April 11, 2006

To the Citizens of the Municipality of Anchorage:

Research shows that obesity is a significant and growing threat to the health of Americans, including the citizens of Anchorage. It affects the health of individuals and has many economic impacts in our community.

In response to the growing epidemic of obesity across the country, including Anchorage, I convened a Task Force on Obesity and Health in June 2005. The Task Force was comprised of Municipality of Anchorage residents representing diverse community groups including educators, doctors, athletes, nutritionists, and many other areas.

I charged the task force members with reviewing information, listening to experts, and taking public testimony to develop a set of useful recommendations for the obesity problem in Anchorage.

Their task was to study the many aspects, causes and impacts of obesity in Anchorage and develop a ten-year plan to address it. The plan has short and long-term goals. It will require many people working together to improve the health of our citizens.

I appreciate the hard work of the Task Force. Attached is the group’s ten-year plan. Please join me in working to implement these good ideas.

Sincerely,

Mark Begich
Mayor Municipality of Anchorage
There are few public health crises in our modern society as acute as obesity.

Obesity is a major modifiable risk factor for cardiovascular disease and increases the potential for high blood cholesterol, high blood pressure, and Type 2 diabetes.

The National Institute on Health has projected that children today will be the first generation in the history of the United States whose life expectancy is shorter than their parents due to the impacts of obesity and related health consequences.

Financial consequences are also apparent. A study by the Centers for Disease Control and Prevention (CDC) showed an estimated $93 billion of direct health care costs was attributable to obesity in the United States in 2003. This coupled with the sky-rocketing cost of health insurance are negative economic drivers within any community.

I appreciate the effort of the Obesity and Health Task Force members to create this ten-year action plan. Responsibility for the success of this plan is now up to each of us. Action within all sectors of our community is required to effectively implement the strategies outlined in this plan and to reduce the incidence of obesity in our community. It is a sound investment in our future that we can not afford to delay.

As you read this plan, I ask you to consider concrete steps you can take to help turn the Obesity and Health Task Force recommendations into reality.

_Beverly Wooley_
Director Anchorage Department of Health and Human Services
Acknowledgements
This action plan was developed through the leadership of the Department of Health and Human Services, the Mayor’s Task Force on Obesity and Health and the collaborative work of many people. The task force is appreciative of the leadership of our chair, Bill Wielechowski, and of the major commitment of time and expertise provided by each of our members. We also offer our sincere appreciation to:

- members of the Task Force and the organizations they represented;
- staff from the Municipality of Anchorage, Department of Health and Human Services, Health Planning and Promotion who provided technical expertise to the Task Force;
- external reviewers who provided clear insight and critical input; and
- all of the people who provided public testimony.

Members of the Mayor’s Task Force on Obesity and Health

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Role</th>
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<tbody>
<tr>
<td>Chris Anderson</td>
<td>Glacier Brew House</td>
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<tr>
<td>Stacey Finley, RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Peter Mjos, MD</td>
<td>Anchorage Neighborhood Health Center</td>
</tr>
<tr>
<td>Carrie Benton, MS, RD, LD, CDE</td>
<td>University of Alaska Anchorage</td>
</tr>
<tr>
<td>Rosey Fletcher</td>
<td>Olympic Athlete</td>
</tr>
<tr>
<td>Tom Nelson</td>
<td>Community Environment Subcommittee Chair</td>
</tr>
<tr>
<td>Donna Boltz, Col.</td>
<td>United States Army</td>
</tr>
<tr>
<td>Tammy Green, MPH</td>
<td>State of Alaska Division of Public Health</td>
</tr>
<tr>
<td>Robb Boyer, PhD</td>
<td>Nutrition Subcommittee Chair</td>
</tr>
<tr>
<td>Caleb Hoch</td>
<td>Chugiak High School Student</td>
</tr>
<tr>
<td>Timothy Potter</td>
<td>Dowl Engineers</td>
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<tr>
<td>Robert Brewster</td>
<td>Physical Activity Subcommittee Chair</td>
</tr>
<tr>
<td>Dr. Michelle Laufer</td>
<td>Pediatrician</td>
</tr>
<tr>
<td>Barbara Russell</td>
<td>Premera Blue Cross Blue Shield</td>
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<tr>
<td>Michele Brown</td>
<td>United Way of Anchorage</td>
</tr>
<tr>
<td>Jeffrey Lawrence, MD, MSPH, ScD</td>
<td>Providence Alaska Medical Center</td>
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<tr>
<td>Officer Wendi Shackelford</td>
<td>Anchorage Police Department</td>
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<tr>
<td>Meg Loomis</td>
<td>Rasmuson Foundation</td>
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</table>

May 10, 2006 Municipality of Anchorage Mayor’s Task Force on Obesity and Health 10 year Plan
Sgt. Cindi Stanton
Anchorage Police Department

Mari Steinbach, CPRP, MPA
Municipality of Anchorage Parks and Recreation

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Realtor

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Alaska Native Medical Center

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Bill Wielechowski
Task Force Chair
Anchorage Planning and Zoning Commission

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Mayor’s Youth Commission

Candace Winkler, MPA, MSW
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Janel Wright, JD
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Connie Yoshimura
CY Investments, LLC

Special Thanks

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Erin Peterson, MPH
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Overview of Obesity in the Municipality of Anchorage
Over the course of the last twenty years, for reasons not fully understood, an epidemic of overweight and obesity has overtaken our nation and many developed countries across the globe. The Municipality of Anchorage and the State of Alaska have not been immune to these trends. According to the National Centers for Disease Control and Prevention (CDC), 61% of the Municipality of Anchorage adults are overweight, with over 23% qualifying as obese. Even more alarming is rising weight of our children. In a recent collaborative study conducted by the Anchorage School District and the State of Alaska, Division of Public Health it was found that 36% of all Anchorage School District students and 32% of kindergarten and 1st grade students were overweight or at risk for becoming overweight.

"For the first time in modern history, today's younger generation will have shorter and less healthy lives than their parents."

~ S. Jay Olshansky
Longevity researcher
University of Illinois at Chicago

“It's one thing for an adult of 45 or 55 to develop type 2 diabetes and then experience the life-threatening complications of that -- kidney failure, heart attack, stroke -- in their late 50s or 60s.

But for a 4-year-old or 6-year-old who's obese to develop Type 2 diabetes at 14 or 16 raises the possibility of devastating complications before reaching age 30”.

~ Dr. David Ludwig
Children's Hospital Boston

Currently the rates of overweight and obesity for the Municipality of Anchorage correspond with the State of Alaska and the Nation. According to the latest 2004 Prevalence Demographics data from the CDC, approximately 60% of adults are either overweight or obese. The State of Alaska came in above the national average with nearly 63% of adults qualifying as either overweight or obese.

The Problem
Peoples’ perception of obesity is often times perceived as simple, people are consuming more calories than they expend. Although the root cause of obesity is just that, when we address how to reduce the occurrence of obesity the solution isn’t as simple. The issue of obesity becomes complicated when you examine the habits of Americans and the evolution of our environment. The human body has virtually stayed the same over the last 200 hundred years, but the habitat that we live in has drastically changed.
**Why do we care?**

Obesity attacks the well-being of millions of people every year. It is a contributing factor in some of the most devastating and disabling diseases like diabetes, heart disease, arthritis and several types of cancer to name a few.

Obesity is a leading cause of preventable death in the United States. The grim reality is that excess weight translates into a much higher probability of premature death.

**Obesity is a complex problem with numerous causes and serious consequences:**

- **It is an expensive epidemic.** The burden of Obesity on our health care system includes a substantial financial impact. In 2001, obesity and overweight cost U.S. taxpayers $117 billion in direct health care costs and indirect costs such as lost wages. A recent study by researchers at Research Triangle Institute (RTI) International and the CDC estimated that direct costs alone reached $93 billion in 2003. (RTI International, Researchers Estimate States Spend Billions in Medical Costs of Obesity. http://www.rti.org/page.cfm?objectid=4CDB8DC2-6720-4FBF-806A064BB32DD00B)

- **It contributes too many illnesses.** People who are overweight or obese are frequently plagued by serious and long-lasting health concerns such as diabetes, coronary heart disease, high blood pressure, high cholesterol, osteoarthritis, sleep disturbances and breathing problems, and certain cancers. (Kushner RF, Foster GD. Obesity and quality of life. Nutrition. 2000; 16(10): 947-52.)

- **It can decrease quality of life.** In some cases, overweight and obese people have a diminished quality of life due to health concerns, discrimination and difficulty or inability to participate in many of life’s activities.

- **It is often misunderstood.** Overweight and obesity are not simply a result of eating too much – although poor eating habits are often a contributing factor. The problems are caused by a number of factors that are often interrelated. According to the American Obesity Association, behavior, environment and genetics are all part of the overweight and obesity equation. (American Obesity Association. Causes of obesity. http://www.obesity.org/education/causes.html)

**The Mayor’s Task Force on Obesity and Health**

Though some suggest that obesity is the problem of individuals, when a health problem becomes so rampant that no sector of our community remains untouched and the financial impacts affect everyone, it becomes a problem for the entire community – so the entire community needs to be involved in the solution.

In response to this growing epidemic, Mayor Mark Begich convened a Task Force on Obesity and Health. The Task Force was comprised of a broad spectrum of community members - doctors, registered dieticians, business and insurance representatives,
developers, realtors, policy makers, youth/students, planners, engineers, police, public health workers, school representatives, early childhood experts, parents, parks and recreation representatives, attorneys, local restaurant representatives, and military representatives to name only a few.

The Task Force was charged with studying the many aspects, causes and impacts of obesity in the Municipality of Anchorage, and developing a ten-year plan to address it.

The initial meetings of the Task Force were dedicated to understanding the various aspects, causes and consequences of obesity. First, task force members heard presentations by local Public Health officials, Medical Doctors, local private insurance carrier, and the Anchorage School District. The topics included the following:

- State of the nation regarding overweight and obesity
- State of Alaska regarding overweight and obesity
- Effects of overweight and obesity on our children
- Anchorage School district
  - School lunches
  - Vending machines
  - Physical and health education
  - Extracurricular activities and sports
- Built environment
- Health insurance

Second, task force members devoted one full meeting to public testimony where people from across the spectrum of the Anchorage culture came and gave their input on what they felt should be addressed in the plan. At the public testimony meeting, task force members heard from non-profit organizations, subject matter experts and concerned parents on issues ranging from the built environment to nutrition in the schools. To round out Task Force members’ understanding of the issues surrounding obesity, they were given a wide array of reading materials covering other communities’ obesity plans, historical and statistical information about obesity, professional journals and magazine articles, and information regarding the economic impacts of obesity.

Following the initial information gathering stage, the Task Force used their growing understanding to form a vision for the Task Force. They then set about establishing a plan based on specific goals, objectives and strategies to address obesity and health in the next ten years.
The vision established by the Task Force is to:

“Reverse the rising rates of obesity by creating a culture of wellness through increased physical activity, improved nutrition and a community environment that is conducive to health.”

To create goals and action steps to attain the vision, the task force identified three strategic areas:

- Nutrition
- Physical Activity
- Community (Built) Environment

Three subcommittees were formed to address each of these issues. Over the course of two months, the subcommittees met to develop specific actionable steps to address the problem of obesity in the Municipality of Anchorage.

As goals and action steps were developed by individual subcommittees, each groups’ work was presented to the entire Task Force for review and revision. Overlapping action steps were combined and the Task Force worked as a body to assign responsible entities to carry out each of the action steps slated for year one. The final product is one that represents each subgroup’s diligent independent work, with approval of the whole. The final goals and respective objectives developed by the Task Force are as follows:

**Goal 1 – Ensure Plan Implementation, Oversight and Review.**

1.1 Establish oversight of plan progress, promotion and review.
1.2 Identify an umbrella program that will assist in quantifying and rewarding efforts on a community-wide basis.

**Goal 2 – Improve the eating habits of the Municipality of Anchorage residents through better nutrition.**

2.1 Improve the overall nutrition in all schools, public and private, within the Municipality of Anchorage.
2.2 Improve the overall nutrition of licensed Child Care Centers and Child Care Homes within the Municipality of Anchorage.
2.3 Improve the nutrition in the workplace.
2.4 Improve the availability of nutritional choices within the community.
2.5 Encourage health care providers and insurance carriers to promote better nutritional habits.

**Goal 3 – Increase the number of adults, adolescents and children who engage in regular physical activity.**

3.1 Increase the number of pre-school aged children engaged in recommended daily physical activity.
3.2 Increase opportunities for physical activity in the Municipality of Anchorage schools.
3.3 Increase and improve workplace initiatives promoting physical activity.
3.4 Engage community organizations and recreation groups in developing greater options, access and participation in physical activity.
3.5 Promote public policy that supports and promotes physical fitness.

Goal 4 – Create a community environment that supports a more physically active way of life.

4.1 Develop safe, convenient, and attractive sidewalks/pathways.
4.2 Develop safe, convenient, and attractive transit facilities to include easier accessibility from both sides of the street.
4.3 Improve off-road trail system to provide better area wide connectivity and linkages to major destinations and adjoining neighborhoods.
4.4 Improve safety and maintenance of pedestrian transportation system.
4.5 Site public facilities, such as schools, parks, and public buildings in locations where they are readily accessible by walking, biking and/or public transit to the residents intended to be served.
4.6 Modify the Municipality of Anchorage’s land use regulations to encourage and facilitate compact mixed use and pedestrian friendly development, particularly in those areas so identified in the Municipality of Anchorage’s Comprehensive Plan.
4.7 Create new or remodeled buildings with features that support and encourage more physical activity.

The Task Force held a second public hearing on the Plan on March 1, 2006 at which it heard from a variety of business members, neighborhood residents, public health advocates, and non-profit organizations. Following the public hearing the task force came to consensus on its final recommendations.

Purpose of the Plan
The Mayor’s Task Force on Obesity and Health ten year plan is a call to action for all residents of the Municipality of Anchorage. As a comprehensive guide, the plan provides a roadmap for schools, communities, worksites, and the healthcare sector to follow and to address overweight and obesity in the Municipality of Anchorage. The plan’s objectives guide the coordinated efforts of Municipal and community-level organizations to create programs, policies, and environments that support healthy eating and active living for all Municipality of Anchorage residents.
### Goal 1: Ensure Plan Implementation, Oversight and Review

#### 1.1 Establish oversight of plan progress, promotion and review.

<table>
<thead>
<tr>
<th>Responsible Party</th>
<th>Year One Action Steps</th>
<th>Year Three Action Steps</th>
<th>Year Five Action Steps</th>
<th>Year Ten Action Steps</th>
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</thead>
</table>
| H&HSC             | 1.1a-1 **Oversight - Health and Human Services Commission**  
+ Provide overview of the ten year plan to the ASD School Board and the Municipality of Anchorage, Assembly  
+ Draft a general ordinance giving stewardship to the Health and Human Services Commission  
+ Health and Human Services Commission will develop a subcommittee or oversight board involving task force members.  | 1.1a-3 **Oversight - Health and Human Services Commission**  
+ Review - evaluate implementation, analyze effectiveness, and make changes if necessary.  | 1.1a-5 **Oversight - Health and Human Services Commission**  
+ Review - evaluate implementation, analyze effectiveness, and make changes if necessary.  | 1.1a-10 **Oversight - Health and Human Services Commission**  
+ Review - evaluate implementation, analyze effectiveness.  
+ Produce report and recommendations to Mayor Anchorage School Board and Assembly.  |
| DHHS              | 1.1b-1 **White Paper**  
+ Create a White Paper from the final Task Force report for coordinated use by the identified responsible party’s and advocates, and use it to market the Task Force action steps to funders, policy makers, agencies, community groups and others.  | 1.1b-3 **White Paper**  
+ Update White Paper with progress to date.  | 1.1b-5 **White Paper**  
+ Update White Paper with progress to date.  | 1.1b-10 **White Paper**  
+ Continuation of year five action steps.  |
| DHHS              | 1.1c-1 **Speakers’ Bureau**  
+ Create a speakers’ bureau from members of the Task Force and other partners to promote the action steps among community entities; train the speakers’ bureau members.  | 1.1c-3 **Speakers’ Bureau**  
+ Maintain and/or expand speakers’ bureau.  | 1.1c-5 **Speakers’ Bureau**  
+ Maintain and/or expand speakers’ bureau.  | 1.1c-10 **Speakers’ Bureau**  
+ Continuation of year five action steps.  |

#### 1.2 Identify an umbrella program that will assist in quantifying and rewarding efforts on a community-wide basis.
### Goal 2 – Improve the eating habits of the Municipality of Anchorage residents through better nutrition.

Good nutrition and eating habits are essential for obtaining and maintaining good health and a healthy weight. Consumers are inundated with new products that often replace good calories with calories that offer limited nutritional value. Modern life with its ever increasing demands on our time often translates into poor eating habits. According to the National Centers for Disease Control and Prevention, less than one in four adults in the Municipality of Anchorage reports consuming fruits and vegetables the recommended five or more times per day. Another factor that is contributing to the trend towards overweight and obesity is the trend towards marketing larger and larger portion sizes (i.e. “Super Sizing”).

### 2.1 Improve the overall nutrition in all schools, public and private, within the Municipality of Anchorage.

State epidemiological reports indicate that 36% of Anchorage School District students are overweight with 32% of all kindergarten and 1st grade students entering school overweight. According to the surgeon general, roughly 80% of children who are overweight will go on to be overweight for their entire lifetime.

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<tr>
<th>Responsible Party</th>
<th>Year One Action Steps</th>
<th>Year Three Action Steps</th>
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<th>Year Ten Action Steps</th>
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<tbody>
<tr>
<td>2.1a-1 Nutrition Guidelines</td>
<td>Recommend policy/practice with the following suggested Nutrition Guidelines for healthy food and drinks in (not limited to) vending machines, school</td>
<td>2.1a-3 Nutrition Guidelines</td>
<td>Exceptions to these food and beverage standards may be made for traditional cultural foods for educational and/or special school</td>
<td>2.1a-5 Nutrition Guidelines</td>
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</table>
stores/cafes, fund raising activities, concessions, and ala carte served/sold from one-half hour before the start of the school day until one-half hour after the end of the school day, must meet the following food and beverage standards:

- **Marketing on vending machines** must promote a healthy life style.
- **Foods approved for sale must**
  - Have 30% or less of total calories from fat (excluding tofu, nuts, nut butters, seeds, eggs, legumes, fruits and vegetables that have not been deep fried, and cream cheese, low-fat salad dressings, cheese and butter packaged for individual sale);
  - Have 10 percent or less of total calories from saturated plus trans fat (excluding tofu, nuts, nut butters, seeds, eggs, legumes, fruits and vegetables that have not been deep fried, and cream cheese, low-fat salad dressings, cheese and butter packaged for individual sale); and
  - Have no more than 35% total sugar by weight (except for sugars that occur naturally in a dairy product, fruit, or vegetables).
- **Beverages approved for sale must be**
  - No more than 16 oz in size excluding plain or carbonated water;
- **Marketing on vending machines** must promote a healthy life style.
- **Foods approved for sale must**
  - Comply with year one nutrition guidelines;
  - Be limited to the following maximum portion sizes:
    - One and one-quarter ounces for chips, crackers, popcorn, cereal, or jerky;
    - Two and one half ounces for trail mix, nuts, seeds, or dried fruit;
    - Two ounces for cookies or cereal bars;
    - Three ounces for bakery items;
    - Three fluid ounces for frozen desserts, including, but not limited to, ice cream; eight ounces for non-frozen yogurt.
- **Beverages approved for sale must be**
  - No more than 16 oz in size excluding plain or carbonated water;
- **Marketing on vending machines** must promote a healthy life style.
- **Foods approved for sale must**
  - Continuation of Year Three Nutrition Guidelines.
- **Beverages approved for sale**
  - Eliminate the sale of “flavored” milk products.
  - Eliminate the sale of sports drinks.
  - Continuation of year three Nutrition Guidelines.

**Assess implementation and impact of guidelines and recommend changes.**
Guidelines

• No drink may be served/sold that contain herbal supplements.

- Assess implementation and impact of guidelines and recommend changes.
<table>
<thead>
<tr>
<th>2.1b-1 <strong>School Health Curriculum and Student Nutrition</strong></th>
<th>Assess implementation and impact of guidelines and recommend changes.</th>
<th>2.1b-3 <strong>School Health Curriculum and Student Nutrition</strong></th>
<th>2.1b-5 <strong>School Health Curriculum and Student Nutrition</strong></th>
<th>2.1b-10 <strong>School Health Curriculum and Student Nutrition</strong></th>
</tr>
</thead>
</table>
| Increase collaboration between school health curriculum (what is being taught in the classroom) & what is being offered via student nutrition. (There is a need for increased coordination between the two). | **2.1c-1 Food and Beverage in the Classroom/School:** Recommend policy/practice for guidelines concerning food and beverages in the classroom/school including, but not limited to, parties, fundraising and parent initiated “food and/or drink parties”. The Nutrition Guidelines apply to all school time use of food and/or beverages.  
- Schools will not use foods or beverages as a reward for academic performance or good behavior, and will not withhold food or beverages (including food and beverage served/sold through school meals) as punishment.  
- If food or beverages are utilized as a teaching tool relevant to an educational/academic objective the Nutrition Guidelines should be followed.  
- Schools will develop clear Nutrition Guideline practices and requirements, in accordance with school/ASD policies, to be adhered to in all classroom food and beverage events, including parent initiated “food and/or drink parties”, and provide them to teachers and students. | 
- Continuation of year three policies.  
- Assess implementation and impact of policy/guidelines and recommend changes. | 
- Continuation of year three policies.  
- Assess implementation and impact of policy/guidelines and recommend changes. | 
- Continuation of year five policies. |
### 2.1d-1 Student Nutrition/Cafeteria Policy
Recommend policy/practice for additional guidelines related to food and beverage sales by the Student Nutrition, which may include:
1. Follow the Nutrition Guidelines in all food and beverages offered by school Student Nutrition/Cafeteria.
2. Eliminate all fried food offerings by school Student Nutrition/Cafeteria, coupled with an educational campaign informing students that the foods they are eating are baked (coordination with health curriculum and food nutrition).
3. Incorporate more healthy offerings in the school lunch menu (salad bars, fruit and veggie offerings, etc.).
4. Eliminate fountain pop sales at the high schools.
5. Source local products for lunch program when possible.
6. Increase vegetarian and culturally diverse offerings offered by the Student Nutrition/Cafeteria.
7. Examine “menu within a menu” flexibility.
   Eliminate foods with high fructose corn syrup as one of the first three ingredients of a product.

### 2.1d-3 Student Nutrition/Cafeteria Policy
- Recommend policy/practice for additional guidelines related to food and drink sales by the Student Nutrition/Cafeteria.

### 2.1d-5 Student Nutrition/Cafeteria Policy
- Assess implementation and impact of policy/guidelines and recommend changes.

### 2.1d-10 Student Nutrition/Cafeteria Policy
- Continuation of year five action steps.

### 2.1e-1 National School Meal Programs
Recommend policy/practice for all schools to participate in available federal school meal programs to the extent possible. Food and beverage provided through the National School Lunch or School Breakfast Programs shall comply

### 2.1e-3 National School Meal Programs
- Food and beverage provided through the National School Lunch or School Breakfast Programs shall comply with federal nutrition standards

### 2.1e-5 National School Meal Programs
- Continuation of year three action steps.

### 2.1e-10 National School Meal Programs
- Continuation of year five action steps.
with federal nutrition standards under the School Meals Initiative. Consider the following additional changes:

- No fried foods
- Changing the definition of a week (3 day average)
- Eliminating food with high fructose corn syrup as first three ingredients
- No foods containing MSG
- Limiting the sodium content of meals (base on 1/3 2,300 mg daily maximum so 800 mg on average).

<table>
<thead>
<tr>
<th>2.1f-1  Fruit and Vegetable Promotion</th>
<th>2.1f-3 Fruit and Vegetable Promotion</th>
<th>2.1f-5 Fruit and Vegetable Promotion</th>
<th>2.1f-10 Fruit and Vegetable Promotion</th>
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<tbody>
<tr>
<td>Student Nutrition/Cafeteria services and all other food and beverage venues, will to the greatest extent possible, adjust the pricing structure so that fruit and vegetable options are equally as expensive as other snack type foods.</td>
<td>Continuation of year one action steps.</td>
<td>Continuation of three action steps.</td>
<td>Continuation of year five action steps.</td>
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<tr>
<th>2.1g-1 School Dietitian</th>
<th>2.1g-3 School Dietitian</th>
<th>2.1g-5 School Dietitian</th>
<th>2.1g-10 School Dietitian</th>
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<tbody>
<tr>
<td>Require a Registered Dietitian to be on staff within the Student Nutrition Department at ASD.</td>
<td>Hire/consult dietician.</td>
<td>Assess impact and value of hiring/consulting dietician.</td>
<td>Continuation of year five action steps.</td>
</tr>
<tr>
<td>Recommend private schools either hire or consult with Registered Dietician to establish Student Nutrition/Cafeteria meals.</td>
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<td>Develop job description and seek funding sources position.</td>
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<tr>
<th>2.1h-1 Schedule of Meals and Meal Environment</th>
<th>2.1h-3 Schedule of Meals and Meal Environment</th>
<th>2.1h-5 Schedule of Meals and Meal Environment</th>
<th>2.1h-10 Schedule of Meals and Meal Environment</th>
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<tr>
<td>Recommend policy/practice for guidelines concerning the schedule of meal and the meal environment to include but not limit the following: Schools will provide: a clean, safe and pleasant eating environment that</td>
<td>Continuation of year one action steps.</td>
<td>Continuation of year three action steps.</td>
<td>Continuation of year five action steps.</td>
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allows students adequate space for
children to sit at a table to eat and a
minimum of twenty minutes for
students to eat lunch and a minimum
of ten minutes for students to eat
breakfast, not including transition
time.
- Student activities (tutoring, club or
organization meetings, detention,
etc.) can only be scheduled during
meal times if students are allowed to
eat during such activity.
- Each school will schedule the lunch
period as near to the middle of the
school day as possible.

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<tr>
<th>2.1i-1  Communication with Parents</th>
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| • Explore collaboration between local
Women Infant and Children (WIC)
providers and Anchorage School
District to promote proper family
nutrition and sound early nutrition
practices. Recommend policy/practice for
guidelines concerning communication
with parents regarding the importance of
a healthy diet and daily physical activity
for their children to include but not limit
the following:
• Schools should encourage parents to
pack healthy lunches and snacks and
to refrain from including beverages
and foods that do not meet nutrition
standards established by the district.
The district will provide parents with
information on healthy foods that
meet the district’s Nutrition
Guidelines.
• Schools will provide information about
physical education and other
school-based physical activity |

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<tr>
<th>2.1i-3 Communication with Parents</th>
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</table>
| • Continuation of year one
action steps. |

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<tr>
<th>2.1i-5 Communication with Parents</th>
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| • Continuation of year three
action steps. |

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<tr>
<th>2.1i-10 Communication with Parents</th>
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</table>
| Continuation of year five
action steps. |
opportunities before, during and after the school day; and support parents’ efforts to provide their children with opportunities to be physically active outside of school. Such supports will include sharing information through a website, newsletter, or other take-home materials, special events, or physical education homework.

<table>
<thead>
<tr>
<th>2.1j-1 All Schools Staff Policy</th>
<th>2.1j-3 All Schools Staff Policy</th>
<th>2.1j-5 All Schools Staff Policy</th>
<th>2.1j-10 All Schools Staff Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>• School staff should lead by example and follow the Nutrition Guidelines within their offices and break rooms.</td>
<td>• Assess implementation and impact of policy/guidelines and recommend changes</td>
<td>• Continuation of year three action steps.</td>
<td>• Continuation of year five action steps.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.1k-1 Continuing Education Credits</th>
<th>2.1k-3 Continuing Education Credits</th>
<th>2.1k-5 Continuing Education Credits</th>
<th>2.1k-10 Continuing Education Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recommend policy/practice allowing continuing education credits associated with nutrition as approved continuing education credits for salary advancement for faculty.</td>
<td>• Continuation of year one action steps.</td>
<td>• Continuation of year three action steps.</td>
<td>• Continuation of year five action steps.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>2.1L-1 BMI* Collections</th>
<th>2.1L-3 BMI Collections</th>
<th>2.1L-5 BMI Collections</th>
<th>2.1L-10 BMI Collections</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Determine BMI collection methods and reporting criteria for providing gender specific BMI-for-age percentile scores to parents.</td>
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</tbody>
</table>

* BMI= The Body Mass Index (BMI) is a height to weight ratio used to establish if a person has a healthy weight for their height. In children and teens, body mass index is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children, also referred to as BMI-for-age, is gender and age specific. BMI-for-age is plotted on gender specific growth charts. These charts are used for children and teens 2 – 20 years of age.
## 2.2 Improve the overall nutrition of licensed Child Care Centers and Child Care Homes within the Municipality of Anchorage

With greater consistency in nutritional policies and requirements children will be more likely to adopt and develop healthy life long eating habits.

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<tr>
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</thead>
</table>
| **2.2a-1 Nutrition Code Requirement** | The Municipality of Anchorage will begin to encourage child care providers to focus more attention on their nutritional and physical activity guidelines, recognizing upcoming code changes. | **2.2a-3 Nutrition Code Requirement** | The Municipality of Anchorage will revise the Anchorage Municipal Code related to child care centers and homes to:  
- Resemble the Nutrition Guidelines.  
- Educate child care centers and homes about new code requirements.  
- Increase the nutrition continuing education unit (CEU) requirements for licensed child care centers and care home providers.  
- Increase the opportunity for the child care providers to obtain nutritional and physical activity education.  
- Include in all monitoring inspections compliance with the revised Anchorage Municipal Code regarding the Nutrition Guidelines. | **2.2a-5 Nutrition Code Requirement** | The Municipality of Anchorage should implement the revised codes. | **2.2a-10 Nutrition Code Requirement** |  
- Assess implementation and impact of code requirement and recommend changes.  
- Continue to enforce codes. |

| **2.2b-1 University of Alaska, Anchorage** | Encourage the UAA Education Department to:  
- Increase the nutrition emphasis in their course content guides associated with their Early Childhood Program.  
- Add a section on childhood obesity, | **2.2b-3 University of Alaska, Anchorage** | Continuation of year one action steps.  
- Assess, evaluate and make recommendations. | **2.2b-5 University of Alaska, Anchorage** | Continuation of year three action steps.  
- Assess, evaluate and make recommendations. | **2.2b-10 University of Alaska, Anchorage** | Continuation of year five action steps.  
- Assess, evaluate and make recommendations. |
2.3 **Improve nutrition in the workplace.**

People who work full time spend a full one-third of their total waking hours at their workplace. In order to improve people’s overall nutritional habits it is critical to address nutritional options in the workplace.

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<tr>
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</thead>
<tbody>
<tr>
<td><strong>2.3a-1 Vending Machine Guidelines</strong></td>
<td>The Municipality of Anchorage will draft and publicly post vending machine guidelines that includes, but is not limited to, the Nutrition Guidelines for all Municipal entities.</td>
<td><strong>2.3a-3 Vending Machine Guidelines</strong></td>
<td>• 50% of all Departments within the Municipality of Anchorage will adopt MOA vending machine guidelines. • Encourage employers within the MOA to adopt the MOA vending machine guidelines.</td>
<td><strong>2.3a-5 Vending Machine Guidelines</strong></td>
</tr>
<tr>
<td><strong>2.3b-1 Meeting Guidelines</strong></td>
<td>The Municipality of Anchorage will draft and publicly post “Eating at Meeting Guidelines” for all Municipal entities based upon the American Cancer Society’s “Meeting Well” campaign.</td>
<td><strong>2.3b-3 Meeting Guidelines</strong></td>
<td>50% of all Departments within the Municipality of Anchorage will adopt the “Eating at Meeting Guidelines”.</td>
<td><strong>2.3b-5 Meeting Guidelines</strong></td>
</tr>
</tbody>
</table>

**Meeting Well** provides healthy information and suggestions including:
- General tips for meals and snacks.
- Suggestions for stocking a healthy vending machine.
- Suggestions for action-packed meetings.
- Healthy meeting checklist.
- The Menu Maker: a simple and colorful tool for planning all meals and snacks.
- Healthy and fun ideas for themed and special events.
### 2.3c-1 Mayor’s Health Friendly Employer Award
- Establish a Mayor’s award for health friendly employers at the small, medium and large company level to be granted on the basis of the employer’s efforts to support fitness and well being among employees.
- Establish criteria for award and publicize.
- See physical activity strategy 3.3b.

### 2.3c-3 Mayor’s Health Friendly Employer Award
- Develop educational campaign.
- Select nominees and select winners of special Mayor’s award for the most effective program.
- Encourage point of decision prompts in the workplace to encourage physical activity.

### 2.3c-5 Mayor’s Health Friendly Employer Award
- Assess implementation and impact of program and recommend changes.

### 2.3c-10 Mayor’s Health Friendly Employer Award
- Continuation of year five action steps.

### 2.3d-1 Breast Feeding
- Encourage employers to support breastfeeding, such as adequate break time and a private space for expressing milk.

### 2.3d-3 Breast Feeding
- Assess implementation and impact of program and recommend changes.

### 2.3d-5 Breast Feeding
- Continuation of year three action steps

### 2.3d-10 Breast Feeding
- Continuation of year five action steps.

### 2.3e-1 Worksite Healthy Eating and Weight Management
- Explore and secure funding to provide education to employers and employees on healthy eating and weight management at the work site.
- Promote the importance of highlighting healthy food options for business meetings and in the worksite.

### 2.3e-3 Worksite Healthy Eating and Weight Management
- Develop the worksite healthy eating and weight management education program
- Promote the worksite healthy eating and weight management education program

### 2.3e-5 Worksite Healthy Eating and Weight Management
- Provide education to 20 employers and 200 employees within the MOA.

### 2.3e-10 Worksite Healthy Eating and Weight Management
- Continuation of year five action steps.
- Provide education to an additional 20 employers and 200 employees within the MOA.

---

### 2.4 Improve the availability of nutritional choices within the community.
If good nutritional choices and behaviors are to take root and be of lasting value they must extend beyond our homes, schools and workplaces. It is important to ensure good nutrition options are available throughout the community, from restaurants to grocery stores and other public venues.

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<tbody>
<tr>
<td><strong>2.4a-1 Healthy Restaurants</strong></td>
<td>- Provide 25% of all grocery store and restaurant owners with suggestions on how to increase accessibility of healthy food</td>
<td>- Provide 50% of all grocery store and restaurant owners with suggestions on how to increase accessibility of healthy food</td>
<td>- Provide 75% of all grocery store and restaurant owners with suggestions on how to increase accessibility of healthy food</td>
<td>- Continuation of year five action steps.</td>
</tr>
<tr>
<td><strong>2.4a-3 Healthy Restaurants</strong></td>
<td>- Provide 50% of all grocery store and restaurant owners with suggestions on how to increase accessibility of healthy food</td>
<td>- Provide 75% of all grocery store and restaurant owners with suggestions on how to increase accessibility of healthy food</td>
<td>- Continuation of year five action steps.</td>
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<tr>
<td><strong>2.4a-5 Healthy Restaurants</strong></td>
<td>- Provide 75% of all grocery store and restaurant owners with suggestions on how to increase accessibility of healthy food</td>
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<tr>
<td><strong>2.4a-10 Healthy Restaurants</strong></td>
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<td>- Continuation of year five action steps.</td>
</tr>
<tr>
<td>2.4b-1 Grocery Stores/Food Outlets</td>
<td>2.4b-3 Grocery Stores/Food Outlets</td>
<td>2.4b-5 Grocery Stores/Food Outlets</td>
<td>2.4b-10 Grocery Stores/Food Outlets</td>
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<tr>
<td>• Provide 25% of all grocery stores with suggestions on how to increase accessibility of healthy food options.</td>
<td>• Provide 50% of all grocery stores with suggestions on how to increase accessibility of healthy food options.</td>
<td>• Provide 75% of all grocery stores with suggestions on how to increase accessibility of healthy food options.</td>
<td>• Continuation of year five action steps.</td>
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</tr>
<tr>
<td>• Support and encourage the implementation of point-of-purchase campaigns promoting healthy food choices in grocery stores.</td>
<td>• Develop media campaigns to promote fruit and veggie intake.</td>
<td>• Assess implementation and impact of program and recommend changes.</td>
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<tr>
<td>• Increase the availability of reasonably-sized food portions in restaurants, grocery stores, and other locations where food is sold.</td>
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<td>• Recognize restaurants offering healthy choices and those that address portion sizes as “Healthy Restaurants.”</td>
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<tr>
<th>2.4c-1 Other Public Places</th>
<th>2.4c-3 Other Public Places</th>
<th>2.4c-5 Other Public Places</th>
<th>2.4c-10 Other Public Places</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Stock competitively priced healthy food and beverage choices in vending machines in public areas.</td>
<td>• Continuation of year one action steps.</td>
<td>• Continuation of year three action steps.</td>
<td>• Continuation of year five action steps.</td>
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<tr>
<th>2.4d-1 Policy and Educational Strategies</th>
<th>2.4d-3 Policy and Environmental Strategies</th>
<th>2.4d-5 Policy and Environmental Strategies</th>
<th>2.4d-10 Policy and Environmental Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Implement systems for providing information on the calorie and nutrient content of foods sold in restaurants, movie theaters, convenience stores and other venues.</td>
<td>• Explore opportunities to establish sustainable revenue streams for obesity education and health promotion.</td>
<td>• Assess implementation and impact of program and recommend changes.</td>
<td>Continuation of year five action steps.</td>
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<tr>
<td>• Increase availability of food assistance programs, including: Food Stamps, WIC, Head Start, Senior Meals, Home Delivered</td>
<td>• Continued support and potential expansion of community garden programs.</td>
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<td>• Continuation of year one action steps.</td>
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</table>
2.5 **Encourage health care providers and insurance carriers to promote better nutritional habits.**

One public health strategy for promoting better health and nutrition is through incentivizing healthy behaviors. This makes good business sense, as health care costs are posing an ever greater burden on business by means of high healthcare insurance premiums, worker’s compensation, and absenteeism. The insurance industry has a unique position to incentivize healthy behaviors as a means of reducing future health care costs and premiums.

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</thead>
<tbody>
<tr>
<td><strong>2.5a-1 Health Insurance Providers</strong></td>
<td>Work with insurers on promoting wellness, obesity issues.</td>
<td><strong>2.5a-3 Health Insurance Providers</strong></td>
<td>Assess implementation and impact of program and recommend changes.</td>
<td><strong>2.5a-5 Health Insurance Providers</strong></td>
</tr>
<tr>
<td><strong>2.5b-1 Healthcare Professionals</strong></td>
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<td><strong>2.5b-3 Healthcare Professionals</strong></td>
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<td><strong>2.5b-5 Healthcare</strong></td>
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<td><strong>2.5b-5 Healthcare</strong></td>
<td></td>
<td><strong>2.5b-10 Healthcare</strong></td>
</tr>
<tr>
<td>Goal 3 - Increase the number of adults, adolescents and children who engage in regular physical activity.</td>
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<tr>
<td>Physical activity plays an important role in preventing excess body weight and the development of associated health conditions. Even moderate physical activity can help maintain a healthy weight, decrease blood pressure, and increase levels of &quot;good&quot; cholesterol (high-density lipoprotein, or HDL). Regular physical activity also contributes to healthy bones, muscles, and joints; reduces falls among older adults; helps to relieve the pain of arthritis; reduces symptoms of anxiety and depression; and is associated with fewer hospitalizations, physician visits, and medications. It is recommended that Americans accumulate at least 30 minutes (adults) or 60 minutes (children) of moderate physical activity most days of the week. More may be needed to prevent weight gain, to lose weight, or to maintain weight loss.</td>
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<tr>
<th>3.1 Increase the number of pre-school aged children engaged in recommended daily physical activity.</th>
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<tbody>
<tr>
<td>Life-long habits and perspectives on eating and physical activity are set in the formative years of children’s’ lives. The promotion of physical activity and physical fitness in pre-school aged children is an important waypoint in the prevention of adult lifestyle-related diseases.</td>
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<tbody>
<tr>
<td>3.1a-1 Physical Activity Code Requirements</td>
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<tr>
<td>The Municipality of Anchorage will begin to encourage Child Care providers to focus more attention on their nutrition</td>
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<tr>
<td>3.1a-3 Physical Activity Code Requirements</td>
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<tr>
<td>The Municipality of Anchorage will revise the Anchorage Municipal Code related to Child Care Centers</td>
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<tr>
<td>3.1a-5 Physical Activity Code Requirements</td>
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<tr>
<td>• Implement and enforce revised codes. • Continue to educate child</td>
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<tr>
<td>3.1a-10 Physical Activity Code Requirements</td>
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<tr>
<td>• Assess implementation and impact of the developed codes and...</td>
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and physical activity guidelines, recognizing upcoming code changes which may include but are not limited to:
- Require childcare workers to schedule blocks of time for physical activity into their yearly required curriculum.
- Establish training requirements.
- Establish regulation changing childcare television viewing allowance from 1 ½ hours per day to 1 hour per day.

and Homes to:
- Educate child care centers and homes about new code requirements.
- Increase the physical activity education CEU requirements for licensed child care centers child care home providers.
- Increase the opportunity for the child care providers to obtain nutritional and physical activity education.
- Include in all monitoring inspections compliance with the revised Anchorage Municipal Code regarding the physical activity guidelines.

- Continue to educate childcare centers and homes about code requirements.
- Recommend changes.
- Continue to enforce revised code.
- Continue to educate child care centers and homes about code requirements.

<table>
<thead>
<tr>
<th>3.1b-1 Education</th>
<th>3.1b-3 Education</th>
<th>3.1b-5 Education</th>
<th>3.1b-10 Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop materials and provide caregivers with standardized nutrition, physical activity and wellness information to enhance training.</td>
<td>Continuation of year one action steps.</td>
<td>Assess implementation and impact of the developed curriculum and recommend changes.</td>
<td>Continuation of year five action steps.</td>
</tr>
<tr>
<td>Distribute to all daycares annually.</td>
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<td>Continue education.</td>
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<tr>
<td>Develop and distribute standardized wellness material for preschool children to parents through childcare centers.</td>
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<td>Measure compliance.</td>
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<tr>
<th>3.1c-1 WIC</th>
<th>3.1c-3 WIC</th>
<th>3.1c-5 WIC</th>
<th>3.1c-10 WIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the percentage of local Supplemental Nutrition Programs for Women, Infants and Children (WIC) that actively encourage daily physical activity among WIC participants to 40%.</td>
<td>Increase the percentage of local Supplemental Nutrition Programs for Women, Infants and Children (WIC) that actively encourage daily physical activity among WIC participants to 60%.</td>
<td>Increase the percentage of local Supplemental Nutrition Programs for Women, Infants and Children (WIC) that actively encourage daily physical activity among WIC participants to 80%.</td>
<td>Increase the percentage of local Supplemental Nutrition Programs for Women, Infants and Children (WIC) that actively encourage daily physical activity among WIC participants to 100%.</td>
</tr>
<tr>
<td>Increase the percentage of local Supplemental Nutrition Programs for Women, Infants and Children (WIC) that actively encourage daily physical activity among WIC participants to 80%.</td>
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</table>
### 3.2 Increase opportunities for physical activity in Municipality of Anchorage schools.

An overwhelming majority of pediatricians (88.9 percent) believe adult lifestyle-related diseases such as heart disease, hypertension and obesity may be prevented by emphasizing physical fitness in childhood or adolescence. One quarter of U.S. children spend 4 hours or more watching television daily. Physical inactivity has contributed to the 100% increase in the prevalence of childhood obesity in the United States since 1980 (CDC, 2000). Because children spend a significant amount of time in school, the type and amount of physical activity encouraged in schools are important.

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<tbody>
<tr>
<td><strong>3.2a-1 Physical Education Curriculum</strong> Recommend:</td>
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<td><strong>3.2a-3 Physical Education Curriculum</strong></td>
<td></td>
<td><strong>3.2a-10 Physical Education Curriculum</strong></td>
</tr>
<tr>
<td>· Increasing physical education class requirements to 90 minutes per week and a minimum of 3 days per week for grades K through 6.</td>
<td>· Establish a plan for transition to 150 minutes per week and a minimum of 5 days per week for grades K through 6.</td>
<td>· Increase physical education classes to 150 minutes per week and a minimum of 5 days per week for middle school and high school.</td>
<td>· Continue year five physical education requirements.</td>
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</tr>
<tr>
<td>· Reviewing P.E. curriculum and instituting practices that ensure that students are engaged in moderate to strenuous physical activity 50% or more of the class time.</td>
<td>· Train teachers regarding negative impacts of “Screen Time” curriculum and materials.</td>
<td>· Continue negative impacts of “Screen Time” curriculum.</td>
<td>· Continue negative impacts of “Screen Time” curriculum.</td>
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<tr>
<td>· Developing materials and curriculums addressing the negative impacts of “Screen Time”.</td>
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<tr>
<td><strong>3.2b-1 Business Partners</strong> Recommend School District to earmark 20% of school business partnerships to specifically address physical activity and wellness activities. Establish opportunities and convert 10% of partnerships to designated purpose.</td>
<td><strong>3.2b-3 Business Partners</strong></td>
<td><strong>3.2b-5 Business Partners</strong></td>
<td><strong>3.2b-10 Business Partners</strong></td>
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<td></td>
<td>· Convert or recruit 15% of partnerships to designated purpose.</td>
<td>· Convert or recruit 20% of partnerships to designated purpose.</td>
<td>· Convert or recruit 30% of partnerships to designated purpose.</td>
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<tr>
<td><strong>3.2c-1 Recess</strong> Recommend structured recreational exercise opportunities during elementary recess three times per week.</td>
<td><strong>3.2c-3 Recess</strong></td>
<td><strong>3.2c-5 Recess</strong></td>
<td><strong>3.2c-10 Recess</strong></td>
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<tr>
<td>· Schools partner with local universities to develop recess activity programs.</td>
<td>· Assess implementation and impact of program, consider transition to 5 times per week and recommend changes.</td>
<td>· Assess implementation and impact of program and recommend changes.</td>
<td>· Continuation of year five action steps.</td>
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<tr>
<td>· Where ever possible, recess should</td>
<td>· Train providers and test program.</td>
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<td>· Encourage Alaska Pacific</td>
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<tr>
<td>3.2d-1 Physical Education Teacher Assistant Program</td>
<td>3.2d-3 Physical Education Teacher Assistant Program</td>
<td>3.2d-5 Physical Education Teacher Assistant Program</td>
<td>3.2d-10 Physical Education Teacher Assistant Program</td>
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<tr>
<td>• Examine legality and ramifications of establishing an assistant P.E. teacher program to assist the assigned State Certified Physical Education Teacher with larger classes and to extend the reach of physical education in schools. If feasible, develop requirements and training format.</td>
<td>• Implement assistant P.E. teacher program to assist the assigned State Certified Physical Education Teacher with larger classes and to extend the reach of physical education in schools. These positions are not to take the place of the assigned State Certified Physical Education Teacher, the Physical Education Teacher Assistant will work in the same fashion as a Kindergarten Assistant for example. Instigate in 15% of schools in the Municipality of Anchorage.</td>
<td>• Institute in 30% of schools in Municipality of Anchorage.</td>
<td>• Institute in 40% of schools in the Municipality of Anchorage.</td>
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<thead>
<tr>
<th>3.2e-1 Extracurricular Activities and After School Programs</th>
<th>3.2e-3 Extracurricular Activities and After School Programs</th>
<th>3.2e-5 Extracurricular Activities and After School Programs</th>
<th>3.2e-10 Extracurricular Activities and After School Programs</th>
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<tr>
<td>• Establish criteria, types of activities and screening for volunteers. Study options for types of activities and prepare plan. Require schools to participate in community wide campaigns to promote physical activity among school aged children and adolescents. Set minimum level of participation and committee to designate acceptable programs.</td>
<td>• Determine staffing source and implement activities. Recruit and train enough volunteers to provide 50% of Anchorage schools with at least one trained extra curricular activity volunteer. Expand opportunities by 20% for youth to participate in developmentally appropriate, organized, competitive, and non-competitive activities outside of normal school hours. Study options for types of activities</td>
<td>• Integrate community volunteers into after school programs, teacher’s assistants and recess duty to increase the number of available programs for students. Have at least one volunteer per school. Expand opportunities by 30% for youth to participate in developmentally appropriate, organized, competitive, and non-competitive activities outside of normal school hours. Study options for types of activities and</td>
<td>• Assess implementation and impact of program and recommend changes. Expand opportunities by 40% for youth to participate in developmentally appropriate,</td>
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</table>
and prepare plan.

3.2f-1 University of Alaska, Anchorage
Encourage the UAA education department to:
- Increase the nutrition emphasis in their course content guides associated with their Early Childhood Program.
- Add a section on childhood obesity, nutrition and physical activity.

3.2f-3 University of Alaska, Anchorage
• Establish curriculum.

3.2f-5 University of Alaska, Anchorage
• Implement curriculum.

3.2f-10 University of Alaska, Anchorage
• Assess and make recommendations for change.

### 3.3 Increase and improve workplace initiatives promoting physical activity.
People who work full time spend a full one-third of their total waking hours at their workplace. This combined with the fact that technology is transforming work environments into more and more sedentary places makes workplace wellness initiatives all the more critical to the health and well being of workers in the Municipality of Anchorage.

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| DHHS              | **3.3a-1 Workplace Physical Activity Best Practices**
  - Develop physical activity programs suitable for the workplace based on best practices for small, medium and large companies.
  - Encourage employers to utilize physical activity programs and to promote commuting alternatives such as walking, bicycling, and mass transit in place of automobile travel.
  - Prepare materials to assist

|                      |                      | 3.3a-3 Workplace Physical Activity Best Practices
  - Continuation of year one activities.
  - Engage at least 30 companies in one of the physical activities programs.
  - Increase the number of employers in Anchorage with safe bike rack access for employees by 50 by year 5. |
|                      |                      | 3.3a-5 Workplace Physical Activity Best Practices
  - Engage at least 100 companies in one of the physical activities programs.
  - Evaluate success and publicize results.
  - Reach goal and establish new target.
  - Increase the number of employers in Anchorage with safe bike rack access for employees by 50 by year 10. |
|                      |                      | 3.3a-10 Workplace Physical Activity Best Practices
  - Assess implementation and impact of program and recommend changes.
  - Increase the number of employers in Anchorage with safe bike rack access for employees by 50 by year 10. |
employers to engage in these activities.
- Create plan to increase the number of employers in Anchorage with safe bike rack access for employees by 50 by year 3.
- Find best source for inexpensive bike racks.

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<tr>
<td><strong>3.3b-1 Mayor’s Health Friendly Employer Award</strong></td>
<td>Establish a Mayors award for health friendly employers at the small, medium and large company level to be granted on the basis of the employer’s efforts to support fitness and well being among employees.</td>
<td>Develop educational campaign.</td>
<td>Assess implementation and impact of program and recommend changes.</td>
<td>Continuation of year five action steps.</td>
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<tr>
<td>DHHS, H&amp;HSC and Mayor’s Office</td>
<td>Establish criteria for award and publicize.</td>
<td>Select nominees and select winners of special Mayor’s award for the most effective program.</td>
<td>Encourage point of decision prompts in the workplace to encourage physical activity.</td>
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<tr>
<td><strong>3.3b-3 Mayor’s Health Friendly Employer Award</strong></td>
<td>See nutrition strategy 2.3c.</td>
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<tr>
<td><strong>3.3b-5 Mayor’s Health Friendly Employer Award</strong></td>
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<tr>
<td><strong>3.3b-10 Mayor’s Health Friendly Employer Award</strong></td>
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### 3.3b-10 Mayor’s Health Friendly Employer Award
- Continuation of year five action steps.

#### 3.4 Engage community organizations and recreation groups in developing greater options, access and participation in physical activity.

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<tr>
<td><strong>3.4a-1 Get Fit Anchorage</strong></td>
<td>Create a city wide initiative combining major groups such as the Heart Association, Diabetes Association, Lung Association, Chamber of Commerce, etc. with corporate participation to launch a “Get Fit Anchorage!” program.</td>
<td>Initiate program and acquire sponsors.</td>
<td>Continue program and track outcome.</td>
<td>Assess implementation and impact of program and recommend changes.</td>
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<td>Form development committee and establish format and goals for project.</td>
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<td><strong>3.4a-3 Get Fit Anchorage</strong></td>
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<td><strong>3.4a-5 Get Fit Anchorage</strong></td>
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<tr>
<td><strong>3.4a-10 Get Fit Anchorage</strong></td>
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#### 3.4b-1 Interfaith Council
- Encourage the Anchorage Interfaith Council to advocate physical well

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<td><strong>3.4b-1 Interfaith Council</strong></td>
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<td></td>
<td>Assist in developing best practices for churches.</td>
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<td><strong>3.4b-3 Interfaith Council</strong></td>
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<tr>
<td><strong>3.4b-5 Interfaith Council</strong></td>
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<td><strong>3.4b-10 Interfaith Council</strong></td>
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**May 10, 2006**

Municipality of Anchorage Mayor’s Task Force on Obesity and Health 10 year Plan
being amongst their parishioners.
- Establish contact.

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<tbody>
<tr>
<td>3.4c-1 Service groups/corporations</td>
<td>3.4c-3 Service groups/corporations</td>
<td>3.4c-5 Service groups/corporations</td>
<td>3.4c-10 Service groups/corporations</td>
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<tr>
<td>Find service groups or corporations to adopt particular activities facilitating physical activity.</td>
<td>Seek approval from appropriate entity and seek activity sponsors.</td>
<td>Acquire at least 10 sponsors.</td>
<td>Acquire at least 20 sponsors.</td>
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<td>Form group to identify opportunities.</td>
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<tr>
<td>3.5 Promote public policy that supports and promotes physical fitness.</td>
<td>3.5a-1 Policy</td>
<td>3.5a-3 Policy</td>
<td>3.5a-5 Policy</td>
<td>3.5a-10 Policy</td>
</tr>
<tr>
<td>Monitor, review and promote legislation that encourages better physical fitness and well being.</td>
<td>Quarterly meeting to identify and support legislation.</td>
<td>Assist in passing at least 3 bills or codes of significant importance.</td>
<td>Continuation of year five action steps.</td>
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</table>
Goal 4 – Create a community environment that supports a more physically active way of life.

An increasing body of evidence points to a connection between the built environment and people’s level of physical activity. A typical resident today leads a sedentary lifestyle, driving to every destination instead of walking; taking elevators rather than stairs, sitting all day at work, watching TV at home for recreation. While the level of exercise as a leisure-time activity has remained constant over the years, what has changed is the amount of exercise that is expended as part of people’s daily activities.

Over the past several decades, our built environment in Anchorage has done much to support inactive daily lifestyles. Home to work commutes are nearly always dependent on use of an automobile. Commercial districts tend to be vehicle oriented, with little thought given to accommodating pedestrians or bikers. Many workplaces are isolated in office parks that make driving to lunch or to shop a necessity. Shopping centers are isolated from neighborhoods, and from each other, so that residents must drive from place to place. Children can not walk safely from home to school because of either non-existent or unsafe sidewalks/pathways.

For some residents, membership in an athletic club has provided an outlet for physical activity when specific time is allotted for it. However, for the vast majority of residents, our built environment does not encourage or provide for the opportunity to gain physical exercise in our daily routines. The rising rate of obesity has become a consequence of this physical inactivity.*

Creating a community environment that supports a more physically active lifestyle can take such simple and immediate form as escorting children on foot to school, while more intermediate term measures include designing and constructing new sidewalks/bike paths. Longer term measures should include the development of mixed land use areas, and more variety of residential and business environments with better and more direct pedestrian connectivity.

*Two studies that find a clear association between the built environment and activity levels, people’s weight, and their health are, “Relationship Between Urban Sprawl and Physical Activity, Obesity, and Morbidity,” American Journal of Health Promotion, Vol. 18, No 1, September/October, 2003; and “Obesity Relationships with Community Design, Physical Activity, and Time Spent in Cars,” American Journal of Preventive Medicine, 2004; Volume 27, Number 2.

Transportation Related Objectives
Create a pedestrian and recreation-friendly transportation system that is safe, convenient, and attractive. (No single action will be more effective in promoting a physically active lifestyle than creating walk ability. Walking – the cheapest, easiest and most common physical activity – will provide the most widespread and effective physical activity for improving health.)
### 4.1 Develop safe, convenient, and attractive sidewalks/pathways.

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| **4.1a-1 Pedestrian Facilities Plan**  
- Create a Pedestrian Facilities Plan that identifies and prioritizes locations for needed sidewalks/pathways. Priority should be placed on access to parks, schools, churches, transit stops, as well as to and within commercial districts. | | | | |
| **4.1b-1 Improve School Walkability**  
- Encourage children to walk to school by improving available routes and supervision.  
- Designate entity within city government to establish options for improving school access and promoting walking programs. | **4.1b-3 Improve School Walkability**  
- Fund additional route maintenance, supervision and publicity. | | | |
| **4.1c-1 Title 21**  
- Revise Title 21 (Anchorage Land Use Regulations) to require separated sidewalks between building entrances and nearby street rights-of-way. Include design provisions that provide for safe, convenient, attractive and direct connections. | | | | |
| **4.1d-1 Municipal Design Criteria**  
- Revise the Municipal Design Criteria Manual (Document containing engineering design specifications for street rights-of way improvements) to include safe, convenient and attractive pedestrian facilities with all street classifications. Street classifications | | | | |
and design should be context-sensitive to adjoining land use, and should maximize to the extent feasible the separation of pedestrian facilities from moving vehicular traffic.

### 4.1e-1 Municipal Capital Improvement
- Increase funding in the Municipal Capital Improvement Program and State Transportation Improvement Program for new and improved sidewalks/pathways.

### 4.1e-3 Municipal Capital Improvement
- Increase funding in the Municipal Capital Improvement Program and State Transportation Improvement Program for new and improved sidewalks/pathways.

### 4.1e-5 Municipal Capital Improvement
- Continuation of year three action steps.

### 4.1e-10 Municipal Capital Improvement
- Continuation of year five action steps.

### 4.1f-1 Sidewalk obstructions
- Inventory, prioritize, and remove sidewalk obstructions.

### 4.1f-3 Sidewalk obstructions
- Inventory, prioritize, and remove sidewalk obstructions.

### 4.1f-5 Sidewalk obstructions
- Continuation of year three action steps.

### 4.1f-10 Sidewalk obstructions
- Continuation of year five action steps.

### 4.2 Develop safe, convenient, and attractive transit facilities, to include easier accessibility from both sides of the street.

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<tbody>
<tr>
<td><strong>4.2a-1 Bus Stops</strong></td>
<td>Provide bus stops that are sheltered (where appropriate), well-lit, clear of snow and ice in winter and dust during the other seasons.</td>
<td>Provide bus stops that are sheltered (where appropriate), well-lit, clear of snow and ice in winter and dust during the other seasons.</td>
<td>Continued year three action steps.</td>
<td>Continued year five action steps.</td>
</tr>
<tr>
<td><strong>4.2b-1 Crosswalks</strong></td>
<td>Provide crosswalks that are well-marked, well-lit, designed to minimize crossing distance, and avoid conflict with street drainage collection.</td>
<td>Provide crosswalks that are well-marked, well-lit, designed to minimize crossing distance, and avoid conflict with street drainage collection.</td>
<td>Continued year three action steps.</td>
<td>Continued year five action steps.</td>
</tr>
<tr>
<td><strong>4.2c-1 Midblock crossings/pedestrian refuges</strong></td>
<td>Provide safe and convenient mid-block crossings where distances to</td>
<td>Provide safe and convenient mid-block crossings where</td>
<td>Continued year three action steps.</td>
<td>Continued year five action steps.</td>
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<tr>
<td><strong>4.2a-3 Bus Stops</strong></td>
<td>Continued year three action steps.</td>
<td>Continued year three action steps.</td>
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<tr>
<td><strong>4.2b-3 Crosswalks</strong></td>
<td>Continued year three action steps.</td>
<td>Continued year three action steps.</td>
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<tr>
<td><strong>4.2c-3 Midblock crossings/pedestrian refuges</strong></td>
<td>Continued year three action steps.</td>
<td>Continued year three action steps.</td>
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### 4.3 Improve off-road trail system to provide better area wide connectivity and linkages to major destinations and adjoining neighborhoods.

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<tr>
<td>4.3a-1 Trails Construction</td>
<td>• Continue to complete area wide trail system missing links, improving connectivity, access to the coast and linkages to safely connect neighborhood use areas with local schools, homes, commercial and retail areas as well as parks and recreational facilities.</td>
<td>4.3a-3 Trails Construction</td>
<td>• Continue to complete area wide trail system missing links, improving connectivity, access to the coast and linkages to safely connect neighborhood use areas with local schools, homes, commercial and retail areas as well as parks and recreational facilities.</td>
<td>4.3a-5 Trails Construction</td>
</tr>
<tr>
<td>4.3b-1 Trail Connections</td>
<td>• Provide trail connections between the area wide trail networks and adjoining neighborhoods. • Extend the trail system to the municipality’s system of parks. • Provide trail/pathway connections between adjoining subdivisions.</td>
<td>4.3b-3 Trail Connections</td>
<td>• Provide trail connections between the area wide trail networks and adjoining neighborhoods. • Extend the trail system to the municipality’s system of parks. • Provide trail/pathway connections between adjoining subdivisions.</td>
<td>4.3b-5 Trail Connections</td>
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### 4.4 Improve safety and maintenance of pedestrian transportation system.

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<tr>
<td>4.4a-1 Law Enforcement</td>
<td></td>
<td>4.4a-3 Law Enforcement</td>
<td>4.4a-5 Law Enforcement</td>
<td>4.4a-10 Law Enforcement</td>
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Intersection crosswalks are too inconvenient. • Provide pedestrian refuges in improved roadway medians where crossing distances are wide and/or expose pedestrians to traffic hazards. Distances to intersection crosswalks are too inconvenient. • Provide pedestrian refuges in improved roadway medians where crossing distances are wide and/or expose pedestrians to traffic hazards. Five action steps.
- Educate and provide warnings concerning the laws regarding the removal of snow and ice from sidewalks.
- Enforce laws regarding the removal of snow and ice from sidewalks.
- Continuation of year three action steps.
- Continuation of year five action steps.

### 4.4b-1 Trail Watch
- Increase Trail Watch program to provide better safety and security on off-road trail systems.
- Increase Trail Watch program to provide better safety and security on off-road trail systems.
- Continuation of year three action steps.
- Continuation of year five action steps.

### 4.4c-1 Capital Funding
- Provide capital funding for new snow and sand removal equipment for sidewalks/trails, and increased operational funds for improved services.
- Provide capital funding for new snow and sand removal equipment for sidewalks/trails, and increased operational funds for improved services.
- Continuation of year three action steps.
- Continuation of year five action steps.

### 4.4d-1 Heated and/or Winterized Sidewalks
- Investigate ways to increase the use of heated and/or winterized sidewalks, particularly in commercial districts, high use public facilities, as well as other locations of high pedestrian traffic.
- Implement and install recommendations.
- Continuation of year three action steps.
- Continuation of year five action steps.

### 4.4d-3 Heated and/or Winterized Sidewalks

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**Land Use Related Objectives**

Develop patterns of land use that will foster a more convenient, efficient, and cleaner community environment. (Creating a culture of wellness in our community will be greatly assisted with a built environment that allows for more physical activity in our daily routines. In the coming years, most new development in the urban portion of the municipality will be infill or redevelopment. In those instances, compact mixed use development and/or compatible placement of residential, business, institutional and parks/open space uses with direct connections in close proximity to each other will be an improved urban/environment with less stress and more ease in daily travel.)

### 4.5 Site public facilities, such as schools, parks, and public buildings in locations where they are readily accessible by walking, biking and/or public transit to the residents intended to be served.
### 4.5a-1 Public Facility Locate
- Give greatest weight to locational criteria in the selection of sites for public facilities when combined in solicitations with design and construction.
- Where appropriate, encourage the location of such facilities as schools, parks, and public buildings with mixed use developments.
- Ensure that all urban residents are within safe, walkable distance from a park or public open space.

### 4.5a-3 Public Facility Locate
- Assess implementation and impact and recommend changes.

### 4.5a-5 Public Facility Locate
- Continuation of year three action steps.

### 4.5a-10 Public Facility Locate
- Continuation of year five action steps.

### 4.6 Modify the Municipality of Anchorage’s land use regulations to encourage and facilitate compact mixed use and pedestrian friendly development, particularly in those areas so identified in the Municipality of Anchorage’s Comprehensive Plan.

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<td>4.6a-1 Mixed Use Districts</td>
<td>- Create new mixed use districts, with appropriate design standards and development incentives, in the revision of Title 21 (Anchorage’s Land Use Development Code).</td>
<td>4.6a-3 Mixed Use Districts - Assess implementation and impact and recommend changes.</td>
<td>4.6a-5 Mixed Use Districts - Continuation of year three action steps.</td>
<td>4.6a-10 Mixed Use Districts - Continuation of year five action steps.</td>
</tr>
<tr>
<td>4.6b-1 Site Design Standards</td>
<td>- Create site design standards and/or incentives for public and private business and institutional development that are safe, convenient and attractive for pedestrians and users of public transit. (e.g. heated or covered sidewalks and entries, bike racks, pedestrian-scale lighting, buildings and entrances placed closer to sidewalks or transit stops in public rights-of-way, avoidance of conflicts with parking and internal vehicular circulation).</td>
<td>4.6b-3 Site Design Standards - Assess implementation and impact and recommend changes.</td>
<td>4.6b-5 Site Design Standards - Continuation of all Year Three Action Steps.</td>
<td>4.6b-10 Site Design Standards - Continuation of year five action steps.</td>
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Building Design Related Objectives

Building Design (Much can be done with building designs that will encourage occupants and visitors to gain more physical exercise during the course of time spent there. Such building features can lead to increased health, productivity, and overall well-being.)

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<td><strong>4.7a-1 Building Design</strong></td>
<td>• Provide space for exercise or physical work-outs, and/or shower/locker room facilities. (Physical exercise space can be within the building, external to building on site, or a rooftop location). • Include indoor, secured bike storage area. • Provide safe, convenient, attractive and easily visible stairways in addition to or in lieu of elevators. (Examples of buildings with such stairways are Anchorage Performing Arts Center, CIRI Building, Anchorage Health &amp; Human Services Building, Alaska Native Medical</td>
<td><strong>4.7a-3 Building Design</strong></td>
<td>• Assess implementation, impact and recommend changes.</td>
<td><strong>4.7a-5 Building Design</strong></td>
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Center and Anchorage Museum of History & Art. Stairways can be provided as a primary access to upper floors, or serve as emergency exits. When provided as emergency exits, design and placement is encouraged to make them safe, visible and easily accessible.

- Make indoor public spaces during off-hours available for indoor walking—Dimond Center is current example—and make public aware of its availability.
- Encourage financial and regulatory incentives for inclusion of physical fitness facilities, and investigate and remove/modify, to the extent feasible, regulatory hurdles. Work with health insurance providers to lower company rates when physical activity facilities are available and used; work with land use, building and fire code officials to facilitate building design features that encourage physical fitness.

“Many people believe that dealing with overweight and obesity is a personal responsibility. To some degree, they are right, but it is also a community responsibility. When there are no safe, accessible places for children to play or adults to walk, jog or ride a bike, that is a community responsibility.

When school lunchrooms or office cafeterias do not provide healthy and appealing food choices, that is a community responsibility. When new or expectant mothers are not educated about the benefits of breastfeeding, that is a community responsibility. When we do not require daily physical education in our schools, that is also a community responsibility. There is much we can and should do together.”

—David Satcher, MD, PhD,
US Surgeon General, The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity 2001