



ALABAMA WELLNESS ALLIANCE

ALABAMA PHYSICAL ACTIVITY AND NUTRITION PLAN

2023-2033



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KAY IVEY
GOVERNOR

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STATE OF ALABAMA

November 23, 2022

Dear fellow Alabamians,

The stated mission of the Alabama Wellness Alliance, which produced this Alabama Physical Activity and Nutrition Plan, is, “Creating a healthier Alabama through obesity reduction and prevention efforts.”

The Alliance is a volunteer membership organization once called the Alabama Obesity Task Force. Since the Task Force’s creation almost two decades ago, the group has worked closely with the Alabama Department of Public Health and that agency’s Nutrition and Physical Activity division.

As stated in this report, Alabama for many years has had one of the highest state rates of obesity among adults. Obesity can put people at a high risk for developing heart disease, stroke, high blood pressure, diabetes, and other illnesses or diseases.

Eating a healthy diet and getting adequate exercise can reduce obesity. Suggested strategies for individuals to improve physical activity and nutrition in Alabama are included in the report.

I hope this report helps the Alliance meet its stated mission, and that you find it useful for helping yourself or helping others live healthier lives through obesity reduction and prevention.

Sincerely,

A handwritten signature in black ink that reads "Kay Ivey".

Kay Ivey
Governor



Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

December 28, 2022

Dear Citizens of Alabama:

I am pleased to introduce the Alabama Physical Activity and Nutrition Plan (2023-2033) which was developed by the Alabama Wellness Alliance, formerly known as the State Obesity Task Force. The plan is intended to shape Alabama's response to the growing obesity problem. Goals and objectives that will positively influence health behaviors and reduce the prevalence of obesity lay the foundation for the plan. Science-based recommendations and resources are identified to prompt individuals, communities, schools, businesses, state and local agencies, and other organizations to support healthy environments and improve health outcomes by implementing effective physical activity and nutrition strategies.

Obesity is a chronic condition that plagues our state. According to the Centers for Disease Control and Prevention, in 2021 over 39 percent of adults in Alabama were obese making it one of the top ten states for obesity prevalence. Alabama consistently ranks among the highest states for obesity; the plan will play a critical role in reversing this trend. In keeping with the Alabama Wellness Alliance's mission and purpose, the plan's goal is to create a healthier Alabama using obesity reduction and prevention approaches through collaboration, programs, policy, and environmental changes that support and promote healthy lifestyles. As State Health Officer, I fully support these efforts and the recommendations in the plan.

The Alabama Wellness Alliance is a diverse, statewide group of organizations, partners, and stakeholders dedicated to working together to reverse obesity. It is through their hard work and dedication that the Alabama Physical Activity and Nutrition Plan was developed. It is my hope that it will be the driving force behind all obesity prevention initiatives in the state.

Everyone has a role to play in making Alabama a healthier place to live, but doing so will require collaboration and strong partnerships. I encourage you to take ownership of this plan, working with partners to identify the strategies that can be successfully implemented in your community. The plan is our road map to a healthier state, and it will facilitate consistent and collaborative efforts that will enable Alabama to achieve better health outcomes by supporting healthy lifestyle behaviors.

Sincerely,

Scott Harris, M.D., M.P.H.
State Health Officer

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Mission

Partnering to improve nutrition and physical activity in places where Alabamians live, learn, work, play, and worship.

Purpose Statement

The Alabama Wellness Alliance (AWA) works through collaboration, programs, policy, and environmental changes to support and promote healthy lifestyles.

Acknowledgements

The Alabama Physical Activity and Nutrition Plan (ALPAN) was developed by AWA, formerly known as the Alabama Obesity Task Force, and partners. Numerous individuals, members, and non-members contributed expertise, knowledge, and experience to the development of a plan that is realistic, achievable, and appropriate for Alabama. These individuals represent a wide range of regions and multidisciplinary sectors of the state. For more information on the history of the Alabama Obesity Task Force, visit <https://www.alabamapublichealth.gov/awa/history.html>.

A special thank you to Alicia Powers for her time, expertise, and guidance in developing and finalizing the ALPAN.

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ALABAMA PHYSICAL ACTIVITY AND NUTRITION PLAN (ALPAN)

Introduction

ALPAN was developed to employ evidence-based physical activity and nutrition strategies to improve health using collaborative and consistent approaches. Recommendations regarding policies, programs, and initiatives to support physically active lifestyles and nutritious food choices for all Alabama citizens are included. ALPAN promotes equitable access to healthy choices where individuals live, learn, work, recreate, seek healthcare, play, and worship to improve the health of Alabamians by reducing state obesity and chronic disease rates.

State and local leaders, members and leaders of community groups, coalitions, and individuals working to improve physical activity and nutrition opportunities in Alabama, may use the ALPAN to:

- Lead changes in policies, systems, and environments.
- Promote development, dissemination, and utilization of resources.
- Encourage healthy lifestyles across the life span.
- Identify strategies to improve personal health.
- Live active and healthy lives within communities.

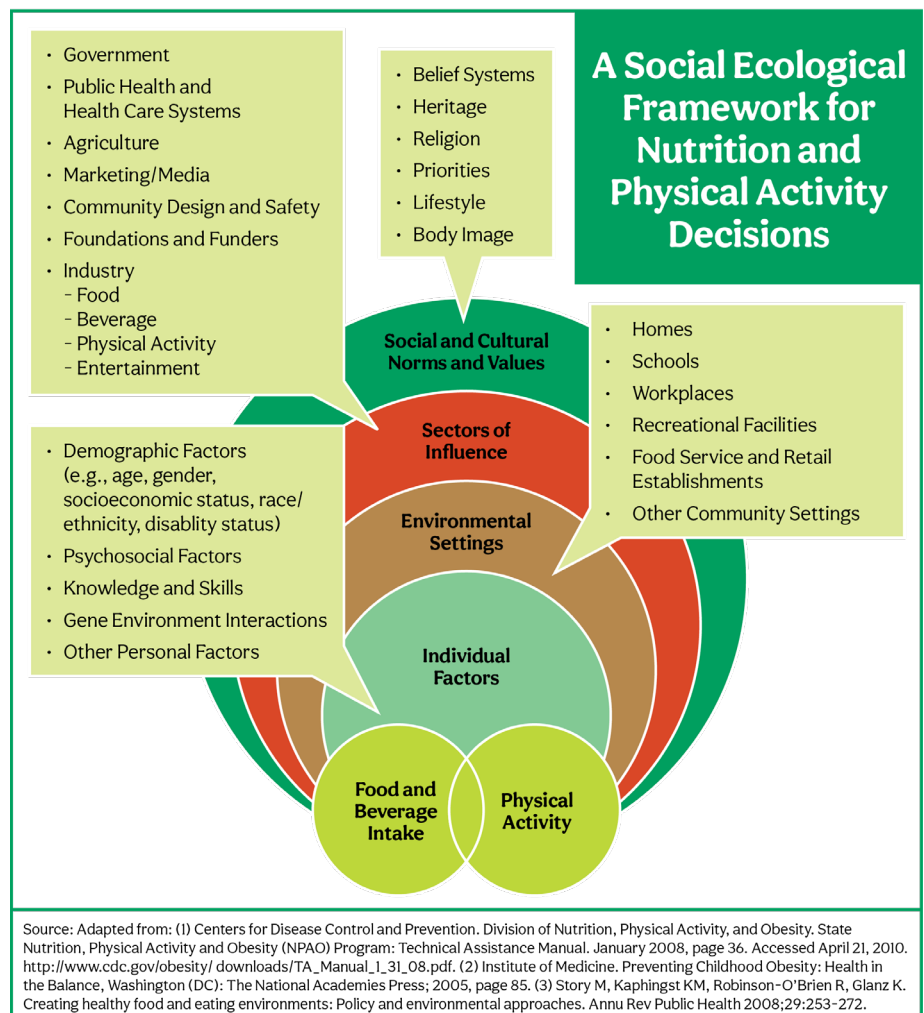
Framework

ALPAN was developed using the Social Ecological Model, with an emphasis on diversity, equity, and inclusion. The Social Ecological Model supports health behavior change by addressing multiple levels of influence: individual, interpersonal, organizational, community, and public policy. Further, creating healthy communities for all people requires a focus on diversity, equity, and inclusion. ALPAN seeks to address barriers to fair treatment and equal opportunities for all regardless of ability. A culture of inclusivity and belonging emphasizes dignity and respect, while actively inviting contributions and participation from all Alabamians.

Social Ecological Model

Health behavior changes are most likely to take effect when there is influence across all levels of society. This logic is based on the Social Ecological Framework for Nutrition and Physical Activity Decisions (see Figure 1) offering a top-down and bottom-up approach to health behavior change; this model addresses change across

Figure 1. Social Ecological Model for Nutrition and Physical Activity Decisions



levels of the individual, interpersonal, organizational, community, and public policy. When approaches align with all levels of influence, sustainable health behavior change is more likely to occur and reach every individual, family, and community across Alabama. ALPAN encourages “making the healthy choice, the easy choice” for all by focusing on policy, system, and environmental changes to reduce the individual burden of health behavior change. Thus, providing a roadmap for change throughout the community and culture of Alabama.

Diversity, Equity, and Inclusion

ALPAN recognizes that substantial health disparities exist across many marginalized populations due to differences in access to life enhancing resources such as transportation, education, and healthy foods. ALPAN seeks to advance diversity, equity, and inclusion in Alabama to ensure every person has the opportunity to achieve optimal health regardless of the color of their skin, level of education, gender identity, sexual orientation, employment status, their neighborhood, and whether or not they have a disability. Working together, partners can promote health equity on a state and local level to address disparities and improve the health of all Alabamians.

Areas of Concern

Obesity

Alabama is one of only 19 states in the country with an adult obesity prevalence greater than 35 percent (Centers for Disease Control and Prevention [CDC], 2021). The current obesity rate is 39.9 percent, and the state is ranked third highest in the nation. Historically, Alabama’s obesity rates have been ranked among the top ten states (see Table 1).

Obesity rates are also high among Alabama’s youth. Over 17 percent of high school students are considered obese, which is higher than the national average per the Youth Risk Behavior Surveillance System (YRBSS) (CDC, 2019). The National Survey of Children’s Health found that 17.3 percent of children, ages 10 to 17 are obese, placing Alabama among the top ten states for childhood obesity (2018-2019). Children ages 2 to 4 years participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) have an obesity rate of 15.6 percent (State of Childhood Obesity, 2020), ranking Alabama fourteenth in the nation.

Individuals with obesity are more likely to develop chronic diseases and have poorer associated health outcomes. Alabama has the third highest rate of diabetes nationwide at 14.8 percent (CDC, 2020) and the second highest rate of hypertension at 42.5 percent (CDC, 2019). Chronic diseases are the top causes of death for the citizens of Alabama, with heart disease ranking first, cancer second, stroke fourth, and diabetes eighth (National Center for Health Statistics, 2017).

Health Disparities

Obesity and chronic diseases do not affect all Alabamians equally. Marginalized populations tend to have poorer health outcomes and decreased access to physical activity opportunities and healthy foods and beverages. Over one million Alabamians live in rural areas, which increases their risk for chronic diseases like diabetes, cancer, cardiovascular disease, and obesity. Almost 15 percent of Alabama residents live in poverty, 30.9 percent are of a minority race, and 4.6 percent are of a minority ethnicity (United States [U.S.] Census Bureau, 2021). Adults with disabilities are also more likely to be obese and three times more likely to have chronic diseases. According to the Behavioral Risk Factor Surveillance System (BRFSS), the adult disability rate in Alabama is higher than the national rate, 31.1 percent compared with 24.8 percent (CDC, 2020).

Alabama is the fifth poorest state in the nation. Evidence suggests communities with higher poverty rates and proportions of people of color have higher rates of obesity and chronic disease, with fewer health resources. Additionally, high poverty

Table 1. Prevalence of Adult Obesity in Alabama 2012-2020		
YEAR	PERCENT	NATIONAL RANKING
2021	39.9%	3
2020	39.0%	3
2019	36.1%	7
2018	36.2%	6
2017	36.3%	5
2016	35.7%	3
2015	35.6%	2
2014	33.5%	5
2013	32.4%	8
2012	33.0%	5

causes 17 percent of adults and 23 percent of children (1 out of 4) in Alabama to struggle with food insecurity. The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. For those with limited financial resources, fixed expenses such as housing and medication are usually covered first, leaving little room for more flexible expenses such as the food budget. Poverty, food insecurity, and poor nutrition have serious consequences for the health and well-being of children, adults, and older adults, including a greater risk for chronic disease and poor mental health (Food Research and Action Center, 2017).

Inadequate Physical Activity and Nutrition

Many individuals do not get the recommended amounts of physical activity or meet the recommended dietary guidelines, which contributes to high rates of chronic disease and obesity among Alabamians. Data from CDC demonstrates that adults and youth in Alabama are always below the national average on multiple indicators for nutrition and physical activity.

Breastfeeding (BF) provides important nutrients to infants and protects against the risk for many adverse conditions including obesity and Type 2 diabetes. According to CDC’s BRFSS data, Alabama falls well below the national average in multiple BF categories as well as two Healthy People (HP) 2030 Objectives related to BF (see Table 2).

Exclusive BF for the first 6 months of life provides benefits for infants and gives them a healthy start in life. BF initiation rates are high in the U.S., however, most women do not exclusively BF for the first 6 months. Strategies like peer support, education, longer maternity leaves, and BF support in the hospital, workplace, and community can help more women BF solely.

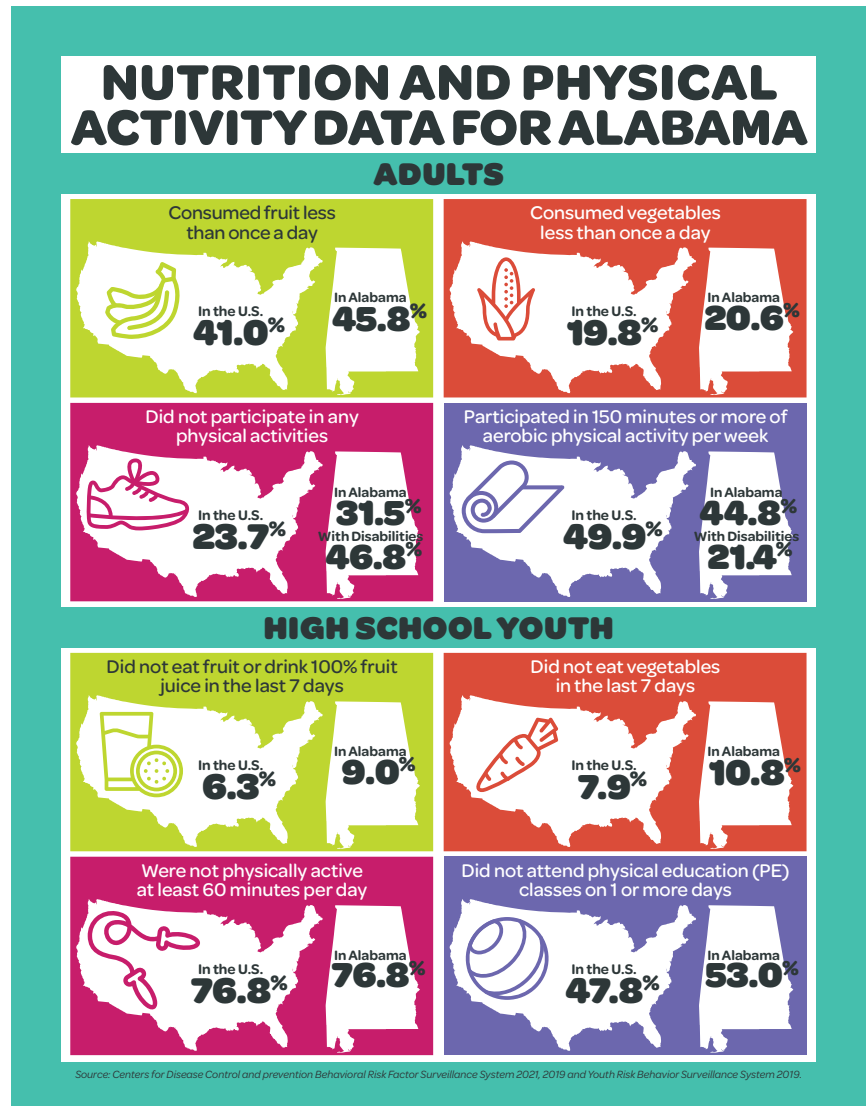
Guiding Principles

Physical Activity

Encouraging and facilitating physical activity is essential to impacting obesity in Alabama. Physical activity provides numerous health benefits from reducing obesity and chronic diseases to providing ways in which families and friends can get together to enjoy an active lifestyle.

ALPAN aligns with the current Physical Activity Guidelines for Americans. The national guidelines are evidence-based with documented consistency and high-quality research. Specific recommendations include:

- Preschool aged children (3 to 5 years) should be physically active throughout the day to enhance growth and development.
- Children and adolescents (6 to 17 years) should engage in 60 minutes or more of moderate to vigorous physical activity daily.
- Adults should engage in at least 150 minutes to 300 minutes a week of moderate intensity, or 75 minutes to 150 minutes a week of vigorous intensity, aerobic physical activity, or an equivalent combination of moderate and vigorous intensity aerobic activity. They should also participate in muscle strengthening activities on two or more days a week.



- Older adults should do multi-component physical activity including balance training as well as aerobic and muscle strengthening activities.
- Pregnant and postpartum women should do at least 150 minutes of moderate intensity aerobic activity a week.
- Adults with chronic conditions or disabilities, who are able, should follow the key guidelines for adults and do both aerobic and muscle strengthening activities.

The Physical Activity Guidelines for Americans recommend more movement and less sedentary activity. Both aerobic and muscle strengthening activities are important and show benefits. Any amount of movement is beneficial to health outcomes, and individuals are encouraged to move in a way that is enjoyable and feels good.

Table 2. Alabama BF Rates Compared To National Rates and Objectives (2018)			
BF CATEGORY	ALABAMA	NATIONAL	HP 2030 OBJECTIVES
Ever BF	70.6%	83.9%	Not Applicable (N/A)
BF 6 Months	43.4%	56.7%	N/A
BF 12 Months	26.3%	35.0%	54.1%
Exclusive BF 3 Months	39.3%	46.3%	N/A
Exclusive BF 6 Months	23.6%	25.8%	42.4%

Nutrition

Encouraging and facilitating healthy eating also is essential to impacting obesity in Alabama. Good nutrition directly affects health and plays a significant role in weight management.

ALPAN aligns with the current Dietary Guidelines for Americans (2020-2025), which is the first set of guidelines that provide guidance for healthy dietary patterns by life stage, from birth through older adulthood, including pregnant and lactating women. The Dietary Guidelines for Americans use the most current scientific evidence to provide recommendations on consuming a healthful eating plan and preventing the risk of chronic diseases. The guidelines are used to shape the individual eating habits of Americans and policies and systems that influence accessibility to healthy foods and beverages.

The key guidelines include:

- Follow a healthy dietary pattern at every life stage.
- Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.
- Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits.
- Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages.

Good nutrition is an integral part of a healthy lifestyle, and the nutrition component of ALPAN is intended to guide the development of infrastructure, utilization of resources, provision of training, provision of technical assistance, and development of evaluation plans to promote healthy foods and improve accessibility to nutritious food and beverage choices.

SECTORS

With a consideration towards all levels included in the Social Ecological Model for Nutrition and Physical Activity Decisions and the core principles of diversity, equity, and inclusion, ALPAN is divided into the following key sectors that were identified as influential settings for improving physical activity and nutrition.

- Business and industry
- Education
- Fitness and sports
- Healthcare
- Non-Profit, volunteer, and faith-based organizations
- Public health
- Public lands, parks, and recreations
- Transportation, community planning, and access

Goals with detailed objectives and recommendations for physical activity and nutrition are outlined in each sector. The goals have been developed to guide partners and community leaders toward practical strategies that encourage best practices, promote programs, unify messaging, and facilitate policy, systems, and environmental changes.

Implementation of the plan will be evaluated to assess impact and measure outcomes related to sector goals to move the state forward through collaborative efforts.

In each sector, a significant number of goals can be accomplished with little to no funding; however, funding may be necessary to accomplish other goals. Partners are encouraged to seek new sources of revenue or dedicate existing funding to achieve state plan goals when possible.

AWA would like to acknowledge the original State Obesity Plan that was written in 2005, which can be found on the website at <https://www.alabamapublichealth.gov/awa/assets/obesityplan.pdf>.





Business and Industry

The Business and Industry sector employs over 43 percent of Alabama’s population. The State of the Workforce Report XIV indicates that more than 2.2 million Alabamians participate in the workforce; therefore, the workplace is a key area for promoting physical activity and good nutrition. Increasing physical activity and improving dietary habits of the workforce are beneficial for employers, since better health equals better business.

Evidence suggests employees who are physically active and follow healthy eating patterns have a lower risk of developing chronic disease, are more productive, have fewer absences, have increased morale, and have lower healthcare costs. Worksite wellness programs are an evidence-based, practical approach to encouraging employees to meet the recommended physical activity and dietary guidelines. A commitment to wellness from all levels of an organization is required and should be part of the organization’s operation, mission, and goals. Title I of the Americans with Disabilities Act (ADA) requires that employers make reasonable accommodations for employees with disabilities to participate in worksite wellness programs. Employers should foster an environment that is universally designed to be supportive of health promotion for all.

The Business and Industry sector provides recommendations to ensure all working Alabamians have a workplace environment that supports physical activity and healthy nutrition choices as a natural part of the workday.

Goal 1: Increase the proportion of Alabama worksites with active, supported wellness initiatives that focus on physical activity and nutrition.

OBJECTIVE 1.1: Establish a diverse worksite wellness committee.

RECOMMENDATIONS:

- 1.1.1 Identify and educate key decision makers (businesses, chamber of commerce, and legislative leaders) about the importance, components, and best practices of impactful worksite wellness initiatives.
- 1.1.2 Ensure businesses of all sizes, including those in high need areas, are mobilized and supported.
- 1.1.3 Ensure employers and key stakeholders in all regions are included.

OBJECTIVE 1.2: Support establishment or maintenance of worksite wellness initiatives.

RECOMMENDATIONS:

- 1.2.1 Conduct employee and organizational assessments.
- 1.2.2 Obtain management support.
- 1.2.3 Develop goals and objectives.
- 1.2.4 Explore funding opportunities.
- 1.2.5 Design wellness initiative components.
- 1.2.6 Select wellness initiative incentives and rewards.
- 1.2.7 Communicate the wellness initiative.
- 1.2.8 Evaluate the success of the wellness initiative.

Goal 2: Increase the proportion of the Alabama workforce, including populations who face health disparities, in meeting weekly physical activity recommendations outlined in the Physical Activity Guidelines for Americans.

OBJECTIVE 2.1: Adopt and/or implement equitable policies for all to create systems and environments that support employees in being physically active and reducing sedentary behavior.

RECOMMENDATIONS:

- 2.1.1 Engage with partners that provide resources and training opportunities for policies, systems, and environmental strategies to encourage physical activity and reduce sedentary behavior.
- 2.1.2 Network with other worksites to share best practices.
- 2.1.3 Create or enhance access to inclusive, accessible places or opportunities for physical activity for all employees, regardless of ability, such as:
 - Recreation trails or paths.
 - Exercise facilities.
 - On-site exercise classes.
 - Active meetings.
 - Physical activity breaks during meetings.
 - Other exercise options.
- 2.1.4 Provide resources and incentives to create a culture of health and supportive work environment, including:
 - Standing or active desks.
 - Free or reduced memberships to offsite fitness facilities.
 - Employee/worksites recognition programs.
 - Insurance discounts.
 - Fitness instructor programs.
 - Social support or group activities (i.e., buddy systems).
 - Employee wellness challenges.
 - Active meetings.
 - Physical activity breaks.
 - Lunch and learns.
 - Flex time/schedule.
 - Health screenings.

OBJECTIVE 2.2: Adopt and/or implement evidence-based practices, programs, and messaging to support employees in being physically active and reducing sedentary behavior.

RECOMMENDATIONS:

- 2.2.1 Identify and utilize existing evidence-based physical activity practices and programs.

- 2.2.2 Engage with partners that provide resources and training opportunities for evidence-based practices, programs, and messaging to support employees in being physically active and reducing sedentary behavior.
- 2.2.3 Promote, support, develop, and participate in statewide, regional, or community-based initiatives, such as:
 - 100 Alabama Miles Challenge.
 - Walk at Lunch Days.
 - Get Moving Alabama.
 - Scale Back Alabama.
- 2.2.4 Develop easy-to-understand messaging and information for employers to promote physical activity and reduce sedentary behavior.
- 2.2.5 Utilize point of decision prompts and a variety of communication platforms to share inclusive, evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.
- 2.2.6 Include physical activity information in existing outreach efforts.
- 2.2.7 Identify champions that will network and share information within/among worksites.

OBJECTIVE 2.3: Conduct regularly scheduled assessments and evaluations of policies, systems, environments, and practices within/among worksites.

RECOMMENDATIONS:

- 2.3.1 Identify current policies, systems, environments, and practices that support physical activity and reduce sedentary behavior.
- 2.3.2 Utilize available assessment tools. These may include:
 - Health Risk Appraisals at the Worksite.
 - Worksite Health Scorecard.
 - National Healthy Worksite Program Employee Health Assessment.
 - National Healthy Worksite Program Health and Safety Climate Survey.
- 2.3.3 Seek input from leaders and employees on ways to increase physical activity and reduce sedentary behavior within the organization.
- 2.3.4 Identify gaps in meeting best practices to support employees in being physically active and reducing sedentary behavior.
- 2.3.5 Analyze data and utilize findings to inform physical activity strategies and adapt worksite activities.
- 2.3.6 Regularly report and disseminate assessment and evaluation data within/among worksites.

Goal 3: Increase the proportion of the Alabama workforce, including populations who face health disparities, in meeting Dietary Guidelines for Americans.

OBJECTIVE 3.1: Adopt and/or implement equitable policies for all to create systems and environments that support healthy nutrition choices at work.

RECOMMENDATIONS:

- 3.1.1 Engage with partners that provide resources and training opportunities for policies, systems, and environmental strategies that foster healthy nutrition choices. These may include:
 - Farmers offer a satellite farmers market at worksites.
 - Vendors to provide healthy vending options.
 - Registered dietitians to provide dietary counseling for employees, prevention/treatment programs, and nutrition education.
- 3.1.2 Network with other worksites to share best practices.
- 3.1.3 Create or enhance access to inclusive, accessible places or opportunities for healthy nutrition choices for all employees, such as:
 - Healthy vending machine and checkout programs (e.g., Good Choice).
 - Healthy snacks for meetings/events.
 - Cafeterias and breakrooms.
 - Hydration stations.
- 3.1.4 Provide resources and incentives to create a culture of health and supportive work environment, including:
 - Nutrition challenges and education programs.
 - Insurance discounts.
 - Employee/worksites recognition programs.
 - Employer-provided health insurance coverage for nutrition counseling.
 - Nutrition counseling available during work time.
 - Social support or group activities (i.e., buddy systems).
 - Employee wellness programs.
 - Participant incentives.
 - Lunch and learns.
 - Cooking demonstrations and tastings.
 - Health screenings.

OBJECTIVE 3.2: Adopt and/or implement evidence-based practices, programs, and messaging to support employees in making healthy nutrition choices.

RECOMMENDATIONS:

- 3.2.1 Identify and utilize existing evidence-based nutrition practices and programs.

- 3.2.2 Engage with partners that provide resources and training opportunities for evidence-based practices, programs, and messaging to support employees in making healthy nutrition choices.
- 3.2.3 Promote, support, develop, and participate in statewide, regional, or community-based initiatives, such as:
 - Farmer's markets.
 - Community Supported Agriculture (CSA).
 - Scale Back Alabama.
 - ReThink Your Drink.
 - Community gardens.
 - Cooking classes.
- 3.2.4 Develop easy-to-understand messaging and information for employees to promote healthy eating.
- 3.2.5 Utilize point of decision prompts and a variety of communication platforms to share inclusive, evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.
- 3.2.6 Include nutrition information in existing outreach efforts.
- 3.2.7 Identify champions that will network and share information within/among worksites.

OBJECTIVE 3.3: Conduct regularly scheduled assessments and evaluations of policies, systems, environments, and practices within/among worksites.

RECOMMENDATIONS:

- 3.3.1 Identify current policies, systems, environments, and practices that support healthy nutrition choices.
- 3.3.2 Utilize available assessment tools. These may include:
 - Health Risk Appraisals at the Worksite.
 - Worksite Health Scorecard.
 - National Healthy Worksite Program Employee Health Assessment.
 - National Healthy Worksite Program Health and Safety Climate Survey.
- 3.3.3 Seek input from leaders and employees on ways to improve nutrition choices within the organization.
- 3.3.4 Identify gaps in meeting best practices to support employees in making healthy nutrition choices.
- 3.3.5 Analyze data and utilize findings to inform nutrition strategies and adapt worksite activities.
- 3.3.6 Regularly report and disseminate assessment and evaluation data within/among worksites.

Goal 4: Increase the proportion of women in the workforce who initiate BF and meet the American Academy of Pediatrics' recommendations for BF duration.

OBJECTIVE 4.1: Increase opportunities for women to continue to BF after returning to work.

RECOMMENDATIONS:

- 4.1.1 Develop policies to support BF. These may include:
- Paid and extended family medical leave for all workers.
 - On-site child care and/or other child care benefits.
 - Lactation rooms or private spaces for BF with appropriate equipment and/or supplies.
 - Reasonable breaks for expressing breastmilk.
 - Flex time, part-time, and teleworking opportunities.
 - Insurance incentives and discounts.

- 4.1.2 Engage with partners that provide resources and training opportunities for evidence-based practices, programs, and messaging to support employees in BF. These may include:
- Lactation consultants.
 - Insurance providers that sponsor breastfeeding programs.
 - The Alabama BF Friendly Workplace Recognition Program.
 - The Alabama BF Friendly Child Care Certification Program.
- 4.1.3 Utilize inclusive, evidence-based messaging and social marketing strategies to increase BF. Materials should be provided in other languages as needed and alternative formats such as large print, braille, audio/visual, and inclusive pictograms. These may include:
- Signage to encourage BF.
 - Newsletters or emails.
 - Social media.
 - Training opportunities.



Education

Alabama schools served 729,786 students in 2020-2021 and the Alabama Department of Early Childhood Education currently serves approximately 24 percent of the state's Pre-K students. There are 61 colleges and universities in Alabama, with enrollment totaling almost 300,000 students. Approximately 20 percent of the Alabama population is enrolled in a school, college, or university. In addition, there are teachers, administrators, and staff members, who spend a large portion of their time in educational settings. Due to the large percentage of time spent in school and child care centers, these settings are key areas in a multi-sectoral approach to promote physical activity and good nutrition to reach millions in Alabama.

Increasing physical activity and improving dietary habits of Alabama's children will not only improve health, but also support greater academic success. Evidence suggests students who are physically active and follow healthy eating patterns have lower risks of developing chronic diseases, are more attentive in school, have fewer absences from school, have improved behavior at school, and perform better academically.

The Education sector utilizes the Whole School, Whole Community, Whole Child (WSCC) model for a multi-component approach for schools and communities to support students in meeting recommended physical activity and dietary guidelines. In addition, the Education sector provides recommendations for child care centers to create a culture of health that gives young children opportunities for healthy choices at an early age.

Goal 5: Increase the proportion of Alabama schools with active, supported wellness policies.

OBJECTIVE 5.1: Develop and implement a school wellness policy.

RECOMMENDATIONS:

- 5.1.1 Identify key decision makers to participate on the school wellness committee such as community partners, school faculty and staff, student leaders, and parents/PTO members.
- 5.1.2 Ensure accurate representation of the community that is diverse and inclusive.
- 5.1.3 Establish a leader of the school wellness committee and hold regular meetings.
- 5.1.4 Utilize an assessment tool such as Wellness School Assessment Tool (WellSAT) to identify policy strengths and weaknesses and revise accordingly.
- 5.1.5 Create an action plan that includes timeline for implementation.

OBJECTIVE 5.2: Evaluate and maintain the school wellness policy.

RECOMMENDATIONS:

- 5.2.1 Conduct regular school health assessments to track progress and identify opportunities for improvement.
- 5.2.2 Revise school wellness policy as needed to reflect school health assessment findings.

OBJECTIVE 5.3: Gather support for the school wellness policy.

RECOMMENDATIONS:

- 5.3.1 Communicate the wellness policy to obtain the support of administrators, parents, community members, and others.
- 5.3.2 Establish a budget by utilizing existing resources and/or seeking new funding opportunities.
- 5.3.3 Annually demonstrate progress made toward the outlined goals and recognize those involved.
- 5.3.4 Share results and celebrate successes to build momentum and support via monthly newsletters, social media, and annual publications.

Goal 6: Increase the proportion of Alabama children, including populations who face health disparities, in meeting daily or weekly physical activity recommendations outlined in the Physical Activity Guidelines for Americans.

OBJECTIVE 6.1: Adopt and/or implement equitable policies for all to create systems and environments that support children in being physically active and reducing sedentary behavior in child care centers and before, during, and after school.

RECOMMENDATIONS:

- 6.1.1 Engage with partners that provide resources and training opportunities for policies, systems, and environmental strategies to encourage age/developmentally appropriate physical activity and reduce sedentary behavior. These may include:
 - Lakeshore Foundation.
 - Alabama State Association of Health, Physical Education, Recreation, and Dance.
 - Governor’s Commission on Physical Fitness and Sports.
 - YMCA.
 - ADPH.
- 6.1.2 Network with other schools and child care centers to share best practices.
- 6.1.3 Create or enhance access to inclusive, accessible places or resources for physical activity in child care centers and before, during, and after school, such as:
 - Playgrounds, tracks, fields, courts, etc.
 - Equipment.
 - Brain boosters.
 - Recess.
 - Quality Physical Education.
 - Individualized Education Plans include physical activity/education goals.

OBJECTIVE 6.2: Adopt and/or implement age/developmentally appropriate, evidence-based practices, programs, and messaging to support children in being physically active and reducing sedentary behavior in child care centers and before, during, and after school.

RECOMMENDATIONS:

- 6.2.1 Identify and utilize existing age/developmentally appropriate, evidence-based practices and programs to be implemented in child care centers and before, during, and after school hours, including but not limited to:
 - Educators serving as role models for active behavior.
 - WSCC.
 - Evidence-based curricula such as Coordinated Approach to Child Health and Sports, Play and Active Recreation for Kids.
 - Comprehensive School Physical Activity Program.
 - Go Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC).
 - Community Joint Use Agreements.
 - Current Alabama Minimum Standards for all types of child care, including minimum amounts of physical activity and limitations to screen time.
- 6.2.2 Engage with partners that provide resources and training opportunities for age/developmentally appropriate, evidence-based practices, programs, and messaging to support children in being physically active and reducing sedentary behavior.
- 6.2.3 Promote, support, develop, and participate in statewide, regional, community-based, or school-wide initiatives, such as:
 - 100 Alabama Miles Challenge.
 - School Fun Runs.
 - Family Nights.
 - Kids Heart Challenge.
 - P.E. for Parents.
- 6.2.4 Develop easy-to-understand messaging and information for schools and child care centers to promote physical activity and reduce sedentary behavior among children and families.
- 6.2.5 Utilize point of decision prompts and a variety of communication platforms to share inclusive, evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.
- 6.2.6 Include physical activity information in existing outreach efforts.
- 6.2.7 Identify champions that will network and share information within/among schools and child care centers.

OBJECTIVE 6.3: Conduct regularly scheduled assessments and evaluations of policies, systems, environments, and practices within/among schools and child care centers.

RECOMMENDATIONS:

- 6.3.1 Identify current policies, systems, environments, and practices that support physical activity and reduce sedentary behavior.
- 6.3.2 Utilize existing physical activity and physical fitness assessment data, these may include:
 - YRBSS.
 - Alabama Physical Fitness Assessment.
 - National Survey of Children’s Health.
- 6.3.3 Seek input from stakeholders on recommendations for increasing physical activity and reducing sedentary behavior.
- 6.3.4 Identify gaps in meeting best practices to support children in being physically active and reducing sedentary behavior.
- 6.3.5 Analyze data and utilize findings to inform physical activity strategies and adapt activities.
- 6.3.6 Regularly report and disseminate assessment and evaluation data within/among schools and child care centers.

Goal 7: Increase the proportion of Alabama children, including populations who face health disparities, in meeting Dietary Guidelines for Americans.

OBJECTIVE 7.1: Adopt and/or implement equitable policies for all to create systems and environments that support children in making healthy nutrition choices in child care centers and before, during, and after school.

RECOMMENDATIONS:

- 7.1.1 Engage with partners that provide resources and training opportunities for policies, systems, and environmental strategies that foster healthy nutrition choices. These may include:
 - Federal Child Nutrition Programs, such as Child and Adult Care Feeding Program, School Breakfast Program, National School Lunch Program, Summer Feeding Service Program, Seamless Summer Option, and Community Eligibility Provision.
 - Quest for Healthy Schools.
 - Farm to School or Farm to Early Care and Education (ECE).
 - Alabama BF Friendly Child Care Initiative.
- 7.1.2 Network with other schools and child care centers to share best practices.

- 7.1.3 Create or enhance access to inclusive, accessible places or opportunities for healthy nutrition choices in child care centers and before, during, and after school hours, such as:
 - Breakfast in the Classroom, Second Chance Breakfast, Breakfast After the Bell.
 - Summer Feeding Service Program or Seamless Summer Option with mobile food service sites.
 - Hydration stations.
 - SMART snack guidelines.
 - Non-food birthday celebrations.
 - Community gardens.
 - Afterschool meals.
 - School food pantries and backpack programs.

OBJECTIVE 7.2: Adopt and/or implement age/developmentally appropriate, evidence-based practices, programs, and messaging to support children in making healthy nutrition choices in child care centers and before, during, and after school.

RECOMMENDATIONS:

- 7.2.1 Identify existing age/developmentally appropriate, evidence-based practices and programs to be implemented in child care centers and before, during, and after school. These may include:
 - Federal Child Nutrition Programs, such as Child and Adult Care Feeding Programs, School Breakfast Program, National School Lunch Program, Summer Feeding Service Program, Seamless Summer Option, and Community Eligibility Provision.
 - Harvest of the Month, Farm to School, and Farm to ECE.
 - Whole School, Whole Community, Whole Child.
 - Go NAPSACC.
 - Body Quest.
 - Color Me Healthy.
 - Apple Crunch Day.
- 7.2.2 Engage with partners that provide resources and training opportunities for age/developmentally-appropriate, evidence-based practices, programs, and messaging to support children in making healthy nutrition choices.
- 7.2.3 Promote, support, develop, and participate in statewide, regional, community, or school-wide initiatives.
- 7.2.4 Develop easy-to-understand messaging and information for schools and child care centers to promote healthy eating among children and families.
- 7.2.5 Utilize point of decision prompts and a variety of communication platforms to share inclusive, evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in

other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.

- 7.2.6 Include nutrition information in existing outreach efforts.
- 7.2.7 Identify champions that will network and share information within/among schools and child care centers.

OBJECTIVE 7.3: Conduct regularly scheduled assessments and evaluations of policies, systems, environments, and practices within/among schools and child care centers.

RECOMMENDATIONS:

- 7.3.1 Identify current policies, systems, environments, and practices that support healthy nutrition choices.

- 7.3.2 Utilize available assessment tools. These may include:
 - School Health Index.
 - Healthy School Inventory.
 - Healthy School Report Card.
 - WellSAT.
 - Go NAPSACC.

- 7.3.3 Seek input from leaders and stakeholders on ways to improve nutrition choices within the child care center/school.

- 7.3.4 Identify gaps in meeting best practices to support children in making healthy nutrition choices.

- 7.3.5 Analyze data and utilize findings to inform nutrition strategies and adapt activities.

- 7.3.6 Regularly report and disseminate assessment and evaluation data within/among child care centers/schools.



Organized sports are an important part of the culture in Alabama, and play a major role in the amount of physical activity accumulated in a day for both youth and adults of all abilities. Sports can play a significant role in providing health benefits associated with physical activity. Sports are associated with child development, diversity, access, inclusion, economic growth, academics, and leadership.

In the U.S., a report by the Robert Wood Johnson Foundation showed 73 percent of all adults played sports as a youth, but as they aged, less than 23 percent continued to participate. According to the 2018-2019 National Federation of State High School Association’s Annual High School Athletics Participation Survey, Alabama ranked nineteenth in the U.S. in terms of sports participants. The report states that 89,626 boys and 56,820 girls participated in athletics or sports for a total of 146,446 high school students in Alabama. YRBSS indicated 53.2 percent of high school males and females in Alabama played on a sports team run by their school or community during 2019. Sports are embedded in the culture and can have a positive impact on daily physical activity levels in youth. It is well known that active kids are healthy kids. The health benefits associated with physical activity through participation in sports are strong bones, muscle development, decreased stress, and lower risk for obesity. Just as important are the positive social and psychological benefits such as improved academics, leadership skills, cognitive development, problem solving skills, better communication, improved self-esteem, and social interaction.

Stakeholders and partners must work collaboratively to increase youth and adult sport participation. Furthermore, efforts are needed to keep adults who played sports as a

youth stay engaged in physical activity. The Fitness and Sports sector provides recommendations that address access to, and participation in organized sports in order to improve physical activity opportunities in Alabama for all.

Goal 8: Increase the proportion of Alabama residents, including populations who face health disparities, in meeting weekly physical activity recommendations outlined in the Physical Activity Guidelines for Americans.

OBJECTIVE 8.1: Adopt and/or implement equitable policies for all to create systems and environments that provide safe, inclusive, and affordable opportunities to improve fitness and participate in sports to increase physical activity and reduce sedentary behavior.

RECOMMENDATIONS:

- 8.1.1 Engage with partners that provide resources and training opportunities for policies, systems, and environmental strategies to encourage safe, inclusive, and affordable opportunities to improve fitness and participate in sports. These may include:
 - Governor’s Commission on Physical Fitness and Sports.
 - Alabama High School Athletic Association.
 - Alabama Parks and Recreation Association.
 - National Federation of State High School Association.
 - The Aspen Institute Project Play.
 - CDC.
 - Lakeshore Foundation.
 - NCHPAD.
- 8.1.2 Network with state leaders, sports and fitness leaders, and communities to share best practices.

- 8.1.3 Create or enhance access to safe, inclusive, accessible, and affordable places or opportunities to improve fitness and participate in sports, such as:
- Parks.
 - Active recreation.
 - School activity centers.
 - Intramural sports.
 - Community sports leagues.
 - Faith-based programs and recreation centers.
 - Fitness centers.

OBJECTIVE 8.2: Adopt and/or implement evidence-based practices, programs, and messaging that provide safe, inclusive, and affordable opportunities to improve fitness and participation in sports.

RECOMMENDATIONS:

- 8.2.1 Identify and utilize existing evidence-based practices and programs, including but not limited to:
- Sports for All, Play for Life Playbook.
 - Injury prevention.
 - Sport sampling.
 - Trained coaches.
 - Unstructured play.
 - Noncompetitive opportunities.
 - Adaptive and inclusive sport opportunities.
 - American College of Sports Medicine (ACSM)/NCHPAD Certified Inclusive Fitness Trainer Certification.
- 8.2.2 Engage with partners that provide resources and training opportunities for evidence-based practices, programs, and messaging about safe, inclusive, and affordable opportunities to improve fitness and participation in sports. These may include:
- Governor’s Commission on Physical Fitness and Sports.
 - National Federation of State High School Associations.
 - The Aspen Institute Project Play.
 - Lakeshore Foundation.
 - NCHPAD.
 - CDC.
 - Alabama Parks and Recreation Association.
 - Alabama Trails Commission.
 - ADPH.
 - National Recreation and Park Association.

- 8.2.3 Promote, support, develop, and participate in statewide, regional, or community-based initiatives, such as:
- Senior Olympics
 - Masters Games of Alabama.
 - Special Olympics.
 - Get Moving Alabama.
 - Scale Back Alabama.
 - 100 Alabama Miles Challenge.
- 8.2.4 Develop easy-to-understand messaging and information for the state and communities to promote participation in fitness activities and sports.
- 8.2.5 Utilize point of decision prompts and a variety of communication platforms to share inclusive, evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.
- 8.2.6 Include fitness and sports information in existing outreach efforts.
- 8.2.7 Identify champions that will network and share information within/among state leaders, recreation professionals, and communities.

OBJECTIVE 8.3: Conduct regularly scheduled assessments and evaluations of policies, systems, environments, and practices of youth and adult fitness and sports opportunities.

RECOMMENDATIONS:

- 8.3.1 Identify current policies, systems, environments, and practices that provide safe, inclusive, and affordable opportunities to improve fitness and participation in sports.
- 8.3.2 Utilize existing assessment tools. These may include:
- State of Play: Mobile County.
- 8.3.3 Seek input from stakeholders on recommendations for improving the safety inclusivity, and affordability of fitness and sports opportunities.
- 8.3.4 Identify gaps in meeting best practices to support improvements in fitness and sport opportunities.
- 8.3.5 Analyze data and utilize findings to inform strategies and adapt activities to improve fitness and participation in sports.
- 8.3.6 Regularly report and disseminate assessment and evaluation data.



Healthcare

In 2019, a higher percentage of Alabama’s population was uninsured than the national average (17.5 percent compared to 13.6 percent). African American adults, men, and those between the ages of 18 and 24 years are the highest uninsured populations in the state. As of 2017, 85 percent of adults in the U.S. had contact with a healthcare professional resulting in roughly 991 million physician visits, in which more than half of those visits occurred in primary care clinics. Differences in access and disparities in care often exist based on socioeconomic status, insurance, and limited transportation. Professionals that work in the healthcare sector are uniquely poised to identify areas for growth and implement policy changes to meet the needs of more Alabamians on an equitable basis. Additionally, healthcare professionals are trusted community advocates, and their recommendations may serve as a catalyst for health behavior change and increased access to resources. Recommendations that encourage physical activity and healthy nutrition choices rather than weight loss are generally better received by patients. Assessments of physical activity and nutrition status should be part of every patient’s interaction with a healthcare professional. Increasing the number of Alabamians with health insurance, along with expanding coverage for nutrition services plays a key role in patient care.

The Healthcare sector provides recommendations and resources for healthcare professionals to advocate for expanded insurance coverage and encourage patients of all abilities across the lifespan to meet the Physical Activity Guidelines for Americans and Dietary Guidelines for Americans.

Goal 9: Increase the proportion of Alabama healthcare patients, including populations who face health disparities, in meeting weekly physical activity recommendations outlined in the Physical Activity Guidelines for Americans.

OBJECTIVE 9.1: Adopt and/or implement equitable policies for all to create systems and environments that increase physical activity and reduce sedentary behavior among patients.

RECOMMENDATIONS:

- 9.1.1 Engage with partners that provide resources and training opportunities for policies, systems, and environmental strategies to encourage physical activity and reduce sedentary behavior among patients. These may include:
 - Professional organizations.
 - Training programs, colleges, and universities for health professionals.
 - National healthcare organizations.
- 9.1.2 Network with other healthcare systems and professionals to share best practices.
- 9.1.3 Create or enhance access to inclusive, accessible places, or opportunities for physical activity for patients and their families, regardless of ability such as:
 - On-site physical activity facilities and resources.
 - Indoor/outdoor play and recreation spaces.
 - On campus walking paths for patients and families.
- 9.1.4 Provide incentives to healthcare systems/ professionals that support physical activity and reduced sedentary behavior among patients.

OBJECTIVE 9.2: Adopt and/or implement evidence-based practices, programs, and messaging that increase physical activity and reduced sedentary behavior among patients.

RECOMMENDATIONS:

- 9.2.1 Identify and utilize existing evidence-based practices and programs to promote physical activity and reduce sedentary behavior among patients, including but not limited to:
 - Referrals or prescriptions for physical activity.
 - Telehealth and telemedicine services.
 - Mobile apps.
 - Payor/insurance company supported physical activity and health promotion programs, such as Silver Sneakers® and Silver & Fit.
 - Motivational interviewing.
 - Training and continuing education opportunities for future and current healthcare providers.
- 9.2.2 Engage with partners that provide resources and training opportunities for evidence-based practices, programs, and messaging that encourage physical activity and reduce sedentary behavior among patients. These may include:
 - AHA.
 - Arthritis Foundation.
 - Insurance providers.
- 9.2.3 Promote, support, develop, and participate in statewide, regional, or community-based initiatives, such as:
 - 100 Alabama Miles Challenge.
 - Get Moving Alabama.
 - Scale Back Alabama.
 - #doctalk: Take a Pledge to Talk About Physical Activity.
 - WalkWithADoc.
- 9.2.4 Develop easy-to-understand messaging and information to encourage physical activity and reduce sedentary behavior among patients, such as:
 - Ask Me 3.
 - ACSM – Exercise is Medicine campaign.
- 9.2.5 Utilize point of decision prompts and a variety of communication platforms to share inclusive, evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.
- 9.2.6 Include physical activity in existing outreach efforts.
- 9.2.7 Identify champions that will network and share information within healthcare systems and among professionals.

OBJECTIVE 9.3: Conduct regularly scheduled assessments and evaluations of policies, systems, environments, and practices of healthcare systems and healthcare professionals.

RECOMMENDATIONS:

- 9.3.1 Identify current policies, systems, environments, and practices that support physical activity and reduce sedentary behavior among patients.
- 9.3.2 Utilize available assessment tools. These may include:
 - Wellness Change Tool (CDC).
 - Toolkit for Creating Healthy Hospital Environments: Making Healthier Food, Beverage, and Physical Activity Choices (CDC).
 - Health risk appraisals (e.g.: physical activity vital sign assessment to identify at-risk and vulnerable patients).
- 9.3.3 Seek input from leaders and health care professionals on ways to increase physical activity and reduce sedentary behavior among patients.
- 9.3.4 Identify gaps in meeting best practices to support patients in being physically active and reduce sedentary behavior.
- 9.3.5 Analyze data and utilize assessment findings to inform physical activity strategies and adapt activities.
- 9.3.6 Regularly report and disseminate assessment and evaluation data within healthcare systems, and among health care professionals.

Goal 10: Increase the proportion of Alabama healthcare patients, including populations who face health disparities, in meeting Dietary Guidelines for Americans.

OBJECTIVE 10.1: Adopt and/or implement equitable policies for all to create systems and environments that support healthy nutrition choices among patients.

RECOMMENDATIONS:

- 10.1.1 Engage with partners that provide resources and training opportunities for policies, systems, and environmental strategies to encourage healthy nutrition choices among patients.
- 10.1.2 Network with other healthcare systems and professionals to share best practices.
- 10.1.3 Create or enhance access to inclusive, accessible places or opportunities for healthy nutrition choices among patients and their families. These may include:
 - Healthy vending machine and checkout programs (e.g., Good Choice).
 - Healthy options in cafeteria.
 - Healthy options in lobbies/waiting areas and on-site for patients and families between meals.
- 10.1.4 Provide incentives to healthcare systems/professionals that support healthy nutrition choices among patients.

OBJECTIVE 10.2: Adopt and/or implement evidence-based practices, programs, and messaging to support healthy nutrition choices among patients.

RECOMMENDATIONS:

- 10.2.1 Identify and utilize existing evidence-based practices and programs to promote healthy nutrition choices among patients.
- On-site food pantries and/or prescriptions for fresh produce.
 - Referrals for food assistance programs (SNAP, WIC, food pantries, etc.) with application assistance as needed.
 - Telehealth and telemedicine services.
 - Mobile apps.
 - Motivational interviewing.
 - Training and continuing education opportunities for future and current healthcare providers.
 - Increased insurance coverage for nutrition counseling/programs in healthcare settings.
- 10.2.2 Engage with partners that provide resources and training opportunities for evidence-based practices, programs, and messaging that encourage healthy nutrition choices among patients. These may include:
- AHA.
 - American Diabetes Association.
 - Insurance providers.
 - ADPH.
- 10.2.3 Promote, support, develop, and participate in statewide, regional, or community-based initiatives, such as:
- Scale Back Alabama.
 - Healthy vending machine and checkout programs (e.g., Good Choice).
 - Live Well Alabama.
 - National Nutrition Month.
- 10.2.4 Develop easy-to-understand messaging and information to encourage healthy nutrition choices among patients.
- 10.2.5 Utilize point of decision prompts and a variety of communication platforms to share inclusive, evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.
- 10.2.6 Include nutrition information in existing outreach efforts.
- 10.2.7 Identify champions that will network and share information within healthcare systems and among professionals.

OBJECTIVE 10.3: Conduct regularly scheduled assessments and evaluations of policies, systems, environments, and practices within healthcare systems and among healthcare professionals.

RECOMMENDATIONS:

- 10.3.1 Identify current policies, systems, environments, and practices that support healthy nutrition choices among patients.
- 10.3.2 Utilize available assessment tools. These may include:
- Wellness Change Tool (CDC).
 - Toolkit for Creating Healthy Hospital Environments: Making Healthier Food, Beverage, and Physical Activity Choices (CDC).
 - Health risk appraisals.
- 10.3.3 Seek input from leaders and healthcare professionals on ways to improve nutrition choices among patients.
- 10.3.4 Identify gaps in meeting best practices to support patients in making healthy nutrition choices.
- 10.3.5 Analyze data and utilize assessment findings to inform nutrition strategies and adapt activities.
- 10.3.6 Regularly report and disseminate assessment and evaluation data within healthcare systems and among healthcare professionals.

Goal 11: Increase the proportion of women who initiate BF in healthcare settings and meet the American Academy of Pediatrics' recommendations for BF duration.

OBJECTIVE 11.1: Improve opportunities for mothers to BF after delivery.

RECOMMENDATIONS:

- 11.1.1 Develop policies to support BR. These may include:
- Baby-friendly hospital designation.
 - Support for BF at each pediatric doctor's visit until BF stops.
- 11.1.2 Engage with partners that provide resources and training opportunities for evidence-based practices, programs, and messaging to support BF. These may include:
- Prenatal classes.
 - Lactation consultants and support groups.
 - Insurance provider programs (Baby Yourself, etc.).
 - ADPH (WIC, etc.).
 - Alabama BF Committee.
- 11.1.3 Utilize inclusive, evidence-based messaging and social marketing strategies to increase BF. Materials should be provided in other languages as needed and in alternative formats such as large print, braille, audio/visual, and inclusive pictograms. These may include:
- Signage to encourage BF.
 - Newsletters or emails.
 - Social media.
 - Training opportunities.



Non-Profit, Volunteer, and Faith-based Organizations

According to the Alabama Association of Non-profits, the non-profit sector generates more than 10 billion dollars annually, holds over 20 billion dollars in assets, and employs 5 percent of Alabamians. Alabama's 4,735 active non-profits include economic developers, human services providers, community builders, and advocates for change. Non-profit, volunteer, and faith-based organizations are in every area of the state, and have grassroots networks that play a major role in increasing physical activity and improving dietary intake of Alabamians. Community-based organizations are important stakeholders in the health system as they provide numerous, highly valued programs and services to community members. Successful involvement of community-based organizations and the public in decision-making, increases the likelihood that policies will be appropriate, acceptable, and effective. Empowering communities through culturally appropriate policy, system, and environmental changes is key to engaging and serving populations through community oriented efforts within their respective spaces across the state.

Recommendations in the Non-Profit, Volunteer, and Faith-based Organizations' sector will facilitate community efforts that focus on improving nutrition status and increasing physical activity, while equipping community members with resources to positively impact overall health.

Goal 12: Increase the proportion of Alabama residents, including populations who face health disparities, in meeting weekly physical activity recommendations outlined in the Physical Activity Guidelines for Americans.

OBJECTIVE 12.1: Adopt and/or implement equitable policies for all to create systems and environments that support Alabama non-profit, volunteer, and faith-based organizations to increase physical activity and reduce sedentary behavior.

RECOMMENDATIONS:

- 12.1.1 Engage with partners that provide resources and training opportunities for policies, systems, and environmental strategies to encourage physical activity and reduce sedentary behavior.
- 12.1.2 Network with other non-profit, volunteer, and/or faith-based organizations to share best practices.
- 12.1.3 Create or enhance access to inclusive, accessible places or opportunities for physical activity, regardless of ability, such as:
 - Walking trails.
 - Exercise facilities.
 - On-site exercise classes.
 - Active meetings.
 - Physical activity breaks during meetings.
 - Community organized sports teams/leagues.
 - Fundraisers focusing on physical activity (5k fun runs, dance-a-thons, sports games).

OBJECTIVE 12.2: Adopt and/or implement evidence-based practices, programs, and messaging that support Alabama non-profit, volunteer, and faith-based organizations to increase physical activity and reduce sedentary behavior.

RECOMMENDATIONS:

- 12.2.1 Identify and utilize existing evidence-based practices and programs, including but not limited to:
- Social support or group activities.
 - Active meetings and/or physical activity breaks during meetings.
 - Health screenings.
 - Healthy Body Healthy Spirit.
 - Faith in Action.
 - The Faith, Activity, and Nutrition Program.
 - Body and Soul.
 - Walk with Ease.
- 12.2.2 Engage with partners that provide resources and training opportunities for evidence-based practices, programs, and messaging that encourage increased physical activity and reduced sedentary behavior.
- 12.2.3 Promote, support, develop, and participate in statewide, regional, or community-based initiatives, such as:
- 100 Alabama Miles Challenge.
 - Walk at Lunch Days.
 - Get Moving Alabama.
 - Scale Back Alabama.
- 12.2.4 Develop easy-to-understand messaging and information for non-profit, volunteer, and faith-based organizations to promote physical activity and reduce sedentary behavior.
- 12.2.5 Utilize point of decision prompts and a variety of communication platforms to share inclusive, evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.
- 12.2.6 Include physical activity information in existing outreach efforts.
- 12.2.7 Identify champions that will network and share information within/among non-profit, volunteer, and faith-based organizations.

OBJECTIVE 12.3: Conduct regularly scheduled assessments and evaluations of policies, systems, environments, and practices within/among non-profit, volunteer, and faith-based organizations.

RECOMMENDATIONS:

- 12.3.1 Identify current policies, systems, environments, and practices that promote physical activity and reduce sedentary behavior.
- 12.3.2 Utilize available assessment tools. These may include:
- Faithful Families assessments.
 - Community-based assessments.
- 12.3.3 Seek input from leaders and stakeholders for recommendations on ways to increase physical activity and reduce sedentary behavior.
- 12.3.4 Identify gaps in meeting best practices that increase physical activity and reduce sedentary behavior.
- 12.3.5 Analyze data and utilize assessment findings to inform physical activity strategies and adapt activities.
- 12.3.6 Regularly report and disseminate assessment and evaluation data with/among non-profit, volunteer, and faith-based organizations.

Goal 13: Increase the proportion of Alabama residents, including populations who face health disparities, in meeting Dietary Guidelines for Americans.

OBJECTIVE 13.1: Adopt and/or implement equitable policies for all to create systems and environments that support Alabama non-profit, volunteer, and faith-based organizations in improving nutrition choices.

RECOMMENDATIONS:

- 13.1.1 Engage with partners that provide resources and training opportunities for policies, systems, and environmental strategies to encourage healthy nutrition choices. These may include:
- Farmers.
 - Local health professionals.
- 13.1.3 Network with other non-profit, volunteer, and faith-based organizations to share best practices.
- 13.1.4 Create or enhance access to inclusive, accessible places or opportunities for healthy nutrition choices, such as:
- Healthy vending machine and checkout programs (e.g., Good Choice).
 - Healthy snacks for meetings/events.
 - Hydration stations.
 - Healthy options in fundraising efforts.

OBJECTIVE 13.2: Adopt and/or implement evidence-based practices, programs, and messaging that support Alabama non-profit, volunteer, and faith-based organizations in improving nutrition choices.

RECOMMENDATIONS:

- 13.2.1 Identify existing evidence-based practices and programs to promote healthy nutrition choices, including:
 - Social support or group activities.
 - Health screenings.
 - Food pantries.
 - Healthy Body Healthy Spirit.
 - Faith in Action.
 - The Faith, Activity, and Nutrition Program.
 - Body and Soul.
 - Cooking Matters.
- 13.2.2 Engage with partners that provide resources and training opportunities for evidence-based practices, programs, and messaging that encourage healthy nutrition choices. These may include:
 - Alabama Cooperative Extension System (ACES).
 - Community resource centers.
 - Food banks.
 - AHA.
 - American Diabetes Association.
- 13.2.3 Promote, support, develop, and participate in statewide, regional, or community-based initiatives, such as:
 - Live Well Alabama.
 - CSA.
 - Scale Back Alabama.
 - ReThinkYour Drink.
 - Community gardens.
 - Cooking classes.
- 13.2.4 Develop easy-to-understand messaging and information for non-profit, volunteer, and faith-based organizations to encourage healthy nutrition choices.
- 13.2.5 Utilize point of decision prompts and a variety of communication platforms to share inclusive, evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.
- 13.2.6 Include nutrition information in existing outreach efforts.
- 13.2.7 Identify champions that will network and share information within/among non-profit, volunteer, and faith-based organizations.

OBJECTIVE 13.3: Conduct regularly scheduled assessments and evaluations of policies, systems, environments, and practices within/among non-profit, volunteer, and faith-based organizations.

RECOMMENDATIONS:

- 13.3.1 Identify current policies, systems, environments, and practices that support healthy nutrition choices.
- 13.3.2 Utilize available assessment tools. These may include:
 - Faithful Families assessments.
 - Community-based assessments.
- 13.3.3 Seek input from leaders and stakeholders on ways to improve nutrition choices.
- 13.3.4 Identify gaps in meeting best practices to support healthy nutrition choices.
- 13.3.5 Analyze data and utilize assessment findings to inform nutrition strategies and adapt activities.
- 13.3.6 Regularly report and disseminate assessment and evaluation data within/among non-profit, volunteer, and faith-based organizations.

Goal 14: Increase the proportion of women who initiate BF and meet the American Academy of Pediatrics' recommendations for BF duration.

OBJECTIVE 14.1: Increase support for BF in non-profit, volunteer, and faith-based organizations.

RECOMMENDATIONS:

- 14.1.1 Develop policies to support BF. These may include:
 - Lactation rooms or private spaces for BF.
 - Onsite child care and/or other child care benefits.
- 14.1.2 Engage with partners that provide resources and training opportunities for practices and programs that foster BF. These may include:
 - Lactation consultants.
 - Insurance providers that sponsor BF programs.
 - Alabama BF Friendly Child Care Initiative.
- 14.1.3 Utilize inclusive, evidence-based messaging and social marketing strategies to support BF. Materials should be provided in other languages as needed and in alternative formats such as large print, braille, audio/visual, and inclusive pictograms. These may include:
 - Signage to encourage BF.
 - Newsletters or emails.
 - Social media.
 - Training.



Public Health

According to the 2020 Alabama State Health Assessment, Alabamians identified nutrition and physical activity as their fourth greatest health concern. A large proportion of the Alabama population is sedentary and does not engage in regular physical activity. Alabamians also rank low in consumption of fruits and vegetables. Over a third of the adult population is obese, with Alabama consistently ranking in the top ten states nationwide for obesity.

Physical inactivity and diets that don't include the recommended amounts of fruits and vegetables can contribute to increased risk for several medical conditions such as heart disease, stroke, certain types of cancer, and diabetes. Regular physical activity and proper nutrition can reduce the burden of these conditions. In addition, food insecurity has a negative impact on making healthy food choices. Feeding America reports that 1 in 6 people and 1 in 5 children face hunger in Alabama for a total of approximately 788,250 individuals. Public health partners and stakeholders are actively taking a role in developing/supporting policies and programs that improve access to healthy, affordable foods that are culturally appropriate. A healthier state is a public health priority.

Recommendations in the Public Health sector strive to promote, protect, and improve the health of all Alabamians. Health promotion campaigns, effective interventions, and advocating for policy, system, and environmental changes are utilized so healthy choices are easy and equitable for everyone.

Goal 15: Increase the number of active, supported wellness coalitions in Alabama communities, including within those who face health disparities.

OBJECTIVE 15.1: Establish a diverse statewide community wellness advisory group.

RECOMMENDATIONS:

- 15.1.1 Identify and educate key decision makers on the importance, components, and best practices of impactful community action plans.
- 15.1.2 Ensure accurate representation of the community that is diverse and inclusive.
- 15.1.3 Ensure communities and key stakeholders from all regions are included.

OBJECTIVE 15.2: Support establishment or maintenance of community action plans.

RECOMMENDATIONS:

- 15.2.1 Conduct community health needs assessments.
- 15.2.2 Obtain community support.
- 15.2.3 Establish a local wellness coalition with accurate representation of the community that is diverse and inclusive.
- 15.2.4 Develop goals and objectives.
- 15.2.5 Establish a budget by utilizing resources and/or seeking new funding opportunities.
- 15.2.6 Design the Community Action Plan components.
- 15.2.7 Communicate the Community Action Plan.
- 15.2.8 Evaluate and share the success of the Community Action Plan to build momentum and support.

Goal 16: Increase the proportion of Alabama residents, including populations who face health disparities, in meeting weekly physical activity recommendations outlined in the Physical Activity Guidelines for Americans.

OBJECTIVE 16.1: Adopt and/or implement equitable policies for all to create systems and environments that support Alabama residents in being physically active and reducing sedentary behavior.

RECOMMENDATIONS:

- 16.1.1 Engage with partners that provide resources and training opportunities for policies, systems, and environmental strategies to encourage physical activity and reduce sedentary behavior. These may include:
 - Alabama Communities of Excellence.
 - Alabama Trails Commission.
 - Alabama Department of Economic and Community Affairs (ADECA).
 - ADPH.
 - ACES.
- 16.1.2 Network with other public health agencies, communities, and municipalities to share best practices.
- 16.1.3 Create or enhance access to inclusive, accessible places or opportunities for physical activity, regardless of ability, such as:
 - Complete Streets.
 - Safe Routes to Schools and Parks.
 - ADA Transition Plans.
 - Joint use agreements.
 - Walking trails.
 - Exercise facilities.

OBJECTIVE 16.2: Adopt and/or implement evidence-based practices, programs, and messaging to support Alabama residents in being physically active and reducing sedentary behavior.

RECOMMENDATIONS:

- 16.2.1 Identify and utilize existing evidence-based practices and programs, including but not limited to:
 - Community health workers.
 - Social support or group activities.
 - Wellness challenges.
 - Lunch and learns.
 - Health screenings.
 - Telehealth and telemedicine services.
- 16.2.2 Engage with partners that provide resources and training opportunities for evidence-based practices,

programs, and messaging to encourage physical activity and reduced sedentary behavior.

- 16.2.3 Promote, support, develop, and participate in statewide, regional, or community-based initiatives, such as:
 - 100 Alabama Miles Challenge.
 - Walk at Lunch Days.
 - Get Moving Alabama.
 - Scale Back Alabama.
- 16.2.4 Develop easy-to-understand messaging and information for public health agencies, communities, and municipalities to promote physical activity and reduce sedentary behavior.
- 16.2.5 Utilize point of decision prompts and a variety of communication platforms to share inclusive, evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.
- 16.2.6 Include physical activity information in existing outreach efforts.
- 16.2.7 Identify champions that will network and share information within/among public health agencies, communities, and municipalities.

OBJECTIVE 16.3: Conduct regularly scheduled assessments and evaluations of policies, systems, environments, and practices within/among public health agencies, communities, and municipalities.

RECOMMENDATIONS:

- 16.3.1 Identify current policies, systems, environments, and practices to promote physical activity and reduce sedentary behavior.
- 16.3.2 Utilize available assessment tools. These may include:
 - Environmental audits
 - Walkability assessments.
 - ADA transition plans.
 - Trail development and assessment tools.
 - Standard disability questions.
- 16.3.3 Seek input from leaders and stakeholders for recommendations on ways to increase physical activity and reduce sedentary behavior.
- 16.3.4 Identify gaps in meeting best practices to increase physical activity and reduce sedentary behavior.
- 16.3.5 Analyze data and utilize assessment findings to inform physical activity strategies and adapt activities.
- 16.3.6 Regularly report and disseminate assessment and evaluation data with public health agencies, communities, and municipalities.

Goal 17: Increase the proportion of Alabama residents, including populations who face health disparities, in meeting Dietary Guidelines for Americans.

OBJECTIVE 17.1: Adopt and/or implement equitable policies for all to create systems and environments that support Alabama residents in improving nutrition choices.

RECOMMENDATIONS:

- 17.1.1 Engage with partners that provide resources and training opportunities for policies, systems, and environmental strategies to encourage healthy nutrition choices.
- 17.1.2 Network with other public health agencies, communities, and municipalities to share best practices.
- 17.1.3 Create or enhance access to inclusive, accessible places or opportunities for healthy nutrition choices, such as:
 - Good Choice Program for healthy vending and healthy corner stores.
 - Food hubs.
 - Farmers' markets.
 - Food banks/pantries.
 - Tax incentives.
 - Healthy food incentives, such as Double Up Food Bucks.

OBJECTIVE 17.2: Adopt and/or implement evidence-based practices, programs, and messaging to support Alabama residents in making healthy nutrition choices.

RECOMMENDATIONS:

- 17.2.1 Identify existing evidence-based practices and programs to promote healthy nutrition choices, including:
 - Social support or group activities.
 - Wellness challenges.
 - Lunch and learns.
 - Grocery store tours.
 - Cooking demonstrations and tastings.
 - Health screenings.
- 17.2.2 Engage with partners that provide resources and training opportunities for evidence-based practices, programs, and messaging that encourage healthy nutrition choices.
- 17.2.3 Promote, support, develop, and participate in statewide, regional, or community-based initiatives, such as:
 - Healthy vending machine and checkout programs (e.g., Good Choice).
 - Farmers markets.
 - CSA.
 - Scale Back Alabama.
 - ReThink Your Drink.
 - Community gardens.
 - Cooking classes.
- 17.2.4 Develop easy-to-understand messaging and information for public health agencies, communities, and municipalities to encourage healthy nutrition choices.
- 17.2.5 Utilize point of decision prompts and a variety of communication platforms to share inclusive,

evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.

- 17.2.6 Include nutrition information in existing outreach efforts.
- 17.2.7 Identify champions that will network and share information within/among public health agencies, communities, and municipalities.

OBJECTIVE 17.3: Conduct regularly scheduled assessments and evaluations of policies, systems, environments, and practices within/among public health agencies, communities, and municipalities.

RECOMMENDATIONS:

- 17.3.1 Identify current policies, systems, environments, and practices that support healthy nutrition choices.
- 17.3.2 Utilize available assessment tools. These may include:
 - Environmental audits.
 - Nutrition Environment Measures Survey.
- 17.3.3 Seek input from leaders and stakeholders on ways to improve nutrition choices.
- 17.3.4 Identify gaps in meeting best practices to support healthy nutrition choices.
- 17.3.5 Analyze data and utilize assessment findings to inform nutrition strategies and adapt activities.
- 17.3.6 Regularly report and disseminate assessment and evaluation data within/among public health agencies, communities, and municipalities.

Goal 18: Increase the proportion of women who initiate BF and meet the American Academy of Pediatrics' recommendations for BF duration.

OBJECTIVE 18.1: Increase opportunities for women to initiate and maintain BF.

RECOMMENDATIONS:

- 18.1.1 Develop policies to support BF. These may include:
 - Lactation rooms or private spaces for BF in public spaces with appropriate equipment and/or supplies.
 - Joint use agreements for classes.
- 18.1.2 Engage with partners that provide resources and training opportunities for practices and programs that foster BF. These may include:
 - WIC BF peer counselors.
 - Expanded Food and Nutrition Education Program's Today's Mom.
- 18.1.3 Utilize point of decision prompts and a variety of communication platforms to share inclusive, evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.



Public Lands, Parks, and Recreation

Public lands, parks, and recreation spaces are a unique resource that plays an integral role in promoting physical activity and healthy nutrition choices. The Alabama Tourism Department, Sweet Home Alabama, reports an annual average of 760,000 visitors across 22 state parks. In addition, there are four national forests and 28 developed recreation sites for hiking, fishing, boating, canoeing, swimming, picnicking, camping, and horse-back riding. These parks, forests, and recreation sites are in all regions of the state providing excellent resources for physical activity to Alabamians of all abilities. The Alabama Recreation Trails' website features a searchable database for users to locate and explore trails across the state that will meet individualized needs. There are health benefits to spending time outside in nature and Alabama's public lands offer a host of impressive opportunities for outdoor movement. People with access to parks and trails are more active than those without access.

There are opportunities to support individuals with better nutrition choices while using public lands, parks, and recreation spaces. Education should be provided to visitors on making healthy food and beverage choices through park programs, and available resources and materials. Additionally, health standards and guidelines for nutritious, affordable foods and beverages offered in park concession stands and restaurants should be established to make healthy options available for visitors.

The Public Lands, Parks, and Recreation sector provides recommendations to ensure Alabama residents have safe and inclusive outdoor places that are well designed for activity while promoting programs that address healthy lifestyles.

Goal 19: Increase the proportion of Alabama residents, including populations who face health disparities, in meeting weekly physical activity recommendations outlined in the Physical Activity Guidelines for Americans.

OBJECTIVE 19.1: Adopt and/or implement equitable policies for all to create systems and environments that improve access, usage, and safety of public lands, parks, national forests, and recreation spaces to increase physical activity and reduce sedentary behavior.

RECOMMENDATIONS:

- 19.1.1 Engage with partners that provide resources and training opportunities for policies, systems, and environmental strategies that improve access, usage, and safety of public lands, parks, national forests, and recreation spaces. These may include:
- Alabama Tourism Department, Sweet Home Alabama.
 - USDA Forest Service.
 - Alabama Parks and Recreation Association.
 - Alabama Trails Commission .
 - ADPH.
 - National Recreation and Park Association.
 - Alabama Department of Transportation (ALDOT).
 - America Walks.
 - CDC.
 - American Association of Retired Persons (AARP).
 - Alabama Communities of Excellence.
- 19.1.2 Network with other state leaders, parks and recreation leaders, and communities to share best practices.

- 19.1.3 Create or enhance access to inclusive, accessible places or opportunities for physical activity, regardless of ability, such as:
- Parks.
 - National forests.
 - Recreation opportunities.
 - Trails.
 - Outdoor space.
 - Public lands.

OBJECTIVE 19.2: Adopt and/or implement evidence-based practices, programs, and messaging that improve access, usage, and safety of public lands, parks, national forests, and recreation opportunities to increase physical activity and reduce sedentary behavior.

RECOMMENDATIONS:

- 19.2.1 Identify and utilize existing evidence-based practices and programs, including but not limited to:
- Proper signage and wayfinding resources.
 - Restrooms and water fountains.
 - Access to shady areas and benches.
 - Safe Routes to Parks.
 - Parks for Inclusion.
 - 10-Minute Walk to a Park.
 - Healthy Aging in Parks.
 - Park Rx.
- 19.2.2 Engage with partners that provide resources and training opportunities for evidence-based practices, programs, and messaging that improve access, usage, and safety of public lands, parks, national forests, and recreation opportunities.
- 19.2.3 Promote, support, develop, and participate in statewide, regional, or community-based initiatives, such as:
- 100 Alabama Miles Challenge.
 - Get Moving Alabama.
 - Scale Back Alabama.
 - Organized outdoor programs and events.
- 19.2.4 Develop easy-to-understand messaging and information to promote usage of public lands, parks, national forests, and recreation opportunities.
- 19.2.5 Utilize point of decision prompts and a variety of communication platforms to share inclusive, evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.
- 19.2.6 Promote usage of public lands, parks, national forests, and recreation opportunities for physical activity in existing outreach efforts.

- 19.2.7 Identify champions that will network and share information within/among state leaders, recreation professionals, communities, and municipalities.

OBJECTIVE 19.3: Conduct regularly scheduled assessments and evaluations of policies, systems, environments, and practices within/among public lands, parks, national forests, and recreation opportunities.

RECOMMENDATIONS:

- 19.3.1 Identify current policies, systems, environments, and practices that promote access, usage, and safety of public lands, parks, national forests, and recreation opportunities.
- 19.3.2 Utilize available assessment tools. These may include:
- Environmental audits.
 - Trail measurement technology.
 - System for Observing Play and Recreation in Communities.
 - Path Environment Audit Tool.
 - AARP Livability Index.
- 19.3.4 Seek input from leaders and stakeholders on ways to improve access, usage, and safety.
- 19.3.5 Identify gaps in meeting best practices to support improvements in public lands, parks, national forests, and recreation opportunities.
- 19.3.6 Analyze data and utilize assessment findings to inform physical activity strategies and adapt activities.
- 19.3.7 Regularly report and disseminate assessment and evaluation data.

Goal 20: Increase the proportion of Alabama residents, including populations who face health disparities, in meeting Dietary Guidelines for Americans.

OBJECTIVE 20.1: Adopt and/or implement equitable policies for all to create systems and environments that improve access, usage, and safety of public lands, parks, national forests, and recreation spaces to increase physical activity and reduce sedentary behavior.

RECOMMENDATIONS:

- 20.1.1 Engage with partners that provide resources and training opportunities for policies, systems, and environmental strategies that improve nutrition choices public lands, parks, national forests, and recreation spaces. These may include:
- Alabama Tourism Department, Sweet Home Alabama.
 - USDA Forest Service.
 - Alabama Parks and Recreation Association.

- Alabama Trails Commission.
- ADPH.
- National Recreation and Park Association.
- ALDOT.
- America Walks.
- CDC.
- AARP.
- Alabama Communities of Excellence.

20.1.2 Network with other state leaders, parks and recreation leaders, and communities to share best practices.

- 20.1.3 Create or enhance access to inclusive, accessible places or opportunities for healthy nutrition choices, such as:
- Healthy vending machine and checkout programs (e.g., Good Choice).
 - Hydration stations.
 - On-site gardens.

OBJECTIVE 20.2: Adopt and/or implement evidence-based practices, programs, and messaging that improve nutrition choices in public lands, parks, national forests, and recreation spaces.

RECOMMENDATIONS:

- 20.2.1 Identify and utilize existing evidence-based practices and programs, including but not limited to:
- Water fountains.
 - Standards and guidelines for food and beverages served at on-site concessions and restaurants.
 - Healthy Parks Healthy People.
- 20.2.2 Engage with partners that provide resources and training opportunities for evidence-based practices, programs, and messaging that improve nutrition choices in public lands, parks, national forests, and recreation spaces.
- 20.2.3 Promote, support, develop, and participate in statewide, regional, or community-based initiatives, such as:
- Organized outdoor nutrition education programs and tasting events.
- 20.2.4 Develop easy-to-understand messaging and information to promote healthy nutrition choices in public lands, parks, national forests, and recreation opportunities.

20.2.5 Utilize point of decision prompts and a variety of communication platforms to share inclusive, evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.

20.2.6 Include nutrition information in existing outreach efforts.

20.2.7 Identify champions that will network and share information within/among state leaders, recreation professionals, communities, and municipalities.

OBJECTIVE 20.3: Conduct regularly scheduled assessments and evaluations of policies, systems, environments, and practices within/among public lands, parks, national forests, and recreation spaces.

RECOMMENDATIONS:

- 20.3.1 Identify current policies, systems, environments, and practices that promote healthy nutrition choices in public lands, parks, national forests, and recreation spaces.
- 20.3.2 Utilize available assessment tools. These may include:
- Environmental audits.
 - AARP Livability Index.
- 20.3.4 Seek input from leaders and stakeholders on ways to improve access, usage, and safety.
- 20.3.5 Identify gaps in meeting best practices to support healthy nutrition choices in public lands, parks, national forests, and recreation spaces.
- 20.3.6 Analyze data and utilize assessment findings to inform nutrition strategies and adapt activities.
- 20.3.7 Regularly report and disseminate assessment and evaluation data.



Transportation, Community Planning, and Access

Community planning and transportation improvements can be key contributors to better health for Alabama residents. The way communities engage with the built environment is a determining factor of a population’s health outcomes. Well-planned communities and transportation systems are needed to provide residents with the ability to conveniently access affordable food as well as safe, physical activity opportunities.

Transportation infrastructure influences daily movement of every member in a community. Implementing Transportation Alternative Program strategies can enhance multi-modal forms of travel for pedestrians, bicyclists, public transit users, children, seniors, and people with disabilities. Establishing crosswalks, bicycle paths, universally designed walkways, and proper signage can help people travel safely to everyday destinations with less dependence on motorized vehicles allowing more physical activity to take place.

Food deserts exist in communities where access to healthy, affordable, and culturally appropriate foods present challenges due to long distances that must be traveled to reach food outlets. The Food Trust has estimated the nearly 2 million Alabama residents are living in food deserts with no access to grocery stores. Expanded community planning to include safe, active transportation options along with public transit to food sources will improve access to food. Further, community planning with a focus on increasing the number of food outlets, such as farmers markets and grocery stores, within a community is necessary. Access to food is vitally important in promoting optimal health outcomes in Alabama.

The Transportation, Community Planning, and Access sector provides recommendations for communities and decision makers to design and build infrastructures that maximize good health by creating access and connectivity to sources of healthy, affordable, and culturally appropriate food while increasing physical activity.

Goal 21: Increase the proportion of Alabama communities with supported, active transportation advisory groups and food policy councils.

OBJECTIVE 21.1: Establish diverse active transportation advisory groups and food policy councils.

RECOMMENDATIONS:

- 21.1.1 Identify and educate key decision makers on the importance, components, and best practices of impactful community planning, maximizing access to active transportation and food needs.
- 21.1.2 Ensure accurate representation of the community that is diverse and inclusive.
- 21.1.3 Ensure communities and key stakeholders in all regions are informed and supported.

OBJECTIVE 21.2: Support establishment or maintenance of community action plans.

RECOMMENDATIONS:

- 21.2.1 Partner with key stakeholders to conduct community needs assessments.
- 21.2.2 Obtain community support.

- 21.2.3 Establish an active transportation advisory group and food policy council.
- 21.2.4 Develop goals and objectives by participation in America Walks Collaborative Workshop on Walkable Communities and Alabama Food System Collaborative.
- 21.2.5 Establish a budget.
- 21.2.6 Design community action plans.
- 21.2.7 Communicate community action plans.
- 21.2.8 Evaluate the success of the community action plans.

Goal 22: Increase the proportion of Alabama residents, including populations who face health disparities, in meeting weekly physical activity recommendations outlined in the Physical Activity Guidelines for Americans.

OBJECTIVE 22.1: Adopt and/or implement equitable policies for all to create systems and environments that support active transportation, expand community planning, and improve access to physical activity opportunities.

RECOMMENDATIONS:

- 22.1.1 Engage with partners that provide resources and training opportunities for policies, systems, and environmental strategies that support active transportation, expand community planning, and improve access to physical activity opportunities. These may include:
 - ALDOT.
 - America Walks (Alabama State Collaborative Workshop Report and Recommendations).
 - National Association of City Transportation Officials.
 - CDC.
 - AARP.
 - American Automobile Association.
 - University of Alabama Center for Economic Development.
 - Alabama Communities of Excellence.
 - Alabama Trails Commission.
 - ADECA.
 - ADPH.
- 22.1.2 Network with state leaders, communities, and municipalities to share best practices.
- 22.1.3 Create or enhance access to inclusive, accessible places or opportunities for active transportation, regardless of ability, such as:

- Alternative transportation infrastructure.
- Complete streets.
- Safe Routes to Schools.
- Safe Routes to Parks.
- Safe Routes for Seniors.
- ADA Transition Plan.
- Joint use agreements.
- Supportive zoning codes.
- National transportation initiatives.
- Economic value of walkability.

OBJECTIVE 22.2: Adopt and/or implement evidence-based practices, programs, and messaging that support active transportation, expand community planning, and improve access to physical activity opportunities.

RECOMMENDATIONS:

- 22.2.1 Identify existing evidence-based practices and programs, including but not limited to:
 - Pop-up projects.
 - Placemaking initiatives.
 - Tactical urbanism projects.
- 22.2.2 Engage with partners that provide resources and training opportunities for evidence-based practices, programs, and messaging to support active transportation, expand community planning, and improve access to physical activity opportunities.
- 22.2.3 Promote, support, develop, and participate in statewide, regional, or community-based initiatives, such as:
 - 100 Alabama Miles Challenge.
 - Walk at Lunch Days.
 - Get Moving Alabama.
 - Scale Back Alabama.
 - Community festivals and events.
- 22.2.4 Develop easy-to-understand messaging and information for communities and municipalities to promote the benefits of active transportation.
- 22.2.5 Utilize point of decision prompts and a variety of communication platforms to share inclusive, evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.
- 22.2.6 Include active transportation, community planning, and physical activity information in existing outreach efforts.
- 22.2.7 Identify champions that will network and share information within/among state leaders, communities, and municipalities.

OBJECTIVE 22.3: Conduct regularly scheduled assessments and evaluations of policies, systems, environments, and practices within/among the state, communities, and municipalities.

RECOMMENDATIONS:

- 22.3.1 Identify current policies, systems, environments, and practices to promote active transportation, community planning, and physical activity opportunities.
- 22.3.2 Utilize available assessment tools. These may include:
 - Environmental audits.
 - Walkability assessments.
 - ADA transition plan.
 - Trail development and assessment tools.
 - Standard disability questions.
 - AARP Livability Index.
- 22.3.3 Seek input from leaders and participants on ways to improve active transportation, community planning, and physical activity opportunities.
- 22.3.4 Identify gaps in meeting best practices to support active transportation.
- 22.3.5 Analyze data and utilize assessment findings to inform physical activity strategies and adapt activities.
- 22.3.6 Regularly report and disseminate assessment and evaluation data.

Goal 23: Increase the proportion of Alabama residents, including populations who face health disparities, in meeting Dietary Guidelines for Americans.

OBJECTIVE 23.1: Adopt and/or implement equitable policies for all to create systems and environments that expand access to affordable, culturally appropriate, and healthy nutrition choices for all Alabama residents.

RECOMMENDATIONS:

- 23.1.1 Engage with partners that provide resources and training opportunities for policies, systems, and environmental strategies to expand access to affordable, culturally appropriate, and healthy nutrition choices. These may include:
 - Alabama Department of Agriculture and Industries.
 - ACES.

- Alabama Food Bank Association.
- Alabama Food Systems Collaborative.
- Alabama Department of Education.
- ADECA.
- ADPH
- Alabama Grocers Association.
- Alabama Convenience Store Association.
- Alfa Insurance.
- End Child Hunger in Alabama.

- 23.1.2 Network or disseminate best practices among state leaders, communities, and municipalities.
- 23.1.3 Create or enhance access to inclusive, accessible places or opportunities for healthy nutrition choices, such as:
 - Tax-free groceries.
 - Healthy vending machine and checkout programs (e.g., Good Choice).
 - Food hubs.
 - Farmers markets.
 - School/community gardens.
 - Traditional/mobile/little food pantries (college campuses, workplaces, schools, churches, etc.).
 - Mobile markets.
 - Local grocery stores, discount stores, and co-ops.
 - Food assistance programs (SNAP, WIC, Temporary Assistance for Needy Families, etc.).
 - Transportation options (grocery store shuttles, grocery delivery services, bus routes to food retailers).

OBJECTIVE 23.2: Adopt and/or implement evidence-based practices, programs, and messaging to expand access to affordable, culturally appropriate, and healthy nutrition choices for all Alabama residents.

RECOMMENDATIONS:

- 23.2.1 Identify existing evidence-based practices and programs, including:
 - Cooking demonstrations and tastings.
 - Inclusion of nutrition education and/or cooking instructions to those receiving food assistance.
 - Food prescription programs.
 - Pint Sized Produce.
 - Farm to School and Farm to ECE.
- 23.2.2 Engage with partners that provide resources and training opportunities for evidence-based practices, programs, and messaging to expand access to healthy nutrition choices for all Alabama residents.

- 23.2.3 Promote, support, develop, and participate in statewide, regional, or community-based initiatives, such as:
- Healthy vending machine and checkout programs (e.g., Good Choice).
 - Double Up Food Bucks.
 - Farmers Market Nutrition Programs.
 - Food drives.
 - Nutrition education classes.
 - Voucher incentive programs for food retailers and farmers markets.
- 23.2.4 Develop easy-to-understand messaging and information for state leaders, communities, and municipalities to promote expansion of access to healthy choices.
- 23.2.5 Utilize point of decision prompts and a variety of communication platforms to share inclusive, evidence-based messaging to increase physical activity and reduce sedentary behavior. Provide information in other languages as needed and in alternative formats such as large print, braille, audio/visual, and/or pictograms.
- 23.2.6 Include food access information in existing outreach efforts.
- 23.2.7 Identify champions that will network and share information within/among state leaders, communities, and municipalities.

OBJECTIVE 23.3: Conduct regularly scheduled assessments and evaluations of policies, systems, environments, and practices within/among the state, communities, and municipalities.

RECOMMENDATIONS:

- 23.3.1 Identify current policies, systems, environments, and practices to expand access to affordable, culturally appropriate, and healthy nutrition choices.
- 23.3.2 Utilize available assessment tools. These may include:
- Environmental audits.
 - County Health Rankings.
 - Nutrition Environment Measures Survey.
 - State Indicator Report on Fruits and Vegetables.
 - AARP Livability Index.
- 23.3.3 Seek input from leaders and stakeholders for ways to expand access to affordable, culturally appropriate, and healthy nutrition choices.
- 23.3.4 Identify gaps in meeting best practices to expand access to affordable, culturally appropriate, and healthy nutrition choices.
- 23.3.5 Analyze data and utilize assessment findings to inform food access strategies and adapt activities.
- 23.3.6 Regularly report and disseminate assessment and evaluation data.

