

CHAMPION

Commonwealth's **H**ealthy **A**pproach and **M**obilization **P**lan for **I**nactivity, **O**besity, and **N**utrition.

Leading Virginia
to the Finishline

CHAMPION Report Summary

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CHAMPION Report Summary

Executive Summary

This report describes the Division of WIC and Community Nutrition Services (DWCNS) response to the increasing obesity trend through the creation of the Commonwealth's Healthy Approach and Mobilization Plan for Inactivity, Obesity and Nutrition (CHAMPION). The CHAMPION process was not designed with the intention of being a scientific study; rather, a means of gathering information to be used in the creation of a plan to help reduce or eliminate obesity in Virginia.

Invitations to attend the CHAMPION meetings were sent to individuals who had previously participated in obesity related activities in the state. In an effort to have representation from individuals throughout Virginia, meetings were held in the following regions: Southwest, Roanoke, Blue Ridge, Central, Northern and Hampton Roads. Three special interest group meetings were also held; two of which, the Public Assistance and Healthcare meetings, were held to gather input from professionals in those fields regarding the obesity problem in Virginia. The Minority Health meeting was added as a result of low minority group representation at the regional meetings.

The meetings were held in local hotels in each of the regions and were typically one and a half days long. Each meeting began with an introduction, instructions regarding the flow of the meeting and facts regarding the growing obesity epidemic. Each workgroup was lead by a facilitator and the proceedings of each meeting were recorded. The CHAMPION methodology continued to develop as the meeting series progressed. At the regional meetings, participants divided into workgroups based on their familiarity with specific age groups. The workgroups were divided into the following age groups: pregnant/infant, preschool, school age, adolescent, young adult, adult and senior. In the workgroups, participants identified issues related to inactivity and poor nutrition that they felt contributed to obesity in their region for a specific age group. After the Public Assistance meeting, the obesity determinants (poor nutrition and inactivity) were specified for participants in all future meetings. After the issues were identified, participants ranked the top three issues they felt were the biggest contributors to obesity in their region. Using the top three issues list, participants identified solutions for the issues; and then chose and ranked the top three solutions.

A list that contained regional recommendations for each age group and the workgroup's top three issues and solutions for both nutrition and physical inactivity was compiled and distributed after day one. Second day participants then voted on the top five recommendations across age groups for their community. Participants were able to see the top five recommendations related to inactivity and nutrition for their region prior to the end of the meeting.

After the main session on the second day, participants were encouraged to spend time networking. It was hoped that this would encourage participants to develop contacts within their community.

CHAMPION Report Summary

Executive Summary continued

The Public Assistance group was the first special interest meeting and used a three tiered process methodology. The participants identified and then ranked factors that they felt contributed to obesity for people on public assistance. The barriers to overcoming the contributing factors were identified and ranked as well. The participants then identified and ranked solutions to the named barriers. Due to the low turnout, the Public Assistance meeting was condensed to one day.

The Healthcare meeting was held to garner the perspective of professionals working in the Healthcare industry. At the meeting, participants were given a planning template, and were asked to choose a solution previously identified at the regional meetings and expand on it using the template. Using the planning template was an exercise to examine the feasibility of some of the solutions. Due to the participants' time constraints, the Healthcare meeting was shortened to one day.

At the Minority Health meeting, minority specific obesity statistics were presented. Each minority group was led by a person of the same ethnicity. The minority group categories were: African American/Black, American Indian, Hispanic/Latino, Middle Eastern and Whites Working with Minorities. The methodology used at the Minority Health meeting did not require participants to discuss nutrition and physical inactivity issues separately. The African American/Black group had the largest representation of all the participants, and chose to remain as one group in an effort to present cohesive statements.

Following the completion of the CHAMPION meetings, an expert panel meeting was convened to assist the CHAMPION staff with interpreting the data. Professionals in the fields of data analysis, program evaluation, methodology development and public policy were invited to participate on the panel. Seven expert panelists participated. On the first day, the CHAMPION process was reviewed for the panelists, after which they reviewed the meeting results. The panelists recommended steps that could be taken to assist with utilizing the information gathered from the CHAMPION meetings in the creation of a strategic plan to address obesity in Virginia.

The panel recommended using the following three-phase approach: 1) The panel specifically recommended publishing a report documenting the results from the meetings prior to the development of the state plan/blueprint. In addition, they recommended that the state not attempt to evaluate the meeting data to set state priorities, but rather that the information be analyzed by themes which would be included in the report. 2) They recommended themes be researched to see if they are supported by published evidence based research. 3) They recommended development of a state "plan" in response to both the report and the research.

CHAMPION Report Summary

Executive Summary continued

This report represents the first step of developing a report to share with the state. It includes all information gathered through the CHAMPION process. The only analysis done was to determine themes within the information. While themes varied somewhat between region-groups and between age groups, the following four statewide solution themes were identified:

1. media intervention
2. nutrition education
3. community involvement
4. public policy

The Division of WIC and Community Nutrition Services will now begin the important process of researching the science to support or negate each solution concept recommendation as well as document any documented positive outcomes of each. Once this process is complete, the Commonwealth's Healthy Approach and Mobilization Plan for Inactivity, Obesity and Nutrition will be finalized.

CHAMPION Report Summary

CHAMPION Background

In September 2004, the Virginia Board of Health in collaboration with DWCNS hosted executives from both public and private organizations throughout Virginia, at the Jefferson Hotel in Richmond, Virginia for a forum on obesity awareness titled *Virginia's Expanding Waistline: How it Affects the Bottomline*.

The briefing provided the opportunity to inform individuals on the obesity epidemic in Virginia. Speakers, including leaders from Health and Human Service, Center for Disease Control, United States Department of Agriculture, National Institutes of Health, University of Virginia as well as Jane Woods, the Secretary of Health and Human Resources, addressed the topic of obesity and relayed prevention strategies, obesity trends and information on the economic burden of obesity. Information was also provided on federal funding available for obesity and chronic disease prevention.

The goals of the briefing were to assemble Virginians who could provide leadership in reducing the prevalence of obesity; reveal current data about the obesity epidemic; obtain a commitment from attendees to make obesity prevention a priority within their realm of influence; obtain the names of people from each of the groups represented who could participate in workgroups and finally, to establish a foundation to launch a state plan to battle the obesity epidemic.

Following the briefing, DWCNS developed a plan to hold nine group meetings throughout Virginia to address obesity within specific populations. The Commonwealth's Healthy Approach and Mobilization Plan for Inactivity, Obesity and Nutrition (CHAMPION) is the result of the Division's efforts. Initially, it was planned that the meetings would be categorized by age group and conducted at the state level. It was later determined that having a meeting in regions throughout Virginia would provide the opportunity for each age group as well as residents of the entire state to be represented.

In an effort to include all population demographics, the following nine categories were created which encompassed specific age groups and four unique demographics: Pregnant/Infant, Preschool (including both home and daycare), School Age, Young Adult (including higher education and young professionals), Health Care (including hospitals and insurance companies), Workplace, Active Seniors, Assisted Living and Public Assistance. The Minority Health meeting was developed after reviewing the comments from the regional meeting evaluations; and observing that minority groups were not well represented at the regional meetings. Questions for each of the specialty groups were tailored to the target audience.

The Healthy People 2010 was used as a question guideline, thus allowing participants to develop strategies for implementation within their selected age group. Each workgroup was to have a facilitator. A professional facilitation team was hired to assist with process development and train these facilitators.

CHAMPION Report Summary

CHAMPION Background continued

The regions were selected using the Virginia Center for Healthy Communities Atlas of Community Health. The Atlas divides Virginia into six regions: Southwest, Roanoke, Blue Ridge, Central, Northern and Hampton Roads. By having meetings within the regions; anyone who desired to participate in the CHAMPION meetings would have access to a meeting site.

The initial CHAMPION process was roughly adapted from the Center for Disease Control's Planned Approach to Community Health (PATCH) program. A pilot study was developed to test the CHAMPION presentation and provide feedback on recommended changes. Sixteen members from various divisions of the Office of Family Health Services at VDH participated in the pilot. The group was instructed to identify obesity risk factors such as genetics, nutrition and physical activity. From that list, the group selected the top three risk factors and developed recommended solutions for the identified risk factors. The recommendations were then ranked to determine the top three; and an action plan describing how to accomplish the recommendations was then prepared. It was from this pilot and utilization of the professional facilitator that the CHAMPION process evolved.

In November 2005, following the completion of the regional and special interest group meetings, an expert panel was convened. The goal was to create a process to evaluate and present the CHAMPION data. Seven experts in the areas of data analysis, program evaluation, methodology development and public policy participated in the panel.

This group evaluated the issues presented and made recommendations on ways to analyze the data, categorize stakeholder groups, present the report and recommend additional steps that could be taken throughout the State as a continuation of the CHAMPION efforts.

CHAMPION Report Summary

Regional Process

Introduction

Obesity is on the rise and can be observed in all age groups from preschoolers to senior adults. There are many factors that contribute to obesity; consuming more calories than are expended; a lack of exercise; metabolic issues; behavioral and socioeconomic factors as well as cultural tendencies toward unhealthy eating all play a part. In Virginia, two out of three adults are overweight¹ and one out of three children is at risk for becoming overweight². In a 2004 study performed by the University of Baltimore, researchers looked at what states are doing to treat obesity as a threat to public health. The study revealed that Virginia received a “D” for the State’s efforts to control obesity and an “F” in the State’s efforts to control childhood obesity³. In 2003, Virginia’s direct obesity attributable health care costs topped \$1.6 billion⁴.

In response to the increasing obesity rates, the Virginia Department of Health (VDH) created CHAMPION, with the intent to better equip communities throughout Virginia to decrease or eliminate obesity. One way this goal will be realized is through the creation of a strategic plan to address obesity in Virginia, utilizing suggestions from the participants. Additionally, a statewide resource guide including information about community programs addressing the obesity epidemic and Virginia specific obesity data will be compiled.

The CHAMPION process was designed to collect information from public opinion, rather than to be a scientific study. Changes were made throughout the progression of the CHAMPION process that guided the direction of future meetings. For example, a Minority Health meeting was not part of the original CHAMPION model; however the meeting was added due to low representation from minority groups at the regional meetings. Another development was the CHAMPION computer program, which was developed after the first regional meeting. The database program allowed attendees’ results to be ranked as recorded, thus allowing the results to be seen by the end of each meeting. Other differences are noted throughout the methodology as they relate to specific anomalies.

Due to the changes that were made, the CHAMPION process was improved, thus enabling the objectives to be met. The objectives within the regional meetings were to gain clarity as to the scope of the obesity problem; to identify issues regarding obesity prevention, treatment and control in each region; to receive recommendations for state and local programs regarding nutrition and activity programs, policies and legislative actions and to collect information about existing programs and community resources regarding nutrition and physical activity.

1 Chronic Disease Control and Prevention: *2003 Behavioral Risk Factor Surveillance Survey*.

2 Virginia Department of Health: *An Examination of Healthy Behaviors in Virginia’s Children*. 2003

3 University of Baltimore: *Obesity Report Card*. August 9, 2004.

4 Finkelstein, E. *Obesity Research*, January 2004; vol. 12. News Release, CDC

CHAMPION Report Summary

Regional Process

Methodology

The CHAMPION meetings were held in local hotels in various regions across Virginia. Unless otherwise noted, each of the meetings was one and a half days long and began with a general introduction to the obesity problem. Following the introduction, age-based small group meetings were held. On the first day of the meeting, in the evening, the ‘Super Size Me’ movie was available for viewing.

Professional service databases, various professional organizational distribution lists and organizational web searches were used to create a master list of invitees. Additionally, names of individuals who had attended previous obesity related activities through the Virginia Department of Health were invited. Invitees were asked to register for the meeting and press releases were sent out to announce the meetings. The local media was also invited to attend; however they were not present at each meeting. A CHAMPION website was created for the purpose of providing information on the meetings and for participant registration.

The Southwest regional meeting was first, followed by Roanoke, Blue Ridge, Central, Northern Virginia and Hampton Roads. A number of the changes were made to the CHAMPION process following the Southwest meeting which were beneficial to the overall process. Additions included regional recommendations and merged solutions; a CHAMPION computer program with a data-ranking process was also developed. These improvements resulted in the compilation of more useable data.

At the meetings, workgroups were led by a facilitator and the proceedings of each meeting were recorded. The workgroups were divided by age group and were defined according to the following categories: infant through preschool covered conception through age 5; school age, ages 5 – 12; adolescent, ages 12 – 18; young adult, ages 18 – 30; adult, ages 30 – 59 and senior, ages 60 and older. The Public Assistance meeting had only one workgroup due to low participant representation.

The focus of the workgroups was to answer the following questions for both nutrition and physical inactivity:

- What do you think is contributing to a high/rising obesity rate among persons of this age group in your region?
- Of the items that have been listed, which do you think are the three issues that have contributed the greatest to the high/rising obesity rate for persons of this age group in your region?

Regional Process

Methodology continued

After identifying the top three issues contributing to obesity within their region, participants were tasked with identifying solutions for those issues. They were asked the following questions:

- Looking at the top three factors individually, what do you think are solutions to addressing them and working to reduce or slow the rise in obesity? Think about ways to approach this that are personal, family, community, environmental and policy.
- Of the items that have been listed, which do you think are the three solutions that could have the greatest impact on the high/rising obesity rate for persons of this age group in your region?

Votes were recorded and tabulated to generate the top three issues identified by the participants.

A list was compiled and distributed that contained regional recommendations for each age group and the workgroup's top three issues and solutions for both nutrition and physical inactivity. Participants then voted on the top five recommendations across age groups for their community. Once completed, participants were able to see the top five recommendations related to inactivity and nutrition for their region.

Following the main session on the second day, participants were encouraged to spend time networking.

Due to the CHAMPION process methodology, the atmosphere of the regional meetings encouraged participants to identify issues they felt contributed to obesity within their region; and suggest solutions that could best contribute to future obesity prevention efforts. Participants regularly expressed appreciation and enthusiasm for the fact that their input was being sought before a plan was developed.

CHAMPION Report Summary

State Themes Process and Report

After the CHAMPION data was collected, DWCNS staff members who had participated at the regional meetings and were familiar with the data collection process, met to review the CHAMPION data and to determine common themes. The data from the Healthcare meeting was not reviewed at the meeting.

The DWCNS staff reviewed data from the following categories: solutions by region and by age group, and issues by age group. The participants determined that an item would be regarded as a theme if it occurred in more than half of the meetings or subgroup categories.

Two processes were used to determine if an item was a theme. In the first process, participants reviewed each regions' solutions to determine if they were identified by more than one age group. This information was entered into a Word document, and was then compiled into a list of solutions that recurred in at least half of the regions. In the second process, participants reviewed the issues and solutions by age group. Recurring issues and solutions were entered into a matrix, thus enabling common age group themes for each region to be identified.

The data were compiled into the following four categories: statewide solution themes, region specific solution themes, age specific issue themes, and age specific solution themes.

The statewide solution themes revealed the following four major themes: media interventions, nutrition education, community involvement and public policy.

Region specific solution themes were identified for each of the six regions and the Minority Health group. The solution themes are listed below by region in priority order according to the number of age groups that identified a particular solution.

Southwest Region

- Food label and grocery shopping education
- Educate on ways to cook meals in a short amount of time
- Environmental issues (safety of the outdoor environment, light on trails)
- Faith based nonprofit and community program involvement supporting childcare of after school activities
- Family centered activities – games and outdoor activities
- Health promotion programs – increase free or inexpensive community programs

Roanoke

- Grocery store shopping demonstrations
- Conduct media/public service announcement campaigns
- Offer cooking classes
- Offer community based activities
- Educate parents that young children learn through interactive play

CHAMPION Report Summary

State Themes Process and Report continued

Roanoke

- Have insurance programs offer to pay for nutrition counseling and adult wellness programs
- Provide nutrition education – demonstrate the cost ratio of fast food versus healthy food
- Parental involvement
- Public policy to have daily physical activity in schools
- Add nutrition as a component to Standards of Learning in schools

Blue Ridge

- Use the media to educate parents to increase their level of activity
- Have the Department of Education separate physical education and health class so schools hire teachers for each class
- Educate parents on the effects of physical activity on health
- Encourage employee wellness by partnering with businesses that encourage exercise
- Have insurance companies offer reduced rates to healthy participants

Central

- Create media campaigns that provide accurate information
- Promote community based after school activity programs
- Have healthcare providers use birth preparedness classes to begin health education

Northern Virginia

- Have a media campaign that focuses on the importance of physical activity
- Nutrition education
- Educate on variety and portion sizes

Hampton

- Community involvement
- Media
- Nutrition education; public policy and healthcare provider involvement

Minority Health

- Community involvement
- Public policy
- Media
- Nutrition education

To determine the age specific issue themes, the ‘Top Three’ issues from the regions and specialty groups were combined; and the thematic issues that were identified in at least half of the meetings were combined into age group categories. Issue themes were separated according to physical inactivity and nutrition. Not all age groups were

CHAMPION Report Summary

State Themes Process continued

represented in each region and some themes were more prevalent in certain regions than others.

Overall, commonly identified age specific issue themes regarding physical inactivity were the lack of time parents have, too much time spent watching television, family lifestyles and the lack of physical education available in schools.

Commonly identified age specific issue themes regarding nutrition were poverty, the lack of nutrition knowledge people have and the low cost of convenience foods versus the cost of healthier foods.

Age specific solution themes were identified by combining the 'Top Three' solutions from the regions and specialty groups. The thematic solutions that were identified in at least half of the meetings were combined into age group categories.

Commonly identified age specific solution themes regarding nutrition were to utilize the breadth of media influence to convey the positive message of nutrition through the use of media campaigns, market healthier foods and increase the number of messages about healthy foods.

Some commonly identified age specific solution themes regarding inactivity were to educate parents on the importance of physical activity, have media campaigns that focus on the importance of physical activity and offer community sponsored activities.

Reviewing the CHAMPION data enabled themes to be identified according to issues and solutions by region and age group. The themes highlight specific issues and solutions that could be addressed for a statewide obesity prevention plan. This information could also be used within communities as a tool to guide their future endeavors to increase activity and improve nutrition. By evaluating the feedback from participants, the issues have been identified and the first step has been taken to provide communities with an opportunity to increase outreach programs for activity and nutrition. The next step is for each community to determine the best way to utilize the information. DWCNS will continue to be a resource for communities by providing leadership opportunities and a website for communities to access for guidance.

CHAMPION Report Summary

Southwest Virginia

Regional Report

Thirty-five participants attended the Southwest Virginia regional CHAMPION meeting. There was no demographic data available from the meeting.

At the end of the CHAMPION meeting, participants were given the chance to fill out a program evaluation. There was a 77% response rate, with 27 out of 35 attendees completing program evaluations. All 27 responding participants (100%) agreed that the objectives for the CHAMPION meeting were clearly communicated and explained and that the objectives were accomplished. All responding participants also agreed that the format of the meeting supported their ability to provide constructive input. Only 81% of participants agreed that the workgroup contributed to their knowledge on obesity and physical activity issues indicating that participants were generally knowledgeable about the issue.

When asked to comment on the presenters, all responding participants (100%) agreed that the speakers were knowledgeable with their content, the speakers' presentation styles were appropriate for the content delivered, and that participation was encouraged by the speakers. Eighty five percent of participants indicated that they intended to apply (or introduce) the information received to their community.

Comments indicated that participants were enthusiastic about the meetings, describing them as "informative" and "beneficial." Overall, participants viewed the break out groups and the brainstorming sessions as the most important aspects of the meeting. Participants appreciated gaining the perspective of their peers while having the opportunity to voice their own concerns.

Participants indicated that the techniques used for ranking items took up too much time, and suggested that another method should be created. There were also a few complaints about the food, namely the lack of healthy food items at a meeting on obesity and related issues. The top suggestion for future regional meetings was to include information on disorders related to obesity (diabetes, heart disease, etc.).

Southwest Virginia

Top 5 Contributing Factors and Recommendations

The issues and solutions identified below were identified by participants at the Southwest regional meeting. Some workgroups identified less than five contributing factors and solutions.

Adult

1. Too much TV and computer time
 - Reduce TV and computer usage.
 - Reduce food commercials during primetime.
 - Encourage family activity during the evening such as game playing, hobbies, gardening, playing with pets, etc.
 - Encourage community events for family and singles with emphasis on involving the whole family.
 - Encourage community clubs and special interest groups focused on activities such as canoeing, running, biking, hiking and dancing.
2. People are juggling work, family and school both day and night
 - Find activities where you live that are fun such as walking or hiking.
 - Support families by offering childcare and by providing transportation for children through organizations such as faith based groups.
 - Offer education on the health and costs of not engaging in physical activity as a means of prioritizing how they use their time.
 - ***Participants did not finish recommendations for this contributing factor.*
3. People are confused over nutritional findings
 - Educate on input or output directed to workplace, churches, grocery stores, laundry mats, PTA's, newspapers, public service announcements, etc. based on ideas of what their eating habits are.
 - Use children to influence parents.
 - Add incentive programs for children to be healthy.
 - Provide information to people with a slower metabolism.
 - Provide information on portion control.

Southwest Virginia

Top 5 Contributing Factors and Recommendations

Preschool

1. Lack of education about nutrition
 - Mandate that the Virginia Department of Education bring back home economics and educate children in school systems. Follow up by contacting parents and let them know about available resources.
 - Enforce nutrition education courses in schools.
 - Provide grocery store tours and classes on how to understand food labels sponsored by Virginia Cooperative Extension.
 - Put more money into Virginia Cooperative Extension.
 - Educate staff about community services, nutrition and recreation.
2. Culture
 - Teach how to make family favorites healthier by teaching food substitutions by community organizations.
 - Provide grocery store tours and teach how to read food labels and nutrition information by Virginia Cooperative Extension.
 - Teach parents that it is okay for children not to finish their plate.
 - Campaign to teach parents to not use food as a reward.
 - Teach variety, begin your own traditions, and start introducing new foods.
3. Poverty
 - Request more funds to educate the underprivileged on how to shop and spend their food stamps.
 - Teach low income how to budget.
 - Ask USDA for better access to fruits and vegetables for WIC participants.
 - Re-evaluate guidelines for Food Stamp, WIC Authorization and Free or Reduced lunch.
 - Expand the Farmers' Market program.
4. Time and convenience
 - Teach people that you can cook a nutritious meal in a short amount of time.
 - Teach time management.
 - Provide fast and healthy recipes in newspaper.
 - Plan menus.
 - Create a calendar of meals in advance.
5. Lack of parental control and role models
 - Educate the parents first (classes).
 - Require classes in order to continue receiving government services.
 - Find out what type of activities the parents are interested in and provide them with options to participate along with their children in the same activity.
 - Educate them on how to be a parent (i.e. how to say "no", how not to give in).
 - Live your life the way you expect your children to live theirs.

Southwest Virginia

Top 5 Contributing Factors and Recommendations

School Age

1. Inactivity

School setting:

- Mandate daily structured physical activity and/or physical education to include muscle strength, endurance, flexibility and cardiovascular fitness for children in Kindergarten through 12th grade utilizing current facilities and staff.
- Reward students for participating in computer programs that incorporate physical activity.
- Fund additional staff.
- Improve communication between school system and parents.
- Sponsor (by schools) physical activity clubs and intramurals during and/or after the school day.

Outside of school:

- Provide health promotion programs for parents and adults to increase awareness about the benefits of physical activity.
- Provide more groomed, lighted, safe, user friendly activity and fitness trails; physical activity green spaces to include play structures in every community.
- Increase access to and resources with community wellness centers incorporating current facilities available.
- Provide programs to utilize vacant and dormant buildings in communities for multi-use community centers to include exercise facilities.
- Incorporate physical activity through communication with community programs outside of school.

2. Poor parenting skills

- Increase health promotion programs, to build awareness within parents, through public service announcements, fliers, etc.
- Provide required parenting skills classes in schools and communities.
- Encourage annual physical examinations by primary care provider.
- Teach importance of role modeling by parents.
- Alter cultural perception of the dangers of poor nutrition habits and inactivity through marketing campaign.

3. Lack of nutrition and physical education

- Increase health promotion programs to build awareness of parents through public service announcements, fliers, etc.
- Provide required health and nutrition skills classes in schools and communities.
- Encourage annual physical examinations by primary care provider.
- Teach benefits of physical activity to school age children and parents.
- Teach community classes on healthy food preparation with corporate sponsorship (i.e. grocers).

Southwest Virginia

Top 5 Contributing Factors and Recommendations

School Age

4. Lower education and low income
 - Include nutrition and physical education in GED and continuing adult education programs.
 - Collaborate with public assistance programs to deliver nutrition and physical education information.
 - Develop and implement TV media campaign to promote nutrition and physical education information.
 - Create regulations on advertising geared towards children pertaining to potentially unhealthy foods and drinks.
 - Teach community classes on healthy food preparation with corporate sponsorship (i.e. grocers).
5. School foods: fat content, USDA regulations
 - Increase funding for school food service programs.
 - Pressure on USDA to provide healthier options.
 - Reward system for children who select and consume healthier food choices.
 - Require availability of nutrition content for all USDA meals.
 - Require nutritional background and training requirements for school food services directors.

Southwest Virginia

Top 5 Contributing Factors and Recommendations

Senior

1. Reduction of physical activity.
 - Develop safe walking paths, parks and public school track areas.
 - Have dancing and movement activities at senior centers and do not call it exercise.
 - Encourage movement activities in residential care centers such as assisted living and nursing homes.
 - Educate caregivers, family members and home health nurses on need for movement.
 - ***Participants did not finish recommendations for this contributing factor.*
2. Limited Budgets.
 - Provide better healthcare that is more affordable.
 - Educate to manage limited income to help make better food choices.
 - Educate on resources available such as church pantries, Food Banks, Meals on Wheels, senior centers, SHARE program, and Food Stamps.
 - Assist seniors with programs for fuel, utilities and medications to have more money for food.
 - ***Participants did not finish recommendations for this contributing factor.*
3. Set in their ways that prevents them from thinking that they need to change.
 - ***Participants did not finish recommendations for this contributing factor.*
4. Cooking habits involving lots of fat, sugar and salt.
 - ***Participants did not finish recommendations for this contributing factor.*
5. Lack of nutritional knowledge.
 - ***Participants did not finish recommendations for this contributing factor.*

Southwest Virginia

Top 5 Contributing Factors and Recommendations

Young Adult

1. Balancing work and family does not leave time for physical activity.
 - Develop places to walk at work both inside and outside.
 - Provide bikes and treadmills at work.
 - Provide statistics to companies on relationship between lack of physical activity and loss of productivity.
 - Develop wellness program at work that involves family members, not just employees.
 - Assist with memberships at recreational facilities.
2. They run out to buy fast food.
 - Provide healthier foods and water in vending machines.
 - Educate on better choices should they go out for fast food.
 - Provide ideas for packed lunches that are healthy and quick.
 - Make space available for refrigerators, microwaves and coolers with ice by employers.
 - Provide onsite healthy food choices for meals by employers.
3. Lack of pre-planning for meals.
 - ***Participants did not finish recommendations for this contributing factor.*
4. Portion sizes are larger.
 - ***Participants did not finish recommendations for this contributing factor.*
5. Balancing work and family promotes eating out (i.e. fast foods); no time to cook.
 - ***Participants did not finish recommendations for this contributing factor.*

CHAMPION Report Summary

Roanoke Area

Regional Report

Sixty-five participants attended the Roanoke regional CHAMPION meeting. There was no demographic data available from the meeting.

Participants were given the chance to fill out a program evaluation at the end of the CHAMPION meeting. There was a 74% response rate, with 48 out of the 65 attendees completing program evaluations. When asked about the meeting objectives, 96% of participants agreed that the objectives for the CHAMPION meeting were clearly communicated and explained and 89% agreed that the objectives were accomplished. Similarly, 98% of participants agreed that the format of the meeting supported their ability to provide constructive input. Only 81% agreed that the workgroup contributed to their knowledge on obesity and physical activity issues indicate that participants were generally knowledgeable about the issue.

When asked about the presenters, 92% of participants agreed that the speakers were knowledgeable with their content and that their presentation styles were appropriate for the content delivered. Additionally, 90% agreed that participation was encouraged by the speakers. Ninety eight percent of participants indicated that they intended to apply (or introduce) the information received to their communities.

Comments indicate that participants found the CHAMPION meeting to be helpful and informative. Overall, participants viewed the group discussions and the opportunity to form solutions and future plans as the most important aspects of the meeting. Participants also appreciated the professional diversity and the opportunity to work with members from various parts of the community.

Many participants requested more time to work in small groups. Participants were enthusiastic about forming concrete programs to fight obesity, and many requested that future meetings provide more time and assistance with forming strategies for implementation. Similarly, several also indicated that they would like more information about current programs being used to fight obesity.

Roanoke Area

Top Three Issues and Solutions

The top three issues and solutions identified below relate to inactivity and nutrition within the Roanoke region. The issues are separated into categories relevant to each age group. Each issue is followed by the applicable top three solutions.

Adult

Inactivity

1. Not having enough time for self due to taking care of others and other activities and then being too tired.
 - Help people improve their own health by providing information on how to make healthy choices. Teach them body mass versus body weight.
 - Encourage insurance companies and government insurance programs to provide coverage for nutrition counseling and adult wellness programs.
 - Conduct a public service announcement campaign with the theme ‘Live Like You are Going to Die’.
2. Cultural choices such as ‘drive-through’ and ‘container’ lifestyles prevents walking and activity.
 - Host community fitness and healthy food events that focus on demonstration and information. These events can be sponsored by schools, organizations and employers.
 - Have employers allow time and space for physical activity at the worksite.
 - Have local governments require community developers to include amenities such as greenways and trails, which would encourage physical activity.
3. Lack of health education and its importance in the community.
 - Establish a clearinghouse of information and market what is available. Address the identified gaps in communities. Make case studies available to show the impact of not being engaged in activity through State developed public service announcements.
 - Encourage collaboration between nonprofit groups such as the YMCA and employers who cannot provide financial assistance to help their employees to be physically active.
 - Encourage employers in the health field to be role models by having fitness centers on site.

Roanoke Area

Top Three Issues and Solutions

Adult

Nutrition

1. Lack of knowledge or education on reading labels, preparation of food and calories in versus calories out. Liquid calories are not thought of as food.
 - Have the Virginia Department of Health take the lead in creating public service announcements to address the public's lack of knowledge.
 - Increase funding for agencies such as the Virginia Cooperative Extension, nonprofit groups and health organizations to provide the information they already have.
 - Tie public assistance for families to mandatory training.
2. The use of fast and convenience foods, too many choices and too few healthy choices for lower incomes are contributing factors. Also, individuals are making poor food choices.
 - Identify healthy foods in grocery stores by using shelf tags.
 - Provide food wrapper labeling in fast food establishments that will reveal the amount of energy required to expend calories that is contained in the food. For example: you have to walk seven miles for this hamburger.
 - Establish markets for growers of organic fruits and vegetables and encourage the health sector employers to be conscious purchasers.
3. There is the perceptions that it is expensive to eat healthy and that fast food is cheap. Reality is that fast food is expensive in time and money.
 - Return to teaching individuals how to prepare foods and teach that some less expensive foods require more time to prepare. Individuals may not know how to prepare foods properly; this may need to be a collaborative effort.
 - Show the cost ratio of fast food versus healthy food and have supermarket distribute flyers in their bags. Have this information available at fast food restaurants, at Farmer's Markets, to new mothers, send home from school with students, etc.
 - Encourage supermarkets to promote ways to eat healthy without increasing the cost of food.

Roanoke Area

Top Three Issues and Solutions

Preschool

Inactivity

1. There is a lack of education and buy in of parent and caregiver of benefits of age appropriate physical activity.
 - Introduce state mandated and supported planned education programs that focus on physical activity for elementary school, childcare facilities and faith based organizations.
 - Develop an education campaign geared toward pediatricians to promote physical activity.
 - Have a local media campaign with healthy messages and community programs (e.g. advertising on city buses).
2. TV and video games are used as babysitters; and children watch an excessive amount of TV.
 - Educate parents of activity options instead of just using the TV.
 - Work with Public Broadcasting Service for interactive activity programs.
 - Develop a media campaign to remove TVs from waiting rooms, daycare centers, etc.
3. Emphasis on structured learning versus free play.
 - Add free play to educational program requirements through state regulations.
 - Educate parents that young children learn through interactive play.
 - Incorporate child based interactive programs at home and school.

Roanoke Area

Top Three Issues and Solutions

Preschool

Nutrition

1. There is a lack of nutrition education and buy in from parents and caregivers.
 - Have parents, doctors and others working toward the same goal.
 - Offer cheaper or free nutritional resources and insurance reimbursements for being enrolled in a program that provides visits to a registered dietitian.
 - Require referral of children that are classified in a certain percentile (weight/height is 85th or above) at a doctor's office to a registered dietitian.
2. Parents have poor eating habits.
 - Generate the interest in children so they will generate the interest in their parents. Mandate nutrition to be a class for each grade level.
 - Host cooking classes presented by a chef where the parents are (i.e. Wal-Mart). Teach parents shopping tips, nutrition education, menu planning, 30 minute meals, etc.
 - Educate parents and children and emphasize family nutrition goals.
3. Lack of education on how to prepare fast nutritious meals.

***Participants did not identify solutions for this issue.*

Roanoke Area

Top Three Issues and Solutions

School Age

Inactivity

1. There is a lack of emphasis and accountability on physical education in school.
 - Begin grassroots lobbying to school boards to increase funding and time for physical education in school.
 - Create programs to increase physical activity outside of schools through local entities, Parks and Recreation centers and school boards.
 - Propose legislation that requires parental notification if their child's body mass index is not in a healthy weight (above the 85th percentile or below the 5th percentile).
2. Parents' work leaves a lack of time so the burden falls on schools, daycares, childcare providers to provide physical activity.
 - Work with childcare providers to incorporate physical activity into their programs. Have funding for educating staff and purchasing equipment.
 - Increase funding to allow schools to be open for community activities before and after school and during the summer. Address the liability issues.
 - Use family nights at school to help parents to prioritize the promotion of family time and eating together every night.
3. Technological advances promote inactivity.
 - Educate parents on positive and negative uses of technology. Use Parent Teacher Association (PTA) meetings, Channel 1, a DVD or public service announcements.
 - Partner with businesses to provide education for parents through newspapers, etc. on leisure activities (museums, nature trails, hiking, riding bikes, family physical education night, etc.).
 - Acquire local funding through grants, business partnerships or health facilities for physical activity programs (i.e. sports, swimming, recreational leagues).

Roanoke Area

Top Three Issues and Solutions

School Age

Nutrition

1. Parents do not have the time to cook healthy meals and sit down together to eat.
 - Create meal planning partnerships (i.e. Virginia Cooperative Extension and grocery stores) and have information accessible online.
 - Educate families on how to cook quick, healthy meals. Use flyers, grocery bags, the classroom, school fundraisers, PTA meetings, local TV stations, etc.
 - Teach time management and prioritizing skills to families and businesses.
2. Unhealthy foods are tastier, cheaper and easier.
 - Create marketing programs that focus on healthy foods.
 - Emphasize school programs that teach children how to make practical choices.
 - Equate healthy and unhealthy choices with green and red lights.
3. There is a lack of nutrition education.
 - Develop programs that teachers can use to incorporate nutrition education into non-health classes; use Standards of Learning.
 - Begin grassroots lobbying to increase funding for nutrition education in schools.
 - Emphasize the nutrition education component of the Standards of Learning.

Roanoke Area

Top Three Issues and Solutions

Young Adult/Adolescent

Inactivity

1. Schools have reduced physical education both in time and focus.
 - Mandate statewide fitness testing that will be administered at the beginning and end of each school year. The results will be reported to the Department of Education, who will in turn report back to schools and parents.
 - Develop mandatory standards for health and physical education that will be implemented; hold schools accountable for these standards.
 - Include the health benefits of physical activity into other subjects.
2. Using technology in place of physical activity.
 - Develop community gardens.
 - Utilize media campaigns to promote physical activity.
 - Promote family night and family activities in the community.
3. There is a lack of motivation.
 - Teach children about the consequences of poor health choices.
 - Teach parents motivational strategies to promote behavioral changes.
 - Expose people to fun physical activities to promote lifestyle changes.

Roanoke Area

Top Three Issues and Solutions

Young Adult/Adolescent

Nutrition

1. There is a lack of knowledge about nutrition, serving sizes, alternative healthy snacks and bad food versus good food due to generations of not cooking.
 - Add culinary classes and life skills in schools to address cooking and food issues.
 - Have a central resource, such as the Virginia Department of Health, to obtain correct nutritional information.
 - Provide clear, simple and consistent nutrition information in the community setting.
2. The choices in vending machines and at school are not healthy. Access is usually to unhealthy foods.
 - Monitor and hold schools accountable.
 - Educate parents at PTA meetings to support healthier choices in the schools.
 - Incorporate the Five-A-Day campaign into schools and introduce one new food to taste each week.
3. Non-nutritional foods are cheaper.
 - Bring back community gardens, Farmer's Markets and cooperative concepts.
 - Teach healthy food preparation through demonstrations in grocery stores. These can be similar to home store demonstrations.
 - Teach people how to get the nutritional value out of everyday foods.

Roanoke Area

Top Five Regional Recommendations

The following are the top five solutions identified by participants in the Roanoke region as a result of the CHAMPION workgroups. This list is a compilation of solutions that were identified by the workgroup as a whole, and are not specific to a particular age group.

1. Develop media campaigns and public service campaigns to promote healthy lifestyles.
2. Teach individuals how to: prepare healthy foods, shop for healthier choices, manage their time and cook quick, healthy meals by collaborating with businesses and community organizations.
3. Mandate that nutrition education is taught in each grade in school and that free play is added to educational programs.
4. Implement programs that focus on physical activity and nutrition education in child care, Head Start and elementary schools. These programs will be State mandated and supported by State agencies.
5. Provide nutrition counseling and adult wellness programs in conjunction with insurance companies, employers and community organizations.

CHAMPION Report Summary

Blue Ridge Area

Regional Report

Seventy-seven participants attended the Blue Ridge regional CHAMPION meeting. Of the 61 participants who reported their education level, 8% had a high school education level, 48% had attained certification, an associate degree, or a bachelors degree, and 43% had a masters or a doctorate degree. Sixty-eight participants indicated their organization; 44% of those answering were from academics, 7% from businesses for profit, 15% from non-profit businesses, 15% from services, and 19% from “other.” On the registration form, there was no category for government; therefore, it is assumed that government agencies are listed in the “other” category.

Participants were given the chance to fill out a program evaluation at the end of the CHAMPION meeting. There was a 70% response rate, with 54 out of 77 attendees completing program evaluations. All responding participants (100%) agreed that the objectives for the CHAMPION meeting were clearly communicated and explained, 92% agreed that the objectives were accomplished, and 87% agreed that the format of the meeting supported their ability to provide constructive input. Only 72% of responding participants agreed that the workgroup contributed to their knowledge on obesity and physical activity issues indicating that participants were generally knowledgeable about the issue.

When asked to comment on the presenters, 90% of participants responded that the speakers were knowledgeable with their content, 88% agreed that the speakers’ presentation styles were appropriate for the content delivered, and 93% reported that participation was encouraged by the speakers. Moreover, 88% of participants indicated that they intended to apply (or introduce) the information received to their communities.

Comments indicate that participants from the Blue Ridge regional CHAMPION meeting viewed the event as useful and informative. Overall, participants rated the group discussion and brainstorming sessions as the most important aspects of the meeting. Participants appreciated having the chance to have their ideas heard and to receive input from others.

The biggest complaint from participants at the meeting was the temperature in the hotel. The top suggestions for future regional meetings were to discuss programs that have already been implemented to fight obesity, and to discuss more funding opportunities for instituting exercise and educational programs.

Blue Ridge Area

Top Three Issues and Solutions

The top three issues and solutions identified below relate to inactivity and nutrition within the Blue Ridge region. The issues are separated into categories relevant to each age group. Each issue is followed by the applicable top three solutions.

Adolescent

Inactivity

1. TV, cell phone, video, instant messaging and computer use by children leads to a sedentary lifestyle.
 - Provide after school programs with wide appeal and variety for all students.
 - Encourage parents to encourage young children and adolescents to be active.
 - Include technology in physical education programs.
2. There is a lack of required, daily, quality physical education in public schools.
 - Research shows that daily physical activity increases test scores; make activity mandatory for children in Kindergarten through 12th grade.
 - Hire qualified and certified physical education teachers.
 - Educate legislators, administrators and ‘big dogs’ on research showing the benefits of activity on learning. Make presentations at board meetings, city councils, to state superintendents and legislators; share success stories where differences have been made.
3. Adolescents have a lack of motivation and self discipline.
 - Address the personal value of physical activity instead of winning. Stress the importance of personal goals and provide information on what can be accomplished.
 - Provide a variety of activities for those who may not prefer traditional activities and empower children to express their interests. Have activities for all skill levels.
 - Assure that children understand the importance of why they should engage in physical activity.

Blue Ridge Area

Top Three Issues and Solutions

Adolescent

Nutrition

1. Increased portion sizes.
 - Educate people on what portion sizes should be. Start in schools; have fast food companies show what an appropriate portion is and compare this to larger portions.
 - Have a higher tax for ‘all you can eat’ buffets. Tax foods that are sold in larger than normal portion sizes and have a ‘burger tax’ for fast foods. These funds will be used to support schools in general and nutrition education specifically.
 - Provide weight management programs in the community that teach portion sizes.
2. Availability of high fat, high calorie fast food and convenience food.
 - Teach parents and adolescents how to select nutritious foods.
 - Assure the availability of healthier choices in snack machines and in general. Have juice and water machines.
 - Have convenient healthy foods available at home, schools and other places.
3. Jobs and other commitments leave no time to prepare meals at home. Children are not provided with the opportunity to learn how to make good food choices.
 - Educate children and adolescents on healthy food choices in school settings.
 - Educate parents using brochures and other methods by sending information home with students.
 - Have schools provide nutrition counseling for parents and children.

Blue Ridge Area

Top Three Issues and Solutions

Adult/Senior

Inactivity

1. Physical activity requires commitment and energy that people don't feel they have. There is a lack of motivation.
 - Reward people with lower insurance rates for being healthy.
 - Provide public service announcements that promote the benefits of engaging in short amounts of activity and support the messages with data and research.
 - Replicate the Healthy Virginians Campaign led by the mayor; include competitions or challenges between communities.
2. Sedentary jobs, lack of focus by employer on physical activity. Employers and corporations don't recognize health as a bottom line issue.
 - Have management supported employee wellness programs. Provide group incentives using successful models in the community including break time from work to be physically active. Have a CHAMPION Club.
 - Reward people who are healthy with reduced insurance rates.
 - Encourage employers to develop company committees and appoint them to community and civic organizations. Have a CHAMPION Wellness Plan.
3. There is a lack of safe walking and biking trails to use for exercise. People do not feel safe due to the lack of sidewalks and busy roads; they do not want to be observed while exercising.
 - Require green space and sidewalks in new neighborhoods. Develop an environment that incorporates trees and curvy streets.
 - Offer tax credits or incentives for local government that put in new sidewalks, bike trails, etc.
 - Make an inventory of resources that are available in the community.

Blue Ridge Area

Top Three Issues and Solutions

Adult/Senior

Nutrition

1. People eat for reasons other than hunger and often sacrifice healthy food for convenience.
 - Encourage insurance companies and businesses to incorporate behavioral health components into employee health plans.
 - Encourage community activities for socialization as opposed to only focusing on food.
 - Increase nutrition awareness by using public service announcements that will demonstrate appropriate food choices such as when to eat, how much to eat and what satiety means.

2. People have an ‘all you can eat’, ‘most for your money’ and ‘clean plate mentality. It is culturally acceptable to eat a lot.’
 - Increase nutrition awareness through public service and media announcements that address portion sizes and the consequences of excessive caloric intake.
 - Partner with local businesses and stores to show healthy food preparation and appropriate portion sizes.
 - Encourage faith based communities to focus on stewardship of the body and resources.

3. Not enough accountability and support to make the changes.
 - Institute a health insurance benefit or credit for maintaining good weight and good health.
 - Encourage the Healthy Virginians and CHAMPION Campaigns to be continued statewide and have follow up meetings.
 - Have companies and businesses provide onsite weight management or healthy eating support groups and reimburse the co-pay fees.

Blue Ridge Area

Top Three Issues and Solutions

Infant/Preschool

Inactivity

1. No sidewalks, walking trails or bike trails.
 - Have city development planning include sidewalks in road plans and in subdivision plans.
 - Serve as local political advocates for improved facility development and comprehensive plans by mobilizing larger numbers in the community.
 - Provide trails around school grounds that are open to the public.
2. Parents lack time for physical activity.
 - Create programs for mothers and toddlers to participate in during times when older children are involved in other activities.
 - Encourage businesses to allow parents to job share.
 - Have employers offer childcare close by or on-site to help save transportation time.
3. Too much TV and video.
 - Promote ideas to parents for activities that take the place of TV.
 - Mobilize physicians to give recommendations of no more than two hours of TV a day.
 - Promote parent groups or activities that involve the children.

Blue Ridge Area

Top Three Issues and Solutions

Infant/Preschool

Nutrition

1. Having high calorie, high sugar, high fat snacks and drinks.
 - Create a media campaign with high profile preschool celebrities on the importance of fruit, vegetables and water.
 - Teach healthier alternatives for parents through WIC, parenting classes, preschool programs, Head Start, VCE, prenatal classes, etc.
 - Develop childcare regulations that prohibit nutritionally poor snacks and drinks.
2. Parents lack education regarding healthy choices and appropriate feeding practices.
 - Enhance education funding and grants for programs that reach parents.
 - Develop a community network to ensure everyone is giving the same message.
 - Promote healthy snack and food ideas for parents in the media. Use articles in newspapers, public service announcements and newsletters to convey a brief weekly tip.
3. Physicians not addressing unhealthy weight gain.
 - Have physicians give a referral to a registered dietitian or health educator when they diagnose a person as overweight or at risk of becoming overweight.
 - Provide physicians' offices with educational materials so they are available.
 - Have prevention be a mandatory part of healthcare.

Blue Ridge Area

Top Three Issues and Solutions

School Age

Inactivity

1. Fast paced lifestyles with two working parents or single parent families have no time for activity. Other people are supervising the children. Parents are not role modeling, so children decide whether or not to be physically active.
 - Have VDH air public service announcements that focus on family time and creative physical activities.
 - Require after school programs to have a daily physical activity component.
 - Make activity part of family time.
2. There is a lack of daily physical education classes within school.
 - Contact the legislature about requiring and funding daily physical education taught by a qualified physical educator.
 - Require the collection of assessments that show children's BMI and fitness levels.
 - ***Participants did not finish solutions for this issue.*
3. The increase of digital media and TV which does not showcase physical activity.
 - Educate parents and give them options other than the TV or the internet so they have time to cook dinner, etc.
 - Work with the media to provide more positive programming that encourages physical activity.
 - Create public service announcements.

Blue Ridge Area

Top Three Issues and Solutions

School Age

Nutrition

1. Lack of nutrition education in schools.
 - Develop a curriculum to teach nutrition to children in Kindergarten through 5th grade; require it to be tied to the core Standards of Learning.
 - Encourage school food-service involvement.
 - Send activities home for parents and children to do together.
2. Portion sizes are too big and plates are much larger now. A lot of restaurants are all you can eat or buffet style.
 - Teach children to eat when they are hungry and to stop when they are full.
 - Have VDH make public service announcements that demonstrate portion sizes.
 - Speak to businesses about offering smaller portion sizes.
3. Lack of nutrition education in the community.
 - Tie health insurance premiums to prevention activities as an incentive to participate in nutrition education.
 - Require businesses to provide nutrition information about the products they sell.
 - Indicate nutritious products using shelf labeling on grocery store products, such as the stickers used for WIC.

Blue Ridge Area

Top Three Issues and Solutions

Young Adult

Inactivity

1. Fast paced lifestyle and lack of time.
 - Disseminate educational information that shows daily activities, also known as functional exercise, and how these correspond to calories burned by exercises.
 - Incorporate 20 minutes per day of an enjoyable weekend activity.
 - Encourage exercise friendly communities.
2. Lack of education.
 - Create an initiative geared towards employers that encourage exercise in exchange for paid time off or compensation time. Employers will be compensated through tax breaks, health insurance cost decreases or other incentives.
 - ***Participants did not finish solutions for this issue.*
3. They have no motivation.
 - ***Participants did not finish solutions for this issue.*

Blue Ridge Area

Top Three Issues and Solutions

Young Adult

Nutrition

1. They have no nutrition education.
 - Have mandatory nutrition education partnered with WIC, Food Stamps and other government programs.
 - Mandate nutrition and physical education in Kindergarten through 12th grade.
 - Provide nutrition education for high school students transitioning straight into the work force.
 - Encourage truth in advertising and demonstrate what to look for (e.g. carbohydrates versus sugar).
2. Their choice of lifestyle.
 - Promote healthier convenience foods with more money being channeled from the United States Department of Agriculture (USDA), Food and Drug Administration (FDA), Health and Human Services (HHS), insurance companies and other federal agencies.
 - Increase education about disease prevention throughout the community.
 - Be creative in marketing and provide information through various means, not just facts and figures.
3. Trends in society.
 - Devote media, marketing, funds and education toward controlling portion size.
 - Require truth in marketing and advertising.
 - Have trusted non-profit sources create public service announcements directed toward fad diets and diet pills.

Blue Ridge Area

Top Five Regional Recommendations

The following are the top five solutions identified by participants in the Blue Ridge region as a result of the CHAMPION workgroups. This list is a compilation of solutions that were identified by the workgroup as a whole, and are not specific to a particular age group.

1. Physical education and nutrition education classes will be mandatory in Kindergarten through grade 12. These classes will provide a variety of activities to empower children to meet and keep their interest levels high.
2. Media, marketing, public service announcements, etc. will be conducted to increase awareness and education on but not limited to:
 - a. portion sizes
 - b. satiety levels
 - c. Small Steps physical activity levels
 - d. healthy convenience foods
 - e. disease prevention
 - f. healthy recipes that are fast and easy to prepare (suggest: quick, healthy recipes)
 - g. increased family activity
 - h. meal time
 - i. fad diets: dangers and consequences, involve high profile celebrities, athletes, and key stakeholders.
3. Behavioral health components will be incorporated into employee health programs and plans including but not limited to the following:
 - a. benefits/credit provided for maintaining good weight and health
 - b. health insurance premiums tied to prevention activities as an incentive to participate in nutrition education
 - c. nutrition and wellness education referrals to a dietitian or health educator is covered by insurance with a diagnosis of overweight or obese.
4. Legislators will be educated on research showing the positive impact on learning when physical activity is increased daily.
5. Virginia's agencies and organizations will request additional funding for obesity prevention from Federal agencies such as the FDA, HHS, United States Department of Agriculture (USDA) and the Center for Disease Control (CDC).

CHAMPION Report Summary

Central Virginia

Regional Report

Eighty participants attended the Central Virginia regional CHAMPION meeting. Of the 52 participants who reported their education level, 10% had a high school education level, 59% had attained certification, an associate degree, or a bachelors degree, and 29% had a masters or doctorate degree. All 80 participants indicated their organization; 25% of those answering were from academics, 2% from advocacy groups, 10% from businesses for profit, 17% from non-profit businesses, 5% from faith based groups, 12% from services, and 29% from “other.” On the registration form, there was no category for government; therefore, it is assumed that government agencies are listed in the “other” category.

Participants were given the chance to fill out a program evaluation at the end of the CHAMPION meeting. There was a 70% response rate, with 56 out of 80 attendees completing program evaluations. When asked about the CHAMPION objectives, 98% agreed that the objectives were clearly communicated, and 91% responded that the objectives were accomplished. Similarly, 95% agreed that the format of the meeting supported their ability to provide constructive input. Only 80% of participants agreed that the workgroup contributed to their knowledge on obesity and physical activity issues indicating that participants were generally knowledgeable about the issues.

When asked to comment on the presenters, 89% of participants agreed that the speakers were knowledgeable with their content and 95% agreed that the speakers’ presentation styles were appropriate for the content delivered. Additionally, 93% agreed that participation was encouraged by the speakers. Ninety three percent of participants indicated that they attended to apply (or introduce) the information they received to their community.

Comments indicate that participants found the CHAMPION meeting to be informative and constructive. Overall, participants viewed the group discussions and the opportunity to form solutions and future plans as the most important aspects of the meeting. Participants appreciated gaining the perspective of their peers while presenting their own concerns. Many participants also indicated that they enjoyed interacting with other agencies to form solutions.

Few complaints were offered; the largest, while only indicated by two participants, was out of date data. The top suggestions given for future regional meetings were to spend more time addressing cultural differences amongst ethnic populations and to discuss programs already implemented to fight obesity.

Central Virginia

Top Three Issues and Solutions

The top three issues and solutions identified below relate to inactivity and nutrition within the Central region. The issues are separated into categories relevant to each age group. Each issue is followed by the applicable top three solutions.

Adolescent

Inactivity

1. Teenager culture related to physical activity is that what they do in their spare time is not physical activity. Video games, computers, TV, etc. are preferred.
 - Create focus groups with adolescents.
 - Get the parents involved by providing parent and student activities.
 - Get spokespersons that will relate to adolescents for media advertisements.
2. Adults are not physically active role models. There is obesity in parents and no regard for physical activity.
 - Create or utilize a media campaign on TV, radio and/or billboards.
 - Offer workplace wellness seminars.
 - Create a government regulation to include messages regarding physical activity before video and computer games, iPod, etc. The messages should also be placed in video stores, game stores, malls, etc.
3. Decreased physical activity in school due to time restraints and importance of other classes.
 - Lobby the government to bring back mandatory daily physical education and recess.
 - Incorporate and require physical activity in the school's Standards of Learning. Conduct a study to see how Standards of Learning and SAT scores improve when the child's physical activity and nutrition improves.
 - Incorporate physical activity in other classes (i.e. Math and Science). Educate teachers on how to incorporate this curriculum.

Central Virginia

Top Three Issues and Solutions

Adolescent

Nutrition

1. No parental involvement or guidance.
 - Create focus group with parents on nutrition education.
 - Educate the parents through PTA nights, lunch menus, report cards, websites, newsletters, at the parents' work e-mail, etc.
 - Promote media campaigns.
2. Lack of nutrition education.
 - Lobby to make nutrition education a required course.
 - Campaign with food and beverage distributors to educate on appropriate nutrition by using spokesperson children can relate too.
 - Make studies on grades versus healthy eating better known.
3. Adolescents are preparing their own meals using convenience of processed foods.
 - Teach kids how to read food labels by educating them in health classes, home economics, on lunch menus, Virginia Cooperative Extension and grocery stores.
 - Encourage parents to make meals in advance so the child can heat up through the week.
 - Advertise healthier prepared foods in grocery stores and provide a list of ingredients.

Central Virginia

Top Three Issues and Solutions

Adults

Inactivity

1. Lack of education in the community on chronic diseases related to physical inactivity. People have inadequate education to formulate a fitness plan.
 - Utilize lay health advisors through church parishes, nurses, community organizations and others who are trained by healthcare providers to use a standard ‘tool kit’ to distribute accurate information and encourage physical activity.
 - Encourage partnering between government agencies, hospitals and others to create a collaborative effort.
 - Develop a social marketing campaign geared to move people from pre-contemplation or contemplation to planning and action. Give them information on where to get further information (e.g. website, phone, etc.).
2. Lack of safe neighborhoods, side walks, bike lanes and safe physical environments. Lack of affordable public gyms or facilities. Lack of community resources (schools, skate parks, etc.). Lack of community programs that promote activity and healthy living.
 - Target at risk communities and solicit support and ‘buy in’ from local board of supervisors for positive environmental changes within the community that support healthy lifestyle changes.
 - Increase awareness of community programs and services with funding assistance.
 - Identify targeted communities and apply for federal grant funding.
3. Lack of understanding of how important exercise is. People don’t understand how to incorporate physical activity into their daily lives.
 - Utilize lay health advisors through church parishes, nurses, community organizations and others who are trained by health care providers to use a standard ‘tool kit’ to distribute accurate information and encourage physical activity.
 - Call on government agencies, hospitals, and others to partner and make a collaborative effort.
 - Develop a social marketing campaign geared to move people from pre-contemplation or contemplation to planning and action. Give them information on where to get further information (websites, phone numbers, etc.).

Central Virginia

Top Three Issues and Solutions

Adults

Nutrition

1. Lack of accurate nutritional knowledge.
 - Utilize lay health advisors through church parishes, nurses, community organizations and others who are trained by healthcare providers to use a standard ‘tool kit’ to distribute accurate nutrition information and encourage appropriate nutrition behaviors.
 - Develop a media campaign geared at giving people accurate information and use all media outlets.
 - Encourage partnering between government agencies, hospitals and others to create a collaborative effort.
2. Food being used as coping mechanism. Self esteem issues are often tied to weight gain. Defeated attitude.
 - Connect people with the right resources to overcome issues (e.g. Overeaters Anonymous).
 - Develop support groups in targeted communities using lay health advisors.
 - Develop a media campaign that addresses emotional eating. Make people aware of the problem through the use of personal testimony.
3. Fast paced lifestyle. Easy meals, eating on the go, no one to prepare dinner. Fast food restaurants, convenience foods, super sizing.
 - Implement grading/star system for healthy options for fast foods that are on display for healthy items on the menu.
 - Identify healthy foods of the month and provide education on how to cook the foods, nutritional value of foods, etc. (web page, coupon book, paycheck stuffers).
 - Stock kitchen/pantry for success. Time management. Easy healthy recipes. Displays in stores for quick healthy meals on the go (DWCNS). Minimize the dependency on fast food. More exposure of nutrient content.

Central Virginia

Top Three Issues and Solutions

Infant and Preschool

Inactivity

1. Working parents use computer or TV as babysitter.
 - Provide parent education and guidance on how children need more exercise, time management and importance of physical activity by using magazines.
 - Offer award programs and challenges for parents to get their children involved in activity.
 - Provide places for parents to go with children to do activity as a group.
2. Parents lack understanding of importance.
 - Educate parents through the school system, daycare, church groups, etc. Show the parents charts, studies and pictures of what inactivity may cause in the future.
 - Present the importance of physical activity using the following media: TV, magazine, public service announcement, pop-up ads, flyers, and/or bus (before and after, in your face ads, shock value, not mundane statistics).
 - Have the Governor provide incentives to businesses to challenge them to provide resources of any kind to their employees.
3. Parents fear letting children out to play.
 - Provide safe and protected play zones in neighborhood that has supervision and boundaries. They must meet daycare licensure guidelines for playgrounds.
 - Request that the Government subsidize existing license facilities to stay open after hours on a rotating basis providing free transportation to designated locations using school buses with car seats.
 - Provide parent education on fun indoor activities.

Central Virginia

Top Three Issues and Solutions

Infant and Preschool

Nutrition

1. Working parents have busy schedules. Use fast food fix and eat on the run.
 - Encourage the State to create an initiative for vouchers for working parents (Dole, Purdue, etc.).
 - Have a National ‘Super Size Me’ campaign.
 - Remove the tax on healthy foods.
2. Lack of knowledge or understanding on the importance of a healthy diet.
 - Utilize ad campaigns on TV, radio, posters, flyers, city buses, etc.
 - Educate parents on making healthy choices for menu, My Pyramid, etc. through schools, childcare, churches, health fairs, etc.
 - Educate physicians, doctors and psychologists on importance so that they can relate information to parents.
3. Parents not being good role models.
 - Require in-depth parent education classes for everyone during high school, general education requirements and home school.
 - Create a media campaign that can be used on buses, flyers, posters, TV, radio etc.
 - Offer insurance incentives if you are healthy.

Central Virginia

Top Three Issues and Solutions

School Age

Inactivity

1. TV and video games that become babysitters for parents who work and for those at home.
 - Mandate and provide funding for schools to provide after school programs that involve physical activity that will keep children there until after 5:00.
 - Encourage parents to supervise and limit TV and video games.
 - Increase funding for boys and girls clubs, YMCA, churches, civic organizations, etc. to provide activities after school.
2. Parents are not exercising and children are not exercising because they are following the parents' example.
 - Develop comprehensive marketing programs targeting parents that focus on physical activity, moderation in food intake, negative consequences for inactivity, etc.
 - Conduct wellness programs in the workplace with incentives such as but not limited to making health insurance premiums that are lower for those who are involved in physical activities (employers support), memberships to gyms/clubs and allowing time to use equipment.
 - Lead by example by taking the dog for a walk with the children, and playing baseball with children.
3. Limited access to physical education and physical activity at school (most get once or twice per week), reduction in time because of other activities coming into schools.
 - Mandate and fund physical education activity during school time every day for all.
 - Educate teachers on strategies for including physical activities in lesson plans and have teachers lead by example (staff development).
 - Reevaluate Standard's of Learning to allow time for physical education and include a Standard of Learning test for physical activity.

Central Virginia

Top Three Issues and Solutions

School Age

Nutrition

1. Busy lifestyle for parents leads to use of fast or pre-prepared foods.
 - Develop and provide a cookbook to educate all parents how to cook quick nutritious meals. Virginia Cooperative Extension and public health will take the lead.
 - Provide nutrition education for parents, teachers and students.
 - Reinstigate home economics for all students focusing on food safety and preparation.
2. Lack of parents' knowledge of nutritional value of food and how it contributes to chronic disease.
 - Provide nutritional education through a well developed medium and make it seem appealing for the audience.
 - Request that the Department of Education mandate and fund testing of the nutritional component of the health education curriculum.
 - Have an educational program as part of the 'Bring your Parent to School' program and have the Governor endorse it.
3. TV ads geared to children, media glamorized and marketing such as placement of items in stores that encourage unhealthy choices.
 - Provide ads showing a nutritious, healthy diet from USDA.
 - Put programs on TV during cartoons and sitcoms about obesity and healthy ways to eat.
 - Have children do research and learn to analyze what is said in ads to see how they are marketed to by companies.

Central Virginia

Top Three Issues and Solutions

Senior

Inactivity

1. No education on topic.
 - Provide tax credits and incentives at the state level for business that participate in wellness and health programs.
 - Identify all private and public programs geared towards educating the public into a single database then put it into use.
 - Have doctors do a real push on the importance of activity (medical organizations partnering with organizations geared towards activity).
2. Chronic disability or chronic disease.
 - Work with doctors to be more assertive with patients regarding the importance of activity by utilizing pamphlets and brochures.
 - Have grants provided for transportation of persons with disabilities (similar to 'Bay Transit in Urbana') to physical activity programs and facilities.
 - Identify programs geared toward specific health programs, needs and services and see if they can be rolled out to other organizations.
3. Lack of motivation.
 - Offer work sponsored or health plan sponsored incentive programs (e.g. premium reductions) for seniors to get checkups and regular physicals.
 - Work with physical activity service providers to provide creative physical activity options (line dancing, square dancing, etc.).
 - Provide positive everyday senior role models for promotion of physical activity.

Central Virginia

Top Three Issues and Solutions

Senior

Nutrition

1. No education on topics.
 - Educate healthcare professionals on preventive nutrition.
 - Use the media to educate seniors about nutrition.
 - Develop a public relation campaign with local organizations to educate on the importance of Meals on Wheels and provide more nutritious snacks and meals.
2. Poor attitude (motivation, discipline, apathy, acceptance).
 - Develop healthy convenience foods.
 - Encourage education on obesity and the problems that it causes.
 - Have fast food restaurants emphasize healthy portions sizes rather than super sizes.
3. Lack of physical health information.
 - Encourage healthcare providers to have general nutrition guidelines and resource information available to older adults during visits.
 - Educate and utilize registered dietitians to inform people on where to go for accurate, verified and authoritative information on nutrition for chronic conditions and the benefits and risks of fads and crash diets.
 - Create a campaign to educate doctors on the importance of emphasizing proper nutrition.

Central Virginia

Top Three Issues and Solutions

Young Adult

Inactivity

1. Lack of exercise.
 - Encourage employers to pay a portion of fitness memberships for employees and family members with accountability.
 - Reward positive changes in behavior (e.g. employer or school environment).
 - Utilize public service announcements that are confrontational in nature to reach this population.
2. Lack of education regarding physical activity.
 - Get feedback from this age group on what would interest them and then provide education to them.
 - Create a ‘Scared Fit’ campaign (like ‘Scared Straight’).
 - Provide appropriate education and evaluation to participants before they begin a prescribed fitness program that meets individual needs.
3. People are not motivated.
 - Create and/or utilize a social marketing campaign.
 - Provide a very visual campaign to stimulate motivation.
 - Offer good incentives.

Nutrition

1. Super size generation portion size, eating too much.
 - Put negative aspects of super sizing on the TV. This is considered confrontational advertising.
 - Establish an award system to the fast food company that offers healthier fast food choices and also promotes those choices.
 - Create or utilize a ‘Just Say No to Super Sizing’ campaign.
2. They prefer convenience foods and drinks with higher calories, fat and sugar.
 - Simplify labeling on packages (e.g. red light, green light foods).
 - Place nutrition information beside the picture of the food at fast food and convenience store locations.
 - Provide very specific food and nutrition education programs (e.g. Home Economics skills) to school and work environments.
3. Lack of knowledge of nutritional content of foods.
 - Utilize public service announcements.
 - Provide ‘Back to Basics Home Economics’ courses in schools.
 - Place fast food sponsored nutritional kiosks in malls that promote nutrition education and the improvement of nutritious choices.

Central Region

Top Five Regional Recommendations

The following are the top five solutions identified by participants in the Central region as a result of the CHAMPION workgroups. This list is a compilation of solutions that were identified by the workgroup as a whole, and are not specific to a particular age group.

1. A State wide media and marketing campaign (TV, radio, billboard, magazine, public service announcement, pop-up ads, flyers, bus presentation etc.) will be implemented including but not limited to any of the following:
 - a. Motivation
 - b. Physical activity
 - c. National or state spokespersons that will relate to adolescents
 - d. Emotional eating using personal testimony
 - e. Accurate information
 - f. ‘Scared Fit’ (like the ‘Scared Straight’) campaign
 - g. Importance of healthy lifestyles (before and after)
 - h. Obesity and healthy ways to eat, use cartoons and sitcoms
 - i. Educate seniors about nutrition and physical activity
 - j. Negative aspects on TV of supersizing; ‘Just Say No to ‘supersizing’ campaign
 - k. Importance of supervising and limiting television, computer and video games.
2. A statewide campaign will be developed that focuses on time management and convenience foods including but not limited to the following topics:
 - a. Grocery stores providing a list of already prepared foods that are healthier than others
 - b. Identify healthy foods of the month and provide education on how to cook the foods, nutritional value of foods, etc. (web page, coupon book, paycheck stuffers)
 - c. Educate parents on how to cook quick nutritious meals
 - d. Develop a statewide cookbook on quick healthy family meals
 - e. Encourage parents to make meals in advance that the child can heat up through the week
 - f. Easy healthy recipes
 - g. Stocking your kitchen and pantry for success
 - h. Displays in stores for quick healthy meals on the go.
3. Mandatory daily structured physical activity and/or physical education will be provided for children in Kindergarten through 12th grade.

Central Virginia

Top Five Regional Recommendations continued

4. Wellness programs in the workplace will be conducted with incentives such as but not limited to:
 - a. Making health insurance premiums that are lower for those who are involved in physical activities
 - b. Support from employer
 - c. Memberships to gyms and health clubs and allowing employees time during work to participate in physical activity.
5. Parents will be educated about healthy nutrition and physical activity topics through various outlets including but not limited to:
 - a. PTA
 - b. Lunch menu
 - c. Report cards
 - d. School websites
 - e. Newsletters
 - f. E-mail.

Focus groups will be held with parents to discuss the best means to get the messages out and the types of education they would like to have.

CHAMPION Report Summary

Northern Virginia

Regional Report

One hundred and twenty-six participants attended the Northern Virginia regional CHAMPION meeting. Of the 95 participants who indicated their education level, 12% had a high school education level, 50% had attained certification, an associate's degree, or a bachelors degree, and 35% had a masters or doctorate degree. Ninety-four participants indicated their organization; 16% of those answering were from academics, 4% from advocacy groups, 5% from businesses for profit, 19% from non-profit businesses, 28% from services, and 28% from "other." On the registration form, there was no category for government; therefore, it is assumed that government agencies are listed in the "other" category.

Participants were asked to fill out a program evaluation at the end of the CHAMPION meeting. There was a 70% response rate, with 88 out of 126 attendees completing program evaluations. When asked about the meeting objectives and format, 97% of participants responded that the objectives for the CHAMPION meeting were clearly communicated and explained, and 92% agreed that the format of the meeting supported their ability to provide constructive input. Only 76% of participants agreed that the objectives for the CHAMPION meeting were accomplished, and 65% reported that the workgroup contributed to their knowledge on obesity and physical activity issues indicating that participants were generally knowledgeable about the issues.

When asked to comment on the presenters, 82% of responding participants agreed that the speakers were knowledgeable with their content, and 91% agreed that the speakers' presentation styles were appropriate for the content delivered. Additionally, 92% responded that participation was encouraged by the speakers. Ninety percent of participants indicated that they intended to apply (or introduce) the information received to their communities.

Additional comments provided at the end of the program evaluation indicated that participants viewed the CHAMPION meeting as well managed and informative. Overall, participants rated the group participation and brainstorming opportunities as the most important aspects of the meeting. Participants also indicated that they appreciated the focus on actual solutions and plans and the professional diversity amongst the attendees.

Questions that asked participants to focus on the weaker aspects of the meeting led to many participants indicating that they would like some form of exercise to be incorporated. Top suggestions for future regional meetings were to discuss programs already implemented to fight obesity, and to provide information on how different agencies and parts of the community can work together.

Northern Virginia

Top Three Issues and Solutions

The top three issues and solutions identified below relate to inactivity and nutrition within the Northern region. The issues are separated into categories relevant to each age group. Each issue is followed by the applicable top three solutions.

Adolescent

Inactivity

1. There is more of an interest in technology, computers and video games than in physical activity. The addictive component of these interests takes away from the desire to engage in physical activity.
 - Provide curriculum changes in schools to stress the importance of physical activity.
 - Teach parents and adolescents to develop a schedule that limits TV and video games.
 - Schedule family time for physical activity. Parental involvement is critical.
2. There is a lack of physical education in the schools.
 - Mandate daily physical education for all students in pre-kindergarten through 12th grade.
 - Change funding priorities and adjust the ratio between academics and physical education.
 - Separate and mandate health education and physical education classes for adolescents that stress health and fitness.
3. The lack of importance or value placed on physical activity by parents, schools and subsequently the kids.
 - Tie State funding to school systems regarding new physical activity and physical education standards and implementation schedules.
 - Use PTA meetings to promote physical activity as fun and family oriented. Involve and educate parents and the community through newsletters, health fairs and web pages.
 - Start a national campaign that stresses the importance of physical activity. Use the media, health providers, etc. and have messages that are culturally sensitive. Show that one size does not fit all.

Northern Virginia

Top Three Issues and Solutions

Adolescent

Nutrition

1. Portion sizes are too large.
 - Incorporate food models and portions sizes into the health education curriculum.
 - Mandate that restaurants provide nutrition information on menus.
 - Educate on variety, choice and portion sizes.
2. The media uses aggressive marketing of non-healthy food products that are geared to adolescents.
 - Promote celebrity media campaigns to talk about healthy food, healthy living, moderation and balance.
 - Restrict the marketing of food to adolescents; have tighter limitations on when and how advertisers can market to this age group.
 - Subsidize healthy food advertising.
3. Poor school lunch choices, especially a la carte and vending machines.
 - Provide healthier school lunch choices and healthier vending machine options.
 - Offer a longer lunch period.
 - Subsidize and implement healthier food standards for school lunch items.

Northern Virginia

Top Three Issues and Solutions

Adults

Inactivity

1. There is a lack of discipline, motivation and personal responsibility.
 - Have lower health insurance rates for those in a health program who improve their body mass index or other measurable parameter.
 - Educate people about the relationship between exercise and prevention of various diseases of aging (i.e. osteoporosis and diabetes).
 - Look for activities or games that make exercise and physical activity fun. Empower people; don't enable them.
2. There is a lack of good urban and community planning (no sidewalks, bike paths, playgrounds, recreation centers, etc.); it's car oriented planning.
 - Increase indoor and outdoor recreation facilities that offer integrated activities for the entire family (children, parents, seniors and individuals with disabilities). For example, have childcare available during concurrent senior programs and exercise programs.
 - Mandate that the county or city utilize new road money to develop safer sidewalks and bike trails. Tie the land development initiative into state healthcare costs. Include a cost benefit analysis to demonstrate its effectiveness.
 - Encourage communities to work together to build a health-friendly environment with sidewalks, playgrounds, etc.
3. An imbalance of jobs and housing forces longer commutes.
 - Support the 'Reality Check' initiative to put jobs and houses together in the community.
 - Promote a public information campaign for people to live closer to where they work. Discuss the health and cost benefits.
 - Educate people on home exercise programs or car exercises.

Northern Virginia

Top Three Issues and Solutions

Adults

Nutrition

1. There is a lack of education on proper nutrition, how to understand food labels, correct portion sizes, foods within cultures, food preparation. There are also language barriers.
 - Have interesting, fun nutrition messages displayed in public libraries and in social organizations.
 - Display healthy portion sizes at grocery stores, parks and recreation centers, libraries and restaurants.
 - Make nutrition education mandatory to receive Food Stamps and WIC.
2. Lifestyle management issues such as lack of time, discipline, motivation, length of commuting time, stress and poor choices.
 - Have required wellness programs for employees, businesses (with tax incentives), State agencies and federally funded programs.
 - Create an interactive media campaign on time management and prioritization techniques for a healthy lifestyle (e.g. a workshop). Have a clearinghouse of time management resources and personal success stories available; have celebrities share their experiences.
 - Request that the State get involved with the Urban Land Institute's 'Reality Check' program.
3. There are a lot of fast food restaurants and stores that do not promote healthy choices.
 - Promote more Farmers Markets.
 - Develop recognition or 'points' system for restaurants that serve the healthiest meals.
 - Tax fast food sales; have the revenue go to community health programs.

Northern Virginia

Top Three Issues and Solutions

Pregnant

Inactivity/Nutrition

1. Pregnant women lack knowledge about how to eat nutritiously during pregnancy, how many calories they need and how to deal with food cravings.
 - Offer nutrition information on what to eat during pregnancy at the initial exam.
 - Have healthcare providers offer pre-conception information about healthy eating and exercise and encourage pre-planning.
 - Teach early prenatal care.
2. Pregnant women eat foods that are high in fat and sugar and do not include vegetables in their diet.
 - Educate women about healthy alternatives. Provide written information on healthy eating.
 - Encourage mothers to do their own cooking and provide them with meal planning information.
 - Add fruits and vegetables to the WIC program in place of extra cheese and juice.
3. There is a lack of knowledge about appropriate exercise during pregnancy.
 - Train healthcare providers on the importance of exercise.
 - Provide information on appropriate exercise during pregnancy in multiple languages and emphasize that physical activity will allow for an easier birth. Educate mothers on physical activity before and after having the baby.
 - Emphasize the benefits of walking while pregnant.

Northern Virginia

Top Three Issues and Solutions

Infant

Inactivity

1. Parents lack education on the importance of physical activity. Mothers are under stress and fear something will happen to their child.
 - Air public service announcements that focus on the need for activity.
 - Educate parents and guardians on the need and long term effects of physical activity through seminars and healthcare providers.
 - Have healthcare providers ask the question "what physical activity are you doing daily with your child?"
2. Working mothers and fathers lack the time to interact with their children.
 - Help parents recognize where they have the time to incorporate physical activity. Teach them how to incorporate physical activity in segments throughout the day.
 - Have healthcare providers reinforce the importance of daily physical activity, stressing that an unhealthy baby may get sick more often and cause them to miss time from work.
 - Provide definitions of what counts as physical activity and what are appropriate amounts of activity for different age groups.
3. Parents use TV and video games as babysitters.
 - Educate parents to limit TV time.
 - Give parents alternatives for entertaining children that involve physical activity (i.e. music so child can dance, etc.).
 - Educate parents on how to exercise while watching TV.

Northern Virginia

Top Three Issues and Solutions

Infant

Nutrition

1. Early introduction to solid foods (e.g. cereal in the bottle).
 - Direct education to caregivers and parents about why doctors recommend the introduction of solid foods at a certain age.
 - Encourage and discuss the benefits of breastfeeding for at least one year.
 - Have posters and videos in waiting rooms that educate parents when to introduce solid foods.
2. Using the bottle longer than one year.
 - Educate parents and caregivers that using the bottle longer than one year is unhealthy, unnecessary and has many negative health consequences.
 - Teach parents how to comfort a baby and put it to sleep without a bottle.
 - Encourage parents to have the child use a cup at 6 months with juice and water in it.
3. There is a lack of nutrition education about appropriate portion sizes for toddlers.
 - Educate parents and caregivers on the appropriate portion sizes for the age of the child.
 - Encourage parents to have their children eat three meals and two snacks a day. Provide parents and caregivers with sample menus.
 - Encourage self-feeding by the child.

Northern Virginia

Top Three Issues and Solutions

Preschool

Inactivity

1. There is a lack of knowledge of the correlation between physical activity and health.
 - Assess the audience to identify barriers and concerns and their level of knowledge.
 - Introduce a curriculum at the preschool level that explains the benefits of physical activity related to health. Educate teachers on specific activities to include in their curriculum that will promote physical activity.
 - Create a public service campaign to promote physical activity.
2. Parents and siblings are inactive role models.
 - Create and partner with community programs to offer classes and workshops for parents and children, do follow ups and ensure these opportunities are also offered to low income individuals.
 - Assess the current activity level for the target audience and help them find solutions for their inactivity.
 - Develop a mass media campaign aimed at adults stressing the positive effects of physical activity.
3. Physical activity is looked at as down time and everything else comes first. There is no time set aside for physical activity because it is a low priority.
 - Encourage parents and caretakers to start each day with physical activity rather than trying to fit it in at the end of the day.
 - Reveal the evidence and statistics on inactivity and the prevalence of overweight children.
 - Make activity a fun, consistent family affair.

Northern Virginia

Top Three Issues and Solutions

Preschool

Nutrition

1. Parents and caretakers lack nutrition education.
 - Provide, offer and promote workshops and training on a regular basis for parents on proper nutrition and provide daycare for children during trainings.
 - Assess the knowledge and barriers preventing good nutrition. Ask parents what nutrition education topics they would like to learn about and the types of activities they would like to attend.
 - Provide outreach to community health centers and doctors.
2. Food is used as a reward and/or punishment. There is a lack of parenting skills.
 - Create workshops for parents on how to create good eating habits in children, provide examples of food preparation and appropriate portion sizes.
 - Encourage parents to enroll in group parenting classes.
 - Utilize outreach workers that are trained in parenting skills and nutrition and have them teach in the community.
3. Parents do not understand the correlation between nutrition and health; and lack of knowledge on children's growth and development.
 - Develop workshops for parents to help them understand the importance of growth and development in children.
 - Assess parents' current understanding regarding nutrition and health concerns and their interest in different types of learning activities.
 - Utilize the media to promote a clear and consistent message.

Northern Virginia

Top Three Issues and Solutions

School Age

Inactivity

1. Children are by themselves after school, and prefer to play video games or watch TV rather than go outside to play.
 - Fund programs and support legislation for all children to have access to public and private after school programs.
 - Encourage physical activity through the creation of support programs and infrastructure.
 - Create a social marketing campaign to address parents and children.
2. Children that are left at home alone do not play outside due to unsafe communities.
 - Mobilize efforts toward creating safety on streets (police influence, lighted walkways, safe routes to school, better sidewalks, etc.) to make crossing the street safer.
 - Improve the financial infrastructure and mobilize efforts to hire police, gather data and provide physical activity programs.
 - Have neighborhood watch during after school hours and train parents, grandparents, etc. to participate.
 - Collaborate with county and city planners to put schools and parks back into neighborhoods.
3. Parents are not being good role models for their children.
 - Develop marketing and educational programs for parents of teens and pre-teens about improving self-esteem, accountability for actions and what it means to be a parent.
 - Create a social marketing campaign on physical activity and role modeling, which targets parents.
 - Provide workplace incentives to encourage parents to be more physically active.

Northern Virginia

Top Three Issues and Solutions

School Age

Inactivity

4. State, city and county planning committees are not creating a comprehensive plan to build areas that are Metro accessible, as well as safe for walking and biking.
 - Instruct developers to put sidewalks and bike trails into communities and require preservation of open space.
 - Expect that politicians will lead a more active role in the development of communities and buildings.
 - Encourage and provide incentives to local governments to build exercise friendly communities by the State of Virginia.

Northern Virginia

Top Three Issues and Solutions

School Age

Nutrition

1. Home environments do not support healthy, nutritious choices. Parents give children too many choices and there is not enough teaching.
 - Incorporate training programs for parents in the workplace. Nutrition education will incorporate savvy food shopping, cooking classes and the consequences of non-nutrient dense food choices.
 - Develop public service announcements to educate parents and guardians about healthy choices and the accountability of parents.
 - Encourage planting gardens throughout the community and at schools.
2. Healthy food costs more than unhealthy food.
 - Provide incentives and tax breaks on healthy foods from farmers, Farmers' Markets, wholesalers and organic food growers.
 - Educate parents to buy in bulk and how to buy and preserve produce.
 - Impose a junk food tax to fund anti-obesity programs.
3. The food industry has strong lobbying groups.
 - Launch an educational advocacy campaign for full disclosure of contents and impacts of food (like the anti tobacco campaign).
 - Give money to support candidates and advocacy groups of like minds.
 - Offer tax incentives to the food industry to create more healthy food choices.

Northern Virginia

Top Three Issues and Solutions

Seniors

Inactivity

1. They are enjoying other things and let physical activity go.
 - Target existing senior groups with the message of how to combat physical inactivity.
 - Encourage seniors to join a club or group to increase their level of activity.
 - Make movement a part of existing meetings.
2. There is a fear of injury (tripping, falling, etc.).
 - Provide seniors with safe exercises customized to their needs.
 - Attend supervised weight training and/or fitness programs to overcome the fear of injury.
 - Build facilities that are conducive for seniors to work out.
3. Lack of safe places to walk to stores or for leisure.
 - Reduce traffic speed for pedestrian safety.
 - Provide walk way connections between communities to avoid having to use main roads.
 - Have the Virginia Department of Transportation (VDOT) increase pedestrian cross times at traffic crosswalks.

Northern Virginia

Top Three Issues and Solutions

Seniors

Nutrition

1. They are living alone and don't want to cook for just one.
 - Host 'cooking for one' classes.
 - Encourage family involvement.
 - Provide better access to Meals on Wheels.
2. No one is there to teach them about nutrition or to let them know that it is never too late to start learning about nutrition and eating right.
 - Invite nutrition education programs and corporate sponsors (such as Giant and Safeway) to provide nutrition education.
 - Utilize public service announcements to promote nutrition, quick ideas, hints, tips, etc.
 - Provide substitution recipes and bring your favorite substitute recipe to a gathering.
3. Grocery shopping has become a selection of junk or convenience food.
 - Offer nutrition education classes and shopping tours for seniors with a nutritionist as the tour guide.
 - Teach seniors about what food choices to make by providing them with education classes and shopping tours.
 - Get grocery stores involved by providing a discount for seniors who buy fresh foods.

Northern Virginia

Top Three Issues and Solutions

Young Adult

Inactivity

1. There is a belief that the connection between physical activity and obesity is not a priority.
 - Provide education and orientation in schools, faith-based organizations, at the workplace and at medical offices about the relationship between physical activity and obesity.
 - Provide a visual marketing campaign on how to prevent obesity with physical activity (e.g. posters, billboards, bus ads, commercials).
 - Have employers provide discounts for employees to attend gyms and fitness centers close to the workplace.
2. Lengthy work day and commute does not allow time for activity.
 - Encourage employers, schools and universities to provide onsite fitness facilities.
 - Have employers offer to increase lunch times to accommodate for exercise.
 - Encourage exercise during lunch.
3. Some have difficulty relating to cultural adjustments and need better time management for food preparation.
 - Bridge the communication gap by offering more affordable foreign language classes for nutrition educators.
 - Provide education about food preparation and quick, healthy, affordable meals.
 - Use healthy foods and home visits to provide a personal orientation to food preparation.

Northern Virginia

Top Three Issues and Solutions

Young Adult

Nutrition

1. Access to low cost fast food and unhealthy snacks.
 - Emphasize the consequences of consuming unhealthy and low cost foods through media outlets.
 - Display the My Pyramid, obesity and nutrient value information at fast food restaurants.
 - Replace unhealthy foods in vending machines with healthier choices. Have smaller packaging for unhealthy items.
2. There is a belief that it is too expensive to eat healthy.
 - Offer nutrition education on how to save money in grocery stores by comparing store brands, unit pricing and buying healthy and inexpensive foods.
 - Inform people about other food resources (i.e. Farmers Market and food banks).
 - Use various cultural media venues to provide the public with health promotion public service announcements.
3. Lack of knowledge about nutrition and My Pyramid.
 - Provide education through the media, educational institutes, mass mailings and nutritional programs about the order and the purpose of the My Pyramid.
 - Make the new My Pyramid the basis for nutrition education and encourage Virginians to access the My Pyramid website.
 - Advocate for more visuals of the My Pyramid at nutrition related sites and on food packages.
4. No coordination between meal planning, work schedule and family activities.
 - Conduct workshops and activities on meal planning and its importance.
 - Provide different options for quick meals to help families prepare healthy foods.
 - Teach ways to utilize a calendar that includes healthy meals and snacks for the day.

Northern Virginia

Top Five Regional Recommendations

The following are the top five solutions identified by participants in the Northern region as a result of the CHAMPION workgroups. This list is a compilation of solutions that were identified by the workgroup as a whole, and are not specific to a particular age group.

1. A statewide media and marketing campaign will be implemented including any of the following topics:
 - a. Importance of physical activity through the life span;
 - b. Fun and interesting nutrition education videos;
 - c. Celebrities promoting healthy food, healthy living and moderation;
 - d. Time management techniques;
 - e. Positive role modeling by parents;
 - f. Quick, healthy and economical recipe ideas, hints and tips;
 - g. Consequences of consuming unhealthy and low cost foods.
2. A statewide education campaign will be developed that including any of the following topics:
 - a. Benefits of exercise on decreasing the diseases of aging;
 - b. Being more physically active while watching television;
 - c. The importance of physical activity and recommended levels;
 - d. Benefits of physical activity at the preschool age;
 - e. Specific activities for teachers to include in their curriculum that will promote physical activity;
 - f. Orientation in schools, workplaces, faith-based organizations and medical offices about the relationship between physical activity and obesity.
3. Mandatory daily structured physical activity and/or physical education will be provided for children in Kindergarten through grade 12.

Northern Virginia

Top Five Regional Recommendations continued

4. Developers will be required to address health issues in new land development projects. This can be done by:
 - a. Providing amenities that are conducive to health-friendly communities such as sidewalks, bike paths, lighted pathways, etc.;
 - b. Mandating that the county or city use new road money to develop safer sidewalks and bike trails;
 - c. Tying the land development initiative into state-wide healthcare costs and include a cost benefit analysis to demonstrate its effectiveness;
 - d. Encouraging and providing incentives to local governments to build active communities.
5. Insurance companies will lower health insurance rates if payers are in a health education program and improve their body mass index or other measurable health parameters.

CHAMPION Report Summary

Hampton Roads Area

Regional Report

Of the 85 participants who reported their education level, 7% had a high school education level, 48% had attained certification, an associate degree, or a bachelors degree, and 38% had a masters or doctorate degree. Ninety-three participants indicated their organization; 12% of those answering were from academics, two percent from advocacy groups, 10% from businesses for profit, 16% from non-profit businesses, 29% from services, and 31% from “other”. On the registration form, there was no category for government; therefore, it is assumed that government agencies are listed in the “other” category.

Participants were given the chance to fill out a program evaluation at the end of the CHAMPION meeting. There was a 78% response rate, with 93 out of 120 attendees completing program evaluations. Ninety-six percent of participants agreed that the objectives for the CHAMPION meeting were clearly communicated and explained. Similarly, 95% responded that the objectives for the CHAMPION meeting were accomplished and that the format of the meeting supported their ability to provide constructive input. Only 77% of participants agreed that the workgroup contributed to their knowledge on obesity and physical activity issues indicating that participants were generally knowledgeable about the issues.

Ninety-one percent of participants indicated that they intended to apply (or introduce) the information received to their community. When asked about the presenters, 88% of participants agreed that the speakers were knowledgeable with their content and 92% agreed that the speaker’s presentation styles were appropriate for the content and that participation was encouraged.

Comments indicate that participants from the Hampton Roads regional CHAMPION meeting viewed the event as necessary and productive. Several participants highly praised the format of the meetings, and described the overall program as “excellent.” Overall, participants found the break-out groups and opportunities to brainstorm as the most important aspects of the meeting. Participants appreciated having the chance to have their ideas heard and to receive input from others. Many participants also indicated that they appreciated the professional diversity of the attendees.

The biggest complaint was the time spent reading aloud results that were already printed; many felt that the time could be better utilized discussing the results. The top suggestions for future regional meetings were to include follow up on the CHAMPION project as well as provide more information on programs already implemented to fight obesity.

Hampton Roads Area

Top Three Issues and Solutions

The top three issues and solutions identified below relate to inactivity and nutrition within the Hampton Roads region. The issues are separated into categories relevant to each age group. Each issue is followed by the applicable top three solutions.

Adolescent

Inactivity

1. Zero or decreased physical education and/or activity requirements in schools.
 - Encourage the state to mandate and fund the requirement of a minimum of 150 minutes of physical activity per week for all grades, even if it requires lengthening the instructional day.
 - Require health and physical education to be added to the curriculum equal to four academic credits necessary for graduation.
 - Lobby the state to mandate and fund 60 minutes of daily activity that will promote lifelong fitness.
2. Increased screen time (i.e. computers, TV, technology).
 - Develop, investigate and promote physical activity games and programs that can be used in conjunction with technology. In addition, make these physical activity games available at local community centers, libraries, etc.
 - Promote no-screen time through community and parent education, encourage family activities without technology and teach fun, healthy alternative activities.
 - Mandate messages on all video games regarding the importance of physical activity.
3. Adoption of a sedentary lifestyle.
 - Promote and institute programs using a media campaign for physical activity on an incentive basis involving the family (e.g. Getting Up and Getting Busy, smallsteps.gov, fitness.gov, and America on the Move).
 - Publicize and promote all physical activities within the community.
 - Have school intramural programs, local parks, before and after school programs will offer more activities to accommodate the needs and interests of a diverse population.

Hampton Roads Area

Top Three Issues and Solutions

Adolescent

Nutrition

1. Lack of knowledge or understanding about nutrition, shopping and food preparation.
 - Utilize free or low-cost educational resources within the community, including local education access channels address the lack of knowledge or understanding about nutrition, cooking and food preparation (i.e. educational sessions that are provided by local health educators, dietitians and/or nutritionists).
 - Require nutrition education be included in the school curriculum through the SOL requirements.
 - Update Work and Family Studies courses to include fun and nutritionally sound cooking instruction and require pregnant teens to attend.
2. School division policies on promoting good nutrition, such as lunchtimes are too short, high calorie fund-raisers, food is used as an incentive, the presence of vending machines, and the lack of healthy eating choices at lunch.
 - Lobby state legislature and local school divisions to revise or implement school policies that will address each of these issues utilizing best practice precedent in other localities and/or the national school board association.
 - Develop and enforce school-wide wellness policies.
 - Utilize the recommendations found in the study recently completed by Healthy Kids Coalition.
3. Fast paced lifestyle leads to eating on the run. There is a lack of time to prepare healthy meals. Parents are doing less cooking in the home and families are not eating together.
 - Have grocery stores develop more healthy meals to go.
 - Develop multimedia education targeting parents and children regarding the importance of consistent mealtimes and eating together with other family members.
 - Mandate fast food chains to increase the availability of healthy menu options.

Hampton Roads Area

Top Three Issues and Solutions

Adult

Inactivity

1. People have a lack of motivation and always have an excuse not to workout. They consider physical activity unimportant.
 - Conduct a mass media campaign that communicates the importance of physical activity, the consequences of inactivity, and provides recommendations regarding the amount of physical activity that should be incorporated into daily life. This campaign will include a website for professionals and consumers.
 - Encourage employers to provide incentives and time for employees to participate in physical activity, reimburse gym fees and provide equipment/trails on site.
 - Have the government and insurance companies offer a tax reduction, insurance break and/or financial rewards for adults who participate in physical activity. Offer a 'life' coach to assist and measure participants' progress.
2. Lack of time because of working two jobs or extended hour weeks, family responsibilities such as care of older adults or young children, single parent families and putting themselves last.
 - Provide employees time to work out during the day and have them only work 40 hours each week; and provide 30 paid minutes each day for physical activity. Employers will also conduct a wellness program that has fitness breaks instead of smoking breaks.
 - Conduct a media campaign focusing on how to incorporate physical activity into a typical day (e.g. billboards and public service announcements). Information would include; taking care of yourself and incorporating information on how much time an activity takes to burn a specific amount of calories.
 - Offer an educational program that teaches the public time management and prioritization skills. The program will help them to establish a schedule to include physical activity into their day.

Hampton Roads Area

Top Three Issues and Solutions

Adult

Inactivity

3. Society and individuals do not put enough value on physical activity.
 - Utilize a media campaign to show graphic images of the cost of chronic disease such as ‘this is a smokers lung versus a healthy lung’, the benefits of physical activity and examples of how to exercise correctly using famous and every day people; create a ‘fad’ for being active.
 - Offer tax deferred funding programs to support the cost of physical activity, gym memberships, community activities and the purchase of appropriate equipment. Institutions can also provide tax incentives for people who exercise.
 - Request that state and local governments provide more funding to urban and rural communities for fitness facilities, walking trails and extended use of school facilities and tracks.

Hampton Roads Area

Top Three Issues and Solutions

Adult

Nutrition

1. Lack of knowledge of proper nutrition, the new food guide pyramid, how few calories are needed, how to read food labels and the difference between empty calorie foods and nutrient dense foods.
 - Perform a comprehensive educational campaign on all aspects of nutrition and food.
 - Conduct a public media campaign by agencies and organizations that provide information, grocery stores and nutrition education for free.
 - Lead a public awareness campaign on the calories contained in various foods and the calorie needs of various age groups.
2. Excess use of soft drinks, high calorie drinks and lack of drinking water.
 - Conduct a media campaign showing that three sodas contain 450 calories; giving that up will result in a one pound per week weight loss. The campaign will also give examples of healthy choices; show what sugar-laden drinks can do to the body (liver/kidney damage etc.), demonstrate the things soda is used for (cleaning engines, etc.) and will stress moderation and portion control.
 - Make public service announcements on the importance of drinking water instead of high calorie drinks.
 - Have water available in all vending machines at a lower price than sugar laden drinks.
3. Excess eating due to stress, emotional difficulties and depression.
 - Use public service announcements to stress the symptoms and signs of emotional eating.
 - Develop a curriculum on stress and emotional eating that can be used by faith-based institutions and community groups to educate adults on the signs, symptoms and strategies to combat emotional eating. Spotlight existing organized support groups such as Taking Off Pounds Sensibly (TOPS) and Overeaters Anonymous (OA) and encourage the development of new programs.
 - Provide alternatives to emotional eating by implementing an educational program which will pinpoint the causes of stress at home and at work. The program will provide ‘five stress-buster tips’ through worksite, media and community posters that encourage exercise instead of eating to reduce stress.

Hampton Roads Area

Top Three Issues and Solutions

Infant

Inactivity

1. Lack of parent and child physical interaction.
 - Give parents information on parent child interaction with data on present and long term effects of the consequences of no parent child interaction.
 - Inform mothers on the importance of interacting with their child and the role it plays in child development.
 - Model and explain parent child interactions during clinic and home visits.
2. Decreased floor time for infants to be active.
 - Educate the parent on the importance of safe floor time to enable the child to develop motor skills, crawling, etc.
 - Try to assess the current level of an infant's activity and parent's comfort level and concerns and provide education and counseling based on that.
 - Provide the mother with handouts of games she and baby can play together on the floor.
3. Lack of safety; environmental conditions are poor.
 - Assess living space for safety, cleanliness, space and offer alternatives.
 - Suggest a variety of activities that don't require a lot of space.
 - Supply safety devices to the family through the 'Safe Kids' coalition.

Hampton Roads Area

Top Three Issues and Solutions

Infant

Nutrition

1. Lack of knowledge of how often and how much food is needed.
 - Begin educating mothers near the end of her pregnancy on infant cues for feeding and infant feeding techniques.
 - Get information from local doctors, nutritionists or registered dietitians on feeding.
 - Review with the mother reasons why babies cry so she doesn't always offer the bottle.
2. Lack of education around reading feeding cues.
 - Teach parents what infant feeding cues are.
 - Teach other comforting techniques such as changing and cuddling instead of always feeding.
 - Make the mother aware of the small size of an infant's stomach and the rapid growth of the infant.
3. Not understanding the future health risks of being overweight.
 - Show the correlation of overweight infants through childhood and adulthood and how this results in serious health conditions.
 - Discuss the history of family health problems and how the mother can avoid genetic traps with her infant.
 - Provide information including statistics on future health risks of obese children.

Hampton Roads Area

Top Three Issues and Solutions

Pregnant

Inactivity

1. Women trying to juggle work, family and finding time to exercise.
 - Have VDH and the Virginia Cooperative Extension (VCE) offer classes on meal planning and exercise.
 - Suggest that families to set aside time during the week for physical activity or to start a hobby together that involves a physical activity.
 - Encourage pregnant women to make a schedule for daily or family activities and try to stick to it.
2. Lack of knowledge of need for physical activity during pregnancy.
 - Request that obstetricians stress the importance of safe and appropriate exercise during pregnancy.
 - Offer literature on physical activity at doctors' offices, obstetrician offices and in school systems.
 - Develop a tool for doctors to give to pregnant women that tracks their exercise (e.g. an exercise journal). Doctors will provide education for women on how to use the journal and organize their day to include physical activity.
3. No motivation for physical activity.
 - Have doctors emphasize the benefit of exercise.
 - Offer an incentive program where mothers earn points for physical activity during pregnancy that leads to a reward.
 - Encourage women to take childbirth and prenatal classes that are offered at no cost.
 - Present statistics to mothers showing the benefits of physical activity for her and the baby.

Hampton Roads Area

Top Three Issues and Solutions

Pregnant

Nutrition

1. Food habits before pregnancy are poor.
 - Stress the importance of eating healthy during pregnancy and continue the behavior changes post-pregnancy.
 - Assess pregnant mom's willingness to make changes and base counseling on healthy meal goals that she can live with.
 - Assess diet and address the positives; make recommendations for appropriate changes.
2. Lack of knowledge of the benefits of eating healthy foods.
 - Provide educational classes on the importance of nutrition and its effect on pregnancy and fetal development.
 - Set up an informational display at WIC vendors with recipes, examples of how to use WIC foods and literature.
 - Encourage public service announcements on healthy eating during pregnancy.
3. Lack of money to purchase nutritious foods.
 - Work on a budget with mothers to determine what they are spending their money on. Advise appropriately so they are buying healthy foods.
 - Provide information for healthy low cost meals similar to what is done through VCE.
 - Offer mothers tips on growing fresh vegetables through VCE offices.

Hampton Roads Area

Top Three Issues and Solutions

Preschool

Inactivity

1. TV used as babysitter and technology is taking over.
 - Develop a public media campaign jointly with the Department of Health to educate parents regarding appropriate amount of TV or computer time for 2-5 year olds by using catchy phrases. Explain why activity is important. Create an educational component on options for parents to do while the TV is off. Provide incentives to parents as well as children.
 - Provide group education topics and workshops for parents and health education providers addressing TV viewing and more active playtime.
 - Create a community coalition to include faith-based organizations, health providers and service agencies to develop a resource guide of available technology and activities in the community that promote physical activity.
2. Lack of education for adults to know how to engage in and where to go for physical activity.
 - Create a community coalition to include faith-based organizations, health providers and service agencies to develop a resource guide of available technology and activities in the community that promote physical activity.
 - Distribute flyers and brochures at grocery and retail stores, churches and service agencies that encourage scheduled family physical activity. Include in newspapers, etc. Advertise existing programs that promote free physical activity.
 - Have group workshops for parents and health education providers addressing TV viewing, more active playtime, etc. for parents within community-based programs.
3. Lack of safe environment for outdoor physical activity.
 - Create coalitions to collaborate with community leaders, city planners, city council and other elected officials to provide input regarding safe access to playgrounds, schools and parks. Work with elected officials to make neighborhoods more activity friendly (e.g. sidewalks, bike trails, speed limit signs, children playing signs, etc.).
 - Design a campaign to acquire funding sources to produce safe neighborhood environments for children to engage in physical activities. Target religious and health based organizations, private donors, professionals, schools, etc. for funding support.
 - Develop inter-agency coalitions to conduct an assessment to determine where playgrounds are needed. Apply for grants to fund this effort; and utilize volunteers to help build the playgrounds. Use the inter-agency coalition as a model (e.g. Habitat for Humanity).

Hampton Roads Area

Top Three Issues and Solutions

Preschool

Nutrition

1. Lack of education regarding nutritional needs of preschoolers and normal eating behaviors.
 - Provide training to teach parents and caregivers how to read nutrition labels and how to convert quantities into child sized portions. VCE workshops will be provided that teach parents and caregivers how to be creative at feeding time and educate on the nutritional needs of preschoolers, including portion sizes and how to make food fun. Make this a required training for all childcare providers. Create pamphlets to hand out in offices, and at fairs, libraries, retailers and service agencies.
 - Develop a fun activity demonstrating different aspects of nutrition (e.g. create a song, dance, video, hands-on displays, etc.). Have 'City Park Day' with professionals and non-professionals and create resource material pertaining to nutrition. Create a traveling display that has information about nutrition and is interactive and hands-on.
 - Refer at risk patients; those with a Body Mass Index (BMI) greater than 25, to a registered dietician for personalized counseling (by pediatrician).
2. Parents and caretakers do not understand the relationship between nutrition and obesity.
 - Have the medical community refer caregivers to registered dietitians or mental health facilities for affordable or free family-tailored nutrition or mental health counseling. Create position in health department to provide this counseling to non-WIC clients.
 - Request that those affected by obesity talk at churches, community forums, etc. about their experiences and the effect it has had on their family.
 - Provide information at doctors' and pediatricians' offices or public health facilities to explain the importance of nutrition and how nutrition affects obesity.
3. Medical community does not address nutrition. They do not have time and there is no quick fix.
 - Refer caregivers to registered dietitians or mental health facilities for affordable or free family-tailored nutrition and mental health counseling. Create position in health department to provide this counseling to non-WIC clients.
 - Supply more information at doctors' office, pediatricians or public health facilities to explain importance of nutrition and its effects on obesity.
 - Petition the medical community to create a monthly newsletter in different languages to talk about BMI and nutrition.

Hampton Roads Area

Top Three Issues and Solutions

School Age

Inactivity

1. There is a decrease in the physical activity opportunities in schools on a daily basis. Kids are not being required to participate.
 - Legislate 30 minutes per day of physical education and provide for additional funding to make this happen.
 - Mandate that the school board provide daily recess with some structure and organization to it.
 - Survey the children to determine what will motivate them to be physically active.
2. Lack of family ownership over their physical activity solutions.
 - Have HMO insurance providers to provide discounts to families with healthy body mass indexes. HMO providers will need to establish guidelines for what can be discounted ('what is healthy'). This is currently being done by an organization referred to as Consumer Driven Healthcare.
 - Provide affordable resources within the community so that families can take ownership of their activity (i.e. health screening).
 - Provide ongoing incentives (i.e. insurance premiums lowered, tax breaks) to parents who develop and implement physical activity plans for their families. This can be monitored by forms and challenges within community organizations.
3. Lack of biking and walking paths and sidewalks in communities. Lack of accessible community design, no joined communities or affordable recreational activities.
 - Change local code. Require developers to include physical activity areas within newly constructed developments and to further front the money to establish recreational and physical activity areas in already established low income developments. Include physical activity/recreational area plans into the growth plans of the city/county.
 - Provide federal funding and grants for the enhancement and development of biking trails, walking trails, recreation areas, etc., as well as the building and maintaining of community partnerships.
 - Add a recreational site plan (development and maintenance) to correctional work force responsibilities.

Hampton Roads Area

Top Three Issues and Solutions

School Age

Nutrition

1. Lack of teaching or testing of nutrition education required by school age students.
 - Request that a nutrition education curriculum be added to the Standards of Learning which incorporate practical and real life skills (i.e. healthy menu selection at fast food establishment, selecting appropriate portion size of menu item, etc.).
 - Make nutrition education a core component in schools.
 - Develop curriculum that incorporates nutrition education into other subjects (math, history, physics, etc.).
2. Lack of knowledge by school personnel (administrators, faculty and staff), as well as parents, caregivers and children on food choices.
 - Provide information to parents and caregivers about nutrition and food choices on school website, menus and other literature that the parent receives.
 - Develop a media campaign about eating healthy snacks at home and at school. Utilize local media to obtain free air time to present this message.
 - Establish community coalitions to provide nutrition education to the community for anyone who needs or wants this service. This is to include the availability of literature on healthy foods and snacks.
3. Lack of nutritional knowledge by everyone that comes into contact with the school age child as it relates to nutritional value and obesity/overweight.
 - Teach the relationship between nutrition and chronic disease through schools, faith-based organizations and all that may have value for such a service.
 - Collaborate with the media to disseminate nutrition information throughout the community.
 - Develop a media campaign by using state funding to inform on the risks associated with being overweight and provide solutions to overcome. The school age population will be involved to portray scenarios for the media, using the 'exercise more-eat less' slogan.

Hampton Roads Area

Top Three Issues and Solutions

Seniors

Inactivity

1. Health issues and physical disabilities (such as aches, pains, respiratory issues, and arthritis) keep seniors from exercising.
 - Offer more activity programs that address seniors with chronic diseases and/or disabilities.
 - Have healthcare professionals (e.g. doctors, physical therapists, etc.) provide evaluations and education for seniors to develop a customized physical activity program.
 - Present educational programs that emphasize the prevention of chronic diseases throughout the life cycle and highlight the benefits of physical activity and problems due to inactivity.
2. Seniors may not feel safe in engaging in physical activity in their area (i.e. in homes and neighborhoods).
 - Develop group activities or the buddy system (e.g. family, friends, neighbors, etc.) at housing complexes, senior centers, etc. to provide ‘safety in numbers’.
 - Provide transportation for seniors to exercise facilities, as well as to alternative exercise programs (e.g. mall walking groups).
 - Have physical therapists implement ‘need-based’ programs to go into homes, senior centers, etc. to teach seniors the proper way to exercise and identify safety hazards in their environment.
 - Provide a ‘lifeline’ for seniors so they will feel comfortable exercising at home. (e.g. They could push a button that will call for help if they fall or get hurt).
3. Some seniors do not have access to exercise facilities due to a lack of transportation.
 - Request cab and bus companies and local coalitions to offer free or discounted transportation to group exercise programs for seniors.
 - Increase public transportation funding to allow for more types of transportation (e.g. vans, buses, shuttles, etc.).
 - Educate seniors on exercises that can be done where they live to include TV shows, tapes, CDs, ‘canned exercise programs’, etc. to eliminate the need for transportation.

Hampton Roads Area

Top Three Issues and Solutions

Seniors

Nutrition

1. Lack of education regarding what makes up good nutrition. For example, not knowing how to read and understand nutrition labels.
 - Teach seniors about good nutrition and proper portion size in accordance with their doctor's recommendations. If they cannot read, pictures will be used to communicate.
 - Use group programs to teach and educate seniors about proper nutrition and portion size (i.e. a program like Cooperative Extension to teach meal planning, making shopping lists, reading food labels and conduct shopping trips).
 - Increase funding for nutrition training.
2. Portions are too large at home, at restaurants, food bars and/or fast food.
 - Teach seniors about portion size, calorie involvement and the amount of exercise needed to burn the calories one eats.
 - Create an awareness campaign to encourage seniors to take personal responsibility to eat proper portion sizes.
 - Have restaurants offer smaller or half portions and/or examples of proper portion descriptions with calorie count to promote healthy eating habits.
3. Cultural and life long habits are ingrained from an early age. It is very hard to reverse unhealthy habits and there is resistance to change.
 - Educate seniors about new information regarding living longer and leading healthier lives through good nutrition.
 - Encourage healthcare professionals to teach the basics on nutrition and to be sensitive to various cultures, without sacrificing the foods from that cultural group.
 - Introduce senior to new foods or new food preparation techniques through taste testing and/or cooking classes and encourage the benefits of healthier eating.

Hampton Roads Area

Top Three Issues and Solutions

Young Adult

Inactivity

1. Lack of education on the benefits of daily exercise.
 - Mandate daily physical education which includes instilling behaviors for children in Kindergarten through 12th grade.
 - Promote the need for daily physical activity using mass media, especially by airing public service announcements.
 - Encourage employers to promote and sponsor employee exercise programs. Employers will offer additional benefits for the employees that participate.
2. The role of TV and technology in the life of young adults.
 - Air public service announcements on local TV stations and internet pop-ups promoting the need for daily physical activity.
 - Have local TV stations include exercise programs in their programming schedules.
 - Educate parents on developing skills to limit screen time and increase children's participation in non-sedentary activities so these skills will be carried over into adulthood.
3. Low priority of the physical education curriculum in K-12, thus adults lack the skills to be physically active.
 - Encourage employers to allow more time in the workday for exercise (i.e. if you go to the gym you get one and a half hours for lunch or employers will implement 30 minutes daily for physical activity). Employers will allow 30 minutes daily for physical activity or one and a half hours during lunch if employees opt to go to the gym.
 - Incorporate educational sessions at worksites on training, orientation and/or staff meetings on the negative health effects of a sedentary life and the benefits of daily physical activity. Employers will provide benefits for employees who participate.
 - Provide family exercise plans at local parks and recreation centers so families can participate together.
4. Low priority of the physical education curriculum in K-12, thus adults lack the skills to be physically active.
 - Incorporate additional physical education requirements in the Standards of Learning.
 - Mandate physical education, staff qualifications, and quality of programs including content, variety, sports skills, and life long fitness skills through Standards of Learning.
 - Have the General Assembly mandate that all school districts offer physical education for 30 minutes a day regardless of the weather.

Hampton Roads Area

Top Three Issues and Solutions

Young Adult

Nutrition

1. Living fast and eating fast foods versus cooking at home.
 - Have high schools provide classes on healthy and basic cooking skills and make it a prerequisite for graduation.
 - Request community centers to offer healthy cooking classes especially during the dinner hour.
 - Use a public service announcement to advertise dinner time as a fun time and/or family time. Require TV stations to have additional public service announcements with quick cooking tips to emphasize home cooking versus eating fast food, and post the tips on their website.
2. Over committed lifestyles that prohibit shopping and preparing home cooked meals.
 - Offer classes through community centers that teach life/family coaching to help families organize commitments, implement better time management, prepare a grocery list and schedule shopping time.
 - Advertise dinner time as fun time and/or family time. Require TV stations to have additional public service announcements with quick cooking tips that emphasize home cooking versus eating fast food, and post the tips on their website.
 - Use faith-based and community groups to offer time for individuals to shop with seasoned shoppers and provide daycare.
3. Socialization of the young adult group promotes unhealthy food choices and excess alcohol consumption.
 - Conduct a public service announcement campaign that shows the impact of unhealthy food choices by the young adult group versus showing the benefits of healthy food choices (e.g. Smoking public service announcements).
 - Have civic organizations, community centers, churches and other groups organize 'Healthy Eating Clubs'.
 - Get local celebrities to promote healthy eating (e.g. the Got Milk campaign).

Hampton Roads Area

Top Five Regional Recommendations

The following are the top five solutions identified by participants in the Hampton Roads region as a result of the CHAMPION workgroups. This list is a compilation of solutions that were identified by the workgroup as a whole, and are not specific to a particular age group.

1. The state government will mandate that nutrition education be required for the school curriculum through the Standard of Learning (SOL) requirements.
 - a. Nutrition education curriculum will be added to the SOLs and funding will be provided to accomplish this.
 - b. Practical and real life skills will be incorporated into a nutrition education curriculum (healthy menu selection at fast food establishment, selecting appropriate portion size of menu item).
 - c. Nutrition education will be a core component in schools for all age groups of the school age population. Curriculums will be developed that incorporate nutrition education into other subjects (e.g. math, history, and physics).
2. Employers will provide incentives and time for employees to participate in physical activity, pay for gym memberships, or provide equipment/trails on site.
 - a. Employers will provide time for employees to work out during the day. Employees will work 40 hour work weeks with 30 paid minutes per day for physical activity. Employers will conduct a wellness program having 'fitness breaks' (like smoking breaks).
 - b. HMO's and insurance providers will provide discounts to families with healthy Body Mass Index (BMI). HMO's and providers will establish guidelines for what can be discounted and will need to answer the question "what is healthy?" This is currently being done by an organization referred to as Consumer Driven Healthcare.
 - c. Ongoing incentives (e.g. insurance, tax breaks, etc.) will be provided to parents who develop and implement physical activity plans for their families. This can be monitored by forms and challenges within community organizations.
 - d. Employers will promote and sponsor employee exercise programs. Employers will offer additional benefits for employees that participate.
 - e. Employers will allow more time in the workday for exercise; (i.e. employers will allow 30 minutes each day for physical activity or one and a half hours during lunch to go to the gym).
 - f. Worksites will incorporate educational sessions in training, orientation and/or staff meetings on the negative health effects of a sedentary lifestyle and the benefits of daily physical activity. Employers will provide benefits for employees who participate.

Hampton Roads Area

Top Five Regional Recommendations continued

3. In the effort to address the issue participants in this area identified regarding the lack of ownership over their physical activity solutions, a mass media campaign (with emphasis on TV) will be conducted that explains the importance of physical activity, the consequences of inactivity and makes recommendations regarding the amount of physical activity to incorporate it into daily life. This will also include a website for professionals and consumers.
 - a. Media campaign (billboards, public service announcements) focusing on how to incorporate physical activity into your normal day, taking care of yourself and incorporating information on how much time an activity takes to burn a certain number of calories will be conducted.
 - b. Media campaign to show graphic images of what can happen, the cost of chronic disease (such as ‘this is a smokers lung vs. a healthy lung’), the benefits of physical activity, how to correctly exercise using famous and every day people and create a ‘fad’ for being active.
 - c. Mass media, including TV, the internet and radio will air public service announcements promoting the need for daily physical activity.
4. The state will mandate, and fund through the legislature, the requirement of a minimum of 150 minutes of physical activity for all grades per week (at least 30 minutes per day) regardless of weather, even if it requires lengthening the instructional day.
5. A statewide media campaign funded federally or by the state will be created to inform the community on the risks associated with being overweight and provide solutions including the impact of unhealthy food choices by the young adult group vs. showing the benefits of healthy food choices. (Like campaigns around smoking or ‘this is your brain on drugs’). The School Age population will be involved in demonstrating scenarios for the media using an ‘exercise more-eat less’ slogan.

CHAMPION Report Summary

Public Assistance Group

Introduction

Following the first regional meeting, the CHAMPION computer program was created, and was implemented at the Public Assistance meeting. There were only 11 participants at this meeting; thus the meeting was shortened to one day. The abbreviated meeting time combined with the participants focus on issues other than specific public health determinants gave the meeting a rushed tone.

When the invitations were sent, people employed in the area of public assistance were asked to indicate when they register if they would be interested in participating in a Public Assistance CHAMPION meeting. The registration information indicated that there was enough interest to have a Public Assistance meeting; however, even with the number of registrants, there was a much lower than expected turnout.

The goal of the meeting was to gather information from public assistance professionals regarding issues and potential solutions related to obesity for individuals receiving public assistance. It was anticipated that due to the participants' thorough knowledge of the Public Assistance population, they would identify specific obesity related solutions. However, this was not the case, resulting in general solutions for the population.

Methodology

Due to the small number of participants, the Public Assistance meeting had only one workgroup. A three tiered process for determining risk factors associated with obesity was used. This was the only meeting which categorized the determinants in such a way.

Participants chose and then ranked the determinants: physical inactivity, nutrition and environmental factors. They then selected three determinants and listed issues for each determinant. From that list, participants chose three issues, created possible solutions and then ranked the solutions for each issue.

As a result of the Public Assistance meeting, a more pronounced methodology was developed. The first CHAMPION meetings provided a framework for determining future meeting parameters as the process progressed. As a result, obesity determinants such as physical inactivity and nutrition, were provided for subsequent meeting attendees.

CHAMPION Report Summary

Public Assistance Report Results

Eleven participants attended the Public Assistance CHAMPION meeting. Of the nine participants that reported their education level, 55% had attained certification, an associate degree, or a bachelors degree, and 44% had a masters or doctorate degree. All 11 participants indicated their organization; 9% of those answering were from academics, 9% from advocacy groups, 27% from non-profit businesses, 18% from services, and 36% from “other.” On the registration form, there was no category for government; therefore, it is assumed that government agencies are represented in the “other” category. There was no program evaluation information available from the Public Assistance CHAMPION meeting.

Public Assistance

Contributing Factors, Barriers and Solutions

The top three contributing factors, their top three barriers and the top three solutions as agreed upon by the participants of the Public Assistance Group.

Environment

1. Lack of sidewalks; not being safe outside due to crime, traffic, etc.
 - Teach and encourage activities that promote physical activity that can be done in the home.
 - Encourage the formation of local coalitions by state agencies.
 - Work to change policies that will facilitate physical activity. Do this through city council, police department, grass roots, etc.
2. Blaming society, no personal accountability, schools being concerned about adverse reaction of parents.
 - Train people within our participant's communities to be a type of peer educator.
 - Provide more funding for Head Start to allow for larger participation.
 - Provide more funding for Cooperative Extension in order to provide parenting education to providers as well as parents.
 - Parenting education for providers to use for their clients emphasizing immediate consequences.
 - Public assistance groups providing education to teachers and schools.
3. Behaviors of people around you like Grandma's greasy food and eating out.
 - Encourage educators to ask pertinent questions regarding who in the family does the food purchasing, etc.
 - Target education toward the person(s) responsible for food purchasing and meal planning.

Public Assistance

Contributing Factors, Barriers and Solutions

Inactivity

1. Physical activity is not a priority.
 - Make nutrition education and physical activity a requirement to graduate high school.
 - Offer nutrition and physical education to individuals getting assistance.
 - Provide motivational rewards and teaching aids for performing activity.
2. Mom works long hours and is tired; busy schedules do not leave enough time for physical activity; no family time.
 - Utilize existing resources (e.g. pamphlets, etc.) for distribution across programs.
 - Teach people to better structure their home life including value of structure, parenting skills and family meal time.
 - Create more youth after school programs and provide transportation or make them immediately after school.
3. TV and/or computers as babysitters; using excessive TV watching as an escape mechanism from adverse circumstances; working parents want kids inside until they come home.
 - Ask the Governor to do a public service announcement in support of physical activity.
 - Provide physical activity DVDs to clients at assistance offices when clients are there so they can take them home; suggest physical activity web sites to clients.

Public Assistance

Contributing Factors, Barriers and Solutions

Nutrition

1. Misunderstanding of portion sizes.
 - Provide participants an analysis of healthy foods versus unhealthy foods to show calories, fat, etc.
 - Provide inexpensive tools to participants to take home in order to teach portion control.
 - Find interesting ways to teach portion sizes.
2. Lack of parenting skills and/or utilization as it relates to developing good eating habits.
 - Get vegetable and fruit companies and growers to work with us on the development of materials to promote vegetables and fruits.
 - Develop a recipe book using commodity foods.
 - Develop a recipe book for participants using healthy foods.
3. Vegetables, fruits, and whole grains are more expensive and take more food buying skill to afford them and more time to prepare.
 - Market benefits of canned or frozen fruits and vegetables.
 - Have gardening programs in the schools for the purpose of promoting fruits and vegetables.
 - Allow participants to count their visit to the grocery store as a nutrition education contact for WIC.

Minority Health Meeting

Introduction

The Minority Health meeting was not part of the original plan within the CHAMPION process. However, as a result of the low minority group representation at the regional meetings, combined with the regional meeting evaluation suggestions, it was decided that a meeting was necessary to more accurately represent the concerns of the minority population.

Invitations were sent using the same resources that were used for the other meetings; professional service databases, organizational distribution lists and organizational web searches. In addition, easily identifiable groups representing minority populations were contacted as well. The population of invitees was determined using the categories determined by the United States Census on Racial and Ethnic Populations. The categories were: African American/Black, American Indian, Hispanic/Latino, Middle Eastern and Whites Working with Minorities.

During the meeting introduction, data related to minorities in the United States and Virginia was presented. It was the intention of the CHAMPION process to gather representative public opinion. In an effort to make the meetings as accessible to all members of the population as possible, financial assistance was available for the attendees' travel and hotel accommodations.

Minority Health

Methodology

The organization of the Minority Health meeting was less structured than the other meetings. Participants were not asked to discuss the issues regarding inactivity and nutrition first and then later vote on what they felt were appropriate solutions. Rather, each workgroup identified the issues and solutions they felt were most relevant to their ethnic group during one workgroup session.

In an effort to encourage participation, facilitators and recorders were paired with workgroups of their ethnicity. The Hispanic/Latino group had a bilingual recorder to facilitate non English speaking participants. There was a large representation of African American attendees, who instead of subdividing into smaller groups, chose to stay together as a large group because they wanted to present cohesive statements. The remaining participants separated into workgroups and discussed issues that they felt contributed to obesity within their ethnic demographic.

The White Working with Other Cultures group wanted to be included with the minority groups. The CHAMPION staff explained that the groups were divided as they were, so that each workgroup's solutions would be representative of a specific ethnic demographic. This group did remain together and offered their perception of what minority groups need.

The Minority Health group participants were very vocal regarding their solutions to the obesity problem; and suggested unconventional solutions. On the second day, participants had the opportunity to talk about the programs they represented and participate in organized networking. There was also a chair aerobics event, and many of the participants stayed to watch the Super Size Me video.

Minority Health Report Results

Sixty-four participants attended the Minority Health CHAMPION meeting. There were five minority groups represented; 49% of participants were in the African American/Black group, 6% in the American Indian group, 16% in the Hispanic/Latino group, 25% in the White Working with Other Minorities group, and 3% in the White – Middle Eastern group. Of the 49 participants who reported their education level, 14% had a high school degree, 23% had an associates or bachelors degree, and 43% had a masters or doctorate degree. Fifty-five participants indicated their organization; 16% came from academics, 11% from advocacy groups, 7% from businesses for profit, 20% from non-profit businesses, 9% from faith based groups, 13% from services, and 24% from “other.” On the registration form there was no category for government, therefore we assume that government agencies are listed in the “other” category.

Participants were given the chance to fill out a program evaluation at the end of the CHAMPION meeting. There was a 69% response rate, with 44 out of 64 participants responding. All 44 responding participants agreed that the objectives for the CHAMPION meeting were clearly communicated and explained and 95% agreed that the objectives were accomplished. Similarly, 93% reported that the format of the meeting supported their ability to provide constructive input and 84% agreed that the workgroup contributed to their understanding of how their minority community could address obesity and physical activity issues. When asked about the speakers, 95% agreed that the speakers’ presentation styles were appropriate for the content delivered. Ninety three percent of participants indicated that they intended to apply (or introduce) the information received to their communities.

One of the largest complaints was the quality of food offered for breakfast at the meetings. Several participants were upset that during a meeting addressing obesity issues, there were no healthy alternatives for breakfast. The top suggestions given for future regional meetings were to provide follow-up information on the CHAMPION program and to address other obesity related health problems (diabetes, heart disease, etc.).

Minority Health

Contributing Factors and Solutions

The top three issues and solutions identified below are listed by minority group categories.

African American/Black

1. There is a lack of health education in early years in the African American population.
 - The Board of Education will incorporate health and physical education curriculum in Kindergarten through 12th grade including SOLs for health and physical education to increase accountability.
 - Parents and child care providers will be taught about nutrition needs of young children and healthy eating practices.
 - Groups, organizations and government programs that offer nutrition education programs will network their curricula or activities and strengthen collaboration with one another.
 - Schools, community centers and churches will educate their youth on health education.
2. African American's do not have a clear understanding of portion sizes.
 - The Board of Education will include portion size curriculum in Standards of Learning in Kindergarten through 12th grade.
 - TV and billboard advertisements with visuals on portion control will be developed.
 - African Americans will assume personal responsibility and will start with themselves as the first step.
3. African Americans dislike exercise.
 - The state will provide annual state tax credits for completion of an accredited exercise program.
 - The Board of Education will require a structured physical activity program in Kindergarten through 12th grade.
 - The Board of Education will mandate one nurse and one physical education teacher for every school and mandate daily exercise time.
 - African Americans will increase overall activity in small amounts.

Minority Health

Contributing Factors and Solutions

American Indian

1. Our people are prone to obesity due to genetics.
 - The Indian community will network with agencies, community groups and the medical community and have them come in for medical health fairs.
 - Tribes can give out questionnaires on health status and give data to the state who can then write policies.
 - Tribes need to facilitate an environment for healthy foods and exercise activities.
2. Our people don't have the funds to purchase healthy foods.
 - Federal recognition for the tribes is needed so that federal monies are received into the tribal budget and can be used for improving of our lives.
 - Public health officials need to teach people and help them acquire knowledge about healthy substitutes for health foods.
 - State government needs to compile a list of sources to access for assistance in funding.
3. Being forced to assimilate into cultures other than their own; learning to be non-active.
 - Indian families need to teach their children to honor the traditional and cultural values of their tribes and nations. Tribe members need to teach children their tribal ways through hands-on experience in the areas of food, dance, history, etc.
 - Tribes and Indian community leaders need to be aware of resources available.
 - American Indians need to reach out and seek help.

Minority Health

Contributing Factors and Solutions

Hispanic/Latino

1. There is a lack of physical activity among Hispanic populations.
 - The Board of Education will mandate physical education and physical activity programs for pre-K through 12th grade in public school addressing benefits of physical activity and exercise.
 - Local government will develop exercise programs for the community and families in the community using both public and private funding.
 - Physical activity and exercise programs will promote and motivate parents and families by using incentives and providing transportation.
2. There is a lack of nutrition education and knowledge for all socioeconomic levels.
 - Individuals are eating the wrong foods.
 - The Board of Education will mandate nutrition education in public schools beginning in pre-K through 12th grade.
 - The government will increase funding for public health departments for programs addressing obesity.
 - Public service announcements (TV and radio) about nutrition issues will be developed in Spanish and played on Spanish language stations.
3. Poverty is an issue among the Hispanic population.
 - Nutrition education programs will target low budget, healthy shopping, and healthy eating education.
 - State and local organizations, government, businesses, community and religious organizations will allow the use of and/or donate land for Hispanics and other minorities to grow vegetables and fruits.
 - A state program, similar to WIC and Food Stamps, will be implement that provides Farmer's Market type benefits to minorities until 15 years of age.

Minority Health

Contributing Factors and Solutions

White: Middle Eastern

1. In the Middle Eastern population an issue is social structure (i.e. Hospitality: serving and eating is a show of respect).
 - Media should help portray healthier food use among the Arabic family.
 - In parent meetings role play how to entertain without large quantities of food.
 - Public health needs to raise the awareness of better nutrition and value of nutrition.
 - Individuals should serve healthier food, small selection and smaller portion.
2. In the Middle Eastern population there is a lack of understanding and training of nutrition and the Food Guide Pyramid.
 - Public health should provide training sessions for parents to understand the food pyramid.
 - WIC should train moms on ways to be healthy.
 - Those who receive social services should be required to have some sort of standard procedure or training.
 - Home visitor/educator needs to provide more nutrition information such as brochures, flyers in native language and hands on food preparation and meal planning. When preparing the literature it is important to give the participant the literature in English and their native language. This is considered a compliment making them feel "special". This population will not ask for the information in a separate language, you must provide both.
3. In the Middle Eastern population there is a cultural expectation of being plump (i.e. healthy and wealthy).
 - The groups needs to create a challenge to motivate ourselves to maintain weight loss/appropriate weight.
 - The groups needs to promote healthy living by physical exercise.
 - Use Middle Eastern celebrities to bring more visual examples as to appropriate body size.
 - The group should target young people to help them understand that being obese is not cool and carries a lot of health risks.

Minority Health

Contributing Factors and Solutions

White: Middle Eastern continued

4. The Middle Eastern population eats a lot of carbohydrates in their diet and mostly feed their toddlers rice and yogurt.
 - The groups needs to target the community leaders (Imam, association, healthcare professional), religious schools and mass gatherings.
 - The groups should use challenges and visual successes to motivate people to create changes and behavior.
 - Public health needs to educate people in mass gatherings like at the Mosque, community center, grocery stores, etc.
 - WIC, social services, parent meeting, schools and other places should provide training. When preparing the literature it is important to give the participant the literature in English and their native language. This is considered a compliment making them feel "special". This population will not ask for the separate language, you must give them both.

Minority Health

Contributing Factors and Solutions

White Working with Other Cultures

1. Poor nutritional choices and eating habits; lack of appropriate food portion sizes.
 - The group needs to develop community coalitions that provide education, training and communication regarding healthy nutrition and physical activity in schools, community centers, churches and the workplace. Provide instruction to residents on easy ways to prepare health foods.
 - The group should develop a "social norms marketing" campaign that includes development of materials for various ethnic/ racial groups in their languages. This will include public service announcements (directed towards minority groups, especially children) and print media.
 - The group needs to make nutrition education part of the school curriculum for pre-K through 12th grade in "home economics" and health education courses, with the language being culturally sensitive to various ethnic groups.
2. Each culture has specific food preferences that may not be healthy such as family customs and beliefs or perceptions regarding weight and appearance.
 - Workers should work with faith-based organizations, cultural centers, institutions of faith, migrant farms, county fairs & places where minorities gather to promote healthy lifestyles within their culture. Hold public forums to hear what they need. Utilize speakers from the specific minority group.
 - Public health needs to develop a social marketing campaign for different cultures, to include billboards, posters, brochures & public service announcements, which focus on healthy nutrition and physical activity. Should show the consequences of poor eating choices.
 - Groups should partner with various businesses, corporations (such as Ukrops in the Richmond area) and organized minority groups (such as NAACP, Hispanic Chamber of Commerce, Muslim centers, etc.) for outreach to specific minority populations.

Minority Health

Contributing Factors and Solutions

White Working with Other Cultures continued

3. Lack of health and nutrition education, time for recess, physical activity and education in public schools. Some schools do not have the equipment and space to promote physical activity. Current lack of national support.
 - Board of Education will mandate health and physical education five days a week, consisting of 30 minutes of non-competitive, aerobic activity for pre-K through 12th grade with an emphasis on nutrition and health programs. Standards should be based on research and made a part of the Standards of Learning. Board of Education to set a policy/regulation to require 30 minutes of aerobic physical activity for every staff member.
 - General Assembly will fully fund schools so physical education and health can be a requirement with fully qualified instructors and appropriate equipment.
 - Groups will form community coalitions and task forces (including school officials, physical education teachers, community registered dietitians, etc.) to address the issue of physical activity in the community.

Health Care Payers and Providers

Introduction

The regional CHAMPION meetings generated helpful solutions; many of which involved the healthcare industry. In an effort to expand their participation, employees of the healthcare industry were invited to attend a CHAMPION meeting. This meeting was held with the intention of testing the 'next steps' to the CHAMPION process, based on the solutions suggested at the regional meetings. The Healthcare meeting format differed from the other meetings in that participants expanded suggestions into planning templates.

Invitations were sent to people who had previously participated in VDH sponsored obesity prevention efforts and to those listed with the Governor's office as being interested in such efforts. Due to attendee time constraints, the Healthcare Meeting was shortened to one day.

Methodology

The meeting began with a brief overview of the obesity problem in Virginia and introduced the CHAMPION process. Participants then selected a workgroup based on their role in the healthcare industry. The workgroups were divided into one of the following six categories: Community Health Education, Employers, Hospitals, Insurance Providers, Medical Providers and Public Health.

In the workgroups, participants were asked to review a list of 15 potential solutions that were compiled from the previous regional meetings; and then determine the three solutions they thought were the most feasible. After this was completed, the groups broke for lunch; during which Governor Mark Warner and Jane Woods, Secretary of Health and Human Resources spoke on the need to address obesity in the Commonwealth. Governor Warner also participated in a question and answer period.

The workgroups reconvened after lunch and were given a planning template which was used in an exercise to plan solution implementation. The workgroups divided into smaller groups to complete the implementation plan using one of the solutions that had been identified at the regional meetings. Participants completed the template for the following items: identify the leadership required to affect a solution, specify the roles needed, provide a solution timeline, specify a location where the solution would be implemented and outline the costs involved.

After the small groups finished their planning session, the workgroups reconvened and the small group solutions were presented. The six workgroups then combined and the solutions were presented to the whole healthcare group. Participants were given a list of the top three solutions from each workgroup, and then voted to determine the top five solutions that would be the most feasible for the healthcare industry to implement. The top five list was presented to the participants and the meeting was adjourned.

CHAMPION Report Summary

Health Care Report Results

Introduction

Ninety-nine participants attended the Healthcare CHAMPION meeting. Of the 71 participants who reported their education level, 9% had a high school education level, 48% had attained certification, an associate degree, or a bachelors degree, and 42% had a masters or doctorate degree. Seventy-three participants indicated their organization; 7% of those answering were from academics, 3% from advocacy groups, 16% from businesses for profit, 19% from nonprofit businesses, 1% from faith based groups, 21% from services, and 33% from “other.” On the registration form, there was no category for government; therefore, it is assumed that government agencies are listed in the “other” category.

Methodology

Participants were given the chance to fill out a program evaluation at the end of the CHAMPION meeting. There was a 36% response rate, with 36 out of 99 attendees completing program evaluations. When asked about the CHAMPION objectives, 94% agreed that the objectives were clearly communicated and explained, and 92% responded that the objectives were accomplished. Similarly, 94% agreed that the format of the meeting supported their ability to provide constructive input. Only 78% of participants agreed that the workgroup contributed to their understanding of how their organization can address obesity and physical activity issues; this could indicate a potential area of improvement for future regional meetings.

When asked to comment on the presenters, 92% of participants agreed that the speaker’s presentation styles were appropriate for the content delivered. Ninety four percent indicated that they intended to apply (or introduce) the information received to their organization.

Comments indicate that participants from the Healthcare CHAMPION meeting viewed the event as informative and necessary. Overall, healthcare participants listed the group discussions as the most important aspect of the meeting. Many participants also indicated that they enjoyed Governor Warner’s speech and appreciated his participation at the meeting. The top suggestions given for future regional meetings were to address preventative issues and to form collaborative meetings with other members of the community.

Health Care Report

Top Three Solutions by Workgroups

The top three solutions identified below were developed by the six subgroups of the Healthcare meeting.

Community Health

1. The public will become more knowledgeable about healthy meal choices, portion size and meal preparation as a result of a mass media and marketing campaigns. An example would be “CHAMPION Choices”, in which participating grocery stores will identify healthy choices on their shelves with a specialized “CHAMPION Choices” label.
2. Coalitions will be created by community health organizations, community leaders, city planners, city council members and elected officials to seek input regarding safe access to playgrounds, schools and parks. The goals of such a coalition will be to make neighborhoods more conducive to physical activity and to actively pursue funding opportunities.
3. Focus groups will solicit adolescents for their ideas regarding physical activity (i.e. what activities are of interest, reasons they do or don't participate in what's offered, etc.).

Employer

1. Employers who can not provide on-site physical activity resources or offer gym memberships will seek collaboration with nonprofit groups to increase access for their employees.
2. Businesses will provide education and training to employees regarding the benefits of physical activity, proper nutrition, consequences of sedentary lifestyles and how they all relate to healthcare costs.
3. Employers will learn the benefits of encouraging good health and physical fitness among employees by researching the connection between lack of physical activity and loss of productivity. Employers will analyze the cost/benefit relationship between exercise programs and incentives and increased productivity and reduced health insurance premiums. Employers will research models that have successfully incorporated physical activity programs into the workplace.

Hospital

1. The Healthy Virginians campaign and positive role modeling in the hospital will be promoted to patients and hospital employees through the use of posters and awards.
2. Providers will provide preventive care and referrals to registered dietitians for outpatients and ensure the counseling sessions are paid for by insurance providers.
3. Registered dietitians and/or mental health facilities will provide affordable or free family-tailored nutrition counseling.

Health Care Report

Top Three Solutions by Workgroups

Insurance

1. Insurance companies will provide a recurring newsletter containing health related information such as age-specific nutrition facts and healthy fast food suggestions will be provided to policy holders.
2. Insurance coverage plans will include nutrition counseling and adult wellness programs. In addition, a diagnosis of overweight (body mass index of 25 or above) will result in nutrition education or a referral to a registered dietitian that will be covered by insurance.
3. Insurer-provided competitive grants for which communities can apply annually will fund educational efforts promoting good health and nutrition in various settings, such as the workplace and the community.

Medical Providers

1. Health professionals will collaborate with physical education teachers and nurses to track overweight children and develop detailed strategies with the child's parent(s).
2. Providers will develop a public education campaign to promote physical activity, physical education and proper nutrition. Educational materials addressing this issue will be distributed to physicians, local offices, hospitals and school districts.
3. Health advisory boards, health professionals and community organizations will collaborate to form partnerships and distribute health information.

Public Health

1. School districts will collaborate with public health agencies to educate parents about physical activity, healthy living and proper nutrition through PTA nights, lunch menus, report cards, community and school websites, news letters and parents' work e-mail. Avenues such as community health fairs and local health professionals will be used to educate teachers on strategies for including nutrition and physical activity into their curriculum. They will develop and implement standard criteria on developing wellness, nutrition and physical activity curriculum and then add them to the Standards of Learning tests.
2. Public health will develop and distribute educational materials and curriculum targeted to churches, grassroots organizations, community centers, etc. promoting physical activity, healthy living and proper nutrition.
3. Communities will embrace and replicate the Healthy Virginians Campaign. The campaigns, which can be led locally by the Mayor and public health professionals, will be competitive and promote challenges between communities.

Health Care Report

Top Five Healthcare Provider Recommendations

1. School districts will collaborate with public health agencies to educate parents about physical activity, healthy living and proper nutrition through PTA nights, lunch menus, report cards, community and school websites, news letters and parents' work e-mail. Avenues such as community health fairs and local health professionals will be used to educate teachers on strategies for including nutrition and physical activity into their curriculum. They will develop and implement standard criteria on developing wellness, nutrition and physical activity curriculum and then add them to the Standards of Learning tests.
2. Health care providers will develop a public education campaign to promote physical activity, physical education and proper nutrition. Educational materials addressing this issue will be distributed to physicians, local offices, hospitals and school districts.
3. Businesses will provide education and training to employees regarding the benefits of physical activity, proper nutrition, consequences of sedentary lifestyles and how they all relate to healthcare costs.
4. Nutrition counseling and adult wellness programs will be included in insurance coverage plans. In addition, a diagnosis of overweight (body mass index of 25 or above) will result in nutrition education or a referral to a registered dietitian that will be covered by insurance.
5. Employers will understand the benefits of encouraging good health and physical fitness among employees by researching the connection between lack of physical activity and loss of productivity. Employers will analyze the cost/benefit relationship between exercise programs and incentives and increased productivity and reduced health insurance premiums. Employers will research models that have successfully incorporated physical activity programs into the workplace.

Population Demographics for Virginia

Overall Virginia population demographics

In 2000, Virginia had approximately 7,078,515 residents. According to census data, 70.2% of residents were White (not of Hispanic origin), 19.6% were Black or African American, 4.7% were Hispanic or Latino, 3.7% were Asian, .3% were American Indian or Alaskan Native, and .1% were Native Hawaiian or Other Pacific Islander. For 11% of residents, a language other than English was spoken at home. Regarding education, 82% of residents over the age of 25 had a high school degree, and 30% had a bachelor's degree or higher.

Southwest Virginia

The population of the Southwest Virginia region in 2000 was 399,318. According to census data, 94.7% of Southwest Virginia residents were White (non-Hispanic), 2.9% were Black or African American, 1.4% were Hispanic, .3% were Asian, and .2% were American Indian or Native Alaskan.

Roanoke

The population of the Roanoke region in 2000 was 927,428. According to census data, 83% of Roanoke residents were White (non-Hispanic), 14% were Black or African American, 1.2% were Hispanic, .7% were Asian, and .2% were American Indian or Native Alaskan.

Blue Ridge

The population of the Blue Ridge region in 2000 was 803,432. According to census data, 86% of Blue Ridge residents were White (non-Hispanic), 9% were Black or African American, 2.5% were Hispanic, 1% were Asian, and .2% were American Indian or Native Alaskan.

Central Virginia

The population of the Central Virginia region in 2000 was 1,362,338. According to census data, 61% of Central Virginia residents were White (non-Hispanic), 34% were Black or African American, 1.5% were Hispanic, .7% were Asian, and .6% were American Indian or Native Alaskan.

Northern Virginia

The population of the Northern Virginia region in 2000 was 1,830,343. According to census data, 68% of Northern Virginia residents were White (non-Hispanic), 13% were Black or African American, 11% were Hispanic, 6.3% were Asian, .3% were American Indian or Native Alaskan, and .1% were Native Hawaiian or Other Pacific Islander.

Hampton Roads

The population of the Hampton Roads region in 2000 was 1,626,943. According to census data, 64% of Hampton Roads residents were White (non-Hispanic), 30.5% were Black or African American, 2.3% were Hispanic, 1.5% were Asian, .3% were American Indian or Native Alaskan, and .1% were Native Hawaiian or Other Pacific Islander.

CHAMPION Report Summary

Expert Panel Process

In September 2005 a two-day expert panel meeting was held to create a methodology to analyze the CHAMPION data to set priorities for the Commonwealth. The objectives of the meeting were to review: the data collection process, the data, and the participant demographics; as well as address the challenges inherent in the process and in the data; and finally to advise VDH on ways to analyze the data.

Academicians in the areas of data analysis, program evaluation, methodology development and public policy were invited to participate on the panel. A professional facilitation team was hired to assist with process development. Seven expert panelists participated and included: Frances D. Butterfoss, Ph.D.; Derek A. Chapman, Ph.D.; Keltcie Delamar, Eric A. Finkelstein, Ph.D.; Wendy L. Johnson-Taylor, Ph.D., MPH, R.D.; Jennifer Mellor, Ph.D.; and Anne Wolf, MS, RD.

On the first day, panelists were given an overview of the CHAMPION process including participant demographics and the results generated from the meetings. Panelists reviewed the meeting results and Division of WIC and Community Nutrition Services Director, Donna Seward, discussed the challenges in interpreting and presenting the information.

A discussion was initiated by the facilitator on the concerns associated with each issue. Additional issues affecting the data's integrity were also listed by panelists. Each issue's importance was voted on and the remainder of the day was spent discussing the obstacles to interpreting and presenting the information.

On the second day, the previous days' work was reviewed and the expert panel provided recommendations on ways to analyze the data, determine stakeholder groups, develop and distribute the report and create a 'next steps' approach.

Implementing the advice of the expert panel, the following age groupings were used: Pregnant/Infant, Preschool, School Age, Adolescent, Young Adult, Adult and Senior. The panelists combined the stakeholders into groups that were likely to partner in the event that the proposed solutions were implemented. The following categories were determined: Employee, Government (Federal, Local and State), Healthcare Providers/Medical Institutions, Individuals and Families, Insurance Companies, Media, Preschool and Child Care and Schools.

It was determined that the report should clearly state that the CHAMPION project was not intended to be scientific, rather a process to collect public input. It was recommended that the final document be used more as a blueprint than a plan, and as a result, the ideas expressed could be used as a framework for developing future actions. They specifically recommended that this information be published as a report as a first step.

CHAMPION Report Summary

Expert Panel Process continued

The panel also suggested that rather than trying to identify the 'top three solutions' at the state level, they recommended that the 'top three common themes' be identified by stratification.

The expert panel suggested utilizing using a three-phased approach to distributing the CHAMPION findings; the first phase would be the distribution of the meeting and thematic reports. After that, the panel felt that individuals should have the opportunity to respond to the data. Feedback by way of the CHAMPION website was suggested. The next step would be to research to see if the science supported the recommendations in the report and finally to develop a plan utilizing all of this information.

The advisability of a broader advisory committee to guide this process was discussed. While these experts could not be a part of any such group due to their national obligations, it was agreed that such a group would be critical for the formulation of the actual plan.

CHAMPION Report Summary

Next Steps

The next phase for the Division of WIC and Community Nutrition services will concentrate on research to determine if scientific literature indicates that the solutions recommended are both appropriate and successful. Additional research will be to identify evidence based programs, approaches and models that support or refute the opinions from the regional reports. The information in the report will be used to guide communities and the CHAMPION program in directing future efforts at the state and local level.

The Division also plans to publish the process and refine the CHAMPION computer program so others can benefit from its framework and it can be made available to others working on obesity prevention or any other planning for a statewide issue

Once all of the research is compiled, the Division will create a broad based Advisory Committee to assist with the final step of developing the actual CHAMPION, a state plan to address obesity in Virginia. This plan would provide both guidance and validation for programs/policies developed at the state or local level.

The role of implementing the method(s) or programs will be at the community level. Community members will have unique insight regarding what might work in their community and therefore will have the role of determining which methods to try to implement. DWCNS will continue to provide support in collecting and analyzing data, in providing technical assistance to communities by way of the website, and in providing information on what obesity prevention programs exist as well as which programs have worked in other communities. DWCNS will continue to encourage and provide technical support for continued community collaboration.

APPENDIX A

Issues and Solutions for Inactivity by region, workgroup and stakeholder category

* Some solutions do not have a corresponding issue. This is due to the participants' enthusiasm in listing all possible solutions.

CHAMPION Report Summary

**Southwest Virginia
Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Community-developed walking trails and parks.
Individuals and Families	<ul style="list-style-type: none"> • Juggling work and family plus school day and night. • Too much TV and computer time. 	<ul style="list-style-type: none"> • Encourage family activities during evenings such as game playing, hobbies, gardening, playing with pets, etc. • Find activities in your community that are fun, such as walking and hiking. • Place exercise equipment in front of the TV.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Education on understanding health and medical costs of not performing physical activity. Use this information as a way to help them with prioritizing how they use their time. • Encourage community clubs and special interest groups focused on activities such as canoeing, running, biking, hiking and dancing. • Encourage community events for families and singles; involve the whole family. • Support activities at faith organizations and after school programs; provide childcare and transportation to move kids place to place. • Use children to influence parents and add incentive programs for children.

CHAMPION Report Summary

**Southwest Virginia
Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Classes should be required in order to continue receiving government services. ● More funds need to come to Southwest Virginia (past Roanoke).
Individuals and Families	<ul style="list-style-type: none"> ● Culture. ● Lack of parental control and role models. ● Poverty. ● Lack of time and convenience of activities. 	<ul style="list-style-type: none"> ● Assist parents with setting goals for themselves through furthering their education. ● Involve parents in decision making through behavioral training. ● Parents should live their lives the way they expect their children to live. ● Spend time managing home chores. ● Teach variety; begin your own traditions. ● Time management.
Media and Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Mass media campaign by the State to determine which media outlets are best to educate people.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Develop a rewards program with additional benefits for those who reach healthy goals. ● Develop staff education and awareness of community services, both for nutrition and recreation. ● Educate the parents first by providing classes. ● Educate parents on how to be a parent (how to say "no" and how not to give in). ● Find out what type of activities the parents are interested in and provide them with options to participate along with their children in the same activity. ● Have the community leaders mentor the parents. ● Look for grants from outside industries. ● Look for new grants to increase parental participation. ● Offer motivational rewards for participation. ● Provide meals at the classes and have childcare and recreation class for the kids. ● The Southwest Virginia community will increase free or inexpensive community programs.

CHAMPION Report Summary

**Southwest Virginia
Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Inactivity	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Teach how to do a twenty minute workout. ● Teach parents that it is okay for children not to finish their plate.
Schools	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Develop staff education and awareness of community services, both for nutrition and recreation.

CHAMPION Report Summary

**Southwest Virginia
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> Utilize workplaces and schools as vehicles for nutrition and physical education (i.e. health fairs).
Government: Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> Additional funding for school staff. Increased funding and/or opportunities for physical activity equipment. Mandatory collection of height and weight of all students K-12. Aggregated data would only be reported to the Department of Education. Mandatory daily structured physical activity and/or physical education to include, but not limited to, muscular strength, endurance, flexibility and cardiovascular fitness for grades K-12 utilizing current facilities and staff. Public assistance programs to deliver nutrition and physical education information. Standardize and computerize the student cumulative health records with the ability for data to be extracted. Student cumulative health records to be sent to parents with an explanation of data.
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> Encourage annual physical examinations by primary care providers.
Individuals and Families	<ul style="list-style-type: none"> Lack of nutrition and physical education. Lower education and low income. Poor parenting skills. 	*Note: no solutions related to this stakeholder were identified.
Media and Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> Alter cultural perception of the dangers of poor nutrition habits and inactivity through marketing campaigns. Develop and implement a TV media campaign to promote nutrition and physical education information. Increase health promotion programs to build parents' awareness through public service announcements, flyers, etc.

CHAMPION Report Summary

**Southwest Virginia
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Provide required parenting skills classes in schools and/or communities. ● Teach importance of role modeling by parents. ● Use rewards based computer programs that incorporate physical activity.
Schools	<ul style="list-style-type: none"> ● School setting doesn't support physical activity. 	<ul style="list-style-type: none"> ● Increase after hour access to school facilities for the public. ● Include nutrition and physical education in GED and continuing adult education programs. ● Implement a workplace health promotion program in schools. ● Improved communication between the school system and parents. ● Provide required parenting skills classes in schools and/or communities. ● Replace sedentary activities during non-instructional time with physical activity. ● School sponsored physical activity clubs or intramurals during and/or after the school day. ● Student cumulative health records to be sent to parents with explanation of data. ● Teach benefits of physical activity in other classroom settings and incorporate the Standards of Learning. ● Utilize workplaces and schools as vehicles for nutrition and physical education (i.e. health fairs).

CHAMPION Report Summary

**Southwest Virginia
Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> • Limited budget. • People are set in their ways which prevents them from thinking that they need to change. • Reduction of physical activity. • Set in ways that prevent them from thinking that they need to change. 	<ul style="list-style-type: none"> • Education on input and output directed to workplace, churches, grocery stores, laundry mats and newspapers based on ideas of what their eating habits are; use public service announcements.
Insurance Companies	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Better healthcare that is more affordable.
Media and Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Education on input and output directed to workplace, churches, grocery stores, laundry mats and newspapers based on ideas of what their eating habits are; use public service announcements.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Education on input and output directed to workplace, churches, grocery stores, laundry mats and newspapers based on ideas of what their eating habits are; use public service announcements.

CHAMPION Report Summary

**Southwest Virginia
Young Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Assist with memberships at recreational facilities and develop wellness programs outside of work. ● Companies will offer incentives for physical activity. ● Develop wellness programs at work that involve family members and not just employees. ● Provide bikes and treadmills at work. ● Provide places to walk both inside and outside of work.
Individuals and Families	<ul style="list-style-type: none"> ● Balancing work and family does not leave time for physical activity. 	*Note: no solutions related to this stakeholder were identified.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● A company needs to develop something to show activities and associated calories used. ● Add incentive programs for children. ● Provide statistics to businesses on the relationship between lack of physical activity and loss of productivity.

CHAMPION Report Summary

**Roanoke
Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Employers	<ul style="list-style-type: none"> • Employers don't stress healthy lifestyle. • There's no place or time to take breaks that promote activity. • Insurance companies and employers do not offer incentives for wellness. • Work habits that require sitting. 	<ul style="list-style-type: none"> • Employers providing on-site fitness center areas. • Encourage collaboration between nonprofits such as the YMCA and employers, who can not pay for their employees, to encourage activity on site. • Encourage employers in the health field to be role models by having fitness centers on site. • Encourage employers to allow and encourage staff to walk during their work time if a center is not affordable or available. • Host community fitness and food events that focus on demonstration and information. These events can be sponsored by schools, organizations, employers, etc. • Workplace employers will allow time and space for physical activity at the worksite.
Government: Local/State/Federal	<ul style="list-style-type: none"> • Lack of opportunities for activities: no neighborhood center to walk to, not neighborhood friendly, outdoors is difficult because of hills, mountains, terrains, etc. • Lack of safety in neighborhoods. 	<ul style="list-style-type: none"> • All new community development should include areas for physical activity with on-site fitness facilities. • Convince employers it is in their best interest to send employees to screenings and engage them in physical activity. State to provide data and research to show financial impact and to find models of states that have programs that are working. • For unsafe streets, communities can develop large walking clubs. To increase safety use collaboration, involvement and sponsorship of law enforcement. • Insurance companies and government insurance programs to provide coverage for nutrition counseling and adult wellness programs. • Local government requires that community developments include amenities (greenways, trails, etc.) that would encourage, and allow, physical activity throughout the entire community. • The food industry should be required to address poor food choices, offer healthy food options, list contents, calories and the amount of energy required to use calories consumed. This is similar to tobacco.

CHAMPION Report Summary

**Roanoke
Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> • Conveniences of being at home, like the internet, TV, etc. promotes inactivity. • Having more than one job leaving no time available for physical activity. • Lack of role models. • Mental issues like low self-esteem that prevent involvement in activity. Need a self conception that says “I can be healthy and attractive”. • Not having enough time for self due to taking care of others and other activities and then being too tired. • People don't know how to get started. • People want instant gratification versus delayed results. • Physical education is so team oriented that we don't grow up with activity as a natural part of lifestyle. There is a lack of interest in physical activity. • Physical problems and illness that prevent activity. • Too many conveniences available so you don't have to do it yourself. 	<p>*Note: no solutions related to this stakeholder were identified.</p>
Insurance Companies	<ul style="list-style-type: none"> • Insurance companies and employers do not offer incentives for wellness. 	<ul style="list-style-type: none"> • Insurance companies and government insurance programs to provide coverage for nutrition counseling and adult wellness programs.
Media and Marketing	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> • Conduct a public service announcement campaign ("Live like You are Going to Die"). • Establish clearinghouse of information and resources and market what is available and then address gaps in communities. Make case studies available to show the impact of not being engaged in activity through State public service announcements.

CHAMPION Report Summary

**Roanoke
Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Organizational	<ul style="list-style-type: none"> • Lack of affordable preventive programs for exercise. • Lack of health education and its importance in the community. 	<ul style="list-style-type: none"> • Encourage collaboration between nonprofits such as the YMCA and employers, who can not pay for their employees, to encourage activity on site. • Establish clearinghouse of information and resources and market what is available and then address gaps in communities. Make case studies available to show the impact of not being engaged in activity through State public service announcements. • For unsafe streets, communities can develop large walking clubs. To increase safety use collaboration, involvement and sponsorship of law enforcement • Help people to make healthy choices by including information that makes sense to improve their own health. Teach body mass versus body weight. • Host community fitness and food events that focus on demonstration and information. These events can be sponsored by schools, organizations, employers, etc.
Schools	<ul style="list-style-type: none"> • Physical education is so team oriented that we don't grow up with activity as a natural part of lifestyle. There is a lack of interest in physical activity. 	<ul style="list-style-type: none"> • Host community fitness and food events that focus on demonstration and information. These events can be sponsored by schools, organizations, employers, etc.
Media and Marketing	<ul style="list-style-type: none"> • Cultural choices like drive through lifestyle and container lifestyle prevents walking and activity. • Technology and equipment (such as remotes) does the work so we don't have to move. 	<p>*Note: no solutions related to this stakeholder were identified.</p>

CHAMPION Report Summary

**Roanoke
Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Finding sources (i.e. businesses, insurance agencies, etc.) of funding for programs that educate about age appropriate activities for children. ● Involve businesses, fitness centers, etc. to promote activity.
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Lack of sidewalks, bike trails and safe places to play. ● Lack of transportation to community activities. 	<ul style="list-style-type: none"> ● Create performance standards for activity in preschool, Head Start, licensed daycare, etc. ● Legislation passed for insurance companies to pay for reimbursement for nutrition and physical activity programs. ● State mandated and supported planned educational programs that focus on physical activity for elementary school, childcare facilities and churches. ● The State will add free play to educational program requirements. ● WIC and exercise physiologists to promote age appropriate activity for children. Use grassroots, like churches, where people gather to get the word out about the benefits of physical activity.
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Education campaign geared toward pediatricians to promote physical activity.
Individuals and Families	<ul style="list-style-type: none"> ● Amount of TV watched. TV and video games act as babysitters. ● Inactivity of caregivers. ● Lack of education and buy in from parent and caregiver in relation to benefits of age appropriate physical activity. ● Lack of funding for low income families for community activities. ● Seasonal constraints on outdoor activities. ● Time constraints on parents. 	<ul style="list-style-type: none"> ● Allow children to be creative and take the lead in activity. ● Educate for options other than TV. ● Increase parent's discipline. ● Parents and schools to do child based interactive programs. ● Use TV and computers for rewards only after the child completes physical activity.
Insurance Companies	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Finding sources (i.e. businesses, insurance agencies, etc.) of funding for programs that educate about age appropriate activities for children.

CHAMPION Report Summary

**Roanoke
Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Have a local media campaign with healthy messages and community programs (i.e. advertising on city buses). Use media and marketing strategies. • Media campaign to remove TVs from rooms, daycare centers, etc. • Media interviews with celebrities, sports figures, etc. on what activities they do with their children. • Work with Public Broadcasting Service for interactive activity programs.
Organizational	<ul style="list-style-type: none"> • Limited access to private play areas. • No organized community exercise programs. • No neighborhood kid watch. 	<ul style="list-style-type: none"> • Educate for options other than TV. • Educate parents that young children learn through interactive play. • Involve businesses, fitness centers, etc. to promote activity. • Locally supported planned educational programs that focus on physical activity, within elementary schools, childcare facilities and churches. • Promote neighborhood kid watch that focuses on safe neighborhoods, increased physical activity, supervised neighborhood play, etc. and promote it at various locations (i.e. PTA, WIC). • Survey communities to determine where areas of play are located.
Preschool and Childcare	<ul style="list-style-type: none"> • Lack of activity promotion in daycare, preschool and kindergarten. • Inactivity of caregivers. • Lack of education and buy in from parent and caregiver in relation to benefits of age appropriate physical activity. 	<ul style="list-style-type: none"> • Create performance standards for activity in preschool, Head Start, licensed daycare, etc. • Locally supported planned educational programs that focus on physical activity, within elementary schools, childcare facilities and churches.
Schools	<ul style="list-style-type: none"> • Emphasis on structured learning versus free play. • Lack of activity promotion in daycare, preschool and kindergarten. 	<ul style="list-style-type: none"> • Locally supported planned educational programs that focus on physical activity, within elementary schools, childcare facilities and churches. • Make physical education glamorous. • Parents and schools to do child based interactive programs.

CHAMPION Report Summary

**Roanoke
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> Local funding through grants, business partnerships or health facilities for physical activity programs (i.e. sports, swimming, recreational leagues). Partner with businesses to provide education for parents through newspapers, etc. on leisure activities (museums, nature trails, hiking, riding bikes, family physical education night, etc.). Partner with businesses to sponsor activity nights.
Government: Local/State/Federal	<ul style="list-style-type: none"> Community activities restricted by liability issues. Not enough sidewalks or bike trails to city parks for activity. 	<ul style="list-style-type: none"> Create programs to increase physical activity outside of school through local entities, Parks and Recreation centers and school board and evaluate programs. Increase funding to allow schools to be open for community activities before and after school and during summer. Address liability issues. Propose legislation to require parental notification if their child's body mass index is not in a healthy weight (above 85th percentile or below 5th percentile).
Healthcare Providers	<ul style="list-style-type: none"> Physicians excusing children from physical activity. 	*Note: no solutions related to this stakeholder were identified.
Individuals and Families	<ul style="list-style-type: none"> Children do not participate in intramural activities due to lack of self-esteem. Community safety: kids need to be educated on how to be safe so parents are confident in letting kids go out to play. Concerned with appearance after doing physical activity. Fear for child's safety; not letting them go outside to play. If it's not a priority for parents, it's not a priority for kids. Lack of education for adults in understanding the importance of physical activity. Lack of education for children in understanding the importance of physical activity. Lack of family involvement. Lack of knowledge regarding hydration 	<ul style="list-style-type: none"> A week with kids and parents not watching TV, only doing it together.

CHAMPION Report Summary

**Roanoke
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Lack of parents acting as role models. ● Parent's work leaves a lack of time so the burden falls on schools, daycares and childcare providers. ● Too many depressed children based on their life conditions and this affects physical activity. ● Use of video games and TV as babysitters. 	*Note: solutions were stated on previous page.
Media and Marketing	<ul style="list-style-type: none"> ▪ Marketing of video games; too much TV that is sedentary. 	<ul style="list-style-type: none"> ● Education for parents on positive and negative uses of technology. Use PTA meetings, Channel One, a DVD or public service announcements. ● Put timers on video equipment. ● Video game companies to promote more physically interactive gaming.
Organizational	<ul style="list-style-type: none"> ● Age limits on structured programs. ● Community safety: kids need to be educated on how to be safe so parents are confident in letting kids go out to play. ● Not enough after school activities for latch key kids. 	<ul style="list-style-type: none"> ● Find a sponsor and have a week without TV. ● Grassroots lobbying to school board for more funding and time for physical education in school. ● Local funding through grants, business partnerships or health facilities for physical activity programs (i.e. sports, swimming, recreational leagues).
Preschool and Childcare	<ul style="list-style-type: none"> ● Parent's work leaves a lack of time so the burden falls on schools, daycares and childcare providers. 	<ul style="list-style-type: none"> ● Work with childcare providers to incorporate physical activity into their programs. Have funding for educating staff and purchasing equipment.
Schools	<ul style="list-style-type: none"> ● Emphasis on life long wellness rather than physical activity. ● In school setting, recess is taken from them as a punishment. ● Lack of emphasis, and accountability, on physical education in school. ● Lack of facilities and physical education teachers. ● More homework and less time being outside playing. ● Not enough intramural activities. 	<ul style="list-style-type: none"> ● Education for parents on positive and negative uses of technology. Use PTA meetings, Channel One, a DVD or public service announcements. ● Proposal at local level that physical education teachers enter body mass index percentile rates on data website. ● Use family nights at school to help parents prioritize. Promote family time and family meals after school every night.

CHAMPION Report Summary

**Roanoke
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Inactivity	
Schools	<ul style="list-style-type: none"> • Parent's work leaves a lack of time so the burden falls on schools, daycares and childcare providers. • Replaced fun of exercise with programmed activities that take the fun out of it. 	*Note: solutions were stated on previous page.
Societal	<ul style="list-style-type: none"> • Rural areas have no places for children to go for activity. • Technological advances promote inactivity. • Yards are smaller and there's no place for activities. 	*Note: no issues related to this stakeholder were identified.

CHAMPION Report Summary

**Roanoke
Young Adult/Adolescent**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	<ul style="list-style-type: none"> • Community planning designs are not promoting physical activity. • Lack of transportation. 	<ul style="list-style-type: none"> • Change in physical activity and physical education curriculum to meet the needs of all students. • Make daily physical activity and physical education mandatory in all schools K-12th. • Mandatory standards for health and physical education taught, implemented and held accountable. • Mandatory Virginia wellness related fitness test administered pre- and post-school year with results reported to Department of Education, who would report back to schools and parents.
Healthcare Providers	<ul style="list-style-type: none"> • Medical community is not involved in physical exams and education. 	*Note: no solutions related to this stakeholder were identified.
Individuals and Families	<ul style="list-style-type: none"> • After school they go on the internet. • By this age, they feel that it is hopeless to change now. • Don't have an attitude about a healthy lifestyle. • Don't understand the value of physical activity. • Establishing dating relationships instead of thinking about health. • Families do not participate together. Need more parental participation. • Females worry about their hair and nails. • Financial hardships make access a problem due to costs of organized activities. • Friends don't exercise. • Instant gratification desired. • Kids are not just playing anymore; too many organized activities and lack of creative play. • Labeled as an at-risk population. • Lack of guidance. • Lack of motivation. • Lack of physical coordination and then have a low self-image. • Lack of time management due to work, school and media pressures. 	<ul style="list-style-type: none"> • Exposure to activities that are more fun and enjoyable. • Learn motivational strategies to promote behavioral changes. • Promote family night and activities in the community.

CHAMPION Report Summary

**Roanoke
Young Adult/Adolescent**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Inactivity	
Organizational	<ul style="list-style-type: none"> • Lack of facilities in this area. • Lack of perceived activities. 	<ul style="list-style-type: none"> • Building community coalitions involving corporate stakeholders. • Community involvement consistently through all venues. • Develop programs that incorporate technology and physical activity. • Developing community gardens. • Educate them on benefits of physical activity. • Increase access to facilities that promote health behaviors for students and their families. • Provide more activities that are not technology driven for students to choose from. • Teach children about the consequences of poor health choices.
Schools	<ul style="list-style-type: none"> • Activity is talent oriented. • Physical activity not encouraged in schools; large class sizes. • Schools cut back on physical education both in time and focus. 	<ul style="list-style-type: none"> • Change in physical activity and physical education curriculum to meet the needs of all students. • Including health benefits into other subjects. • Provide more activities that are not technology driven, for students to choose from.
Societal	<ul style="list-style-type: none"> • American culture promotes less physical activity. • Not making obesity an important issue as a community or culture. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Blue Ridge
Adolescent**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	<ul style="list-style-type: none"> ● In rural areas, the average bus ride length is 45 minutes to one hour, thus reducing time available for activity. ● Lack of biking and walking trails. ● Lack of transportation to programs for activity. 	<ul style="list-style-type: none"> ● Create a heavy tax on electronic technology and have funds go towards activity programs. ● Department of Education should separate health and physical education so that schools hire separate teachers. ● Eliminate pass/fail grade, credit/no credit for physical education so it becomes a graduation requirement. ● Eliminate substitution credits by requiring physical education credits for graduation. ● Have zoning require green space that allows activities and equipment at parks. ● Research shows that daily physical activity is increasing test scores so make it mandatory for K-12. ● The President models that exercise is important for himself and he needs to make it part of his education package.
Healthcare Providers	<ul style="list-style-type: none"> ● Lack of doctor's referrals to programs and community programs. 	<ul style="list-style-type: none"> ● Provide doctors education on alternatives to physical education so they can encourage students to get appropriate activity.
Individuals and Families	<ul style="list-style-type: none"> ● Acceptance of being overweight. ● Adolescent sleep deprivation contributes to inactivity. ● After school jobs. ● Bad experiences in physical activities that turns them off. ● Decrease in number of adult and peer role models. ● Emphasis on winning rather than participation. ● Inactivity of parents. ● Kids don't respect authority figures. Don't have to dress out, get excuses. ● Lack of adolescent motivation and self discipline. ● Lack of awareness of good health. 	<ul style="list-style-type: none"> ● Address early the personal value of physical activity instead of winning. Stress personal goals and give instruction based on what can be accomplished. ● Encourage adults to help adolescents set realistic goals and not set people up for failure. ● Making sure kids understand relevance to why they should increase physical activity. ● Promote cooperative and team building activities with emphasis on respect. ● Provide social events and activities on weekends and during school to keep kids active. ● Provide variety of activities for those who may not want traditional activities and empower children to express their interest (i.e. activities for all levels of skills).

CHAMPION Report Summary

**Blue Ridge
Adolescent**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Lack of chores, activity and work at home being expected by parents. ● Lack of knowledge on how to be active for life time. ● Poverty's impact on activity. ● Reduction in amount of parental involvement in adolescent activities. ● Self-esteem issues and apathy, feeling defeated, "why try". ● Single parent issue and getting child out to physical activities is difficult. ● Studying for tests reduces time for activity. ● Teen pregnancy rate and drop out rate has an impact on inactivity. ● This age's interest in drug and alcohol use prevents activity. ● TV, cell phone, video, instant messaging and computer use by kids leads to a sedentary lifestyle. ● Uneducated parents do not see need for physical education and activity. ● Weather prevents physical activity. 	<ul style="list-style-type: none"> ● Self-esteem building to include acceptance of being comfortable in your skin, understanding of lifestyle, "can do" attitude, don't have to be size five to be fit, etc. These factors start at home, faith community, daycare, etc
Media and Marketing	<ul style="list-style-type: none"> ● Lack of promotion of community programs. ● Popularization of elite sports teams. 	<ul style="list-style-type: none"> ● Encourage the development of games that encourage activity and are interactive. ● On food wrappers, show how much time you have to spend at the computer or video game to use up calories consumed in that food item. ● Use infomercials on TV to educate parents to get out and be active.
Organizational	<ul style="list-style-type: none"> ● Lack of facilities in area to promote activity. ● No venue for before and after school physical education programs (both in and out of school). ● Some programs cost too much and there are not enough cheap or free recreation programs. 	<ul style="list-style-type: none"> ● Be more creative in physical education and after school programs; don't use technology. ● Become more active and proactive with legislators to limit what is available in the game market. ● Communities develop community coalition to study healthy lifestyles for adolescents. ● Consider developing a peer counseling program that models increased activity and help them realize that can make good choices.

CHAMPION Report Summary

**Blue Ridge
Adolescent**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: issues have been stated on previous page.	<ul style="list-style-type: none"> ● Do a focus group and ask youth what they want offered instead of offering what we think is fun ● Educate educators and use role models to help parents' value physical activity. ● Educate legislators, administrators and "big dogs" on research showing benefit of activity on learning. Make presentations at board meetings, city councils, to state superintendent, legislators, etc. and share success stories where a difference was made. ● Educate parents on the effect of physical activity and health. ● Provide after school programs for all students with wide appeal and variety. ● Provide consumer education on power of advertising and what it can do to self-esteem. ● Provide social events and activities on weekends and during school to keep kids active.
Preschool and Childcare	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Self-esteem building to include acceptance of being comfortable in your skin, understanding of lifestyle, "can do" attitude, don't have to be size five to be fit, etc. These factors start at home, faith community, daycare, etc.
Schools	<ul style="list-style-type: none"> ● Competition contributing to low self-esteem. ● Cost of participation in school activities prevents some from participating. ● Elementary teachers tend to focus on Presidential physical education testing. ● Emphasis on winning rather than participation. ● Kids don't respect authority figures. Don't have to dress out, get excuses. ● Lack of accountability and expectation by administration for physical education program. ● Lack of importance and intrinsic motivation in school program for physical activity. 	<ul style="list-style-type: none"> ● Accountability for lesson plans to ensure student learning. ● Be more creative in physical education and after school programs; don't use technology. ● Be sure that quality wellness education is included in the physical education program. ● Conduct a testing activity early in year, mid-year and end-of-year and track increase. Recognize for percentage of increase and work with counselors to set goals. ● Create other incentives for achievement in physical education class. ● Cut other classes 10 minutes to allow physical education class for all middle and high school students. ● During the semester of health education have physical activity to balance the inactivity.

CHAMPION Report Summary

**Blue Ridge
Adolescent**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Schools	<ul style="list-style-type: none"> • Lack of inclusion in Standards of Learning testing therefore there is no accountability for physical education classes. • Physical education teachers are taken advantage of by others so core teachers can have planning period 	<ul style="list-style-type: none"> • Educate students about the impact of technology on health. • Educate teachers on alternative activities that are acceptable and provide professional development for all physical education teachers. • Elementary teachers should focus on what students can do and the skills learned • Have teachers in all subjects assign active homework. • Hire physical education teachers for qualifications and not because of need for coach. Separate driver's education and coaching from physical education. • Hire qualified/certified physical education teachers. • Include group activities that involve everybody. Have fun, team and cooperative activities in physical education programs. • Include technology in physical education programs. • Modify physical tests done in physical education such as pull-ups and have alternative testing for those who may not be successful in traditional testing. • Physical education for all grades may require mandatory additional compensation for longer school day that allows additional activity periods. • Promote cooperative and team building activities with emphasis on respect. • Provide ideas for core teachers so they will use active teaching methods to get students up and moving. • Provide individualized activity instruction in physical education so adolescents can do on own. • Provide social events and activities on weekends and during school to keep kids active. • Provide variety of activities for those who may not want traditional activities and empower children to express their interest (i.e. activities for all levels of skills).

CHAMPION Report Summary

**Blue Ridge
Adolescent**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Schools	<ul style="list-style-type: none"> • Issues have been stated on previous page. 	<ul style="list-style-type: none"> • Start providing value education for physical education at young age so that it becomes a part of lifestyle and helps them experience success early. • Stop taking students out of physical education class for other problems which reduces their activity time further. • Superintendents will require all principals to attend physical education and health workshops. • Take steps to provide success orientations in the physical education program. • Test for Standards of Learning in physical education.
Societal	<ul style="list-style-type: none"> • Dependency on cars for travel instead of walking, biking, etc. • Increase of ethnic diversity and some cultures do not believe in physical activity. • It is not a social norm for this age group to exercise daily. 	<p>*Note: no solutions related to this stakeholder were identified.</p>

CHAMPION Report Summary

**Blue Ridge
Adult and Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	<ul style="list-style-type: none"> ● Corporate alliances are typically made with gyms that are geared toward people that are already fit. ● Lack of focus by employers on physical activity. Employers don't recognize health as a bottom line issue. 	<ul style="list-style-type: none"> ● Businesses wanting healthier employees should be willing to pay for yearly pass to Skyline Drive so people can hike walking trails. ● Eliminate or change contents of vending machines from state agencies. ● Employers will know the benefits of a healthy staff and set up reward/incentive programs to help with the cost to employees. ● Encourage employers to develop company committees and appoint them to community and civic organizations (i.e. CHAMPIONS Wellness Plan). ● Encourage employers to include wellness in job description and standards. ● Encourage employers to participate on local health task forces so that we are not just preaching to choir. ● Gather and provide employers with data demonstrating productivity improvement and cost where exercise programs are in place. ● Have a CHAMPION club. Find business partners who would agree to encourage 30 minutes of exercise and flex time options for exercise. ● Have businesses compete against each other. Each company could donate product as prize. ● Health promotion programs (i.e. walking shoes for birthday). ● Mall walking and encouraging large companies to have walking groups during slow business hours. ● Offer free pedometers. ● Provide design options for businesses constructing new buildings based on wellness concepts. When getting permits must show they are providing opportunities for exercise (i.e. sidewalks, trails, etc.). ● Provide available programs that are easily adaptable to different workplaces. ● Schools collaborating with businesses to have lights on school tracks in early morning and late evening.

CHAMPION Report Summary

**Blue Ridge
Adult and Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Employers	<p>*Note: issues have been stated on previous page.</p>	<ul style="list-style-type: none"> ● Structured times for employees to participate in physical activity. Use computers timed to flash screen with messages like "Get up and stretch", etc. ● Support of employee wellness programs from upper management. Group incentives using successful models in the community. ● Support teams of employees that participate in basketball or softball.
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Lack of safe places, walking and biking trails and sidewalks. Not feeling safe due to busy roads and no level area to walk (due to geography). ● Lack of transportation. 	<ul style="list-style-type: none"> ● Add bike and walk tracks to community colleges and government centers. ● Collaborative effort with the state and local governments (i.e. Healthy Virginians). ● Create "best places to work" criteria; businesses acknowledged for wellness programs. ● Create or make available funding opportunities for installing tracks and lighting. ● Develop public-private summits with key organizations to provide sponsorship for trails, pathways, lights, etc. and incorporate callbacks and random places to sit. ● Encourage city to buy land that would otherwise be wasted and use for walking trails, etc. ● Encourage communities to provide police officers in local parks, trails, etc. ● Include bike lanes when repaving roads. ● Increase grants and provide information on grants available for on-site facilities. ● Legislation to incorporate tax relief for healthy lifestyles. ● Replicate the Healthy Virginians Campaign locally led by the mayor. Competition or challenges between communities. ● Require developers to incorporate sidewalks and/or walking trails in any development with more than five homes. Local planning should be around the town concept. ● Require green space and sidewalks in new neighborhoods as well as a built environment that incorporates curvy streets and trees.

CHAMPION Report Summary

**Blue Ridge
Adult and Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	*Note: issues have been stated on previous page.	<ul style="list-style-type: none"> ● State employees should have released time from work schedule to be physically active. Have a CHAMPION club. ● Subsidize or provide benefits to farmers to provide trails through their farmland. ● Tax credit to businesses that reduce cost of membership to gyms, etc. ● Tax credits or incentives for local governments putting in new sidewalks, bike trails, etc.
Healthcare Providers	<ul style="list-style-type: none"> ● Dependency on the medical field to cure or fix the problem. ● Lack of tools provided by healthcare. They diagnose people with obesity but don't give counseling. 	<ul style="list-style-type: none"> ● Doctors need to offer information as to what is available in your area (i.e. pamphlet with community resources). ● Free clinics to solicit for used equipment and provide it to clients. ● Offer free pedometers.
Individuals and Families	<ul style="list-style-type: none"> ● Dependency on the medical field to cure or fix the problem. ● Don't have finances for gym dues. ● Exercise is not incorporated into our daily life. ● Health issues (arthritis, asthma, etc.) prevent exercise. ● Lack of available childcare. ● Lack of peer role models (including gender based such as men teaching aerobics class for men). ● Lack of supportive family members. ● Misconceptions that exercise has to be formal or structured. ● No mindset for physical activity. Don't like to exercise. ● Not liking to be observed while exercising. ● Not wanting to go out because of weather and climate. ● Overstress in life leads to poor mental health. ● People buy in to quick fixes and mess up their metabolism. 	<ul style="list-style-type: none"> ● Education about stages of change and self empowerment.

CHAMPION Report Summary

**Blue Ridge
Adult and Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● People had previous experience where tried and failed before, feel locked into contract. ● People's choice for entertainment tends to be more sedentary. ● Personal improvement is less a need than keeping up with affluent. ● Preference for closed, circulated air environments versus open outside spaces. ● Putting needs of other people above ourselves. ● Seniors feel a sense of isolation. ● Seniors have an idea that it is too late to make a difference. ● Seniors have an intimidation of the unknown. ● Takes a personal commitment and personal energy that people don't feel they have; lack of self motivation. ● Two salary families have little or no time available because of other commitments. ● We feel intimidated by large gyms. ● We feel intimidated by large gyms. ● Weekend warrior mentality. 	<p>*Note: solutions have been stated on previous page.</p>
Insurance Companies	<ul style="list-style-type: none"> ● Exercise is not rewarded through health insurance, etc. 	<ul style="list-style-type: none"> ● People should be rewarded with insurance rates for being healthy.
Media and Marketing	<ul style="list-style-type: none"> ● Lack of education and knowledge on the benefits of exercise because of conflicting information and mixed messages about being fit. 	<ul style="list-style-type: none"> ● Create slogans that would promote healthy behavior. ● Develop media campaigns targeting individuals, making the motivation "do it for the ones you love". ● Media campaign: "Socialize while you exercise". ● Public service announcements supported by data and research that promotes to the community at large that short activity times can have large health impact. ● Strong campaign using children to guilt the parent into changing lifestyle. ● Support media campaigns like: "Exercise is cool".

**Blue Ridge
Adult and Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Create messages about healthy lifestyle. They need to be simple, clear and often. ● Create or make available funding opportunities for installing tracks and lighting. ● Develop public-private summits with key organizations to provide sponsorship for trails, pathways, lights, etc. and incorporate callbacks and random places to sit. ● Encourage family oriented physical activities at the community level. ● Faith-based programs providing stewardship of your body. ● Foster non-threatening environments and supportive environments (i.e. faith-based, senior centers, etc.). Develop a central program to provide small groups with information and specific exercise options with support and follow through. ● Incentives for faith-based programs to build gyms. ● Increase grants and provide information on grants available for on-site facilities. ● Increase support for Bike Walk Virginia. ● Intergenerational programs to get everyone up and moving. ● Inventory of what is available in the community and what could be used by people that are not currently using it. ● Mall walking and encouraging large companies to have walking groups during slow business hours. ● Promote health fairs. ● Provide personal trainers for home-bound people (i.e. grants, faith-based, etc). ● Require communities to do a survey on safe affordable options and give communities ratings based on what's available. ● Research what has been successful in communities lowering obesity rates.

CHAMPION Report Summary

**Blue Ridge
Adult and Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Preschool and Childcare	<ul style="list-style-type: none"> ● Lack of available childcare. 	*Note: no solutions related to this stakeholder were identified.
Schools	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Add bike and walk tracks to community colleges and government centers. ● Schools collaborating with businesses to have lights on school tracks in early morning and late evening. ● Offer free pedometers.
Societal	<ul style="list-style-type: none"> ● Cultures where formal exercise is not a custom. ● Fundamental cultural mindset in our institutions is not geared to physical activity. ● Increase in sedentary jobs. ● Sprawl has made it difficult and less safe. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Blue Ridge
Infant/Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Employers with childcare close by or on-site to help save transportation time. • More businesses allowing parents to job share.
Government: Local/State/Federal	<ul style="list-style-type: none"> • No sidewalks, hiking or bike trails. • Not incorporating physical activity and education into the WIC program. • Small areas for play in neighborhoods. • Transportation issues: It's difficult getting to places for physical activity. Also, people don't have to walk. 	<ul style="list-style-type: none"> • Connecting existing parks with trails. • Development planning should include sidewalks with road plans and sidewalks in subdivisions. • Make unused railroad tracks available. • Programs allowing kids to participate in the beautification of the trails, parks and playgrounds so they take pride in it and use it. • Safe and monitored paths from high population areas to schools.
Healthcare Providers	<ul style="list-style-type: none"> • Lack of time by physicians to discuss physical activity; no referrals given. • Physicians not addressing inappropriate weight gain. 	<ul style="list-style-type: none"> • Mobilize physicians to give recommendations of no more than two hours of TV a day.
Individuals and Families	<ul style="list-style-type: none"> • Inactive parents. • Lack of parental time for physical activity. • Lack of physically creative activities and increase of prefabricated stationary play. • Limited financial resources. • No push for active children. • No safe areas to play. • Parents are not educated on how, how much and why to have physical activity for their kids and family. • Parents don't understand importance of physical activity. • Single or young parents overwhelmed with too much responsibility. • Small living spaces. • Thought is that "it doesn't affect me or my family". • Too much TV and video. 	<ul style="list-style-type: none"> • Encourage kids to be creative and come up with their own entertainment instead of using the TV. • Getting youth/kids involved as a way to spark community involvement. • Promote children having more active time with fathers. This also frees up mothers time. • Promote one TV in the home and hold a "TV drive" to collect unused TV's for charity. • Promote parent group or activities that involve the kids. • Raise awareness to parents of the rewards of spending time with their children away from TV and video. • Support group where each member of the group plans a different activity and works together. • Teach the kids chores. • Turn it off and take it away.

CHAMPION Report Summary

**Blue Ridge
Infant/Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	<ul style="list-style-type: none"> ● Definition of normal size is getting "larger" so it's more acceptable. 	<ul style="list-style-type: none"> ● Advertise existing parks and trails. ● Promote the videos that have music and movement and show kids and parents in physical activity together. ● Using the media to promote physical activity.
Organizational	<ul style="list-style-type: none"> ● Lack of community opportunities for group activity. ● Lack of formal recreation facilities. 	<ul style="list-style-type: none"> ● Apply for grant funding for development of trails. ● Develop group activity programs using existing parks (i.e. stroller walks). ● Drive through park program immediately after work where whole family can have a 15-minute physical activity program. ● Educate parents that educational videos are not a substitute for physical activity. ● Grocery stores, malls and stores to provide child play place. ● More preplanned community programs for the whole family. ● Promote ideas to parents for activities that take the place of TV. ● Promote one TV in the home and hold a "TV drive" to collect unused TV's for charity. ● Provide programs for mothers and toddlers to participate in during activities that older children are participating in. ● Serve as local political advocates for improved facility development and comprehensive plans by mobilizing larger numbers in the community. ● Teach budgeting and time management to future parents before they have kids so they have more time to spend with kids. Teach them to spend money more wisely so they may not have to work.
Preschool and Childcare	<ul style="list-style-type: none"> ● Inactive childcare situations. ● No education or implementation on importance of physical activity for preschool age and continuation throughout school. 	<ul style="list-style-type: none"> ● Augment after preschool exercise and physical activity programs. ● Educators with access to quick exercise and activity ideas.

**Blue Ridge
Infant/Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Schools	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> ● Educators with access to quick exercise and activity ideas. ● Provide trails around the school grounds that are open to the public. ● Safe and monitored paths from high population areas to schools. ● School gyms being opened for physical activity.
Societal	<ul style="list-style-type: none"> ● Lack of physically creative activities and increase of prefabricated stationary play. ● Not a prevention focused society. 	<p>*Note: no solutions related to this stakeholder were identified.</p>

CHAMPION Report Summary

**Blue Ridge
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Government: State/Local/Federal	<ul style="list-style-type: none"> • Communities are not geared to physical activity. • Lack of public transportation. • Safety issues around walking to school, no bicycling or walking paths. Safety issues not allowing for neighborhood play. • There is a lack of informal outside play space (i.e. back yards, parks, etc.). 	<ul style="list-style-type: none"> • Develop a state-wide designated month to encourage daily physical activity. • Require after school programs to have a daily physical activity component. • Require collecting local data assessments for body mass index (BMI) and fitness.
Individuals and Families	<ul style="list-style-type: none"> • Emphasis to be busy and succeed so there's no time for just playing. • Fast paced lifestyles, two working parents or single parent with no time for the family. Other people are supervising the children. Parents are not role modeling, so kids make their own choice to be physically active or inactive. • Lack of "B" teams and hobby sports. • Lack of chores that lead to physical activity. • Lack of self motivation. • Making the choice to sacrifice time to play with children. • There is a lack of informal outside play space (i.e. back yards, parks, etc.). 	<ul style="list-style-type: none"> • Encourage buying interactive video games that involve physical activity. • Encourage packing dinner and eating in the park. • Limit the time that children can watch TV or play video games and require physical activity during commercials. • Make activity part of family time.
Media and Marketing	<ul style="list-style-type: none"> • Increase of digital media and TV that does not showcase physical activity. 	<ul style="list-style-type: none"> • Have Virginia Department of Health make public service announcements on family time and creative physical activities. • Public service announcements. • Work with the media to provide more positive programming that encourages physical activity.

CHAMPION Report Summary

**Blue Ridge
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Organizational	<ul style="list-style-type: none"> • Facilities for physical activity are not affordable. • Lack of "B" teams and hobby sports. • Lack of after school programs and community activity programs for physical activity. 	<ul style="list-style-type: none"> • Contact legislature about requiring and funding daily physical education taught by a qualified physical educator. • Create and sell a "tip a week" calendar demonstrating family physical activities. • Educate on how much physical activity is needed for children to work off food (i.e. french fries, cookie, etc.). • Educate parents and give them options other than the TV or internet so they have time to cook dinner, etc. • Make family memberships cheaper at wellness centers and health clubs and offer more family oriented activities.
Schools	<ul style="list-style-type: none"> • Lack of daily physical education classes within school. • Lack of emphasis on physical activity because of more influence on playing a sport. • Removal of daily recess in school. Because of Standards of Learning they are not tested for physical education. 	*Note: no solutions related to this stakeholder were identified.
Societal	<ul style="list-style-type: none"> • Certain cultures are not physically active. • The convenience of fast food, grocery stores, pharmacy, etc. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Blue Ridge
Young Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Employers	<ul style="list-style-type: none"> • Change in work environment to less physical work. • Lack of worksite involvement in initiatives. • Lack of employers creating initiatives. 	<ul style="list-style-type: none"> • Initiative geared towards employers that encourage exercise in exchange for paid time off or compensatory time. Employers can be compensated through tax breaks, health insurance cost decrease or other incentives.
Government: Local/State/Federal	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> • Increase the number of exercise friendly communities. • Initiative geared towards employers that encourage exercise in exchange for paid time off or compensatory time. Employers can be compensated through tax breaks, health insurance cost decrease or other incentives.
Individuals and Families	<ul style="list-style-type: none"> • Active lifestyle isn't a priority. People are doing things that don't require energy. • Influence of technology on our lifestyle. • Influenced by personal health problems and disability. • Lack of creativity with incorporating physical activity. People without creativity need education. • Lack of education. • Lack of motivation. • Lack of time to exercise. • Lifestyle choices and lack of time. • No motivation. • Not able to exercise due to injuries from job or work. • People are not motivated to jump into activity. • People focus on how they look rather than their health. • People spend time playing on the screen, like computers, TV or video games, and not in activity. • We focus on the scale. There's a fear of adding weight with adding muscle. 	<ul style="list-style-type: none"> • Include 20 minutes per day during the week of the weekend activities you enjoy.

CHAMPION Report Summary

**Blue Ridge
Young Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	<ul style="list-style-type: none"> • Media makes trends like "no need to exercise, just take the pill". 	*Note: no solutions related to this stakeholder were identified.
Organizational	<ul style="list-style-type: none"> • Cost of physical activity programs can be prohibitive. • Lack of community involvement with organized activities. • Lack of places for activities such as gyms, tracks, trails, etc. 	<ul style="list-style-type: none"> • Educational information that shows daily activities and the corresponding value of exercise (i.e. functional exercise).
Schools	<ul style="list-style-type: none"> • Now there is no physical education in school all the way up. 	*Note: no solutions related to this stakeholder were identified.
Societal	<ul style="list-style-type: none"> • Cultural changes prohibit activity. • In rural areas look at how physical activity is viewed, people haven't "bought into" it. • Modes of transportation have changed from bicycles to motorized scooters, motor vehicles, etc. • Resources are too costly. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Central Virginia
Adolescent**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Employer	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Offer workplace wellness seminars.
Individuals and Families	<ul style="list-style-type: none"> • Adults are not physically active role models. There is obesity in parents and no regards to physical activity. • Co-morbidities like shortness of breath, asthma, etc. keep people from being active. • Emotional issues like lack of motivation, in denial about their problem, etc. and social isolation in obese children. Body image and self-esteem problems. • Financial constraints for physical activity if you are not a school team athlete. • Inability to balance making time for physical activity and other factors affecting time. Stress levels and time constraints. • Lack of awareness of future health issues caused by inactivity. • Lack of parental guidance. • Little or no after school care along with price of after school care is a problem. Parents want children to stay inside for safety. 	<ul style="list-style-type: none"> • Get the parents involved by providing parent and student activities. • Have parental control over the children’s time. • Have the parents become involved in activities with children. • Make physical activity fun. Promote fun things to do. • Offer incentives for doing certain amounts of activity (i.e. money for the mall, from mom and dad, school promotions, fitness days, from city/county, etc.).
Government: Local/State/Federal	<ul style="list-style-type: none"> • Inactive community environment due to safety or accessibility. • Lack of proper legislation to encourage safe activity (i.e. creation and funding for bike routes, etc.). • Organization of communities; like having to drive to get places as opposed to walking. 	<ul style="list-style-type: none"> • Create a government regulation to include messages regarding physical activity on video and computer games, ipod, etc. The messages should also be placed in video stores, game stores, malls, etc. • Incorporate and require physical activity in the school’s Standards of Learning. Conduct a study to see how Standards of Learning and SAT scores improve when the child’s physical activity and nutrition improves. • Offer incentives for doing certain amounts of activity (i.e. money for the mall, from mom and dad, school promotions, fitness days, from city/county, etc.).
Media & Marketing	<ul style="list-style-type: none"> • Images from media and advertising not selling physical activity. 	<ul style="list-style-type: none"> • Create or utilize a media campaign on TV, radio and/or billboards. • Encourage more dialogue between adults and children by commercials, radio, news and public service announcements. • Get spokespersons that relate to adolescents.

CHAMPION Report Summary

**Central Virginia
Adolescent**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solution</i>
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Contact community organizations (i.e. churches, etc.) to educate parents. ● Create focus groups with adolescents. ● Find out more about The Asthma Program. ● Have gyms offer “teen nights”. ● Increase and promote community funded programs that include physical activity. ● Lobby the government to bring back mandatory daily physical education and recess. ● Make the definition of physical activity known to the public. ● Make the public more aware of physical activity guidelines and definitions. ● Offer incentives for doing certain amounts of activity (i.e. money for the mall, from mom and dad, school promotions, fitness days, from city/county, etc.). ● Speak with churches and PTA about physical activity.
Preschool & Childcare	<ul style="list-style-type: none"> ● Little or no after school care along with price of after school care is a problem. Parents want children to stay inside for safety. 	*Note: no solutions related to this stakeholder were identified.
Schools	<ul style="list-style-type: none"> ● Decreased physical activity in school due to time restraints and importance of other classes. ● Lack of consistent education pertaining to activity. Lack of curriculum focusing on fitness for life activities versus sport skills. ● Lack of information about physical activity if you are not a team athlete. ● Sports promoting the child to be large (football, etc.). 	<ul style="list-style-type: none"> ● Encourage schools to participate in an “obesity walk”. ● Incorporate physical activity in other classes (i.e. math and science). Educate teachers on how to incorporate this curriculum. ● Increase the quality of physical education. ● Local colleges to allow college credit for high school physical education classes. ● Offer incentives for doing certain amounts of activity (i.e. money for the mall, from mom and dad, school promotions, fitness days, from city/county, etc.). ● Promote staff wellness in the schools by having employee wellness days. ● Put nutrition information on lunch menus.

**Central Virginia
Adolescent**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

		Inactivity	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solution</i>	
Societal	<ul style="list-style-type: none"> • Convenience items; for example, not having to walk, remote controls and less “do it yourself”, lack of chores. • Cultures thinking that it is good for the child to be big. • Teenager culture related to physical activity is that what they do in spare time is not physical activity. Video games, computers, TV, etc. are preferred. 	*Note: no solutions related to this stakeholder were identified.	

CHAMPION Report Summary

**Central Virginia
Adults**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder, and determinant. *These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	<ul style="list-style-type: none"> • Businesses allow smoke break but not a ‘walk’ break. Businesses don’t promote physical activity. Lack of work wellness programs. • Lack of work wellness programs. 	*Note: no solutions related to this stakeholder were identified.
Government: Local/State/Federal	<ul style="list-style-type: none"> • Lack of affordable public gyms or facilities. • Lack of community resources and programs that promote activity (schools, skate parks, etc.). • Lack of safe neighborhoods, side walks, bike lanes, physical environments, etc. • Lack of support from government entities. Medicines are okay, but not much else is given. Tax credits are only for obese and there are no premiums for healthy lifestyles. Government doesn’t offer an incentive for physical activity. 	<ul style="list-style-type: none"> • Establish a state-wide tool kit. • Government agencies will provide educational tools and empower people. • Government agencies, hospitals and others will partner and make a collaborative effort. • Target at-risk communities and solicit support and buy-in from local Board of Supervisors for positive environmental changes within the community that support healthy lifestyle changes.
Healthcare Providers	<ul style="list-style-type: none"> • Doctors are quick to give medicine, rather than information or education. • Doctors say you are overweight or need to lose pounds but don’t talk about how to go about this. There is a lack of referrals to a gym, trainer, etc. that would fit that person. Doctors don’t want to tell people they’re overweight. • Emphasis from medical professionals on weight rather than BMI (body mass index). It is not always clear if the focus should be on BMI or physical activity. • Lack of educated professionals in this field. Even doctors give misinformation about nutrition. 	<ul style="list-style-type: none"> • Government agencies, hospitals and others will partner and make a collaborative effort. • Instead of giving prescriptions, write down exercise plans, referrals to gym, etc. • Utilize lay health advisors through church parishes, nurses, community organizations and others who are trained by healthcare providers to use a standard ‘tool kit’ to distribute accurate information and encourage physical activity.
Individuals & Families	<ul style="list-style-type: none"> • Adults taking care of their parents and children and no time for self. • Can’t do physical activity because of pain. • Diet mentality rather than lifestyle for healthy living. • Don’t want to exercise. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Central Virginia
Adults**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder, and determinant. *These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals & Families	<ul style="list-style-type: none"> • Focus is on short term and instant gratification and if there's a lack of results, they quit. • Inconsistent results or no results cause people to become frustrated or quit. Sometimes people don't know what results to look for. • Lack of funds. • Lack of insurance creates domino effect. It affects your motivation because you are afraid of hurting yourself if there is no insurance to cover problems. • Lack of time or energy to exercise. Lack commitment or motivation. • Lack of understanding of how important exercise is and don't understand how to incorporate physical activity into every day lives. • More pleasurable to eat than exercise. Easy not to exercise. • Must assume personal responsibility for physical activity. • No one to exercise with. • People are bored with the free things that are available. • People don't understand how to incorporate physical activity into their every day lives. • People have inadequate education to plan a fitness plan. Also have lack of knowledge of the results from inactivity. • People make excuses. Don't understand how to prioritize exercise. • Sense of fatalism. Thinking about their family customs and genes. • Single parents have no time and physical activity is low priority. • Some people are ashamed to go to the gym. • Unrealistic expectations. Not prepared for delayed onset muscle soreness. • We compare ourselves with peers and those around us, instead of to our own goals. • Weather affects people's activity level, even if we are just driving to the gym. 	<p>*Note: no solutions related to this stakeholder were identified.</p>

CHAMPION Report Summary

**Central Virginia
Adults**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder, and determinant. *These are not meant to match on a one-to-one relationship.

	Inactivity	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Insurance Companies	<ul style="list-style-type: none"> Lack of insurance creates domino effect. It affects your motivation because you are afraid of hurting yourself if there is no insurance to cover problems. 	*Note: no solutions related to this stakeholder were identified.
Media & Marketing	<ul style="list-style-type: none"> Myths surrounding exercise and physical activity make it confusing to the consumer. Too much to figure out. Plenty of misinformation. TV programs encourage unrealistic ideas about weight loss and what it takes to lose weight. 	<ul style="list-style-type: none"> Create a media campaign geared at giving people accurate information and use all possible media outlets. Develop a social marketing campaign geared to move people from pre-contemplation or contemplation to planning and action. Give them information on where to get further information (i.e. website, phone, etc.).
Organizational	<ul style="list-style-type: none"> Lack of affordable public gyms or facilities. Lack of community programs that promote activity and healthy living. Lack of education in the community on chronic diseases related to physical inactivity. People have inadequate education to plan a fitness plan. 	<ul style="list-style-type: none"> Educate the community about different resources. Government agencies, hospitals and others will partner and make a collaborative effort. Identify targeted communities and apply for federal grant funding. Increase awareness of YMCA community programs and services with funding assistance. Target at-risk communities and solicit support and buy-in from local Board of Supervisors for positive environmental changes within the community that support healthy lifestyle changes. Within context of education, offer information about how they can incorporate exercise into their lifestyle, exercising for free and on their own.
Schools	<ul style="list-style-type: none"> After a certain age in some areas, children are not required to participate in physical activity. This influences us as adults. Lack of life long physical activity education and skills in schools. There are some schools with no physical education teachers and physical education programs. No mandates. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Central Virginia
Adults**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder, and determinant. *These are not meant to match on a one-to-one relationship.

	Inactivity	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Societal	<ul style="list-style-type: none"> • Car centric society. • Community gatherings are food based not physical activity based. • Exercise has been separated from normal living. Now it is something extra we must “add in”. • Social norm is towards inactivity. • Technology has increased sedentary lifestyles. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Central Virginia
Infant/ Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employer	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Have the Governor offer incentives to businesses to challenge them to provide resources of any kind to their employees. ● Provide childcare centers at work which offers activities.
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Inner city crime deters playing outside. ● Lack of safe places to play. ● Neighborhood design doesn't support activity. 	*Note: no solutions related to this stakeholder were identified.
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● One on one beginning with pregnancy and moving into schools (other than "at-risk" children). ● Start education in birth preparedness and new baby classes.
Individuals and Families	<ul style="list-style-type: none"> ● Age appropriate games (i.e. hide and seek, etc.) are not offered. ● Family beliefs. ● Infrequent activity but believing that is enough. ● Lack of awareness in family and community. ● Lack of interest in active games. ● Lack of parenting skills. ● Parents and siblings are not active. ● Parents fear letting children out to play. ● Parents lack understanding of importance. ● Single parent challenges including time constraints. ● Temperature and environment in summer in central Richmond causes people not to want to go out. ● Working parents use computer or TV as babysitter. 	<ul style="list-style-type: none"> ● Educate children not to talk to strangers. ● Encourage parents to be better role models and be more responsible. ● Encourage parents to work on a schedule with time limits to TV, computer, etc. ● Form a neighborhood watch. ● Get other family members or friends to interact with children. ● Get the children involved in sports programs and preschool programs. (i.e. soccer, basketball, cheerleading). ● Get to know other parents and police officials. ● Join family fitness programs. ● Obtain the parents cooperation and encourage them to do something active with kids. ● Offer other alternatives like reading and coloring. ● Parent-planned family time. ● Parents plan and schedule time for outdoor activities. ● Training for parents on physical activity.

CHAMPION Report Summary

**Central Virginia
Infant/ Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Inactivity	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media & Marketing	<ul style="list-style-type: none"> Marketing of TV and video games that are fun, bright and offer instant gratification cause the child to gravitate to them rather than create their own active games. 	<ul style="list-style-type: none"> Contract with primetime TV shows and major media to put marketing in the body of the show with a focus on parents. Put exercise programs on TV for the very young. Run a strong public relation campaign about what can be done better through TV ads, pediatricians, childcare, hospitals, magazine, and newspaper about diet and healthy eating. Sell computers without preinstalled games. Short advertising blurb on physical activity. Social marketing campaign in partnership with various corporations (i.e. Sports Authority, Dicks) to offer sports equipment for taking a health class. This could be a challenge or online course participation. TV, magazine, public service announcements, pop-up ads, flyers, and/or bus ads on the importance of physical activity (i.e. before and after, in your face ads, shock value, not mundane statistics).
Organizational	<ul style="list-style-type: none"> Cost of programs are prohibitive. Few fitness centers with “mommy and me” programs that have activities for adults and their child. Lack of awareness in family and community. 	<ul style="list-style-type: none"> Adopt ‘It takes a village’ within the neighborhood for responsibility; post notices. Agency will develop telephone hold messages with physical activity information. Area fairs to promote health with information, free stuff and door prizes by using celebrities. Educate parents on activities they can do with their children. Educate parents through the school system, daycare, church groups, etc. Show the parents charts, studies and pictures of what inactivity may cause in the future. Free exercise classes at local fitness center for children. Get the parents involved in exercise and provide information through school and after school programs so that they will set an example. Promote church or community-based after school activity programs. Provide parent education on fun indoor activities

CHAMPION Report Summary

**Central Virginia
Infant/ Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Inactivity	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: issues were listed on previous page.	<ul style="list-style-type: none"> ● Hotline with question and answers, helpful hints and referrals. “1-800-2-GET-FIT” Teach the parents how to be more creative (i.e. household items as toys, art and crafts, etc.). ● Include pamphlets with other literature. ● Increase free programs that promote creative movement. ● Neighborhood walks, baseball league, activities. ● Obtain parents cooperation. ● Obtain sponsors to create rainy day programs using structured indoor activities. ● Offer a community watch hotline. ● Offer award programs and challenges for parents to get their children involved in activity. ● Offer parents training for physical activities (using items at home to create games, etc.). ● Perception modification, further studies to show factual dangers and statistics. ● Promote “blue ribbon schools” and “blue ribbon moms and dads”. ● Provide parent education and guidance on how children need more exercise, time management and importance of physical activity by using magazines. ● Provide places for parents to go with children to do activity as a group. ● Provide gift packs to providers (health, childcare) to give out along with a “toolkit” which includes handouts of health information for every parent. ● State-wide campaign to close play areas and have official security personnel and cameras. ● TV turnoff challenge. ● Web based program with daily emails to remind us to be active (i.e. America in the Move).

CHAMPION Report Summary

**Central Virginia
Infant/ Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Preschool & Childcare	<ul style="list-style-type: none"> • Age appropriate games (i.e. hide and seek, etc.) are not offered. • Childcare centers do not have the necessary equipment. • Childcare provider’s lack of understanding of importance of activity and creativity. • Reading and learning activities are stationary. 	<ul style="list-style-type: none"> • Childcare programs get incentives to encourage physical activity. • Educate parents through the school system, daycare, church groups, etc. Show the parents charts, studies and pictures of what inactivity may cause in the future. • Incorporate a preschool after school program from 3:00 p.m. until 6:00 p.m.
Schools	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> • Educate parents through the school system, daycare, church groups, etc. Show the parents charts, studies and pictures of what inactivity may cause in the future. • Get the parents involved in exercise and provide information through school and after school programs so that they will set an example. • Physical activity homework linked with classroom training. • Start education in school system with children now.
Societal	<ul style="list-style-type: none"> • More sedentary indoor activities are available. 	<p>*Note: no solutions related to this stakeholder were identified.</p>

CHAMPION Report Summary

**Central Virginia
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Conduct wellness programs in the workplace with incentives such as, but not limited to, making health insurance premiums that are lower for those who are involved in physical activities (employers support), memberships to gyms and clubs and allowing time to use the facilities and equipment.
Government: State/Local/Federal	<ul style="list-style-type: none"> • Lack of funding and support for schools to run after school programs • Lack of transportation to get to activities. • Neighborhoods that are not friendly to bicyclists and walkers or runners. • Too few neighborhood parks or county facilities. • Too long or too short bus rides to schools. • Urban sprawl; living in subdivision and driving wherever you go. 	<ul style="list-style-type: none"> • Expand Parks and Recreation’s resources. • Mandate and fund physical education activity during school time every day for all grades. • Mandate and provide funding for schools to provide after school programs that involve physical activity that will keep children there until after 5:00 p.m. • Provide capital funding for schools to have real gyms and proper facilities. • Reevaluate Standards of Learning to allow time for physical education and include a Standard of Learning test for physical activity. • Require Standards of Learning testing in physical activity. • Supply more state funding for more certified positions. • The Parks and Recreation will be more regionally focused.
Healthcare	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Educate physicians to be an advocate for parents so they can be active with their children.
Individuals and Families	<ul style="list-style-type: none"> • Children are living in neighborhoods where it is unsafe for them to be out. Also many latchkey children. • Increased medical conditions in children are preventing exercise. • Kids aren’t happy with everyday activity and want the “more exciting” activity. • Lack of activities because costs are not affordable. • Lack of adult leadership for organized sports. Need more and better coaches. • Lack of energy used to prepare foods. • Little time to be outside to play. 	<ul style="list-style-type: none"> • Children need simple, non-electronic toys such as bats, balls, etc. • Encourage parents to be coaches and to participate in children’s sports and activities. • Ensure children are supervised by adults at all times. • Have a weekly family night where children choose the activities. • Have parents find physical activity that they enjoy. • Lead by example by taking the dog for a walk with the children and playing baseball with children. • Parents need to give children chores to do.

CHAMPION Report Summary

**Central Virginia
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> • Need to develop the whole child but is not being done. • Parents are not exercising and children are following parent’s example. • Parents driving children to bus stops so kids don’t want to walk anymore. • Parents not encouraging children to participate in physical activities. • Peer pressure and low self-esteem so some are not participating. • TV and video games that become babysitters for parents who work and for those at home. • Unawareness of resources that are in place for activities. 	<ul style="list-style-type: none"> • Parents need to supervise and limit TV and video games. • Parents schedule activities for children after school. • Parents should start scheduling quality time for children. • Schedule extended dinner hours that includes eating and physical activity.
Insurance Companies	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Conduct wellness programs in the workplace with incentives such as, but not limited to, making health insurance premiums that are lower for those who are involved in physical activities (employers support), memberships to gyms/clubs and allowing time to use the facilities and equipment.
Media & Marketing	<ul style="list-style-type: none"> • Lack of education through media about health in general. 	<ul style="list-style-type: none"> • Develop and market computer programs that include physical activity as part of the program. • Develop comprehensive marketing programs targeting parents that focus on physical activity, moderation in food intake, negative consequences for inactivity, etc. • Develop marketing campaigns that promotes having equal time for physical and non-physical activities. • Market textbooks to include the theme that physical activity is important and has lasting benefits.

CHAMPION Report Summary

**Central Virginia
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	<ul style="list-style-type: none"> • Community resources and organizations are not involved in providing activities but want schools to provide. 	<ul style="list-style-type: none"> • Conduct community assessment of physical activities available to children, publish and market so parents have access. • Develop a way for parents to recognize what resources are available within the community and market it so parents will know. • Increase adult sports activities and organized physical activities to show modeling physical activity for children. • Increase funding for boys and girls clubs, YMCA, churches, civic organizations, etc. to provide activities after school. • Increase parent and child exercise classes at YMCA and other places. • Neighborhood environments need to come together so children can play outside and have supervision that is provided by neighbors and civic groups. • Sports Backers and such groups should organize to promote activities that encourage added physical opportunities. Support wellness programs that are community wide.
Preschool & Childcare	<ul style="list-style-type: none"> • Childcare providers don't require or emphasize activity enough. 	<p>*Note: no solutions related to this stakeholder were identified.</p>
Schools	<ul style="list-style-type: none"> • Lack of funding and support for schools to run after school programs. • Lack of recess at schools. • Limited access to physical education and physical activity at school (most get once or twice per week); reduction in time because of other activities coming into schools. • Need to develop the whole child, but not being done. • Overemphasis on organized sports and too many children are left out. • The Standards of Learning guides what happens in classroom and if there are no Standards of Learning for physical activity it's not going to happen. No child left behind is a problem. • Textbooks lack themes on the benefits of physical activities. • Too long or too short bus rides to schools. 	<ul style="list-style-type: none"> • During lunch time have a "mind and motion" aspect to the lunch program. • Educate teachers on strategies for including physical activities in lesson plans and have teachers lead by example (staff development). • Ensure that school tracks are left open until dusk or provide lighting so the community can use. • Give physical activity homework. • Have family night where children pick activities. • Have physical activity challenges in the schools (not competitions). • Introduce programs like pedometers in all schools. • Make it harder for parents to write excuses for children to get out of gym class. Instead they need to have a medical excuse written by physician. • Provide more physical education and activity during after school hours.

CHAMPION Report Summary

**Central Virginia
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Societal	<ul style="list-style-type: none"> • Invention of remote control. • Motorized bikes taking place of traditional bikes. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Central Virginia
Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: State/Local/Federal	<ul style="list-style-type: none"> • Lack of transportation. 	<ul style="list-style-type: none"> • A cabinet post at the state level focused on wellness for older adults. • A trainer program to train peer senior volunteers (regular people), possibly via federal funding. • Have grants provided for transportation of persons with disabilities (similar to “Bay Transit in Urbana”) to physical activity programs and facilities. • Have more accessible facilities (parks, buildings) and communicate their locations. • Offer incentives or enact legislation that requires private apartment complexes, assisted living facilities and developments adding walking trails and facilities on-site. Offer to educate. • Provide tax credits and incentives at the state level for business that participate in wellness and health programs. Identify all private and public programs geared towards educating the public into a single database then put it into use.
Healthcare Providers	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> • Have doctors do a real push on the importance of activity (medical organizations partnering with organizations geared towards activity). • Identify early detection and warning signs for people who are waiting too long or unaware of symptoms of chronic conditions. • Roll out a parish nurse or “healing zone” project to develop wellness programs for their congregations state-wide. • Work with doctors to be more assertive with patients regarding the importance of activity (pamphlets, brochures).
Individuals and Families	<ul style="list-style-type: none"> • Attitude that “exercise is work”. • Chronic disability or chronic disease. • Conditions that prohibit exercise such as poor sense of balance or being frail. • Depression. • Fear. • Lack of a partner to be active with them. Death or loss of significant others or spouse. 	<ul style="list-style-type: none"> • Create a buddy program to have people taken to facilities where they can be more active. • Develop a volunteer advocacy program for people to go out and encourage people to be more active. • Persons with disabilities should have a list of options and resources available (senior centers, welcome wagon, Chamber of Commerce).

CHAMPION Report Summary

**Central Virginia
Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> • Lack of a place to exercise. • Lack of social activities. • Lack of time among ageing baby boomers. • Medications can affect energy level. • No education on topic. • No lifestyle habits towards exercise. • Poor diet effects energy level and ability. • Preference to TV and other sedentary activities. • Priorities are not set for healthy lifestyles. • Safety and security. • Seniors may not like the terminology and language used with regard to exercise versus activity. Activity may be more appealing. 	*Note: solutions were stated on previous page.
Media & Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • TV programs to educate and motivate towards inactivity geared towards seniors with an identifiable figure.
Organizational	<ul style="list-style-type: none"> • Lack of convenient options and opportunities to exercise. • Lack of senior friendly facilities and programs. 	<ul style="list-style-type: none"> • Also develop guidelines for facilities (i.e. lighting, safety and sympathy towards seniors with disabilities). • Develop a speaker’s bureau with materials designed for people with disabilities that show options. • Educate people with disabilities about how they can be more active. • Enhance and expand on the “Respite” program. • Explore Senior Navigator resources and tell them how to put them into use. • Have more accessible facilities (parks, buildings) and communicate their locations. • Identify all private and public programs geared towards educating the public into a single database then put it into use. • Identify programs geared towards specific health programs, needs and services and see if they can be rolled out to other organizations.

CHAMPION Report Summary

**Central Virginia
Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: issues were stated on the previous page.	<ul style="list-style-type: none"> • Provide resource information regarding basic benefits of small changes in lifestyle (pay for gas inside, park further away, get up to change the channel, etc.). • Youth program set up to do volunteering with seniors to get them more active.
Schools	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Connect colleges and universities with senior service agencies to develop educational programs for older adults.
Societal	<ul style="list-style-type: none"> • Ageism. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Central Virginia
Young Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
	<i>Issues</i>	<i>Solutions</i>
Government: State/Local/Federal	<ul style="list-style-type: none"> • Lack of transportation. • Non-walkable communities. Families have four to five cars. 	<ul style="list-style-type: none"> • Common organizations (i.e. YMCA, Parks & Recreation, etc.) should collaborate in order to come up with a unified approach. • Provide incentives to employers to absorb the cost of pre-employment physicals and assessments.
Healthcare Providers	<ul style="list-style-type: none"> • Lack of testing on resting metabolic rates, VO2 max, lactic threshold testing, etc. 	*Note: no solutions related to this stakeholder were identified.
Individuals and Families	<ul style="list-style-type: none"> • Busy lifestyles; fitness is not included. • Haven't found the type of exercise they like. • Health issues, depression. • Lack of education regarding physical activity. • Lack of parental support or involvement. • Lack of security. • Leisure activities have gravitated away from recreational sports. • People are not motivated. • Stressed to live beyond their means. • Video games preferred. • Want everything fast and easy. 	<ul style="list-style-type: none"> • Get exercise partners to give encouragement.
Media & Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Continuous public service announcements. • Create and/or utilize a social marketing campaign. • Provide a very visual campaign to stimulate motivation. • "Scared Fit" (i.e. Scared Straight) campaign.
Organizational	<ul style="list-style-type: none"> • Lack of fitness centers in rural areas. • Not enough community involvement to capture this audience in rural areas. • Not enough exercise programs. 	<ul style="list-style-type: none"> • A fitness program will provide appropriate education and evaluation to participants before they begin a prescribed fitness program that meets individual needs. • Common organizations (i.e. YMCA, Parks & Recreation, etc.) should collaborate in order to come up with a unified approach. • Develop a Big Brother, Big Sister program.

CHAMPION Report Summary

**Central Virginia
Young Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: issues were stated on previous page.	<ul style="list-style-type: none"> • Educate on how the body responds to exercise using what we can prove through exercise science. We can teach with model programs that apply this for physiological change. • Funding for faith-based initiatives to provide physical activity education and build community walkways. • Get feedback from this age group on what would interest them and then provide education to them. • Go back to our communities to find out what they are already doing. • Go into the community and set up workshops. • Provide good incentives. • Provide the community with progressive menus of activities. • Provide welcoming environments.
Schools	<ul style="list-style-type: none"> • No model programs based on exercise physiology to show appropriate applied methods. • Not a unified approach to giving knowledge about exercise physiology. 	<ul style="list-style-type: none"> • Educate on how the body responds to exercise using what we can prove through exercise science. We can teach with model programs that apply this for physiological change.
Societal	<ul style="list-style-type: none"> • Cultural belief systems that being obese is normal. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Northern Virginia
Adolescent**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Businesses will change culture to promote physical activity with children (i.e. time off, flex time, etc.). • Create an environment that rewards physical activity and makes it a priority (i.e. insurance companies, "money talks", businesses, employee wellness programs, etc.). • Promote employee wellness in workplaces.
Government: Local/State/Federal	<ul style="list-style-type: none"> • Government policies and regulations. • Lack of bike and walk trails, sidewalks, etc. • Limited space for kids to play competitive sports. • Not safe to walk to school because of traffic. 	<ul style="list-style-type: none"> • Change our funding priorities and adjust the ratio between academics and physical education. • Examine current Standards of Learning and Health and Fitness standards and hold them accountable. • Mandate daily physical education for all students preK-12. • Need more government studies to prove the importance of physical activity. • Separate and mandate health education and physical education classes for adolescents that stress health and fitness. • The Department of Education will collaborate with Health and Human Services to develop a curriculum which cannot be cut. • Tie or earmark State funding to school systems regarding new physical activity and physical education standards and implementation schedules.
Healthcare Providers	<ul style="list-style-type: none"> • Lack of awareness. • There are training issues and healthcare professionals hesitate or avoid the diagnosis. 	<ul style="list-style-type: none"> • National campaign to stress the importance of physical activity for all (i.e. media, health providers, culturally sensitive, not one size fits all, etc.).
Individuals and Families	<ul style="list-style-type: none"> • Adolescents are self-conscious; they need to fit in and are pressured by peers. • Adolescents do not see the benefits of life long physical activity. Their mindset is short-term and they think "it will never happen to me". • Busy parents. • Denial. 	<ul style="list-style-type: none"> • Assure that physical activity for children has a family focus. • Choose interactive video games. • Emphasize personal fitness and wellness instead of sport. • Get technology out of bedrooms and into communal areas.

CHAMPION Report Summary

**Northern Virginia
Adolescent
Inactivity Issues and Solutions by Region, Age Group and Stakeholder**

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Depression. ● Focus on academics rather than physical activity in the home and schools. There is no time for sleep or other activities and not enough down time. ● Instant gratification. ● Lack of awareness of physical activity opportunities due to language barriers; lack of resources. ● Lack of awareness of the health benefits of physical activity. ● Lack of freedom to do outdoor activities in the neighborhood due to safety issues. ● Lack of importance or value placed on physical activity by parents, schools and subsequently the kids. ● Lack of motivation to be physically active. ● Lack of opportunity for physical activity due to competing demands such as family or financial obligations. ● Lack of product knowledge. Wide diversity of products that have lower calorie content. ● Learned behavior from parents; no role models in the home. ● No cultural competence; do not know how to engage in physical activity. ● Over programming and scheduling. ● Parents are not active. ● Physical activity is low on the priority scale. ● There is a higher interest in technology, computers and video games than physical activity. The addictive component of these takes away from the desire to do physical activity. 	<ul style="list-style-type: none"> ● Set aside time for family physical activity. Parental involvement is critical. ● Teach education on the importance of exercise at home. ● Use a V chips for TV and video games.

CHAMPION Report Summary

**Northern Virginia
Adolescent**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Insurance Companies	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Create an environment that rewards physical activity and makes it a priority (i.e. insurance companies, “money talks”, businesses, employee wellness programs, etc.). ● Insurance costs will reward fitness and good health.
Media and Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Create a national media celebrity campaign. ● Develop hybrid activities and creative ways to combine physical activity with video game technology, pedometers and other forms of technology. ● National campaign to stress the importance of physical activity for all (i.e. media, health providers, culturally sensitive, not one size fits all, etc.).
Organizational	<ul style="list-style-type: none"> ● Lack of active play opportunities. ● Low access to fields, gyms, etc. because sports teams are occupying them. 	<ul style="list-style-type: none"> ● Develop an equation on ways to build muscle. ● Have incentives, rewards and points redeemable for participating in physical activity (like songs, clothing, personal appearances, tickets to sporting events, etc.). ● Introduce chair exercise movements during TV shows. ● Promote physical activity as fun and family oriented through PTA meetings. Involve and educate community and parents through newsletters, health fairs and web pages. ● Provide options for physical activities outside of school. ● Teach adolescents through preferred medium how to exercise to be physically fit; utilize technology to influence behavior. ● Teach parents and adolescents to develop a schedule to limit TV, video and games. ● Teach parents how to communicate and engage their children. Technology is not a babysitter.

CHAMPION Report Summary

**Northern Virginia
Adolescent**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Preschool and Childcare	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Introduce into early childhood education the importance of physical activity as a component of wellness.
Schools	<ul style="list-style-type: none"> ● Focus on academics rather than physical activity in the home and schools; no time for sleep or other activities and not enough down time. ● It is a fat phobic world. Teachers call out weights in physical education class. ● Lack of importance or value placed on physical activity by parents, schools and subsequently the kids. ● Lack of physical education in the schools. ● Lack of quality coaches and teachers. ● Not all physical education programs are equal. Schools offer sports not fitness and have a team attitude but not individual activities for the adolescent; time restraints. 	<ul style="list-style-type: none"> ● Create interesting activities and varied curriculum in physical education programs. ● Develop a fitness report card that colleges take into account for admission. ● Educate and hire more physical education teachers. ● Emphasize personal fitness and wellness instead of sports. ● Grade students on effort as well as physical prowess. ● Have a field day at schools and invite families and the community. ● Hire qualified teachers. ● Include physical activity in parent-teacher conferences. ● Incorporate physical activity into other assignments. ● Increase rewards for students taking additional physical education courses. ● More continual education for the physical education teachers. ● More options for non-physical kids. ● Promote physical activity as fun and family oriented through PTA meetings. Involve and educate community and parents through newsletter, health fairs and web pages. ● Provide curriculum changes in schools to stress the importance of physical activity. ● Reintroduce intramural sports programs. ● Schools could survey students regarding physical education enrollment and lack of interest. ● Student and faculty physical activity. ● The physical education department will host a showcase and involve the community. Advertise via newsletters and health fairs.

CHAMPION Report Summary

**Northern Virginia
Adolescent**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Societal	<ul style="list-style-type: none"> ● Cultural differences; some cultures do not allow girls to participate in sports. ● Cultural perceptions of a healthy body image. ● Excessive reliance on cars due to geographic and socio-economic reasons. ● More latch key kids who have less opportunity for physical activity. ● Societal denial. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Northern Virginia
Adults**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	<ul style="list-style-type: none"> • Lack of employee wellness programs and time for physical activity. 	<ul style="list-style-type: none"> • Work with businesses to recognize the implications of constant layoffs.
Government: Local/State/Federal	<ul style="list-style-type: none"> • Imbalance of jobs and housing forcing longer commutes. • Lack of good urban and community planning (sidewalks, bike paths, playgrounds, recreation centers, etc.); its car oriented planning. 	<ul style="list-style-type: none"> • Lack of adult exercise activities at the city/county playgrounds.
Individuals and Families	<ul style="list-style-type: none"> • Afraid of failure. • Exercising causes pain and fear of injury. • Increased screen time and sedentary entertainment (TV, computers and video games). • Lack of exercise partners. • Lack of knowledge about the proper principles of fitness. • Lack of knowledge about what constitutes exercise and amount of time needed. • Lack of personal responsibility. People think a doctor or drug will solve the problem. • Lack of safe areas to exercise. • People are in denial. • People are lazy. • People who are overweight don't think they need to exercise. • Self-esteem issues. • Time management issues. 	<ul style="list-style-type: none"> • Elect members on the Board of Supervisors that are health conscious. Elect smart growth politicians.
Media and Marketing	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> • Public information campaign for people to live closer to where they work. Talk about the health and cost implications.
Organizational	<ul style="list-style-type: none"> • Cost prohibitive and inconvenient programs and gym memberships. 	<ul style="list-style-type: none"> • Educate people on home exercise programs or car exercises. • Encourage communities to work together to build a health-friendly environment (i.e. sidewalks, playgrounds, etc.)

CHAMPION Report Summary

**Northern Virginia
Adults**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: issues were stated on previous page.	<ul style="list-style-type: none"> ● Increase indoor and outdoor recreation facilities that offer integrated activities for the entire family (children, parents, seniors and individuals with disabilities). For example, childcare, concurrent senior programs and concurrent exercise programs. ● Work with businesses to recognize the implications of constant layoffs.
Societal	<ul style="list-style-type: none"> ● Cultural restrictions. ● Lack of fad exercises, similar to fad diets. ● Ozone alerts and bad air quality causing fear of outside activities. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Northern Virginia
Pregnant/Infant**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● At the workplace employees should be given time to exercise.
Government: Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Grants to the YMCA or Park Authority for free programs for low income families (mother and child together). ● Mandatory child development class during pregnancy and infancy assistance from WIC.
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● All healthcare providers should ask the question: "what physical activity are you doing daily with your child?" ● All healthcare providers should be good role models of healthy behaviors. ● Ask healthcare providers to provide preconception information on exercise during pregnancy and the benefits for a lifetime. ● Coordinate with other healthcare providers, such as the March of Dimes, to share information. ● Educate the parents and guardians on the need and long term effects of physical activity through seminars and healthcare providers. ● Emphasize the benefits of walking while pregnant. ● Encourage toys in waiting rooms or lobbies that promote physical activity. ● Have healthcare providers reinforce the importance of daily physical activity stressing that an unhealthy baby may get sick more often causing time lost at work. ● Healthcare providers trained on the importance of exercise. ● Pediatricians should give the same messages when the child visits. ● Provide information on appropriate exercise during pregnancy in multi-cultural language and emphasize that physical activity will allow for an easier birth. Educate mothers on physical activity before and after having the baby. ● Provide healthcare training in the area.

CHAMPION Report Summary

**Northern Virginia
Pregnant/Infant**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

		Inactivity	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>	
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Train the home visitors on how the parents can incorporate physical activity using the facilities available to them. ● Videos in waiting rooms and elevators on physical activity for children. 	
Individuals and Families	<ul style="list-style-type: none"> ● Because of the weather they don't want to go outside in winter. ● Children don't have control over their activity. ● Children don't share in the house work or activities. ● Children who are able to walk are very often in strollers instead of walking. ● Family habit of watching TV and not being physically activity. ● Fear of something happening to the child. ● Fear of the child getting hurt if they are more independent. ● In apartment buildings parents don't want the child making noise that may bother neighbors. ● Lack of active role models: parents and siblings. Parents are already obese and they aren't concerned about the child becoming obese. ● Lack of awareness of what is available for those with low incomes. ● Lack of communication between the parent and child. ● Lack of education about the importance of physical activity. Parents don't know and mothers are under stress. ● Lack of free space in small apartments or multi-families living in the same space. ● Lack of resources for low income families. ● Lack of time because of working mother and father; no time to interact with the child. ● No activity outside of the apartment because of unsafe conditions.. 	<ul style="list-style-type: none"> ● Arrange play groups with parents and children in the community. ● Check with care givers about the physical activity the child has received. ● Encourage parents to require the daycare provider to include physical activity. ● Encourage parents to use the playpen, high chair and toys. ● Encourage puzzles, coloring books and other activities involving physical activity. Involve the child in what you are doing. ● Give the parents alternatives for entertaining the child that involves physical activity (i.e. music so child can dance, etc.). 	

CHAMPION Report Summary

**Northern Virginia
Pregnant/Infant**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Parent not knowing if there is physical activity in daycare. ● Parents don't think about taking their children outside to play. ● Parents not allowing the children to feed themselves or getting on the floor to crawl. ● Using TV and video games as a babysitter. 	
Media and Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Information in Hispanic newspapers, TV and radio stressing the need for physical activity. ● On TV show public service announcements focused on the need for activity.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Educate parents to limit TV. ● Educate the caregivers on how to encourage physical activity. ● Educate the parents and guardians on the need and long term effects of physical activity through seminars and healthcare providers. ● Educate the parents on how to exercise and be physically active while watching TV. ● Grants to the YMCA or Park Authority for free programs for low income families (mother and child together). ● Have the community sponsor physical activity events for parents and children. ● Help the parents understand where they might have time and opportunities to squeeze in physical activity. Teach them how to incorporate physical activity in segments throughout the day. ● Low cost or sliding scale exercise classes for pregnant women. ● Place bulletin boards in the apartment complex. ● Promote information about what is available in the community for mothers. ● Provide definitions of what counts as physical activity and what is an appropriate amount for a given age. ● Provide parenting classes in the low income apartments.

CHAMPION Report Summary

**Northern Virginia
Pregnant/Infant**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Inactivity	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	<ul style="list-style-type: none"> • Cultural issues: mothers aren't allowed to go out without their husband; a healthy baby is an overweight baby. 	<ul style="list-style-type: none"> • Research programs that have been effective with promoting physical activity in this age group. • Teach the importance of having a support system.
Preschool and Childcare	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Nutritional training for daycare providers.
Schools	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Provide physical activity training in high school.
Societal	<ul style="list-style-type: none"> • Cultural issues: mothers aren't allowed to go out without their husband; a healthy baby is an overweight baby. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Northern Virginia
Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Safety: unsafe neighborhoods. 	<ul style="list-style-type: none"> ● Legislation will mandate 30 minutes of physical activity. ● Subsidize programs (i.e. Gymboree). ● The Virginia Department of Health will create an initiative stressing the importance of physical activity for families.
Healthcare Providers	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> ● Additional training for healthcare professionals. ● Develop education materials stressing the importance of physical activity and distribute at adult clinics. ● Provide printed information to first time parents. ● The media and medical society will put more emphasis on physical activity.
Individuals and Families	<ul style="list-style-type: none"> ● Children and their health are a low priority in the family. ● Crowded living spaces and children being told to be quiet. ● Depression and isolation of the caretaker. ● Environment: too much TV. ● Inactive role models (parents and siblings). ● Lack of knowledge of correlation between activity and health. ● Lack of stimulating toys that encourage activity. ● Language barriers and different cultures. ● Laziness. ● Limited playtime outside. ● Living environment; fear of putting the child on the floor. ● Not enough time for parents due to busy schedules. ● Physical activity is looked at as down time. No time set aside for activity. Low priority for activity. ● Poor health of family members and children causes limited ability to be active. 	<ul style="list-style-type: none"> ● Allow children to choose their own physical activity. ● Encourage caretakers, parents, etc. to start each day with physical activity versus the end of the day. ● Have an active family adopt an inactive family. ● Have role models change behavior first. ● Heighten awareness level showing benefits of physical activity. ● Limit TV time. ● Make activity fun, consistent and a family affair. ● Make adults aware of the relationship between chronic disease and inactivity. ● Make it fun! ● Motivate parents to have at least one hour of activity that is fun with their children daily. ● Promote family activities that all can join in. ● Promote lifestyle changes by promoting reasonable goal setting skill. ● Show mom the benefits she would get by participating in the child's activities. ● Stress the importance of routine education.

CHAMPION Report Summary

**Northern Virginia
Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Single moms with multiple children. Some children need more attention than others. ● Sleep schedules like going to bed late means being tired the next day; lack of time management. ● Individuals use the weather as an excuse. ● Different cultures and language barriers. 	<ul style="list-style-type: none"> ● Use music to encourage physical activity.
Media and Marketing	<ul style="list-style-type: none"> ● Lack of stimulating toys that encourage activity. 	<ul style="list-style-type: none"> ● Create child programs on TV that promote exercise or active play. ● Create motivation activities and make individuals aware by using a variety of media. ● Develop a mass media campaign aimed at adults stressing the positive and negatives. ● More healthy cartoons and programming on TV. ● Public service announcements addressing a variety of topics including using restraining devices will be developed (i.e. strollers, child seats, seat belts, etc.). ● Public service announcements including a mass public service campaign to promote physical activity. ● The media and medical society will put more emphasis on physical activity. ● Use multimedia to promote appropriate activities for preschoolers.
Organizational	<ul style="list-style-type: none"> ● Activities for children are getting expensive. 	<ul style="list-style-type: none"> ● Assess the audience to identify barriers and their level of knowledge and concerns. ● Assess current activity level for target audience and assess their solutions for their inactivity. ● Bring back Mr. Good Body and adapt characters to promote physical activity and good health. ● Classes for children and parents (i.e. Mommy and Me) in appropriate language. ● Consistent messages relating to activity and health.

CHAMPION Report Summary

**Northern Virginia
Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Inactivity	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational		<ul style="list-style-type: none"> ● Consultations with parents in low income communities. ● Create activities that are culturally sensitive. ● Create motivation activities and make individuals aware by using a variety of media. ● Distribute surveys for parents asking for a self assessment on "why is activity a low priority?" ● Find ways to demonstrate cost effective activities and defining activities that contribute to health. ● Financial assistance to daycares to assist in providing activities and equipment. ● Have low cost tools available that parents and caregivers could use to promote activity at the apartment or other small spaces. ● Include activities that are simple, easy and economical for parents, siblings and preschoolers (i.e. walking, etc.). Create a calendar of physical activities broken down day by day and flood the community with it. ● Institute a program for school age children that talks about benefits of activity so they can affect siblings and be role models. ● Network with community and faith-based organizations to provide active play equipment. ● Partner with community resources for programs that promote activity. ● Partner with community programs to offer classes and workshops for parents and children, do follow ups and ensure opportunities to low income individuals. ● Research specific target groups to identify what is the number one issue for that group in terms of lack of activity. ● Reveal the hard evidence and statistics relating to inactivity and prevalence of obese children. ● Show that inactivity is detrimental to health. ● Sponsor and give prizes for reaching goals. ● Teach parents and caregivers to structure every day with activity built in. ● Understand the culture and then determine ways for them to be more active.

CHAMPION Report Summary

**Northern Virginia
Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: Issues were state on previous page	<ul style="list-style-type: none"> • Use evidence-based research to convince parents to change behaviors.
Preschool and Childcare	<ul style="list-style-type: none"> • Liability of caretakers causes them to keep kids inactive. • Mixed ages at daycare settings. Activities are limited and cannot be specialized to individual needs. 	<ul style="list-style-type: none"> • Introduce curriculum at the preschool level to explain the benefits of physical activity related to health. Educate teachers on specific activities to include in their curriculum that will promote physical activity. • Preschool programs will provide appropriate structured and unstructured activities at a minimal level that is appropriate. Culturally sensitive printed materials will be sent home promoting the week's activities.

CHAMPION Report Summary

**Northern Virginia
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Challenge employers to provide options and incentives to promote healthy lifestyles (i.e. family membership to health clubs, etc.). ● Corporate policies need to be more flexible to allow parents to be with children. ● Encourage and educate employers, corporations and parents about the intangible benefits of physical activity. ● Flex schedules for parents so they can be at home after school. ● Workplace incentives to encourage parents to be more physically active.
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Broken bottles and dangerous items on streets. ● Driver’s licenses are given too young. ● Fewer areas to walk safely for children. ● Gang activity. ● In new developments, builders make houses before building community centers. ● Inaccessibility to parks due to the built environment. ● Lack of availability and transportation to after school recreation programs. ● Lack of funding to put programs, incentives and engineering in place. ● Lack of safe routes to school. ● Lack of sidewalks and street lamps. ● Land use discourages activity. ● Master planning process of states, cities and counties are not taking into account building a comprehensive plan that is citizen driven to build walkable, bikeable and metro accessible areas. ● Other issues taking precedence in communities, such as teen pregnancy. ● Parks and Recreation departments are not institutionalizing standards around healthy choices. ● Residency requirements to get into Parks and Recreation centers. ● Traffic congestion prohibits walking. 	<ul style="list-style-type: none"> ● Better transportation in community settings to get to physical activity opportunities. ● Create a state-wide active community planning policy that charges city planners to incorporate a public opinion process. ● Develop a requirement for communities that don't have parks available that when land is open for purchase the county should purchase it. ● Develop a standard environmental policy for cities and counties. ● Economic incentives for companies to produce games, internet sites and TV shows that promote physical activity. ● Eliminate zoning barriers to mixed-income communities so neighborhoods are safer and more economically and culturally diverse. ● Flexibility in regulations for funding of programs. ● Give financial incentives to corporations or workplaces for parents to work from home during after school hours or provide flex time scheduling. ● Implement Parks and Recreation programs at local playgrounds. ● Improve the financial infrastructure to mobilize efforts to hire police, gather data and provide physical activity programs. ● Increase or have incentives for public transportation. ● Increase reporting of sex offenders.

CHAMPION Report Summary

**Northern Virginia
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	*Note: issues were stated on previous page.	<ul style="list-style-type: none"> ● Legislation will pass and fund programs so that all children have access to public and private after school programs. ● Limit litigation to gross negligence. ● Make it easier for parents to live closer to work through encouraging more mixed use development. ● Make the land use planning process simpler and more exciting for the average citizen. ● Make neighborhoods safer and more inviting for children's recreation. ● Make welfare more flexible so single parents can ensure children have more constant adult supervision. ● Mandate developers to put sidewalks and bike trails into communities and require preservation of open space. ● Mobilize efforts toward creating safety on streets (police influence, lighted walkways, safe routes to school, better sidewalks, etc.) to make crossing the street safer. ● Neighborhood and community wide programs that focus on physical activity will partner with Park and Recreation centers. ● Require zoning boards to gather and utilize input from community stakeholders. ● Tax money (private and public funds) will support programs and infrastructure that encourage physical activity. ● The Commonwealth of Virginia will encourage and provide incentives to local governments to build exercise friendly communities. ● Tie funding for transportation infrastructure to land use planning. ● Work with county and city planners to put schools and parks back into neighborhoods.
Healthcare Providers	<ul style="list-style-type: none"> ● Entire community (doctor, school nurse, cousins, etc.) needs to take accountability for behavior and become good role models. 	<ul style="list-style-type: none"> ● Recruit physicians to talk to parents about exercise. ● Train extended day staff.

CHAMPION Report Summary

**Northern Virginia
School Age
Inactivity Issues and Solutions by Region, Age Group and Stakeholder**

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Air quality and rising rates of asthma among kids. ● Belief that predators come into neighborhoods to stalk children. ● Can't afford. ● Children are too overweight to enjoy physical fitness. ● Children no longer go to playgrounds. ● Energy levels are negatively affected by poor nutrition. ● Entire community (doctor, school nurse, cousins, etc.) needs to take accountability for behavior and become good role models. ● Heavy backpacks. ● Increase in the number of single parents who work longer hours. ● Influence of high technology environment. ● Kids by themselves after school prefer to play video games or watch TV rather than go outside to play. ● Kids have become lazy. ● Lack of knowledge of free or reduced price recreational activities. ● Lack of knowledge of problems with inactivity. ● Lack of perception of safety. ● No skill building for children to learn how to create activity for themselves. ● Overscheduled kids. ● Parents are not being good role models. ● Parents have to work long hours and don't have enough energy. ● Parents restrict children's physical activity level due to poor understanding of health conditions such as asthma. ● Parents too willing to drive kids everywhere. ● Safety issues; kids home alone and can't go out. ● Snob appeal to invited play groups leave out other children. ● TVs in children's bedrooms. 	<ul style="list-style-type: none"> ● Create ways and ideas for families to incorporate physical activity into lifestyles. ● Encourage and educate employers, corporations and parents about the intangible benefits of physical activity. ● Encourage and educate parents to make physical activity a priority. ● Encourage parents to have family nights revolve around physical activity. ● Encourage parents to take away video games and block out TV. ● Engage youth in fitness exercise. ● Form parental support groups that emphasize being good role models. ● Help parents and children do skill building and explore ways to create movement for themselves using what they have. ● Help parents to find ways to secure safe situations for children to play with other children in their own surroundings. ● Let parents and other adults know what they do matters and that children are always watching. ● Limit TV time. ● Need parental buy-in to verify that suggestions are realistic and that solutions are realistic for various populations. ● Parent and teachers will encourage children to do homework first and then exercise after parents get home. ● Parents need to act as role models. ● Parents involved as coaches in little league programs. ● Parents need to work with neighbors to take their kids to programs. ● Political activism. ● Support neighborhood after school co-ops so that parents can care for other peoples children. ● Take parents to other parents who are good role models.

CHAMPION Report Summary

**Northern Virginia
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families		<ul style="list-style-type: none"> ● Talk one on one with kids and parents about their particular situation. ● Teach children physical activities they can do inside the house. ● Utilize and take advantage of programs that are already available.
Media and Marketing	<ul style="list-style-type: none"> ● Influence of high technology environment. ● Media messages that discourage outdoor activities. 	<ul style="list-style-type: none"> ● Create and utilize a social marketing campaign that targets parents, on physical activity and role modeling. ● Create a social marketing campaign to address parents and children. ● Put out videos that encourage physical activity.
Organizational	<ul style="list-style-type: none"> ● Lack of before and after school programs for kids. ● Lack of funding to put programs, incentives and engineering in place. ● Not enough opportunities for community programs. ● Shortage or absence of free fitness clubs. 	<ul style="list-style-type: none"> ● Be open about communicating projects we are working on and integrate planning efforts. ● Corporate sponsorship of existing communities to put in lighted pathways, etc. ● Develop marketing and educational programs for pre-teen and teen parents about improving self-esteem, accountability for actions and what it means to be a parent. ● Devise and increase programs to promote all-weather activities all year round. Educate parents and children on healthy alternatives. ● Educate citizens and legislators about data available and if something is already there use it as a template for best practices. ● Encourage and educate employers, corporations and parents about the intangible benefits of physical activity. ● Encourage reading and taking kids to the library. ● Expand matching programs like Big Brother, Big Sister and adopt a grandparent. ● Gather data to match actual risk with perceived risk to determine where problems really are. ● Have neighborhood watch during after school hours and train neighborhood parents, grandparents, etc. ● Make neighborhoods safer and more inviting for

CHAMPION Report Summary

**Northern Virginia
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: Issues were stated on previous page.	children's recreation. <ul style="list-style-type: none"> ● Neighborhood and community wide programs that focus on physical activity will partner with Park and Recreation centers. ● Parenting classes for all parents. ● Political activism. ● Signature campaign to designate no auto zones. ● Supervised neighborhood physical activity. ● Support neighborhood after school co-ops so that parents can care of others' children. ● Work with county and city planners to put schools and parks back into neighborhoods. ● Work with local churches, organizations, cub scouts, etc. to develop programs.
Schools	<ul style="list-style-type: none"> ● Colleges look for kids with high technology skills, not those that are physically active. ● Decreased physical education time in schools. ● Entire community (doctor, school nurse, cousins, etc.) needs to take accountability for behavior and become good role models. ● Heavy backpacks. ● It's mandated to have 30 minutes of recess but recess is sometimes taken away as punishment. ● Lack of school sponsored, organized sports for middle school. ● Lack of support from school boards to make physical activity a priority. ● Lack of understanding among instructors about how to make courses active. ● Physical education classes focus on sports rather than building physical activity skills. ● Replacement of organized physical activity with unstructured physical activity. ● Schools are being built where children have to be bussed in. ● Standards of Learning pressures on teachers. 	<ul style="list-style-type: none"> ● Change school programs to provide children with a wider exposure to healthy activities. ● High school health education classes that teach proper feeding of children. ● Initiative by PTA to promote physical wellness and physical activity. ● More school-based after school programs with sliding scales. ● When children arrive home before their parents, parent and teachers will encourage children to do homework when they first get home and then exercise after parents get home.

CHAMPION Report Summary

Northern Virginia School Age

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Societal	<ul style="list-style-type: none"> ● Air quality and rising rates of asthma among kids. ● Culture is towards strenuous activity rather than mild and some people think they can't do strenuous activities so they do nothing. ● Current paradigm of what it is to be active, not encouraging movement. ● Diversity of populations, some of whom may not emphasize exercise. ● Lack of affirmation of traditional customs that encourage walking. ● Other issues taking precedence in communities, such as teen pregnancy. ● Physical activity has been engineered out of daily lives. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Northern Virginia
Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Making movement a part of existing meetings.
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Lack of safe places to walk to stores or for leisure. ● No transportation to get to physical activity places. ● Poor accessibility to physical activity places. 	<ul style="list-style-type: none"> ● Accessibility of all shopping malls to accommodate senior walkers. ● Design walkways with well lit, flat and safe surfaces that are not in secluded areas. ● Enforce rules that keep sidewalks clear of parked cars, snow, untrimmed bushes, etc. ● Improve pedestrian safety with safer automobile traffic patterns. ● In all new planned communities make pedestrian traffic the priority. ● Longer pedestrian cross times. ● Plan places of mixed use development (stores, services, etc.) where there is potential interaction. ● Provide walk way connections between communities to avoid having to use main roads. ● Slow down traffic, whenever possible, for pedestrian safety. ● Well marked cross walks.
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Educate physicians to educate their patients. ● Provide seniors with safe exercises customized to their needs. ● Review of medications (by physician or pharmacist) that might affect balance and subsequent fear of injury.
Individuals and Families	<ul style="list-style-type: none"> ● Belief that evenings belong to young people. ● Embarrassment about being physically active. ● Enjoying other things and letting physical activity go. ● Fear of injury: tripping, falling, etc. ● Isolation and lack of companionship. ● Joint pain, poor eyesight and hearing, being stroke victims, etc. sometimes keeps people from being active. ● Lack of discipline. ● Lack of encouragement to exercise. ● No awareness that places for physical activity exist. 	<ul style="list-style-type: none"> ● Establish a buddy system for exercise to help monitor each other. ● Family involvement and encouragement to allow for “combo package” so seniors can exercise with younger family members. Create corresponding entrance and program daily fee. ● Seniors will form or join clubs or groups to combat physical inactivity.

CHAMPION Report Summary

**Northern Virginia
Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> • Not knowing anyone at their place of exercise. Fear of doing something new. 	*Note: Solutions were identified on previous page.
Media and Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Analyze what TV is presenting to people so we can improve TV programming by adding physical activity. • Educate about physical inactivity through TV; especially during news programming. • Utilize local channels to promote physical activity.
Organizational	<ul style="list-style-type: none"> • Problem with affordability of exercise places. 	<ul style="list-style-type: none"> • Develop outreach programs for senior communities to make them aware of what is available (through civic associations, senior homes, etc). • Facility designs that are conducive for seniors to work out. • Make age appropriate equipment available. • Neighborhood involvement and responsibility for pedestrian safety. • Supervised weight training and/or fitness programs to strengthen and overcome fear of injury. • Target existing senior groups with the message of how to battle physical inactivity.
Societal	<ul style="list-style-type: none"> • Image of older people as not being athletic, inappropriate, does not “look” right. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Northern Virginia
Young Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Advocate for more workplace activities (i.e. Governor's Walk for Virginia). ● Employer can increase lunch times to accommodate exercise. ● Employers can provide discounts for employees to attend gyms and fitness centers close to the workplace. ● Employers, schools and universities can provide on-site fitness facilities for employees, students and faculty use. ● Provide education and orientation in schools, workplace, faith-based organizations and medical offices about how physical activity and obesity relate.
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Community centers are not providing structure for physical activity through programs and are not providing childcare when parents want to utilize fitness rooms. ● Driving doesn't allow for more physical activity, need alternative transportation. 	<ul style="list-style-type: none"> ● Change daylight saving time to increase the number of light hours.
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Bridge the communication gap by offering more affordable foreign language classes for nutrition educators. ● Provide education and orientation in schools, workplace, faith-based organizations and medical offices about how physical activity and obesity relate.
Individuals and Families	<ul style="list-style-type: none"> ● Beliefs that the connection between physical activity and obesity are not a priority. ● Family scheduling demands do not allow time for physical activity. ● Feeling of unsafe neighborhoods for activity. ● Lack of awareness about free resources within the home. ● Lengthy work day and commute does not allow time for activity. ● Limited time and schedules do not allow for coordinating with peers to increase safety for free physical activity. 	<ul style="list-style-type: none"> ● Encourage exercise during lunch. ● Encourage doubling recipes for later consumption (i.e. freezing and leftovers). ● Encourage meal planning. ● Encourage other family members to help with food preparation. ● Encourage use of proper serving sizes throughout all cultures.

CHAMPION Report Summary

**Northern Virginia
Young Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> • Poor participation in community based nutrition programs due to lack of awareness. • Relating to cultural adjustments and needing time management for food preparation. • Tendency to put self last and not thinking about own needs first. 	*Note: solutions were stated on previous page.
Media and Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Public service announcements that focus on transition of life for this age group. • Provide a visual marketing campaign on how to prevent obesity with physical activity (i.e. posters, billboards, bus ads, commercials).
Organizational	<ul style="list-style-type: none"> • High cost of gym facility membership. 	<ul style="list-style-type: none"> • Education about food preparation, quick, healthy and affordable meals. • More access for low income people to attend gyms and fitness centers. • Personal orientation through home visits about food preparation using healthy foods. • Provide education and orientation in schools, workplace, faith-based organizations and medical offices about how physical activity and obesity relate.
Schools	<ul style="list-style-type: none"> • Schools and universities fail to promote physical activity along with studies. 	<ul style="list-style-type: none"> • Employers, schools and universities can provide on-site fitness facilities for employees, students and faculty use. • Provide education and orientation in schools, workplace, faith-based organizations and medical offices about how physical activity and obesity relate.
Societal	<ul style="list-style-type: none"> • Lack of orientation because of multi-cultural differences. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Hampton Roads
Adolescent**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	<ul style="list-style-type: none"> • Lack of age appropriate areas for activity such as parks, trails, skateboard parks, etc. • No accessibility to places to walk for daily chores. Must have vehicle to travel for your daily living activities. 	<ul style="list-style-type: none"> • Federally mandated messages on all video games regarding physical activity.
Individuals and Families	<ul style="list-style-type: none"> • Adoption of a sedentary lifestyle. • Desire for instant gratification. • Discomfort with their changing bodies. For example, sweating or taking showers in public can be barriers. • Families do not participate in activity as a unit. • High cost of non-school activities for participants. • High stress in home causes teens to want to come home and relax (i.e. do nothing). • Increased isolation; not wanting to participate in team sports. • Increased screen time (i.e. computers, TV, technology). • Lack of adults willing to oversee, organize or participate in activities. • Lack of awareness of available resources for community activities. • Lack of discipline. • Lack of good sleep habits results in teens being too tired for activity. • Lack of positive parental example. • Laziness. • Less desire to seek manual jobs. • Low self-esteem, body image, etc. can be a barrier to participation in physical activity. • No exposure to available sports (i.e. field hockey). • No stigma attached to being overweight. 	<ul style="list-style-type: none"> • Community and parent education will promote no-screen time and family activities without technology and will teach fun healthy alternative activities. • Parents, guardians and caregivers should limit recreational screen time to two hours a day.

CHAMPION Report Summary

Hampton Roads Adolescent

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Not motivated to participate in gym or physical education. ● Not understanding or not knowing the importance of physical activity. ● Parents not giving children outside or exercise time. ● Parents who refuse to admit to their child's obesity or weight issue. ● Peer pressure. ● Playtime or activity used as a reward and taken away as a punishment. ● Poorly balanced schedule and no time management skills for activity. ● Prevalence of parents working full time so children go home after school and sit. ● Teenagers don't know what to play. ● Teens are working at an earlier age. ● Teen's desire to drive. ● The teen's current state of health or physical condition may prohibit. 	<p>*Note: Solutions identified on previous page.</p>
Media and Marketing	<ul style="list-style-type: none"> ● Lack of 'being fit is cool' messages in the media. 	<ul style="list-style-type: none"> ● Develop a media campaign to promote getting up and getting busy. ● Educational programs, printed materials and public service announcements for parents to avoid excessive focus on their child's weight.
Organizational	<ul style="list-style-type: none"> ● High cost of joining a school or community organized team, especially for multiple children. ● Inadequate preparation of facilities for activities. ● Lack of after school transportation for activities. ● Lack of programs with zero cost. ● Lack of programs (without stigma) for currently obese children which encourage participation. 	<ul style="list-style-type: none"> ● Community and parent education will promote no-screen time and family activities without technology and will teach fun healthy alternative activities. ● Equipment will be developed by providing specific guidelines on the appropriate uses of that equipment.

CHAMPION Report Summary

Hampton Roads Adolescent

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	<ul style="list-style-type: none"> ● Lack of specialized programs for currently obese teens. ● Seems to be a lack of physical activity programs in the winter. ● Unsafe neighborhoods. 	*Note: solutions were stated on previous page.
Schools	<ul style="list-style-type: none"> ● Co-ed physical education class and Title 9 affect some negatively. ● High cost of joining a school or community organized team, especially for multiple children. ● Inadequate preparation of facilities for activities. ● Lack of mandatory participation. ● Lack of physical activity that is non-sport associated. ● Lack of programs (without stigma) for currently obese children which encourage participation. ● Limitations on abilities to walk, bike, etc. to school. ● Physical activity often caters to athletes. ● Physical education not focused on individual goal setting and personal training (i.e. life long fitness). ● Playtime or activity used as a reward and taken away as a punishment. ● Pressures of No Child Left Behind and Standards of Learning testing. ● Sports are offered in high school rather than in middle school or earlier. ● Zero or decreased physical education and/or activity requirements in schools. 	*Note: no solutions related to this stakeholder were identified.
Societal	<ul style="list-style-type: none"> ● Labor-saving devices contribute to lack of exercise and activity. ● Lack of sharing ideas and resources throughout the community. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Hampton Roads
Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Employers will provide time for the employees to work out during the work day and have them only work regular 40 hour work weeks with 30 paid minutes for daily physical activity. • Employers will understand the cost-benefit of the bottom line. • Government and employers will have a pre-tax deferred funds program to support cost of physical activity, gym memberships, community actives and buying the appropriate equipment. They can also provide tax incentives for people who exercise. • Have life fitness and nutrition coaches go to a workplace or family home and help people schedule physical activity into their lives. • Workplace employers will provide incentives and time for employees to participate in physical activity, cover rates to gyms and provide equipment and/or trails on site.
Government: Local/State/Federal	<ul style="list-style-type: none"> • Lack of sidewalks, trails, roller blading areas, etc. in the communities. • Lack of transportation to activity facilities. • Stores are not within walking distance. 	<ul style="list-style-type: none"> • Adapt the equipment in community centers and Parks and Recreation centers for special needs individuals (medical issues including obesity). • Develop community partnerships with fitness centers, Parks and Recreation centers, etc. to give cash awards for individuals who participate in walking trails, etc. • Develop dual activity programming by Parks and Recreation (i.e. have activities for "soccer moms and dads" to do while children are participating). • Develop state funded "fitness in my community" programs where any activity that someone participates in would count for a certain number of points to be turned into the state and equate to a certain amount of dollars that would go back to the local Pare and Recreation centers. • Encourage cities to have markers that tell you how far you have gone on established trails, streets, etc. • Encourage federal and state level agencies to pay fees for families to join Park and Recreation centers and community pools. • Encourage local Parks and Recreation facilities to extend their hours.

CHAMPION Report Summary

Hampton Roads

Adult

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	*Note: issues were stated on previous page.	<ul style="list-style-type: none"> • Encourage organizations to work together to provide physical activity and childcare at the same time (i.e. churches, Parks and Recreation centers etc.). • Encourage the local and state government to provide more trails. • Get the local officials involved and have the messages filtered down to local citizens (i.e. instead of "Thank Goodness it's Friday" say "Fitness Fridays"). • Government and employers will have a pre-tax deferred funds program to support cost of physical activity, gym memberships, community actives and buying the appropriate equipment. They can also provide tax incentives for people who exercise. • Government and insurance companies will offer a tax reduction, insurance break and/or financial rewards for adults who participate in physical activity. Including providing a life coach to assist and measure progress. • Have Park and Recreation centers and health fairs teach families how to have fun with exercise. • Local and state government should give businesses a tax break for allowing time for employees to engage in on-site physical activity. • Seashore State Park, Mount Trashmore, etc. will partner with CHAMPION to develop brochures to let the community know about these places and that they can participate in physical activity there. • State and local governments will provide more funding to urban and rural communities for fitness facilities, walking trails and extended use of school facilities and tracks. • State, federal and local government will provide transportation in areas that people have difficulty going to and from gyms and community centers. • The state health department and governmental agencies should create and provide tool kits for the six stages to local practitioners.

CHAMPION Report Summary

Hampton Roads

Adult

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Healthcare Providers	<ul style="list-style-type: none"> • Mental illness treatments don't address signs and symptoms that may prevent activity. 	<ul style="list-style-type: none"> • Demonstrate to the community through healthcare settings, festivals and community centers how different activities during the day can add up to more daily physical activity. • Doctors, nurses and other healthcare professionals should explain the benefits of physical activity. • Health professionals need to be role models by participating daily in physical activity.
Individuals and Families	<ul style="list-style-type: none"> • A lot of people feel they need someone to work out with. • A lot of people get discouraged when they don't see instant results. • A perception of not having enough time. • Childcare is not available for when they want to work out. • Depression prevents activity. • Injuries and medical issues keep people from being active. • Lack of ability to pay fees. • Lack of knowledge of the community programs that are available. • Lack of time because of working two jobs or extended hour weeks, family responsibilities such as care of older adults or young children, single parent families and putting themselves last. • Living in unsafe areas and afraid to exercise outdoors. • Parents and guardians did not promote activity. • People chose the elevator or parking near the building instead of stairs, etc. They are not aware of how to include physical activity in their daily routine. • People don't have alternate plans if the weather isn't nice. • People don't like to exercise and think exercise is not fun. • People have a lack of motivation and always have an excuse not to workout. They don't consider activity important. 	<ul style="list-style-type: none"> • Encourage "bus stop" moms and dads to start walking groups. • Encourage family members to share in household activities so there is time for all to participate in physical activity. • Have life fitness and nutrition coaches go to a workplace or family home and help people schedule physical activity into their lives.

CHAMPION Report Summary

Hampton Roads Adult

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> • People who work on their feet all day feel they are active already. • Self consciousness in group activities if you are older in age or overweight. • Society and individuals do not put enough value on physical activity. • TV, video games and computers are inactive and take away time for activities. • Unaware of how much activity is needed and lack of understand on how important exercise is to prevent chronic disease and maintaining a healthy lifestyle. • Using convenience items like riding lawn mower, etc. and the status of being able to afford these items. • Vanity and the acceptance of larger bodies. Level of activity is not seen as a means to increase attractiveness. 	*Note: Solutions identified on previous page.
Insurance Companies	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Encourage insurance companies to offer support groups and one on-one-counseling to address behavioral change. • Government and insurance companies will offer a tax reduction, insurance break and/or financial rewards for adults who participate in physical activity. Including providing a life coach to assist and measure progress. • Insurance companies to lower premiums for those that are enrolled in structured activity programs.
Media and Marketing	<ul style="list-style-type: none"> ○ TV, video games and computers are inactive and take away time for activities. 	<ul style="list-style-type: none"> • A media campaign focusing on how to incorporate physical activity into your normal day will be conducted (i.e. billboards, public service announcements). Information would include; taking care of yourself, and incorporating information on how much activity you need per day. • Media campaign using famous and every day people will show graphic images of what can happen, what chronic disease can cost you (such as "this is a smokers lung versus a healthy lung"), benefits of physical activity and how to correctly exercise.

CHAMPION Report Summary

**Hampton Roads
Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	*Note: Issues were identified on previous page.	<ul style="list-style-type: none"> • Provide a mass media TV campaign to be conducted that shares the importance of physical activity, consequences of inactivity, recommendations regarding the amount of physical activity and how to incorporate it into daily life. • Provide a TV reality show that demonstrates "how to" involve physical activity in the house. • The cable company should promote physical activity by having blurbs promoting physical activity while people are watching TV and possibly provide incentives.
Organizational	<ul style="list-style-type: none"> • Community does not promote physical activity. • Lack of adaptive programming and equipment for special needs groups. 	<ul style="list-style-type: none"> • Adapt the equipment in community centers and Parks and Recreation centers for special needs individuals (medical issues including obesity). • An educational program will be conducted to teach the public time management and prioritizing skills. The program will help them to set up a daily schedule and how to fit physical activity into their day. • Ask the population what they want for an activity program such as where, when and appropriate babysitter's fees. • Community centers and recreation centers will offer "family fun/activity time." • Create an individual program with a set curriculum that would be delivered to adults to discuss the barriers that prevent physical activity. • Demonstrate to the community through healthcare settings, festivals and community centers how different activities during the day can add up to more daily physical activity. • Develop community partnerships with fitness centers, Parks and Recreation centers, etc. to give cash awards for individuals who participate in walking trails, etc. • Encourage local groups, civic leagues, churches, etc. to include physical activity in their regular meetings. • Encourage organizations to work together to provide physical activity and childcare at the same time (i.e. churches, Parks and Recreation centers etc.).

CHAMPION Report Summary

Hampton Roads

Adult

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	*Note: Issues were identified on previous page.	<ul style="list-style-type: none"> ● Have a fitness friendly color to show your participate in physical activity. ● Have a state-wide campaign where everyone is discussing fitness. Get churches, schools and the community together to discuss this. Hold different events to show what families and individuals can do for physical activity. ● Have life fitness and nutrition coaches go to a workplace or family home and help people schedule physical activity into their lives. ● Have Parks and Recreation centers and health fairs teach families how to have fun with exercise. ● Lobby the school board to make physical education and recess a part of lifestyle. ● Pedometers will be given by different organizations to show how inactive we really are and promote more physical activity. ● Put pressure on the school board to emphasize the need to put physical education and recess back into the school day as a means to turn physical activity into a lifestyle. ● Pressure the community and agencies to increase health fairs in places such as the mall to make people aware of what's available. ● Provide education to businesses and corporations about the value and benefit to the business (i.e. reducing insurance premiums) of increased employee physical activity. ● Provide free equipment for low income families or people with special needs.
Preschool and Childcare	○ Childcare is not available for when they want to work out.	*Note: no solutions related to this stakeholder were identified.
Societal	○ Society and individuals do not put enough value on physical activity.	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

Hampton Roads Infant

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Offer free or low cost programs, such as Gymboree, at local Parks and Recreation centers.
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Create bulletin boards that display clients doing activities with their children along with informational brochures. ● Home health nurses to help set up a play area for the baby. ● Model and explain parent child interactions during clinic and home visits. ● Offer parent childcare classes at local churches or health departments. ● The health department will have games and activities that promote interaction with mom and child.
Individuals and Families	<ul style="list-style-type: none"> ● Decreased floor time for infants to be active. ● Fear for child's safety (such as electrical sockets exposed). ● Fear of infant moving around too much due to valuable items in the home. ● Health problems in infant. ● Lack of parent and child physical interaction. ● Lack of safety; environmental conditions are poor. ● Not enough education to encourage being active with your baby. ● Poor parental examples. Parents aren't active. ● Time factors in raising children. 	<ul style="list-style-type: none"> ● Assess living space for safety, cleanliness, space and offer alternatives. ● Come up with a variety of activities that don't take a lot of space. ● Find a church or family oriented site with play equipment that is safe. ● Help the mother set up a daily schedule of floor time activities for the baby. ● Promote outside play if weather permits. ● Where housing is composed of small areas, have a common play area established for infants. ● Work with the parent to find a clear space for activity.
Media and Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Make a three to four minute music baby video called "Let's Play" which shows successful ways of interacting with their baby.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Create bulletin boards that display clients doing activities with their children along with informational brochures.

CHAMPION Report Summary

**Hampton Roads
Infant**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Educate the parent on the importance of safe floor time to enable the child to develop motor skills, crawling, etc ● Form play groups for parents and children that teach them how to play with their children. ● Give parents information on parent child interaction with data on present and long term effects of the consequences of no parent child interaction. ● Help mothers find a better place to live through the Housing and Urban Development, Habitat for Humanity, etc. ● Let mothers know the importance of interaction with their child and the role it plays in the child's development. ● Look for ways to praise mothers for positive interaction. ● Provide discounts to buy baby mats, so baby has safe spaces to be active. ● Provide education and counseling based on that. ● Provide the mother with handouts of games she and baby can play together on the floor. ● Offer parent childcare classes at local churches or health departments. ● Supply safety devices to the family through the "Safe Kids" coalition. Teach families how to child proof one area of the home if there is fear of valuables being damaged or safety issues. ● Try to assess the current level of an infant's activity and parent's comfort level and concerns.

CHAMPION Report Summary

Hampton Roads Pregnant

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Employers to allow time and equipment so it is convenient for employees to have physical activity as a part of the work day.
Government: Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● The state will provide families with a free tape and brochure that gives suggested ideas and activities to increase physical activity. ● Through the local churches, have the health department and Cooperative Extension offer classes on meal planning and exercise. ● WIC clinics will create a "buddy system" with WIC participants that support physical activity with certain stipulations.
Healthcare Providers	<ul style="list-style-type: none"> ● Not enough promotion of exercise during pregnancy. 	<ul style="list-style-type: none"> ● Develop a tool for doctors to give to pregnant women that tracks their exercise (i.e. exercise journal). Doctors will provide education on how to use the journal and organize their day to include physical activity. ● Form a coalition with Eastern Virginia Medical School and develop a relationship with the leaders of the medical profession to assist in developing materials and programs regarding physical activity and nutrition. ● Give information at local doctors' offices on exercises for pregnant women. ● Have an incentive program where moms earn points for physical activity during pregnancy that leads to some type of a reward. ● Have the doctors put emphasis on the benefits of exercise. ● Obstetricians to stress the importance of safe and appropriate exercises during pregnancy. ● Offer literature on physical activity at the doctors' offices, local obstetrician offices and school systems. ● The healthcare providers will get involved and help the families support the "moms to be."

CHAMPION Report Summary

Hampton Roads Pregnant

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> • Cost factor of exercising. • Fear of going outside to take a walk because of danger. • In early pregnancy fatigue takes over. • Lack of knowledge of need for physical activity during pregnancy. • Lots of stress and misinformation. • No motivation for physical activity. • Not changing behavior. • Not having adequate equipment. • Not setting priorities to take out the time. • Previous physical activity level before pregnancy was low. • Some are overweight prior to pregnancy and eating unhealthy adds weight. • Some women are on bed rest. • Women trying to juggle work, family and finding time to exercise. 	<ul style="list-style-type: none"> • Encourage families to set aside time during the week for physical activity or to start a hobby together that involves a physical activity. • Encourage women to take childbirth and prenatal classes that are offered at no cost. • Form a support group of women to share time, support, transportation and childcare. • Listen to music. • Offer encouragement through words and literature. • Pregnant women will make a schedule for daily or family activities and try to stick to it. • Prioritize what has to be done by the importance to the individual. • Promote physical activity that involves the whole family. • Put kids to bed earlier or get up earlier so that you have more time to participate in physical activity. • Tell moms to take deep breathes, practice relaxation techniques and focus on a positive thoughts and outcomes. • Tell moms to be to take deep breathes, practice relaxation techniques and focus on a positive thoughts and outcomes.
Media and Marketing	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> • Have health information for women in the media (i.e. radio, TV, newspapers) that promotes a healthy pregnancy. • Produce public service announcements stressing the importance of physical activity during pregnancy.
Organizational	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> • "Call a counselor, minister, hotline or friend" telephone program that promotes healthy nutrition and physical activity (i.e. Crisis Pregnancy Center of Tidewater). • During health fairs and local community events (i.e. Harbor Fest) have health related information, screenings, nutrition and demonstrated physical activities.

CHAMPION Report Summary

Hampton Roads Pregnant

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: issues were stated on previous page.	<ul style="list-style-type: none"> ● Follow through with the resources given by making follow up phone calls. ● Form a coalition with Eastern Medical School and develop a relationship with the leaders of the medical profession to assist in developing materials and programs regarding physical activity and nutrition. ● Have an incentive program where moms earn points for physical activity during pregnancy that leads to some type of a reward. ● Have local gyms offer programs for exercise during pregnancy and advertise these classes in grocery stores, libraries, etc. ● Mom's pregnancy support groups and healthy pregnancy class will be free. ● Present statistics to the moms showing the benefits of physical activity for her and the baby. ● Provide possible activities for pregnant women through local YMCAs. ● Provide some self-help information. ● Start a campaign with March of Dimes on healthy exercises for pregnant women. ● Start a promotion with March of Dimes on exercise and put it on their website. ● Teach women how to organize their time using tools such as a tracking notebook.
Schools	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Offer literature on physical activity at the doctors' offices, local obstetrician offices and school systems.
Societal	<ul style="list-style-type: none"> ● No one walks. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Hampton Roads
Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	<ul style="list-style-type: none"> • City planning does not provide sidewalks, bike trails, etc. 	<ul style="list-style-type: none"> • Challenge community businesses, military and retailers to pay back their customers by providing funding for playgrounds and physical activities. • Create coalitions to collaborate with community leaders, city planners, city council and other elected officials to provide input regarding safe access to playgrounds, schools and parks. Work with elected officials to make neighborhoods more activity friendly. • Develop inter-agency coalitions to conduct an assessment to determine where playgrounds are needed. Apply for grants to build these playgrounds. Utilize volunteers to build them such as churches, parents, etc. Use this as a model. • Have the task force patrol during hours of playtime. Empower members of community for neighborhood watch. Communicate with police to help patrol.
Healthcare Providers	<ul style="list-style-type: none"> • Parents do not get the message from enough people, doctors, TV, etc. 	<ul style="list-style-type: none"> • Create a campaign to acquire funding sources and produce safe neighborhood environments for children to engage in physical activities. Target religious based, health organizations, private donations, professionals, schools, etc. for funding support. • Create a community coalition to include faith-based organizations, health providers and service agencies to develop a resource guide of available technology and activities in the community that promote physical activity.
Individuals and Families	<ul style="list-style-type: none"> • Do not have access to playgrounds. • Lack of buy-in by adults and parents. They think kids are cute when they are small and chubby but that they'll grow out of it. • Lack of education for adults to know how to engage in, and where to go for, physical activity. • Lack of safe environments for outdoor physical activity. 	<ul style="list-style-type: none"> • Parents should schedule an hour of family activity time after dinner.

CHAMPION Report Summary

Hampton Roads Preschool

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Parents do not get the message from enough people, doctors, TV, etc. ● Parents do not have activities planned for kids that stay at home all day. ● Parents having guilt about limiting child's sedentary lifestyle and promoting interaction with other children. ● Preschoolers don't have good role models. ● Single parent households where parent does not have time for physical activity. ● Social economic status and mental health issues of family. Stress affects the capacity of parents to engage in activity. ● Technology is taking over. ● TV used as babysitter. ● Working parents do not have time to get involved in active play with children. 	*Note: solutions were stated on previous page
Insurance Companies	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Create a campaign to acquire funding sources to produce safe neighborhood environments for children to engage in physical activities. Target religious based, health organizations, private donations, professionals, schools, etc. for funding support.
Media and Marketing	<ul style="list-style-type: none"> ● No collaborative public media campaign to educate parents regarding appropriate amount of TV or computer time for 2-5 year olds or explaining why activity is important. No educational options for parents to use instead of TV. No resource guide. ● Parents do not get the message from enough people, doctors, TV, etc. ● Toys do not promote physical activity. 	<ul style="list-style-type: none"> ● Advertise existing programs that promote free physical activity. Hand out flyers and brochures at grocery and retail stores, churches and service agencies that encourage scheduled family physical activity. Include in newspapers, etc. ● Create a collaborative public media campaign to educate parents regarding appropriate TV or computer time for 2-5 years old. Explain why activity is important, develop educational component options for parents to do while TV is off and create a resource.

CHAMPION Report Summary

**Hampton Roads
Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	*Note: issues were stated on previous page.	<ul style="list-style-type: none"> ● Develop a public media campaign jointly with the Department of Health, etc. to educate parents regarding appropriate amount of TV or computer time for 2-5 years old by using catchy phrases. Explain why activity is important. Create an educational component. ● Develop a regional or state-wide campaign that promotes a TV blackout time for families; whether it is a day, weekend, or week with no TVs. Follow-up survey that interviews families about what they did during blackout time. ● Make the public aware through advertisements, grant programs and scholarships about reduced family membership fees to physical activity facilities. ● Provide newspaper sections that promote family physical activities. ● Work with child-related manufacturers that target 2-5 years old to include messages and products that promote physical activity. ● Work with technology industry to develop timers for computers and TVs, use funding to give away these timers to the mainstream population.
Organizational	<ul style="list-style-type: none"> ● No accessibility to community centers, places are not affordable. ● No financial incentives for community centers to provide age appropriate activity for 2-5 year olds. 	<ul style="list-style-type: none"> ● Advertise existing programs that promote free physical activity. Hand out flyers and brochures at grocery and retail stores, churches and service agencies that encourage scheduled family physical activity. Include in newspapers, etc. ● Challenge community businesses, military and retailers to pay back their customers by providing funding for playgrounds and physical activities. ● City-wide campaign to request volunteers for coaching, 4-H, scouts and other physical activity leadership roles. ● Create a campaign to acquire funding sources and produce safe neighborhood environments for children to engage in physical activities. Target religious based, health organizations, private donations, professionals, schools, etc. for funding support.

CHAMPION Report Summary

**Hampton Roads
Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Inactivity	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: issues were stated on previous page.	<ul style="list-style-type: none"> ● Create a community coalition to include faith-based organizations, health providers and service agencies to develop a resource guide of available technology and activities in the community that promote physical activity. ● Create a team of nutrition and physical activity professionals to create a "Reality Program". Visit individuals and help them remodel their life. ● Create coalitions to collaborate with community leaders, city planners, city council and other elected officials to provide input regarding safe access to playgrounds, schools and parks. Work with elected officials to make neighborhoods more activity friendly. ● Hand out flyers and brochures at grocery and retail stores and newspapers that encourage scheduled family physical activity. ● Have group workshops for parents and health education providers addressing TV viewing, more active playtime, etc. for parents within community-based programs. ● Have the task force patrol during hours of playtime. Empower members of community for neighborhood watch. Communicate with police to help patrol. ● Identify and promote free videos or other technology that encourages physical activity for 2-5 years old. Hand them out in retail stores, libraries, schools, etc. ● Make the public aware of free safety programs available in the area that educate on safe environment issues. ● Make the public aware through advertisements, grant programs and scholarships about reduced family membership fees to physical activity facilities. ● Provide group education topics and workshops for parents and health education providers addressing TV viewing and more active playtime.

CHAMPION Report Summary

**Hampton Roads
Preschool**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Preschool and Childcare	<ul style="list-style-type: none"> • Not enough active playtime at preschool. • Time spent in daycare facilities that do not provide physical activity. 	*Note: no solutions related to this stakeholder were identified.
Schools	<ul style="list-style-type: none"> • Greater concentration on cognitive skills rather than motor skills. 	*Note: no solutions related to this stakeholder were identified.
Societal	<ul style="list-style-type: none"> • Society has restricted activity in public places (shopping carts, etc). 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Hampton Roads
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
<p>Government: Local/State/Federal</p>	<ul style="list-style-type: none"> ● Increased testing requirements for schools from federal and state leaves less time for physical activity. ● Lack of accessible community design; no joined communities or affordable recreational activities. ● Lack of biking paths, walking paths and sidewalks in communities. ● Lack of coordination of community resources. Need schools and Parks and Recreation buildings being open for physical activity during off times and weekends. ● Lack of funding for early intervention for inactive kids. ● Lack of transportation access to recreation and activities. 	<ul style="list-style-type: none"> ● Add recreational site plan (development and maintenance) to correctional work force responsibilities. ● Change local code. Require developers to include physical activity areas within newly constructed developments and to further front the money to establish recreational and physical activity areas in already established low income developments. ● Develop check and balance system to hold schools responsible for physical activity, physical education and recess. ● Encourage state to provide financial incentives for more physical activity areas. ● Federal funding and grants will be provided for enhancement and development of biking trails, walking trails, recreation areas, etc., as well as the building and maintaining of community partnerships. ● Get Governor and civic league to refocus community service on family and community physical activity (i.e. walking trails and assisting elderly). ● Increase funding for summer time before and after school physical activities and fitness centers. ● Increase promotion by, Parks and Recreation, YMCA, etc., of full spectrum of physical activity opportunities to families. ● Increase voices among legislature of what the community wants. ● Legislate 30 minutes per day of physical education and provide additional funding to make this happen. ● Local government will provide funding to keep the school's gym open after hours for physical activity. ● Make it cool for families to participate in a fit family program with at least one adult and child. ● Make physical education curriculum part of the Standards of Learning. ●

CHAMPION Report Summary

**Hampton Roads
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Inactivity	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
<p>Government: Local/State/Federal</p>	<p>*Note: issues were stated on previous page.</p>	<ul style="list-style-type: none"> ● Make Medicare funding more flexible to allow addressing physical activity issues and not just mental health issues. ● Mandate five minutes of class time for physical activity. ● Mandate daily walking programs for 20 minutes after lunch every day around school grounds for rewards (i.e. non-food, homework passes, stickers, pedometer, etc). ● Mandate city planners to discourage "sprawl" and encourage connected communities. ● Provide federal funding for media campaigns, public service announcements, billboards, radio and TV. ● Provide funding and tax breaks for companies to build these items and provide funding. ● Provide ongoing incentives (i.e. insurance premiums lowered, tax breaks) to parents who develop and implement physical activity plans for their families. This can be monitored by forms and challenges within community organizations. ● Provide tax incentives to corporations and organizations that offer free memberships to low income families. ● Restructure school scheduling; extend day length and shorten summer off. ● Shift focus of community centers on these items (bike trails, etc.) and utilization to promote and support physical activity. ● There must be accountability by the school board to provide daily recess with some structure and organization to it. ● This program is provided by the Parks and Recreation. The activities are based on the Governors fitness scorecard (PFFT) and they meet one to two times a week. ● Tort reform to address liabilities that prohibit pools, playgrounds, etc.

CHAMPION Report Summary

**Hampton Roads
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Inactivity	
	<i>Issues</i>	<i>Solutions</i>
Healthcare Providers	<ul style="list-style-type: none"> • Cost of sports physicals. • Lack of time for medical professionals to educate or council. • Medical community has an over willingness to medicate people rather than to change behavior. 	<ul style="list-style-type: none"> • Health organizations will provide training to faith-based that can get messages out to the community. • Provide affordable resources within the community so that families can take ownership of their activity (i.e. health screening).
Individuals and Families	<ul style="list-style-type: none"> • Activity is not a priority for parents. • Baby sitters and caretakers don't have knowledge or space for physical activity. • Choice of how time is used does not prioritize healthy living. • Kids aren't playing outside enough and there is social isolation. Often there are no opportunities for activity. • Kids use parent as role models but parents are not active. • Lack of community and/or family unity. • Lack of education on diversity issues. Need to teach to compete against self, not each other. Kids are made fun of and bullied rather than having sensitive interactions. • Lack of family ownership over their physical activity solutions. • Lack of functional fitness and knowledge of easy games to play at home. • Lack of motivation; embarrassment and fear of failure. Emphasis on achievement. • Latch key kids have to stay inside for security reasons. • Laziness by child. • No family centered or age specific activities for 5-12 year olds. • No physical chores for children. • Parents are stressed due to work and life stressors. May be overworked, unemployed, two jobs, etc. 	<p>*Note: no solutions related to this stakeholder were identified.</p>

CHAMPION Report Summary

**Hampton Roads
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Parents aren't willing to address their own obesity through limit setting. Many family systems issues. ● Parent's over involvement in sports takes away fun for kids. ● Perception and/or understanding by child of what physical activity is. ● Too much time watching TV and playing video games. ● Unsafe outdoor play areas. 	<p>*Note: no solutions related to this stakeholder were identified.</p>
Insurance Companies	<ul style="list-style-type: none"> ● Lack of funding for early intervention for inactive kids. 	<ul style="list-style-type: none"> ● HMO insurance providers to give discounts to families with healthy body mass indexes. HMO providers will need to establish guidelines for what can be discounted ("what is healthy"). ● Provide ongoing incentives (i.e. insurance premiums lowered, tax breaks) to parents who develop and implement physical activity plans for their families. This can be monitored by forms and challenges within community organizations.
Media and Marketing	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> ● Get technology companies to develop new items that incorporate physical activity into use (i.e. bike driven TV). ● Have local media to provide airtime with focus on increasing family physical activity. ● Publicize community resources through various media sources.
Organizational	<ul style="list-style-type: none"> ● Lack of affordable summer physical activity camps. ● Lack of community and/or family unity. ● Lack of funding for early intervention for inactive kids. ● Lack of free or reduced cost programs. ● No family centered or age specific activities for 5-12 year olds. 	<ul style="list-style-type: none"> ● Advocate increasing knowledge of legislature to build awareness with hopes to bring national awareness. ● Educate local officials on the obesity issues as well as safety issues in order to receive state funding. ● Get Governor and civic league to refocus community service on family and community physical activity (i.e. walking trails and assisting elderly).

CHAMPION Report Summary

**Hampton Roads
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	<ul style="list-style-type: none"> Some after school care choices focus on physical activity and some do not. 	<ul style="list-style-type: none"> Increase funding by partnering with community organizations to provide a variety of types of physical activities. Increase promotion by Parks and Recreation, YMCA, etc. of full spectrum of physical activity opportunities to families. Involve special programs that encourage community clean up and that promote physical activity. Partner with corporations to provide discounts to retailers of fitness items. Seek funding from local community civic groups for these community resources. Work with key stakeholders (build coalition) to establish safe bike trails, sidewalks and create monitoring program to keep them safe.
Preschool and Childcare	<ul style="list-style-type: none"> Baby sitters and caretakers don't have knowledge or space for physical activity. 	*Note: no solutions related to this stakeholder were identified.
Schools	<ul style="list-style-type: none"> Decreased education in regard to physical activity. Increased testing requirements for schools from federal and state leaves less time for physical activity. Lack of coordination of community resources. Need schools and Parks and Recreation buildings being open for physical activity during off times and weekends. Lack of education on diversity issues. Need to teach to compete against self, not each other. Kids are made fun of and bullied rather than having sensitive interactions. Lack of reward for increasing physical activity. Lack of understanding of what physical activity can do for better learning and better academic performance. 	<ul style="list-style-type: none"> Add physical education to summer school. Change physical education's focus to lifetime physical activity (i.e. walking, swimming) as opposed to skill level sports. Develop and publicize alternative plans for those who cannot participate in physical education for health reasons. Educate faculty on current policy regulations concerning physical education and physical activity or recess. Encourage PTA fundraisers that are physical activity driven not food related. Have schools offer activities for the entire family as well as a forum with follow up on their ideas for fitness and what they have implemented. The person leading this could be a physical education teacher, counselor, PTA officer, etc.

CHAMPION Report Summary

**Hampton Roads
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

		Inactivity	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>	
Schools	<ul style="list-style-type: none"> • Over organized sports with no alternative opportunities. • Physical education and health are not part of the Standards of Learning. • Physical education classes focus on skills building versus cardiovascular and strength. • Teachers take away recess as punishment. Lack of motivating, alternative, creative ways to discipline. • There is a decrease in physical activity opportunities in schools on a daily basis. Kids are not being required to participate. • Too much time required for homework. 	<ul style="list-style-type: none"> • Health and physical education teachers will provide annual parent trainings on how to incorporate activity into daily routine. There will be monthly school challenges where the family must complete two-thirds of these activities. • Incorporate kinetic and experiential learning styles and models versus lecture into all classes. • Incorporate physical activity into parent teacher conferences. • Increase drop off location to one-eighth mile from building for students and faculty. • Increase minimum distance for busing and decrease number of stops. • Make physical education curriculum part of the Standards of Learning. • Mandate five minutes of class time for physical activity. • Mandate daily walking programs for 20 minutes after lunch every day around school grounds for rewards (i.e. non-food, homework passes, stickers, pedometer, etc.). • Measure body mass index at the beginning and end of year to evaluate effectiveness. • Open schools for physical activity on weekends. • Physical education teachers will group kids in gym that are similar in abilities by using PFFT scores. • Restructure curriculum to shift focus from team oriented to individual fitness ability by providing appropriate tools. Provide students with a daily log to journal daily physical activities to be turned in for a reward (pedometer, jump rope, etc). • Restructure school scheduling; extend day length and shorten summer off. • School code of conduct should include a fitness card to be completed by students and require parent signatures. • Survey children to determine what motivates them to be active • Train staff on how exercise affects learning. 	

CHAMPION Report Summary

**Hampton Roads
School Age**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Inactivity	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Societal	<ul style="list-style-type: none"> ● Children are over bussed; they don't walk anywhere anymore. ● Cultural economic issues (i.e. cost of X-box versus bike, lots of motorized outdoor toys). ● Cultural perception on overweight versus obese. ● We have become a comfort society; people think "Why go outside? I have a controlled environment." 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Hampton Roads
Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Some seniors do not have access to facilities, as they lack transportation. ● There are no or few appropriate bike trails (off street) and sidewalks. 	<ul style="list-style-type: none"> ● Create more city Parks and Recreation trails like at Mariner's Museum Park for bicycles with no cars or motorcycles allowed on bike trails. ● Increase in sidewalks and mini community parks in neighborhoods to encourage exercise. ● Public transportation will be better funded to allow more public transportation (vans, buses, shuttles, etc). ● Utilize volunteers from churches, military, retired personnel and civic groups to assist with transportation to exercise facilities.
Healthcare Providers	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> ● Healthcare professionals (such as doctors, physical therapists, etc.) will provide evaluation and education for seniors to develop a customized physical activity program. ● Fewer drugs for the elderly when no longer needed, since drugs can be the key to inactivity. ● More communication from healthcare personnel to the senior population regarding the importance of physical activity. ● Offer educational programs for both physician and patient resulting in the best personal pain management plan to encourage exercise and patient empowerment. ● Physical therapists will implement "based on their needs" programs to go into homes, senior centers, etc. to teach seniors the proper way to exercise and identify safety hazards in their environment.
Individuals and Families	<ul style="list-style-type: none"> ● Because of depression many seniors don't feel like going out. ● Health issues and physical disabilities (such as aches, pains, respiratory issues, and arthritis) keep seniors from exercising. ● Lack of knowledge of the benefits of physical activity and the correlation to chronic diseases and their prevention. ● Lack of knowledge of what is available. 	<ul style="list-style-type: none"> ● Encourage family and friends to encourage seniors and take them places that encourage walking and physical activity (i.e. such as picnics, shopping, etc.). ● Engage seniors to solicit buddies for transportation and create their own carpools. ● Use hypnotherapy and therapy tapes to raise self-esteem around physical activity, weight loss, reducing stress, reducing pain, etc.

CHAMPION Report Summary

**Hampton Roads
Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Lack of support from peers. Other seniors are not engaging in physical activity, so their friends don't. Also, lack of support from families. ● Lifestyle habits. Some seniors have never exercised and don't see themselves starting now. ● Seniors have a fear of injury. ● Seniors may not feel safe engaging in physical activity in their area (i.e. in homes, neighborhoods, etc). ● Some seniors are stubborn about engaging in physical activity. ● Some seniors deny weight issues so they feel as though physical activity is not necessary. ● Some seniors feel inadequate or incompetent regarding physical activity. ● Some seniors have a lack of motivation for any number of reasons. ● Some seniors overeat or eat large portions and are therefore breathless when doing physical activity. 	*Note: solutions were stated on previous page.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Bring exercise facilities in a mobile unit bus to senior neighborhoods where all the exercise equipment can be monitored by professionals when in use. ● Cab and bus companies and local coalitions will offer free or discounted transportation to group exercise programs for seniors. ● Communicate where the senior exercise centers, mall "walk groups", etc. are located and assist with transportation to those places if needed. ● Develop a list of video and CD programs that exist for home use focused on exercising for seniors. ● Group activities and/or the buddy system (family, friends, neighbors, etc) will be developed at housing complexes, senior centers, etc. to provide "safety in numbers".

CHAMPION Report Summary

**Hampton Roads
Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: issues were stated on previous page.	<ul style="list-style-type: none"> ● Manned exercise rooms and classes specializing in "sit down" or low impact exercises or whatever adjustments necessary for the disabled, etc., in public facilities and community homes. ● More activity programs will be provided that addresses those seniors with chronic diseases and/or disabilities ● Provide "life line" for seniors so that they will feel comfortable exercising at home. They could push a button that will call for help if they fall, get hurt, etc. ● Provide more funding for senior wellness programs. ● Seniors will be educated as to programs that can be done at home or wherever they live to include TV shows, tapes, CDs, "canned exercise programs", etc. to eliminate the need for transportation. ● Various groups will provide educational programs that emphasize the prevention of chronic diseases throughout the life cycle and highlight the benefits of physical activity and problems due to inactivity. ● Utilize volunteers from churches, military, retired personnel and civic groups to assist with transportation to exercise facilities.
Societal	● A generational perspective exists on exercise.	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Hampton Roads
Young Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Develop a region and state-wide initiative to offer a skills building class on time management to include physical activity as part of their day. Employers, community, schools and various organizations may apply for money. ● Employers to allow more time in the workday for exercise (i.e. if you go to the gym you get one and a half hours for lunch or employers will implement 30 minutes daily for physical activity). ● Employers will promote and sponsor employee exercise programs. Employers will offer additional benefits for the employees that participate. ● Promote "Walk at Lunch" clubs at workplaces. ● Worksites will incorporate educational sessions in training, orientation and/or staff meetings on the negative health effects of a sedentary life and the benefits of daily physical activity. Employers will provide benefits for employees who participate.
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Public transit is inadequate. Lack of imagination in connecting communities. ● Too dependent on motor vehicles. Poor community planning. 	<ul style="list-style-type: none"> ● Local Park and Recreation centers will provide family exercise plans where families participate together. ● Make Governor Warner's Virginia on Move to be a whole state initiative not just for state employees. There needs to be a state-wide campaign (like the Great American Smoke Out) addressing physical activity. ● The General Assembly will mandate all school districts to offer physical education for 30 minutes a day regardless of weather. ● The state will mandate daily physical education which includes life long activities for K-12 while taking advantage of a captive audience. ● The state will mandate, through the Standards of Learning, physical education, staff qualifications and quality of programs including content, variety, sports skills and life long fitness skills. ● The state will incorporate additional physical education requirements in the Standards of Learning.

CHAMPION Report Summary

**Hampton Roads
Young Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Medical doctors and healthcare professionals need to promote, monitor and prescribe exercise from the office.
Individuals and Families	<ul style="list-style-type: none"> ● A lot of their activities revolve around socials and peers. Most of the activities are not active. ● Challenges of college life lead to the "Freshman 15". They have a decreased opportunity for physical activity and they have poor nutritional habits. ● Convenience and instant gratification is everything; if an opportunity is not convenient they won't participate. ● Depression in young adults that leads to sedentary behaviors. ● Exercise is not a part of this age group's routine and they hesitate to try. ● Lack of education on the benefits of daily exercise. ● Lack of knowledge of opportunities for physical activity that are available. ● Lack of leaders and role models that are leading physically active lives. ● Lack of motivation. ● Lack of safe places to exercise. ● Lack of self-discipline. ● Low priority of the physical education curriculum in K-12, thus adults lack the skills to be physically active. ● Military members' spouses do not have the opportunity to be physically active. ● The preferred jobs are sedentary. ● The role of TV and technology in the life of young adults. ● Too many personal responsibilities and lack of time to exercise. ● Work schedules are leading to a lack of and time for daily exercise. ● Young adults are becoming parents and have less time for them. ● Young adults do not see the need to be physically active and prefer to postpone until they are older. 	<ul style="list-style-type: none"> ● Early education and promotion of the benefits of daily physical activity and active lifestyles. ● Encourage people to track their sitting and screen time so that they can see how much passive time they have. ● Encourage them to walk to school when they live close by. ● Get up earlier in your day and use that time to exercise. ● Model healthy lifestyles by other adults.

CHAMPION Report Summary

**Hampton Roads
Young Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

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Inactivity		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	<ul style="list-style-type: none"> ● The role of TV and technology in the life of young adults. 	<ul style="list-style-type: none"> ● Develop a billboard campaign that promotes the benefits of physical activity. ● Local TV stations and internet pop-ups will air public service announcements promoting the need for daily physical activity. ● Local TV stations will include exercise programs in their programming schedules. ● Mass media, especially radio, will air public service announcements promoting the need for daily physical activity. ● State-wide media TV turn-off campaign where the state will mandate that TVs turn off at midnight. ● Strong encouragement through all media for increased physical activity.
Organizational	<ul style="list-style-type: none"> ● Lack of organized activities and aging out. 	<ul style="list-style-type: none"> ● Community centers need to advertise their programs and opportunities. ● Community centers will create and promote exercise programs starting after five p.m. with daycare available. ● Collaborate with the local library and young family centers to promote the benefits of physical activity. ● Develop a region and state-wide initiative to offer a skills building class on time management to include physical activity as part of their day. Employers, community, schools and various organizations may apply for money. ● Educate prenatal parents about the benefits of daily physical activity for their children. ● Give people an alternative to watching TV. Such as civic or community organizations, sponsoring physical activity, social events, etc. to promote daily physical activity. ● Parents will be educated in developing skills to limit screen time and increase children's participation in non-sedentary activities so these skills will be carried over into adulthood. ● Physical activity centers open earlier and close later. ● Promote community gardens.

CHAMPION Report Summary

**Hampton Roads
Young Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Inactivity	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: Issue identified on previous page.	<ul style="list-style-type: none"> Promote the benefits of physical activity in non-traditional settings, faith-based and community centers and civic organizations. Teach skills building on how to increase physical activity daily. Show a variety of exercise opportunities, including three 10 minute intervals and various ways to incorporate physical activity in your daily life.
Schools	<ul style="list-style-type: none"> Low priority of the physical education curriculum in K-12, thus adults lack the skills to be physically active. 	<ul style="list-style-type: none"> Higher education institutions need to promote and provide opportunities for physical activity. Add a variety of sports to the school's extra curricular and after school programs and expand the teams. Develop a region and state-wide initiative to offer a skills building class on time management to include physical activity as part of their day. Employers, community, schools and various organizations may apply for money.
Societal	<ul style="list-style-type: none"> Low income population faces a lack of affordable places to exercise. 	*Note: no solutions related to this stakeholder were identified.

APPENDIX B

Issues and Solutions for Nutrition by region, workgroup and stakeholder category

* Some solutions do not have a corresponding issue. This is due to the participants' enthusiasm in listing all possible solutions.

CHAMPION Report Summary

**Southwest Virginia
Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Nutrition	
	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Education on input and output directed to workplace, churches, grocery stores, laundry mats, PTAs and newspapers based on ideas of what their eating habits are; use public service announcements. • Employers will make space available for refrigerators, microwaves and coolers with ice. • Provide healthier foods and water in vending machines.
Individuals and Families	<ul style="list-style-type: none"> • Balancing work and family promotes eating out (fast foods) and no time to cook. • Confusion over nutritional findings. • Juggling work, family and school day and night. 	<ul style="list-style-type: none"> • Practice portion control.
Media and Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Education on input and output directed to workplace, churches, grocery stores, laundry mats, PTAs and newspapers based on ideas of what their eating habits are; use public service announcements. • Reduce food commercials during TV's primetime.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Education on input and output directed to workplace, churches, grocery stores, laundry mats, PTAs and newspapers based on ideas of what their eating habits are; use public service announcements. • Use children to influence parents and add incentive programs for children.
Schools	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Education on input and output directed to workplace, churches, grocery stores, laundry mats, PTAs and newspapers based on ideas of what their eating habits are; use public service announcements. • Provide healthier foods and water in vending machines.

CHAMPION Report Summary

**Southwest Virginia
Preschool**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Ask USDA for better access to fruits and vegetables for WIC participants. ● Don't just cut off benefits immediately after they receive training or education. ● Expand the Farmers' Market program. ● Mandate that the Department of Education bring back home economics and educate children in school systems. Follow up by contacting parents and let them know about available resources. ● More funds need to come to Southwest Virginia (past Roanoke). ● More guidelines and accountability for free or reduced services. ● Need more funds to educate the underprivileged on how to shop and spend their Food Stamps. ● Re-evaluate guidelines for Food Stamps, WIC authorization and the free and/or reduced lunch program. ● The State will mandate demonstrated education for Food Stamps participants. ● The State will put more money into the Virginia Cooperative Extension. ● Virginia Cooperative Extension will provide grocery store tours and teach people how to understand food labels.
Individuals and Families	<ul style="list-style-type: none"> ● Culture. ● Lack of education about nutrition. ● Lack of parent control and role models. ● Poverty. ● Lack of time and convenience of foods. 	<ul style="list-style-type: none"> ● Assist parents with setting goals for themselves through furthering their education. ● Create a calendar of meals in advance. ● Encourage menu planning. ● Learn how to prepare a nutritious meal on a budget. ● Start introducing new foods.
Insurance Companies	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Help with liability insurance premiums for farmers participating in Farmers' Market program.

CHAMPION Report Summary

**Southwest Virginia
Preschool**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Mass media campaign by the State to determine which media outlets are best to educate people. ● Provide fast and healthy recipes in newspaper.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Campaign to teach parents not to use food as a reward. ● Classes to teach people that you can cook a nutritious meal in a short amount of time. ● Community organizations will teach how to make family favorites healthier by teaching food substitutions. ● Develop a rewards program with additional benefits for those who reach healthy goals. ● Develop staff education and awareness of community services, both for nutrition and recreation. ● Teach good fast food choices. ● Teach individuals to make meals in advance. ● Teach low income how to budget. ● The Southwest Virginia community will increase free or inexpensive community programs.
Schools	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Develop staff education and awareness of community services, both for nutrition and recreation.

CHAMPION Report Summary

**Southwest Virginia
School Age**

Solutions by Region, Age Group, Determinant and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> Utilize workplaces and schools as vehicles for nutrition and physical education (i.e. health fairs).
Government: Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> Increased funding for school food service programs. Require nutrition content to be available for all USDA meals. Put pressure on USDA to provide healthier options.
Individuals and Families	<ul style="list-style-type: none"> Lack of nutrition and physical education. Lower education and low income. Poor parenting skills. 	*Note: no solutions related to this stakeholder were identified.
Media and Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> Alter cultural perception of the dangers of poor nutrition habits and inactivity through marketing campaigns.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> Community classes on healthy food preparation sponsored by corporations (i.e. grocers). Provide required health and nutrition skills classes in schools and/or communities. Reward system for children who select and consume healthier food choices.
Schools	<ul style="list-style-type: none"> School foods: high fat content and USDA regulations. 	<ul style="list-style-type: none"> Establish nutritional background and training requirements for school food services directors. Provide required health and nutrition skills classes in schools and/or communities. Utilize workplaces and schools as vehicles for nutrition and physical education (i.e. health fairs).

CHAMPION Report Summary

**Southwest Virginia
Senior**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Nutrition	
	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Education on input and output directed to workplace, churches, grocery stores, laundry mats and newspapers based on ideas of what their eating habits are; use public service announcements.
Government: Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Assistance programs for fuel, utilities and medications so they have more money for food.
Individuals and Families	<ul style="list-style-type: none"> • Cooking habits involving lots of fat, sugar and salt. • Lack of nutritional knowledge. • Limited budgets. • Set in ways that prevent them from thinking that they need to change. 	<ul style="list-style-type: none"> • Education to manage limited income and to help people make better food choices.
Insurance Companies	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Better healthcare that is more affordable.
Media and Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Education on input and output directed to workplace, churches, grocery stores, laundry mats and newspapers based on ideas of what their eating habits are; use public service announcements.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Educate on resources available such as church pantries, food banks, Meals on Wheels, senior centers, the Sexuality, Health and Relationship Education program, Food Stamps, etc. • Education on input and output directed to workplace, churches, grocery stores, laundry mats and newspapers based on ideas of what their eating habits are; use public service announcements.

CHAMPION Report Summary

**Southwest Virginia
Young Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Employers will make space available for refrigerators, microwaves and coolers with ice. ● Employers will provide on-site healthy food choices for meals. ● Have picnic tables outside for socializing. ● Have space available for people to eat together for socializing. ● Provide healthier foods and water in vending machines.
Individuals and Families	<ul style="list-style-type: none"> ● Balancing work and family promotes eating out (i.e. fast food) and no time to cook. ● Lack of pre-planning for meals. ● People run out for fast food. 	<ul style="list-style-type: none"> ● Educate them on better choices if they go out for fast food. ● Look up ideas for packed lunches that are healthy and quick.
Media and Marketing	<ul style="list-style-type: none"> ● Portion sizes are too large. 	*Note: no solutions related to this stakeholder were identified.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Add incentive programs for children. ● Have space available for people to eat together for socializing.

CHAMPION Report Summary

**Roanoke
Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	<ul style="list-style-type: none"> No support or incentives given in the workplace or insurance companies to get help from or consult with registered dietitian to discuss meal planning. 	<ul style="list-style-type: none"> Establish markets for organic growers of fruits and vegetables and encourage health sector employers to be conscious purchasers. Provide healthier workplace food options in vending machines and other eating areas.
Government: Local/State/Federal	<ul style="list-style-type: none"> Types of food made available for government programs are not appropriate food choices; high carbohydrates. WIC and Food Stamps have limited choices. 	<ul style="list-style-type: none"> Cooperative Extension can provide information on easy to understand recipes, ingredients, etc. that can be prepared quickly. Increase funding for agencies such as Cooperative Extension, nonprofits and health organizations to provide the information they already have. Local government should give zoning permission to allow community gardens. Place a higher sales tax on junk foods and drinks. Raise benefits for WIC clients who attend educational programs. Require insurance companies to fund (possibly as grants) educational efforts promoting good health and nutrition in communities, workplace, etc. Require insurance companies to pay or set aside funds for preventative or alternative services and to recognize that obesity is as dangerous as smoking and treat it similarly. Tie public assistance for families to mandatory training. Virginia Department of Health should take the lead on creating public service announcements on TV, radio, workplace, website, employee paycheck messages, WIC check messages, plaster in restrooms, etc. to address the public's lack of knowledge.
Healthcare Providers	<ul style="list-style-type: none"> Ignorance of nutrition by medical and public populations. 	*Note: no solutions related to this stakeholder were identified.
Individuals and Families	<ul style="list-style-type: none"> Concept of food as a reward. Concept of serving size is wrong. Emotional attachment and response to food. <p>Food insecurity: some populations overeat because food has been missing.</p>	<ul style="list-style-type: none"> Encourage individuals to organize their time so that foods requiring a long cooking time can be done quickly (i.e. soak beans overnight and cook next day). Everyone should teach males how to perform food preparation tasks as well as females.

CHAMPION Report Summary

**Roanoke
Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Inability physically or mentally to prepare healthy food. ● Individuals making poor food choices. Use of fast and convenience food, too many choices, too few healthy choices for lower incomes. ● Lack of confidence that they can make changes; they want instant gratification. ● Lack of knowledge or education on reading labels, preparation of food and calories in versus calories out. Liquid calories are not thought of as food. ● Perception that overeating can be corrected with a diet rather than changing habits for life time; putting off making changes in habit. ● Perceptions that it is expensive to eat healthy and that fast food is cheap. Reality is that fast food is expensive in time and money. ● The habit is to eat same things and whatever tastes good. ● Time: families are too busy to cook healthy. ● We don't eat together as a family or group but eat on the run. 	*Note: solutions were stated on previous page.
Insurance Companies	<ul style="list-style-type: none"> ● No support or incentives given in the workplace or insurance companies to get help from or consult with registered dietitian to discuss meal planning. 	<ul style="list-style-type: none"> ● Insurance companies should reduce premiums for those who don't use the benefits for a period of time. If you're living a healthy lifestyle you should get lower premiums.
Media and Marketing	<ul style="list-style-type: none"> ● Research and influence by lobbyists and drug companies. Marketing by agribusiness and others; advertising. 	<ul style="list-style-type: none"> ● Develop public service announcements that promote the research that says families who eat together eat healthier. Also encourage families to exercise together. ● Educate the public that healthy meals can be prepared quickly and promote it via flyers, public service announcements, grocery stores, etc. ● Encourage supermarkets to promote ways to eat healthy without increased cost for food.

CHAMPION Report Summary

**Roanoke
Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	*Note: Issues were identified on previous page.	<ul style="list-style-type: none"> ● Fast food establishments should provide food wrapper labeling revealing the amount of energy required to expend calories contained in the food. For example: you have to walk seven miles for this hamburger. ● Have a “just do it campaign” using public service announcements and workplace involvement. Theme "live like you are dying". ● In grocery stores have healthy foods identified by shelf tags. ● Market healthy fast food and encourage the creation of a fast food establishment that only provides healthy choices. Use public service announcements to help people understand that it is a body mass issue and not a body weight issue and that it is a life long issue not a quick fix.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Encourage communities to develop a community strategy to address obesity as a community issue. ● Establish the markets for organic growers of fruits and vegetables and encourage the health sector employers to be conscious purchasers. ● Everyone should teach males how to perform food preparation tasks as well as females. ● Expand the market for producers to sell organic products. ● Fast food providers should contribute fitness or nutritional education to the community based on their volume of business and profits. ● Have a collaborative effort among health organizations to go where people are to deliver message (i.e. speakers’ bureaus). ● Return to teaching individuals how to prepare foods and teach that some less expensive foods require more time to prepare. Individuals may not know how. This may be a collaborative effort. ● Show cost ratio of fast food versus healthy food and have supermarkets distribute flyers in bags. Have this information available at fast food, at Farmers’ Markets, to new mothers, send home from school, etc.

CHAMPION Report Summary

**Roanoke
Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Schools	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Show cost ratio of fast food versus healthy food and have supermarkets distribute flyers in bags. Have this information available at fast food, at Farmers' Markets, to new mothers, send home from school, etc.
Societal	<ul style="list-style-type: none"> ● Cultural cooking with gravy, fats, sugar, salt, etc. ● Stressful world supported by food. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Roanoke
Preschool**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Businesses to support parent-child involvement and nutrition education programs and offer incentives. ● Get businesses to offer low cost, nutritious family meals to take home to the family as part of their benefit package.
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Food Stamp program has no restrictions on types of food purchased. 	<ul style="list-style-type: none"> ● Mandate family nutrition counseling. ● Mandating nutrition to be a class at each age level in school. ● Mandatory attendance of fun nutrition program for children and parents on Food Stamps and school lunch programs.
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Children that are in a certain percentile (85th or above) at a doctor's office have to be referred to a registered dietitian. ● Get everyone on the same playing field. Parents, doctors, etc. work toward same goal.
Individuals and Families	<ul style="list-style-type: none"> ● Convenience and fast foods are given as meals. ● Food is used inappropriately: as a reward instead of fuel, as entertainment instead of nourishment. ● Inaccurate concepts in feeding practices (portion sizes, clean plate) by caregivers and facilities. ● Inappropriate snacks. ● Lack of education on how to prepare fast nutritious meals. ● Lack of food exploration with children. ● Lack of nutrition education and buy in for parents and caregivers. ● Lack of nutritious items at celebrations and parties. ● Lack of supervision of children and kids' grazing. ● Poor eating habits of parents. ● Too many meals in front of the TV. ● Too much soda, fruit juice and fruit drinks; lack of water consumption. 	<ul style="list-style-type: none"> ● Educate parents and children and emphasize family nutrition goals. ● Generate the interest in children so they will generate the interest in their parents. ● Get everyone on the same playing field. Parents, doctors, etc. work toward same goal.

CHAMPION Report Summary

**Roanoke
Preschool**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Insurance Companies	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Offer cheaper or free nutritional resources and insurance reimbursements for being in a program to see a dietitian, etc.
Media and Marketing	<ul style="list-style-type: none"> • Confusing media messages. 	<ul style="list-style-type: none"> • Businesses will get involved by advertising nutritional value of foods and products that promote physical activity. • Media campaign on nutrition messages. • Public Broadcasting Service to promote simple nutritious meal preparation.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Get everyone on the same playing field. Parents, doctors, etc. work toward same goal. • Host cooking classes presented by a chef where the parents are (i.e. Wal-Mart). Teach shopping and nutrition education, menu planning, 30 minute meals, etc. • Use community facilities, schools, daycares, etc. to offer fun nutritional classes. • Voucher, discount or rebate system for people that purchase healthy food.
Preschool and Childcare	<ul style="list-style-type: none"> • Inaccurate concepts in feeding practices (portion sizes, clean plate) by caregivers and facilities. • Lack of nutrition education and buy in for parents and caregivers. 	<ul style="list-style-type: none"> • Use community facilities, schools, daycares, etc. to offer fun nutritional classes.
Schools	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Use community facilities, schools, daycares, etc. to offer fun nutritional classes.
Societal	<ul style="list-style-type: none"> • Cost of healthy food versus less nutritious options. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Roanoke
School Age**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Four day work week.
Government: Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Create meal planning partnerships (i.e. Cooperative Extension and grocery stores) and have online access. • No tax on healthy foods.
Individuals and Families	<ul style="list-style-type: none"> • Food is used as a stress reliever and for boredom. • Increase in eating out. • Junk foods are used as rewards. • Parents, communities, etc. are not giving consistent messages about nutrition. • Parents have a lack of time to cook healthy meals and sit down together to leisurely eat. • Parents let kids choose what they are eating. • Parents need to be role models for healthy eating. • People don't know how to read nutrition labels so they don't read them. • Unhealthy foods are tastier, cheaper and easier. 	<ul style="list-style-type: none"> • Exposure to a variety of different foods. • Take advantage of weekends to prepare healthy meals.
Media and Marketing	<ul style="list-style-type: none"> • Market does not reflect what dietary guidelines recommend. • Marketing makes children desire junk food. • Not enough marketing and communicating the dietary guidelines to the general population. • Lack of restaurants that serve healthy foods. 	<ul style="list-style-type: none"> • Use Channel One programming as a tool for nutrition education in school. • Educate families on how to cook healthy and quick. Use flyers, grocery bags, classroom, school fundraiser, PTA meetings, local TV stations, etc. • Emphasis on slowing down a little through marketing campaigns. • Grocery stores to market easy to prepare, healthy meals. • Marketing programs that focus on healthy foods. • Public service announcements targeting children. • Public service announcements that are on during primetime.

CHAMPION Report Summary

**Roanoke
School Age**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	<ul style="list-style-type: none"> ● Lack of community resource materials to teach healthy cooking and eating. ● Lack of health food stores and organic stores in area. ● Parents, communities, etc. are not giving consistent messages about nutrition. 	<ul style="list-style-type: none"> ● Create meal planning partnerships (i.e. Cooperative Extension and grocery stores) and have online access. ● Create programs that teach how to eat healthy (i.e. eating healthy while on vacation). ● Educate families on how to cook healthy and quick. Use flyers, grocery bags, classroom, school fundraiser, PTA meetings, local TV stations, etc. ● Equate healthy choices with red, green and yellow lights. ● Grassroots lobbying to increase funding for nutrition education in schools. ● Partner with groups (i.e. YMCA, Pepsi, etc.) to teach time management and prioritizing to families and businesses. ● Provide healthy, ready to serve meals for pick up. ● Teach time management and prioritizing to families and businesses.
Schools	<ul style="list-style-type: none"> ● Fundraisers selling unhealthy snacks. ● Junk foods are used as rewards. ● Lack of addressing physical human needs involving proper body fueling. ● Lack of healthy options from vendors and manufacturers available to schools. ● Lack of nutrition education. ● Low emphasis on practical nutrition in health curriculum. ● Regulations restrict what can be served in school meals. ● Revenue from vending machines is used to support school activities. ● School nutrition programs are not self-sufficient. ● School vending machines are not held to minimum standards. ● Unhealthy choices in vending machines. 	<ul style="list-style-type: none"> ● Develop programs that teachers can use to incorporate nutrition education into non-health classes, use the Standards of Learning. ● Educate families on how to cook healthy and quick. Use flyers, grocery bags, classroom, school fundraiser, PTA meetings, local TV stations, etc. ● Emphasize school programs that teach kids how to make practical choices. ● Emphasize the nutrition education component of the Standards of Learning.

CHAMPION Report Summary

**Roanoke
School Age**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Societal	<ul style="list-style-type: none"> • "All you can eat" mentality prevails and portion sizes are too large. • Processed foods are a poor choice for healthy diets. • Southern style cooking. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Roanoke
Young Adult/Adolescent**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	<ul style="list-style-type: none"> ● USDA commodities are unhealthy. ● USDA guidelines are outdated. 	<ul style="list-style-type: none"> ● Bring back community gardens, Farmers' Markets and co-operative concepts. ● Change the USDA guidelines for providing healthy foods in school menus. ● Have a central resource, such as Virginia Department of Health, to obtain correct nutritional information. ● Tax on snack food and unhealthy food.
Healthcare Providers	<ul style="list-style-type: none"> ● Lack of regular medical check-ups after kindergarten. 	*Note: no solutions related to this stakeholder were identified.
Individuals and Families	<ul style="list-style-type: none"> ● Addictive quality of food. ● Decline of family and neighborhood gardens. ● Don't understand the correct message; too much information given. ● Food used as awards. ● Generations of not cooking. ● Increase in medical problems due to poor nutrition. ● Kids haven't been taught to make healthy choices. ● Lack of knowledge about nutrition, serving sizes, alternative health snacks and bad food versus good food due to generations of not cooking. ● Lack of motivation to eat healthy. ● Lack of role models for healthy behavior. ● Parents are not preparing healthy foods and don't have skills to do this. ● Peer influence. ● Poor eating habits. ● Unhealthy food at social activities. ● With working parents it's easier to go out to eat. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

Roanoke
Young Adult/Adolescent
Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	<ul style="list-style-type: none"> ● Educational materials are too complicated to read and understand. ● Media messages are not helpful. ● No message to strive for balance. 	*Note: no solutions related to this stakeholder were identified.
Organizational	<ul style="list-style-type: none"> ● Decline of family and neighborhood gardens. 	<ul style="list-style-type: none"> ● Provide clear, simple, consistent nutritional information in the community setting. ● Teach nutritional preparation through demonstrations of food in grocery stores. Similar to how home stores do. ● Teach people how to get nutritional value out of everyday foods.
Schools	<ul style="list-style-type: none"> ● Choices in vending machines and choices available during school are not healthy. Access is usually to unhealthy foods. ● Foods are used as awards. 	<ul style="list-style-type: none"> ● Add additional classes (i.e. culinary classes, life skills) in the school to address cooking and food issues. ● Educate parents during the PTA meeting to support healthier choices in the schools. ● If vending machines are in the school, provide healthy items in them. ● Incorporate the 9-A-Day campaign into the schools and bring a new food to taste that week. ● Provide clear, simple, consistent nutritional information in the school setting (i.e. during health classes). ● Schools needs to be monitored and held accountable.
Societal	<ul style="list-style-type: none"> ● Additives in foods: may be safe or unsafe. ● Availability of high calorie, low nutritional foods, snacks and fast foods. ● Cultural foods: like southern foods. ● Non-nutritional foods are cheaper. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Blue Ridge
Adolescent**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Governmental subsidy of high fat, high calorie foods (i.e. corn sweetener and related foods). 	<ul style="list-style-type: none"> ● Eliminate fast foods from being part of school lunch program. ● Higher tax for all you can eat buffets. Tax foods that are sold regularly in larger than normal portion size and have the burger tax for fast foods. Funds to be used to support schools in general and nutrition education. ● Legislators regulate portion size in restaurants. ● No more drive thru or else have tolls on drive thru. ● Nutrition hot line sponsored by government. ● Provide tax breaks for families that have a stay-at-home parent. ● Regulate what is considered small, medium or large.
Healthcare Providers	<ul style="list-style-type: none"> ● Do not have affordable nutrition services like meeting with dietitians. ● Methadone use gets in way of nutrition. ● Not educating that breastfeeding reduces overweight later. 	*Note: no solutions related to this stakeholder were identified.
Individuals and Families	<ul style="list-style-type: none"> ● Alternative drinks to water and milk are provided. ● Always being rewarded with food. ● Breakfast food choices that may be made are unhealthy or they are not getting breakfast. ● Don't have a balanced approach to weight control, healthy lifestyle and food choices. Need to stress moderation. ● Families not eating together. ● Family systems and ethnic groups may not support healthy choices. ● Foods that taste good are high in fat and sugar and are on sale. ● Grab and eat and buying in quantity lead to poor nutrition choices 	<ul style="list-style-type: none"> ● Encourage making appointments with family to have dinner together. ● Give alternatives that have lower fat content. ● Having convenient healthy foods available at home, school and other places. ● Make healthy foods fun and convenient. ● Parents and adolescents will learn how to buy the appropriate foods and how to eat appropriately.

CHAMPION Report Summary

**Blue Ridge
Adolescent**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Increased portion sizes. ● Increased use of electronics and increased use of snacks. ● Kids and people need to be less food focused and more activity focused without food. ● Lack of exercise gives more time for eating and having a sedentary lifestyle. ● Lack of motivation and discipline. ● Lack of parental supervision and high fat foods. ● Lack of quality meals at home because work and commitments leaves no time. Doesn't provide child with emphasis on what is good choice. ● Late night snacks; lots of options available all night. ● Lower socio-economic status of families. ● Not knowing how to eat properly for growing bodies. ● Parents not knowing what to cook and what healthy foods are. ● Peer pressure: when they try to eat healthy they get pressured not to. ● Popularity of fad diets. ● Some think that it costs a lot to eat healthy. ● Supplements, rather than food, used for increased athletic performance. ● Teen age self-esteem issues. ● This is the age of independence like being able to drive and use of food as social activity. ● Types of snacks have changed from carrots to chips. 	<p>*Note: solutions have been stated on previous page.</p>
Insurance Companies	<ul style="list-style-type: none"> ● Do not have affordable nutrition services like meeting with dietitians. 	<ul style="list-style-type: none"> ● Provide parents with incentives for making good choices such as insurance reductions for family making healthy choices.

CHAMPION Report Summary

**Blue Ridge
Adolescent**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	<ul style="list-style-type: none"> ● Ads in schools, TV, marketing and placement on shelves. ● Factories giving out free boxes of snack foods to teens. ● Foods that taste good are high in fat and sugar and are on sale. ● Increased portion sizes. ● Trends in restaurants that pressure schools to offer same items. For example, ranch dressing on everything. 	<ul style="list-style-type: none"> ● Encourage restaurants to provide pick-up meals that are healthy. ● Have magazines and other places that youth see (i.e. billboards) give information on appropriate sizes. ● Have supermarkets give valued customer cards that track healthy choices and provide discounts when healthy choices are made Soft drink companies will make diet sodas more available. ● Make healthy foods more economical than unhealthy foods. Put nutrition information on wrappers and cups. Limit the number of calories that can be included in a value meal. ● Marketing/advertising that shows good choices in similar way that fast food promotes their choices. This should be done by government just like the tobacco commercials. ● Recognize those restaurants that do offer healthy portion size and healthy choices. ● Restaurants, fast food and manufacturers will eliminate supersize options.
Organizational	<ul style="list-style-type: none"> ● *Note: no issues related to this stakeholder were identified. 	<ul style="list-style-type: none"> ● Assure availability of more healthy choices in general and in snack machines. Have real juice and water machines. ● Create convenient locations for picking up healthy foods. ● Develop guide for families to follow for preparing meals within certain calorie values; use shopping list, recipes, etc. ● Educate folks on what portion sizes should be. Start in schools and have fast food companies show what an appropriate portion is and compare to larger. ● Educate the public on what the calorie content really is. ● Give alternatives that have lower fat content. ● Having convenient healthy foods available at home, school and other places. ● Show how much exercise is needed to use up calories if chose foods from menu A versus menu B.

CHAMPION Report Summary

**Blue Ridge
Adolescent**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Weight management programs in community that teaches portion sizes.
Schools	<ul style="list-style-type: none"> ● Ads in schools, TV, marketing and placement on shelves. ● Alternative drinks to water and milk provided. ● Content of school programs are not nutritionally sound. ● Food as incentives during club days. ● Improper vending machine contents. ● Lack of nutrition education and wellness in schools. ● Long lines in school so there's not enough time to eat lunch. Kids going for quick fixes. ● School lunch program has a great pressure to be financially solvent. ● Trends in restaurants that pressure schools to offer same items. For example, ranch dressing on everything. ● Unhealthy food used as fund-raisers. 	<ul style="list-style-type: none"> ● Assure availability of more healthy choices in general and in snack machines. Have real juice and water machines. ● Charge more for high fat foods and supplement healthy choices in schools. ● Educate children/adolescents on what is a good choice in school settings. ● Educate folks on what portion sizes should be. Start in schools and have fast food companies show what an appropriate portion is and compare to larger. ● Educate parents (with brochure and other methods) by sending information home with students. ● Eliminate fast foods from being part of school lunch program. ● Give students extra credit for making healthy meals at home. ● Have schools provide nutritional counseling for parents and children. ● Having convenient healthy foods available at home, school and other places. ● Reduce plate size in school cafeteria. ● School menu choices are based on financiers, so we need a system that could be solvent without fast food types of foods. ● Tell health teachers to do workshops or demonstrations for parents and other adults. ● Work and family education teachers partnering with physical education teacher will teach nutrition instead of other areas to focus on how to make healthy meals and foods.

CHAMPION Report Summary

**Blue Ridge
Adolescent**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Societal	<ul style="list-style-type: none"> ● All you can eat buffets. ● Availability of high fat, high calorie convenience and fast foods ● Popularity of fad diets 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Blue Ridge
Adult & Senior**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	<ul style="list-style-type: none"> ● Eating plans that are 20 minutes. ● Healthy choices are not readily accessible. Lack of nutritional choices at meetings and places like Costco. ● Workplace environment does not support healthy eating habits. 	<ul style="list-style-type: none"> ● "Healthy Lunch Bunch" groups at work to stress healthy eating and support changes. ● Companies and businesses to provide on-site weight management or healthy eating support groups and the company pays the fee. ● Encourage and educate faith-based and employers to have healthy food covered dish. ● Encourage businesses to incorporate behavioral health components into their employee health programs. ● Encourage healthy options in vending machines. ● Increased support groups at workplaces. ● Insist on healthy snack options at conferences. ● Support by employers by offering healthy cafeteria options and healthy vending options.
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Conflicting reports from government and big business. ● Seniors have lack of transportation to stores. 	<ul style="list-style-type: none"> ● Centers for Disease Control and Prevention can ask restaurants to identify entrees which can be ordered as full meal or half meal and restaurant gets CDC plaque. ● Corporate tax cuts for downsizing portions. ● Encourage Healthy Virginians programs to have continual follow up that could be handled through workplace, hospitals, etc. ● Incentives for health insurance companies to cover psychological care for obese patients. ● Key community leaders that role model healthy behaviors and portion control. ● Legislate or govern the fast food market in regards to their portion sizes. ● Lobby to the Federal Drug Administration for suggestions on serving sizes and labeling. ● Provide food diaries online by the state.

CHAMPION Report Summary

**Blue Ridge
Adult & Senior**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Collaborative effort between university healthcare organizations and hospitals to provide educational seminars about alternative ways to deal with stress, frustration, grief, etc. ● Doctors need to refer patients to programs that can offer more in-depth programs. ● Have available affordable mental health services for people who eat for reasons other than hunger. ● Identify nutritionist or registered dietitian in area willing to give free classes about food choices, food guide pyramid or nutrition portions. ● Provide family physicians with brochures addressing this issue to give to obese patients. ● Work with health or medical communities to identify disturbed eating patterns and provide interventions.
Individuals and Families	<ul style="list-style-type: none"> ● Children or spouse are picky eaters and we don't want to make two meals. ● Decline in family meals and increase in non-traditional families. ● Eating out is the norm. ● Healthy food can taste bland. ● Lack of knowledge as to portion sizes. ● Large body size acceptance. ● Lost focus on overall health (i.e. rise of fad diets). ● Misconception that fast food takes less time. ● Not enough accountability and support to make the changes. ● Not understanding the basics of nutrition and metabolism, especially with the aging process. ● Nutrition knowledge is used out of context. ● Over the counter drugs are seen as a cure-all so people eat whatever they want and then use the drug. ● Over snacking and time of snacks. ● People aren't reading nutrition labels and some labels are misleading. 	<ul style="list-style-type: none"> ● Encourage community activities for socialization. ● Insist on healthy snack options at conferences. ● Offer outlets other than food. ● Promote buddy system when persons want to make change.

CHAMPION Report Summary

**Blue Ridge
Adult & Senior**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● People don't know how to cook or don't want to. ● People eat for reasons other than hunger and often sacrifice healthy food for convenience. ● We have lost focus on fruits and vegetables. 	*Note: Solutions were identified on the previous page.
Insurance Companies	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Cost of health insurance is based according to fitness level. ● Health insurance benefit or credit for having good weight. ● Insurance companies to cover cost of a preventive nutritional consult. ● Insurance companies will penalize people who are morbidly obese.
Media and Marketing	<ul style="list-style-type: none"> ● Conflicting reports from government and big business. ● Glamour of alcohol with meals. ● Locally grown healthy food is not available. Need bigger and better advertised Farmers' Markets. ● Nutrition knowledge is used out of context. ● Some nutrition labels are misleading. ● Too many junky choices in restaurants and stores. ● We learn our nutrition from the media. Constant mixed messages about nutrition. Bombardment of advertising and marketing of unhealthy foods. 	<ul style="list-style-type: none"> ● Develop and distribute health promotion programs, TV ads, etc. ● Discourage pig-out bars by offering less expensive meals on tables. ● Encourage further development of healthy choices by fast food restaurants. ● Encourage local stores, etc. to use a common sign to promote healthy choices (i.e. CHAMPION choices). ● Encourages local restaurants to make regular servings smaller. ● Media campaign encouraging family aspects of eating at home and getting everybody involved in preparing the meal. ● More media information on "you are what you eat". ● Newspapers to publicize fat and calorie content of local favorite restaurants. ● Provide marketing that provides message "eat and move feet". ● Public awareness tips to avoid snacking and/or recognizing eating habits. ● Public service announcement messages throughout community from state and local level providing data and statistics on risk of poor nutrition choices and provide listing of solutions.

CHAMPION Report Summary

**Blue Ridge
Adult & Senior**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	*Note: Issues were identified on previous page.	<ul style="list-style-type: none"> ● Public service announcements on nutrition education throughout community paid from state/local level. ● Public service announcements relating to non-hunger signals like anger, sadness, etc. ● Public service announcements that ask "can you really afford all you can eat?" ● Use public service announcements focusing on impact of overeating (i.e. risk of stroke, coronary artery disease, congestive heart failure, etc). ● Work to get local media onboard regarding the obesity problem in Blue Ridge.
Organizational	<ul style="list-style-type: none"> ● Healthy choices are not readily accessible. Lack of nutritional choices at meetings and places like Costco. ● Huge decrease in funding for Meals on Wheels that effect the quality of food. 	<ul style="list-style-type: none"> ● Community fundraising with healthy foods. ● Develop pamphlets of alternatives to mindless eating. ● Educate people on satiety levels. ● Educate the public that bigger is not always better. ● Encourage and educate faith-based and employers to have healthy food covered dish. ● Encourage faith-based communities to focus on stewardship of body resources. ● Encourage institutional change to provide healthy options in church and social settings. ● Encourage programs that include coaching, exercise, weigh-ins and journals. ● Give people simple and concrete examples of tasty and convenient alternative choices. ● Gyms need to add or partner with the programs that address reconditioned clients. ● Incentives and/or contests to take traditional recipes, etc. to churches (make CHAMPION recipes). ● Insist on healthy snack options at conferences. ● Provide calorie information as to how much exercise is needed to burn off certain foods. ● Provide healthy choice information for fast food. ● Provide low cost or free cooking classes. ● Use portion distortion concept with visuals at large community gatherings.

CHAMPION Report Summary

**Blue Ridge
Adult & Senior**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

		Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>	
Schools	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Collaborative effort between university healthcare organizations and hospitals to provide educational seminars about alternative ways to deal with stress, frustration, grief, etc. • Encourage healthy options in vending machines. 	
Societal	<ul style="list-style-type: none"> • Cultural acceptance and learned behavior say it is acceptable to eat a lot. All you can eat places give a “most for your money” and clean plate mentality. • In the southern culture, food is at every occasion. • There is no where to go for holistic information. • Unhealthy food is cheaper than fresh food and vegetables. 	*Note: no solutions related to this stakeholder were identified.	

CHAMPION Report Summary

**Blue Ridge
Infant/Preschool**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Childcare regulations prohibiting these snacks and drinks. • Enhance education funding and grants for those programs that reach this population. • Mandatory that prevention is a part of healthcare. • Regulate the amount of fat, sugar and calories that can be in a food portion. • Tax on junk food. • Teach healthier alternatives for parents through WIC, parenting classes, preschool programs, Head Start, Cooperative Extension, prenatal classes, etc.
Healthcare Providers	<ul style="list-style-type: none"> • Lack of information about nutrition during prenatal care. • Physicians not addressing unhealthy weight gain. 	<ul style="list-style-type: none"> • Educate about the actual content in these foods; show with visuals the amount of sugar in foods. • Educate about the results as it relates to obesity and dental caries. • Facilitate the doctor’s attempts to encourage healthy eating habits. • Have childhood body mass index chart and posters in the pediatric doctor and general practitioner exam rooms. • Have doctors chart body mass index or tracking it at each patient visit. • Have registered dietitians in the doctor’s office. • Meet with individual doctor's offices to help them realize the importance and influence of what they say to the patients regarding weight or not addressing weight at all. • Provide the physician’s offices with pre made materials so they are readily available. • Raising physician awareness for educating parents on feeding practices both before and after birth. • Share studies with physicians on the benefits of mentioning that the patient is overweight. • Sponsor a community health forum for health leaders to educate them on delivering a consistent message.

CHAMPION Report Summary

**Blue Ridge
Infant/Preschool**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Healthcare Providers	* Issues were identified on previous page.	<ul style="list-style-type: none"> ● Teach child nutrition and infant behavior related to feeding in prenatal classes. ● Teach healthier alternatives for parents through WIC, parenting classes, preschool programs, Head Start, Cooperative Extension, prenatal classes, etc.
Individuals and Families	<ul style="list-style-type: none"> ● Adult’s perception of appropriate portion sizes for children is skewed. ● Having high calorie, high sugar, high fat snacks and drinks. ● Lack of education of parents about healthy choices and appropriate feeding practices. ● Lack of parental respect and knowledge of children's internal cues regarding hunger and fullness. ● Misconception about the cost of healthy foods. ● Pacifying, comforting and rewarding with food. ● Parents allowing kids to control food choices. ● Parents don't cook but buy fast or convenience foods. ● Parents not accepting that their child is overweight or at-risk for overweight. ● Thought that unlimited amounts of healthy drinks are okay. 	*Note: no solutions related to this stakeholder were identified.
Insurance Companies	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Fine them (healthcare) for overweight patients to give them a reality check. ● Insurance will provide incentives for families with healthy body mass indexes (i.e. lower premiums). ● Make medicine less like a business so the doctor has more time with the patients. ● Nutrition education or referral to a registered dietitian or health educator is covered by insurance if there is a diagnosis of overweight.

CHAMPION Report Summary

**Blue Ridge
Infant/Preschool**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	<ul style="list-style-type: none"> • Advertisements geared to things other than healthy lifestyles. 	<ul style="list-style-type: none"> • Media campaign with high profile preschool celebrities on the importance of fruit, vegetables and water. • Negative ad campaign against soft drinks and junk food. • Promote ad campaigns during daytime TV. • Promote healthy snack and food ideas for parents in the local media. Have newspaper, public service announcements, newsletters, etc. with a weekly tip that's brief.
Organizational	<ul style="list-style-type: none"> • Poor role modeling by community leaders and churches at community events and gatherings. 	<ul style="list-style-type: none"> • Children's books that promote healthy and proper eating. • Community network to ensure everyone is giving the same message. • Educate about the actual content in these foods; show with visuals the amount of sugar in foods. • Educate about the results as it relates to obesity and dental caries. • Educate parents on the importance of drinking water. • Educating people on the importance of drinking more water. • Teach healthier alternatives for parents through WIC, parenting classes, preschool programs, Head Start, Cooperative Extension, prenatal classes, etc. • Work with faith-based and other community groups on healthier choices for their fellowship events.
Preschool and Childcare	<ul style="list-style-type: none"> • Preschool meals are not healthy, especially those that are associated with public schools. 	<ul style="list-style-type: none"> • Have healthier choices for daycare workers (i.e. vending machine choices) so they will be better role models. • Teach healthier alternatives for parents through WIC, parenting classes, preschool programs, Head Start, Cooperative Extension, prenatal classes, etc.
Societal	<ul style="list-style-type: none"> • High cost of healthy foods. It's cheaper to buy unhealthy foods. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Blue Ridge
School Age**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Get outside sources (business and healthcare facilities) to introduce and fund programs to teach children and parents about nutrition.
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Child nutrition programs are under funded. 	<ul style="list-style-type: none"> ● Require businesses to provide nutrition information about the products they sell.
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Get outside sources (business and healthcare facilities) to introduce and fund programs to teach children and parents about nutrition.
Individuals and Families	<ul style="list-style-type: none"> ● It is more acceptable to be large. ● Parents allow children to make the choice. ● Personal responsibility. ● Poor family time management and lack of family meals. ● Skipping meals. 	<ul style="list-style-type: none"> ● Teach children to eat when hungry and stop when full.
Insurance Companies	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Health insurance premiums tied to prevention activities as an incentive to participate in nutrition education.
Media and Marketing	<ul style="list-style-type: none"> ● Children's menu choices are very limited when eating out. ● Portion sizes are too big and plates are much larger now. A lot of restaurants are all you can eat or buffet style. ● TV commercials are not showing healthy foods. 	<ul style="list-style-type: none"> ● Create a nutrition newsletter patterned after James Madison University's "Potty Mouth". ● Have Virginia Department of Health make public service announcements to teach about portion size. ● Shelf labeling for grocery store products will indicate nutritious products (i.e. stickers like used for WIC).
Organizational	<ul style="list-style-type: none"> ● Lack of nutrition education in the community. 	<ul style="list-style-type: none"> ● Create and sell calendars that have healthy monthly tips with coupons in the back from local vendors. ● Educate business owners about the risks of childhood obesity and its impact on the life span of children. ● Labeling for vending machine products to indicate nutritious products (i.e. stickers like used for WIC).

CHAMPION Report Summary

**Blue Ridge
School Age**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Nutrition	
	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: issues have been stated on previous page.	<ul style="list-style-type: none"> ● Speak to businesses about offering smaller portion sizes.
Schools	<ul style="list-style-type: none"> ● Food is used as awards in the school system. ● Lack of nutrition education in school. ● Meal and snack scheduling in school. ● School lunches, after school snacks and vending machine choices are limited and do not offer healthy options. 	<ul style="list-style-type: none"> ● Develop a curriculum to teach nutrition to children K-5 and require it to be tied to core Standards of Learning. ● Encourage school food service involvement. ● Send activities home for the parents and children to do together.
Societal	<ul style="list-style-type: none"> ● Community behavior where it is more acceptable to eat everywhere (i.e. in the car, etc.). ● Cost of healthy food. Less nutritious food is more affordable and has longer shelf life. ● Food is available everywhere. ● Fast food, convenience foods or processed foods are easier. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Blue Ridge
Young Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Captivate the age group through media, employers and schools. Make a blitz similar to tobacco, seat belt, drunk driving campaigns and "shock impact", with a state-wide media campaign using billboards, radio, TV, print, etc. ● Worksite wellness programs with health insurance and government incentives and awards to encourage participation.
Government: Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Mandated nutrition and physical education K through 12. ● Mandatory college level personal health and nutrition class prior to graduation. ● Mandatory nutrition education being partnered with WIC, food stamp and other government programs. ● Mandatory nutritional education for high school students transitioning straight into the work force. ● Worksite wellness programs with health insurance and government incentives and awards to encourage participation.
Individuals and Families	<ul style="list-style-type: none"> ● Bad habits including weight loss and family goals that are centered around food as a reward. ● Cost of foods determines choice. ● Fad diets have an interest on weight rather than nutrition. ● Fast paced lifestyle, no time to prepare meals. ● Interpretation of values (work versus family) is skewed. ● Lack of basic awareness of nutrition. ● Lack of family support and coordination. ● Lack of food resource management. ● Language barrier or inability to read; culture issues. ● No education at an early age through school systems or at home. Need something similar to "adopt a highway". ● No education. ● No portion control; everything is too big. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Blue Ridge
Young Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Parents working different shifts so there's no set meal times. No set time for meals so they snack late at night. ● People don't realize how many calories they are consuming. ● People giving and taking care of others and not themselves. ● People want quick shortcuts to the goals. ● Poor eating habits in general. ● Preparing meals is not a priority. ● Today's lifestyle has people stopping to pick up meals rather than prepare meals. ● Transition from teens to adulthood and lack of education. No longer having food prepared for you. ● Unbalanced diets. ● Working multiple jobs has people eating in between jobs at convenience stores. ● Young adults do what their parents did as far as eating habits. ● Young parents don't know how to cook. 	<p>*Note: no solutions related to this stakeholder were identified.</p>
Insurance Companies	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> ● Worksite wellness programs with health insurance and government incentives and awards to encourage participation.
Media and Marketing	<ul style="list-style-type: none"> ● Food trends that are being marketed. Overabundance of fast food restaurants. ● Inaccurate marketing messages in media. ● Lack of promotion and accessibility of existing programs. ● Media influence (inaccurate verses accurate). ● Misleading labels and lack of education about reading labels. 	<ul style="list-style-type: none"> ● Captivate the age group through media, employers and schools. Make a blitz similar to tobacco, seat belt, drunk driving campaigns and "shock impact", with a state-wide media campaign using billboards, radio, TV, print, etc. ● Let there be truth in advertising (i.e. sugar versus carbohydrates) and teach what to look for.

CHAMPION Report Summary

**Blue Ridge
Young Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	<ul style="list-style-type: none"> • Food banks have junk food. • Lack of availability of fresh foods in local stores in rural locations. 	<ul style="list-style-type: none"> • Compile a list of websites, recipe books and grocery store bulletin boards with simple recipes and shopping lists that encourage healthy eating. • Nutrition education materials targeted at faith and community-based organizations.
Schools	<ul style="list-style-type: none"> • No education at an early age through school systems or at home (need something similar to "adopt a highway"). 	<ul style="list-style-type: none"> • Captivate the age group through media, employers and schools. Make a blitz similar to tobacco, seat belt, drunk driving campaigns and "shock impact", with a state-wide media campaign using billboards, radio, TV, print, etc. • Use colleges in the area to provide educational opportunities to local entities (faith-based, food kitchens, etc.) where students get credit for participation while promoting healthy behaviors.
Societal	<ul style="list-style-type: none"> • Convenience foods are cheaper and easier to obtain. • High cost of fresh fruits and vegetables. • Resources are not available. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Central Virginia
Adolescent**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder, and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	<ul style="list-style-type: none"> • Lack of government involvement in regulating certain things such as legislating what must be offered in schools, etc. 	<ul style="list-style-type: none"> • Create new partnerships with Virginia Cooperative Extension and WIC to reinforce nutrition education to parents. • Make it a responsibility of the health advisory to act as a clearinghouse to form partnerships with other community resources and distribute health information. • Teach kids how to read food labels by educating them in health classes, home economics, on lunch menus, Virginia Cooperative Extension and grocery stores.
Individuals and Families	<ul style="list-style-type: none"> • Adolescents are preparing their own meals using convenience of processed foods. • Children do not care. • Drinking soda versus water. • Eating due to emotional components like boredom, socializing, happy, etc. • Family meal time versus dining out affects caloric intake. • Financial resources and economic issues. • Food choices that are available to the adolescent in their environment (i.e. vending machines, etc.) are not healthy. • Forced to eat what their parents buy. • Lack of information on “how your body works” ultimately leading to metabolic syndrome or pre-diabetes. • Lack of thankfulness for food. We take it for granted because it is in abundance. • No parental involvement or guidance. • Not balancing time and activities and food choices. • Poor nutrition habits of adult role models. • Skipping meals. • Trendy ideas like it’s cool to eat french fries, eat out, etc. but it’s not cool to carry lunch affect their choices. • Unaware of long term health implications. 	<ul style="list-style-type: none"> • Encourage parents to make meals in advance so the child can heat up through the week. • Have children develop a healthy menu.

CHAMPION Report Summary

**Central Virginia
Adolescent**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder, and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media & Marketing	<ul style="list-style-type: none"> • Fast food choices • Media and advertising do not promote healthy food. Free coupons to fast food. • Mixed messages make it too complicated. 	<ul style="list-style-type: none"> • Campaign with food and beverage distributors to educate on appropriate nutrition by using a spokesperson that children can relate too. • Food and beverage establishments to create a campaign promoting healthy food and vegetables. • Get grocery stores to give workshops, messages and/or information on nutrition. • Grocery stores to advertise already prepared foods that are healthier than others by providing a list of items. • Have a media campaign on MTV or other popular TV shows, radio stations and/or magazines. Promote like the “Wrap It Up” campaign. • Have a media campaign to teach quick and easy meals. • Promote media campaigns.
Organizational	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> • Create focus group with parents on nutrition education. • Lobby to make nutrition education a required course. • Make resources about healthy fast food options more available through newsletters and health committees. • Make studies on grades versus healthy eating better known. • Offer healthy food at sporting events, dances, plays, etc. • Promote the resources that are already available (i.e. Dole, National Dairy Council, etc.) to aid the parents in making better choices. • Provide venues for children to eat healthy food when the parents are not home (i.e. churches, boys and girls club, etc.). • Sponsor a contest with parents offering incentives (i.e. movie tickets, etc.). Contests could include coming up with a nutritious menu or a nutritious “cook-off”. • Sponsor field trips to the grocery store. • Teach kids how to read food labels by educating them in health classes, home economics, on lunch menus, Virginia Cooperative Extension and grocery stores.

CHAMPION Report Summary

Central Virginia

Adolescent

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder, and determinant. These are not meant to match on a one-to-one relationship.

		Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>	
Schools	<ul style="list-style-type: none"> • Food choices that are available to the adolescent in their environment (i.e. vending machines, etc.) are not healthy. • Lack of nutrition education. • Poor nutritional choices offered in the school. 	<ul style="list-style-type: none"> • Educate the parents through PTA nights, lunch menus, report cards, websites, newsletters, at the parents' work e-mail, etc. • Have a "bring your parents to lunch day" and educate them on what the best choices are. • Have a nutrition day and invite Virginia Cooperative Extension, WIC, Pepsi and Coke to come in during the school day. • Have food and beverage companies offer coupons for healthy alternatives through competitions in school (reading program, sporting events, etc). • Offer healthy food at sporting events, dances, plays, etc. • Teach kids how to read food labels by educating them in health classes, home economics, on lunch menus, Virginia Cooperative Extension and grocery stores. • Teach parents through the PTA on how to do quick and easy cooking. • Workshops for parents funded by the schools. 	
Societal	<ul style="list-style-type: none"> • Cultural eating like cooking fried chicken, fat back, etc. • Increase in buffet style restaurants and portion sizes. 	*Note: no solutions related to this stakeholder were identified.	

CHAMPION Report Summary

**Central Virginia
Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	<ul style="list-style-type: none"> • Free food that is offered at meetings, events and is given away are often unhealthy foods. • Vending machines have unhealthy choices. • Workplace menus are not healthy. Very little healthy foods to choose from. 	<ul style="list-style-type: none"> • Identify healthy foods of the month and provide education on how to cook the foods, nutritional value of foods, etc. Provide this education on web pages, coupon books and paycheck stuffers.
Government: Local/State/Federal	<ul style="list-style-type: none"> • Confusing federal guidelines. • Government incentives are not applicable for helping with cost of fruits and vegetables. • Government subsidizes are for corn, flour, sugar, etc. instead of fruit and vegetables. Incentives are for poor food choices. 	<ul style="list-style-type: none"> • Establish a state-wide tool kit. • Government agencies, hospitals and others will partner and make a collaborative effort. • Government agencies will provide educational tools and empower people. • The Division of WIC and Community Nutrition Services will provide resources to minimize the dependency on fast food (i.e. time management, easy healthy recipes, stocking your kitchen, pantry for success, displays in stores for quick healthy meals, etc.).
Healthcare Providers	<ul style="list-style-type: none"> • Doctors don't promote nutritional counseling. Food addiction is not really seen as a disease. No money to support nutrition counseling, in-house programs, rehabilitation, etc. 	<ul style="list-style-type: none"> • Connect people with the right resources (i.e. Overeaters Anonymous). • Develop support groups in targeted communities using lay health advisors. • Government agencies, hospitals and others will partner and make a collaborative effort. • In addition to giving prescriptions, collaborate with nutrition experts and professionals to develop nutritional plans. • Utilize lay health advisors through church parishes, nurses, community organizations and others who are trained by healthcare providers to use a standard 'tool kit' to distribute accurate nutrition information and encourage appropriate nutrition behaviors.
Individual and Families	<ul style="list-style-type: none"> • Consumers are misinformed about nutrition values. • Family customs either ethnic or cultural may not support good nutrition. • Food as a reward. • Food used as coping mechanism. Self-esteem issues often tied to weight; defeated attitude. 	<p>*Note: no solutions related to this stakeholder were identified.</p>

CHAMPION Report Summary

**Central Virginia
Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individual and Families	<ul style="list-style-type: none"> ● Genes, syndromes, disorders and certain medicines may influence body weight status ● Lack of accurate nutritional knowledge. ● Limited financial resources; healthy foods are considered expensive. ● Problems with little time; busy lifestyle; fast pace. People look for easy meals, eating on the go, no one to prepare dinner. ● Rollercoaster dieting concept. ● Unhealthy patterns formed in childhood. 	*Note: no solutions related to this stakeholder were identified.
Insurance Companies	<ul style="list-style-type: none"> ● No or low reimbursements for dietetic consults. 	*Note: no solutions related to this stakeholder were identified.
Media & Marketing	<ul style="list-style-type: none"> ● Consumers are misinformed about nutrition values. ● False experts providing false guidance. ● Fast food places and convenience foods are super sizing items. ● Media bombards us with unhealthy food choices. ● Media distorts body image about what is healthy, etc. 	<ul style="list-style-type: none"> ● Develop a media campaign geared at giving people accurate information and use all media outlets. ● Develop a social marketing campaign geared to move people from pre-contemplation or contemplation to planning and action. Giving them info on where to get further information (website, phone, etc). ● Implement a grading system for healthy fast food options and make it a public display (i.e. “Star” system for healthy items on the menu). ● Make people aware of the problem by creating a media campaign that addresses emotional eating and use personal testimony.
Organizational	<ul style="list-style-type: none"> ● Free food that is offered at meeting and events and given away are often unhealthy foods. ● Programs are often weight loss focused rather than focused on maintenance and lifestyle changes. 	<ul style="list-style-type: none"> ● Educate communities about different resources. ● Government agencies, hospitals and others will partner and make a collaborative effort. ● Identify healthy foods of the month and provide education on how to cook the foods, nutritional value of foods, etc. Provide this education on web pages, coupon books and paycheck stuffers.
Societal	<ul style="list-style-type: none"> ● Buffets where there is so much food for little money causes people to overeat. ● Food as a social element; social activities are often food based. ● Many choices, our culture is commerce based. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Central Virginia
Infant/ Preschool**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employer	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Companies would allow employees to plant vegetable gardens, neighborhood gardens, etc. ● Employee work profile should include classes. Give literature and presentation for parents and providers. ● Employers work with fitness centers to get more discounts for employees. ● Encourage large companies that employ working families to offer reduced cost personal shops as a benefit. ● Partner with area employers to give information about child health and parent behavior. ● Start employee wellness programs with cash incentives.
Government: Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Discount or subsidize healthy convenience foods. ● Federal and state income tax money back for stay-at-home parents. ● Luxury tax on non-healthy foods. ● No tax on healthy foods. ● Require in-depth parent education classes for everyone during high school, general education requirements and home school. ● State initiative giving vouchers for working parents (Dole, Purdue, etc).
Healthcare Providers	<ul style="list-style-type: none"> ● Pediatricians not suggesting current recommendations. 	<ul style="list-style-type: none"> ● Childbirth and newborn classes will teach about healthy diet. ● Educate physicians, doctors and psychologists on importance so that they can relate information to parents. ● Health classes at pediatrician’s office.
Individuals and Families	<ul style="list-style-type: none"> ● Access to nutritionally low quality snack foods. ● Age of parents. For example, younger parents are eating junk food and thus children eat the same. 	<ul style="list-style-type: none"> ● Consolation for parents of preschoolers. ● Encourage time management planning. ● Family health challenge.

CHAMPION Report Summary

**Central Virginia
Infant/ Preschool**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> • Bad habits start early and are hard to break. • Eating in front of TV. • Eating out too much. • Family traditions around holidays and social activity. • Genetics. • Increased sweet drink consumption. • Lack of ability to understand food labels and what are trans fats. • Lack of knowledge or understanding on the importance of a healthy diet. • Lack of understanding of early diet’s effect on long term health. • Late feeding or feeding at bedtime. • Low fruit and vegetable consumption. • Misunderstanding the ‘value’ of healthy foods. • No planned meals. • Pairing food with activity and emotions. • Parents allow children to make food choices. • Parents are more financially able to buy certain high-calorie, fat foods than in the past. • Parents don’t know how to cook. • Parents not being good role models. • Parents unable to recognize hunger cues. • Poor parenting: pacifying with sugar. • Portion sizes for children are incorrect. • Thinking there are boy foods versus girl foods. • Time involved in preparing healthy meals keeps some from cooking. • Using food for behavior modification as in “be good and you’ll get candy”. • Using formula versus breastfeeding. • Working parents have busy schedules. Use fast food fix and eat on the run 	<ul style="list-style-type: none"> • Get infant and toddler to create foods using locks and puzzles. • Remind parents that children do what they see, not what parents say.

CHAMPION Report Summary

**Central Virginia
Infant/ Preschool**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Insurance	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Discount on medical insurance if you follow a strict protocol plan. ● Fund registered dietitians at childcare facilities. ● Incentives on insurance if you are healthy. ● Mandatory home visiting for all new mothers.
Media & Marketing	<ul style="list-style-type: none"> ● Confusing nutrition information. ● Grocery store layout pushes people toward the unhealthy choices. ● Marketing of unhealthy foods; especially bright, sugary cereals. 	<ul style="list-style-type: none"> ● Fast foods chains that focus on health foods. ● Media campaign on buses, flyers, posters, TV, radio, etc. ● National campaign: ‘Super Size Me’. ● Offer healthy choices in fast food establishments. ● Place copies of My Pyramid in grocery stores. ● Promote cooking shows on Nickelodeon, etc. for kids. ● Social marketing campaign. ● Try to get the parent’s role models (actors, etc.) to promote healthy eating. ● Use well known celebrities on commercials. ● Utilize ad campaigns on TV, radio, posters, flyers, city buses, etc.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Childbirth and newborn classes will teach about healthy diet. ● Classes once a month or more for cooking. ● Cooking classes to teach families to make and store multiple meals. ● Create library learning boxes with activities to do with kids. ● Design cookbooks for parents to teach children to make healthy snacks sent home from school. ● Educate parents on making healthy choices for menu, My Pyramid, etc. through

CHAMPION Report Summary

**Central Virginia
Infant/ Preschool**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● schools, childcare, churches, health fairs, etc. ● Educate parents on what a good role model is. ● Educational material about calorie intakes and fast food. ● Make a mascot for healthy food. ● Offer prepackaged family size healthy meals and allow people to call ahead. ● Parent report card (weight changes and foods) with notice, structure and reward. ● Parents get discounts from area restaurants. ● Partner with area employers to give information about child health and parent behavior. ● Provide free cooking classes. ● Public acknowledgement of parents who are active. ● Teach about eating healthy and reading labels. ● Use translators as part of health fairs, presentations, literature, etc.
Preschool & Childcare	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Educate parents on making healthy choices for menu, My Pyramid, etc. through schools, childcare, churches, health fairs, etc. ● Teach preschoolers at an early age so they can relate information to parents.
Schools	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Educate parents on making healthy choices for menu, My Pyramid, etc. through schools, childcare, churches, health fairs, etc. ● Provide meal planning and tips pamphlet with lunch menu that gets sent home from school.

CHAMPION Report Summary

**Central Virginia
Infant/ Preschool**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Societal	<ul style="list-style-type: none"> • Convenience of prepackaged high-calories foods. • Healthy foods can cost more. • Southern style cooking. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Central Virginia
School Age**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

		Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>	
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Encourage flexible schedules. ● Have a 35 hour work week. 	
Government: State/Local/Federal	<ul style="list-style-type: none"> ● Funding for school meals is insufficient. 	<ul style="list-style-type: none"> ● Department of Education will mandate and fund the testing of the nutritional part of the health education curriculum to parents and students. ● Greater marketing for fruits and vegetables including expanding the Farmers' Market programs. ● Have a 35 hour work week. ● Have an educational program as part of bring your parent to school program and have the Governor endorse it. ● Market healthier choices for prepared and processed foods and provide tax credits for companies who do that. ● Put warning labels on some ads and foods. ● Reinstitution of home economics for all students that focuses on food safety and preparation. ● The state will develop and provide a cookbook to educate all parents how to cook quick nutritious meals. Virginia Cooperative Extension and Department of Health will take the lead. ● United States Department of Agriculture will put out ads showing a nutritional, healthy diet. 	
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Educate physicians on nutrition as it relates to chronic disease in children. ● Target prenatal clinics with nutritional information. 	
Individuals and Families	<ul style="list-style-type: none"> ● A lot of children do not eat three meals a day. For some the only meal eaten is the one at school. Many are skipping breakfast. ● Because of busy schedules people are eating late and going to bed with full stomach. 	<ul style="list-style-type: none"> ● Have children do research and learn to analyze what is said in ads to see how they are marketed to by companies. 	

CHAMPION Report Summary

**Central Virginia
School Age**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

		Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>	
Individuals and Families	<ul style="list-style-type: none"> ● Busy lifestyle for parents leads to use of fast or pre-prepared foods. ● Cultural and ethnic influences on food choices. ● Eating disorders. ● Food choices at school are not eaten by children so they overeat when they get home. ● Genetics. ● Giving adult portion sizes to children and telling them they have to eat it all. ● Healthy alternatives not readily available; people are eating what is available to them. ● Increased consumption of empty calories such as drinks. ● Kids demanding certain foods for meals and parents who can't say no. ● Lack of dental care and increase in dental caries. ● Lack of parents' knowledge of nutritional value of food and how it contributes to chronic disease. ● Lack of structured family meals. ● Lack of will power. ● Latch key kids don't get supervised snacks. ● Not encouraging children to try new food and offering unhealthy choices for snacks. ● Overeating due to things being supersized. ● Overindulgence because manufacturers have made more choices. ● Parents don't have basic home economics skills. ● Parents not aware that medical conditions that affect adults can also affect children. ● Parents not setting good example. ● Peer pressure. ● People don't know that the home cooked meal is cheaper than a sandwich and drink at the fast food store 	*Note: solutions were stated on previous page.	

CHAMPION Report Summary

**Central Virginia
School Age**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Side effects of medications. ● Too much snacking; junk food at all activities; having unlimited access to food all day. ● Unhealthy lunch boxes coming from home. ● Use of food as rewards and punishment by adults (parents, teachers, coaches). ● Use of processed foods and not enough fresh fruits and vegetables. ● What’s in the pocketbooks and what can they afford when shopping. The high cost of healthy foods hurts some people. 	*Note: solutions were stated on previous page.
Media & Marketing	<ul style="list-style-type: none"> ● Conflicting and confusing information in media about food’s impact. ● Flavor profile of food is getting more sweet or salty. ● TV ads geared to children. ● Media glamorized and marketing such as placement of items in stores that encourages unhealthy choices. 	<ul style="list-style-type: none"> ● Food manufacturers of good and healthy foods should sponsor movies or ads with well known entertainers eating healthy food. ● Greater marketing for fruits and vegetables including expanding the Farmers’ Market programs. ● Have pamphlets with information at grocery stores and fast food establishments. ● Market healthier choices for prepared and processed foods. ● Put information in teen magazines, radio, etc. promoting good choices. ● Put money into TV ads that tell why not to eat unhealthy foods. ● Put nutritional information in ads on TV, magazines, etc. ● Put programs on TV during cartoons and sitcoms about obesity and healthy ways to eat. ● Record industry should come up with a “boy band” that is promoting good food choices. ● Stronger marketing of healthier choices on children’s channels.

CHAMPION Report Summary

**Central Virginia
School Age**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

		Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>	
Organizational	<ul style="list-style-type: none"> • Use of food as rewards and punishment by adults (parents, teachers, coaches). 	<ul style="list-style-type: none"> • Challenge manufacturers and stockholders to get the sweet stuff out of cereals. • Encourage farmers to go back to growing more fruits and vegetables. • Farmers’ Markets have flyers with information. • Partnering with farms and community agencies, schools, etc. that teach where foods come from. • Provide childcare support at school for early morning hours so parents can go in earlier. • Provide nutritional education through a well developed medium and make it seem appealing for the audience. • Provide state-wide education on good choices at fast food places. • Provide state-wide education on the connection between nutrition and disease using Virginia data. • Provide workshops that include case studies of “worse case” situations of poor nutrition and chronic disease. Include a shock value marketing program and include financial impact of poor nutrition. 	
Schools	<ul style="list-style-type: none"> • Food choices in schools • Fundraisers in schools such as candy instead of non-food items. • Lack of policy and lack of training on nutritional standards in schools. Need enforcement throughout schools. • Not encouraging children to try new food and offering unhealthy choices for snacks. • Not enough time to eat at school. • Students get mixed messages in schools about nutrition. • Use of food as rewards and punishment by adults (parents, teachers, coaches). 	<ul style="list-style-type: none"> • Conduct grocery store tours with children beginning at 5th grade to teach marketing techniques. • Food service at school will provide a health and wellness fair for the community and parents. • Have schools make carry home dinners. • Monthly menus that go out from schools should include nutritional information. • Nutrition education for parents, teachers and students. • Partnering with farms and community agencies, schools, etc. that teach where foods come from. 	

CHAMPION Report Summary

**Central Virginia
School Age**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Schools	<ul style="list-style-type: none"> • Vending machines contracts in schools, which produce extra income. 	*Note: solutions were identified on previous page.
Societal	<ul style="list-style-type: none"> • Society thinks that vitamins and medicines can cure everything. • Some food additives cause addictions. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Central Virginia
Senior**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: State/Local/Federal	<ul style="list-style-type: none"> ● Welfare is not helping. It is more about money and power. 	<ul style="list-style-type: none"> ● Change the laws for food processing and handling, to improve the quality of the final product (reduce chemicals in preservatives, steroids in chickens and beef).
Healthcare Providers	<ul style="list-style-type: none"> ● Culture, media and doctors give no incentive for people to stay healthy until they get sick (heart attack, diabetic, etc). ● Doctors are going away from senior care for more lucrative areas such as low insurance reimbursements. ● Doctors don't teach preventative medicine and nutrition. ● Institutional nutrition, like at assisted living facilities, etc., have a lack of staff and lack of regulations regarding nutrition. 	<ul style="list-style-type: none"> ● Educate and utilize registered dietitians to inform people on where to go for accurate, verified and authoritative information on nutrition for chronic conditions and the benefits and risks of fads and crash diets. ● Educate healthcare professionals on preventive nutrition. ● Educational campaign to doctors emphasizing the importance of proper nutrition. ● Encourage education on obesity and the problems that it causes. ● Healthcare providers to give out general nutrition guidelines and resource information to older adults during visits. ● Work with the major grocery stores' dietitians to provide information on eating healthy (brochures, lectures, tours of the stores). ● Working with pharmacists on how medication affects nutrition.
Individuals and Families	<ul style="list-style-type: none"> ● Aging causes lost sense of smell and taste. ● Attending covered dishes and pot-luck dinners; micro-culture that doesn't practice healthy eating. ● Convenience and practicality; living alone makes it more difficult to prepare. Looking at what is easiest and most simple to prepare. ● Demographics, like not having a safe neighborhood, and unable to get to where healthy food is available. ● Eating out and not cooking at home anymore causes more people to become obese. ● Environment and living conditions. ● Lack of financial resources. 	<ul style="list-style-type: none"> ● Encourage individuals to reduce going to fast food restaurants by two times per week. ● Try to pair up and find a partner to help with living healthier and adjust your attitude.

CHAMPION Report Summary

**Central Virginia
Senior**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Lack of money forces people to look for what is cheapest, not what is healthiest. ● Low income and perception that healthy food is more expensive. ● Needing assistance. ● No education on topics. ● Not educated on nutrition. ● Not wanting to feel deprived, due to lack of having things in youth, effects post-depression and depression era seniors' choices. ● Physical disability and inability. ● Physical health and chronic conditions affecting what people can eat. The medications they take can affect their ability to digest and absorb food. ● Poor attitude (motivation, discipline, apathy, acceptance). ● Poor physical health. ● Satisfaction with being overweight and being encouraged to remain as they are. People think: "fat is beautiful", "accept us as we are", "why are you trying to change us". ● Seeing food as a companion to depression and social isolation. ● Unable to prepare own food; purchasing pre-prepared and convenience foods. 	<p>*Note: Solutions were stated on previous page.</p>
Media & Marketing	<ul style="list-style-type: none"> ● Culture, media and doctors give no incentive for people to stay healthy until they get sick (heart attack, diabetic, etc). ● Diet industry markets books and infomercials. They encourage taking diet products and diet plans that are not healthy. ● Food processing adds chemicals (i.e. additives and preservatives), sugar and salt. ● Grocery stores pushing fast and convenience foods. ● Media reinforcing the concept of larger portions and also loneliness. ● Poor choices in restaurants. 	<ul style="list-style-type: none"> ● Convenience stores to have healthy foods in the "impulse buy" sections. ● Develop a public relation campaign with local organizations to educate on the importance of Meals on Wheels and provide more nutritional snacks and meals. ● Develop healthy convenience foods. ● Reinstigate "an apple a day keeps the doctor away" slogan. ● Restaurant associations to provide smaller portions and healthier meal selections. ● Use the media to educate seniors about nutrition..

CHAMPION Report Summary

**Central Virginia
Senior**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media & Marketing	<ul style="list-style-type: none"> ● Offerings in vending machines. ● Restaurants unwilling to make healthy substitutes on menu. 	<ul style="list-style-type: none"> ● Fast food restaurants will emphasize healthy portions sizes rather than super sizes. ● Grocery stores will provide samples of healthy foods.
Organizational	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> ● Conduct cooking classes for men. ● Door to door senior adult food cooperative of fresh fruits, vegetables and grains (similar to Meals on Wheels). ● Educate facilities on providing more nutritional meals that are enjoyable, pleasurable and appealing. ● Educate individuals from different cultures on healthy options and how to make more nutritional meals. ● Educate people on obesity and the effects on the physical health. ● Encourage place of worship to offer options other than doughnuts and deserts. Have more nutritional foods at social gatherings. ● Hold a senior adult community wellness challenge to get active, provide t-shirts, prizes, etc. (i.e. walkathon, etc.). ● Information on dangers of obesity and portion control. ● Promote to the public the use and benefits of organic foods. ● Work with local groups to educate people on what foods can be eaten if people have chronic conditions. ● Work with vending machine companies to provide healthier selections.
Societal	<ul style="list-style-type: none"> ● Culture, media and doctors give no incentive for people to stay healthy until they get sick (heart attack, diabetic, etc). ● Cultural perception that “bigger is better,” think that being skinny might not be healthy. ● Fast food industry. 	<ul style="list-style-type: none"> ● Culturally specific positive role models.

CHAMPION Report Summary

**Central Virginia
Young Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Limit vending machine choices to healthier choices. ● Provide very specific food and nutrition education programs (i.e. home economics skills) to school and work environments.
Government: State/Local/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Mandate that insurance companies are liable for getting nutrition and physical activity information out to their clients.
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Develop a partnership between healthcare providers and the restaurant industry that will yield advertising for restaurants in exchange for more healthy food choices offered to clients.
Individuals and Families	<ul style="list-style-type: none"> ● Eating out mentality. ● Fad diets lead to quick loss and quick gain. ● Lack of desire to change. ● Lack of education of popular diets causing manipulation of weight loss (Atkins diet). ● Lack of knowledge of nutritional content of foods. ● Lack of parental and community involvement. ● Less nutritional meals at home. ● Not being accountable for number of calories needed for resting metabolic rate and activity level. ● People do not understand that it's important to look at food and exercise together. ● Perception that healthy foods taste bad. ● Structured meals are obsolete. People eat anytime and anywhere. ● They prefer convenience foods and drinks with higher calories, fat and sugar. ● Too much fast food. ● TV and video time leads to snacking. ● Using food as a crutch. ● Using food as a reward. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

**Central Virginia
Young Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media & Marketing	<ul style="list-style-type: none"> • Advertising traps for junk and fast foods. • False advertising claims on weight loss products. Endorsements from celebrities. • Misleading nutritional labeling. 	<ul style="list-style-type: none"> • Corporations that are producing convenience foods to produce better nutritional choices for younger consumers. • Create and/or utilize “If You Can’t Read It, Don’t Eat It!” campaign to increase simplified labeling. • Create or utilize a “Just Say No to Super Sizing” campaign. • Develop a partnership between healthcare providers and the restaurant industry that will yield advertising for restaurants in exchange for more healthy food choices offered to clients. • Encourage fast food restaurants to provide literature on healthy food choices that they serve and make it as apparent as the more popular choices. • Establish an award system for the fast food company that offers healthier fast food choices and also promotes those choices. • Have nutritional labeling placed beside the picture of the food where fast foods and convenience foods are sold. • More simplified labeling on packages (i.e. red light, green light foods). • Place fast food sponsored nutritional kiosks in malls that promote nutrition education and the improvement of nutritional choices. • Put educational booths in local malls that show the nutritional values of fast foods and compare them with healthy foods. The booths can also hand out samples. • Put negative aspects of super sizing on the TV. This is considered confrontational advertising. • Specialty food items (i.e. low carbohydrate, low fat) that are used in fad diets should provide comprehensive nutrition labeling. • Utilize public service announcements.
Organizational	<ul style="list-style-type: none"> • Lack of nutritional programs. 	<ul style="list-style-type: none"> • Educate the public on the problems associated with convenience foods. • Form partnerships with fast food companies to discuss nutrition issues of fast foods.

CHAMPION Report Summary

**Central Virginia
Young Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: issues were identified on previous page.	<ul style="list-style-type: none"> ● Go into the communities and provide information about good nutrition and the importance of it. ● Partner with community service groups to promote healthy living (i.e. Jaycees, fraternities, sororities, etc.).
School	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Limit vending machine choices to healthier choices. ● Provide very specific food and nutrition education programs (i.e. Home Economics skills) to school and work environments. ● Schools to provide “Back to Basics Home Economics” courses.

CHAMPION Report Summary

Northern Virginia Adolescent

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government : Local/State/Federal	<ul style="list-style-type: none"> ● Confusing messages from the government on what to eat for a proper diet. 	<ul style="list-style-type: none"> ● Requires food corporations to incorporate information on healthy eating. ● Mandate school cafeterias to reduce plate size and monitor portion size. ● Mandate restaurants to charge for each portion. ● Mandate restaurants to provide nutrition information on menus. ● Restrict the marketing of food items with tighter limitations on when and how. ● Subsidize and implement healthier food standards for school lunch items. ● Subsidize healthy food advertising.
Individuals and Families	<ul style="list-style-type: none"> ● Adolescents dislike healthy foods (i.e. vegetables). ● Adolescents need to eat immediately and want instant gratification. ● Availability of foods and choices made. ● Cultural behaviors are learned traits. ● Depression. ● Diet pill usage. ● Distorted hunger and satiety cues are learned behaviors. ● Eating for stress reduction. ● Genetic preference for sweets and fats. ● Inadequate intake of fruits and vegetables. ● Lack of family mealtimes. ● Lack of parent education on healthy eating. ● Lack of time for food preparation and in turn more eating out, processed foods and prepared foods. ● Lack of understanding the balance between hydration, exercise and nutrition. ● No parental role model for healthy eating. ● Not knowing how to read food labels. 	<ul style="list-style-type: none"> ● Ask kids what they want. ● Avoid all you can eat buffets. ● Encourage parents to use portion control. ● Make meals more interesting and appealing.

CHAMPION Report Summary

Northern Virginia Adolescent

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Not stressing moderation ● Nutrition is not a priority. ● Portion sizes are too large. ● Social situations revolve around eating out. ● Sugar and fat taste good. ● Unhealthy foods in the home. 	*Note: solutions were stated on previous page.
Media and Marketing	<ul style="list-style-type: none"> ● Aggressive marketing of non-healthy products geared to adolescents. ● Body image presented by the media is unrealistic. ● Misleading food labels. 	<ul style="list-style-type: none"> ● Display nutrition content at restaurants. ● "Just say no to unhealthy items" campaign that sets mandated calorie, fat and cholesterol content. ● Media blitz about avoiding eating too much. ● Offer healthy choices at movie theaters. ● Promote celebrity media campaigns to talk about healthy food, healthy living, moderation and balance. ● Reorganize grocery stores to place healthy food choices in the front of the store. ● Reward positive advertising and product placement in adolescent focused media venues.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Consumer pressure to encourage restaurants to reduce portion sizes. ● Educate on variety, choice and portion sizes. ● Educate parents about self-feeding. ● Provide incentives and rewards to serve smaller portion sizes at restaurants.
Schools	<ul style="list-style-type: none"> ● Aesthetics of food is not a priority. ● Lack of nutrition information for school lunches. ● Lack of, or outdated, nutrition curriculum. ● Lack of education about alternatives in food choices, specifically fresh versus processed. ● Nutrition is not a priority. 	<ul style="list-style-type: none"> ● Ask kids what they want. ● Incorporate food models and portions sizes into health classes. ● Incorporate more salad bars in schools. ● Limit the amount of junk food that can be purchased a la carte. ● Limit the days that a la carte is offered.

CHAMPION Report Summary

**Northern Virginia
Adolescent**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Schools	<ul style="list-style-type: none"> ● Poor school lunch choices, especially a la carte and vending machines. ● Schools provide limited time for lunch. 	<ul style="list-style-type: none"> ● Limit use of vending machines. ● Make meals more interesting and appealing. ● Monitor food preparation in the schools. ● Provide a longer lunch period. ● Provide healthier choices in school vending machines and school lunches. ● Subsidize and implement healthier food standards for school lunch items.
Societal	<ul style="list-style-type: none"> ● Accessibility of fast food. ● Cost of healthy foods. ● Lack of variety of healthy foods. ● Use of high fructose corn syrup in products. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

Northern Virginia Adults

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	<ul style="list-style-type: none"> ● High stress jobs require people to eat at their desk. ● Lack of availability of convenient, healthy food and increased availability of unhealthy foods. ● Lack of nutritious options in vending machines. ● Unhealthy meals provided by businesses for employees. 	<ul style="list-style-type: none"> ● Businesses to conduct employee training that is tied to the bottom-line cost of the businesses (rising health cost and worker productivity). ● Encourage employers to offer healthy dinnertime meals for the employees at work. Have healthy convenient foods near the workplace (i.e. a Farmers' Market nearby). ● Pack your lunch campaign and partner with Home Depot or others to provide refrigerators for the office. ● Required wellness programs for employees, businesses (with tax incentives), state agencies and federally funded programs.
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Complicated and deceptive federal nutrition labeling. ● Lack of availability of convenient, healthy food and increased availability of unhealthy foods. ● Lack of proper urban planning. ● Lack of subsidies for those growing fruits and some vegetables. 	<ul style="list-style-type: none"> ● Color coded shelf labels and vending machines regulated by the State to help identify nutrition information. A website or information sheet that helps identify healthy choice. ● Grocery stores get a tax incentive to donate fresh fruits and vegetables to group homes, shelters, etc. ● In grocery stores, state buildings, doctor's offices and places where people are, have kiosks available with nutrition information. ● Mandate healthy foods for federally funded assistance programs. ● Impact fee for food fairs that aren't healthy. ● Incentives for employers that encourage ride-sharing. ● Incentive and/or reward system for attending a nutrition education class (reduced insurance premiums or a refund with state income tax). ● Make nutrition education mandatory for Food Stamps and WIC. ● Mandate basic nutrition education in preschools. ● Prisons, jails, community colleges, universities and community group homes should have required nutrition education and mandated nutrition standards.

CHAMPION Report Summary

Northern Virginia Adults

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	*Note: issues were stated on previous page.	<ul style="list-style-type: none"> ● Require restaurants to provide nutrient composition on menus. ● Required wellness programs for employees, businesses (with tax incentives), State agencies and federally funded programs. ● State mailing, with resources available, to all Virginians (for example, in income tax forms). ● State mandated healthy food choices for all fast food restaurants. If they are not compliant, fine them and have the revenue going back to the State. ● Tax fast food sales and have the revenue funds go to community health programs. ● Tax incentives for companies that have telecommuting and off-site work center. ● The State will address the gap that the USDA left in the new My Pyramid with specific recommendations on sugar and fat. ● The State will get involved with the "Reality Check" program (from the Urban Land Institute) that deals with land use planning in the metropolitan region for jobs, housing and transportation.
Healthcare Providers	<ul style="list-style-type: none"> ● Difficulty determining the best method for culturally appropriate education. 	<ul style="list-style-type: none"> ● In grocery stores, State buildings, doctor's offices and places where people are, have kiosks available with nutrition information. ● Look where people are getting the information and try to counteract it with healthy messages (media, TV, physicians, etc.).
Individuals and Families	<ul style="list-style-type: none"> ● Alcohol consumption and excessive snacking. ● Amount of beverages and foods consumed in the car. ● Belief that healthy foods are too expensive. ● Choosing to eat out at work instead of packing lunches. 	<ul style="list-style-type: none"> ● Take personal responsibility to educate people.

CHAMPION Report Summary

**Northern Virginia
Adults**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

<i>Stakeholder</i>	Nutrition	
	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Don't know how to balance culture, diet and activities of daily living. ● Eat to cope with problems. ● Food as a reward or comfort due to stress of living. ● High cost of living requires people to purchase cheaper, high fat food. ● Lack of discipline, commitment and motivation for making behavior changes. ● Lack of education regarding food labels. ● Lack of education on how to prepare vegetarian dishes. ● Lack of education on portion sizes. ● Lack of education, due to language barrier, on healthy eating with cultural foods. ● Lack of knowledge on how to prepare a simple, healthy meal. ● Lack of mind set to focus on prevention. Thinking a drug or doctor will fix the problem. ● Lack of utilization of programs that are already in place. ● Lifestyle management (lack of time, commuting time, discipline, motivation, stress, choices). ● Long commuting time. ● Overeating. ● People coming to America change their eating habits to an unhealthier lifestyle. ● People are relying on vitamin supplements to make up dietary deficiencies. ● People like fad diets. ● People think unhealthy food tastes better than healthy food. 	<ul style="list-style-type: none"> ● Insurance companies will fund registered dietitians working with physicians. ● Incentive and/or reward system for attending a nutrition education class (reduced insurance premiums or a refund with state income tax).

CHAMPION Report Summary

Northern Virginia Adults

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Insurance Companies	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Insurance companies will fund registered dietitians working with physicians. ● Incentive and/or reward system for attending a nutrition education class (reduced insurance premiums or a refund with state income tax).
Media and Marketing	<ul style="list-style-type: none"> ● Advertising is aimed at children to hook the parent. Parents will purchase items to please the child and will consume the food as well. ● Advertising is not censored (i.e. no warnings, rules or regulations, etc.). ● Lack of healthy foods where people shop. ● Lack of nutrition programs and health education on TV. ● Nutrition labeling is too small to read. ● High number of fast food options; restaurants and stores with not enough healthy choices. ● The food industry's advertisements overwhelm the public. 	<ul style="list-style-type: none"> ● Develop a public health campaign that teaches individuals to plan and prepare meals for a couple of weeks. ● Encourage grocery stores to have a bigger selection of health foods. ● Federally funded fun and interesting nutrition messages in public service announcements will be made available in public libraries and to social organizations. ● Grocery store to create meal plans for sale items and will show complete meals with the specials for the week all in one place. ● In grocery stores, State buildings, doctors' offices and places where people are, have kiosks available with nutrition information.
Media and Marketing	*Note: issues were stated on previous page.	<ul style="list-style-type: none"> ● Larger food labels. ● Look where people are getting the information and try to counteract it with healthy messages (media, TV, physicians, etc.). ● Make a public media campaign on time management techniques and prioritizing for a healthy life. Make it interactive (for example, a workshop). Have a clearinghouse of time management resources and personal success stories; incorporate celebrities to give their stories and experiences. ● Smaller portion sizes for all fast food chains. ● The Health Department will contact liaisons in other areas to do spots on TV, articles for the paper and spots on the radio.

CHAMPION Report Summary

Northern Virginia Adults

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	<ul style="list-style-type: none"> ● Difficulty determining the best method for culturally appropriate education. ● Lack of nutrition education for all economic levels (food labels, portion sizes, foods within cultures and food preparation) because of language barriers. 	<ul style="list-style-type: none"> ● Build partnerships with the food industry. ● Community garden plots in urban areas. ● Develop a low cost cooking program and after the education portion have a cooking club to keep them going. ● Displays of healthy portion sizes at grocery stores, Park and Recreation centers, libraries, restaurants, etc. Provide education programs on time management and locate tools that can help with accountable, responsible eating (i.e. keeping a food diary). ● Food fair that promotes the healthy food and dining options throughout the area. ● Get chefs together for a symposium on how to make better healthier meals. ● Give nutrition facts about a particular product through the coupon machine in the stores. ● Go into culinary schools. ● Have a resource list available for grocery store consumers. ● Have food fairs that talk about home cooking and turn it into an event that is competitive and fun. Have a healthy standard that is required for these community and charity events. ● In grocery stores, State buildings, doctors' offices and places where people are, have kiosks available with nutrition information. ● More classes on food labels and portion sizes. ● More people working within the ethnic communities. ● Open air market with fresh fruits and vegetables stocked by the local grocery stores. ● Pamphlets with culture specific recipes on how to fix healthy and tasty food in several languages. ● Phone line, email or communication outlet available for anyone with a nutrition question. ● Promote more community gardens.

CHAMPION Report Summary

**Northern Virginia
Adults**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Promote more Farmers’ Markets. ● Provide gyms with childcare and/or concurrent programs for adults and children. ● Recognition system or points system for serving the healthiest meals. ● Take the intervention to the people at various locations.
Schools	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Open gyms at the local schools and community colleges. ● Prisons, jails, community colleges, universities and community group homes should have required nutrition education and mandated nutrition standards.
Societal	<ul style="list-style-type: none"> ● American culture of quick, easy meals with processed food and no home cooking. Other cultures have a reverence for food. ● Lack of accessibility of health food stores. ● Lack of local fresh foods (i.e. Farmers’ Markets) and organic foods that taste good. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

Northern Virginia Pregnant/Infant

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government : Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Add fruits and vegetables to the WIC program in place of extra cheese and juice. ● Have WIC give out spoons to reinforce feeding with a spoon and not in the bottle. ● Use food models in WIC.
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● At the initial exam with the healthcare provider they should be advised in their own language what to eat during pregnancy. ● Have a campaign encouraging doctors to employ nutritionist. ● Have posters showing a plate for an adult and a plate appropriate for a child. ● Have more posters and videos in waiting rooms educating parents to not introduce solid food too early. ● Healthcare providers will provide preconception information about healthy eating and exercise and encourage preplanning. ● Put up posters in various locations about the effects of bottle feeding on the teeth. ● Teach early prenatal care. ● When mothers go to their doctor's exams they should see a nutritionist. ● When the child is being vaccinated provide education on nutrition.
Individuals and Families	<ul style="list-style-type: none"> ● Lack of exclusive breastfeeding. ● Busy parents who over feed with a bottle. ● Early introduction to solid food (i.e. cereal in the bottle). ● Eating fast food and eating out. ● Eating while watching TV. ● Family influence where elder members are telling the parents to feed the child more. ● Food for rewards or bribery. 	<ul style="list-style-type: none"> ● Encourage all pregnant women to incorporate a visit with a nutritionist as a part of their prenatal care. ● Encourage and discuss the benefits of breastfeeding for at least one year. ● Encourage exclusive breastfeeding early. ● Encourage having children eat three meals a day plus two healthy snacks and how much they should eat. ● Encourage self-feeding by the child.

CHAMPION Report Summary

Northern Virginia Pregnant/Infant

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> • Lack of family meal times. • Lack of feeding schedule; children are fed all day. • Lack of knowledge and support of the importance of exclusive, early breastfeeding. • Lack of nutrition education about the portion sizes for toddler. • Lack of parenting skills. The parents aren't in control over the food. Parents cater to what the child likes. • Lack of preparation or storage areas. • Not breastfeeding. • Not cooking their own food; parents are lazy about cooking. • Over use of juice, soda and milk. • Overfeeding the child and not knowing when the child is full; not understanding the duties. • Parents do not have good eating habits. • Toddlers do not drink enough water. • Using food as a pacifier. Using inappropriate foods and feeding the baby every time it cries. • Using the bottle longer than one year. 	<ul style="list-style-type: none"> • Encourage the cup at 6 months with juice and water. Encourage the mother, families and the people around the mother to eat healthy. • Encourage the mothers to do their own cooking and provide them with meal planning information.
Media and Marketing	<ul style="list-style-type: none"> • High calorie food being promoted for infants. • Media ads influencing. 	<ul style="list-style-type: none"> • Allow more public service announcements on TV. • Cereal companies will include spoons and directions. • Market sippy or transition cups. • Media campaign on healthy eating before becoming pregnant. • Provide education videos that people can rent. • Provide nutrition education through media campaigns in different languages.

CHAMPION Report Summary

Northern Virginia Pregnant/Infant

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Discourage weaning from the breast to the bottle when over 9 months. ● Educate about healthy alternatives and provide written information on how to eat healthy without the fats, sugars and convenience foods. ● Educate mothers on healthy snacks. ● Educate parents and caregivers on the appropriate portion size for age. ● Educate parents and caregivers on what is healthy. ● Education directed to the caregivers and parents about why they should not introduce solid foods too early (give at the appropriate time) and why a doctor might recommend it. ● Have a nutrition fair that includes information on toddlers. ● Provide caregivers with sample menus. ● Teach parents and caregivers to choose the right foods when they think the child is hungry. ● Teach parents how to comfort the baby or put it to sleep without a bottle. ● Teach parents to give water in between snacks and meals. ● Use educational materials to help the parents understand the availability of food in their native language.
Preschool and Childcare	<ul style="list-style-type: none"> ● Daycares are over feeding or giving bottles when the child is fussy or crying. 	<ul style="list-style-type: none"> ● Nutritional training for daycare providers.
Societal	<ul style="list-style-type: none"> ● Accessibility of convenience food (i.e. prepackaged cookies, chips, etc.). ● Cultural expectations of eating habits. ● Cultural ideas: what solids would be introduced first, if a woman should or shouldn't breastfeed, thinking the child should be overweight. ● Healthy food is more expensive than junk. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

Northern Virginia Preschool

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Partner with Virginia Cooperative Extension in providing nutrition and parenting education, classes and workshops. ● Place more emphasis at WIC offices on nutrition education. ● Require all high school students to pass parenting class before graduating.
Healthcare Providers	<ul style="list-style-type: none"> ● Lack of healthcare incentives to encourage healthcare professionals to address obesity in preschoolers. 	<ul style="list-style-type: none"> ● Bring health messages to parents and healthcare providers at required immunization. Do this with appropriate multi-language materials. ● Educate healthcare providers about nutrition, WIC and other food topics. ● Have outreach workers trained on nutrition and children's development. Make nutrition come alive with visuals (i.e. photographs of healthy versus non-healthy organs, etc.). ● Have videos in doctors' offices particularly targeting women and children. ● Include nutrition education (healthy choices, preparation, etc.) in prenatal classes. ● Outreach for community health centers and private doctors using printed materials. ● Stress diet and offer basic nutrition for pregnant women and senior citizens. ● Work with doctors and Head Start to educate parents. Make sure information is easy to read and understood.
Individuals and Families	<ul style="list-style-type: none"> ● Availability of unhealthy foods. ● Difficulty changing behavior. ● Economics and overcrowded living spaces. ● Emotional state of parents. ● Even when good foods are offered children don't eat so parents give unhealthy snacks because of guilt. ● Excessive use of supplements over food. 	<ul style="list-style-type: none"> ● Encourage children to help make the food. ● Encourage parents to enroll in group parenting classes. ● Help people to understand how each food is important to the parts of the body or how it relates to good health. ● Offer dessert at the end of the meal. ● Offer strategies to parents living in multigenerational households.

CHAMPION Report Summary

**Northern Virginia
Preschool**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> • Health issues contributing to obesity (medications side effects, thyroid, etc.). • High intake of fats and sweets and high consumption of juices and other high sugar beverages. • Keeping the bottle too long. • Lack of education, by parent and caretaker, on nutrition. • Lack of feeding schedule and late meals. • Lack of parenting skills. Food is used as reward and/or punishment. • Lack of understanding the correlation between nutrition and health. Lack of knowledge on growth and development. • Latch key kids are left at home so they eat what they find. • No time for mom and dad to plan and prepare meals so they are frequently eating out. • Not allowing enough time to eat meals. • Parents serve what the kids like. • Peer pressure. • People do not know how to use their income to purchase healthy foods. • People don't eat at the table as a family. • Portion sizes. • Role models influence food choices by learned behavior. • The way food is prepared. 	<ul style="list-style-type: none"> • Promote alternatives to food as a reward. • Reveal the interrelation between food and health. • Teach parent responsibilities versus child responsibilities.
Insurance Companies	<ul style="list-style-type: none"> • Lack of healthcare incentives to encourage healthcare professionals to address obesity in preschoolers. 	<ul style="list-style-type: none"> • Require basic parenting education at the time of the child's birth with a pass or fail test and make referrals to appropriate agency.

CHAMPION Report Summary

Northern Virginia Preschool

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	<ul style="list-style-type: none"> • Advertising is highly persuasive and geared toward children. 	<ul style="list-style-type: none"> • Encourage public service announcements and media to educate about parenting skills. • Use public service announcements to promote a clear and consistent message. • Use public service announcements offering uniform and consistent nutrition information.
Organizational	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> • Assess the knowledge and barriers preventing good nutrition. Survey to find out what types of nutrition education topics they would like to learn about and types of activities they would like to attend.

CHAMPION Report Summary

Northern Virginia School Age

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employer	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Incorporate training programs for parents in the workplace. Nutrition education will incorporate savvy food shopping, cooking classes and consequences of non-nutrient dense choices.
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Healthy nutrition education and support programming is not a shared priority of community stakeholders that nurture our youth. This includes schools, Parks and Recreation Departments, childcare providers, YMCAs, etc. ● Lack of accountability by government entities to set standards for nutritional density of foods they provide (i.e. USDA and school lunches). ● Lack of grocery stores in neighborhoods. 	<ul style="list-style-type: none"> ● Change criteria required for government sponsored programs, such as Virginia Cooperative Extension, so that all schools and community-based organizations can be included, not just low income. ● Decrease import taxes on fruits and vegetables. ● Develop stricter environmental regulations for hog farms and large scale ranches. ● Encourage and create community and school gardens. ● Form partnership with Farmers' Markets and government food assistance programs to provide healthy foods and to educate on the using Food Stamps to buy produce. ● Give incentives to fast food restaurants or convenience stores that have 50% of their menu as healthy foods. ● Impose junk food tax to fund anti-obesity programs. ● Provide incentives and tax breaks on healthy foods from farmers, Farmers' Markets, wholesalers and organic food growers. ● Provide incentives to organic food growers and manufacturers to increase affordability of those foods. ● Provide voucher programs for certain foods that meet criteria. ● Reduce subsidies for production and marketing of unhealthy foods. ● Provide tax incentives to the food industry to create more healthy food choices. ● Work with city planners to bring more grocery stores into urban areas.

CHAMPION Report Summary

**Northern Virginia
School Age**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Healthcare providers can give free access and materials regarding nutrition. ● Physicians can incorporate anticipatory guidance on nutrition and well child exams (i.e. Bright Futures).
Individuals and Families	<ul style="list-style-type: none"> ● As adults we don't take active, positive roles with our own choices. ● Continuing to eat ethnic foods without ethnic lifestyle; no increase in physical activity. ● Eating out; unlabeled and unhealthy food. ● Families do not eat together. ● Home environment does not support healthy, nutritional choices. Parents give children too many choices and not enough teaching. Lack of limit setting by parents and other authorities. ● Increased availability of convenience foods and decrease in home cooking. ● Kids aren't introduced to a wide variety of foods. ● Kids, left unsupervised, make poor choices. ● Lack of knowledge about energy content and portion sizes. ● Lack of knowledge about food labeling. ● Parents are not always the primary care provider, often it is the school or babysitter. ● Parents give vitamins as replacement for foods. ● Reliance on convenience stores. ● Skipping or having an unhealthy breakfast. ● Soda consumption rather than milk or water. ● Stigma attached to making healthy choices among children in school; peer pressure. ● Using foods as rewards. ● Working parents do not have time to cook. 	<ul style="list-style-type: none"> ● Increase family income through micro-enterprise and small business. ● People will go to parenting classes where adults and children work together to come up with meals they can agree on. ● Plan family meals together and provide healthy foods. ● Write to manufacturers to ask for coupons and a list of stores that have the cheapest prices.

CHAMPION Report Summary

**Northern Virginia
School Age**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	<ul style="list-style-type: none"> ● Increased marketing of unhealthy foods and no marketing of healthy foods. ● Kid's menus in restaurants. ● Unlabeled and unhealthy food. ● The food industry has strong lobbyists. ● Varieties of diets make choices confusing. 	<ul style="list-style-type: none"> ● Distribution of publications in grocery stores that contain recipes and nutrient analysis for low cost meals. ● Encourage fast food and restaurants to offer low cost healthier foods. ● Manufacturers will promote healthy foods by adding nutrient information to labels. ● Mass media marketing including public service announcements to educate parents and guardians about healthy choices and making them accountable. ● Reduced advertising rates for healthy foods.
Organizational	<ul style="list-style-type: none"> ● After school programs serve unhealthy snacks. ● Healthy nutrition education and support programming is not a shared priority of community stakeholders that nurture our youth. This includes schools, Parks and Recreation Departments, childcare providers, YMCAs, etc. 	<ul style="list-style-type: none"> ● Advocate banning foods that are unhealthy such as supersize meals in fast food restaurants. ● Ask companies to create health oriented foundations. ● Communities will get together and donate money to create their own lobby. ● Create a centralized website to pull up information on food content from other cultures, fast food, etc. ● Create literature showing tangible and intangible food cost. Relate food choices to healthy body, environmental and economic costs. ● Educate parents on when and how to purchase produce and to buy in bulk. ● Educate the public on lobbying strategies. ● Educate those that produce and distribute unhealthy foods. ● Encourage and create community and school gardens. ● Engage special interest groups in letter writing campaigns and citizen lobby days.

CHAMPION Report Summary

**Northern Virginia
School Age**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: issues were identified on previous page.	<ul style="list-style-type: none"> ● Form partnership with Farmers’ Markets and government food assistance programs to provide healthy foods and to educate on using Food Stamps to buy produce. ● Give money to support candidates and advocacy groups of like minds. ● Have community groups collaborate on creating a message and use the same consistent message throughout community. ● Incorporate training programs for parents in the workplace. Nutrition education will incorporate savvy food shopping, cooking classes and consequences of non-nutrient dense choices. ● Increase the number of Farmers’ Markets, farmers’ co-ops and community supported agriculture clubs. ● Initiative stating that overfeeding is neglect and abuse. ● Launch an educational advocacy campaign for full disclosure of contents and impacts of food (like the anti-tobacco campaign). ● Lobby local government to get grocery stores in urban areas. ● Strong education program for members of lobby groups. ● Work with grocery stores to buy more local foods.
Preschool	<ul style="list-style-type: none"> ● Healthy nutrition education and support programming is not a shared priority of community stakeholders that nurture our youth. This includes schools, Parks and Recreation Departments, childcare providers, YMCAs, etc. 	*Note: no solutions related to this stakeholder were identified.
Schools	<ul style="list-style-type: none"> ● Food for sale is not nourishing. ● Healthy nutrition education and support programming is not a shared priority of community stakeholders that nurture our 	<ul style="list-style-type: none"> ● Create recipes for healthy snacks and meals and give to parents through schools by sending the information home in children's backpacks.

CHAMPION Report Summary

Northern Virginia School Age

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Schools	<p>youth. This includes schools, Recreation Departments, childcare providers, YMCAs, etc.</p> <ul style="list-style-type: none"> ● Inadequate quality control of food. ● Lack of culturally appropriate foods in schools. ● Limited nutrition education curriculum in schools. ● School lunch bid program looks for lowest price rather than best ingredients. ● School lunches are not always balanced. There's not much choice for those on reduced lunches. ● Unhealthy school snacks due to revenue incentives. ● Vending machines available in schools. 	<ul style="list-style-type: none"> ● Encourage and create community and school gardens. ● Increase nutrition education for school children. ● School board funding for devoted health specialists in elementary schools.
Societal	<ul style="list-style-type: none"> ● Cultural norms and traditions. For example, some families to have lavish Sunday dinners. ● Fruits and vegetables are only available at certain times of the year. ● Healthy food costs more than unhealthy. ● Increase in processed foods versus whole or organic foods. ● Increased availability of convenience foods and decrease in home cooking. ● Supersize culture mindset. 	<p>*Note: no solutions related to this stakeholder were identified.</p>

CHAMPION Report Summary

**Northern Virginia
Senior**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Individual nutrition counseling for seniors by a registered dietitian.
Individuals and Families	<ul style="list-style-type: none"> ● Availability of TV dinners. ● Baby boomers don't know how to cook; they have been eating out a lot through their lives. ● Living alone and don't want to cook for just one. ● Belief that they cannot digest healthy foods. ● Larger portion sizes at less expensive restaurants. ● Digestive problems. ● Eating out, with friends, at church or at parties too much. ● Eating sweets and fatty foods for comfort. ● No one is there to teach them about nutrition or to let them know that it is never too late to start learning about nutrition and eating right. ● Not reading nutrition labels. ● Not taking responsibility for proper nutrition, meal management, stocking the pantry, etc. ● Seniors don't know about access to healthy foods and community programs. ● Feelings that nutrition is long term and they don't have that time. ● Physical problems which make meal preparation difficult. ● Seniors are unable to get to stores as often as they might need to, especially for fruits and vegetables. ● Social events that have foods such as pastries, etc. ● Using recipes from days gone by when no attention was paid to things like grease, fat, sugar, etc. Recipes haven't been updated. ● Younger baby boomers can afford more now, so having the "good life" stops them from 	<ul style="list-style-type: none"> ● Encourage family involvement. ● Encourage simplicity in cooking and eating. ● Family involvement in learning and promoting healthy food choices. ● Find dining clubs, church groups, pot lucks and meal of the week programs. ● Get roommate, partner or spouse involvement. ● Provide substitution recipes and bring your favorite substitute recipe to a gathering.

CHAMPION Report Summary

Northern Virginia Senior

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	making good food choices.	*Note: solutions were identified on previous page.
Media and Marketing	<ul style="list-style-type: none"> Grocery shopping has become a selection of junk or convenience food. 	<ul style="list-style-type: none"> Grocery stores will provide a discount for seniors to buy fresh foods. Grocery stores provide information tailored to seniors about what food choices to make. Increased awareness campaign about My Pyramid. Increased font size of nutrition labels and ingredients so seniors can read them. Public service announcements to explain about nutrition, quick ideas, hints, tips, etc. Senior celebrity spokespersons to endorse healthy eating.
Organizational	<ul style="list-style-type: none"> Need to expand programs such as Meals on Wheels. Social events that have foods such as pastries, etc. 	<ul style="list-style-type: none"> Cooking for one classes. Education classes and taking a nutritionist with you on a shopping trip for seniors. Education for families in support of seniors. Education on how to make good tasting, healthy meals. Education on what foods to avoid so that medications will not be needed. Invite nutrition education programs and corporate sponsors (Giant, Safeway, etc.) to provide education about nutrition. Library involvement in answering questions about nutrition and giving them simple access to the information. Provide better access to Meals on Wheels.
Societal	<ul style="list-style-type: none"> Certain cultural groups have traditions that incorporate foods that are not always healthy. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

Northern Virginia Young Adult

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Replace unhealthy foods in vending machines with healthy ones and have smaller packaging for unhealthy items.
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Lack of regulation on foods for Food Stamp recipients. 	<ul style="list-style-type: none"> ● Implement regulations to limit the sale of unhealthy food in restaurants and stores. ● Mandate that restaurant menus include nutritional information. ● Regulate nutrition education along with other certifications prior to opening food establishments.
Individuals and Families	<ul style="list-style-type: none"> ● Access to low cost fast food and unhealthy snacks. ● Belief that it is too expensive to eat healthy. ● Inability to stretch food resources for limited resource families. ● Lack of knowledge about nutrition and My Pyramid. ● No meal planning coordination with work schedule and family activities. ● Stress and other emotional issues lead to unhealthy food choices. ● Use of meal replacement bars and drinks. 	<ul style="list-style-type: none"> ● Encourage a balance of fast food consumption with other meals during the day. ● Encourage the use of sale papers, ads and coupons. ● Plan meals for the week. ● Have all family members plan meals and help with food preparation.
Media and Marketing	<ul style="list-style-type: none"> ● Lack of promotion for healthy foods in restaurants. 	<ul style="list-style-type: none"> ● Offer grocery store promotions and discounts on healthy food and snack items. ● Public service announcements through cultural media venues. ● Provide consistent education through media, educational institutes, mass mailings and nutrition programs about the purpose of the My Pyramid. ● Prominently display the My Pyramid, obesity and nutrient value information at fast food places.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Advocate for more visuals of My Pyramid at nutrition related sites and on food packages. ● Advocate for smaller portioned value meals. ● Conduct workshops and activities on the

CHAMPION Report Summary

Northern Virginia Young Adult

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

		Nutrition
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: no issues related to this stakeholder were identified.	importance of meal planning. <ul style="list-style-type: none"> ● Educate people by using grocery shopping tours. ● Inform people about other food sources (i.e. Farmers' Market, food bank, etc.). ● Make the new My Pyramid the basis for nutrition education and encourage Virginians to access the My Pyramid website. ● Promote the consequences of consuming unhealthy and low cost food. ● Provide consistent education through media, educational institutes, mass mailings and nutrition programs about the purpose of the My Pyramid. ● Provide different options for quick meals to help families prepare healthy food. ● Provide nutrition education at pre-formed parental meetings and gatherings (i.e. PTA, church meeting and parenting class). ● Provide recipes with inexpensive and healthy ingredients. ● Repetitive nutrition education on how to save money in grocery stores by comparing store brands and unit pricing and buying healthy and inexpensive food. ● Replace unhealthy foods in vending machines with healthier choices and have smaller packaging for unhealthy items. ● Show food vendors and fast food chains how to replace unhealthy snacks with healthy options. ● Teach about comparisons of unhealthy versus healthy meal costs. ● Teach how to make healthy choices for eating out. ● Teach ways to utilize a calendar that includes healthy meals and snacks for the day. ● Teach how to substitute lower cost foods for high cost ones (i.e. frozen, canned versus fresh). ● Visuals on cost and comparison of fast food items versus homemade items.
Schools	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Provide nutrition education at pre-formed parental meetings and gatherings (i.e. PTA,

CHAMPION Report Summary

**Northern Virginia
Young Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Schools	*Note: no issues related to this stakeholder were identified.	church meeting, and parenting class). Replace unhealthy foods in vending machines with healthy ones and smaller packaging for unhealthy items.
Societal	<ul style="list-style-type: none"> • Different cultural beliefs about the use of fruits and vegetables in relation to nutrition and food preparation. • High cost of fresh fruits and vegetables. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

Hampton Roads Adolescent

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	<ul style="list-style-type: none"> ● Lack of employers and insurance companies willing to pay for wellness programs for prevention, encouragement and incentives for healthy lifestyles. 	<ul style="list-style-type: none"> ● Provide healthy choices in vending machines. ● Target employers, adults and parents to provide in-service and seminars on the topic of cooking and eating healthy.
Government: Local/State/Federal	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> ● Fast food chains will be mandated to increase the availability of healthy menu options. ● Have the state and local government provide hand out information for grocery stores on different topics; including nutrition, shopping and food preparations. ● The recommendations found in the study recently completed by Healthy Kids Coalition will be utilized and enacted. ● The state government will mandate that nutrition education be required for the school curriculum through the Standards of Learning requirements.
Healthcare Providers	<ul style="list-style-type: none"> ● Lack of role models both in parents, teachers and physicians. 	<ul style="list-style-type: none"> ● The recommendations found in the study recently completed by Healthy Kids Coalition will be utilized and enacted.
Individuals and Families	<ul style="list-style-type: none"> ● Children feeding themselves at home. ● Choice of soft drinks instead of water. ● Fad diets and quick fixes causing weight gain and bad eating habits. ● Fast paced lifestyle leads to eating on the run. There is a lack of time to prepare healthy meals. Parents are doing less cooking in the home and families are not eating together. ● Generational cooking. ● Lack of knowledge or understanding about nutrition, shopping and food preparation. ● Lack of role models both in parents, teachers and physicians. ● Lack of self control. ● Not cool to bring lunch from home. 	<p>*Note: no solutions related to this stakeholder were identified.</p>

CHAMPION Report Summary

Hampton Roads Adolescent

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Parents depending on the school to provide most meals. ● Poor parental discretion when shopping and eating meals. ● Poverty. ● Preparations of “correct” foods often have no variety. ● Pressure that promotes eating disorders. ● Some think it is not cool to eat at school. ● Supersized portions at home and out. ● Teens do not have regular mealtimes. ● Teens get munchies and hunger cravings. Some see “food is love”. Food is used socially, emotionally and hormonally. ● Using food as reward and punishment in the home. 	*Note: solutions were stated on previous page.
Insurance Companies	<ul style="list-style-type: none"> ● Insurance's willingness to pay for surgeries but not other weight reduction methods which sets up patterns for non-commitment and lack of personal responsibility. ● Lack of employers and insurance companies willing to pay for wellness programs for prevention, encouragement and incentives for healthy lifestyles. 	*Note: no solutions related to this stakeholder were identified.
Media and Marketing	<ul style="list-style-type: none"> ● Corporate lack of responsibility for providing healthy foods for production and sale to the public. ● Fast food with poor selections. ● Increase in high fat, high sodium and high sugar food choices which have lower nutritional values. ● Lack of honesty in advertising. ● Lack of nutritious foods in fast food options. ● Over availability of vending machines. ● Portion distortion. 	<ul style="list-style-type: none"> ● Develop a media campaign that promotes healthy eating and togetherness. ● Encourage food manufactures to modify products to make them healthier. ● Food stores will develop more healthy meals to go. ● Multimedia education targeting parents, children, etc. regarding importance of consistent mealtimes and eating together with other family members will be developed. ● The community will utilize free or low-cost educational resources, including local education

CHAMPION Report Summary

Hampton Roads Adolescent

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	<ul style="list-style-type: none"> ● Prevalence of TV advertising for non-healthy food. ● Supermarkets in low socio-economic status communities have poor fruit and vegetable choices. ● Supersized portions at home and out. 	<p>access channels, which already exist in the community to address the lack of knowledge or understanding about nutrition, cooking and food preparation (i.e. educate people).</p>
Organizational	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> ● At every community gathering whenever possible create an activity that teaches low cost easy meals. ● Develop community cooking time, "cook once-eat twice" and portion sizes education materials. ● Provide and promote family fun cooking classes. ● Provide information on time management strategies. ● Target employers, adults and parents to provide in-service and seminars on the topic of cooking and eating healthy. ● Teach individuals how to plan meals ahead of time and reinforce that they should eat together twice a week. ● Implement a coordinated comprehensive information campaign that targets parents, students and the entire community using multi-media strategies. ● Provide incentives for community education on cooking. ● Provide shopping tours. ● The community will utilize free or low-cost educational resources, including local education access channels, which already exist in the community to address the lack of knowledge or understanding about nutrition, cooking and food preparation (i.e. educate people). ● State legislature and local school divisions will be lobbied to revise or implement school policies that will address each of these issues utilizing best practice precedent in other localities and/or the national school board association.

CHAMPION Report Summary

Hampton Roads Adolescent

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● The recommendations found in the study recently completed by Healthy Kids Coalition will be utilized and enacted.
Schools	<ul style="list-style-type: none"> ● Inadequate funding of schools, leading us to use industry that will provide poor quality choices for foods. ● Lack of role models both in parents, teachers and physicians. ● Lack of support for nutrition education being part of the curriculum for all age groups. ● Over availability of vending machines. ● Poor school lunch options. ● School division policies on food: such as lunchtimes being too short, high calorie food fund-raisers, using food as an incentive, the presence of vending machines and the lack of healthy eating choices at lunch. 	<ul style="list-style-type: none"> ● Curriculum coordinators will revamp and modernize Work and Family Studies courses to include fun and nutritionally sound cooking instruction where all pregnant teens must attend. ● Do not allow soda and junk food in schools. ● Eliminate junk food fundraisers. ● Promote education in the work and family study classes on how to prepare quick and healthy meals and the benefits of eating together. ● Provide easy and cost efficient multilingual menu ideas available in English-classes that students can take home. ● Provide healthy choices in vending machines. ● Remove vending machines from the schools. ● School-wide wellness policies will be developed and enforced. ● Suggest topics to discuss at the dinner table. Students must write about what was discussed and should keep it in a writing folder. ● The recommendations found in the study recently completed by Healthy Kids Coalition will be utilized and enacted.
Societal	<ul style="list-style-type: none"> ● Cost of grocery shopping and the cost of food in general. ● Cultural, ethnic and religious differences. ● Food as center of all activities. For example: for participating we promise foods. ● High calorie or fattening foods are cheaper than fresh fruits and vegetables. ● Less availability of healthy foods. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

Hampton Roads Adolescent

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Societal	<ul style="list-style-type: none"> ● Prevalence of processed foods instead of fresh foods. ● Unhealthy processed foods taste better and are addicting. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

Hampton Roads Adult

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● An educational program will be developed that provides alternative options to emotional eating pinpointing the causes of stress at home and high stress jobs. The program will include providing "five stress buster tips" through worksite, media and community. ● Employers will offer or encourage employees to use assistance programs and discuss emotional eating. ● Have employers restrict eating and drinking (except water) in their work area. ● Provide worksite programs on nutrition. ● Water will be available in all vending machines at a lower price than sugar laden drinks.
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Hormonally and genetically altered foods. 	<ul style="list-style-type: none"> ● Add a warning label to a soda's container stating that this is a high calorie beverage. ● CHAMPION partnering with Virginia Dietetic Association to talk about the new My Pyramid and how to put it into practice. ● Have a state funded website with educational tools that are simple and easy to get basic information from that will address nutrition issues. Have different state agencies linked into the website (i.e. Virginia Cooperative Extension). ● Increase sales tax on soda and high calorie drinks. ● The Governor can contact Richard Simmons to go into urban and rural grocery stores to stress the value of eating appropriately.
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Physician's to provide awareness programs that can assist their patients. ● Provide education to primary care providers to help them identify emotional issues.
Individuals and Families	<ul style="list-style-type: none"> ● A lot of people have the perception that healthy foods don't taste good. ● An addiction to taste of sweets, salty and fatty foods. 	*Note: no issues related to this stakeholder were identified.

CHAMPION Report Summary

Hampton Roads Adult

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

		Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>	
Individuals and Families	<ul style="list-style-type: none"> • Confused about carbohydrates because they are "all bad" now. • Confusion about portion size. • Confusion between not having enough sleep and hunger. • Deprivation of certain foods when they were a child and now they search for it. • Excess eating due to stress, emotional difficulties and depression. • Excess use of soft drinks and high caloric drinks and lack of drinking water. • Lack of easy access to healthy foods. • Lack of families eating together. • Lack of knowledge of how to cook, especially healthy foods and lack of healthy food planning. They tend to chose high fat foods and not get enough fruits and vegetables (fiber). • Lack of knowledge of proper nutrition, the new My Pyramid, how few calories you need, how to read the food labels and the difference between excess empty calorie foods and nutrient dense foods. • Lack of motivation to eat properly. • Lack of personal restraint. • Lack of recognition of appetite versus hunger. • Lack of time to prepare meals at home. • Living alone: being single or newly divorced. • No meal planning, late night eating, meal skipping, erratic eating habits, snacking all day, etc. • People believe healthy food costs more. • People feel "I have been eating like this forever and I will continue to eat this way". Cultural practices. Acceptance of poor nutrition as the "norm". 	<p>*Note: no issues related to this stakeholder were identified.</p>	

CHAMPION Report Summary

Hampton Roads Adult

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> • People have the perception that if it is low fat food you can eat it all. • Reliance on convenience foods and too many processed foods. • Some people don't care what they eat. • The focus is on other aspects of their lives such as careers, family, etc. and no focus on nutrition. • We eat out now more then we ever have. 	*Note: no issues related to this stakeholder were identified.
Insurance Companies	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Encourage insurance companies to pay for preventative education with a dietitian before the disease of obesity occurs. • Insurance companies will pay for one on one counseling.
Media and Marketing	<ul style="list-style-type: none"> • Confusing media reports and marketing with differing nutrition messages. People don't know what to believe. Media targets children and the adults are eating what the children want. Too many different diet plans to chose from. • New restaurants are mega buffets for low cost. • Portion sizes in restaurants are too large. • There is a lack of healthy choices in restaurants and the least expensive things are usually high in fat. 	<ul style="list-style-type: none"> • A media campaign will be conducted showing that three sodas equals 450 calories and if you give that up you will lose one pound a week; what the healthy choices are, what sugar laden drinks can do to the system (liver/kidney damage), etc. • An educational program will be developed that provides alternative options to emotional eating pinpointing the causes of stress at home and high stress jobs. The program will include providing "five stress buster tips" through worksite, media and community. • Encourage TV production companies to show healthy eating in regular TV shows. Have TV game shows such as Jeopardy have food and activity categories. • Have each city's local TV station offer a nutritional series. • Have infomercials using a variety of commodity groups (Dairy Council, etc.). • Have restaurant menus to list the calorie intake and the values of all foods. Target restaurants to redesign portion sizes based on USDA standards. • Packaging information will add "what you can do to burn off the calories of the food".

CHAMPION Report Summary

**Hampton Roads
Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	*Note: issues were identified on previous page.	<ul style="list-style-type: none"> ● Public awareness campaign will be conducted on calorie levels of various foods and the calorie needs of various age groups. ● Public media campaign conducted by the agencies and organizations that provide information, grocery stores and nutritional education for free. ● Public service announcements will be provided stressing the symptoms and signs of emotional eating. ● Public service announcements will be developed on the importance of drinking water instead of consuming high caloric drinks.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● A curriculum on stress and emotional eating will be developed that can be used by faith-based institutions and community groups to educate adults on the signs, symptoms and strategies to combat emotional eating. ● An educational program will be developed that provides alternative options to emotional eating pinpointing the causes of stress at home and high stress jobs. The program will include providing "five stress buster tips" through worksite, media and community. ● Comprehensive educational campaign conducted on all aspects of nutrition and foods. ● Develop a curriculum that could be used in community settings (i.e. churches, senior centers, etc.) for educational programs. ● Develop aversion tools to help you shut the refrigerator and cabinet. ● Family food and fitness book (i.e. coupons, healthy food restaurants, recipes, life size pullout portions, family activity examples, resource guide from CHAMPION) will be available to all families. "The CHAMPION food, fun and fitness book." ● Lobby the beverage industry on the size of their beverage containers. ● Provide grocery store tours that teach people to read labels and plan healthy meals and they

CHAMPION Report Summary

**Hampton Roads
Adult**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● should have samples of healthy foods/meals. The community will encourage promotion that this is a free service that is available. ● Provide resource guides of healthy places to eat. ● Spotlight existing organized support groups. ● Take soda out of all work and public places and offer incentives for those who do. ● Water will be available in all vending machines at a lower price than sugar laden drinks.
Schools	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Teach nutrition education in schools where children can share the information with their parents. ● Water will be available in all vending machines at a lower price than sugar laden drinks.
Societal	<ul style="list-style-type: none"> ● People have an abundance of fast food options. ● Socializing, holidays and celebrations of life events revolve around food and drinking ● Society doesn't promote healthy balanced nutrition as much as it needs to. 	*Note: solutions were stated on previous page.

CHAMPION Report Summary

Hampton Roads Infant

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Address the need for appropriate portion sizes depending on age and size. ● Begin educating mothers near the end of her pregnancy on infant cues for feeding and infant feeding techniques. ● Discuss the history of family health problems and how the mother can avoid genetic traps with her own infant. ● Give literature from American Diabetes Association and American Heart Association and point out ways to be physically activity even if you have a low tolerance. ● Give mom information on infant feeding and limit feedings to two-three ounces every two-three hours. ● Have healthcare provider give other solutions to feeding problems. ● Make the mother aware of the small size of an infant's stomach and the rapid growth of the infant. ● Offer infant classes to parents. ● Offer visual pictures to parents of the size of a baby's stomach. ● Refer mothers to WIC if not already on program. ● Review the important points of the feeding guidelines from the America Academy of Pediatrics. ● Review with mom the reasons why the baby cries so she doesn't always offer the bottle when the baby cries. ● Teach mom how much and how often she needs to feed the infant. ● Teach mom the real signs of hunger. ● Teach other comfort measures to baby's crying such as changing and cuddling instead of always feeding. ● Teach parents what infant feeding cues are.

CHAMPION Report Summary

Hampton Roads Infant

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> • Early introduction of solids. • Family food habits. • Family members being too eager to introduce the non-nutritive treats to babies. • Fast foods being given to infants (i.e. french fries). • Lack of education around reading feeding cues. • Lack of knowledge and benefits of breastfeeding. • Lack of knowledge of how often and how much food is needed. • Lack of variety of fruits and vegetables in the diet. • Living conditions with poor cooking equipment and lack of clean environment. • Misconception of what is an appropriate treat. • Misconception that lots of juice is good. • Negative influences such as substance abuse may prohibit appropriate decisions. • Not taking out the time for meal planning and preparation. • Not understanding the future health risks of being overweight. • Putting cereal in the bottle. 	<ul style="list-style-type: none"> • Get information from local doctor, nutritionist or registered dietitian on feeding.
Organizational	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> • Address the need for appropriate portion sizes depending on age and size. • Begin educating mothers near the end of her pregnancy on infant cues for feeding and infant feeding techniques. • Discuss the history of family health problems and how the mother can avoid genetic traps with her own infant. • Give mom information on infant feeding and

CHAMPION Report Summary

**Hampton Roads
Infant**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Address the need for appropriate portion sizes depending on age and size. • Begin educating mothers near the end of her pregnancy on infant cues for feeding and infant feeding techniques. • Discuss the history of family health problems and how the mother can avoid genetic traps with her own infant. • Give mom information on infant feeding and limit feedings to two-three ounces every two-three hours. • Make learning more interesting by using video, games and quizzes. • Make the mother aware of the small size of an infant's stomach and the rapid growth of the infant. • Offer classes on serving sizes for infants. • Offer infant classes to parents. • Offer visual pictures to parents of the size of a baby's stomach. • Provide information including statistics on future health risks of obese children. • Refer mothers to WIC if not already on program. • Review the important points of the feeding guidelines from the America Academy of Pediatrics. • Review with mom the reasons why the baby cries so she doesn't always offer the bottle when the baby cries. • Show statistics on the leading causes of death that relate to obesity. • Show the correlation of overweight infants through childhood and adulthood and how this results in serious health conditions. • Teach mom how much and how often she needs to feed the infant. • Teach mom the real signs of hunger. • Teach other comfort measures to baby's crying.

CHAMPION Report Summary

**Hampton Roads
Infant**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: issues were stated on previous page.	<ul style="list-style-type: none"> ● limit feedings to two-three ounces every two-three hours. ● Make learning more interesting by using video, games and quizzes. ● Make the mother aware of the small size of an infant's stomach and the rapid growth of the infant. ● Offer classes on serving sizes for infants. ● Offer infant classes to parents. ● Offer visual pictures to parents of the size of a baby's stomach. ● Provide information including statistics on future health risks of obese children. ● Refer mothers to WIC if not already on program. ● Review the important points of the feeding guidelines from the America Academy of Pediatrics. ● Review with mom the reasons why the baby cries so she doesn't always offer the bottle when the baby cries. ● Show statistics on the leading causes of death that relate to obesity. ● Show the correlation of overweight infants through childhood and adulthood and how this results in serious health conditions. ● Teach mom how much and how often she needs to feed the infant. ● Teach mom the real signs of hunger. ● Teach other comfort measures to baby's crying such as changing and cuddling instead of always feeding. ● Teach parents what infant feeding cues are.
Societal	<ul style="list-style-type: none"> ● Cost of nutritious fruits and vegetables. ● Culture and ethnic differences in the perception of obesity. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

Hampton Roads Pregnant Nutrition Issues and Solutions by Region, Age Group and Stakeholder		
This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.		
Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Employers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Do a coupon exchange program at clinics, other community programs and places of employment. ● Post healthy meal preparation options and food safe handling that can be shared with their families for employees in food factory settings.
Government: Local/State/Federal	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Advertise the WIC Farmers' Market Program to make sure everyone knows of what it offers. ● Establish some type of government sponsored farm allowing people to pick their own fruits and vegetables. ● Offer mothers tips on growing fresh vegetables through Cooperative Extension offices. ● Set up an informational display at WIC vendors with recipes and how to use WIC foods with literature that would be available to take home. ● Work with Cooperative Extension and Social Services to provide free classes on how to make the most with their food stamps. Participants will receive incentives for attendance.
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Appeal to a woman's desire to come out of the pregnancy in the best possible shape. ● Assess diet and address the positives then make recommendations for appropriate changes. ● Assess pregnant mom's willingness to make changes and base counseling on healthy meal goals that she can live with. ● Assess whether or not they can afford food and give them appropriate referrals and resources in the community to help them achieve this. ● Do a coupon exchange program at clinics, other community programs and places of employment. ● Perform a food recall for a day or two and counsel on improving eating habits. ● Do food samplings on healthy foods, provide healthy recipes in clinics and provide grocery store tours. ● Explain to the patient how they can get their own

CHAMPION Report Summary

Hampton Roads Pregnant

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Healthcare Providers	*Note: issues were stated on previous page.	<p>personal My Pyramid from the internet.</p> <ul style="list-style-type: none"> ● Get the individual's history of previous and current eating habits and then provide nutritional information for them and the baby. ● Give nutrition counseling. ● Issue pamphlets on "Eating for Two" at local doctor's offices, health and community affairs, etc. ● Make the information that is presented more interesting. ● Provide educational classes on the importance of nutrition and its effect on pregnancy and fetal development. ● Provide interactive activities to clients to show good nutritional choices in clinics. ● Refer individuals to Food Stamps and local food banks. ● Try to appeal to their desire to have a healthy baby.
Individuals and Families	<ul style="list-style-type: none"> ● Cravings for junk foods. ● Cultural and ethnic beliefs and habits. ● Do not understand that eating for two does not mean eating double the amount. ● Eating too many high fat foods and snacks. ● Food intolerances and nausea is pushing them to eat anything, which are often junk foods. ● Having to take care of family food needs and she is not eating the right foods herself. ● Lack of good examples from family and friends. ● Lack of knowledge of benefits of eating healthy foods. ● Lack of money to purchase nutritious foods. ● Not eating daily balanced meals and making poor food choices. ● Not motivated to change their eating habits. 	<ul style="list-style-type: none"> ● Appeal to a woman's desire to come out of the pregnancy in the best possible shape. ● Stress the importance of eating healthy during pregnancy and continue the behavior changes post-pregnancy. ● Try to appeal to their desire to have a healthy baby. ● Try to get them to develop better budgeting skills in order to afford healthier foods.

CHAMPION Report Summary

Hampton Roads Pregnant Nutrition Issues and Solutions by Region, Age Group and Stakeholder		
This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.		
		Nutrition
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Perception of portion size. ● Perception that vegetables are too costly and time consuming. ● Prior food habits before pregnancy are poor. ● Starting with a high pre-pregnancy weight. 	
Media and Marketing	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Perform dietary recalls for a day or two and counsel on improving eating habits. ● Do food samplings on healthy foods, provide healthy recipes in clinics and provide grocery store tours. ● Give nutrition counseling. ● Have a site available in the community where women can go to get information (i.e. Internet) on healthy foods and snacks. ● Make the information that is presented more interesting. ● Place kiosks, which have information on healthy meals, healthy foods and nutrition during pregnancy and WIC foods in grocery stores. ● Public service announcements on healthy eating during pregnancy.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Appeal to a woman's desire to come out of the pregnancy in the best possible shape. ● Assess diet and address the positives then make recommendations for appropriate changes. ● Assess pregnant mom's willingness to make changes and base counseling on healthy meal goals that she can live with. ● Assess whether or not they can afford food and give them appropriate referrals and resources in the community to help them achieve this. ● Do a coupon exchange program at clinics, other community programs and places of employment. ● Do store tours to learn about comparison shopping, weights and measures. ● Get the individual's history of previous and current eating habits and then provide nutritional

CHAMPION Report Summary

Hampton Roads Pregnant Nutrition Issues and Solutions by Region, Age Group and Stakeholder		
This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.		
Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: no issues related to this stakeholder were identified.	information for them and the baby. <ul style="list-style-type: none"> ● Help individuals find useful community resources like already prepared healthy meals for pregnant women and provide transportation for those that need it. ● Give literature on appropriate weight gain during pregnancy and help them develop a way to record their weight gain so they are more aware. ● Have local churches offer healthy meal planning classes for pregnant women and their families at no cost. ● Issue pamphlets on "Eating for Two" at local doctor's offices, health and community affairs, etc. ● Lobby to the government for additional food stamps or vouchers. ● Provide "Meals in Minutes" booklets to doctor's offices and other places. ● Provide educational classes on the importance of nutrition and its effect on pregnancy and fetal development. ● Provide information about the Sexuality Health and Relationship Education Program. ● Provide information for healthy low cost meals similar to what is done through the Virginia Cooperative Extension. ● Refer individuals to Food Stamps and local food banks. ● Show cost comparisons of healthy inexpensive foods versus fast foods and convenience foods. ● Suggest healthier cooking methods that include the family. ● Work on a budget with mothers to determine what they are spending their money on, and then advise appropriately so that they are spending most of their money for healthy foods.
Societal	<ul style="list-style-type: none"> ● Readiness of fast foods and available all-you-can-eat restaurants. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

Hampton Roads Preschool

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	<ul style="list-style-type: none"> • Agencies do not have resources to promote their services. • Lack of education for social service agencies. • Lack of state funding. 	<ul style="list-style-type: none"> • Create position in health department to provide affordable or free family-tailored nutrition or mental health counseling to non-WIC clients. • Have a fun activity demonstrating different aspects of nutrition. Create a song, dance, video, hands-on displays, etc. Have a city park day with professionals and non-professionals and create resource material pertaining to nutrition. Create a traveling show. • Mandate that commercials or advertisements promote normal eating behavior. • Virginia Cooperative Extension will provide training to teach parents and caregivers how to read nutrition labels and how to translate adult portions to child portions.
Healthcare Providers	<ul style="list-style-type: none"> • Medical community does not address nutrition. They do not have time and no quick fix exists. 	<ul style="list-style-type: none"> • Pediatricians will refer “at risk” patients (BMI greater than 25) to a registered dietician for personalized counseling. • Medical community will create monthly newsletter in different languages to talk about body mass index and nutrition. • Medical community will refer caregivers to registered dietitians or mental health facilities for affordable or free family-tailored nutrition and mental health counseling. • More information will be provided at doctor’s office, pediatricians or public health facilities to explain importance of nutrition and effects on obesity.
Individuals and Families	<ul style="list-style-type: none"> • Caretakers and parents do not realize importance of offering more water and less sugary drinks. • Food is used as reinforcement. • Generational issues like "Grandmother does it this way". Doing what they are used to. • Lack of interest; not understanding the importance. • Lack of education regarding nutritional needs 	<ul style="list-style-type: none"> • Parents affected by obesity will talk at churches, community forums, etc. about their experiences and the effect it has had on their family.

CHAMPION Report Summary

Hampton Roads Preschool

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> • Lack of education regarding nutritional needs of preschoolers and normal eating behaviors. • Lack of parental role modeling. • Lack of understanding nutrition labels on foods. • Lack of understanding of portion sizes for two-five year olds. • No family meal times. • Nutritious foods are perceived as less affordable. • Parents and caretakers do not understand relationship between nutrition and obesity. • Parents do not monitor what kids are eating. • Parents do not perceive their kids as overweight. • Parents let the children make the decisions about their food choices. • Time restriction for preparation of healthy meals. 	*Note: solutions were stated on previous page.
Media and Marketing	<ul style="list-style-type: none"> • Advertisements do not promote nutritious choices. • Lack of centralized resources for parents to use when looking for nutritional information (i.e. website). • Restaurant menu choices for 2-5 year olds are not nutritious. 	<ul style="list-style-type: none"> • Have a fun activity demonstrating different aspects of nutrition. Create a song, dance, video, hands-on displays, etc. Have a city park day with professionals and non-professionals and create resource material pertaining to nutrition. Create a traveling show. • Support public service announcements that use celebrities that have been affected by obesity. Have celebrities tell their real life story.
Organizational	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> • Have a fun activity demonstrating different aspects of nutrition. Create a song, dance, video, hands-on displays, etc. Have a city park day with professionals and non-professionals and create resource material pertaining to nutrition. Create a traveling show. • Utilize celebrities to promote nutritional wellness as a public service.

CHAMPION Report Summary

Hampton Roads Preschool

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Preschool and Childcare	<ul style="list-style-type: none"> ● Caretakers and parents do not realize importance of offering more water and less sugary drinks. ● Childcare facilities lack professional guidance in developing menus. 	*Note: no solutions related to this stakeholder were identified.
Societal	<ul style="list-style-type: none"> ● Lots of food choices. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

Hampton Roads School Age

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Lack of federal funding to replace incentives from vending. Food sales and vending through sports functions and activities are needed for the school budget but provide inappropriate foods to students and staff. ● Lack of funding for cafeteria monitoring. ● Lack of funding to pay for a serving versus an offering. ● Outdated school lunch guidelines. 	<ul style="list-style-type: none"> ● Fund nutrition education curriculum being added to the Standards of Learning. Incorporates practical and real life skills into nutrition education curriculum (i.e. healthy menu selection at fast food establishment, selecting appropriate portion size, etc.). ● Health insurance for every Virginian. ● Provide funding for nutrition education staff (i.e. dietitians) to deliver nutrition education to community. ● Get nutrition education staff, Virginia Cooperative Extension, hospital staff, etc. to provide classes for families of school children on healthy eating. ● Make nutrition education a core component in schools. ● Require teachers to have nutrition education to obtain license and for continuing education.
Healthcare Providers	<ul style="list-style-type: none"> ● Lack of funding for dietitians. ● Lack of nutritional knowledge by everyone that comes into contact with the school age child as it relates to nutritional value and obesity/overweight. 	<ul style="list-style-type: none"> ● Encourage physical education teachers and physicians to follow children that are at-risk and develop ways to combat with parents. ● Get nutrition education staff, Virginia Cooperative Extension, hospital staff, etc. to provide classes for families of school children on healthy eating. ● Provide funding for nutrition education staff so they can deliver health and nutrition education course. ● Utilize school nurses to educate school administrators, parents and children on nutrition.
Individuals and Families	<ul style="list-style-type: none"> ● Clean your plate mentality. ● Don't understand eating healthy on a budget. ● Drinking soft drinks instead of water and juices. ● Eating in front of TV. ● Emotional overeating. 	<ul style="list-style-type: none"> ● Boost awareness of life long affects of poor food choices. ● Don't offer foods as an incentive. ● Encourage healthy lifestyles as opposed to diets. ● Limit number of unhealthy choices at home and school.

CHAMPION Report Summary

**Hampton Roads
School Age**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> ● Families are eating majority of meals outside of house. ● Families don't take ownership of general nutrition. ● Junk food substituted for meals. ● Lack of exposure to nutrition materials. ● Lack of nutritional knowledge by everyone that comes into contact with the school age child as it relates to nutritional value and obesity and overweight. ● Lack of nutritious cooking and meal planning. ● Lack of parental example. ● Lack of school personnel (administrators, faculty and staff), as well as parent/caregiver and child's, knowledge on food choices made. ● Misconception of appropriate portion sizes. ● Misconception that healthy food tastes bad. ● More convenient food choices lead to increased consumption of processed foods. ● Need family involvement with better food choices. ● No breakfast. ● No family meal times together. ● No role models. ● Parental resistance to change. For example buying white versus whole grain bread. ● Parents going to grocery store when hungry and making poor choices. ● Strong disconnect between offering healthy choices and lack of coordinated effort to assist students to make better choices. ● Too many unhealthy foods available at home and letting kids choose meals. 	*Note: solutions were stated on previous page.

CHAMPION Report Summary

Hampton Roads School Age

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Individuals and Families	<ul style="list-style-type: none"> Value is associated with portion sizes. People go for the cheaper, larger items and tend to overeat. 	*Note: solutions were stated on previous page.
Insurance Companies	<ul style="list-style-type: none"> Lack of funding for dietitians. 	<ul style="list-style-type: none"> Health insurance for every Virginian. Insurance companies will provide specific nutrition material in quarterly letters.
Media and Marketing	<ul style="list-style-type: none"> Advertisement bombardment of unhealthy foods by TV, billboards, multimedia, etc. More convenient food choices lead to increased consumption of processed foods. We are not getting the message out there. 	<ul style="list-style-type: none"> A media campaign will be developed to eat healthy snacks at home and at school. Utilize local media to potentially obtain free air time to get this message out there. Develop a media campaign by using state funding to inform on the risks associated with being overweight and provide solutions to overcome. Involve school age population to act out scenarios for the media; use campaign slogan of "exercise more-eat less". Food and beverage companies will create a media campaign using celebrity recognition to educate on nutrition. Involve local and state media sources to provide public service announcements, air time, etc. on practical nutrition education ideas that all can put into practice easily. Manufactures will come up with a rating scale for healthy food items.
Organizational	<ul style="list-style-type: none"> Lack of nutritional knowledge by everyone that comes into contact with the school age child as it relates to nutritional value and obesity and overweight. 	<ul style="list-style-type: none"> Add warning labels for parents on unhealthy food items. Develop a partnership with state and local dietetic organizations to provide nutrition education. Develop a snack rating system (red, yellow, green). Establish community coalitions to provide nutrition education to the community (all who have need and want for this service). This is to include the availability of literature on healthy foods and snacks.

CHAMPION Report Summary

Hampton Roads School Age

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	<ul style="list-style-type: none"> ● Lack of nutritional knowledge by everyone that comes into contact with the school age child as it relates to nutritional value and obesity and overweight. 	<ul style="list-style-type: none"> ● Make the required community nutrition that is part of dietetic internship more available to community programs and other programs. ● Promote game industries to come up with creative games to teach healthy choices. ● Provide funding for nutrition education staff (i.e. dietitians) to deliver health and nutrition education to community. <p>Teach the relationship between nutrition and chronic disease through schools, faith-based organizations and all that may have value for such a service.</p>
Preschool and Childcare	<ul style="list-style-type: none"> ● Lack of nutritional knowledge by everyone that comes into contact with the school age child as it relates to nutritional value and obesity and overweight. ● Lack of school personnel (administrators, faculty and staff), parent, caregiver and child's, knowledge on food choices made. 	<p>*Note: no solutions related to this stakeholder were identified.</p>
Schools	<ul style="list-style-type: none"> ● Expanding menu choices in schools and some of the choices are not healthy. ● Lack of nutritional knowledge by everyone that comes into contact with the school age child as it relates to nutritional value and obesity/overweight. ● Lack of school personnel (administrators, faculty and staff), parent, caregiver and child's, knowledge on food choices made. ● Lack of teaching or testing of nutrition education required by school age students. ● Over abundance of snack foods and unhealthy vending choices. ● No role models. ● Presentation of food not catching students' eye. ● School menus are not necessarily healthy. ● School schedules don't have enough time for 	<ul style="list-style-type: none"> ● Cafeterias will make healthy food choices that are learned in nutrition education courses. ● Children will have field trips to vegetable and fruit farms and get extra credit for maintaining community gardens. ● Children will put menus together as one of their homework assignments. ● Develop a school campaign to canvas local food and beverage establishments to offer healthier alternatives and better portions and food positioning. ● Develop curriculum that incorporates nutrition education into other subjects (math, history, physics, etc.). ● Don't offer foods as an incentive. ● Encourage physical education teachers and physicians to follow children that are at-risk and develop ways to combat with parents.

CHAMPION Report Summary

**Hampton Roads
School Age**

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Schools	<p>breakfast or lunch. This results in learning the habit of eating quickly.</p> <ul style="list-style-type: none"> • Strong disconnect between offering healthy choices and lack of coordinated effort to assist students to make better choices. • Too many choices for school age children. 	<ul style="list-style-type: none"> • Have cafeteria mark healthy foods and provide information on healthy snacks. • Health report card will include body mass index. • Limit number of unhealthy choices at home and school. • Provide funding for nutrition education staff so they can deliver health and nutrition education course. • Provide nutrition education at PTA meetings and teachers' in-services. • Provide information to parents and caregivers about nutrition and food choices on school website, menus and other literature that the parent receives. • PTA meetings will offer a grocery simulation for parent and a separate one for child. Information will be distributed through newsletters. • Send home monthly information sheets on specific nutrition topics with a series of questions for parents to answer, sign and return for a student's homework grade. • Teach physical education teachers to read labels. • Teach the relationship between nutrition and chronic disease through schools, faith-based organizations and all that may have value for such a service. • Utilize school nurses to educate school administrators, parents and children on nutrition. • Utilize pre-developed physical education USDA materials.

CHAMPION Report Summary

Hampton Roads School Age

Nutrition Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Societal	<ul style="list-style-type: none"> ● Addictive properties of sugar. ● Cost of fresh produce is prohibitive for many. More nutritious foods cost more. ● Fast food is easier and cheaper. ● Lack of communication between all parties. ● Public is confused by nutritional facts and fad diets. ● Virginia culture revolves around food which is used as a reward at home and at school. 	*Note: no solutions related to this stakeholder were identified.

CHAMPION Report Summary

Hampton Roads Senior Inactivity Issues and Solutions by Region, Age Group and Stakeholder		
This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.		
	Nutrition	
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	<ul style="list-style-type: none"> ● Seniors have a lack of transportation so they can't get out to buy milk, fresh fruits and vegetables. They end up eating high sodium or packaged foods or eating out. 	<ul style="list-style-type: none"> ● Funding will be increased for nutrition training. ● Implement regulations for the food industry to follow regarding healthy portion sizes.
Healthcare Providers	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Educate healthcare professionals so that they can accurately educate seniors. ● Educate the medical community on nutrition to better serve their seniors. ● Funding will be increased for nutrition training.
Individuals and Families	<ul style="list-style-type: none"> ● A general lack of money. Money is used for other things (rent, etc.) and seniors cannot afford the "right" foods, use other food choices that are cheaper. ● Cultural and life long habits are ingrained from an early age. It is very hard to reverse unhealthy habits and there is resistance to change. ● Food provided to some seniors from places such as food banks, churches, family, vending machines, etc. are not always the healthiest. ● Lack of education regarding what makes up good nutrition. For example, not knowing how to read and understand nutrition labels. ● Lack of meal planning among seniors to create nutritious meals. ● Physical disabilities may limit the type of kitchen appliances that can be used to prepare foods. ● Portions are too large at home, at restaurants, food bars and/or fast food. ● Seniors are at home a lot with many worries and may have depression. This could lead to overeating to solve their problems. ● Seniors make unhealthy diet choices. ● Single seniors don't cook just for themselves and have a tendency to eat out too much. 	<ul style="list-style-type: none"> ● Seniors will learn about portion size, calorie involvement and the amount of exercise needed to burn the calories one eats.

CHAMPION Report Summary

**Hampton Roads
Senior**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	<ul style="list-style-type: none"> • Portions are too large at home, at restaurants, food bars and/or fast food. • There is a lack of healthier menu choices in restaurants. 	<ul style="list-style-type: none"> • An awareness campaign will be created to encourage seniors to take personal responsibility to eat proper portion sizes. • Have stores provide nutrition education information within their circulars. • Restaurants will offer smaller or half portions and/or examples of proper portion descriptions with calorie count to promote healthy eating habits.
Organizational	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> • Challenge seniors of various cultural groups on how they could make changes to recipes for healthier alternatives and reward them with a prize. • Create a campaign to encourage seniors to take personal responsibility for their own healthy eating habits and overall health. • Create a newspaper column or article on nutrition. • Create intergenerational programs geared towards changing eating habits for healthier living while maintaining the culture. • Establish a 1-800 information line that seniors could access when they need nutritional information or advice. • Group programs will be used to teach and educate seniors about proper nutrition and portion size (i.e. a program like Cooperative Extension to teach meal planning, making shopping lists, reading food labels and conduct shopping trips). • Identify nutrition information that a senior could access/view where they live such as TV shows, videos, tapes, etc. • Provide a one page information fact sheet on the basics of proper nutrition and distribute to senior housing, senior centers, supermarkets, etc. • Seniors will be educated about new information regarding living longer and leading healthier lives through good nutrition. • Seniors will be taught individually in various senior settings about good nutrition and proper portion size in accordance with their doctor's recommendations. If they cannot read, pictures

CHAMPION Report Summary

Hampton Roads Senior

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: no issues related to this stakeholder were identified.	will be used to communicate. <ul style="list-style-type: none"> ● Taste testing and/or cooking classes will introduce seniors to new foods or new food preparation techniques and encourage the benefits of healthier eating..

CHAMPION Report Summary

Hampton Roads

Young Adult

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Government: Local/State/Federal	<ul style="list-style-type: none"> ● No restrictions of Food Stamp participants for selections of foods. 	*Note: no solutions related to this stakeholder were identified.
Healthcare Providers	<ul style="list-style-type: none"> ● Lack of access to nutritionists. ● Readily available medical fixes such as medications and bariatric surgery causes people not to care. 	*Note: no solutions related to this stakeholder were identified.
Individuals and Families	<ul style="list-style-type: none"> ● Don't know how to shop for groceries. ● Fad diets and quick fixes. ● Lack of budgeting skills. ● Lack of cooking at home; utilizing fast food stores. ● Lack of knowledge regarding calorie content of foods. ● Lack of learning to like healthy foods at an early age. ● Living fast and eating fast foods versus cooking at home. ● Not recognizing the need for appetite control. ● Over committed lifestyles that prohibit shopping and preparing home cooked meals. ● Socialization of the young adult group promotes unhealthy food choices and excess alcohol consumption. ● Too many all-you-can-eat bars cause people to eat as much as they can for as little money as they can. ● Transitioning to being responsible for food choices, but don't have education to make those healthy choices. 	<ul style="list-style-type: none"> ● Cook several meals ahead and freeze for those busy days. ● How to set up a household budget and keep tabs on how much money you spend eating out versus shopping and eating at home.
Insurance Companies	<ul style="list-style-type: none"> ● Lack of access to nutritionist. ● Readily available medical fixes such as medications and bariatric surgery causes people not to care. 	*Note: no solutions related to this stakeholder were identified.

Hampton Roads Young Adult

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Media and Marketing	<ul style="list-style-type: none"> ● Conflicting media and advertising information. For example, food labels and fad diets. ● Lack of grocery stores in low income communities. ● Marketing of diet pills; labels too small. ● Not enough marketing and availability of healthy choices within food selection. ● Portion distortion. 	<ul style="list-style-type: none"> ● Conduct a public service announcement campaign that shows the impact of unhealthy food choices by the young adult group versus showing the benefits of healthy food choices (i.e. like the Smoking public service announcements). ● Conduct a visual media campaign on the physical effects of excess alcohol (i.e. weight and liver). ● Develop grocery store point of sale "easy recipe guides". ● Get local celebrities to promote healthy eating (i.e. like the Got Milk campaign). ● Use a public service announcement to advertise dinner time as a fun time and/or family time. Require TV stations to have additional public service announcements with quick cooking tips (home cook versus fast food) and post the tips on their website.
Organizational	<p>*Note: no issues related to this stakeholder were identified.</p>	<ul style="list-style-type: none"> ● Advise church groups to promote good nutrition and nonalcoholic beverages at pot lucks and church functions. ● Civic organizations, community centers, campuses, churches and other groups will organize "Healthy Eating Clubs". ● Community centers and other organizations will offer mini-life and family coach classes to help families organize commitments, use better time management, prepare a grocery list and schedule shopping time. ● Community centers will offer healthy cooking classes especially during the dinner hour. ● Create and mass distribute a cookbook containing inexpensive less-time recipes for home cooked meals and educate on the health benefits. ● Create and mass distribute a pocket sized local healthy eating guide for eating out choices. ● Educate on food safety when eating out and the money on what you might spend on the doctor for being sick. ● Encourage community groups to offer social activities that involve healthy foods and no alcohol (i.e. bowling alleys, dances, etc.).

CHAMPION Report Summary

**Hampton Roads
Young Adult**

Inactivity Issues and Solutions by Region, Age Group and Stakeholder

This table shows a relationship between issues and solutions as it relates to the age group, stakeholder and determinant. These are not meant to match on a one-to-one relationship.

Nutrition		
<i>Stakeholder</i>	<i>Issues</i>	<i>Solutions</i>
Organizational	*Note: issues were stated on previous page.	<ul style="list-style-type: none"> ● Faith-based and community groups will offer times for individuals to shop with seasoned shoppers and provide daycare. ● Local retail organization will sponsor healthy cooking festivals. ● Mass produce and distribute meal planning guides. ● Offer stress reduction and time management training classes so individuals will learn how to relax and slow down so they can enjoy a long healthy life. ● Provide nutritional education through a social environment using the "Pampered Chef" concept. ● Train lay 18-30 year olds to provide training and education in peer social settings on healthy eating.
Schools	*Note: no issues related to this stakeholder were identified.	<ul style="list-style-type: none"> ● Civic organizations, community centers, campuses, churches and other groups will organize "Healthy Eating Clubs". ● High schools will provide healthy and basic cooking skills classes and make it a prerequisite for graduation.
Societal	<ul style="list-style-type: none"> ● Convenient foods are unhealthy. ● High costs of fresh meat and produce. 	*Note: no solutions related to this stakeholder were identified.