



Strategic Plan 2016-2020



Member Organizations

1. Alliance for Healthier Generation
2. American Heart Association
3. BikeWalkKC
4. Barnes Jewish/Christian HealthCare School Outreach & Youth Development
5. BlueKC
6. Bothwell Regional Health Center
7. Child Care Aware of MO
8. Children's Mercy Family Health Partners
9. City of Joplin Health Department
10. Complete Family Medicine
11. Dept. of Social Services/MO HealthNet
12. Economic Security Corp of Joplin (Head Start and Early Head Start)
13. Extension Community Economic and Entrepreneurial Development (EXCEED), University of Missouri Extension
14. Freeman Health System
15. Girls on the Run St. Louis
16. Health Care Collaborative of Rural Missouri
17. Healthcare Foundation of Greater Kansas City
18. Healthy Youth Partnership
19. Jefferson County Health Department
20. Joplin Family YMCA
21. Kansas City Health Department
22. Kansas City University of Medicine and Biosciences
23. KC Healthy Kids
24. Learfield Communications
25. Live Well Ferguson
26. Maternal, Child and Family Health Coalition
27. Midwest Dairy Council
28. MO Association of Supervision and Curriculum Development (MOASCD)
29. MO Arthritis and Osteoporosis Program
30. MO Association of Local Public Health Agencies
31. MO Bicycle and Pedestrian Federation
32. MO Broadcasters Association
33. MO Chapter American Academy of Pediatrics
34. MO Department of Elementary and Secondary Education
35. MO Department of Health and Senior Services
36. MO Department of Transportation
37. MO Diabetes Prevention and Control Program
38. MO Academy of Nutrition and Dietetics
39. MO Foundation for Health
40. MO Head Start State Collaboration Office
41. MO Nurses Association
42. MO Park & Recreation Association
43. MO River Communities Network
44. MO State Alliance of YMCAs
45. MO State Medical Association
46. MO State Parks
47. MO School Nutrition Association (MOSNA), Independence Schools
48. Northwest Missouri State University
49. Ozarks Regional YMCA
50. Partnership for Children
51. PedNet Coalition, Inc.
52. Primaris
53. Southeast Missouri State University (SEMO)
54. Springfield-Green County Health Department
55. St. Louis Dairy Council
56. St. Louis University
57. The Prevention Research Center in St. Louis
58. Trailnet
59. University of Missouri
60. University of Missouri Extension
61. University of Missouri Health Communication Research
62. Viridian Health Management
63. Washington University
64. Wenger Performance Excellence

Introduction

While great strides in healthy eating and physical activity have been made in the last five years, overweight and obesity, along with the resulting chronic diseases, remain major concerns in Missouri.

Almost two out of every three Missouri adults are overweight or obese. While these numbers have remained stable for several years, as indicated in the statistics provided in the overview section of this document, a recent increase is cause for concern.

This five-year Missouri Council for Activity and Nutrition (MOCAN) Strategic Plan was developed by council members through a series of facilitated in-person meetings, conference calls and email communications. The thoughtful approach used has resulted in a well-defined document and a revised structure to guide the work of MOCAN members, who are dedicated to changing policies, systems and environments to make healthy eating and physical activity the norm for Missouri residents.

Thanks to MOCAN members for their work to update the plan. Special thanks to MOCAN Steering Committee members whose leadership assured that the plan addressed all components needed to move toward a healthier Missouri through statewide collaboration.

For additional information about MOCAN, please visit www.mocan.org and https://www.facebook.com/Missouri-Council-for-Activity-and-Nutrition-117646748266555/?fref=pb&hc_location=profile_browser.

Sincerely,



Mary Ellison



Lisa Nelson

MOCAN Steering Committee co-chairs

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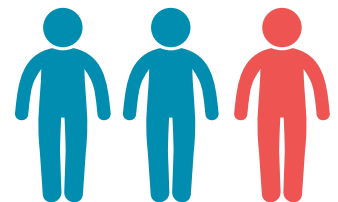


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Overview

MOCAN structure

The Missouri Council for Activity and Nutrition (MOCAN) is a coalition of more than 60 member organizations that impact the lives of Missourians every day. MOCAN is led by a steering committee composed of representatives from each of its seven work groups, as well as members-at-large. The council is partner-driven, striving to realize MOCAN's vision and mission through collective and cooperative actions.

Review of work 2010-2015

During 2015, MOCAN embarked on a strategic planning process that included a review of work accomplished during the previous five years. The steering committee and each work group presented the results of their work, with major accomplishments including:

- **Infographics.** Work groups developed infographics used to increase awareness of and provide education about the many changes needed to support healthy eating and physical activity. The infographics were distributed to network partners, decision-makers, interested parties and legislators. The series can be found at www.mocan.org.
- **Statewide obesity conference.** In April 2015, more than 300 attendees at the "Changing the Future of Childhood Obesity: Aligning and Amplifying Statewide Efforts" conference learned about recommendations to reduce and prevent childhood obesity. The conference highlighted the work of the Missouri Children's Services Commission's Subcommittee on Childhood Obesity, on which several MOCAN members participated.
- **Child care policy and system change.** In April 2015, the MOCAN Child Care Work Group provided comments to USDA on Child and Adult Care Food Program (CACFP) regulations for meal pattern requirements. This work group supported development and implementation of the Missouri Department of Health and Senior Services (DHSS) Eat Smart and Move More Standards that were subsequently included in the Missouri Child Care Accreditation criteria. Current requirements for licensing child care facilities were reviewed to determine policy options for recommending changes in meal standards and requirements influencing foods served, availability of water and physical activity. This information served as feedback to the Subcommittee on Childhood Obesity and was developed by the work group into an implementation plan, included in this strategic plan. In addition, Wellness Roundtables for Child Care were launched to encourage systems changes in child care. Roundtables are now held biannually to provide a networking opportunity to build wellness-related skills and practices for child care staff.

Work Groups

- Communications
- Food Systems
- Healthcare
- Physical Activity
- Policy
- Schools/Child Care
- Worksites

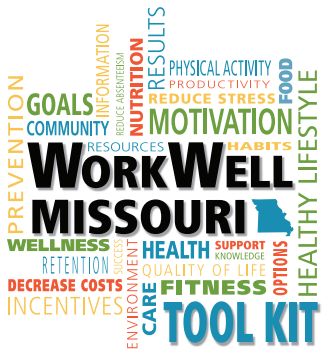
MOCAN vision and mission

Vision

The health and quality of life of Missourians will be significantly improved through healthy eating and active living.

Mission

MOCAN fosters and supports healthy eating and active living through policy and environmental changes to measurably improve the health and quality of life of Missouri residents.



- **Worksite wellness.** Utilizing the [WorkWell Missouri toolkit](#), the Worksite Work Group provided training and technical assistance to help Missouri businesses implement worksite wellness programs. A survey was administered to school nurses to learn more about worksite wellness in schools. To address what was learned through the survey process, the work group incorporated worksite wellness into professional development opportunities such as the 2015 Coordinated School Health Conference and the 2015 Conference on the Young Years.
- **Livable streets.** The Built Environment Work Group continued to assist local communities implementing [Livable Streets](#). Livable Streets Advocacy Training sessions were held in four communities, and technical assistance was provided to 30 communities. This work group was also instrumental in providing a Design Workshop for design professionals, and provided education to partners to assist in the passage of HCR 23—Complete Streets Resolution through the Missouri General Assembly.
- **Food systems development.** Facilitating food system change was the focus of the Food Systems Work Group, supported by a Convergence Partnership innovation grant to Incarnate Word Foundation. Six communities throughout Missouri implemented projects to increase access to healthy, local food during this multiyear engagement, which was supported by PolicyLink with technical assistance.
- **Youth messaging campaign.** The Messages Work Group initiated a video contest for middle school students in a quest to determine a focus for a youth messaging campaign. Videos and posters were developed as a result



of this effort. This work group also conducted an internal review of the communication channels and messages for existing and potential MOCAN members. As a result of this work, a new logo and website presence was initiated, along with regular member communications.

- **Addressing childhood obesity.** Establishing the Children’s Services Commission Subcommittee on Childhood Obesity to work on improving obesity prevention and treatment services was a major focus of the Healthcare Work Group. The subcommittee developed a report that was accepted by the Children’s Services Commission in December 2014. The group was instrumental in bringing stakeholders together to begin implementation of the recommendations made in that report. Several of the recommendations are incorporated into this plan. This group also established a health care professional or pre-professional award process to recognize outstanding support of a healthcare professional engaged in healthy eating or increased physical activity policy, system and environmental changes. Up-to-date resources continued to be provided to healthcare professionals to support their practices via the online Healthcare Provider Toolkits and the MOCAN website with updated adult obesity national guidelines. The SKIP health communication campaign, including a call to action “Show Me Less Sodium,” was initiated by this group.
- **Advocacy.** The Policy Work Group has begun to identify a process for sharing and gathering direction and feedback from the other work groups about policy areas which require the attention of MOCAN members.

SKIP
THE SALT
help the heart



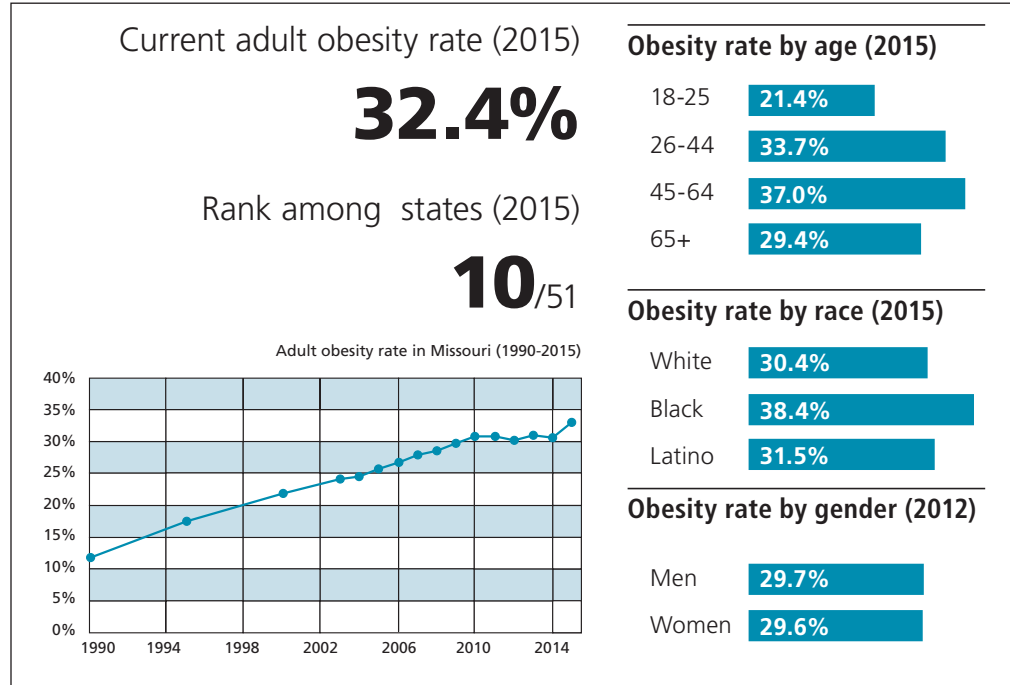
Current State of Obesity in Missouri

Obesity prevalence in adults

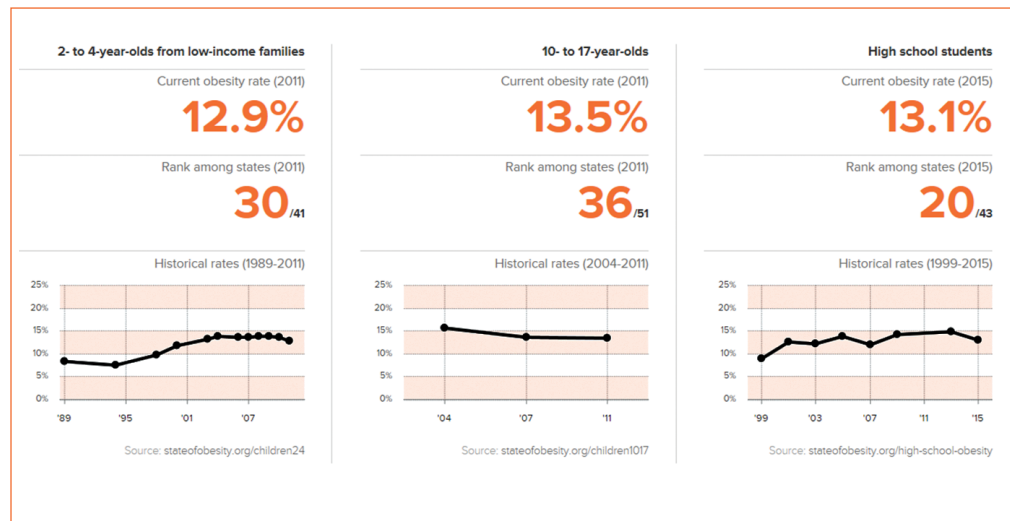
Following a flattening of the upward curve in adult obesity, the rate jumped to 32.4 percent in 2015, according to The State of Obesity 2016 report issued by Trust for America's Health and the Robert Wood Johnson Foundation. Since 1990, adult obesity has more than doubled—and almost tripled—in Missouri. The obesity jump now ranks Missouri in the top ten states in the nation. Adults 45-64 years of age are more likely to be obese than other adult age groups, as are people who are black.

Obesity prevalence in children

The rate of childhood obesity has either declined or remained stable. The rate among Missouri's preschoolers from low-income families, in contrast to the adult obesity rate, declined by 7.2 percent between 2008



Source: Reprinted by permission from Trust for America's Health and Robert Wood Johnson Foundation, *The State of Obesity 2016* (Washington, DC: 2016). <http://stateofobesity.org/states/mo/>



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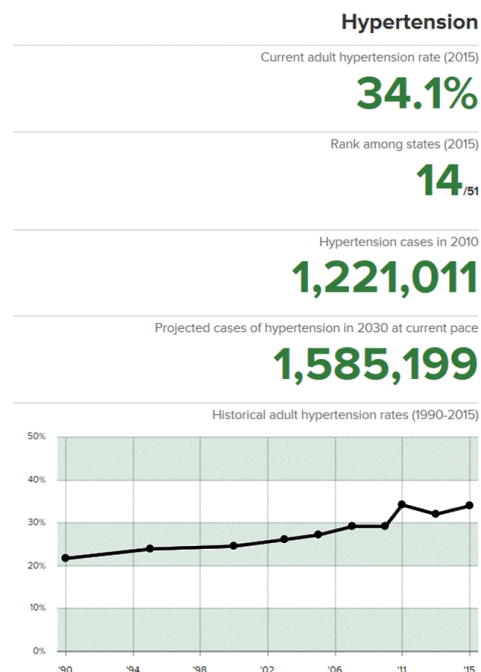
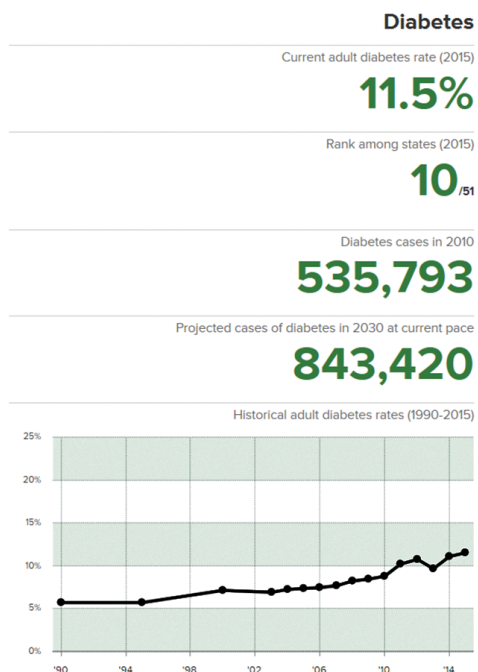
and 2011, according to a report from the Centers for Disease Control and Prevention (CDC). This decline—from 13.9 percent to 12.9 percent—was described in the report as statistically significant. The rates for 10- to 17-year-olds and high school students have remained fairly stable.

Obesity-related health issues

People who experience obesity are much more likely to experience additional health conditions—especially chronic diseases, the leading cause of death in Missouri. Serious health conditions associated with obesity include hypertension (high blood pressure), high blood cholesterol, diabetes mellitus, heart disease, gallbladder disease, some cancers, osteoarthritis, gallbladder disease, stroke, sleep apnea and breathing problems, according to the CDC.

In Missouri, rates of both diabetes and hypertension are high. Missouri ranks 10th in the nation for diabetes and 14th for hypertension, this year's obesity report notes.

Obesity-Related Health Issues



Source: Reprinted by permission from Trust for America's Health and Robert Wood Johnson Foundation, *The State of Obesity 2016* (Washington, DC: 2016).

Quality of life

Additional information and resources about the health effects of obesity can be found at <http://www.cdc.gov/healthyweight/effects/>.

Many people with obesity report a lower quality of life than those with a normal weight. Factors influencing quality of life include limitations to the person's ability to be active, negative mental health issues and social, academic and job discrimination.



Foundations of the 2016—2020 Strategic Plan

With the accomplishments of 2010-2015 and these challenging statistics in mind, MOCAN leadership led members through a series of activities to guide development of the next five-year strategic plan. This work included an organizational strengths, weaknesses, opportunities and threats (SWOT) analysis, a review of member interests and priorities, a review of Missouri statistics related to health and behavior indicators and an update on evidence-based interventions. The process included online surveys, in-person member meetings and small-group work via conference calls.

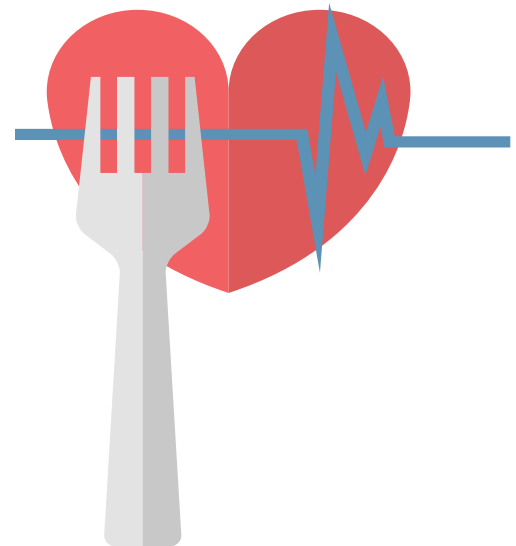
In order for people to eat healthy and be physically active, their environments must allow for

healthy choices. While many changes have been made to support healthy choices, many Missourians still live in a community, attend a school, work in a business or participate in an environment that promotes poor eating habits and discourages physical activity.

The plan developed by MOCAN promotes positive actions to improve eating habits, increase physical activity and increase the effectiveness of prevention and treatment through the health care system. It is based on the social-ecological model of behavior change, so that positive nutrition and physical activity behaviors are supported in many different avenues of influence.

Three major beliefs guiding MOCAN's plan:

1. A balance between nutrition and physical activity efforts is required to prevent and control obesity.
2. Science-based approaches must be used to improve nutrition and increase physical activity.
3. For approaches to be effective, many levels of influence must support the changes being implemented.



MOCAN

2016—2020 Strategic Plan

Vision:

The health and quality of life of Missourians will be significantly improved through healthy eating and active living.

Mission:

MOCAN fosters and supports healthy eating and active living through policy and environmental changes to measurably improve the health and quality of life of Missouri residents.

Strategy 1: Foster and support healthy living initiatives

Goal 1: Change environments and systems to support healthy eating and physical activity

Objective: Increase the number of organizations using one or more MOCAN supported multifaceted initiatives to support healthy eating and physical activity by 5 percent over baseline.

Action steps:

1. Establish baseline of number of organizations using one or more MOCAN-supported multifaceted initiatives.
2. Encourage community groups and organizations to adopt the Healthy Lifestyles Initiative (HLI) framework (FIT-TASTIC).
3. Encourage worksites to adopt wellness programs using the WorkWell Missouri Toolkit.
4. Support three of the recommendations from the Missouri Children's Services Commission "Critical to the Health of Our Children: Missouri's Actions for Addressing Childhood Obesity" report [revision of child care licensing regulations, establishment of an Office of School Wellness within the Missouri Department of Elementary and Secondary Education (DESE) and reimbursement of licensed professionals for child weight reduction programs through Medicaid].
5. Assist organizations conducting educational sessions for Missouri residents in using evidence-based information and consistent messages.
6. Encourage community groups and organizations to adopt the adult social marketing campaign "Live Like Your Life Depends On It" (LLYLDI).

Goal 1:
Change environments and systems to support healthy eating and physical activity

Multifaceted Initiatives				
	Fruit & Vegetable Consumption	Water & Sugar-Sweetened Beverage Consumption	Breastfeeding	Physical Activity
FIT-TASTIC	√	√		√
WorkWell Toolkit	√	√	√	√
Child Care Licensing	√	√	√	√
School Wellness	√	√		√
Reimbursement for Weight Reduction	√	√	√	√
Evidence-Based Education	√	√	√	√
Live Like Your Life Depends On It	√			√

Goal 2:
Increase fruit and vegetable consumption

Goal 2: Increase fruit and vegetable consumption

Objective: Increase the number of organizations using one or more MOCAN-supported initiatives to increase fruit and vegetable consumption by 5 percent over baseline.

Action steps:

1. Establish baseline of number of organizations using one or more MOCAN-supported initiatives.
2. Support funding for and initiation of double bucks programs.
3. Assist schools and other institutions to implement farm-to-table initiatives.
4. Encourage small food retailers to implement the “Stock Healthy, Shop Healthy” initiative.
5. Promote funding or other incentives for healthy snacks for children.
6. Assist parks to implement the “Eat Smart in Parks” (ESIP) initiative.
7. Encourage initiatives to increase the number of healthy food options at food pantries and food banks.
8. Promote existing lists of resources to access fruits and vegetables to health care providers through state-level associations (for example, listing locations of farmers markets).
9. Assist restaurants to implement the “Missouri Live Well Restaurant Program.”
10. Assist child care facilities in being designated “Eat Smart Child Care” facilities.

Goal 3: Increase water access and consumption and decrease sugar-sweetened beverage consumption

Objective: Increase the number of organizations using one or more MOCAN-supported initiatives to increase healthy beverage consumption by 5 percent over baseline.

Action steps:

1. Establish baseline of number of organizations using one or more MOCAN-supported initiatives.
 - a. Define healthy beverage consumption.
 - b. Assist regulatory agencies to incorporate access to tap water into building codes.
 - c. Support city initiatives for increasing access to water consumption.
2. Pursue adoption of school wellness policies that allow continuous access to water during the day, i.e. water bottle policies in schools.
3. Promote tap water consumption through various avenues of influence (schools, healthcare providers, parents, etc.).
4. Assist schools in determining alternate funding to replace funds currently obtained by vending or fundraisers featuring foods of low nutritional value.

Goal 4: Promote breastfeeding

Objective: Increase the number of organizations using one or more MOCAN-supported initiatives to increase the percent of mothers who breastfeed by 5 percent over baseline.

Action steps:

1. Establish baseline of number of organizations using one or more MOCAN-supported initiatives.
2. Promote recognition of organizations using best practices to support breastfeeding.
 - a. Assist hospitals in obtaining a “Baby Friendly Hospital” or “Show Me 5” designation.
 - b. Assist businesses in becoming a “Missouri Breastfeeding Friendly Worksite.”
 - c. Assist child care facilities in being designated as “Breastfeeding Friendly.”
3. Conduct educational sessions for partner agencies to use in educating other organizations about the benefits of breastfeeding and best practices to support breastfeeding mothers.
4. Educate decision-makers and the public about public policy options to support breastfeeding.

Goal 3:
Increase
water
access and
consumption
and decrease
sugar-
sweetened
beverage
consumption

Goal 4:
Promote
breastfeeding

5. Review current child care regulations and determine changes that are needed to appropriately address breastfeeding in the child care setting.

Goal 5: Increase physical activity

Goal 5: Increase physical activity

Objective: Increase the number of organizations using one or more MOCAN-supported initiatives to increase physical activity by 5 percent over baseline.

Action steps:

1. Establish baseline of number of organizations using one or more MOCAN-supported initiatives.
2. Establish baseline number of communities with “Livable Streets” policies.
3. Collaborate with statewide organizations in Missouri working on “Livable Streets” policies to bring a public health perspective and support to “Livable Streets.”
4. Educate decision-makers, school administrators, teachers and other influential school personnel about the need for a comprehensive school physical activity/education program that reaches all students in all schools.
 - a. Coordinate actions with the Missouri Department of Elementary and Secondary Education advisory group, Missouri Association for Health, Physical Education, Recreation and Dance (MOAPHERD) or Coordinated School Health Council.
 - b. Emphasize the adoption of at least one of the following school physical activity wellness policies:
 - i. Provide physical activity breaks.
 - ii. Assure that physical activity is not used as punishment.
 - iii. Assure that elementary students are allowed recess time.
5. Support community use agreements.
6. Promote physical activity through various avenues of influence (healthcare providers, schools, family members, etc.) by providing lists of resources through state-level organizations.
7. Assist child care facilities in being designated as a “MOve Smart Child Care Center.”

Strategy 2: Focus communications on activities and results

Goal 1: Increase awareness of MOCAN activities, members and issues

Objective 1: Establish a MOCAN News Service with the purpose of increasing media exposure (traditional and digital) in relationship to obesity, nutrition and physical activity.

Action steps:

1. Recruit new members for communications group, particularly those with communications/marketing /news outlet backgrounds.
2. Disseminate professional/pre-professional awards, success stories, resources and best practices of MOCAN members to the social, print and TV media.
3. Increase media opportunities through press releases, editorials, announcements and articles about MOCAN and planned activities.
4. Establish a list of subject matter experts/organizations to develop/review/approve messaging materials and to be spokespeople for media contacts around the state.
5. Encourage member organizations to connect their public information departments with the MOCAN communications group to share related content for posting.

Objective 2: Establish a baseline for the number of times MOCAN activities, members and partners are mentioned in the media.

Action steps:

1. Using Google News Alerts and other social media tools, capture mentions of MOCAN related to obesity, nutrition and physical activity.

Objective 3: Increase key stakeholder (for example, food industry officials, community leaders or legislative influencers) knowledge about the impact of a healthy weight, good nutritional intake and adequate physical activity on quality of life, health care and societal costs.

Action steps:

1. Identify, develop and disseminate educational resources about the impact of healthy weight, good nutritional intake and adequate physical activity.
2. Provide educational opportunities for decision-makers, legislators and food industry representatives.
 - a. Conduct workshops or conferences every other year.
 - b. Explore the possibility of providing online educational courses.
3. Promote cultural and policy changes to support healthy eating and physical activity through a select number of messages and materials for all MOCAN members to use.
4. Respond to requests for comments on federal, state or local proposed rules related to healthy eating and physical activity.

Goal 1:

Increase awareness of MOCAN activities, members and issues

Goal 1: Strengthen and increase professional affiliations

Strategy 3: Grow our impact

Goal 1: Strengthen and increase professional affiliations

Objective 1: The percent of member organizations that “strongly agree” or “agree” that MOCAN supports its goals will increase from 84 percent in 2015 to 87 percent.

Action steps:

1. Develop membership orientation process, including information tailored to professionals from different sectors such as education, public health, healthcare, etc.
2. Identify goals of member organizations, determine gaps and implement solutions to better align MOCAN supports and member goals.

Objective 2: Increase both the number and diversity of member organizations by 5 percent over baseline.

Action steps:

1. Convene a Membership Committee with defined responsibilities.
2. Develop an online member enrollment process.
3. Analyze membership to analyze gaps in professional affiliations.
4. Determine and implement methods to address gaps identified.
5. Diversify ways members can interact with MOCAN; for example, make meetings more accessible to all members, or establish a listserv.
 - a. Determine host agencies for MOCAN meetings.
 - b. Explore the use of technology to provide more than one meeting location remotely.
 - c. Conduct annual surveys to determine additional ways to provide support to MOCAN member organizations.

Strategy 4: Achieve financial stability

Goal: Assure adequate financial support to fulfill MOCAN vision and mission

Objective: Obtain the amount of funding needed by MOCAN to conduct administrative duties and implement the strategic plan incrementally.

Action steps:

1. Determine amount of funds needed to conduct MOCAN administrative duties (staff, meeting expenses, strategic plan implementation, etc.).
2. Determine the amount of funding currently received by MOCAN from all sources.
3. Review past sources of grant funding to determine the feasibility of requesting additional funds from those sources.
4. Determine stable sources of funding (member dues, biannual conferences, non-profit status, beneficiary in employee giving campaigns).

Evaluation Measures:

Overall measures:

The evaluation measures used in this plan are national goals. The MOCAN workgroups and members have adopted a set of best practices to reach these goals.

- a. Reduce obesity in adults from 30.4 percent in 2013 to 27.2 percent in 2018 (BRFSS).
- b. Reduce obesity in high school youth from 14.9 percent in 2013 to 13.8 percent in 2018 (YRBSS).

BRFSS is the Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention (CDC).

YRBSS is the Youth Risk Behavioral Surveillance System, CDC.

SHP is the School Health Profiles, CDC.

Strategy 1: Foster and support healthy living initiatives

Goal 2: Increase fruit and vegetable consumption

Measures:

- a. Increase the consumption of fruits and vegetables five or more times per day by African-American women from 10.6 percent in 2013 to 13.7 percent in 2020 (BRFSS).
- b. Increase the consumption of fruits and vegetables five or more times per day by adults with less than a high school education from 7.2 percent in 2013 to 10 percent in 2020 (BRFSS).
- c. Increase the consumption of fruits and vegetables five or more times per day by adults from 13.5 percent in 2013 to 17 percent in 2020 (BRFSS).
- d. Increase the consumption of fruits and vegetables five or more times per day by middle school students from 22 percent in 2013 to 25 percent in 2020 (YRBSS).
- e. Increase the consumption of fruits and vegetables five or more times per day by high school students from 14.7 percent in 2013 to 16 percent in 2020 (YRBSS).
- f. Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold (SHP).
- g. Increase the percentage of secondary schools that allow students to purchase fruit (not juice) at the school store, canteen or snack bar from 26.6 percent in 2014 to 29 percent in 2020 (SHP).
- h. Increase the percentage of secondary schools that allow students to purchase non-fried vegetables (not vegetable juice) from 20.0 percent in 2014 to 23 percent (SHP).
- i. Increase the percentage of secondary schools that always or almost always offer fruits or non-fried vegetables at school celebrations from 28.7 percent in 2014 to 32 percent in 2020 (SHP).
- g. Increase the percentage of secondary schools that serve locally or regionally grown foods in the cafeteria or class from 32.4 percent in 2014 to 38 percent (SHP).
- h. Increase the percentage of secondary schools that planted a school food or vegetable garden from 24.5 percent in 2014 to 45 percent (SHP).
- i. Increase the percentage of secondary schools that offer a self-serve salad bar to students from 55.1 percent in 2014 to 60 percent (SHP).

Goal 3: Increase water access and consumption, and decrease sugar-sweetened beverages

Measures:

- a. Decrease the percentage of secondary schools that allow students to purchase soda or fruit drinks from 36.2 percent in 2014 to 33 percent (SHP).
- b. Decrease the percentage of secondary schools that allow students to purchase sports drinks from 56.0 percent in 2014 to 53 percent (SHP).
- c. Increase the percentage of secondary schools that encourage students to drink plain water from 71.7 percent in 2014 to 75 percent (SHP).
- d. Increase the percentage of secondary schools that permit students to have a drinking water bottle with them during the school day in all locations from 61.6 percent in 2014 to 65 percent (SHP).
- e. Increase the percentage of secondary schools that offer a free source of drinking water in outdoor physical activity facilities and sports fields from 70.9 percent in 2014 to 75 percent (SHP).
- f. Increase the percentage of secondary schools that prohibit less nutritious foods and beverages from being sold for fundraising purposes from 25.9 percent in 2014 to 30 percent (SHP).

Goal 4: Promote breastfeeding

Measures:

- a. Increase the number of employers that provide space and time for nursing mothers to express breast milk from 252 in 2015 to 400 in 2018 (Missouri Breastfeeding Friendly Worksites, DHSS). Number of employees impacted is 118,000 in 2015.
- b. Increase the number of hospitals designated as a Missouri "Show Me 5" hospital from nine in 2015 to 24 in 2018 (Missouri Show Me 5, DHSS).

- c. Increase the number of hospitals designated as "Baby Friendly" from four in 2015 to eight in 2018 (Missouri Show Me 5, DHSS).
- d. Increase the number of Missouri "Breastfeeding Friendly Child Care" facilities from 29 in 2015 to 80 in 2018 (DHSS).
- e. Increase the percentage of infants ever breastfed from 73.7 percent in 2012 to 82 percent in 2018 (National Immunization Survey, CDC).

Goal 5: Increase physical activity

Measures:

- a. Decrease the percentage of adults who reported having no leisure-time physical activity in the past month from 28.3 percent in 2013 to 25 percent in 2020 (BRFSS).
- b. Increase the percentage of high school youth who are physically active at least 60 minutes per day on five or more days from 45.4 percent in 2013 to 50 percent in 2020 (YRBSS).
- c. Increase the percentage of African-American women who reported participating in leisure-time physical activity in the past month from 72.4 percent in 2013 to 75 percent in 2020 (BRFSS).
- d. Increase the percentage of secondary schools that prohibit staff from excluding students from physical education or physical activity to punish them for bad behavior or failure to complete class work in another class from 61.6 percent in 2014 to 65 percent in 2020 (SHP).
- e. Increase the percentage of secondary schools that have students who participate in physical activity breaks in classrooms during the school day from 42.6 percent in 2014 to 46 percent in 2020 (SHP).
- f. Increase the percentage of secondary schools that have joint use agreements for shared use of school or community physical activity facilities from 56.0 percent in 2014 to 60 percent (SHP).

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pro-disabled and veteran employer

