Illinois Department of
PUBLIC HEALTH

Appendix C:
We Choose Health Policy Briefs

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About This Guide

Introduction

This collection of policy briefs provides potential *We Choose Health* applicants with an overview of the different initiatives for which funding is available through the Request for Applications. All applicants must select from strategic directions found in the menu of options, and propose projects covering at least one option from Healthy Eating and Active Living; and at least one option from Smoke-free Living.

The Illinois Department of Public Health (IDPH), working with technical assistance agencies and in consultation with the Centers for Disease Control and Prevention, has compiled this menu of pre-approved initiatives in order to provide applicants with foundational projects from which plans can be tailored to the specific location in which they will be implemented.

Included Information

The policy briefs include detailed descriptions of the different *We Choose Health* options, including:

- A description of the initiative
- How the strategy works
- What applicants can request funding to do
- What benefits successful initiatives can yield
- Who should be involved
- Available resources

In some cases, interventions may be related to one another. In such cases, the entry includes a "See Also..." section listing other relevant entries.

Evidence-Based Interventions

The initiatives featured in this document are rooted in evidence-based research and practice. In addition to samples of the academic literature, policy briefs also provide links to models, templates, toolkits, and best practice guides for each of the initiatives.

Funding Restrictions

Note funding from the *We Choose Health* program cannot be used for any of the following activities, even if the work in support of a selected strategy:

- Research
- Construction (e.g., sidewalks, roads)
- Delivery of direct services to clients, or for clinical care (e.g., case management services; provision of medical or health services)
- Lobbying (any activity designed to influence action in regard to a particular piece of pending legislation)
- General management or administration costs that do not directly contribute to the initiative
- Direct fundraising, such as special events, direct mail campaigns or solicitation of donors
- Activities for inherently religious purposes
- Reimbursement for pre-award costs
- Litigation or legal costs related to the consequences of participating in CTG
- Food
- Furniture

Disclaimer

The contents of this appendix are provided to potential *We Choose Health* applicants for informational purposes only. The links to external resources are not comprehensive, and some individual sites may change after this document is released. Please visit the *We Choose Health* website for the latest information: wechoosehealth.illinois.gov.

Menu of Options

All *We Choose Health* strategies are evidenced-based. Each menu option applies to one or more categories: Healthy Eating and Active Living; Smoke-free Living; Healthy and Safe Built Environments; and Social and Emotional Wellness. **Applicants must choose at least one strategy addressing Healthy Eating and Active Living and at least one strategy addressing Smoke-free Living.**

Strategic Direction: Healthy Eating and Active Living	
Strategy	**Description**
1. Coordinated School Health (District-wide)	Commit to implementing the Coordinated School Health (CSH) model on the district level. CSH offers an integrated model for school wellness, bringing together programs like health education, physical education, nutrition, and counseling services under a unified approach. Note that CSH also incorporates **Social and Emotional Wellness** strategic direction.
2. Baby Friendly Hospitals	Commit to pursuing implementation of the ten-step Baby Friendly Hospital program as defined by the World Health Organization.
3. Worksite Wellness	Commit to implementing a menu of worksite wellness policies including those that encourage healthy eating and greater physical activity. (Note that worksite wellness may incorporate breastfeeding-supportive environments, healthy vending, and smoke-free policies.)
Strategic Direction: Smoke-free Living	
Strategy	**Description**
4. Smoke-Free Multi-Unit Housing	Commit to pursuing policies and programs to encourage public and private multi-unit housing facilities to go smoke-free.
5. Smoke-Free Public Places	Commit to pursuing policies and programs that support public places to go smoke-free.
Strategic Direction: Healthy and Safe Built Environments	
Strategy	**Description**
6. Safe Routes to School	Commit to implementing Safe Routes to School, a program establishing designated pedestrian- and bike-friendly routes for children and others to use when traveling to and from community schools.
7. Complete Streets	Commit to pursuing and implementing Complete Street policies. Complete Streets is a planning model that ensures new and reconstructed streets are designed to accommodate bicycle and pedestrian traffic in addition to automobiles and public transportation.
8. Joint Use Agreements	Commit to pursuing joint use agreements to maximize use of existing facilities for physical activity among greater numbers of people.

#1: Coordinated School Health

What is it?

According to the Centers for Disease Control, Coordinated School Health (CSH) "brings together school administrators, teachers, other staff, students, families, and community members to assess health needs; set priorities; and plan, implement, and evaluate school health activities."

At its core, CSH connects health with education and attempts to integrate the disparate efforts at improving health, many of which already exist within their own programs within schools. These include:

- Health education
- Physical education
- Health services
- Nutrition services
- Counseling, social, and psychological services
- Healthy and safe school environments
- Staff wellness
- Family/community involvement

How Does it Work?

District administrators, including superintendents at the district level and principals at the school level, can implement CSH by integrating health into the vision and mission statements of the school system and supporting those changes by appointing someone to oversee school health. Within individual schools, establishing a school health council or team, and identifying a school health coordinator can help in the development of a health promotion plan and achieving health-related goals.

Much of coordinated school health focuses on students and initiatives to prioritize health-enhancing behaviors and reduce health-risk behaviors at school and at home. However, CSH can also include wellness initiatives for school and district staff. Staff and their students also benefit from professional development opportunities to help teachers, administrators, and other employees enhance the impact of the CSH model.

Who Should Be Involved?

Engagement and collaboration with the many involved stakeholders will aid in the implementation of the CSH model. These stakeholder groups can include:

- School and district administrators
- Sports coaches of other physical education teachers
- Other teachers and teacher organizations
- Parents
- Parent Teacher Organizations
- School cooks and cafeteria purchasers
- School nurses
- Students

What are the benefits?

- Potentially increase students' health status, which can improve their classroom performance
- Potentially reduce student and staff absenteeism
- Increase adoption of healthy behaviors and reduce adoption of unhealthy behaviors, both of which are often established during childhood

What Can I Request Funding To Do?

Funds can be used for the salary of a school health coordinator, who would be responsible for implementing the CSH model, as well as administrative costs related to a school health council and development of a plan for implementation. Grant funding can also fund professional development for staff related to development of leadership, communication, and collaboration skills for implementation of the CSH model. Applicants can also include expenses for staff wellness programming.

Coordinated School Health Program Components:

Health education provides students with specific knowledge, skills, and attitudes that help them to make healthy decisions. Comprehensive school health education includes curricula for students from pre-Kindergarten through grade 12 (K-12) focused on a variety of topics, which may include alcohol and other drug use and abuse, mental and emotional health, personal health and wellness, physical activity, nutrition, sexual health, and violence prevention. Schools can choose an appropriate mix of curricula tailored to the needs of their students and communities.

Physical Education (PE) is an instructional opportunity based in schools that helps students to gain skills and knowledge necessary for lifelong physical activity. PE features a planned, sequential K-12 curriculum focused on both cognitive content and learning experiences in a variety of activity areas.

Health Services are designed to ensure access or referral of students to primary health care services, foster appropriate use of primary health care services, and prevent and control communicable disease and other health problems. Activities also include providing emergency care for illness and injury, providing optimum sanitary conditions for a safe school environment, and provide educational and counseling opportunities for students.

Nutrition Services should help schools provide a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. Supporting healthy diets includes providing healthy options in school breakfast and lunch programs as well as any vending or other competitive foods programs. School nutrition programs must reflect the U.S. Dietary Guidelines for Americans.

Counseling, Psychological, and Social Services are provided to improve students' mental, emotional, and social health and can include individual and group assessments, interventions, and referrals. These efforts can not only help with the health of individual students, but also with the overall health of the school environment.

Healthy and Safe School Environments include the physical and aesthetic surroundings and the psychosocial climate and culture of the school. The physical environment includes the building and area around it, biological or chemical agents that may be detrimental to health, and physical conditions, including temperature, noise, and lighting. The physical, emotional, and social conditions that impact the well-being of students and staff are all parts of the psychosocial environment.

Health Promotion for Staff includes providing opportunities for staff members to pursue a healthy lifestyle, which can contribute to their overall health status, improve morale, and allow greater personal commitment to the school's coordinated school health program. Activities can involve health assessment, health education, and physical fitness activties.

Family/Community Involvement is a facet of coordinated school health that attempts to have an integrated school, parent, and community approach in order to enhance the health and well-being of students. School health advisory councils, coalitions, and broadly-based constituencies can help build support for school health program efforts.

Adapted from the CDC's Components of Coordinated School Health:
http://www.cdc.gov/healthyyouth/cshp/components.htm

What Other Information is Out There to Help Me Learn More and Prepare to Apply?

Toolkits & Models:

Description	Organization	Website
Coordinated School Health Information Listing	Centers for Disease Control & Prevention	http://www.cdc.gov/healthyyouth/cshp/index.htm
Information about Coordinated School Health Program	SPARK	http://www.sparkpe.org/coordinated-school-health/

Background Literature

A Complementary Ecological Model of the Coordinated School Health Program
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2556714/

Coordinated School Health Programs & Academic Achievement: A Systematic Review of the Literature
http://onlinelibrary.wiley.com/doi/10.1111/j.1746-1561.2007.00238.x/abstract

See Also:

#5 Smoke-free Public Places

#6 Safe Routes to School

#7 Worksite Wellness

Photo Credit: WBUR

#2: Baby Friendly Hospitals

What is it?

Baby-Friendly Hospitals is an initiative to increase the rate of breastfeeding initiation and uptake by making hospital environments especially conducive and supportive of breastfeeding. Hospitals earn Baby-Friendly Hospital designation when they have implemented the Ten Steps to Successful Breastfeeding, which are available through the UNICEF/WHO resource found in the models and toolkits section below.

According to the Surgeon General's Call to Action to Support Breastfeeding, an environment that supports breastfeeding influences a mother's ability to begin and continue its practice. The report also notes that breastfeeding is a highly effective preventive measure for protecting the health of both mothers and infants. The Baby-Friendly Hospital initiative outlines specific steps and policies that aim to help mothers begin and continue breastfeeding through the first six months of their infants' lives.

How Does it Work?

Facilities must register with Baby-Friendly USA, complete the requirements, and demonstrate during an on-site assessment that they have correctly integrated all of the Ten Steps to Successful Breastfeeding into their practice related to newborns.

There is a 4-D Pathway to designation that streamlines the process:

- Discovery Phase: Registration with Baby-Friendly USA and learning about the process.
- Development Phase: Facilities commit to the process, receive a registry of intent certificate, and receive a comprehensive set of plans for implementation. All plans are reviewed and approved by Baby-Friendly USA before progression to the third phase.
- Dissemination Phase: Facilities implement their plans.

- Designation Phase: Facilities review their implementation of the Ten Steps and implement a program for quality assurance. Once they are ready, a Baby-Friendly assessment team and an External Review Board make an on-site assessment. Designation is conferred when this has been successfully completed.

Who Should Be Involved?

- Maternal health staff, including nurses, case managers, lactation consultants, and others
- Hospital leadership
- Other key staff

What are the benefits?

For communities:
- Encouraging higher rates of breastfeeding, with the potential for correspondent drops in childhood obesity.

For hospitals:
- Providing greater healthcare service.
- Recognition as a Baby Friendly Hospital
- Increasing attraction to patients.

What Can I Request Funding To Do?

- Activities and staffing related to initiating, developing, and educating stakeholders about the benefits about Baby-Friendly Hospitals designation.
- Activities and staffing related to completing all ten steps required for Baby-Friendly Hospital designation.

What Other Information is Out There to Help Me Learn More and Prepare to Apply?

Toolkits & Models:

Description	Organization	Website
Resources and Steps for Achieving Baby-Friendly Designation	Baby-Friendly USA	http://www.babyfriendlyusa.org/
Resources regarding breastfeeding in Illinois	Illinois State Breastfeeding Task Force	http://www.illinoisbreastfeeding.org/
Illinois Breastfeeding Blueprint: A Plan for Change	UIC School of Public Health/Illinois Department of Human Services, Health Connect One, Polk Bros Foundation	http://www.ilbreastfeedingblueprint.org/pages/home/1.php

Background Literature

Baby-Friendly Hospital Initiative Improves Breastfeeding Initiation Rates in a US Hospital Setting
http://www.pediatricsdigest.mobi/content/108/3/677.full

Closing the Quality Gap: Promoting Evidence-Based Breastfeeding Care in the Hospital
http://www.pediatricsdigest.mobi/content/124/4/e793.full

#3: Worksite Wellness

What is it?

Worksite wellness makes the places in which we work healthier. An ideal healthy worksite has opportunities for employees to be physically active, eat healthy foods, and live tobacco-free.

How Does it Work?

Programs encompass a variety of policies that focus on improving work settings to promote healthy living. These may include both education and activities that change the physical and social environments at work, with the goal of promoting healthy eating and active lifestyles. Comprehensive programs focus on nutrition; physical activity; smoking cessation; and weight and disease management. Programs may vary depending on the type of workplace and resources available.

Who Should Be Involved?

- Employers: workplace managers and human resources personnel
- Worksite wellness teams
- Employee organizations
- Other employees

What are the benefits?

Worksite wellness programs can benefit both employees and their employers. A few examples of benefits include:

- Potential improved health, quality of life, and reduced prevalence of chronic disease among employees
- Lower rates of absenteeism
- Improved productivity and performance
- Potential for decreased healthcare costs and improved healthcare utilization

What Can I Request Funding To Do?

Activities and staffing related to initiating, developing, and advocating for worksite wellness policies such as:

- Securing and promoting free or reduced price access to exercise facilities
- Ensuring the workplace is free from occupational hazards
- Providing space, facilities, and services to employees who bike to work
- Institutionalizing and setting aside resources to implement the chronic disease self-management program
- Modifying food options offered to employees in vending machines or cafeteria to include healthier options.

Note that worksite wellness initiatives can incorporate other strategies eligible for *We Choose Health* funding, such as:

- Making a hospital, education, or corporate campus completely smoke-free
- Using a joint use agreement to provide employees with access to physical activity space and/or equipment, if the company cannot provide these

Examples of Worksite Wellness Initiatives:

Note that this is not a comprehensive list. You can find other resources related to Worksite Wellness initiatives through the resources listed on the next page.

Healthy Vending programs attempt to set and utilize standards that will lead to vending options that offer employees, customers, and visitors improved, healthier vending choices. Vending machines can both offer convenient snacks and create a positive revenue stream for municipalities, park systems, and other government agencies, however they tradition-ally offer mostly unhealthy food and beverage choices. Healthy vending programs set stan-dards that typically increase fresh and/or less processed food options while reducing calorie, fat, sodium and sugar content of the items in the machines. This allows employers to keep the convenience of vending and preserve the revenue stream, while improving the healthi-ness of the options for employees, clients, and visitors.

Supportive Environments for Breastfeeding provide space, time, and accommodations for mothers who are breastfeeding. Such policy and environmental choices set aside space that is designated for the purpose of pumping and safe storage of breast milk that is both private and clean (e.g., not a bathroom). Comprehen-sive lactation support should include paid leave for recent mothers and child care that accommodates breastfeeding mothers and infants. Education and promotion of the pro-gram to all workers helps to build an environ-ment that is supportive of mothers who are breastfeeding.

Joint Use Agreements facilitate the sharing of public property or facilities among govern-ment entities, (e.g., between municipal gov-ernment and a school) or in public-private partnerships (e.g., between a school and a local manufacturer). For example, a joint use agreement might allow city police officers and firefighters to use a school's athletic facilities outside of school hours in order to increase opportunities for physical activity. Through such agreements, employers can help make physical activity easier for employees by providing adequate space and equipment. The agreements can help make such equipment available at a lower cost than building facilities and buying equipment on-site and can make it more inexpensive for employees than if they were to buy gym memberships.

Smoke-free Workplace policies will protect employees from tobacco smoke by prohibiting cigarette use in areas that are not yet covered by the Smoke-Free Illinois Act. Policies can be applied to hospital campuses, higher education institutions, the campuses of both public and private insurers, state and local parks, housing developments, and beaches and other enter-tainment venues. These policies protect non-smokers from secondhand smoke and reduce access to space for smoking, making it easier for smokers to quit.

Cyclist accommodations can include such provisions as installing accessible bicycle racks outside of worksite facilities or space to store bikes inside of facilities. Providing lockers and/or showers can also enable employees to feel comfortable biking to work. Bicycle repair and safety information sessions can help people who are not as familiar with bik-ing to consider biking to work. Also, employers may consider providing bicycles for complet-ing short, work-related errands, to reduce the costs of vehicle fleets and increase physical activity.
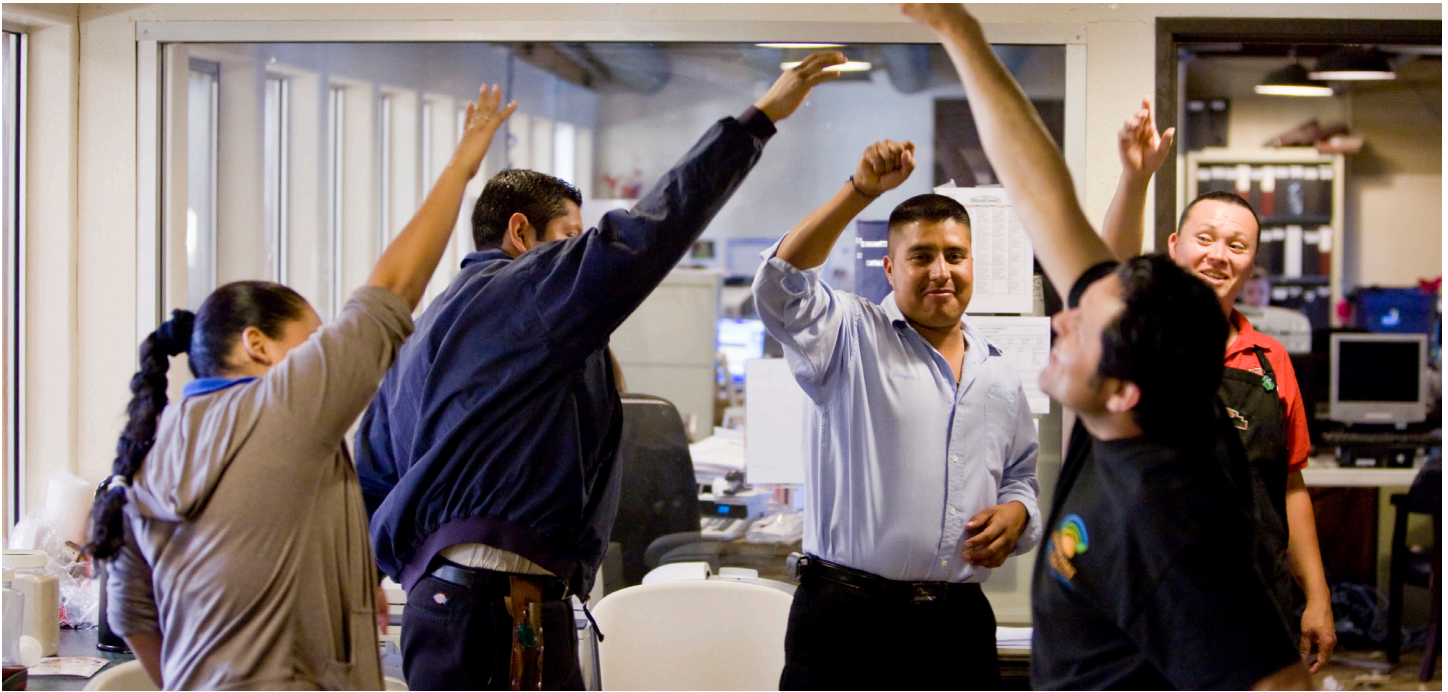
What Other Information is Out There to Help Me Learn More and Prepare to Apply?

Toolkits & Models:

Description	Organization	Website
Healthier Worksite Initiative	Centers for Disease Control	http://www.cdc.gov/nccdphp/dnpao/hwi/index.htm
Workplace Solutions	American Cancer Society	http://www.acsworkplacesolutions.com/index.asp
Start Walking Now	American Heart Association	http://startwalkingnow.org/
Worksite Wellness Resource Kit	Wisconsin Department of Health & Family Services	http://www.dhs.wisconsin.gov/health/physicalactivity/sites/Worksite%20pdfs/Toolkit2ndeditionAugust2007final.pdf
Welcoa Free Resources	Wellness Council of America	http://www.welcoa.org/

Background Literature

Impact of Worksite Wellness Intervention on Cardiac Risk Factors and One-Year Health Care Costs
https://www.public-health.uiowa.edu/hwce/resources/impactworksitewellness-milani.pdf

Establishing Worksite Wellness Programs for North Carolina Government Employees, 2008
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3073576/

See Also: #5 Smoke-free Public Places

#8 Joint Use Agreements

#4: Smoke-free Multi-unit Housing

What is it?

Secondhand smoke exposure can pose serious health threats to both children and adults. In multi-unit housing, smoke can seep from one unit into others through ventilation systems, cracks, plumbing, electrical lines, and doorways. This initiative aims to reduce such exposure by encouraging housing managers and property owners to implement policies that restrict smoking in all individual residences; in additional areas, such as balconies, patios, and common areas; and within 15 feet of entrances, windows, and air intake ducts.

How Does it Work?

Smoke-free multi-unit housing policies put limits on the places where residents, employees, and visitors can smoke on the housing property. Some policies completely forbid smoking on housing premises. There are generally two types of policies focusing on smoke-free multi-unit housing: those that are mandated by law or regulation and those that are voluntarily adopted by property owners and managers. This initiative focuses on voluntary policy implementation.

Managers first define a set of smoke-free policies for the property, and then develop an appropriate timeline for their implementation that gives adequate notice to residents, employees, and others. They will also need to update existing agreements (such as leases) and procedures to ensure continued enforcement. Finally, managers market and promote the property's non-smoking status to both existing and potential residents.

Who Should Be Involved?

On an outreach and advocacy level, coalitions may involve a diverse group of stakeholders including local health departments, local housing authorities, property management associations, and tenant's rights associations. Such broad involvement can also promote buy-in from those who will be impacted by such a policy.

At the implementation level, both public and private housing managers and agencies can spearhead the adoption of smoke-free policies. Locally, those groups should also involve housing residents before, during, and after policy adoption. For example, housing managers might distribute feedback forms for residents to indicate if they are smokers and need extra transition time. Meetings with residents provide managers an opportunity to answer questions, and direct those who wish to quit to appropriate resources.

What are the benefits?

For residents and employees:

- Protect both residents and employees from first and secondhand smoke
- Reduce risks of heart attacks, stroke, lung cancer, and premature death
- Reduce risks of sudden infant death syndrome (SIDS), respiratory infections, asthma, and ear infections

For property managers and owners:

- Respond to market demand for smoke-free multi-unit housing. (A number of studies assessing multi-unit housing residents' attitudes showed that a majority of residents favored smoke-free building policies in their buildings)
- Reduce apartment turnover costs such as the financial and time costs associated with cleaning, painting, flooring, and appliances that can be higher in smoking units
- Lower fire risks and related insurance costs
- Reduce legal actions related to secondhand smoke exposure
- Enhance environmental or "green" initiatives

What Can I Request Funding To Do?

- To promote and implement smoke-free public multi-unit housing policies that restrict smoking from all individual residences, including additional areas, such as balconies, patios, common areas, and fifteen feet from housing authority property (During the first year of the grant, these efforts should be focused on properties operated by a public housing authority.)

- To research eligible properties
- To develop an education and outreach campaign to the owners and managers of such properties
- For the development of both sample and tailored smoke-free policies
- To educate tenants and employees on the benefits of tobacco cessation, and provide referrals to cessation treatment

What Other Information is Out There to Help Me Learn More and Prepare to Apply?

Toolkits & Models:

Description	Organization	Website
Going Smoke-free: Guidance for landlords, management companies, property owners, condominium associations, and public housing authorities.	Americans for Non-smokers' Rights	http://www.no-smoke.org/goingsmokefree.php?id=101
Bringing Healthy Air Home: Smokefree housing initiative	American Lung Association	http://www.lung.org/assets/documents/healthy-air/smoking-in-multiunit-housing.pdf
Self-paced online implementation course and other resources	American Lung Association	http://www.lung.org/stop-smoking/about-smoking/smokefree-housing.html
Model Ordinance: Smokefree Housing	Public Health Law and Policy	http://www.phlpnet.org/tobacco-control/products/smokefree-housing-ordinance
Smoke-Free Housing Toolkit	Respiratory Health Association	http://www.lungchicago.org/site/files/487/103730/359174/556613/Smoke-free_Toolkit_6_28_11.pdf
Technical Assistance Guide: Regulating Smoking in Multi-Unit Housing	Tobacco Control Legal Consortium	http://publichealthlawcenter.org/sites/default/files/resources/tclc-guide-regulatingsmoking-multiunits-2011_0.pdf

Background Literature

Smoke-free Air Policies: Past, Present, and Future
http://tobaccocontrol.bmj.com/content/21/2/154.long

Indoor Smoking Regulations in Public Housing
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3210023/

#5: Smoke-free Public Places

What is it?

Smoke-Free Public Places policies protect citizens from tobacco smoke by disallowing cigarette use in areas that are not yet covered by the Smoke-Free Illinois Act. Policies can be applied to hospital campuses, higher education institutions, the campuses of both public and private insurers, state and local parks, housing developments, beaches, and other entertainment venues. These policies protect nonsmokers from secondhand smoke and reduce access to space for smoking, making it easier for smokers to quit.

How Does it Work?

Policies can be enacted by the appropriate facility administrators or oversight boards to prohibit smoking in specified areas. For example, many hospitals, institutions of higher education, and corporations have made entire campuses smoke-free. Once a policy is adopted, implementation of the policy includes information campaigns, a grace period for raising consciousness, and eventually, enforcement of the policy.

Those undertaking smoke-free public places policies should assess the need for the policy and then begin planning for implementation through a formal planning committee. Successful implementation begins with promotion, followed by enforcement, monitoring, and evaluation. Creating a supportive environment, such as coupling the introduction of the policy with cessation support, can help to make the implementation process successful.

Who Should Be Involved?

- Hospital, campus, or corporate administrators
- Appropriate committees or boards who oversee policy changes
- Employees and potentially clients (for workplace policies)
- Union representatives (if applicable)
- Visitors for other outdoor policies (e.g., parks)

What are the benefits?

For employees and visitors:

- Smoke-free policies at beaches and parks can protect those using the spaces for recreation and physical activity from secondhand smoke exposure.
- Tobacco-free campus policies help create safe and healthy work and educational environments for both smokers and nonsmokers.
- Smoke-free public place policies can make it easier for smokers to quit, especially when coupled with cessation programs.
- Smoke-free public place policies can reduce litter from cigarette butts.

For employers:
- Direct health care company costs may be reduced
- Grounds appearance may be improved and maintenance costs may be reduced as cigarette butts litter is eliminated.
- It may be possible to negotiate lower health, life, and disability coverage because employee tobacco use is reduced.

What Can I Request Funding To Do?

- Funding can support activities and staffing related to planning, crafting, educating people about, and implementing a policy for smoke-free public spaces. Policy promotion and signs to help provide information for after policy implementation can also be funded.

What Other Information is Out There to Help Me Learn More and Prepare to Apply?

Toolkits & Models:

Description	Organization	Website
Tobacco-Free Campus Initiative in Your Workplace Toolkit	Centers for Disease Control	http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/
Tobacco-free Workplace Tool Kit	American Cancer Society	http://www.cancer.org/acs/groups/content/@healthpromotions/documents/document/acspc-026485.pdf
Model Ordinance: Smoke-free Outdoor Areas	Public Health Law and Policy	http://www.phlpnet.org/tobacco-control/products/smokefree_outdoor_areas_ordinance
Model Ordinance: Smoke-free Beaches	Public Health Law and Policy	http://www.phlpnet.org/tobacco-control/products/smokefree-beaches-ordinance
Model Ordinance: Smoke-free Recreational Areas	Public Health Law and Policy	http://www.phlpnet.org/tobacco-control/products/smokefree-recreational-areas-ordinance

Background Literature

The Making of a Smoke-free Medical Center
http://mayoresearch.mayo.edu/mayo/research/nicotine_research_center/upload/hurt_jama_1989.pdf

2004 Surgeon General's Report: The Health Consequences of Smoking
http://www.cdc.gov/tobacco/data_statistics/sgr/2004/index.htm

See Also:

#3 Worksite Wellness

Photo Credit: Sheila Steele

#6: Safe Routes to School

What is it?

Safe Routes to School is a strategy to help make active transportation, such as walking and biking, safe and attractive modes for children to use when traveling to and from school.

School travel plans can help a school to strategically engage with the community to systematically address the ways in which students can get to school using active transportation.

How Does it Work?

Schools are central partners in Safe Routes to School initiatives. Working with municipalities and transportation directors, schools undertake a set of activities including:

- Conducting a needs analysis that includes community outreach
- Identifying barriers to active transportation
- Planning physical changes and programs to help address those barriers
- Forming a school travel plan, in accordance with the standards set forth in the Safe Routes to School Program

Safe Routes to Schools policies can result in systems improvements like:

- Safety programming and events for drivers
- Student pedestrian and bicycle safety education
- Reduced speed near school zones and in neighborhood, including improved signage

Adopting Safe Routes to Schools policies may also qualify schools for other sources of funding to support infrastructure improvements (not covered under this grant) such as adding sidewalks and installing new crosswalks.

Who Should Be Involved?

- School district leadership
- School principals
- School transportation directors
- School councils/PTAs
- Municipal leadership
- Law enforcement officials
- Municipal transportation directors
- Other community organizations

What are the benefits?

For communities:
- Improving access and walkability for school children, which can have health benefits
- Promote active, healthy living among youths
- Reduced traffic congestion and potential for resulting improvements in safety and environmental health

For schools:
- May help children arrive at school alert and ready to learn

What Can I Request Funding To Do?

- Activities and staffing related to initiating, developing, and advocating for school travel planning.
- Activities and staffing related to implementing and maintaining school travel plans and ongoing school travel planning activities
- Manufacture and deployment of Safe Routes to School signage
- Student and community education efforts for the safe routes initiative

What Other Information is Out There to Help Me Learn More and Prepare to Apply?

Toolkits & Models:

Description	Organization	Website
Resources for safe routes to school	National Center for Safe Routes to School	http://www.saferoutesinfo.org/
Safe Routes to School Local Policy Guide	Safe Routes to School National Partnership	http://www.saferoutespartnership.org/sites/default/files/pdf/Local_Policy_Guide_2011.pdf
Resource Guide for implementing safe routes to school in low-income schools and communities	Safe Routes to School national Partnership	http://www.saferoutespartnership.org/sites/default/files/pdf/Low-IncomeGuide.pdf
Handbook for Implementing Safe Routes to School	Minnesota Department of Health	http://www.health.state.mn.us/divs/oshii/docs/SRTShandbook.pdf

Background Literature

Children's Active Commuting to School: Current Knowledge and Future Directions
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2483568/

Critical Factors for Active Transportation to School Among Low Income and Minority Students
http://activelivingresearch.com/files/10_AJPM08_McDonald.pdf

Implementing Safe Routes to School: Application for the Socioecological Model and Issues to Consider
http://www.sophe.org/schoolhealth/pdfs/physicalPractice/ImplementingSafeRoutesSchool.pdf

See Also:

#1 Coordinated School Health

Photo Credit: National Center for Safe Routes to School

#7: Complete Streets

What is it?

"Complete Streets" is a planning policy approach that attempts to provide for the needs of all commuters in the design of community streets. Complete Streets policies design safe access in communities for all users, regardless of age, ability, or mode of transportation. This means that every transportation project in a given jurisdiction will make the street network better and safer for drivers, transit users, pedestrians, and bicyclists. Municipalities, townships, or counties that adopt Complete Streets under the *We Choose Health* initiative commit to accommodating pedestrian and bicycle traffic in all new or substantially rehabbed transportation projects whenever appropriate through infrastructure improvements like new sidewalks, additional crosswalks, bicycle lanes, bicycle parking, and facilities for pedestrians who need to rest. (Note that this grant cannot be used to pay for construction projects.)

How Does it Work?

Complete Streets can be adopted by executive order or by ordinance. Policies may be flexible or strict depending upon the needs of the jurisdiction, but setting a high bar for exceptions is recommended. However these policies are introduced, the jurisdiction with the policy must both implement and enforce them in ways that ensure their adoption on a procedural level. Tangible changes to the built environment must take place over time. The guiding step for implementing a Complete Streets policy is the creation or revision of a local non-motorized transportation plan. The planning process will identify appropriate improvements to the local transportation network addressing accessibility and connectivity to key destinations based on land use, transportation data, and community input.

Effective implementation will also include:

- Training planners and engineers in the principles of Complete Streets design
- Formal adoption of the non-motorized plan by the municipality, township, or county

Who Should Be Involved?

- Mayor, City or Town Manager, or County Commissioners
- Council Members
- Municipal transportation planners and engineers
- County Commissioners (for counties)
- Different types of commuters
- Planners and engineers

What are the benefits?

- Create a safer environment to encourage and enable active transportation for residents and visitors
- Create new transportation options for persons with disabilities, elderly persons, persons with strollers, and others who may have issues with mobility
- Reduce congestion and motorized traffic, which can yield a cleaner environment, improve public safety, and reduce maintenance needs for roads
- Improve street connectivity and the multi-modal transportation infrastructure in the community
- Attract new businesses catering to increased pedestrian and bicycle traffic

What Can I Request Funding To Do?

- Activities and staffing related to initiating, developing, and educating people about the adoption of Complete Streets policies.
- Activities and staffing related to implementing and maintaining Complete Streets policies, including the creation of a non-motorized plan or updating an existing plan based on Complete Streets principles.

Photo Credit: CompleteStreets.org

What Other Information is Out There to Help Me Learn More and Prepare to Apply?

Toolkits & Models:

Description	Organization	Website
Nplan Complete the Streets!	National Policy & Legal Analysis Network to Prevent Childhood Obesity	http://www.nplanonline.org/nplan/content/complete-streets-webinar-resources

http://www.nplanonline.org/sites/phlpnet.org/files/nplan/CompleteStreets_FactSheet_FINAL_20100223.pdf

http://www.nplanonline.org/sites/phlpnet.org/files/nplan/CompleteStreets_ComprehensivePlan_FINAL_20100223.pdf

http://www.nplanonline.org/sites/phlpnet.org/files/nplan/CompleteStreets_ComprehensivePlan_FINAL_20100223.pdf |
| Introduction to Complete Streets | National Complete Streets Coalition | http://www.completestreets.org/complete-streets-fundamentals/ |

Background Literature

Partnership Moves Community Towards Complete Streets
http://12.26.46.21/files/research/4312.53042.partnershipgeraghty.pdf

A Comprehensive Multi-Level Approach to Passing Safe Routes to School and Complete Streets in Hawaii
http://www.center-trt.org/Downloads/obesity_prevention/interventions/Hawaii/Pubs_and_Reports/Comp_Multi-level_Approach_for_passing.pdf

#8: Joint Use Agreements

What is it?

A joint use agreement facilitates the sharing of public property or facilities among government entities, (e.g., between municipal government and a school) or in public-private partnerships (e.g., between a school and a local manufacturer). For example, a joint use agreement might allow city police officers and firefighters to use a school's athletic facilities outside of school hours in order to increase opportunities for physical activity. Joint use agreements might also allow students to use non-school facilities for activities that a school's existing amenities do not support.
Joint use agreements can be utilized in conjunction with the Coordinated School Health and/or Worksite Wellness initiatives.

How Does it Work?

Joint use agreements take different forms, depending upon both the assets and needs of the entities that are involved and the communities they serve. The agreements can be formal or informal, but schools are encouraged to explicitly spell out terms of use and liability, as well as equipment replacement and repair cost sharing. Some examples of joint use agreements include:

* Use of school athletic grounds by community sports leagues on evenings and weekends.
* Allowing a school swim team to train at a park district pool.
* Providing classroom and recreation space to after-school programs run by third-party organizations.
* Opening playgrounds for local day-care providers during periods when they are not in use by students.

Who Should Be Involved?

* School principals and superintendents
* School councils and Parent-Teacher Organizations
* City or county boards or councils
* Other community organizations and local stakeholders

What are the benefits?

For schools:
* Providing students with a greater variety of activities without having to build new facilities to support them.
* Potential for revenue if the school can charge for the use of its space and equipment.
* Increased visibility and potential for greater community involvement.

For communities:
* Lowering barriers of cost and availability of space and equipment to municipal employees who are impacted by the agreements.
* Saving funds and preserving land by reducing need for developing redundant facilities.
* Improving access and walkability of community assets.
* Encourage healthy behaviors through increasing access to physical activity opportunities among community members and/or employees.

For other stakeholders:
* Expanding services and programs without creating new facilities.
* Saving money by using existing community assets.
* Broadening partnerships to include schools.

What Can I Request Funding To Do?

* Activities and staffing related to initiating, developing, and promoting joint use agreement policies.
* Activities and staffing related to implementing and maintaining joint use agreement policies within schools and school systems.

What Other Information is Out There to Help Me Learn More and Prepare to Apply?

Toolkits & Models:

Description	Organization	Website
Model Joint Use Agreement Resources	National Policy & Legal Analysis Network to Prevent Childhood Obesity	http://www.nplanonline.org/childhood-obesity/products/nplan-joint-use-agreements
Toolkit for increasing physical activity through joint use agreements	Public Health Law & Policy	http://www.phlpnet.org/sites/phlpnet.org/files/Joint_Use_Toolkit_FINAL_web_2010.01.28.pdf
Joint Use Agreements Research Brief	Bridging the Gap	http://www.bridgingthegapresearch.org/_asset/gl9776/btg_joint_use_agreements-2-10-12.pdf

Background Literature

Increasing Access to Places for Physical Activity Through a Joint Use Agreement: A Case Study in Urban Honolulu
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2483555/

Strategies Proposed by Healthy Kids, Healthy Communities Partnerships to Prevent Childhood Obesity
http://www.cdc.gov/pcd/issues/2012/10_0292.htm

See Also:

#1 Coordinated School Health

#3 Worksite Wellness

Photo Credit: Victoria Department of Education and Early Childhood Development