<table>
<thead>
<tr>
<th>Topic Area: Nutrition</th>
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</thead>
<tbody>
<tr>
<td><strong>Arthritis</strong></td>
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<tr>
<td>* By 2010, increase the proportion of New Yorkers age 2 and older that consume at least five servings of fruits and vegetables daily. <strong><a href="http://www.health.state.ny.us/nysdoh/cancer/cancer_control/index.htm">Cancer</a></strong></td>
</tr>
<tr>
<td>* By 2010, decrease the proportion of adults who are clinically obese to 15% <strong>Cancer</strong></td>
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<tr>
<td>* By 2010, decrease the proportion of children and adolescents who are clinically obese to 5% <strong>Cancer</strong></td>
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</tbody>
</table>
## Topic Area: Physical Activity

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>• Through 2010, increase physical activity among people with arthritis and related diseases. <a href="http://www.health.state.ny.us/nysdoh/chronic/arthritis_act_index.htm">ArthritisPhysActivity</a></td>
<td>• By 2010, increase the proportion of adults who engage regularly, preferable daily, in moderate physical activity for at least 30 minutes per day to at least 30%. <a href="http://www.health.state.ny.us/nysdoh/cancer/cancer_control/index.htm">Cancer</a></td>
<td>• Enhance primary prevention efforts for type 2 diabetes through school food service and physical activity initiatives. (strategy)</td>
<td></td>
<td>• Encourage increased levels of moderate physical activity for all youth by increasing both the accessibility of facilities where they can engage in physical activity and increasing the availability of physical activity programs that promote lifelong activity. <a href="http://www.health.state.ny.us/nysdoh/heart/chvplan.htm">CVDPhysActivity</a></td>
</tr>
<tr>
<td>• Through 2010, better understand the factors that motivate people to engage in physical activity and apply motivational models among people with arthritis and related diseases. <a href="http://www.health.state.ny.us/nysdoh/chronic/arthritis_act_index.htm">ArthritisPAmotivation</a></td>
<td>• By 2010, increase the proportion of children and adolescents who engage in moderate physical activity for at least 30 minutes on five or more of the previous seven days to 35%. <a href="http://www.health.state.ny.us/nysdoh/cancer/cancer_control/index.htm">Cancer</a></td>
<td></td>
<td></td>
<td>• Increase the level of worksite supports (policies, practices, and facilities) to promote active lifestyles. <a href="http://www.health.state.ny.us/nysdoh/heart/chvplan.htm">CVDworksites</a></td>
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<td>• Increase the percentage of worksites that offer alternative or flexible work schedules to make it easier for individuals and families to be physically active. <a href="http://www.health.state.ny.us/nysdoh/heart/chvplan.htm">CVDworksites</a></td>
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<td>• Increase the proportion of New Yorkers who report that it is safe, accessible and comfortable to walk or bike near their homes or worksites. <a href="http://www.health.state.ny.us/nysdoh/heart/chvplan.htm">CVDsafeactivity</a></td>
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<td></td>
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<td></td>
<td>• Increase the percentage of New Yorkers who walk or bike regularly for leisure and for transportation. <a href="http://www.health.state.ny.us/nysdoh/heart/chvplan.htm">CVDbikeandwalk</a></td>
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</table>
### Tobacco Prevention Plans - Crosscutting Goals

<table>
<thead>
<tr>
<th>Topic</th>
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<tr>
<td><strong>By 2010, reduce tobacco use by adolescents to 12%:</strong></td>
<td>• Prevent initiation of tobacco use among youth and young adults</td>
<td>• Increase the number of elementary and secondary educational institutions that implement effective tobacco-free policies to eliminate tobacco use from all facilities, property, vehicles and events.</td>
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<tr>
<td><strong>By 2010, reduce tobacco use by adults to 15% for cigarette use, 0.4% for spit tobacco use, and 1.2% for cigar use:</strong></td>
<td>• Promote cessation from tobacco use.</td>
<td>• All worksites are required to be tobacco-free. One hundred percent will have written policies about tobacco use and ban smoking within buildings and prohibit the sale of tobacco (excluding sites that sell to the public, e.g., supermarkets).</td>
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<td><strong>Promote and enforce existing clean indoor air policies and continue the comprehensive, statewide, Clean Indoor Air Act. (strategy)</strong></td>
<td>• Build and maintain an effective tobacco control program infrastructure</td>
<td>• Promote New York State Clean Indoor Air Act on school grounds and at school sponsored events (strategy)</td>
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<tr>
<td><strong>Increase awareness of the harmful effects of secondhand smoke to children and adults exposed in schools, daycare facilities, worksites, colleges, public places, homes, and automobiles. (strategy)</strong></td>
<td>• Eliminate exposure to secondhand smoke.</td>
<td>• Implement CDC’s Guidelines for School Health Programs to Prevent Tobacco Use and Addition (1994), with special emphasis on policy, cessation for students, faculty, and family involvement and evaluation (strategy)</td>
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1 Effective July 24, 2003, the amended New York State Clean Indoor Air Act (Public Health Law, Article 13-E) prohibits smoking in virtually all workplaces, including restaurants and bars.
### New York State Department of Health
### Division of Chronic Disease Prevention
### Disease Prevention Plans - Crosscutting Goals

#### Topic Area: Policy

<table>
<thead>
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<td><a href="http://www.health.state.ny.us/nysdoh/consumer/diabetes/strategicplan.htm">http://www.health.state.ny.us/nysdoh/consumer/diabetes/strategicplan.htm</a></td>
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- **Arthritis**: Through 2010, policy for arthritis and related disease management integration will focus on availability, accessibility and affordability of prevention and treatment.

- **Cancer**: By 2010, policies promoting primary prevention of chronic disease, including cancer, will be in place.

- **Diabetes**: By 2010, encourage development of policies to promote health literacy on cancer issues.

- **Tobacco**: By 2010, provide standard-of-care diagnosis and treatment of cancer for all affected New Yorkers.

- **CVD**: By 2010, address health disparities in access to cancer screening and treatment.

- **Arthritis**: Through 2010, coordinate chronic disease health policy and include arthritis and related diseases.

- **Cancer**: By 2010, support efforts to create uniform school healthcare forms for students with diabetes.

- **Diabetes**: Through 2010, coordinate chronic disease health policy and include arthritis and related diseases.

- **Tobacco**: By 2010, support efforts to create uniform school healthcare forms for students with diabetes.

- **CVD**: By 2010, address health disparities in access to cancer screening and treatment.
# New York State Department of Health
## Division of Chronic Disease Prevention
### Disease Prevention Plans - Crosscutting Goals

**Topic Area:** Prevention

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- **Arthritis**
  - Through 2010, improve public knowledge about arthritis, including its prevention and treatments.
  - By 2010, reduce tobacco use by adolescents to 12%.

- **Cancer**
  - By 2010, reduce tobacco use by adults to 15% for cigarette use, 0.4% for spit tobacco use, and 1.2% for cigar use.
  - Promote increase awareness of the prevention and control of diabetes and its complications by providing consistent messages to the public and providers.

- **Diabetes**
  - Develop and disseminate educational materials aimed at prevention messages for all age groups from pre-school to seniors.
  - Eliminate exposure to secondhand smoke.

- **Tobacco**
  - By 2008, identify underserved groups lacking accurate knowledge of the nature of arthritis and related disease and provide effective treatment interventions.
  - By 2010, reduce population risks associated with environmental exposures to know or likely environmental risk factors for cancer.

- **CVD**
  - Prevent initiation of tobacco use among youth and young adults.
  - By 2010, increase public and provider awareness about prevention studies for persons at high risk of cancer due to family history or genetics to 85% of those surveyed.

- **Arthritis**
  - By 2010, increase the proportion of New Yorkers who use sun protective measures to prevent excessive sun exposure.
  - By 2010, increase the number of health care providers who report offering cancer prevention related counseling to their patients to 85%

- **Cancer**
  - By 2010, develop and implement community-based strategies for public awareness activities.

- **Diabetes**
  - **CVD**

- **Tobacco**
  - Increase the percentage of workplaces that offer preventive health screenings to employees in a 12-month period.
New York State Department of Health  
Division of Chronic Disease Prevention  
Disease Prevention Plans - Crosscutting Goals

**Topic Area: Programming**

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- By 2008, design and implement a protocol to evaluate NYS implementation of proven arthritis intervention such as ASHC, PACE and Aquatics Program.
- By 2008, increase the number of programs that address arthritis and related diseases in both rural and urban settings.
- Through 2010, increase the number of participants in ASCH, PACE and Aquatics programs.
- By 2010, assess programs serving people with arthritis and related diseases to identify gaps.
- By 2008, develop evidence-based information about the effectiveness and implementation of NYS Arthritis Program activities.

- By 2010, encourage best practice delivery systems recognizing the chronic nature of cancer, including ongoing supports and navigation for families, rehabilitation, education, social and legal services.
- By 2010, 80% of survivors should receive care according to appropriate clinical treatment guidelines throughout their cancer experience (diagnosis to end of life).
- By 2010, increase the availability of psychosocial support services for cancer survivors, their families, and friends through all phases of the cancer experience.

- Work toward adding distinct reimbursement for Diabetes Self-Management Education (DSME) to the list of services provided by all insurers in New York State.
- By 2010, increase the availability of psychosocial support services for cancer survivors, their families, and friends through all phases of the cancer experience.

- Promote cessation from tobacco use.
- Through 2010, assess programs serving people with arthritis and related diseases to identify gaps.
New York State Department of Health  
Division of Chronic Disease Prevention  
Disease Prevention Plans - Crosscutting Goals

**Topic Area:** Health Personnel

### Arthritis
- Through 2010, increase the understanding of arthritis and related diseases among health providers and insurers, medical and professional associations, and other allied health professionals in New York State.
- By 2010, identify gaps and needs, and explore collection, monitoring, analysis, and dissemination of quantitative and qualitative data that will improve decision making regarding the cancer health workforce in New York State.
- By 2008, assess arthritis-related health issues in the workplace that impact the workforce.

### Cancer
- By 2010, health care providers will have access to continuing education opportunities that enhance and update their knowledge, skills and competencies in the area of cancer care.
- Develop and implement programs for primary care practitioners designed to increase their awareness of diabetes standards of care and proven methods for diabetes prevention.
- By 2010, increase retention of experienced workers providing cancer care services.
- By 2010, supply cancer care providers, including providers from underrepresented minority groups, to underserved areas.
- By 2010, increase the supply of cancer care providers in professions where shortages have been demonstrated.

### Diabetes
- Work with sponsors of educational workshops and training sessions to offer health care providers and health professionals continuing education units.
- By 2010, increase the awareness of and adherence to evidence-based clinical guidelines promoting risk prevention, risk management, and clinical treatment of diagnosed cardiovascular and cerebrovascular disease using effective systems of delivering health care and clinical protocols.
- By 2010, increase the availability and expertise of “health care teams” in settings across New York State to provide risk prevention or risk management care for all age groups, focusing on stroke teams and heart attack teams for emergent cases.
- By 2010, increase the supply of cancer care providers in professions where shortages have been demonstrated.

### Tobacco
- Work with sponsors of educational workshops and training sessions to offer health care providers and health professionals continuing education units.
- By 2010, increase retention of experienced workers providing cancer care services.
- By 2010, increase the availability of and expertise of “health care teams” in settings across New York State to provide risk prevention or risk management care for all age groups, focusing on stroke teams and heart attack teams for emergent cases.

### CVD
- Increase the awareness of and adherence to evidence-based clinical guidelines promoting risk prevention, risk management, and clinical treatment of diagnosed cardiovascular and cerebrovascular disease using effective systems of delivering health care and clinical protocols.
- Increase the skills of health professionals in the areas of community, environmental policy interventions related to physical activity and nutrition.

[Arthritis](http://www.health.state.ny.us/nysdoh/chronic/arthritis_act_index.htm)  
[Cancer](http://www.health.state.ny.us/nysdoh/cancer/cancer_control/index.htm)  
[Diabetes](http://www.health.state.ny.us/nysdoh/consumer/diabetes/strategicplan.htm)  
[Tobacco](http://www.health.state.ny.us/nysdoh/heart/chvplan.htm)  
[CVD](http://www.health.state.ny.us/nysdoh/heart/chvplan.htm)
### New York State Department of Health
### Division of Chronic Disease Prevention
### Disease Prevention Plans - Crosscutting Goals

**Topic Area:** Education, Awareness, Communication

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- **Arthritis**
  - By 2008, persons with arthritis and related diseases and their families know, practice and support disease management behaviors.
  - Through 2010, improve public knowledge about arthritis, including its prevention and treatments.
  - Through 2010, develop and disseminate published material designed to reach a variety of targeted populations in New York State. Communicate that arthritis and related diseases are serious public health problems.

- **Cancer**
  - By 2010, enhance public and professional awareness, knowledge and utilization of age-appropriate, evidence-based comprehensive screening guidelines.
  - By 2010, assess knowledge among, and information dissemination to, health providers and consumers.

- **Diabetes**
  - Promote educational opportunities for patients with and at risk for diabetes.

- **Tobacco**
  - Decrease the social acceptability of tobacco use.
  - Increase the number of New Yorkers who receive fast, appropriate emergency care for a cardiac event or a stroke.

- **CVD**
  - Through 2010, improve public knowledge about arthritis, including its prevention and treatments.
### New York State Department of Health
#### Division of Chronic Disease Prevention
#### Disease Prevention Plans - Crosscutting Goals

**Topic Area: Data and Surveillance**

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- **Arthritis**
  - By 2008, document a more accurate estimate of the number of people in New York State with arthritis and related diseases.
  - Assess and track the prevalence of language/literacy barriers and their impact on diabetes care in New Yorkers with diabetes, including special populations.
  - Contribute to the science of tobacco control.
  - Increase the understanding of the burden of cardiovascular and cerebrovascular disease in New York State, particularly with regard to the special needs of women and underserved populations.

- **Cancer**
  - By 2010, continue to analyze data on cancer and cancer related behaviors in New York.
  - Assess and track the extent of Emergency Room use for routine, urgent and emergency care among New Yorkers with diabetes.
  - Develop and implement data collection systems and research and evaluation studies to monitor, measure, and help understand the impact of the tobacco control program.

- **Diabetes**
  - Through 2010, describe people who may be at risk of developing arthritis and related diseases for the purpose of identifying risk factors and developing a better understanding of the diseases.
  - Assess and track differences in patterns of care in various types of organizations and across the diverse communities of New York.
  - Analyze and synthesize data from existing data systems related to tobacco in order to monitor progress toward achieving program goals.

- **Tobacco**
  - Through 2010, explore a statewide arthritis and related diseases database.
  - By 2010, evaluate cancer surveillance activities.
  - More accurately quantify the prevalence and incidence of diabetes and diabetes risk in children in New York State.

- **CVD**
  - Through 2010, analyze arthritis and related diseases data to determine direct and indirect cost estimates for counties.
  - By 2010, evaluate cancer surveillance activities.
  - More accurately quantify the prevalence and incidence of diabetes and diabetes risk in children in New York State.

- **CVD**
  - By 2010, continue to analyze data on cancer and cancer related behaviors in New York.
  - Assess and track the extent of Emergency Room use for routine, urgent and emergency care among New Yorkers with diabetes.
  - Develop and implement data collection systems and research and evaluation studies to monitor, measure, and help understand the impact of the tobacco control program.
Arthritis Physical Activity and Nutrition Strategies

Goal: Through 2010, increase physical activity among people with arthritis and related diseases.

Strategies:
- Increase awareness of the need for more physical activity; describe activities consistent with disease prevention and symptom moderation.
- Identify community programs geared toward exercise, walking and other appropriate physical activities.
- Identify stakeholders and target messages to them.
- Distribute information on resources and access.
- Develop additional physical activity programs based on geographic and program gaps.
- Publish guidelines for community fitness programs to enable them to accommodate persons with arthritis.
- Educate physicians on the importance of prescribing physical activity to patients.
- Investigate the cost associated with patient counseling and identify reimbursement mechanisms.
- Work with existing state and local efforts directed at physical activity and nutrition such as the NYSDOH Physical Activity and Nutrition (PAN) Program.

Goal: Through 2010, better understand the factors that motivate people to engage in physical activity, and apply motivational models among people with arthritis and related diseases.

Strategies:
- Collaborate with SUNY Albany School of Public Health and others on research in this area and develop a community-based demonstration project related to physical activity.
- Work with existing state and local efforts directed at physical activity and nutrition such as the NYSDOH Physical Activity and Nutrition (PAN) Program.
Cancer Physical Activity and Nutrition Strategies

Goal 5: Healthy Lifestyle

Diet/Nutrition: By 2010, increase the proportion of New Yorkers age 2 and older that consume at least five servings of fruits and vegetables daily to 75%.

Physical Activity - Adults: By 2010, increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least thirty minutes per day to at least 30%.

Physical Activity - Children and Adolescents: By 2010, increase the proportion of children and adolescents who engage in moderate physical activity for at least thirty minutes on five or more of the previous seven days to 35%.

Obesity - Adults: By 2010, decrease the proportion of adults who are clinically obese to 15%.

Obesity - Children and Adolescents: By 2010, decrease the proportion of children and adolescents who are clinically obese to 5%.

Strategies

- Engage appropriate stakeholders in nutrition and physical activity interventions at a local level: school nutritionists, preschools/day care providers, physical educators, athletes, grocers, young adults, older adults, etc.
- Increase promotion of existing programs to increase the number of fruits and vegetables consumed daily.
- Promote low-fat, low-calorie, high-fiber foods.
- Increase the proportion of schools that provide access to their physical activity spaces and facilities for community members, outside of normal school hours.
- Increase the number of schools that provide quality instruction on nutrition and healthy eating and daily physical activity as a lifestyle choice.
- Increase the proportion of schools providing opportunities for nutritious meals and daily exercise, including review or modification of school policies related to lunch menu requirements and availability of non-nutritious foods on campus.
- By 2006, decrease proportion of overweight or obese adults to 45% (NYS Baseline 57.3%, 2002 BRFSS).
- Increase the availability of 100% fruit juice and low fat milk in place of soft drinks and other high sugar beverages in school systems.
- Encourage development of policies at the federal and state levels that offer guidelines for school breakfast and lunch programs, to facilitate school districts’ ability to offer students healthier food options.
- Work with health insurance providers to offer preventive services, such as weight control programs.
- Increase worksites that support healthy eating, exercise and maintaining healthy weights.
- By 2006, decrease proportion of overweight youth to 7.5% (NYS Baseline 10.6%, 2001 YRBSS).
- Promote evidence-based methods for safe physical activity to communities, for all age groups.
- Promote strategies for more nutritious offerings within the “fast food” industry.
- Promote the concept of “walkable communities” to increase the availability of safe and attractive public areas and walkways where physical activity can take place (e.g., rails to trails, sidewalk construction, safer crosswalks, etc.).
- Provide increased opportunities for increased physical activity for children and adolescents.
- Promote policies and strategies that maximize the use of existing health and fitness facilities in communities.

Goal 1: Tobacco

By 2010, reduce tobacco use by adolescents to 12%.

By 2010, reduce tobacco use by adults to 15% for cigarette use, 0.4% for spit tobacco use, and 1.2% for cigar use.

Strategies:

- Decrease the number of individuals who initiate smoking.
- Work with colleges and universities to encourage adoption of smoke-free campus and dormitory policies.
• Through a combination of federal, state and local funding, fund the tobacco control program interventions in proportion to CDC recommendations or greater in order to implement effective comprehensive tobacco control.

• Continue to implement the recommended strategies of the Community Preventive Services Task Force and the CDC to reduce tobacco use and exposure to environmental tobacco smoke: increase awareness to reduce initiation of tobacco use and increase cessation; reduce out of pocket costs for effective therapies to stop using tobacco; promote provider reminders systems and provider education to assess all patients for tobacco use and intervene accordingly; implement community-based partnerships that work to change local tobacco-related policies and change social norms regarding tobacco use.

• Expand access to cessation assistance including increased use of telephone and web-based cessation help lines for people who want to stop using tobacco.
CVD Physical Activity and Nutrition Strategies

Goal: Increase the number of schools and youth programs that promote the lifelong behaviors necessary to reduce CVD by providing nutrition education, establishing an environment that encourages the purchase of healthy foods, and modeling good food choices by promoting healthy foods for meals and snacks.

Strategies:
- Use the School Health Index results (when they become available in 2004) for development of baseline data and choosing target areas for initiatives.
- Identify key people and agencies involved in funding policies, explore barriers and consider options necessary to promote healthy foods in schools. Enhance best practices that currently exist.
- Develop food service policies in schools and youth-based programs to include:
  - Continued enforcement and increased compliance with the competitive food laws in all schools; these relate to any foods sold at school that are not part of a reimbursable school breakfast or lunch;
  - Research on the feasibility of adopting additional statewide standards for the sale of competitive foods that address nutrient content, portion size, availability, and age appropriateness (elementary vs. secondary);
  - Posting nutrition content of foods sold at their point of purchase;
  - Promoting the consumption of healthy breakfast, lunch, and snacks at schools, youth-based programs, staff meetings and events (concerts, sports, etc.);
  - Promoting provision of adequate facilities and time to eat, and involvement of youth in menu planning;
  - Encouraging creation of district-wide policies about vending machines in schools including making machines unavailable during mealtimes; developing vendor education programs designed for suppliers and establishing criteria for which food items are stocked in the machines; limiting serving sizes of soda to 12 ounces or less, if schools insist on selling soda; ensuring that criteria are followed through periodic evaluations;
  - Placing milk vending machines promoting low-fat and fat-free milk in all schools and ensure that the product is appealing (e.g., avoid cartons with missing kids on panels, ensure milk is cold). Include 100% juices and water for children who are lactose intolerant.
  - Promoting the healthy choice of produce grown in New York State;
  - Educating school administrators and other key decision makers about the connection between health and learning and the benefits of reflecting the messages taught in health and nutrition courses in the food served; and,
  - Working with individuals with a special interest in school health:
    - Incorporating a holistic approach to nutrition education through health education, physical education, family and consumer science courses and community education;
    - Providing sample heart healthy menus that can be incorporated into curriculum where meal planning and preparation are taught;
    - Teaching about foods and where they come from, label reading and the national food guide;
    - Teaching cooking; and
    - Teaching children how television viewing can adversely affect their health as a sedentary behavior promoting poor eating habits through advertisements of low nutrient dense foods.

Goal: Encourage increased levels of moderate physical activity for all youth by increasing both the accessibility of facilities where they can engage in physical activity and increasing the availability of physical activity programs that promote lifelong activity.

Strategies:
- Use the School Health Index results (when they become available in 2004) for development of baseline data and choosing target areas for initiatives.
- Promote daily physical activity for all grades K-12, emphasizing the importance of regular physical activity for lifelong health by:
  - Encouraging elementary schools to adopt recess periods and allow children to engage in active play;
  - Supporting the NYS Education Department in its efforts to increase the proportion of schools that comply with elementary physical education regulations;

2 Chapter 11 Regulations of the Commissioner, Subchapter G Part 135-Health, Physical Education and Recreation: (i) Elementary instruction program for grades K through 6. (a) all pupils in grades K-3 shall participate in the physical education program on a daily basis. All pupils in grades 4-6 shall participate in the physical education program not less than three times each week. The minimum time devoted to such programs shall be at least 120 minutes in each calendar week, exclusive of any time that may be required for dressing and showering; or (b) as provided in an equivalent program approved by the Commissioner of Education (ii) Secondary instruction programs-grades 7 through 12. All secondary pupils shall have the opportunity for regular physical education, but not less than three times per week in one semester and two times per week in the other semester.
- Increasing physical activity in after-school programs;
- Supporting limits on use of television, videos and non-educational computer use;
- Training physical education teachers to instruct students in lifetime activities; and,
- Developing policies regarding denying recess or other activity opportunities.

- Promote better use of public facilities for physical activity opportunities by:
  - Encouraging schools to open their facilities (gyms, swimming pools, and hallways) for before- and after-hour use by community residents and after-school programs and promoting after hours activities at schools (yoga, ballroom dancing, etc.) for community members and older students;
  - Creating safe community playground facilities;
  - Providing covered, lighted and accessible bike racks at schools and after-school/community program locations;
  - Providing opportunities for hall and campus walking for students, staff and community members;
  - Distributing information about the development of facilities for inline skating, skateboarding, BMX biking and other activities;
  - Providing information to municipalities on liability through municipal insurance providers, to encourage development of recreational facilities; and,
  - Involving youth in planning physical activities that will engage and increase the level of physical activity of their peers.

- Promote comprehensive Walk Our Children to School and Safe Routes to School initiatives by:
  - Encouraging use of the Walkability Checklist and developing projects to address problems identified;
  - Encouraging street monitors to increase safety for children walking to school;
  - Assessing barriers and identifying strategies to encourage daily walking to school; and,
  - Reporting information gathered from Walk Our Children to School events to appropriate city officials, creating a website to enroll schools, encouraging college students to promote project activities, and encouraging schools to use Walk Our Children to School Day to launch Safe Routes to School Initiatives to work with communities on bike and pedestrian safety.

- Encourage school-community collaboration by:
  - Promoting community service projects that involve physical activity (e.g. Crop Walk, Habitat for Humanity, walking neighbor’s pet, raking leaves);
  - Promoting physical activity for all populations, including a variety of fun or entertaining pastimes or activities;
  - Promoting enjoyable and lifetime activities at schools;
  - Involving youth in planning; and,
  - Providing opportunities for parents, guardians and youth to engage in physical activity programs together; create a website to promote, educate and motivate students and parents to take part in physical activity, record dietary habits and provide behavioral cues to action.

Goal: Increase the number of schools that have adopted a coordinated approach to school health by using the eight components of the coordinated school health model: health education, physical education and activity, health services, nutrition services, counseling and social services, school environment, parent/family/community involvement and staff wellness.

Strategies:
- Promote use of CDC’s School Health Index, with particular emphasis on the policy section by:
  - Distributing the Physical Activity and Nutrition “Ready, Set, Go” toolkit developed by the Statewide Center for Healthy Schools;
  - Integrating state and local involvement in training school staff about physical activity and nutrition issues;
  - Targeting schools with health centers to implement the School Health Index;
  - Assisting schools with on-line reporting of the results from the School Health Index;
  - Identifying partners to promote use of CDC’s School Health Index;
  - Seeking guidance from associations of professionals in business and government to lead program actions; and,
  - Supporting programs in low-income areas.
- Develop policies that create school environments supportive of behaviors and choices consistent with health messages and goals related to each of the eight components of the coordinated model.
- Provide technical assistance to schools in policy development.
- Establish the “essential components” of a coordinated school health approach by:
  - Working toward school-community health councils in every school district;
  - Developing school-based teams at individual schools that incorporate nutrition, physical activity and tobacco control programs; and,
  - Training well-prepared district health coordinators.
• Promote screening and appropriate treatment for CVD risk factors in school-based health centers.
• Collect height and weight data in a representative sample of 3rd grade children.

Goal: Increase the level of worksite supports (policies, practices and facilities) to promote active lifestyles.

Strategies:
• Provide worksites with model policies that support physical activity during work time or support employee health through physical activity in mission statements.
• Identify ‘best practices’ worksite physical activity interventions.
• Provide opportunities for human resources personnel to learn about the benefits of health promotion.
• Develop advice for employers negotiating with health insurance providers for discounted health insurance, increased life insurance, or other incentives for employees who maintain certain levels of physical activity.
• Develop local partnerships to provide incentives, such as discounts towards the purchase of a bicycle or walking shoes, for employees who routinely walk or bike to work.
• Advocate for development of worksite policies regarding safe, well-lighted and maintained stairwells to encourage stair walking.
• Establish a network of available, on-site physical activity group facilitators for use by employers through support of the NYS Physical Activity Coalition, NYS Association of Health, Physical Education, Recreation and Dance, the American College of Sports Medicine and other partners. Consider students from local colleges or universities as group activity facilitators.
• Offer technical assistance, provided by the New York State Physical Activity Coalition and other partners, for worksites to implement the Move For Life Campaign, including ongoing collection of data on employee participation.
• Recognize worksites that implement heart healthy practices, strategies and facilities, such as flexible work schedules, healthful foods at meetings and outdoor exercise areas with a certificate from the New York State Department of Health.
• Establish recommendations for new worksite construction or renovation to include showers, changing areas and access to opportunities for walking.
• Work with community-based organizations to promote events entailing physical activity such as the American Diabetes Association Tour for the Cure, American Cancer Society Relay for Life, or the American Heart Association Heart Walk.
• Establish working relationships with umbrella organizations (merchants associations, Chambers of Commerce, Business Improvement Districts, Business alliances) to support activities directed towards small businesses (less than 100 people).
• Address the needs of high-risk populations by assisting organizations targeting more than 50% of their activities to worksites with disparate populations. Target worksites with a majority of employees from minority populations or low-income employees, or workers with disabilities. Promote activities in all worksite sizes (a majority of the disparate population work in sites with less than 50 employees).

Goal: Increase the level of worksite-based resources (policies, practices and facilities) that support heart healthy eating.

Strategies:
• Provide employers with model policies for the provision of healthy options at company-sponsored meetings and functions.
• Define and publicize criteria for healthful food and healthful food options at meetings and employee gatherings.
• Encourage worksites to adopt specific nutrition interventions including:
  o Promote fresh produce coupon campaign by establishing a working relationship with supermarket corporate office consumer service representatives;
  o Encourage placement of low-fat milk, water and 100% juice vending machines at worksite locations;
  o Establish quantity discounts with vendors for high sales volume of health items;
  o Encourage employers to purchase microwaves, refrigerators and toaster ovens at worksites of all sizes, to allow workers to prepare healthy lunches on-site; and
  o Encourage worksites to partner with local Cornell Cooperative Extension offices and offer incentives to employees who attend on-site nutrition education programs provided by qualified nutrition professionals.
• Provide advice to employers negotiating with managed care organizations for reduced health plan rates for employees who engage in weight management, diabetes care and medical nutrition therapy.
• Develop model health vending contracts and lists of acceptable healthy foods. Distribute this information through multiple channels such as the NYS Business Council, the NYS Healthy Heart Worksites Initiative, the NYS Association of County Health Officials and others. (Target: 50% of items in vending machines are heart healthy)
• Provide training in healthy eating and cooking to school food service managers, restaurants, employees and food preparers.
• Encourage provision of healthy eating prompts to employees using paycheck stuffers, posters, signs and emails. Prepare and distribute a manual of tips to employers.
- Encourage use of NYS-produced food as much as possible by supporting the NYS Farm to School Program, a partnership with the New York State Department of Health Division of Nutrition.
- Provide worksites with materials to negotiate corporate rates for worksite-based weight control programs.
- Encourage development of working relationships or partnerships with local greenmarkets and farmers markets to offer coupons and promotions.

**Goal:** Increase the proportion of New Yorkers who report that it is safe, accessible and comfortable for them to walk or bike near their homes or worksites.

**Strategies:**
- Investigate methods of determining baseline data for this objective.
- Promote the concepts and importance of walking and walkable communities to local officials (elected officials, planning board members, and local transportation and land use professionals, etc.) in order to encourage changes in practices, ordinances, policies and zoning regulations.
- Investigate how to best implement the concepts of walking and walkable communities in inner-city neighborhoods.
- Conduct research to learn what messages and strategies, particularly with regard to personal safety, will promote walking.
- Conduct research to learn how to change the attitudes and practices of local officials and develop information for local officials, based on the findings.
- Develop packages of materials to market the concepts to different disciplines, based on results of research.
- Investigate developing model local level policies, ordinances and zoning regulations that support the concepts of walkable communities.
- Explore working with the Department of State and others to develop and distribute a guide to the tools available to local officials for creating more walkable environments.
- Explore changing current State Education Department recommendations to favor building new schools closer to residential areas.
- Explore incentives to municipalities and developers to create communities that support health.
- Support existing community-based organizations and faith organizations that already work in inner-city neighborhoods to promote walking and walkable communities.
- Support local Safe Routes to School projects to promote walking and bicycling to school and to make conditions safer for engaging in these activities by:
  - Expanding promotion of Walk to School Day/Week;
  - Encouraging local projects to highlight the need for infrastructure and enforcement improvements that will make it safer for children to walk or bike to school;
  - Involving local law enforcement and other walking groups;
  - Collaborating with senior citizen groups to escort children to school; and,
  - Assisting the Department of Transportation in conducting traffic-calming training for local transportation professionals and improving conditions to make it safer for children (and staff) to walk and bike to school.
- Assist local pedestrian support groups to work effectively with local transportation and land use decision makers to make it easier and safer for people to walk by:
  - Developing a directory of existing local pedestrian support/advisory groups and establish mechanisms for networking;
  - Providing regional training for local pedestrian support groups use; and,
  - Foster connections between citizen support groups and local government officials, using Pedestrian Road Shows, educational materials and other means.
- Engage law enforcement in efforts to increase interaction with the public regarding pedestrian and vehicle traffic laws by:
  - Involving local law enforcement officials in supporting walking initiatives, such as walking groups or Walking to School projects;
  - Supporting Safe Routes to School initiatives in inner-city neighborhoods

**Goal:** Increase the percentage of New Yorkers who walk or bike regularly for leisure and for transportation.

**Strategies:**
- Consider the feasibility of conducting a campaign aimed at increasing moderate levels of physical activity by:
  - Assessing people’s understanding of the current recommendations for moderate activity, particularly the option to accumulate activity over several short periods of time during the day;
  - Conducting research on how to encourage New Yorkers to walk and bicycle when taking short trips, with a specific component targeted toward low-income, minority, inner city residents and people with disabilities, to determine how to best motivate them to incorporate more physical activity into their daily lives; and,
  - Conducting walking promotions, evaluating results and, if successful, replicating in other parts of the state.
- Promote the use of New York State parks as a means of increasing physical activity for individuals and families.
Goal: Increase the percentage of food service establishments that offer appropriate portion sizes and healthful food choices.

Strategies:
- Investigate methods of determining baseline data for this objective.
- Educate consumers about appropriate portion sizes and motivate them to make specific behavioral changes to reduce portion sizes, particularly of food eaten away from home by:
  o Exploring efforts in other states to educate consumers about portion sizes;
  o Reviewing research on portion sizes and conducting additional research as needed to learn how different target audiences perceive the issue and ways to influence their behavior; and,
  o Developing, implementing and evaluating interventions to reduce portion sizes people consume.
- Work with restaurants and other food outlets to encourage the availability and promotion of smaller portion sizes by:
  o Supporting national, state and local efforts supporting calorie and fat labeling on foods served by chain restaurants;
  o Exploring the possibility of working with regional offices of chain food service companies to support smaller portion sizes;
  o Exploring ways to promote components of the Just Ask Us campaign that encourages customers to request that a portion of their meal be set aside in a take home container before the meal is served; and,
  o Working with culinary training programs to train future food service professionals on the importance of reducing portion size.
- Develop methods of collecting data to monitor the portion sizes commonly consumed of foods that contribute significantly to excess caloric intake.

Goal: Increase the availability of reasonably priced, healthful food choices in low-income neighborhoods.

Strategies:
- Review and collect data as necessary on the availability of healthful food choices in selected inner city neighborhoods.
- Gather information on successful models for locating groceries in inner-city neighborhoods.
- Explore innovative ideas for increasing access to healthful foods such as neighborhood co-ops, groceries run by not-for-profits, and vans to deliver fresh produce to neighborhoods, and others.
- Assemble a broad array of interested partners to discuss the issue and develop pilot projects that could be carried out with funding from combined sources (e.g., economic and community development funds, United Way, etc.).
- Increase farmer’s markets and direct marketing opportunities for local farmers in inner-city neighborhoods. Expand on current efforts to link consumers and farmers, (e.g. the US Department of Agriculture’s Farm to School Project, agricultural tourism, etc.)

Goal: Encourage consumption of milk for those able to drink milk and increase the proportion of milk drinkers who consume low-fat milk (1% or fat-free).

Strategies:
- Investigate methods of determining baseline data for this objective.
- Encourage placement of vending machines for low-fat milk in schools, government/public buildings, highway rest stops, etc.
- Build partnerships with farmers to promote low-fat milk.
- Build partnerships between state agencies, such as Health, Agriculture and Education to promote the consumption of low-fat milk and strengthen the economic vitality of New York’s farmers and farming communities.
- Encourage the creation of new low-fat dairy products and packaging methods.
- Work with food programs (WIC, Child and Adult Care Food Program, School Lunch, etc.) to implement policies supporting low-fat milk.

Goal: Increase the skills of health professionals in the areas of community, environmental and policy interventions related to physical activity and nutrition.

Strategies:
- Investigate methods of determining baseline data for this objective.
- Make presentations to professional groups about policy and environmental changes by:
  o Developing a presentation and interactive activity to present to professional organizations on environmental, policy and community approaches to physical activity and nutrition; and,
Developing model materials to present at conferences of health professionals to train health professionals to make presentations on the importance of walking and more walkable communities to different community groups and at public hearings.

- Encourage recognition of specialists in environmental and policy approaches to physical activity and nutrition, and consider how to best promote their expertise.

**Goal:** Increase the number of elementary and secondary educational institutions that implement effective tobacco-free policies to eliminate tobacco use from all facilities, property, vehicles and events.

**Strategies:**
- Promote New York State Clean Indoor Air Act (Article 13E PHL) on school grounds and at school-sponsored events by:
  - Assisting county health officials and school administrators to coordinate enforcement efforts in their local communities;
  - Developing mechanisms to report complaints and violations of the Clean Indoor Air Act in schools.
- Address the needs of specific risk groups by identifying partners with data or information about disparate populations within the state including African Americans, Hispanics and low-income populations.
- Ensure that trainings are culturally sensitive and materials are developed in appropriate languages and reading levels.
- Implement CDC’s *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* (1994), with special emphasis on policy, cessation for students, faculty, and family involvement and evaluation by:
  - Encouraging development and enactment of effective tobacco-free school policies;
  - Providing signage to support effective tobacco-free policies in the schools; and,
  - Educating the public about the law and the benefits of tobacco-free environments at school-sponsored events.

**Goal:** All worksites are required to be tobacco-free. One hundred percent will have written policies about tobacco use and ban smoking within buildings and prohibit the sale of tobacco (excluding sites that sell to the public, e.g., supermarkets).

**Strategies:**
- Establish partnerships between employers and organizations involved in worksite wellness with the local New York State Tobacco Control Coalitions.
- Target groups with high smoking rates, such as White women between the ages of 18 and 24, and pregnant women, and encourage development of programs that are sensitive to the cultural makeup of worksites using materials in appropriate languages and reading levels.
- Distribute model policies for smoke-free worksites, prohibiting smoking in company owned vehicles and prohibiting sales of tobacco products on site (e.g., no cigarette vending machines). Identify “best practices” in worksite-based and worksite-linked smoking cessation and encourage companies to offer smoking cessation programs at no cost to employees on-site during work hours.
- Provide advice to employers on negotiating reduced health plan rates for non-smokers, and coverage of pharmaco-therapeutics and counseling for smoking cessation.
- Support the establishment and enforcement of policies prohibiting smoking nearby worksite entrances.

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3 Effective July 24, 2003, the amended New York State Clean Indoor Air Act (Public Health Law, Article 13-E) prohibits smoking in virtually all workplaces, including restaurants and bars.