



## How to Get Started

Thank you for your interest in joining Partners for a Healthy City. Your commitment to implement policy changes within your organization that supports healthy eating and active living will help create a healthier community. To join this community-wide movement, please follow these easy steps.

**1. Contact Partners for a Healthy City**

Laura Feyerherm, M.S., Grant Project Manager

Phone: 402-934-5795

Email: [laura@welcomomaha.org](mailto:laura@welcomomaha.org)

**2. Complete the Pre-Assessment**

This questionnaire will be provided to you by your Partners for a Healthy City trainer.

**3. Sign your Letter of Intent and select the policies you wish to implement.**

These forms can be found on the following pages.

**4. Make healthy happen by implementing your policies.**

Resources and ideas on successful policy implementation can be found on our website at [partnersforahealthycity.org](http://partnersforahealthycity.org). You also will have ongoing access to your personal trainer when you have questions or need more assistance.

**5. Share your successes with us.**

Changing the health of an entire community can only occur through strategically focused, collaborative efforts. Your experiences will help others as the movement grows.



## Healthy Food Policy for Environmental Change

I \_\_\_\_\_ [Agency Representative] representing

\_\_\_\_\_ [Agency Name] agree to make the following policy/environmental changes/additions in support of making Omaha a healthier city to live, work, play, and raise children.

Effective \_\_\_\_\_ [Date], it is the policy of \_\_\_\_\_ [Organization Name] to support healthy food/beverage options by \_\_\_\_\_ (Please identify your policy below).

- Healthy Food/Beverage options
  - Ensure the availability of healthy food and beverages
    - Include at least one healthy option wherever food is offered-whether in the cafeteria, at events, during meetings or for celebrations
    - Post nutritional information
  - Make water available and easily accessible
    - Install water cooler
    - Provide water and other non-sugar sweetened beverages at meetings, events and celebrations
  - Adopt Healthy Vending Guidelines (Food and Beverage)
  - Breast feeding support
    - Designated lactation room
    - Provide breast pump
  - Provide prompts and signage to promote health food/beverage options
- Supporting Local Agriculture
  - Participate in Farm to Institution
  - Participate in Community Supported Agriculture (CSA)
- Other \_\_\_\_\_

Signature of Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

Signature of PHC Representative \_\_\_\_\_ Date \_\_\_\_\_



## Physical Activity Policy for Environmental Change

I \_\_\_\_\_ [Agency Representative] representing

\_\_\_\_\_ [Agency Name] agree to make the following policy/environmental changes/additions in support of making Omaha a healthier city to live, work, play, and raise children.

Effective \_\_\_\_\_ [Date], it is the policy of \_\_\_\_\_ [Organization Name] to support physical activity by \_\_\_\_\_ (Please identify your policy below).

- Support Active Transportation
  - Provide and maintain a bike rack
  - Reimburse bus fare the same as mileage
  - Provide a bike share
  - Promote walking, biking or taking transit to meetings
  - Bicycle Friendly Organization
  
- Support Physical Activity within your Organization
  - Make Physical Activity part of meetings and workdays
    - Promote walking meetings
    - Provide and promote physical activity breaks to re-energize
    - Promote physical activity during lunch
    - Provide on-site exercise rooms and equipment and/or showers and lockers
    - Reduce screen time
  - Improve stairwells and encourage people to take the stairs
  - Provide discount memberships to fitness centers or recreation areas
  - Make on-site exercise facilities publicly accessible
  - Joint/shared use agreement to share facilities/resources with another organization or neighborhood
  - Establish a wellness committee/program
    - BMI assessment/tracking
  - Provide prompts and signage to promote physical activity
  
- Other \_\_\_\_\_

Signature of Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

Signature of PHC Representative \_\_\_\_\_ Date \_\_\_\_\_