a component of establishing an evaluation framework and methodology.



Rationale:

Due to the substantial increase in total expenditures for health care paid by organizations and businesses, the worksite is the ideal place to implement prevention and wellness programs. In 2006, employer health insurance premiums increased by 7.7% – two times the rate of inflation. The annual premium for an employer health plan covering a family of four averaged nearly \$11,500. The annual premium for single coverage averaged over \$4,200 (Kaiser Family Foundation, 2006). Over 50% of corporate profits now go toward health care costs versus 7% three decades ago.

The Prevention Institute cites that inflation-adjusted national health care expenses rose over \$200 billion from 1987 to 2000. Fifteen costly medical conditions, including diabetes, hypertension, heart disease, and cerebrovascular disease, accounted for more than half of that overall growth. Because the American population is aging and getting heavier, health care spending is estimated to rise 25% by 2030 with chronic diseases, such as heart disease, cancer, stroke, and Type 2 diabetes accounting for 75 % of health care costs. Medical care costs for chronic disease currently account for more than 60% of the nation's medical care costs. (CDC, 2007).

The average cost/benefit ratio for wellness programs based on a summary of 28 articles was \$3.48 saved per \$1 invested (Ozminkowski, et.al., 2001). For example, employees at the Johnson & Johnson Company were evaluated before and after the implementation of their health and wellness program (Live for Life). Results indicated a large reduction in health care expenditures (approximately \$224.66 per employee) over a 4 year period (Ozminkowski, et.al., 2002). The Live for Life program emphasized health promotion and disease prevention versus just focusing on treating disease and illness. Services included health risk assessments and appropriate referrals to programs based on health risk assessment responses, health education programs, and ergonomic assessments.

In 2005, King County sought to improve employee health and decrease ever-escalating health care cost by reforming their health benefits to provide financial incentives for primary prevention activities. In their preliminary evaluation they found that the results of the wellness assessment in 2006 and 2007 show an improvement in indicators of individual health, including reduction in body mass index (BMI), improvement in nutrition patterns, and increase in physical activity. These early findings reinforce the expectation that these programs will contribute \$6.9 million in savings in 2007 – 2009.

In evaluating worksite wellness programs, organizations and businesses often look at rates of absenteeism (related to sick days), health care expenditures, and workers compensation and disability claims. More organizations and businesses are beginning to examine the 'hidden' costs of productivity loss referred to as presenteeism (Levin-Epstein, 2005). Presenteeism is lost productivity that occurs when employees come to work but perform below par due to any kind of injury or illness (Levin-Epstein, 2005). A study conducted by Cornell University found that presenteeism costs were higher than medical costs in most cases, and represented 18 to 60 percent of all costs for 10 health conditions¹. For example, the total cost to the United States for workers that experience migraines and headaches is \$12 billion dollars and accounts for 60 to 70 percent of lost productivity (Goetzel, et.al., 2002).

Chronic diseases are not only costly from a medical perspective, but they also impact productivity by way of absenteeism, presenteeism and disability. There are three key modifiable risk factors that lend themselves well to worksite wellness programs and at the same time have tremendous potential to reduce healthcare costs, boost productivity, and improve morale: smoking, nutrition and physical activity.

Worksite Health and Wellness Strategies

A comprehensive worksite wellness program, as defined by *Healthy People 2010*, should contain the following components: health education, supportive social and physical environments, integration of the program in the organization's structure, linkage to related programs like employee assistance programs,

¹ Allergy, arthritis, asthma, any cancer, depression, diabetes, heart disease, hypertension, migraine/headache, and respiratory disorders



and screening programs (United States Department of Health and Human Services [HHS], 2000). The *Healthy People 2010* components are model strategies proven to be effective in the development and sustainability of a comprehensive worksite wellness program.

These strategies include, but are not limited to health risk assessments, workshops and classes, employer subsidized health club memberships, release time during the workday for employees to be physically active, and various incentives and rewards.

Additionally, the US Task Force on Community Preventive Services has identified key worksite health promotion strategies that provide strong return on investment, including screening, programs, education, policy, and assessment.

Health Risk Assessments

Health Risk Assessments (HRA) are a systematic approach to collecting information from individuals that identifies risk factors, provides individualized feedback, and links the person with at least one intervention to promote health, sustain function and/or prevent disease (Centers for Disease Control and Prevention, 2007). HRAs are also an effective tool to evaluate the individual impact of a worksite health and wellness program. Companies often provide rewards and incentives for completing an HRA and subsequently reducing one's risk of chronic disease and illness. The Quaker Oats Company spent up to \$300 per employee that was allocated across numerous activities and had an 82 percent HRA completion rate (PricewaterhouseCoopers, 2005).

Workshops and Classes

Workshops and classes provide important information and concrete strategies people can utilize to improve their overall health and well-being. Such workshops and classes can raise awareness and encourage employees to improve their nutrition and physical activity habits both at work and at home. For example, the City's Human Services Agency and Public Utilities Commission offers weekly yoga and dance classes during the lunch hour at a discounted rate to City employees. These types of classes as well as others should be available during the workday as a way to foster healthy behaviors among all City employees. Additionally, the Employee Assistance Program (EAP) offers a variety of free workshops and classes for City employees, retirees and their family that addresses stress management, time management, and balancing work and family.

Employer Subsidized Health Club Memberships

Providing subsidized health club memberships to employees and their families is a strategy that encourages physical activity and fosters a healthy lifestyle. Many health clubs are located in close proximity to City offices and the employee's residence, which make them easily accessible. Health clubs that provide discounted memberships are also often willing to provide on-site services to employees (i.e. chair massages, light aerobic exercise classes, and seminars on various health related topics).

Release Time for Employees to be Physically Active

Providing employees release time during work to be physically active is a great way to promote health, boost employee morale, and increase productivity. For example, the City's Department of Public Works (DPW) Health and Safety Program facilitates seven minutes of daily stretching for twenty different DPW employee groups. A recent review by DPW's Health and Safety Program, showed that since the inception of the daily stretching, there was a 20% reduction in worker injuries over a one-year period. Ensuring employees are allocated the appropriate amount of time to be physically active not only increases productivity, but also ensures enjoyment of regular activities.

Incentives and Rewards

Incentives and rewards are great ways to encourage employees to adopt healthy behaviors and should be viewed as *one* aspect of a comprehensive approach to promote worksite health and wellness. Providing adequate incentives and rewards for participating in workplace wellness programs can increase participation and improve employee morale. According to a study of CEOs from 150 large US employers, 80 percent said that incentives were the most promising tool for reducing health care costs



(PricewaterhouseCoopers, 2005). For example, Johnson and Johnson's Health and Wellness Program had a 90 percent participation rate among employees when they provided a \$500 rebate on medical premiums. On a smaller scale, Hoffman-La Roche, a health care company in Switzerland offered their employees \$25 gift certificates and had a 30 percent participation rate (PricewaterhouseCoopers, 2005). Furthermore, investing in rewards can pay off over time, because research shows that small changes, when practiced by enough people, produce sizable savings in health care expenditures (PricewaterhouseCoopers, 2005). The Journal of Occupational and Environmental Medicine (2007) found that modest financial incentives could be a success in getting employees to lose weight through a study involving overweight patients at several colleges in North Carolina.



IV. Environment: Healthcare

Overall Goal: Engage health care system in chronic disease prevention by encouraging clients to increase protective factors such as improved nutrition and increased physical activity.

Goals	Planned Strategies	Desired Outcomes*
<p>IV.A Health care settings promote healthy eating and active living for all ages.</p> 	<p>IV.A1 Develop health promotion and prevention messaging for physicians.</p> <p>IV.A2 Partner with the Child Health Disability Program Childhood Obesity Prevention Work Group to complete the evaluation of the Physical Activity and Nutrition Education Referral Line.</p> <ul style="list-style-type: none"> • Evaluate the feasibility of developing an interactive website listing physical activity resources for use as referral system by health practitioners and self referral by individuals. <p>IV.A3 Advocate that new hospitals and clinics are built with open stairwells, open space for exercise, and are co-located with transit.</p>	<ul style="list-style-type: none"> • Physicians and health care professionals incorporate nutrition and physical activity messaging in their patient visits. • Patients understand the importance of being physical active and eating healthfully and take steps to do so. • Providers regularly prescribe exercise. • More SF residents participate in existing physical activity programs. • Patients, visitors and employees integrate healthful practices on site.
<p>IV.B All providers screen for health risks.</p> 	<p>IV.B1 Incorporate screening for chronic disease risk and protective factors: including BMI, lipid panel screenings, smoking, physical activity, consumption of fresh produce etc. into current protocols.</p> <ul style="list-style-type: none"> • Work with health care providers, clinics, hospitals, health plans, professional organizations, the San Francisco Department of Public Health, health provider training and education programs, researchers, academics and others. 	<ul style="list-style-type: none"> • Patients are more physically active, eat more healthfully and are protected against chronic disease as a result of provider advice.
<p>IV.C Prevention services are more widely available and</p>	<p>IV.C1 Work with statewide and national organizations to</p>	<ul style="list-style-type: none"> • Prevention services are reimbursed.



Goals	Planned Strategies	Desired Outcomes*
<p>utilized.</p> 	<p>advocate for reimbursement of obesity prevention services for MediCare and MediCal.</p> <p>IV.C2 Work with public and private partners to adopt a policy to prevent chronic disease and improve health and well being.</p> <ul style="list-style-type: none"> • Hospitals/health insurers invest in communities to improve safety and environments that promote more physical activity and nutritious eating; reimbursement for preventive services; lower health insurance premiums and costs. 	<ul style="list-style-type: none"> • Health Care settings prioritize chronic disease prevention at both individual and community levels.
<p>The following partners and strategies are already doing work in the healthcare environment that is in alignment with the mission and goals of Shape Up, and we will continue to support their efforts:</p> <ul style="list-style-type: none"> • Support the San Francisco Breastfeeding Promotion Coalition (SFBFPC) to assess workplace compliance with the California Accommodation Law to develop a portrait of Accommodation in San Francisco. 		

* Specific measures will be developed as a component of establishing an evaluation framework and methodology.

Rationale:

According to the U.S. Preventive Services Task Forces' *Guide to Clinical Preventive Services* (1996), primary prevention is considered the most cost-effective way to provide effective health care. Not only does primary prevention minimize health care costs, but it also prevents unnecessary pain and suffering. "Although they are often viewed as an after-the-fact add-on to treatment, primary prevention strategies are a natural complement to medical care and treatment. As the capacity of the U.S. health care system approaches a breaking point (Cooper, Getzen, McKee, & Prakash, 2002), prevention becomes even more critical. A systematic investment in prevention lessens the burden on the health care system, translating into higher-quality care and treatment services for those truly in need" (Cohen, et al., 2007).

In the 2005 New England Journal of Medicine article "A Potential Decline in Life Expectancy in the United States in the 21st Century" by S. Jay Olshansky et al., the authors determine that for the first time since the early 19th century children will not live as long as their parents. The major culprit: childhood obesity as a result of imbalances between physical activity and nutritional intake. Obesity leads to multiple chronic diseases, including Type II diabetes, sleep apnea, joint and bone problems, and fatty liver disease. The prevalence of these obesity-related diseases is increasing among overweight children. In addition to physical consequences, mental health can be negatively affected. In girls as young as five years old, lower self-esteem was noted among those with higher weight status (Pediatrics, 2001).

Healthcare providers are in a unique position to provide advice regarding ways to prevent the development of obesity as well as appropriate weight-loss methods for both adults and children. In 2007, the National Institute for Child Healthcare Quality (NICHQ) released "Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight



and Obesity". This implementation guide synthesizes best practices in childhood obesity developed from an expert committee comprised of the AMA, HRSA, and CDC and underscores the need for healthcare professionals to provide appropriate counseling to prevent and treat pediatric obesity.

The cost of treating chronic disease is skyrocketing. While these chronic diseases are reimbursed through most health insurance companies, their prevention and treatment is not. Preventing the development of these diseases will not only reduce the healthcare costs, but, more importantly, will improve the quality of life and increase the lifespan of today's children.





APPENDIX A: Shape Up SF Policy Platform

PURPOSE

The Policy Platform provides a public statement of Shape Up SF's positions on relevant policy areas, with the intent of providing leadership and building a local consensus and constituency to support all those who live, work, learn and play in San Francisco. This Platform is designed to be a living document that will be revisited and revised regularly to ensure that it reflects the mission, vision and values of Shape Up SF which is to increase the awareness of and opportunities for increased physical activity and improved nutrition where people live, play, work and learn.

POLICY PLATFORM ISSUE STATEMENTS

The Policy Platform Issue Statements represent the four environments in which the Coalition focuses its work and as reflected in Shape Up SF's Strategic Plan.

The policy statements below are not all inclusive but provide an overall guide for policy decision making and advocacy. They address the question "what would Shape Up SF like to see happen in the future for all San Franciscans – during the next 5 or 10 years."

- A. Neighborhoods
- B. Schools, After Schools, Child Care
- C. Worksites
- D. Health Care

A. NEIGHBORHOODS

Broad Results Statement: All San Francisco neighborhoods will be active communities with healthy food systems.

Shape Up SF supports local, state and federal legislation, regulation, court, and public and private business policies that:

A1. Improve the built environment, land use, transportation and zoning policies to promote physical activity options and access to nutritious and sustainably sourced foods.

A1a. Develop general and redevelopment plan that contain a recreation element that include access to and availability of facilities and parks to encourage physical activity.

A2. Influence nutrition and sourcing practices in the restaurant industry.

A3. Ensure all residents have access to high-quality, appealing and affordable fruits, vegetables, and other nutritious and sustainable foods.

A4. Create and maintain access to aesthetically appealing and safe trails, parks, walkways, sidewalks, urban edible gardens, open spaces, and thoroughfares to promote increased physical activity.

A5. Ensure that access to physical activity opportunities, programs, and facilities is accessible to all residents of San Francisco.



B. SCHOOLS, AFTER SCHOOL, CHILD CARE

Broad Results Statement: All children will improve their health through physical activity and nutrition in school, after school, and child care settings.

Shape Up SF supports local, state and federal legislation, regulation, court, and public and private business policies that:

B1. Ensure that all children have opportunity for regular physical activity and access to healthy and sustainable food.

B1a. Ensure that all children (k-12) receive required minutes of physical activity.

B2. Support monitoring, implementation, and evaluation of school, after school, and child care wellness policies.

B3. Support edible gardening and nutrition programs and farm to school efforts resulting in increased access to fresh produce in all schools, after schools, and child care programs.

B4. increased opportunities for walking and biking to school

C. WORKSITES

Broad Results Statement: All San Francisco employees will be healthier as a result of worksites that promote healthy eating and active living.

Shape Up SF supports local, state and federal legislation, regulation, court, and public and private business policies that:

C1. Support policies and programs that provide incentives to employers committed to the health of the community.

C2. Support policies and programs that create work settings that support employees to be more physically active and to eat healthfully.

D. HEALTH CARE

Broad Results Statement: Chronic disease prevention is a priority in the Health Care System.

Shape Up SF supports local, state and federal legislation, regulation, court, and public and private business policies that:

D1. Require insurance companies and federal government to reimburse for preventive services and health promotion activities.

D2. Include health promotion, prevention, and early intervention in hospital funding provisions.

D3. Assist the network of primary care and community-based clinics to create health promotion activities accessible to all San Franciscans, including those with Healthy SF, Medical, etc.



APPENDIX B: Key Informant Interview Protocol

Shape Up SF Overview

The Mayor's Challenge: Shape Up San Francisco mission is to increase the awareness of and opportunities for increased physical activity and improved nutrition where people live, play, work and learn. Our vision is to be a driving force creating and promoting safe, healthy eating and active living environments in the City of San Francisco; it is a national model for results-focused community health promotion and improvement.

Shape Up SF has four primary goals:

- To reduce chronic disease and disparities among San Franciscans using culturally and age appropriate strategies.
- To create environments that support healthy eating and active living in San Francisco.
- To provide fun, motivating and accessible opportunities for people who live, learn, work and play in San Francisco to get physically active.
- To encourage everyone to use the resources available in San Francisco to get active and eat healthfully.

In order to achieve its goals, Shape Up SF has identified four strategies:

- Policy advocacy and environmental prevention: Create environments, through policy and organizational change, to support healthy eating and active living.
- Programs and events: Provide opportunities for physical activity and good nutrition in the community, at worksites, etc.
- Research and data: Conduct research and share data on pertinent nutrition and physical activity issues.
- Awareness: Increase awareness of the importance of physical activity and nutrition through campaigns, advisory councils, website, etc.

Purpose of Summit

Shape Up SF has made great progress since its launch at a summit in April of 2006. At the 2006 summit, Shape Up SF introduced its top ten priorities and action steps and attendees broke into roundtable discussions to tackle issues such as food access, worksite wellness, the built environment's impact on public health, and the physical activity council.

Now it is time to look back and recognize the accomplishments of Shape Up and its coalition members, as well as look forward to new challenges and projects. At the 2008 Summit, Shape Up SF will be unveiling a five-year strategic plan for chronic disease prevention that focuses on the protective factors of physical activity and food systems/improved nutrition.

Purpose of Key Informant (KI) Interview:

The Shape Up SF Coalition has identified you as a key informant in one or more of the environments in which we focus our work: Worksites, Neighborhoods, Schools/After School/Child Care, Health Care. The purpose of this interview is to gather your feedback on the strategies identified by the Shape Up SF Coalition to address chronic disease, particularly among populations experiencing the greatest health disparities. We will integrate your feedback with that of other key informants, share this information with the Shape Up SF Coalition, and develop a five-year strategic plan on chronic disease prevention.



Overview of Key Informant Interview Process:

1. Review the background page with KI. The KI may keep that page for his/her records.
2. Identify the environment(s) on which the KI will be providing feedback. (Worksites, Schools/After Schools/ Child Care, Health Care)
3. Review Shape Up SF's draft priorities for the environment(s)
4. Identify any missing best practices
5. Identify top three priorities and why
6. Identify partners/stakeholders who could help accomplish these best practices
7. Identify existing efforts in these areas

Instructions for interviewer:

1. Walk the KI through his/her environment(s) of expertise.
2. Ask the KI "Are there any areas blatantly missing? If so, what?"
Write in any missing best practices in the notes section for the corresponding environment.
3. Ask KI "Of these best practices that Shape Up has identified (or among those that you have added), how would you prioritize your top three best practices and why?"
Number the priorities and make note of why in the notes section of the corresponding environment.
4. Ask the KI "Of the top three best practices, please identify any partners or stakeholders who may help accomplish these best practices."
5. Ask the KI "Are there existing efforts in any of these areas? If so, please explain.
6. Ask the KI "Do you know of anyone else whom I should interview as a key informant?"
If yes, find out contact info as well as in what environment(s) s/he is an expert.



Environment: Worksites			
Goal: All San Francisco employees will work in settings that promote healthy eating and active living in order to address chronic disease health disparities.			
Priority	Best Practice	Strategy	Partners/ Stakeholders
	1. Provide financial incentives to employees and employers for preventive health and wellness activities a. Work on integrating incentives for prevention in the Health Care Security Ordinance.	Policy Advocacy	
	2. Enforce existing worksite wellness policies a. Support the Breast Feeding Coalition in their efforts to implement the California Lactation Accommodation Law.	Policy Advocacy	
	3. Promote and implement Shape Up @ Work wellness standards/guidelines a. Promote and implement worksite wellness policies, such as: <ul style="list-style-type: none"> • Develop CCSF Healthy and Sustainable Food Policy • Develop & implement CCSF Vending Policy • Implement activity breaks for meetings that are longer than one hour • Offer facilities for shower/changing • Partner with Chamber of Commerce b. Promote and implement worksite wellness programs and activities that encourage employees to be physically active and to eat healthfully such as <ul style="list-style-type: none"> • Active for Life • American Heart Association Stair Climb Challenge • Encourage employees and visitors to use the stairs • Fit Business Awards • Health fairs • Implement activity breaks for meetings that are longer than one hour • Promote and implement Shape Up @ Work wellness standards/guidelines • Soda Free Summer • Stadium to Stadium • Walking Challenge • Web-based tool kit • Weight Watchers c. Partner with business organizations including: chambers of commerce, human resources organizations, etc.	Programs Events	



Environment: Neighborhoods			
Goal: To create environments that increase opportunities for physical activity and access to healthy foods to residents in neighborhoods throughout San Francisco in order to address chronic disease health disparities.			
Priority	Best Practice	Strategy	Partners/ Stakeholders
	1. Complete the streets to support walking and biking and promote overall community aesthetic and atmosphere of safety to encourage outdoor physical activity and recreation. <ul style="list-style-type: none"> a. Support implementation of Mayor’s Better Streets Plan, to be launched June 5, 2008 b. Institute safe routes to school to improve safety and promote walking/biking to school c. Decrease car dependence while promoting community revitalization by investing in local shops etc. as attractive destinations for pedestrians, bikers, public transit riders 	Policy Advocacy	MOEWD, MOCD
	2. Support Rec Park’s efforts to make parks and centers safer to promote physical activity.	Policy Advocacy	Rec Park
	3. Support efforts to maintain and develop programming at Rec Park and Senior Centers (including park programs) for active play and recreation for all age groups.	Policy Advocacy	Rec Park
	4. Support general and redevelopment plan to contain a recreation element that includes access to and availability of facilities and parks to encourage physical activity. <ul style="list-style-type: none"> a. Develop criteria for developers to address mitigation, for environment and socio-cultural elements, specifically as it relates to physical activity and nutrition. 	Policy Advocacy	Planning and Redevelopment
	5. Institute a sugar fee on sellers of sweetened beverages.	Policy Advocacy	
	6. Ensure that all residents have access to high-quality, appealing and affordable fruits, veggies, and other nutritious foods by creating a robust, local and sustainable food system. <ul style="list-style-type: none"> a. CSA b. Farmers’ markets c. Full service market d. Develop walking kit to raise awareness about benefits of walking e. Good Neighbor project f. Increasing food quality at existing stores g. Local produce vendors h. School and community gardens i. Shape Up BVHP j. Quesada Gardens Initiative 	Programs Events	



Environment: Schools, After Schools, and Child Care			
Goal: Afterschool programs, childcare centers, and schools will have healthy nutrition and physical activity environments through the development and implementation of wellness policies in order to address chronic disease health disparities.			
Priority	Best Practice	Strategy	Partners/ Stakeholders
	1. Make funding available to provide training and technical assistance to staff to lead activity sessions, prepare healthy food options and model positive eating and activity behaviors.	Policy Advocacy	
	2. Support policies that increase the number of schools that provide access to physical activity spaces and facilities outside of normal school hours for use by students, staff and neighborhood. <ul style="list-style-type: none"> a. Evaluate the impact of after school hours use of school facilities b. Identify funding to support the pilot project to open schools on weekends 	Policy Advocacy	
	3. Support monitoring, implementation, and evaluation of school wellness policies. <ul style="list-style-type: none"> a. Include wellness policy standards for staff b. Increase staff capacity to implement wellness policies and recommendations by nutrition and trained physical fitness educators c. Link wellness policies to wellness centers d. Serve water to drink; have clean sources of tap water and working water fountains 	Policy Advocacy	
	4. Advocate requiring a minimum of 30 minutes of physical education a day in grades K – 12.	Policy Advocacy	
	5. Advocate that passing the Fitnessgram should be a criterion for graduating high school. <ul style="list-style-type: none"> a. Advocate for students in grades nine through 12 take physical education classes until they pass the Fitnessgram. 	Policy Advocacy	
	6. All Youth service providers and childcare providers funded through city funds must incorporate healthy snacks and physical activity.	Policy Advocacy	
	7. Support culturally relevant training and technical assistance to child care providers around healthy eating and physical activity.	Policy Advocacy	
	8. Enforce the prohibition of marketing of low nutrient foods/beverages via vending machines, posters, and other print/media sources	Policy Advocacy	
	9. Implement safe routes to school	Policy Advocacy	
	10. Involve youth in providing leadership and advocacy around nutrition and physical activity in school environments. <ul style="list-style-type: none"> a. Better incorporate the Youth Commission into work around nutrition and physical activity. 	Programs Events	
	11. Continue to promote programs and events such as the Walking Challenge, the Alliance for a Healthier Generation, and Safe Routes to School to increase awareness for physical activity.	Programs Events	
	12. Continue to promote awareness and education around importance	Programs	



Environment: Schools, After Schools, and Child Care			
Goal: Afterschool programs, childcare centers, and schools will have healthy nutrition and physical activity environments through the development and implementation of wellness policies in order to address chronic disease health disparities.			
Priority	Best Practice	Strategy	Partners/ Stakeholders
	of nutrition. a. Soda Free Summer b. Summer Lunch c. Shape Up BVHP d. Afterschool snack program e. Health fairs f. Implementing more salad bars	Events	



Environment: Health Care			
Goal: Engage the health care systems in chronic disease prevention by encouraging clients to increase protective factors such as improved nutrition and increased physical activity in order to address chronic disease health disparities.			
Priority	Best Practice	Strategy	Partners/ Stakeholders
	1. Encourage mothers to breastfeed and incorporate breastfeeding education into curriculum for medical students. a. Become WHO baby-friendly hospital certified	Policy Advocacy	
	2. Encourage regular physician communication and brief counseling regarding physical activity, eating habits and breastfeeding	Policy Advocacy	
	3. Adopt standards of practice that include routine screening of all patients regarding physical activity, BMI, and eating behavior a. Provide training to providers to conduct screening and counseling in both a culturally appropriate and sensitive manner b. Pediatricians and OB/GYNs to advise parents/youth to decrease screen time	Policy Advocacy	
	4. Support policies that include health promotion, prevention, screening, and early intervention in hospital and clinical settings.	Policy Advocacy	
	5. Reimbursement for prevention	Policy Advocacy	
	6. Support implementation and evaluation of a referral system to help patients access nutrition and physical activity resources.	Aware Education	



Appendix C: Shape Up SF Partners

American Cancer Society - Workplace Solutions	San Francisco Community Clinic Consortium
American Heart Association	San Francisco Health Plan
America SCORES Bay Area	San Francisco Hyatt
Blue Cross - State Sponsored Business	San Francisco State University - Department of
Board of Supervisors	Kinesiology
Boys and Girls Clubs of San Francisco	San Francisco Unified School District
BVHP Health and Environmental Assessment	SF Bicycle Coalition
Task Force	SF Department of Public Health
California Food Policy Advocates	SF Department of Public Works
California Pacific Medical Center	SF Dept Environment
CANFIT	SF Food Systems
Central American Resource Center	SF Green Schoolyards Alliance
Cheryl Burke Dance	SF Head Start
Child Health Disability Prevention	SF Police Activities League
Children's Council of SF	SF Police Department
Children's Environmental Health Promotion	SF Port
Chinatown Community Development Center	SF Tobacco Free Project
Community Health Clinics	SF Wholesale Produce Market
Community Health Education Section	SF Youth Commission
Community Health Promotion & Prevention	SFUSD School Health Programs
Department of Children, Youth and Their	SFUSD Student Nutrition Committee
Families	Sports Basement
Department of Human Resources- Workers	St Francis Hospital
Compensation	St. Luke's Hospital
Environmental Health Services	St. Mary's Medical Center
Farms to Grow	Team-Up For Youth
Girls 2000	The California Endowment, Greater Bay Area
Girls on the Run	Regional Office
Green Schoolyard Alliance	The Fruit Guys
Impala Racing Team	The Presidio Trust
Kaiser Permanente	The San Francisco Marathon
Literacy for Environmental Justice	University of California, San Francisco -Div. of
Livable City	Adolescent Medicine, Pediatrics
Maternal & Child Health Section	Urban Sprouts
Mayor's Office	Veritable Vegetable
Municipal Transportation Agency	Walk SF
Neighborhood Parks Council	YMCA of San Francisco
Newcomers Health Program	Youth Leadership Institute
Nutrition Services	
OM Organics	
Planning Department	
Plant SF	
Prevention Institute	
Public Health Institute - Public Health Law	
Program	
Quesada Gardens Initiative	
Reachout for the Rainbow Afterschool Program	
Rec Connect	
Recreation and Park Department	
Rhythm and Motion/ODC	
Run4Life	
San Francisco Chamber of Commerce	



References

- California Center for Public Health Advocacy. (2004). Child Overweight Rates on the Rise in California Assembly Districts: San Francisco City and County Fact Sheet. Available at: http://www.publichealthadvocacy.org/county/San_Francisco_Fact_Sheet.pdf
- California Health Interview Survey. (2005). UCLA Center for Health Policy Research. Available at: <http://www.chis.ucla.edu>
- Centers for Disease Control and Prevention. Health Risk Appraisals. November 2007. Available at: http://www.cdc.gov/nccdphp/dnpa/hwi/program_design/health_risk_appraisals.htm#Meaning
- Centers for Disease Control and Prevention. *The Burden of Chronic Diseases and Their Risk Factors: National and State Perspectives 2004*. Atlanta: U.S. Department of Health and Human Services; 2004. Available at: <http://www.cdc.gov/nccdphp/burdenbook2004>
- Centers for Disease Control and Prevention. Worksite. Guide to Community Preventive Services Website. Available at: <http://www.thecommunityguide.org/worksite/>. Last updated: 06/14/2005.
- Cohen, L., Chehimi, S., Chavez, V. Prevention is Primary. 2007, p. 9.
- Cooper R. Getzen T. Mckee H. and Prakash L. (2002) "Economic and Demographic Trends Signal An Impending Physician Shortage." Health Affairs 21 (1).
- ETR Associates. (2007). 2007 Youth Risk Behavior Survey High School Level Summary Report. San Francisco, CA.
- Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity – 2007. An Implementation Guide from the Childhood Obesity Action Network. Available on-line: <http://www.nichq.org/NICHQ/Programs/ConferencesAndTraining/ChildhoodObesityActionNetwork.htm>
- Finkelstein, E., Linnan, L. A., Tate, D. F., & Birken, B. E. (2007). A Pilot Study Testing the Effect of Different Levels of Financial Incentives on Weight Loss Among Overweight Employees. *Journal of Occupations & Environmental Medicine*, 49(9):981-989.
- Goetzel, R.Z., S.R. Long, R.J. Ozminkowski, K. Hawkins, S. Wang, and W. Lynch. (2004). "Health, Absence, Disability, and Presenteeism Cost Estimates of Certain Physical and Mental Health Conditions Affecting U.S. Employers." *Journal of Occupational and Environmental Medicine* 46(4): 398–412.
- Incentives: Creating Value in Health and Wellness Solutions. (2007). Triple Tree Investment Bank. Data from Pricewaterhouse Coopers. Available at: http://triple-tree.net/news/Incentives%20Webcast%203_08_07.pdf
- The Kaiser Family Foundation. (2006). *Employee Health Benefits: 2006 Annual Survey*.
- Kimbro, R., Brooks-Gunn, J., & McLanahan, S. (2007). Racial and Ethnic Differentials in Overweight and Obesity Among 3-Year-Old Children. *American Journal of Public Health*. 97: 298-305
- Levin-Epstein, Jodei. (2005). Presenteeism and Paid Sick Days. Center for Law and Social Policy.



- Morland, K., Wing, S., & Diez Roux, A. (2002). "The Contextual Effect of the Local Food Environment on Residents' Diets: The Atherosclerosis Risk in Communities Study," *American Journal of Public Health*, 92(11): 1761-1767.
- Olshansky SJ, Passaro DJ, Hershow RC, Layden J, Carnes BA, et al. A potential decline in life expectancy in the United States in the 21st century. *NEJM*. 352(11):1138-1145.
- Ozminkowski, R. J., Ling, D., Goetzel, R. Z., Bruno, J. A., Rutter, K. R., & Isaac, F. et al.. (2002). Long-term Impact of Johnson & Johnson's Health & Wellness Program on Health Care Utilization and Expenditures. *Journal of Occupational and Environmental Medicine / American College of Occupational and Environmental Medicine*, 44(1), 21-29.
- PEDIATRICS. (2001). 107(1): 46-53.
- US Department of Health and Human Services. *Healthy People 2010*. 2nd ed.(2000). With *Understanding and Improving Health and Objectives for Improving Health*. 2 vols. Washington, DC: U.S. Government Printing Office.
- U.S. Preventive Services Task Forces' *Guide to Clinical Preventive Services*. (1996). Available at: <http://www.ahrq.gov/clinic/cpsix.htm>
- Weight-control Information Network. (2005). *Economic Costs Related to Overweight and Obesity*. Available at: <http://win.niddk.nih.gov/statistics/index.htm#econ>