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## **Preventing Obesity in Vermont**

A Statewide Plan Engaging  
Individuals, Organizations, Communities,  
Government & Industry



**DEPARTMENT OF HEALTH**

HealthVermont.gov



**Vision:**

All Vermonters will live in communities that enable them to make healthy food choices and lead physically active lives.

**Mission:**

Statewide partners work together to encourage lifelong healthy eating and physical activity by:

- Developing community partnerships.
- Planning, implementing, and evaluating targeted interventions.
- Implementing policy and environmental changes.

**Outcome objectives:**

- Decrease prevalence of obesity.
- Increase physical activity.
- Improve dietary behaviors related to the burden of obesity and chronic diseases.

**Impact objectives:**

- Increase the number, reach, and quality of policies and standards set in place to support healthful eating and physical activity in various settings.
- Increase access and use of environments to support healthful eating and physical activity in various settings.
- Increase the number, reach and quality of social and behavioral approaches that complement policy and environmental strategies to promote healthful eating and physical activity.

## AGENCIES AND ORGANIZATIONS

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Agencies and organizations include local governments, health and human service agencies, and community organizations that focus on the health of populations. Agencies have the ability to establish policies and programs that support and promote positive behaviors, and reduce health disparities. Success requires collaborative efforts across multiple organizations.

**Output Measure 1:** Agencies and organizations will have collaborative agreements in place to meet the Fit and Healthy Vermonters objectives.

### Strategies

- A. Collaboratively research, promote and implement evidence-based and existing best practice programs that facilitate healthful eating behaviors and regular physical activity across all age groups and populations.
- B. Create common messages for nutrition and physical activity that can be used in multiple programs across all age groups and populations.
- C. Commit public and private resources (funds and in-kind) to promote messages and services in multiple outlets addressing all other focus areas.
- D. Recognize, facilitate and support local and regional networks in Vermont communities working to address nutrition and physical activity.

**Output Measure 2:** Vermont agencies and organizations will provide leadership, active involvement and commitment to meet the Fit & Healthy Vermonters objectives within their own network and with their external partners.

### Strategies

- A. Maintain and enhance the strength of coalitions working to promote nutrition and physical activity strategies. e.g., Farm to School Network, Governor's Council on Physical Fitness and Sports and State Nutrition Action Plan Committee
  - B. Ensure that obesity prevention is a priority in efforts to reach underserved populations e.g., work to reduce food insecurity, strengthen the local food system, and increase participation in and access to school meals
  - C. Public organizations will lead by example, with internal policies and practices that promote healthful nutrition and physical activity.
  - D. Create a public policy work group to coordinate and orchestrate legislative efforts.
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## HEALTH CARE

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The health care sector is where access and delivery of services are controlled and health policies are established. It is a complex and broad system providing health care at the primary, secondary and tertiary levels.

**Output Measure 1:** Quality improvement measures will include evidence-based assessments and interventions to reduce the proportion of people who are obese.

### Strategies

- A. Identify and disseminate evidence-based practices that meet quality assurance criteria.
- B. Insurers reimburse health care providers for calculating Body Mass Index (BMI), assessing health risks associated with overweight and obesity and counseling patients for weight management.
- C. Insurers and accrediting organizations provide incentives for including screening and obesity-preventive services in clinical practice and quality assessment measures.
- D. Insurers reimburse for management and follow up of obesity assessments, (BMI measurement, co-morbid conditions, and motivational level).
- E. Insurers will reimburse for nutrition counseling by state-certified dietitians, and evidence-based interventions that support weight management across the life span.

**Output Measure 2:** Primary care providers (pediatricians, family practice and internal medicine), obstetrics and gynecology providers, and related health-care professionals including registered dietitians, routinely measure and record BMI and provide counseling and/or referral for patients.

### Strategies

- A. Implement “Promoting Healthier Weight in Adult Primary Care” and “Promoting Healthier Weight in Pediatrics” tool kits with resources for obesity screening, and education on prevention, assessment, treatment and referral.
- B. As part of quality improvement health care providers will monitor the consistency of BMI measuring and documentation in medical records.
- C. Health care providers will monitor BMI and arrange planned interventions. These include contracts for behavior change and referrals to registered dietitians, or appropriate community programs for counseling and support.
- D. Health care providers will include mental health screening, including screening for anxiety, depression and eating disorders.
- E. Training programs and certifying entities will require obesity prevention knowledge and skills in their curricula and examinations.

## COMMUNITIES

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Communities are made up of the people, institutions, services, and physical environments that can promote and support health. Assessments, planning and policies can help create healthy communities that support healthy lifestyles by providing opportunities for physical activity and good nutrition.

**Output Measure 1:** Municipalities in Vermont will include language that supports access to physical activity and healthy eating in comprehensive plans, zoning and subdivision ordinances, and other transportation planning and design projects.

### Strategies

- A. Disseminate best practice guidelines, to town officials, planning commissions and zoning boards, for planning and implementing strategies that provide opportunities for physical activity and healthy eating.
- B. Utilize Health Impact Assessments to identify opportunities to increase the availability of opportunities for physical activity and healthy eating in the built environment.
- C. Provide training and technical assistance to town officials, planning commissions and zoning boards on ways to increase opportunities for physical activity and healthy eating through healthy community design.
- D. State agencies collaborate to increase funding and resources for opportunities for physical activity and healthy eating.

**Output Measure 2:** Vermont will have regional partnerships in place working to implement and/or increase policies and standards to support healthy eating and active living in a variety of settings.

### Strategies

- A. Cities and towns have organized coalitions of agency representatives and citizens working to implement programs based on evidence-based practices e.g., develop safe routes to school, or walking school bus (a chaperoned walk to school group).
  - B. Communities will implement the Centers for Disease Control and Prevention Recommended Community Strategies and Measurements to Prevent Obesity in the United States to create environments conducive to active living and healthy eating. E.g. increase access to affordable healthy food through grocery stores, farmers markets, and community gardens.
  - C. Communities will implement evidence based strategies that reduce health disparities and assure health equity for all Vermonters.
  - D. Cities and towns will actively work to implement state and local policies that support healthy eating and physical activity, such as Complete Streets.
  - E. Cities and towns work with Department of Health District Office Prevention Teams to implement best practices and environmental/policy changes to support healthy eating and physical activity.
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## WORK SITE

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Work sites have the ability to implement policies that influence behavior change. Both large and small employers can play a role influencing employees and their families.

**Output Measure 1:** Work sites have policies in place to promote healthy behaviors.

### Strategies

- A. Employers assure that cafeterias and vending machines offer healthy food choices, and implement a price structure and/or promotions that favor more nutritious foods.
- B. Develop policies for incentives to participate in physical activity e.g., allow flex time for physical activity and incentives for active commuting.
- C. Implement policies for food served and sold in meetings, conferences and at celebrations following the Vermont Healthy Eating Guidelines.
- D. Self-insured employers work with health plans to include coverage for BMI assessment, and counseling about weight, nutrition and physical activity for all employees.
- E. Work with health plans to discount premiums for employers offering health promotion programs.

**Output Measure 2:** Work site environments support accomplishment of Fit and Healthy Vermonters objectives.

### Strategies

- A. Increase the reach and utilization of Vermont's Worksite Wellness Resource tool kit of successful strategies to create a healthy work environment. Recognize model employers through the annual Worksite Wellness Awards.
  - B. Ensure that stairs are safe for regular use and include point of decision prompts that advise workers about the benefits of using the stairs instead of the elevators.
  - C. Encourage employers to offer comprehensive health and safety programs, including on-site screening and education.
  - D. Employers will encourage employees to commute on foot or by bicycle e.g., install secure bicycle parking, provide incentives to employees who commute by walking or bicycling.
  - E. Employers have employee assistance programs that provide employees a confidential place to address issues that may impact their diet and exercise, including health screening and motivational counseling.
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## SCHOOLS

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Schools offer a unique opportunity to reach school-age children. Messages youth receive in school need to be reinforced by families and communities. By promoting a system of learning in an environment conducive to healthy choices, schools can influence choices students will maintain throughout their lives.

**Output Measure 1:** Increase the quality and reach of Vermont school nutrition and physical activity policies which incorporate Fit and Healthy Vermonter objectives.

### Strategies

- A. Adopt the Vermont Nutrition and Fitness Policy Guidelines, best-practice guidelines for physical activity and nutrition, throughout the entire school environment, including before- and after-school programs.
- B. Develop and maintain coordinated school health teams to assess, develop, implement and evaluate policies related to nutrition and physical activity.
- C. Vermont Department of Health District Office School Liaisons work with schools on the development and implementation of schools wellness policies and best practices.
- D. Increase participation in the annual School Wellness Awards recognizing schools that are implementing model policies and practices.
- E. Propose legislation as needed to implement policy changes.

**Output Measure 2:** Vermont schools implement programs or services based on their written nutrition and physical activity policy.

### Strategies

- A. Utilize assessment tools of healthy student behaviors related to obesity prevention to prioritize programs e.g., Vermont Youth Risk Behavior Survey and School Health Index.
- B. Hold regional trainings for school staff on strategies related to implementing components of their nutrition and physical-activity policy.
- C. Enhance health curricula to promote nutrition, physical activity, reduce sedentary behaviors, and improve energy balance. Health curricula will include a behavioral skills focus and be integrated across school curriculum e.g., include health education on safe walking or bicycling.
- D. Implement school-based physical education programs with a goal of 50% of physical education class time spent in moderate to vigorous physical activity.
- E. Increase adoption of nutrition and physical activity programs that connect the community, and classroom e.g., Farm to School, and Safe Routes to School.

**Output Measure 3:** Vermont schools work with external partners to increase opportunities for nutrition and physical activity.

## Strategies

- A. Work with health care providers and parents to assure that all children have a medical home for health care services and are seen for routine health screenings.
- B. Work with the community to provide students with safe ways to walk or bicycle to school including building schools within walking and bicycling distance of the neighborhoods they serve.
- C. Communicate with parents about healthy behaviors at home that support health education and messages taught in school.
- D. Make school facilities available to community members after school and on weekends for recreation through Joint Use Agreements.

## CHILD CARE

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The early years are a formative time in a child's growth and development. Behaviors established in childhood are often carried through to adulthood making this an ideal opportunity to establish healthy preferences. Behaviors modeled in childcare settings should be replicated at home.

**Output Measure 1:** All Vermont regulated childcare providers and early child care professionals will have nutrition and physical activity policies in place following evidence based standards.

## Strategies

- A. Use best–practice guidelines to assure standards are in place for physical activity, active play and all foods served or offered in childcare and education settings. E.g. inclusion of nutrition and physical activity standards in Vermont Childcare licensing regulations.
- B. Use existing standards and guidelines to conduct assessments to identify strengths and weaknesses and prioritize changes within childcare settings.
- C. Conduct regional trainings of childcare providers on best practices, standards and policy development, utilizing existing resources such as Community Child Care Support Agencies.

**Output Measure 2:** All Vermont regulated childcare providers and early care professionals will implement best practices based on the written policy standards.

## Strategies

- A. Disseminate best–practice programs that early childcare providers can implement e.g. I am Moving I am Learning, CATCH Early Childhood.
- B. Provide tools to assess the nutrition and physical activity environments in order to identify program priorities e.g., Nutrition and Physical Activity Self Assessment for Child Care, (NAP SACC).
- C. Provide incentives to all providers who model nutrition and physical activity best practices. E.g., STARS Vermont's Step Ahead Recognition System, funding for equipment, or recognition for achievements through awards for meeting certain standards.

**Output Measure 3:** All Vermont regulated child care providers will have the skills necessary to provide a healthy nutrition and physical activity environment for all children.

### **Strategies**

- A. Review and align curriculum standards and core competencies for early education professionals (e.g. Vermont Early Learning Standards (VELS)) with evidence based standards for nutrition and physical activity.
- B. Provide training, education and programs on developmentally and age-appropriate foods and physical-activity requirements. E.g. through Community Child Care Support Agencies, Northern Lights Career Development Center and Child and Adult Care Food Program trainings.
- C. Provide parents with tools to increase their ability to reinforce healthy behaviors taught in regulated childcare settings.
- D. Integrate breastfeeding as a curriculum component of health education in childcare e.g. Ten Steps to Breastfeeding Friendly Child Care Centers.

## **BREASTFEEDING**

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Scientific evidence is clear that breastfeeding, especially exclusive breastfeeding for the first 6 months of life, followed by breastfeeding into the toddler years, has a positive effect in reducing obesity and rates of chronic disease. Among full term infants, lack of breastfeeding is shown to increase risk of obesity and type 2 diabetes. Breastfeeding mothers have reduced risk of breast and ovarian cancer, diabetes, hypertension, and cardiovascular disease.

Exclusive breastfeeding is the normal and preferred practice for feeding infants up to six months, and part of a healthy diet for a year or longer. Implementation of evidence-based practices is necessary to support exclusive breastfeeding for mothers and babies in order to decrease childhood, adolescent and adult obesity rates.

**Output Measure 1:** Increase policies and practices to support breastfeeding in health care, community, workplaces, and learning and child care settings.

**Health Care Strategies:** Health care, community, workplaces, and learning and childcare settings implement evidence-based practices, and policies that support breastfeeding.

- A. Provide lactation education and support services in standard, reimbursable perinatal care services, including International Board Certified Lactation Consultants (IBCLC).
- B. Create walk-in breastfeeding clinics available to all new mothers in the community, staffed by International Board Certified Lactation Consultants (IBCLC) and other specialists in lactation medicine.

- C. Integrate lactation support services with home visitation programs to ensure that lactation problems are identified early and that mothers are referred for appropriate help and services.
- D. Require health plans to include prenatal classes on breastfeeding to all their members including online, web-based teaching resources for mothers and their partners.

**Community Strategies:** Increase peer counseling programs.

- A. Expand peer counseling programs to all WIC district offices.
- B. Increase access to peer counseling services women not eligible for WIC in addition to services offered to WIC participants.
- C. Improve the quality of existing peer counseling services through increased contact hours, enhanced training and earlier prenatal visits.
- D. Ensure and pay for the support and clinical supervision of peer counselors by an IBCLC.

**Workplace Strategies:** Increase the percentage of employers who have worksite lactation programs.

- A. Establish a model lactation support program for all state employees.
- B. Promote work site recognition programs to honor employers who support employees who breastfeed.

**Output Measure 2: Increase the number of 10 Step compliant or designated Baby-friendly hospitals.**

**Strategies**

- A. Examine Vermont regulations for maternity facilities and evaluate their evidence base; revise if necessary.
- B. Increase hospital staff participation in 20-hour training courses in breastfeeding and assure that maternity services are improved in all Vermont birthing hospitals to include evidence-based care that supports optimal infant feeding practices including breastfeeding.
- C. Establish links between maternity facilities and community breastfeeding support networks.
- D. Integrate maternity care into related Quality Improvement efforts including: consistent delivery of optimal care, improving patient flow, improving patient experience & loyalty, engaging physicians in a shared quality agenda, increasing staff efficiency; optimizing hospital-to-home transitions.
- E. Include exclusive breastfeeding at hospital discharge as a quality improvement measure, utilizing the Joint Commission's Perinatal Care Core Measure set.

## SOCIAL AND BEHAVIORAL

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Obesity prevention requires strategies that reflect influences on individual and family behaviors. Strategies must promote and support informed decision making and individual-based action. To effectively manage their health, individuals and families must be fully informed and have the skills to undertake lifestyle changes to prevent disease. Social relationships have a strong influence over individual behavior choices. Creating social networks that support healthy behaviors will help individuals to be successful. Communities provide a network of naturally occurring relationships between individuals, organizations, and families, providing a social identity that supports attitudes and behavior about health.

**Output Measure 1:** Increase individuals' and families' exposure to messages and tools that increase knowledge and skills for healthy eating and physical activity.

### Strategies

- A. Develop marketing efforts that encourage individuals and families to increase healthy eating and physical activity, utilizing common messages developed by consumers.
- B. Increase the number of grocery stores, restaurants and fast food establishments that provide "point-of-purchase" information promoting the dietary guidelines.
- C. Support and/or expand programs that increase access and opportunities for physical activity and healthy eating e.g., Farm to Family coupons
- D. Conduct programs, challenges and events that encourage healthy behaviors e.g., Get Moving Vermont.
- E. Identify and implement strategies to engage parents to reinforce the messages and skills learned in schools, child care and health care.

**Output Measure 2:** Community organizations including faith based organizations, non-profit organizations and social clubs, provide support to members to increase healthy behaviors.

### Strategies

- A. Community organizations ensure healthy food options are available at functions whenever food is served or sold.
- B. Organizations develop social support groups for members e.g., peer led walking groups
- C. Community organizations integrate the use of health messages into existing programs to increase healthy behaviors.
- D. Community organizations offer programs, services and resources for healthy behavior change, e.g. invite speakers, hold workshops, offer dance classes and dances and encourage other creative activities.