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GOING LOCAL:
Eat Smart, Move More NC Local Coalition Policy Study

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Abstract

Eat Smart, Move More NC (ESMMNC) is a state-level organization spearheading creating solutions to North Carolina's extremely high and still growing obesity rate of 27.7% among adults. On behalf of the ESMMNC Policy Committee, the research team conducted an online survey and subsequent phone interviews with representatives of local coalitions in North Carolina to investigate the frequency of work to promote nutrition and physical activity policies. Researchers specifically investigated healthy policies currently being worked on in workplaces, communities, and schools at the local level in North Carolina. During the study, 78 local coalition representatives were contacted to participate in an online survey. Following the on-line survey, 21 randomly selected respondents were contacted for follow-up phone interviews. In both worksite and community settings, local coalition representatives report they are most focused on policies to provide access to healthy food through farm stands, mobile markets, CSA's (Community Supported Agricultural Programs), or vending. In schools, local coalition representatives report their highest area of focus is policies to support physical education and healthful living in schools. There is a large scope of policy work being done at the local level in North Carolina. The data show specific areas of focus, and also policy areas that have far fewer coalitions working on. Based on the results, the research team recommends that Eat Smart, Move More NC continues to support local coalitions by providing more example policies/policy making materials, facilitate connectivity among coalition representatives, and working to fill the voids left by disbanding coalitions and organizations. A focus should also remain on supporting what is already being done, encouraging policy work in areas of high importance but receiving little attention, and maintaining an understanding of the state-wide local policy work is under way.

1. Introduction

Obesity is a major aggravating factor of poor health in the US. North Carolina has a high, and still rising obesity rate, and like other states, is trying to address the problem. The measured changes in obesity rates from 1990 to 2009 by the CDC[1] are significant. While obesity affects some groups more than others, the problem of obesity[2] is evident across all age groups, genders, and ethnicities[3].

Four of the ten leading causes of death in the United States are obesity-related illnesses[4]. Quality of life can be greatly reduced from obesity related illness, and many times individuals may develop more than one of these conditions. Overweight and obesity are classified by using the Body Mass Index (BMI) for adults, and a BMI-by-age growth charts for children. These calculations are based on the height and weight of an individual, and can be seen in the figure below[5].

Designations used to describe adult, children, and youth weight status throughout this document.

Weight Status Category	Adults: BMI Category**
Underweight	Adults: BMI below 18.5
Healthy Weight	Adults: BMI of 18.5 to 24.9
Overweight	Adults: BMI of 25 to 29.9
Obese	Adults: BMI of 30 or higher
Weight Status Category	**Children and Youth: Percentile Range****
Underweight	Children and youth: Less than the 5th percentile for age and sex
Healthy Weight	Children and youth: 5th percentile to less than the 85th percentile for age and sex
Overweight	Children and youth: Equal to or greater than the 85th, but less than the 95th percentile for age and sex
Obese	Children and youth: Equal to or greater than the 95th percentile for age and sex

**The National Health and Nutrition Examination Survey (NHANES) is a national surveillance system that collects obesity prevalence data using actual measured heights and weights collected by survey staff members. This data source is used to set national standards, including BMI categories and percentile ranges for height and weight. (See "Description of Data Sources" section for more details).

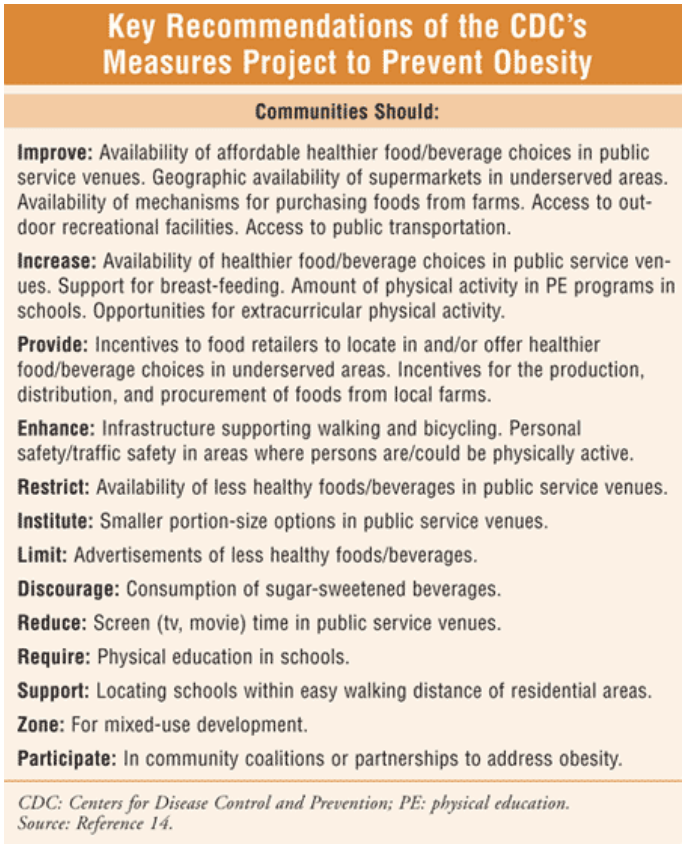
Figure 1. designations used to describe adult, child, and youth weight status.

The health status of Americans is relatively poor, despite the fact that the US spends more on health care than any other country, with costs totaling $2.5 trillion in 2009[6]. One way to decrease the rate of obesity and other chronic illnesses is to implement policies encouraging healthy eating and physical activity. The Centers for Disease Control and Prevention (CDC) released a major report in 2009, which emphasized the effectiveness of local governments and groups reducing obesity rates through policy-based efforts. The recommendations in the report provide a "how-to" guide for improvements and the report cites examples of changes within communities from around the country[7]. Communities with health promoting policies such as smoke-free restaurants, access to healthy foods, quality affordable child-care, and safe places to exercise tend to have healthier citizens[1]. Worksites, churches, childcare centers, and schools are examples of local community settings where policies can be put in place to best fit a specific target audience. In many of these settings, making the healthy choice the easiest choice can be challenging, but through policy change, and eventual cultural change, healthy behaviors would become a reality. Research conducted in 2010 showed that, for every $1 spent on healthcare by an employer, $6 is saved[8]. There is overwhelming evidence that health-promoting policies can improve the health of Americans[9], and properly tracking and assessing policy and program efficacy is an important part of those efforts.

Local policy work in these areas is vital to the overall health of North Carolinians, especially as the state's obesity rates continue to rise. The CDC reports that as of 2011, 29.1% of adults in North Carolina are obese, an increase from a rate of 27.8% in 2010[10]. Promoting local healthy eating and physical activity-related policies is an important step toward lowering rates of obesity and other chronic diseases within North Carolina's communities.

The CDC recommends that policies and initiatives be put in place at the local level to ensure that healthy options are incorporated into community members' every day lives. These key recommendations (seen in Figure 2)

encourage obesity prevention at the local level by enacting healthy nutrition and physical activity guidelines in public service venues and schools, while enhancing infrastructure to meet these healthful initiatives.



Key Recommendations of the CDC's Measures Project to Prevent Obesity

Communities Should:

Improve: Availability of affordable healthier food/beverage choices in public service venues. Geographic availability of supermarkets in underserved areas. Availability of mechanisms for purchasing foods from farms. Access to outdoor recreational facilities. Access to public transportation.

Increase: Availability of healthier food/beverage choices in public service venues. Support for breast-feeding. Amount of physical activity in PE programs in schools. Opportunities for extracurricular physical activity.

Provide: Incentives to food retailers to locate in and/or offer healthier food/beverage choices in underserved areas. Incentives for the production, distribution, and procurement of foods from local farms.

Enhance: Infrastructure supporting walking and bicycling. Personal safety/traffic safety in areas where persons are/could be physically active.

Restrict: Availability of less healthy foods/beverages in public service venues.

Institute: Smaller portion-size options in public service venues.

Limit: Advertisements of less healthy foods/beverages.

Discourage: Consumption of sugar-sweetened beverages.

Reduce: Screen (tv, movie) time in public service venues.

Require: Physical education in schools.

Support: Locating schools within easy walking distance of residential areas.

Zone: For mixed-use development.

Participate: In community coalitions or partnerships to address obesity.

CDC: Centers for Disease Control and Prevention; PE: physical education.
Source: Reference 14.

Figure 2. recommendations of the CDC's Measures Project to prevent obesity.

Providing incentives to food producers, distributers, and retailers to meet healthier standards and wider distribution can help communities reach previously underserved areas. Research on what is currently being done, and what policies are effective helps organizations at the state and local level decide how to best support these efforts. An up-to-date snapshot of local policy initiatives in North Carolina will improve state level support, and cross-coalition collaboration.

In North Carolina, one of the main proponents of state and local health policy is Eat Smart, Move More NC (ESMMNC). ESMMNC is "a statewide movement that promotes increased opportunities for healthy eating and physical activity wherever people live, learn, earn, play and pray[11]." Therefore, Eat Smart, Move More NC supports the efforts of local coalitions to implement policies as an effective way to carry out their mission "to reverse the rising tide of obesity and chronic disease among North Carolinians by helping them to eat smart, move more and achieve a healthy weight[11]." The ESMMNC Policy Committee, a sub-committee of Eat Smart, Move More NC Leadership Team formed to support and cultivate growth of policy efforts in alignment with the CDC's research and recommendations. ESMMNC and the Leadership Team identified the need for information on the policy work of local coalitions in order to best offer their support. The organization has a firm grasp on the issue, and provides clear information on obesity, and how it is affecting North Carolina[12].

2. Purpose

In the spring of 2012, the ESMMNC Policy Committee discussed the need for a study to learn what policies local coalitions in North Carolina were working on, what resources they are using and lacking, and barriers that impede

their efforts. In collaboration with the UNC Asheville Health and Wellness Department, and the North Carolina Center for Health and Wellness, the purpose of this research study was to create a snapshot of local health policy efforts in workplaces, communities and schools in North Carolina.

3. Methods

Representatives of the Eat Smart, Move More NC Policy Committee, NC Center for Health and Wellness, and UNC Asheville worked collaboratively to design the research study and instruments and the UNC Asheville Institutional Review Board approved the study.

The study was an investigation of the current nutrition and physical activity policy work of local coalitions around the state of North Carolina, and involved two phases – an on-line survey and follow-up interviews (see descriptions below). Participants in each phase of the study received a $25 grocery store gift card for purchase of healthy food and beverages for coalition events or activities. The North Carolina Center for Health and Wellness supplied the gift cards for the research.

3.1 Online Survey

The Eat Smart, Move More NC Policy Committee provided researchers with a contact list of 82 local North Carolina coalition representatives working to promote healthy eating and physical activity. In collaboration with the Policy Committee, the research team developed an online survey tool, which was sent to all 82 local coalition representatives. The online survey tool included lists of numerous policies for each of the following: worksites, communities, and schools. Respondents identified their coalition as "not currently working on," "considering working on," or "currently working on" each type of policy.

3.2 Phone Interviews

The second phase of the study involved phone interviews with a sub-set of participants from the online survey. The goal of the phone interviews was to further explore their survey responses and better understand some of the issues faced at the local level. Researchers categorized respondents to the online survey by the ten Community Transformation Project regions. These specific regions reflected the shared public health initiatives of the Community Transformation Project and Eat Smart, Move More NC. Half of the survey respondents from each region were randomly selected to receive an interview request.

The student researcher conducted all of the interviews using the same script. In the phone interviews, the participants described the policies they are currently working on related to their responses in the online survey and identified barriers and tools/resources they have found most effective.

4. Results

Of the 82 coalition representatives, four of the addresses were undeliverable. Of the 78 coalition representatives who received the online survey, 58.9% completed the entire survey. Figure 3 shows the geographical distribution of online survey participation (note: some pins represent more than one response). The online participants are representative of all regions in North Carolina, and there is at least one respondent from each of the ten Community Transformation Project Regions. Twenty-one phone interviewees were selected by a random stratified sample based on the ten Community Transformation Project regions.

Figure 3. geographical distribution of online survey respondents across North Carolina.

The following sections present the results from the survey and interviews according to each policy setting: worksites, communities, and schools.

4.1 Worksites

Figure 4. online survey results showing local coalition healthy policy efforts in worksites.
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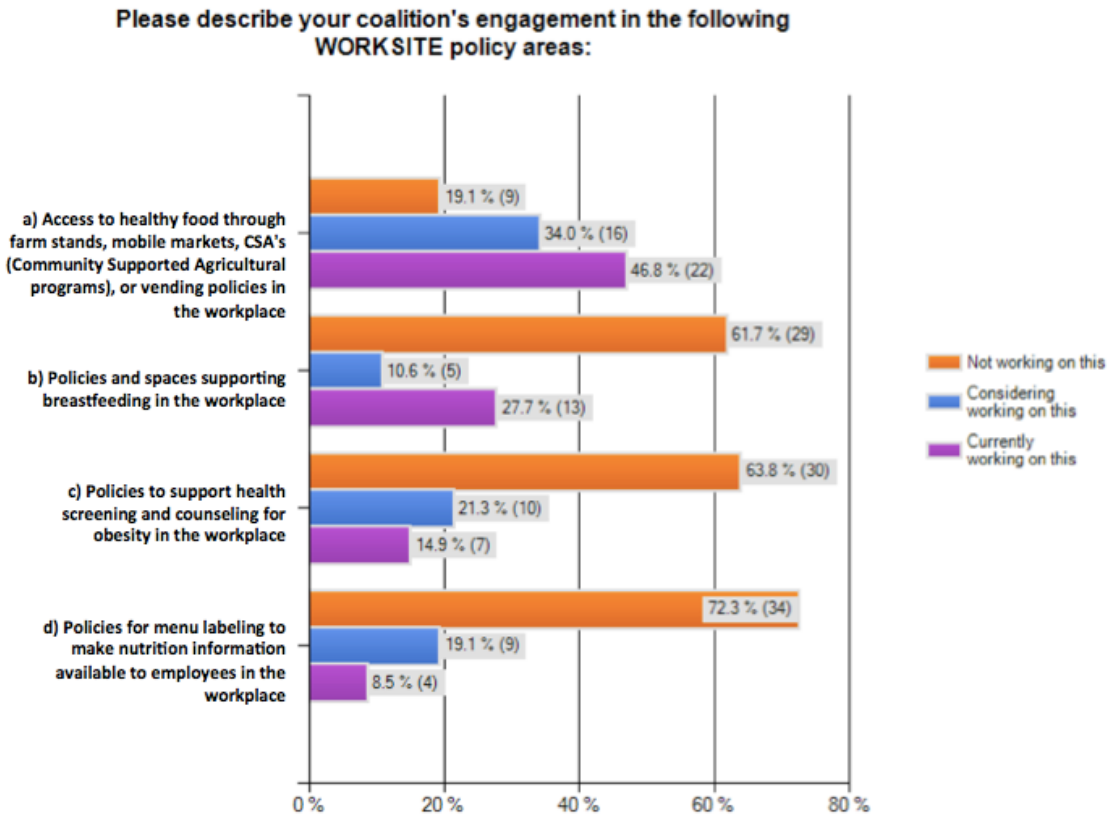

Figure 4. online survey results showing local coalition healthy policy efforts in worksites.

As seen in Figure 4, 46.8% of local coalitions are currently working on worksite policies to provide access to healthy food through farm stands, mobile markets, CSA's (Community Supported Agricultural Programs), or vending policies. Next, 27.7% of respondents are currently working on policies to support breastfeeding in the workplace, making that the second highest indicated area of focus. The responses show 14.9% of coalitions are currently working on policies to to support health screening and counseling for obesity in the workplace, which is the third most focused on policy area. Finally, 8.5% of local coalition representatives indicate they are currently working on policies for menu labeling to make nutrition information available in the workplace. The fewest number of coalitions are currently working on, or considering working on menu labeling policies in the workplace.

Phone interview participants provide further details about their coalition's policy work, and there are commonalities in the specific policies, programs, and events implemented in workplaces across the state. Local coalition representatives comment that their coalitions are working to encourage farm stands, mobile markets, and CSA's to choose locations that provide access to workplaces, and to require farm stands and mobile markets to accept EBT and WIC payment. Many interviewees express similar sentiments that most of the worksite policies they are working on are within county buildings and coalition offices. To illustrate this point, one representative from the Eastern part of the state responds, "It is only fair that we make sure we have a healthy workplace before we tell others how important it is. Part of our job is to be the example of the benefits of committing to the health of your employees."

Several participants also mention they are currently working on the following projects: healthy vending and meeting policies, breastfeeding policies, reduced insurance premiums for fitness program participants, flexible lunch to provide exercise time, and dress code amendments to allow employees to wear comfortable walking shoes Many coalitions also are working to provide workplaces with materials that outline specific programs and healthy policies, why they are important, and how best to implement them. A respondent from central North Carolina sounds enthusiastic about the reception of a program promoting healthy eating in the workplace called the "Healthy Brown

Bag Challenge." This program is designed to offer guidance and support to busy, cost-conscious employees while challenging them to pack a healthy lunch from home for one week.

Many coalitions also encourage businesses to form worksite wellness committees. Coalitions can provide toolkits and resources to employees so they can take the charge within their workplace to promote wellness, and possibly be better received than outside instruction. Only one phone interviewee mentions that their coalition is working on policies and programs relating to offering health screenings and obesity counseling in workplaces as a main focus.

4.2 Community

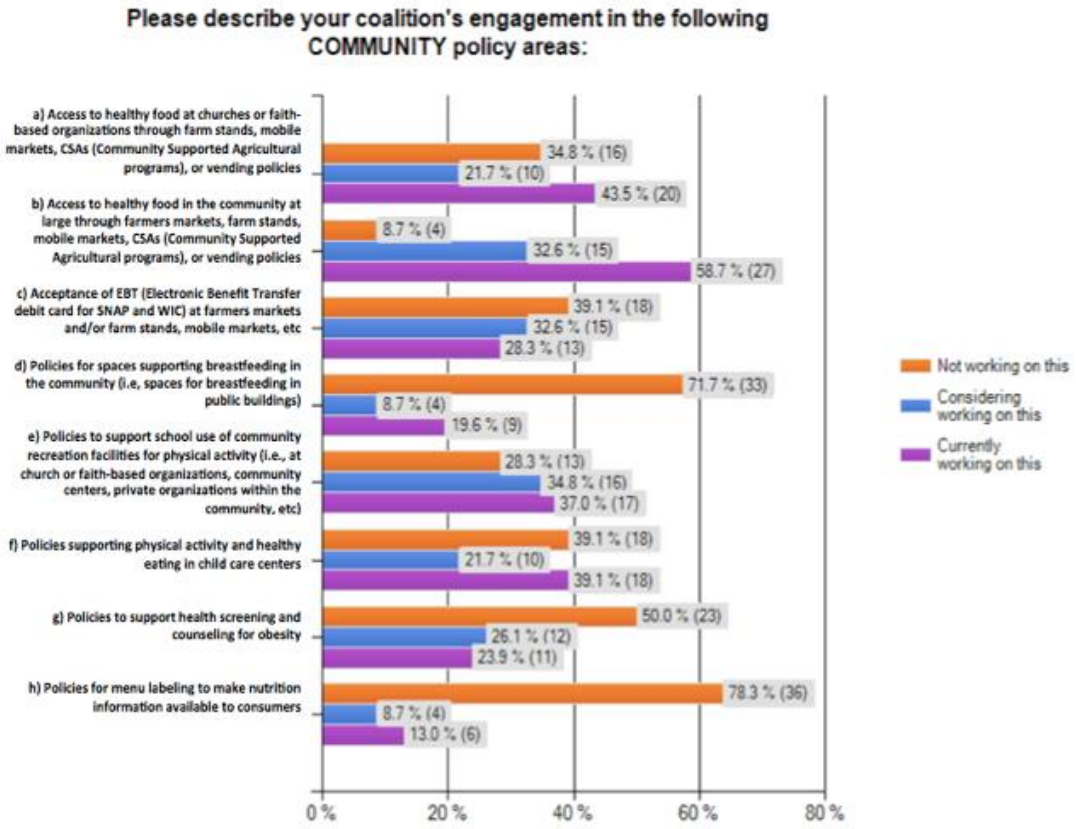

Figure 5. online survey results showing local coalition healthy policy efforts in the community setting.

Figure 5 shows the policy areas most worked on in by local coalitions. When surveyed, 58.7% of respondents report that their coalition is currently working on policies to provide the community at large with access to healthy food through farm stands, mobile markets, CSA's, or vending machines, followed by 43.5% of respondents noting that they are working on policies to provide access to healthy food at churches or faith-based organizations through farm stands, mobile markets, CSAs, or vending policies. The area with the third highest response referencing current policy work is policies to support physical activity and healthy eating in childcare centers with a 39.1% response rate. Thirty-seven percent of respondents' answer that they are currently working on policy to support physical activity through joint-use agreements in community facilities, and 28.3% answer they are working on policies for EBT, SNAP, and WIC benefits to be accepted at farmers markets. The three policy areas of least focus are policies to provide health screenings and obesity counseling in the community with 23.9% of coalitions currently working on it, policies to provide designated spaces for breastfeeding in community facilities with 19.6% of respondents currently working on it, and 13% on policies to make menu labeling and nutrition information available to consumers in the community. Of the policy areas that local coalitions are considering working on, 34.8% are considering working on joint-use facility agreements, 36.2% are considering working on EBT/WIC acceptance programs, and 36.2% are considering policies to provide access to healthy food.

Each phone interviewee mentions many exciting community based policies their coalition is working on. A strong focus is put on policies to accept EBT and WIC benefits at farmers markets. Many participants talk about how faith-based settings are very popular for healthy eating and physical activity policy initiatives. One interviewee from the Piedmont explains, "Faith-based groups are generally committed to the health of their congregations, and in our experience are pretty receptive to penning policies for things like providing healthy alternatives including salad and water at events. It's hard not to make sense out of getting to keep the lasagna and sweet tea, and simply adding fresh veggies and water."

When asked about joint-use policies, several representatives express that their community has joint-use agreements in place for indoor recreation centers, school tracks, walking trails, etc., but are not confident about the number of people taking advantage of them.

Many participants report that they struggle with healthy eating at community events including sporting events or "town days". One interviewee from the central part of the state says, "Even with us providing healthy vendor guidelines, and the support of team parents etc., this continues to be one of the hardest settings to get healthy food as an option." Another representative talks about how their coalition works with a network of pediatricians to talk to families in the community about weight, and obesity prevention/treatment.

Several representatives mention initiatives placing gardens at childcare facilities to grow healthy food; a number of these gardens have been created across the state. Participants' spirits are high as they talk about their work within their communities. Respondents are especially animated when expressing how beneficial collaboration is with coalition representatives in other parts of the state. Collaboration relating to community policy work is a way representatives gain encouragement and inspiration based on what is happening in other local areas.

4.3 Schools

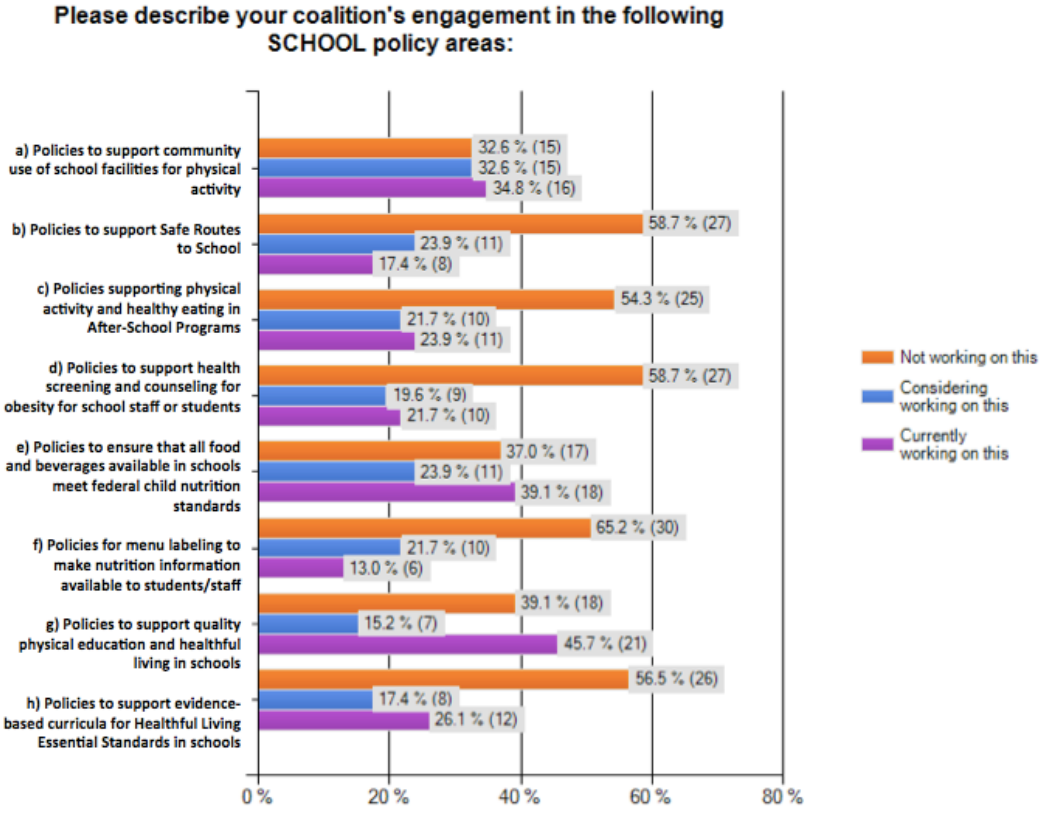

Figure 6. online survey results showing local coalition healthy policy efforts in schools.

The results of the online survey relating to school policy are shown in Figure 6. According to respondents, 45.7% of local coalitions are currently working on policies to support physical education and healthful living in schools, and 39.1% are currently working on policies to ensure that all foods and beverages available in schools meet federal child nutrition standards. Similar to the joint-use policy response for community policy, 34.8% of respondents are currently working on policies to support community use of school facilities for physical activity. 26.1% of local coalitions are currently working on policies to support evidence-based curricula for Health Living Essential Standards in schools, while 23.9% of respondents are currently working on policies to support healthy eating and physical activity in after-school programs. 21.7% of respondents are currently working on policies to support health screenings and/or counseling for obesity to faculty or students, and 17.4% of respondents are working on policies to support safe routes to schools. Similarly to the worksite and community results, 13% local coalitions are currently working on policies to make menu labeling and nutrition information available to students/staff.

During the phone interviews several representatives talk about specific policies in place for after schools programs. One coalition member from the western part of the state shares, "We have drafted policy that is being reviewed by the school board that will require city schools' after-school programs to incorporate physical activity if the program is over one hour."

Even though working on policies to support safe routes to school is not that common among respondents in the online survey, almost all of the phone interviewees mention their coalition's work to facilitate safe route programs, including "walking buses," and "walking parades."

When asked about joint-use agreements, one coalition representative describes, "It's a program called 'leave the lights on', where community members and supervised children can use school playgrounds, gymnasiums, and tracks after hours."

Many interviewees also explain how school-aged children's high use of technology influences some of their initiatives. A coalition leader, focused on school health policy, tells researchers that, "After we did a little surveying we found out that students as young as second, third, fourth grade were spending hours and hours a day with cell phones, laptops, television, and video games. So we created an unplugged challenge for students in an effort to get them up and moving."

Respondents express that implementing healthy vending and concession guidelines is much easier in schools than in the community. However, they still are working to get some policy in place to strengthen state guidelines for foods in schools.

4.4 Commonly Identified Target Populations in Coalitions' Policy Work

During the online survey, respondents were asked to list any specific populations focused on for their policy efforts in an open-ended optional question format. Of the respondents who listed groups, the following populations are the most commonly identified by coalition representatives:

- Low-income families
- Youth/Women
- Faith-based groups

During the phone interviews, coalition representatives confirm that low-income families, youth, women, and members of faith-based organizations are the focus of most of their policy initiatives. Examples include: increasing access to healthy food in low-income communities through farm stands or CSA programs, encouraging the acceptance of WIC and SNAP food-assistance in more settings, promoting breastfeeding policies for women and children in workplaces, communities, and schools, and promoting healthy alternative nutrition policies at faith-based events or meetings.

4.5 Commonly Identified Key Partners in Coalitions' Policy Work

During the phone interviews local coalition representatives were asked to identify key partners (individuals and/or organizations) and champions in their policy work. Many interviewees respond with the same organizations or types of organization, and identify them as supporters, program partners/sponsors, and coalition advisors. The following organizations are the most commonly identified coalition partners according to phone interviewees:

- NC Cooperative Extension
- Local hospital systems
- Local SHAC (School Health Advisory Council)
- Healthy Carolinians Annual Events (now disbanded)
- Neighboring communities/coalition collaboration
- City/County Schools (Superintendents)
- Eat Smart, Move More NC materials
- Local faith-based organizations
- Local Parks and Recreation Departments
- Local colleges and universities

4.6 Commonly Identified Barriers to Coalitions' Policy Work

During the phone interviews local coalition representatives were asked to identify the main barriers to success in their policy efforts. The responses offer valuable qualitative information, which shows that many interviewees are experiencing similar barriers at the local and state level. Coalition representatives' most commonly experience opposition and barriers to policy change because of budget challenges, politics, administrative problems, and even community members' perspectives.

Financially-related roadblocks are the most common barriers to policy change seen by interviewees. Statewide budget cuts have resulted in the consolidation of jobs, disbanding of entire coalitions, and disruptions in funding. Vital health promotion policy work that had previously been done by several staff members is now the responsibility of individual over-worked and under-paid coalition representatives. One interviewee shares an apology for twice rescheduling her interview citing, "her *paying* job, upcoming board meeting, and three children" as reasons why her schedule is constantly full. Many coalitions continue to operate because of the commitment their representatives have to public health initiatives. Also due to changes in budget and funding, a statewide group of coalitions know as "Healthy Carolinians" recently dissolved leaving an obvious void in the interconnectivity and communication of local health promoting coalitions in North Carolina. Many phone interviewees remark that they have not attended any trainings, conferences, or networking sessions related to healthy policy making since the ending of Healthy Carolinians. Staff position and responsibility consolidation partnered with Healthy Carolinians dissolving makes a significant impact in the efficacy of healthy policy efforts at the local level in North Carolina.

Another commonly noted barrier to policy change is working with politicians and government representatives that do not put health as a priority on the state's agenda. Many interviewees share that it is very common to get extremely delayed responses based on election and legislative cycles. This time and money wasting practice prevents policy from being approved, funded, and put in place as quickly as possible. Similar to political barriers, representatives note that administrative blockades are also difficult to work around when trying to expand or introduce healthy policies. While most workplace, community, and school officials consistently encourage the development of solutions to health problems, interviewees state that moving from a verbal commitments to set-in-stone policies is sometimes impossible. Barriers seem to compound for some coalition representatives. One interviewee who is directly affected by Healthy Carolinians disbanding shares, "Techniques to address problems like moving from a verbal to a written policy agreement were the types of skills offered by Healthy Carolinians events, and our staff feels that void." Other representatives have similar anecdotes of being directly affected by funding cuts and administrative reorganization within the state.

Resistance to policy change within the target workplace, community, or school is not an obvious primary barrier to many, but local coalitions experience much opposition. Proper research, exploration, and deep understanding of each specific setting are vital first steps to effective healthy policy making. If policy never changed there would not be local coalitions dedicated to healthy policy making in North Carolina. Lack of interest, cultural differences, self-consciousness, and lack of exposure are some of the reasons for individual and group resistance to healthy policy change. Health promoters understand that not every workplace, community, or school will be an early adopter of healthy policies, but over time they can benefit from healthy policies eventually becoming the norm. Again, Healthy Carolinians events and materials are mentioned by interviewees as beneficial resources for addressing resistance to policy change among target audiences, and their absence will continue to be felt.

5. Conclusions

This study demonstrates the considerable amount of healthy eating and physical activity policy work being conducted at local level in North Carolina. Healthy eating policies are more common than physical activity policies, especially regarding access to healthy food in different settings. Local coalitions are working on policies related to every area in the study and all local coalitions are working to promote multiple policies. The general attitude from participants was positive, willing to share, and excited which suggests that local coalitions have the energy to continue to fight this uphill battle.

The phone interview responses generally matched the online survey results. For example, menu labeling and providing nutrition information was not identified as a main policy initiative in the online survey, and not mentioned by any phone interviewee. There are significant cultural barriers to enacting healthy policies, but financial and administrative barriers seem to be great, when theoretically they should be easier to address than those culturally embedded behaviors. Stability in local coalitions is also paramount to making policy change. So much administrative and financial restructuring is going on within local and state coalitions, and some coalition representatives expressed that they are unable to keep up with the best channels of communication. Decreases in communication is only one of the potential negative effects of these changes.

5.1 Limitations

It is important to note that the initial sample came from a contact list compiled and updated by Eat Smart, Move More NC, which may not be representative of all groups working on healthy eating and physical activity policy around the state. Since ESMM NC was interested in current activity and did not ask about the existing local policies, it is not possible from this research to know the extent to which local policy work reflects needs in the communities. During the phone interviews participants were all asked the same questions in the same way, but based on their answers it was possible that some coalition representatives may have interpreted the questions differently than others.

6. Implications

The policies in place are mostly due to the hard work of local coalitions dedicated to the wellness of their communities and commitments to go above and beyond federal and state guidelines for nutrition and exercise. Coalition representatives recognize that it takes patience, time, and resources to persuade workplaces, communities, and schools to commit to new policies.

Based on the results, researchers made recommendations to ESMMNC and their network of local coalitions. Creating continuity within the local-level coalitions and the state coordinators will promote organization, sharing of ideas, and productivity. Maintaining regular contact with fellow coalition staff members through ESMMNC coordinated virtual or in-person meetings will help local representatives share and gather ideas. When ideas or policy projects are created, it is also important to make sure the efforts are aligning with North Carolina state goals and guidelines.

Online resources are also a key component to local success in healthy policy making. There are so many state and national resources for program planning and many successful policies to model. ESMMNC should continue to offer and update a wide base of materials on their website, and put an emphasis of their policy resources. Using the results of this and other resources to inform their selection for materials would be beneficial. For example, because EBT/WIC benefit acceptance policies at farmers markets was identified as the area most coalitions are currently working on, Eat Smart, Move More NC could provide a specific example policy and toolkit for local representatives to use in this effort. Continuing to update their local policy work snapshot is important for ESMMNC. Staying current with yearly online surveying and regular check-ins with coalition representatives will avoid a lapse.

The statistics on the health risks, fiscal impact, and decreased quality of life caused by obesity are staggering. There are clearly researched and outlined solutions from national organizations citing local level policy change as a possible solution. ESMMNC is facing a huge challenge of making North Carolinians healthier, but with a clear health problem, a possible solution in policy change, and now a clear picture of current local policy efforts, their task is better outlined. The CDC offers realistic solutions and tools for healthy eating and physical activity

promotion at the community level. Their website outlines strategies to address the five target areas acknowledged by CDC to prevent and reduce obesity including increased fruit and vegetable consumption and increased physical activity. The CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) put their recommendations into action through the State-Based Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases, which currently funds 25 states to form partnerships across many of the same settings this study focused on including: workplaces, schools, and communities[13]. Their goals include policy implementation based on strategies with proven efficacy. ESMMNC should continue to use these sustainable solutions that have been researched and identified by the CDC.

Across the country, local coalitions are working on similar healthy policy initiatives. It would be beneficial and sustainable for these coalitions to share their successes and reactions through a policy survey similar to this project annually. The CDC does publish state reports on policy associated with nutrition and physical activity. ESMMNC and coalition representatives can use these state indicator reports to identify priority actions for their community. This resources can also help representatives monitor their progress, and report successes. While the state indicator maps are helpful, they do not provide information about other policy work at the local level specifically, and ESMMNC could help by providing that specific information in North Carolina based on annual surveying.

7. Acknowledgements

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