DELAWARE PARTNERS TO PROMOTE
HEALTHY EATING AND ACTIVE LIVING

Physical Activity, Nutrition & Obesity Prevention Comprehensive Plan

2010 - 2014

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Acknowledgments

In June 2008 the first Summit on Physical Activity, Nutrition, and Obesity Prevention was held with more than 100 individuals representing over 60 organizations to develop the framework for a five year comprehensive plan.

During the course of a year, with the technical assistance from Division of Public Health and facilitative and administrative support from Goeins-Williams Associates, participants met quarterly, named themselves the Delaware Partners to Promote Healthy Eating and Active Living, or known simply as DE HEAL, and worked to create this plan for *Physical Activity, Nutrition and Obesity Prevention for the State of Delaware*.

We would like to thank everyone who participated in the process. These partners are listed at the end of this plan. We would especially like to thank the Steering Committee from the first summit- Ray Bivens; Delaware State Parks, Dr. Karyl Rattay who at the time was with Nemours Health and Prevention Services and now is the Director of the Division of Public Health; Marianne Carter, Delaware Center for Health Promotion; Roberta Gealt, University of Delaware; BJ Decoursey, Institute for Public Administration; David Marvel, Delaware Fruit and Vegetable Growers Association; Carol Giesecke, Delaware State University; Dr. Darrin Anderson, Delaware Diabetes Association; and Janice Parker, formerly from the American Heart Association.

The planning process demonstrated that much can be accomplished through a united effort across all sectors of our state. We hope this plan will stimulate more programs and initiatives, and help organizations obtain funding to work together toward the goals.

Michelle Eichinger, MS, CHES
Physical Activity, Nutrition, and Obesity Prevention Program Administrator
Delaware Division of Public Health

Letter from the Director

Dear Delawarean,

I am pleased with the release of this strategic plan to promote healthy eating and active living in Delaware. This report provides a comprehensive approach, with measurable objectives that serve as a model for what I hope will be more efforts to reach our state's long term health prevention goals.

I am proud of the various agencies and organizations who have come together to form Delaware Partners to Promote Healthy Eating and Active Living. With the obesity epidemic worsening, a comprehensive stance to address nutrition and physical activity is necessary. Having individuals representing a variety of disciplines, from health care practice to community-based organizations to transportation planning, allows for an inclusive approach to improving the health of all Delawareans.

Healthy diet and physical activity are important behaviors for preventing or controlling many chronic diseases that are the leading causes of death in our state- heart disease, diabetes, and even some types of cancer. This plan is an effort to reverse the negative trends and help all Delawareans be more physically active and eat healthier.

I am encouraged to see so many partners working together for accomplishing common goals as they relate to health. However, there is much to be done. Please use this document as a tool to improve health in your community. Consider joining Delaware Partners to Promote Healthy Eating and Active Living. Together, we can make Delaware the healthiest it can be.

Sincerely,

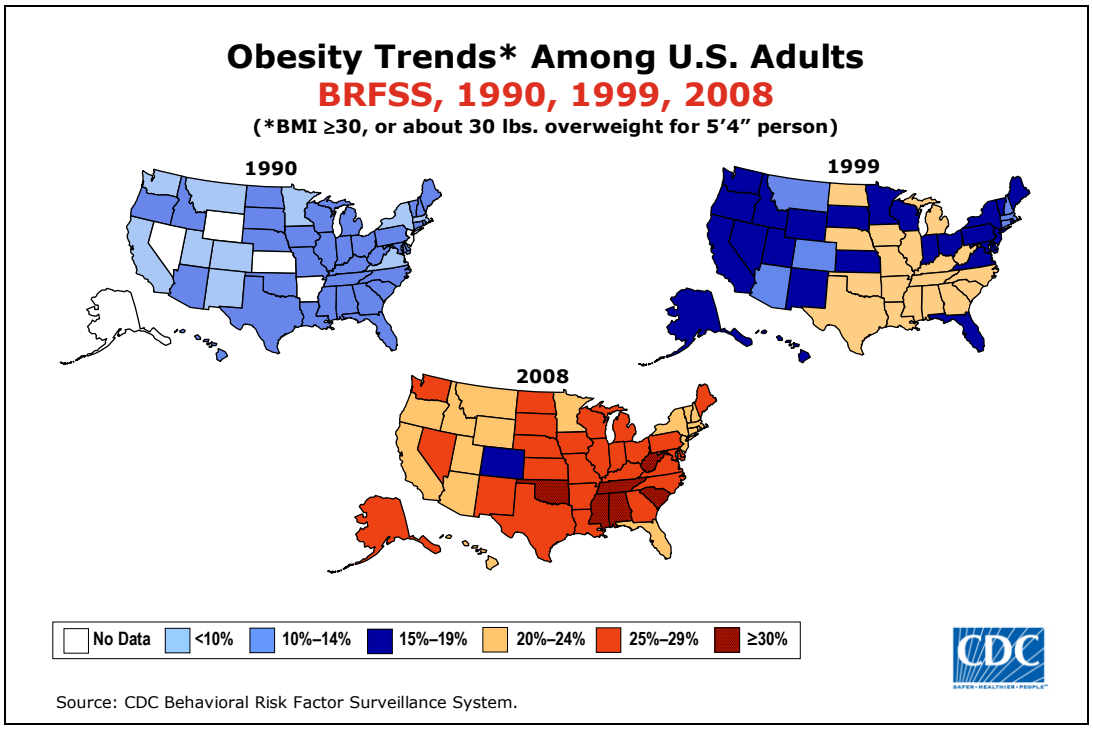
Karyl Rattay, MD, MS, FAAP, FACPM
Director Division of Public Health
State of Delaware

What's the Problem?

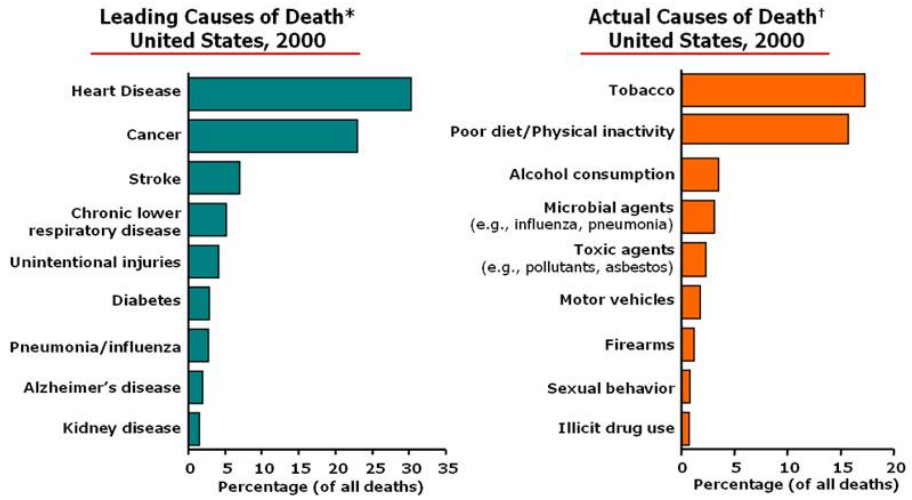
Obesity

Physical inactivity, poor diet, and obesity are major causes of chronic disease and premature death in Delaware and in the nation.

In the 2001 *Call to Action to Prevent and Decrease Overweight and Obesity*, then Surgeon General David Satcher pointed out that overweight and obesity "have reached epidemic proportions in the United States." The graphic below demonstrates the trend in obesity across the nation. About 365,000 deaths (about 15.2% of all US deaths) in this country are attributed to poor diet and physical inactivity. Only tobacco kills more people.



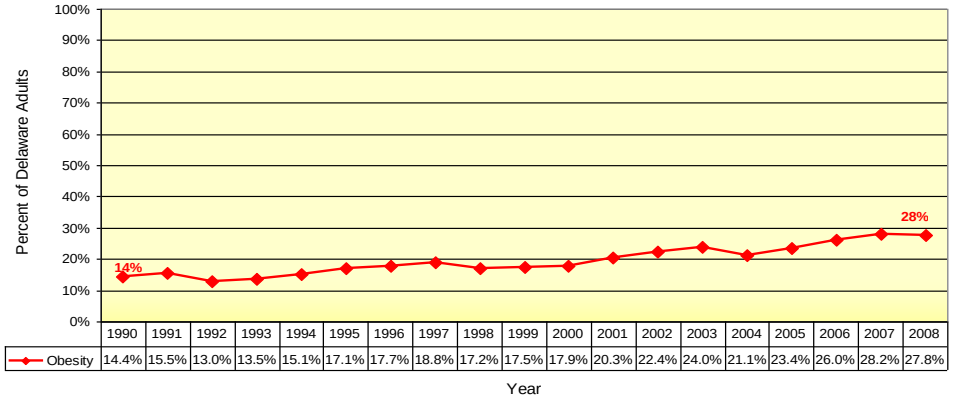
Source: CDC Behavioral Risk Factor Surveillance System.



* Miniño AM, Arias E, Kochanek KD, Murphy SL, Smith BL. Deaths: final data for 2000. National Vital Statistics Reports 2002; 50(15):1-120.
† Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004;291(10):1238-1246.

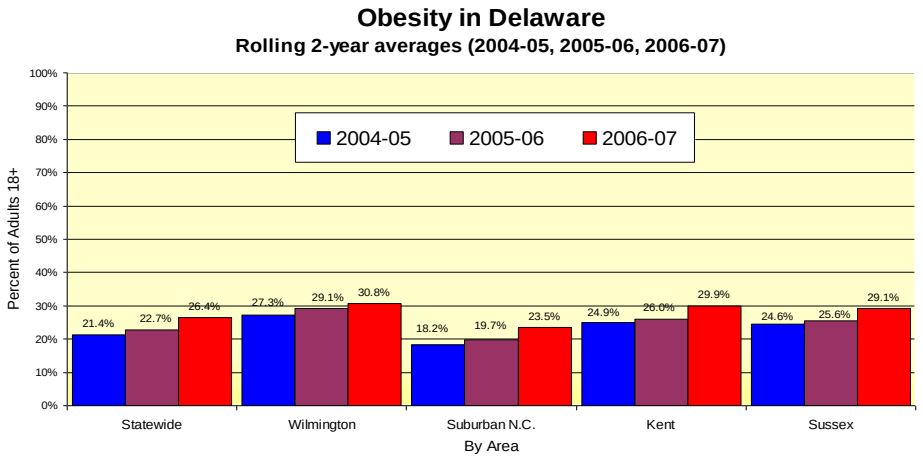
Trends in Delaware, as in the rest of the country, have not been improving. The chart below, from Delaware's annual Behavior Risk Factor Survey, shows a steady increase in obesity among Delaware adults in the past 18 years. The prevalence of obesity has doubled from 14% in 1990 to 28% in 2008 of adults age 18 years and older. With the prevalence of overweight at 36%, almost two-thirds of Delaware adults are either overweight or obese, using the body mass index (BMI) calculations. It is important to note that the data for overweight and obesity are self-report height and weight measures; typically, these values are underestimated and therefore the data are conservative.

Obesity Doubled Among Delaware Adults: 1990 - 2008



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey, 1990-2008

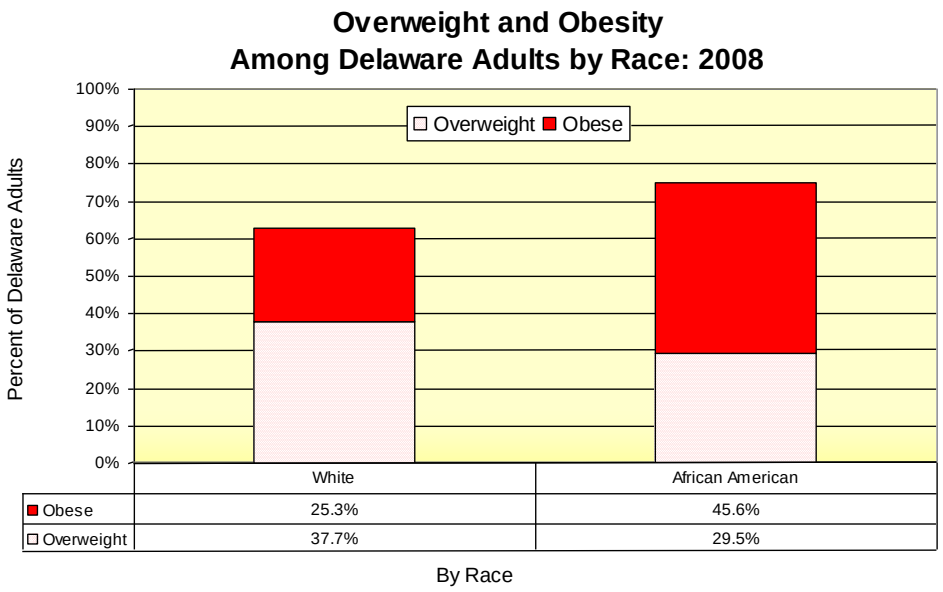
Obesity by County and City of Wilmington



Source: Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance System (BRFSS), 2004-2007.

Obesity is more common in Kent County than in either New Castle or Sussex. Obesity increases with age, until adults reach their 60s. 19.6% (CI=11.0-28.2%) of young adults, age 18-24, are obese, compared with 34.7% (CI=30.0-39.4%) of adults in the 45-54 age group. Among adults age 65 and older, 24.4% (CI=21.3- 27.5%) are obese. This drop-off after age 65 is likely attributable to increased mortality among obese adults from heart disease and cancer.

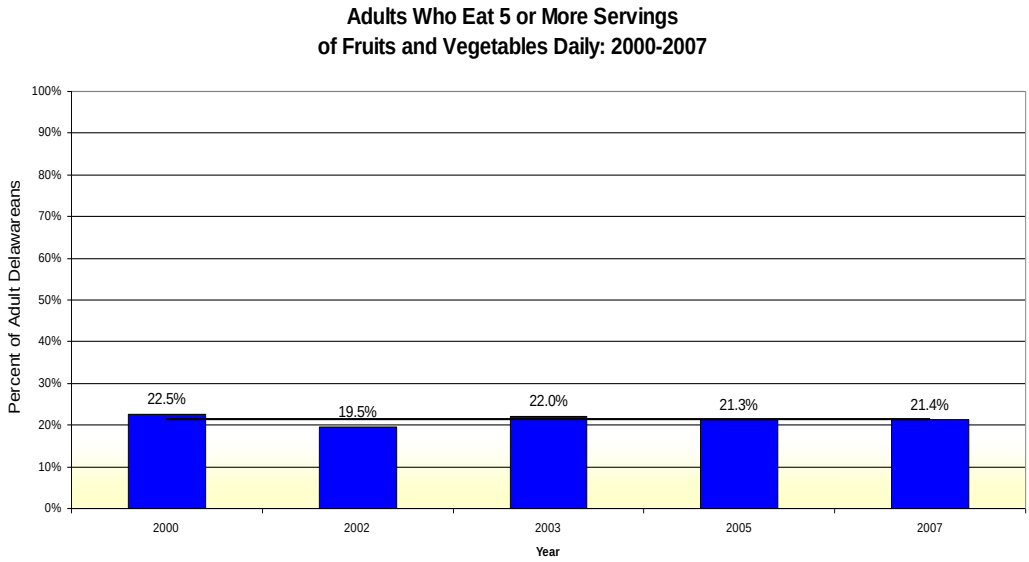
There is a significant disparity among non-Hispanic white adults and African Americans. About 25.3% of white adults are obese, compared with 45.6% of African Americans.



Source: Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance System (BRFSS), 2008.

Physical Activity and Healthy Nutrition

One indicator for assessing healthy nutrition is to measure how many fruits and vegetables individuals consume on a daily basis. The Behavioral Risk Factor Survey includes questions regarding fruit and vegetable consumption every odd-numbered year. For almost a decade, there has been very little change in this behavior, as shown below.

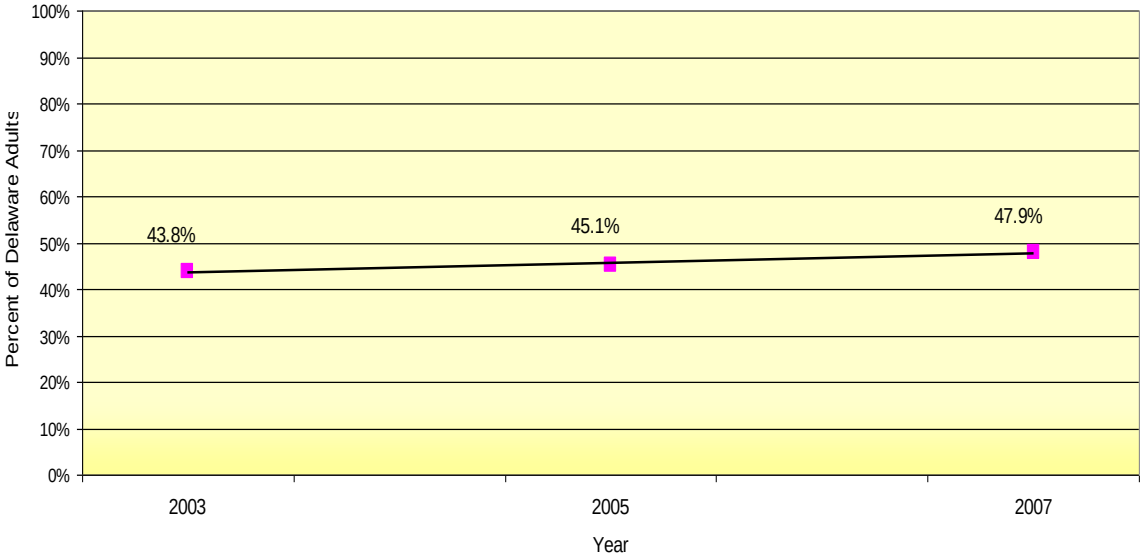


Source: Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance System (BRFSS), 2000-2007

There is strong correlation between lack of physical activity and the prevalence of overweight and obesity. In the Behavioral Risk Factor Surveillance System (BRFSS), indicators to assess physical activity are based on a set of questions that address type, duration, and frequency of physical activity – both at work and in leisure time. Although the graph below indicates an incremental increase in physical activity, there is still much room to improve. The BRFSS showed that:

- **20.4%** of Delaware adults met recommendations for moderate physical activity
- **13.5%** met recommendations for vigorous physical activity
- **14%** met both recommendations of moderate and vigorous physical activity
- **40.9%** got insufficient activity to meet any recommendations
- **11.2%** reported getting no physical activity at all.

Delaware Adults Who Meet Recommendations for Moderate and/or Vigorous Physical Activity: 2003-2007



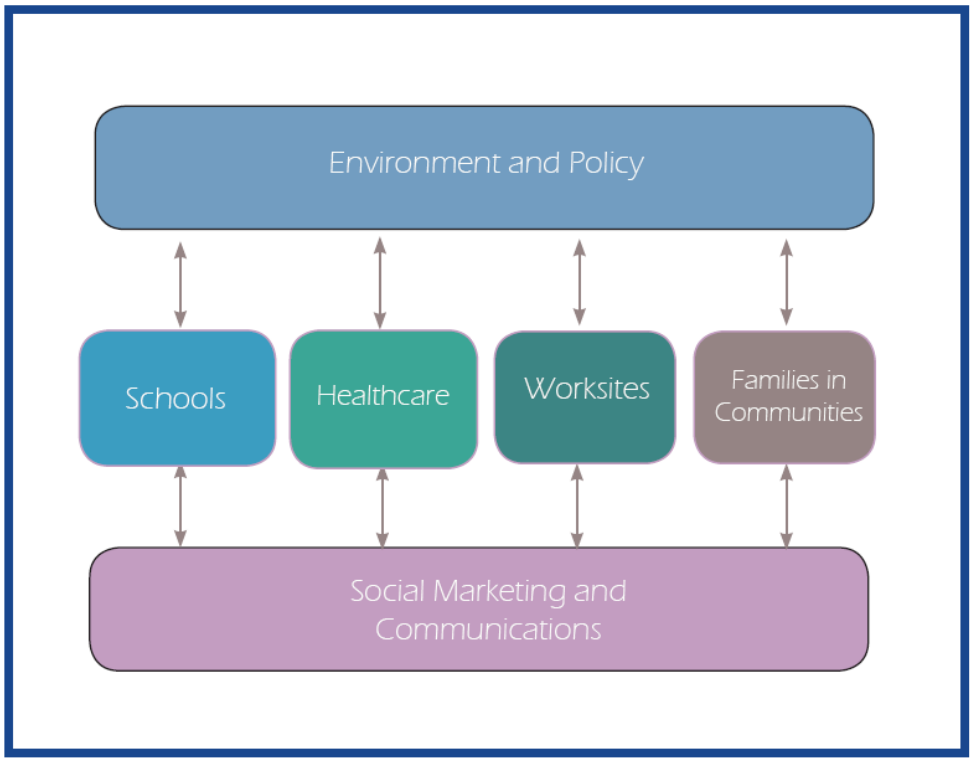
Source: Delaware Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance System (BRFSS), 2001-2007

Our Approach

Target Areas

- Increase physical activity
- Increase the consumption of fruits and vegetables
- Decrease the consumption of sugar-sweetened beverages
- Increase breastfeeding initiation and duration
- Reduce the consumption of high-energy dense foods
- Decrease television viewing

Taking the target areas and the strategies in developing the comprehensive plan, the partners, identified as the *Delaware Partners to Promote Healthy Eating and Active Living*, worked within six settings, similar to the settings identified in the Surgeon General's *Call to Action* document. The organizational structure for *Delaware Partners to Promote Healthy Eating and Active Living* is shown below.



Blueprint for a Healthier Delaware

In 2002, many partners worked to develop the first plan to promote healthy nutrition and physical activity. The Delaware Coalition to Promote Physical Activity and Healthy Nutrition developed a *Blueprint for a Healthier Delaware: Promoting Physical Activity and Healthy Nutrition, the 2010 Plan*. This Blueprint provided a framework in developing a comprehensive, strategic 5-year plan.

Many of the partners who worked on the Blueprint also contributed to this 5-year plan (2010-2014). In June 2008, over 100 individuals representing over 60 organizations or agencies across the state came together for a summit to lay the groundwork in developing a statewide, comprehensive 5-year nutrition, physical activity, and obesity prevention plan. These individuals, who identified themselves as the Delaware Partners to Promote Healthy Eating and Active Living, met quarterly and used the Blueprint as a platform to develop this plan.

Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity

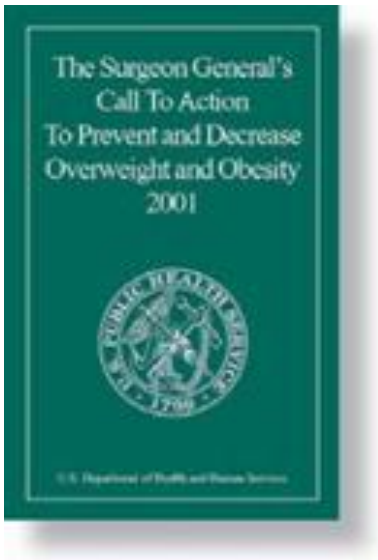
In 2001, the Surgeon General David Satcher issued a landmark document, The Surgeon General's *Call to Action to Prevent Overweight and Obesity*. Surgeon General Satcher stated that overweight and obesity have reached epidemic proportions in the United States and that taking action now will have "profound effects" on increasing both the quality and years of healthy life in this country. He added that these changes will also help reduce disparities among racial and ethnic groups. He outlined the CARE approach to addressing overweight and obesity, with the acronym CARE referring to: Communication, Action, Research and Evaluation. In each of these categories, the Call to Action outlines recommendations for five settings:

- Families and Communities
- Schools
- Health Care
- Media and Communications
- Worksites

The recommendations addressed in the Call to Action are based on strategies that have been tested and found effective. However, because the effort to increase physical activity and healthy nutrition will require both new science and creative approaches, there is a strong emphasis on the need for good research and evaluation.

In developing Delaware's 5-year plan (2010-2014), the settings listed in the Call to Action were used in identifying the settings for the Delaware Partners to Promote Healthy Eating and Active Living.

The Call to Action outlines some general principles which are common to successful programs:



- Actions are diversified and cooperative groups are desirable;
- Actions require vigorous and dedicated commitment;
- Actions should strive to help all Americans maintain a healthy or healthier weight through balancing caloric intake and energy expenditure;
- Actions should focus on multiple levels, targeting the environment, behavior changes and policy; and
- Actions should be carefully planned.

Taking a Socio-Ecological Approach

Socio-Ecological Model

From individual behavior change to changes in public policy, Delaware Partners to Promote Healthy Eating and Active Living aimed to address multiple levels of society; this is called the Socio-Ecological Model and it is a cornerstone of our approach.

Individuals

Addressing obesity and other chronic diseases begins by changing everyday behaviors that relate to eating and physical activity. That means changing people's knowledge, attitudes, and beliefs. But they don't have to go it alone. Through interconnected social relationships including families, schools, communities, and government, individuals can find the support and guidance they need to start making more healthful choices.

Interpersonal Groups

Whether it's a family or a group of friends, a book club, or a biking club, almost everyone belongs to some sort of group. Interpersonal groups are an important way to encourage healthful behaviors,

giving individuals the knowledge and support they need to make good nutrition and physical activity choices.

Organizations

Organizations include schools, places of employment, places of worship, sports teams, and volunteer groups; to name just a few. Organizations can help members make better choices about healthful eating and physical activity through changes to organization policies and environments as well as by providing health information.

Communities

A community is like a large organization, able to make changes to policy and the environment to give residents the best possible access to healthful foods and places to be physically active. Examples include changes to zoning ordinances, improvements to parks and recreation facilities, or creating ways to distribute free or inexpensive fruits and vegetables. These are only a few of the many ways community residents, groups, and organizations can work together to improve nutrition and physical activity.

Society

This all-encompassing category involves individuals, organizations, and communities working together for change. New nutrition and physical activity legislation, statewide school policies, media campaigns, and partnerships with business and industry are just some of the ways a comprehensive strategy to address obesity and other chronic diseases takes shape on a large scale.

Families In Communities

Societal influences shape individual behavior across the lifespan and these influences come from our families and communities. Behaviors are often learned and reinforced by the family and influential individuals within our communities, which is why it is important that these learned behaviors are healthy ones. Targeted interventions at the community level (faith-based or community-based) organizations can influence individual behavior.

Goal 1: Increase opportunities for healthy eating and physical activity for all Delawareans through community-based efforts.

Objective 1: By 2011, conduct a community assessment and gap analysis that identifies community/family attitudes, behaviors and resources to determine programmatic design.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Determine what is already in existence and existing behaviors.	Division of Public Health (Behavioral Risk Factor Surveillance Data), Division of Medicaid & Medical Assistance (DMMA) Childhood Obesity Study, Delaware Healthy Eating Active Living (DE HEAL) Inventory, Nemours Health and Prevention Services (NHPS), Sussex Child Health Promotion, Inc., Mental Health Providers, Division of Substance Abuse and Mental Health.	2011	$5,000	Inventory of existing resources
2. Determine methodology and develop the assessment tool; determine community target areas and demographics.	Division of Public Health (DPH), University of Delaware (UD), Delaware State University (DSU), NHPS.	2011	$5,000	Methodology and tool determined
3. Conduct Community Needs Assessment gap analysis and recommendations and issue findings.	UD, DSU, NHPS.	2011	$5,000	Report of Community Needs Assessment and Gap Analysis

Families In Communities

Charles Klase of Smyrna, Delaware lost 80 pounds with help from the Ten Ton Challenge.

Ten-Ton Challenge

In January 2009, the Delaware Center for Health Promotion (DCHP) partnered with The News Journal to provide a 10-week weight loss program entitled "Be Healthy Delaware: The Ten Ton Challenge." Christiana Care Health System served as the corporate sponsor. DCHP's registered dietitian created the program which encouraged readers (in print and online) to work on one weight-loss promoting behavior each week. Participants tracked their weight online and kept an activity log. Random prizes were awarded weekly and at the end of the program. This free weight loss initiative attracted over 5,000 registrants - 2500 Delawareans completed the program, losing a total of 21,087 pounds (average weight loss was 8.5 pounds). The program also resulted in a statistically significant increase in physical activity during the 10 weeks.

Marianne Carter, MS, RD
Director, Delaware Center for Health Promotion

Objective 2: By 2014, the number of healthy eating and/or physical activity programs in community-based, faith-based organizations and state/county/municipality parks and recreation agencies will increase by 10%.

Families In Communities

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Determine baseline from community needs assessment.	DPH, NHPS, UD, DSU.	2011	See objective 1	See Objective 1
2. Define criteria for HEAL program that are model program or initiatives and structured activities.	DE HEAL Partners.	2011	$0	Developed criteria
3. Rank programs according to the criteria.	DE HEAL Partners.	2012	$0	Ranked listing
4. Ensure that public has access to programs, resources guidance and technical assistance by leveraging the DE HEAL website and partners.	DPH, Food Bank of Delaware (DE), Barber shops, Hair and Nail Salons, NHPS, UD, DSU, Faith based organizations, Wellness Centers, Farmers Markets, Growing Associations, Department of Agriculture (DDA), Schools, Parks and Recreation, Corner Stores, Delaware Cooperative Extension, Community Centers, Health Care Facilities, Supermarkets.	2013	$0	Leverage DE HEAL to disseminate information
5. Encourage the improvement of initiatives, structures activities into new programs and improve existing programs	DPH, NHPS, UD, DSU, Community Sports, Booster Clubs, Adults sports venues, Youth programs and agencies, School/parent programming.	2013		Number of new programs Number of improved programs

6. Continue Lt. Governor's Challenge.	DPH, UD, Office of the Lt. Governor.	Yearly (on-going)	$75,000	Lt. Governor's Challenge reports
7. Disseminate opportunities for funding (including foundations and grants) for evidenced based programming (i.e. Body and Soul program).	DPH, NHPS, UD DSU, United Way, DE HEAL Partners, Faith Based Organizations.	Yearly (on-going)	$1,250	Funding opportunities posted on DE HEAL website and email distribution
8. Award mini-grants ($2.5K to $10K) to support evidenced-based programs to new or existing programs community organizations.	DPH, NHPS, UD, DSU, DE HEAL Partners.	2014	$200,000	Number of mini grants awarded

Objective 3: By 2014, pass legislation for taxation on soda and/or high energy dense foods that will generate revenue to support obesity prevention programs.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Explore similar legislation in other states.	DE HEAL Partners.	2011	$0	Report of similar legislation
2. Draft legislation.	DE HEAL Partners.	2012	$0	Draft of legislation
3. Identify sponsor to submit proposed legislation.	DE HEAL Partners.	2012	$0	Sponsor identified to support legislation

Schools

Promoting Fruit and Vegetables in the Schools

Healthy Foods for Healthy Kids (HFHK) is non-profit organization that aims to bring food and garden-based educational programs to schools throughout Delaware. HFHK provides hands-on lessons that are grade level appropriate, support Delaware content standards, and enhance students' health awareness. They also provide grant writing services to fund garden construction and program implementation.

So far, HFHK has assisted Keene Elementary School, Springer Middle School, and Marshall Elementary School, in building school gardens and providing hands-on lessons to children.

DR. THIANDA MANZARA
FOUNDER AND DIRECTOR

The learning environment has a huge influence on the attitudes and values of children. Childhood is where we learn and develop the habits that we carry with us throughout the rest of our lives. As we know, it is much easier to develop a behavior as a young person, than to change an existing behavior later as an adult. The educational setting should reinforce messages and enable behaviors that support healthy living. Schools, child care facilities, and after-school programs must create an environment conducive to healthy eating behaviors and physical activity in order to curb childhood overweight and prevent chronic diseases later in life.

Schools

Goal 1: Improve the health of children by providing a safe environment that promotes physical activity and healthy eating, data driven school/child care programming, and community partnerships.

Objective 1: By 2014, develop "model" classroom/school reward program that promotes a healthy classroom/school by addressing healthy eating, physical activity, and reduced screen time and reward to at least two child care providers, two classrooms, and 1 school.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Conduct a gap analysis of existing efforts to address healthy eating and physical activity. Explore evidenced based guidelines to identify criteria for model classroom.	NHPS, DPH, DE HEAL Partners, Statewide Health Advisory Council (SHAC), Department of Education (DOE), Teachers, American Dietetic Association, American Academy of Pediatrics.	2011	$10,000	Model developed
2. Develop a resource kit that integrates HEAL messages and criteria for model classroom/school for child care professionals and school staff for model classroom. Incorporate programs such as *5-2-1-Almost None* messages and *CATCH* program.	NHPS, Office of Child Care Licensing, Childcare providers.	2013	500 kits @~$20 per kit- $10,000	Resource kit developed
3. Integrate HEAL message in continuing education opportunities (computer-based, web based, in-service, etc) for school staff.	NHPS, DPH, DOE (Teachers), American Dietetic Association, American Academy of Pediatrics, DE Association for the Education of Young Children (DAEYC).	2014	$0	HEAL messages in continuing education opportunities
4. Implement program.	School Districts, SHAC/DOE, Child care providers, NHPS.	2014	$3,500 ($750 each childcare provider; $500 each classroom; $1000 each school)	2 childcare providers 2 classrooms 1 school

Schools

Objective 2: By 2014, increase opportunities for all children to consume the recommended amounts of fruits and vegetables.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Establish baseline data to measure elementary age school children on their consumption of fruits and vegetables. Review existing data gathering efforts and surveys such as the Pediatric Nutrition Survey. Determine current opportunities/activities for increased fruits and vegetable consumption in schools.	NHPS, Women Infants and Children (WIC), DPH, DOE, UD, Department of Transportation (DELDOT), Wesley College, DSNH/YMCA, Boys & Girls Club, Head Start, Delaware Adolescent Program, Inc. (DAPI), Parents as Teachers, Food Bank of DE(Back Pack Program), School Nutrition Programs, Private Schools, Delaware Home School Association, DSU, Healthy Food for Healthy Kids, DDA.	2012	$10,000 Nutrition Survey) $15,000 fruits/vegetables opportunities survey and activity assessment	Baseline data determined
2. Explore the opportunity of implementing the national Farm-to-School program.	DOE,DDA,DE Fruit and Vegetable Growers Association.	2012	$0	Established plan to apply for the Federal program
3. Incorporate the 5-2-1-Almost none messages in school/childcare programs.	NHPS,DOE, Wellness Centers, School Nutrition Programs.	yearly	$0	Each school/childcare facility has messages
4. Develop a recognition program to encourage fruit and vegetable consumption.	School nutritionists, School Districts, local media.	2013	$3,500	Develop a recognition program to encourage fruit and vegetable consumption

5. Build at least 5 school gardens that can be incorporated in curricula (science, health, math, consumer science); vegetables can be used for childcare/school meals.	DOE, School nutritionists, Cooperative Extension, Healthy Foods for Healthy Kids, Vegetable Growers Association, Community Groups, Horticulture Society, Retail Vendors.	2014	$25,000 ($5000 per school)	Five new school gardens developed

Objective 3: By 2014, 50% of all public and private schools will adopt at least one policy to reduce the amount of sugar-sweetened beverages and high-energy dense foods available to children.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Establish baseline survey to determine the number of schools with such policies.	NHPS, CDC, SHAC, DOE, School Districts Nutrition Departments.	2012	$0	Baseline data of healthy eating policies
2. Reinforce use of healthy foods for fundraising, incentives, and rewards and tie in with academics, by presenting to PTA's and school officials.	DOE, School Districts, Parent Teachers Association, Delaware Interscholastic Athletic Association (DIAA), Superintendents of School Districts.	yearly	$0	Information materials sent/presented to PTA and school officials
3. Establish and implement guidelines for healthier food choices and beverages in vending machines	DOE, School Districts, Delaware Association of School Administrators (DASA).	2012	$750	Guidelines established
4. Establish and implement guidelines with Boosters and other extracurricular organizations	DOE, School Districts, PTA's, DIAA.	2013	$750	Guidelines established

Schools

Objective 4: By 2014, require all children to engage in at least 150 minutes of physical activities per week in a school setting.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Explore similar legislation in other states.	DE HEAL Partners, SHAC.	2011	$0	Report of similar legislation
2. Draft legislation.	DE HEAL Partners, SHAC.	2012	$0	Draft of legislation
3. Identify sponsor to submit proposed legislation.	DE HEAL Partners, SHAC.	2012	$0	Sponsor identified to support legislation

Objective 5: By 2014, develop and disseminate a policy toolkit that addresses the link between behavior and school performance to all members of the Kids Caucus with the General Assembly, school administrators from each school district, and at least five community partners associated with school programs.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Research existing or similar toolkits from other states.	NHPS, DOE, Kid's Caucus (Legislature), Delaware Alliance for Afterschool Programs, SHAC.	2011	$0	Existing resources identified
2. Research Delaware data that supports health behaviors, school performance, and existing policies in schools.	NHPS, DOE, Kid's Caucus (Legislature), Delaware Alliance for After school Programs, SHAC.	2012	$0	Report on data
3. Develop a policy toolkit.	NHPS, DOE, Kid's Caucus (Legislature), DE Alliance for After school Programs, SHAC.	2013	$12,000	Toolkit created

Schools

Activity/ Strategy	Partners	Time	Cost	Indicator
4. Research existing or similar toolkits from other states.	NHPS, DOE, Kid's Caucus (Legislature), Delaware Alliance for Afterschool Programs, SHAC.	2011	$0	Existing resources identified
5. Research Delaware data that supports health behaviors, school performance, and existing policies in schools.	NHPS, DOE, Kid's Caucus (Legislature), Delaware Alliance for After school Programs, SHAC.	2012	$0	Report on data
6. Develop a policy toolkit .	NHPS, DOE, Kid's Caucus (Legislature), DE Alliance for After school Programs, SHAC.	2013	$12,000	Toolkit created
7. Disseminate toolkit to members of the General Assembly and school administrators.	Kid's Caucus (Legislature), DE Alliance for After school Programs, SHAC,DE HEAL Partners.	2014	$0	Number of toolkits disseminated: 19 school district administrators All members of the Kids Caucus 5 community partners
8. Leverage or provide workshops with HEAL topics for parents.	School-based Wellness Centers, School nurses offices, Hospital Programs (i.e. Moving Delaware Forward), Churches, Community Centers.	On-going	$1500 per workshop	Workshops completed
9. Leverage or provide workshops with HEAL topics for child care providers.	DAEYC, Delaware Head Start Association, Family and Workplace Connection, Child care providers, Mental health providers.	On-going	$1500 per workshop	See objectives under schools

Worksites

I always thought I was "healthy", a bit overweight but I could live with that because I was "healthy". Little did I know I really wasn't healthy! I was in the hospital in October of 2008 for a skin infection and my doctor talked frankly to me and said if I didn't lose weight I would never heal completely. My family had been on me for years to lose weight, but I always shrugged it off. The doctor got through to me. I noticed at work they were starting the "weight watchers at work" program. PERFECT, I told myself. I would join. I committed to everyone I saw that I would join and there was no backing out.

By Siemens having this program it changed my life. I DID join and 21 weeks later I had lost 64 Lbs. With the At Work Program I was able to go to the meetings and change everything about my eating habits to help me lose weight. What a great thing to have your employer back you and allow you to go to the meetings here at work. Siemens also sponsored the Walk at Work wellness program and I actually walked 3.2 miles at one Time! Before I started losing weight I was constantly out of breath, couldn't do any type of activity. With the help of Siemens' Weight Watchers, I am now walking 3.2 miles weekly!! WOW! What an important thing to have in my life. Now people are telling me I'm an inspiration. It makes me proud to be able to do that! But I couldn't have done it alone!!! I have another goal—to lose 125 lbs. by year's end. With all of the help and support from work and the wellness programs offered I will do it!

Steff Dickson
Siemens Healthcare Diagnostics

Since many Delaware adults spend much of their waking hours working, worksites provide an ideal opportunity to facilitate healthy lifestyles in the adult population. It is estimated that employers spend $13 billion annually on the total cost of obesity[1].

Approximately 9.1% of all health care costs in the United States are related to obesity and overweight[2]. Programs or policies that affect healthy eating, physical activity, and obesity prevention can be effective ways for employers to reduce obesity and improve the health of their employees.

Worksites

Programs and policies can produce a direct financial return on investment (ROI) by lowering health care costs, lowering absenteeism, and increasing employee productivity. Employers can also see other indirect benefits when they implement such programs and policies, including increased employee morale, worker retention and improvement in the organization's ability to recruit new employees in a competitive market. With support of upper level management, employees can find healthy living to be not only a personal priority but also an employer priority.

Goal 1: Develop a statewide infrastructure that helps employers foster a culture that encourages and supports physical activity and healthy eating among their employees.

Objective 1: By 2013, educate at least 10 employers on the organizational benefit of supporting the development of physical activity, nutrition, and obesity prevention strategies and interventions.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Develop criteria for HEAL worksites in Delaware using existing models such as the Wisconsin Worksite Wellness Guide. Criteria should include policies/amenities to support physical activity, increased consumption of fruits and vegetables, breastfeeding, reduced consumption of sugar-sweetened beverages, reduced consumption of high-energy dense foods, and reduced television screen time.	DE HEAL Partners	2011	$1,500	HEAL worksite criteria developed

2. Develop and administer a tool to conduct baseline data assessment and needs assessment of employers.	Delaware Economic Development Office (DEDO), Department of Labor (DOL), Chambers of Commerce Society for Human Resources Management (SHRM), Delaware State Legislature.	2012	$1,500	Data has been received

Objective 2: By 2014, recognize ten Delaware employers as "Healthy Worksites" through an awards/incentive program.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Develop award/incentive program such as a feature of "Top 10 Healthy Worksites" or expansion of DE Quality Initiatives.	SHRM, DOL, DEDO, Chambers of Commerce, DEHEAL Partners, Occupational Health Nurses, Public School Districts, Office of Management and Budget (OMB), (DelaWell).	2013	$2,500	Established "Healthy Worksite" program
2. Recognize "Healthy Worksites" through the media.	Social Marketing and Communications Setting, Chambers of Commerce, DOL.	2014	$2,500	Ten Delaware employers recognized as "Healthy" through program
3. Establish sustainability plan for program.	DE HEAL Partners	2014	$0	Established sustainability plan

1 Finkelstein E, Fiebelkorn C, Wang G. The costs of obesity among full-time employees. Am J Health Promot.ion
2005; 20(1):45-51.

2 Finkelstein E FI, Wang G. National medical expenditures attributable to overweight and obesity: how much, and who's paying? Health Affairs 2003; Suppl Web Exclusives: W3-219-26.

Healthcare

The electronic medical record (EMR) is a great tool to support childhood obesity because it helps me to readily and efficiently review patient histories and labs. I also take advantage of best practice alerts to identify patients whose BMI is greater than the 85 percentile. The EMR facilitates BMI management documentation and generates patient educational materials for an overweight child. I cannot forget to mention the power of having the BMI growth chart in the EMR. Parents often react with great surprise when they see how their child's BMI compares with that of a child within normal parameters. This visual depiction is outstanding education for parents.

AGUIDA ATKINSON, MD
PEDIATRICIAN
NEMOURS PEDIATRICS AT ST. FRANCIS

Chronic disease-related conditions are a major contributor to healthcare utilization but the healthcare system can also be used to prevent such conditions. Focusing on prevention as a healthcare strategy will save money for treatment cost, decrease overall morbidity, and ultimately improve the quality of life. It is, of course, necessary that individuals take responsibility for their own health behaviors, but encouragement, guidance, and support of healthcare professionals is necessary to help individuals succeed.

Goal 1: Delaware families and individuals are empowered, motivated, and supported by the health care system to make healthy behavior choices to prevent obesity.

Objective 1: By 2014, routine educational opportunities will be provided to parents and patients on recommendation and best practices in the areas of the healthy eating, physical activity, reduced screen time, and breastfeeding for families at risk for obesity.

Healthcare

Activity/Strategy	Partners	Time	Cost	Indicator
1. Identify guidelines for what already exists using the Federal Guidelines as a resource.	American Dietetic Association, American Academy of Pediatrics, American College Sports Medicine, NHPS, Christiana Care, DPH, UD, Medical Society of Delaware (MSD).	2011	$0	Adoption of guidelines
2. Develop the evidenced based content of materials for workshops.	MSD, Professional Health Care Associations, Health Care Community, Delaware Alliance for Health Care (Hospitals), Office of Child Care Licensing, Community Health Centers, Federally Qualified Health Centers (FQHCs), Health Care Providers, Payers Program, School.	2012	$25,000	Curriculum and content developed
3. Integrate topics of healthy eating and physical activity into existing parenting programs and other community resources.	Children and Families First, Leverage Annual Health Conferences, Delaware Center for Health Promotion, WIC, Hospitals, Child, Inc., NHPS, DPH.	2013	$1500 per workshop	Parenting programs with HEAL topics
4. Integrate topics into workshops for health care professionals.	NHPS, Hospitals, FQHCs, Wilmington Healthy Start Consortium, DPH, Mental Health providers.	2014	$1500 per workshop	Workshops with HEAL topics

Healthcare

Objective 2: By 2014, health care providers, managed care organizations, and hospital systems will offer incentive programs that encourage the use of recreational facilities and other community programs that address healthy eating, physical activity, and obesity prevention.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Identify what incentive programs exist with Managed Care Organizations (MCO's).	Payers*, Medicaid/DHSS.	2011	$0	List of existing healthy behavior programs in MCOs
2. Identify best practices for MCO's to include an outcome measure.	DE HEAL Partners.	2012	$2500	List of best practices report
3. Explore opportunities to reimburse or reduce out–of-pocket costs for MCO's that provide the recreational programs. Encourage and promote existing MCO programs and MCO's to begin programs. Cost savings will be returned to the employer. (see related objective under Worksites).	Payers*, DPH for Return of Investment information, Employers/SHRM, YMCA, Delaware Society of Parks and Recreation, United Way, Chambers of Commerce, Delaware Association for Non Profit Organizations.	2014	$750	Meetings with recreational programs and employers

** Private and public insurance*

Objective 3: By 2014, develop a health navigator program that addresses healthy nutrition, physical activity, and obesity prevention.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Review existing community care, health navigator programs and understand the role of case managers in MCO's.	Community Health Care Access Program/DHSS, Cancer Navigator Case Managers, NHPS, Managed Care Organizations.	By 2012	$0	Report on health navigators program to setting

Healthcare

Activity/ Strategy	Partners	Time	Cost	Indicator
2. Review existing community care, health navigator programs and understand the role of case managers in MCO's.	Community Health Care Access Program/DHSS, Cancer Navigator Case Managers, NHPS Managed Care Organizations.	By 2012	$0	Report on health navigators program to setting
3. Define Health Navigator Role and develop an economically sound infrastructure model for the Health Navigator System.	DE HEAL Partners, Promotores, Health Plan/Health Coaches, DE Helpline, Consumer Lib, DE Academy of Medicine, LaRed Community Health Center, Planned Parenthood.	By 2013	$0	Role description and model of health navigator program
4. Support efforts to use EMR's/ PHR's (Electronic Medical Records/Personal Health Records) to facilitate the Health Navigator Program.	Hospitals, FQHC's, Physicians Electronic Health Record(EHR) Vendors, Delaware Health Information, Network (DHIN).	By 2014	$0	Participation in planning efforts to customize EMRs/PHRs
5. Pilot Health Navigator program in at least one FQHC.	DE HEAL Partners, FQHC's.	2014	$100,000 for each FQHC	Health Navigator pilot in one FQHC

Objective 4: By 2014, advocate for policy that supports insurance coverage for chronic disease and obesity intervention which includes, but not limited to, nutritional counseling, exercise prescription, recognized weight loss programs, etc.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Look at existing policies that exist for other states.	NHPS, Delaware Dietetic Association.	2012	$0	Number of policies reviewed
2. Create a coding matrix for prevention visits.	DE HEAL Partners.	2012	$10,000	Completed matrix
3. Work with health insurers to accept coding for obesity intervention visits.	Health Insurers, Health Care Providers, DMMA.	2013	$0	Number of health insurers who agree to accept coding

4. Establish credentialing system for obesity intervention services.	DE HEAL Partners.	2013	$10,000	Established credentialing system
5. Encourage facilities/providers to be recognized as prevention providers.	DE HEAL Partners, DPH, Health Insurers.	2014	$0	Number of facilities recognized as prevention providers

Goal 2: Provide the health care system and the community the policy support, resources, education and motivation necessary to prevent obesity among Delawareans.

Objective 1: By 2012, incorporate educational opportunities into existing professional development programs that address healthy eating, physical activity, breastfeeding, and screen time for health care providers.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Develop toolkit of roles and responsibilities and patient driven content that takes into consideration the target areas.	American Dietetic Association, Birth Centers, Sports Medicine, NHPS, Christiana Care, DPH/WIC, Planned Parenthood, UD, DSU, Wilmington University, MSD, Mental Health providers.	By 2011	$2500	Adoption of evidenced based guidelines

2. Develop and/or use existing curriculum.	NHPS, American Academy of Pediatrics (AAP), MSD, Academy American College Physicians (AACP), Primary Care Professional Association , Delaware Nursing Association, Mental Health providers, Professional Association for Alternative Medicine.	By 2011	$25,000	New curriculum developed Number of existing curriculum programs identified
3. Obtain approval for Continuing Medical Education (CME) credits, Continuing Nursing Education (CNE) credits and other continuing education approving professional organizations.	NHSP, AAP, MSD, Delaware ACP, Primary Care Professional Association, Delaware Nursing Association, DPH, Christiana Care, Mental Health providers.	By 2012	$5,000	Number of Professional Associations that approve continuing education credits
4. Provide training and disseminate toolkit.	MSD, American Academy of Family Physicians	By 2013	$2500	Number of training programs offered

Objective 2: By 2012, start pilot programs that will be incorporated into obesity prevention strategies with at least two of the Federally Qualified Health Centers (FQHC'S) or Community Health Centers.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Assess the existing pilot for effectiveness and application.	La Red Health Center, DPH, DE HEAL Partners.	By 2011	$0 (in-kind)	Measures of effectiveness Patient outcomes
2. Use the existing pilot to develop and implement obesity prevention initiative in other health care settings.	La Red Health Center, Pilot FQHCs, Community Health Centers, EMR vendor, DHSS, DPH.	By 2012	$2500 each program	Number of pilot programs implemented

3. Identify and train college interns to provide additional resources to staff partners.	Universities and colleges.	By 2012	$2500	Interns trained
4. Leverage existing staff in providing obesity prevention education to patients.	Health Educators, Pilot FQHCs, Community Health Centers, EMR vendor, DHSS, DPH.	By 2012	$0 (in-kind)	Trained volunteer resources participating in the program
5. Monitor BMI in all visits/incorporate obesity prevention strategies in all visits including Early Periodic Screening Diagnosis and Treatment (EPSDT).	Pilot FQHCs, Community Health Centers, EMR vendor, DHSS, DPH, YMCA, Boys & Girls Clubs.	By 2012	$0 (in-kind)	Incorporation of BMI risk factors into data templates in pilot FQHCs
6. Evaluate pilot initiative to assess the effectiveness and outcomes.	DE HEAL Coalition, DPH.	End of 2012	$2500	Effectiveness Measures Patient Outcomes

Objective 3: By 2014, advocate for policy that supports insurance coverage for chronic disease and obesity intervention which includes, but not limited to, nutritional counseling, exercise prescription, recognized weight loss programs, etc.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Look at existing policies that exist for other states.	NHPS, Delaware Dietetic Association.	2012	$0	Number of policies reviewed
2. Create a coding matrix for prevention visits.	DE HEAL Partners.	2012	$10,000	Completed matrix
3. Work with health insurers to accept coding for obesity intervention visits.	Health Insurers, Health Care Providers, DMMA .	2013	$0	Number of health insurers who agree to accept coding
4. Establish credentialing system for obesity intervention services.	DE HEAL Partners.	2013	$10,000	Established credentialing system
5. Encourage facilities/providers to be recognized as prevention providers.	DE HEAL Partners, DPH, Health Insurers.	2014	$0	Number of facilities recognized as prevention providers

Social Marketing and Communications

The use of media is an opportunity to reach a large number of Delaware residents to create and increase awareness, knowledge, and motivation for healthy lifestyles. Social marketing offers a valuable tool to promote and elicit behavior and social change. Social marketing is the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of society[1].

In terms of educating the public and social marketing, there are multiple forms of communication (e.g. Internet, print materials, television, etc.) that can disseminate health messages and display healthy behaviors. Further, communicating through these various forms of media can provide a valuable forum for members of the community who are also interested in addressing healthy eating and physical activity.

Goal 1: Create awareness, motivation, and supportive environments that promote physical activity, healthy eating, and breastfeeding.

Objective 1: By 2012, develop three or more profit/nonprofit partnerships and co-branding campaigns that result in expanding overall awareness of a healthy eating, active living campaign message. Priority populations include: senior citizens, youth, and parents of youth.

1. Andersean, A, (1995). Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment, San Francisco: Jossey-Bass Publishers

Social Marketing and Communications

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Expand the model for other campaigns: expand the 5-2-1-Almost None campaign; incorporate Fruits & Veggies-More Matters! campaign, Get Up and Do Something, WIC's Breastfeeding campaign.	WIC, NHPS, For-profit organizations, Pharmaceutical companies, DPH.	2012	$100,000	Measure of awareness of visibility of campaign in survey by priority populations
2. Apply and secure funding for campaign support.	DPH, NHPS, DE HEAL Partners.	2012	$0	Increased funding

Objective 2: Establish three new marketing campaigns that promote physical activity, breast feeding, and/or healthy eating by 2014.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Use data to determine both marketing campaigns (physical activity, healthy eating, and breastfeeding) and potential audiences .	UD, DPH, Delaware Nutrition Action Committee, NHPS, Marketing firms, DOE/ SHAC, WIC.	2013	$0	Completed report with recommendation
2. Align with SHAC (School of Health Advisory Committee) objectives.	UD, DPH, NHPS, SHAC.	2013	$0	Established objectives for marketing campaign

Objective 3: Achieve an environment in which 75% of Delawareans surveyed demonstrate awareness of at least one social marketing campaign. Of those, 90% understand the intent of the campaign message by the end of 2014.

Social Marketing and Communications

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Conduct a survey in conjunction with Nemours.	UD, DSU, NHPS Outside social marketing company.	2014	$35,000 for stand alone survey instrument	Survey developed Survey conducted Data analyzed Report generated Compare results to baseline data from survey
2. Align with existing surveys (BRFSS, YRBS, YTS).	DOE, DPH, NHPS.	2014	$0	Survey measures aligned

Objective 4: By 2012, develop website and communication and public relations strategies to promote healthy eating and active living that will be used as a medium of communication for partners and a resource for the community.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Decide on ownership of the website by some entity to develop and maintain. Owners must develop content. Partners will provide content. Secure funding .	DPH, UD, NHPS, DE HEAL Partners, Health Education Network of Delaware, BayHealth, Blue Cross/Blue Shield, Bank of America, Astra Zeneca, ING Bank, Barclays Bank Ace Insurance.	2012	$250 (for meeting costs)	Sponsors identified

Social Marketing and Communications

2. Identify the look and feel of the site.	DPH, UD, NHPS, Health Educators of DE, DE HEAL Partners, BayHealth, Blue Cross/Blue Shield, Bank of America, Astra Zeneca, ING Bank, Barclays Bank, Ace Insurance.	2012	$0	Concept approved by coalition
3. Launch website.	Ownership of website, DPH.	2012	$20,000-$50,000 $5,000 each year per sponsor	Website launched Number of hits/visits to site Click through rates (number of downloads)
4. Develop community and public relations initiatives to support DE HEAL and communicate with media outlets by writing press releases and opinion editorials; Coordinate and support other settings.	DE HEAL Partners.	2012	$0	Completed press releases and other media communications.

Social Marketing and Communications

In October 2007, more than 125 Delaware leaders, led by then Governor Ruth Ann Minner, came together to support a multi-year, statewide campaign to "Make Delaware's Kids the Healthiest in the Nation." This campaign encourages and celebrates the efforts of health professionals, schools, child care centers, parents and others to improve the motivation, ability, and opportunity for Delaware's children to eat healthy and be physically active.

This social marketing campaign has two main parts. ***Part One*** *focuses on policy and practice changes that can be made to help Delaware's children and youth live the 5-2-1-Almost None healthy lifestyle. The primary message behind this component of the campaign is "Kids Can't Do it Alone," and it will take committed adults across the state to create healthier places for kids and their families live 5-2-1-Almost None.*

This may mean:

- *Making healthier foods available in schools, child care centers and at home; and*
- *Having more places available where families can be physically active together.*

Part Two *focuses on what parents and children can do to live the* 5-2-1-Almost None *lifestyle. This part of the campaign provides information, tips and resources for families to help them live* 5-2-1-Almost None *in their home and community. We understand that eating healthy and being physically active is not always easy and believe that providing the tools and resources can help.*

5-2-1-Almost None

- *Eating at least* ***five*** *servings of fruits and vegetables a day;*
- *Watching* ***two*** *or fewer hours of screen time a day;*
- *Getting* ***one*** *or more hours of physical activity a day; and*
- *Drinking* ***almost no*** *sugary beverages.*

Environment and Policy

Complete Streets Act of 2009

Building complete streets will help address some of the most pressing issues facing our country today—climate change, the obesity epidemic, air quality, safety, congestion, and many more by giving people transportation options and reducing reliance on cars. The Complete Streets Act of 2009, currently under review in both the Senate and the House of Representatives, requires state and local transportation planners to consider the needs of all users—bicyclists, pedestrians, motorists, bus riders—when designing transportation facilities funded with federal dollars.

On April 24, 2009 Delaware Governor Markell signed Executive Order Number Six requiring the creation of a Delaware Complete Streets Policy by September, 2009. This policy will focus not just on individual roads, but changing the decision-making and design process and will recognize that all streets are different and user needs should be balanced in order to ensure that the solution will enhance the community. This is a very exciting step in creating a transportation system in Delaware that enhances bicycling and walking, increases safety, reduces traffic congestion, and improves air quality.

Delaware Department of Transportation

Interest in environmental and policy strategies to promote physical activity has grown over the last few years and there is now a growing body of evidence supporting such approaches. Environmental and policy approaches may be especially important as they can benefit all people rather than focusing on changing healthier behavior one person at a time. Our surroundings either enable or hinder our ability and decisions to participate in physical activity and healthy eating. Strategies often include providing access to facilities and programs not currently available and supporting social environments that favor activities. Policies can be defined as laws, regulations, and rules (both formal and informal). Polices can be directed toward creating supportive environments and can also have direct effects on behavior by providing the basis for educational and behavior change programs, for instance.

Environment and Policy

Goal 1: Develop communities where people have opportunities and the motivation to lead safer and healthier lives.

Objective 1: By 2011, conduct a gap analysis of healthy community resources (opportunities for active transportation, recreation, and access to healthy eating) for each county that will be used to address in planning efforts and comprehensive plans for each county and municipality.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Develop a global assessment tool to Identify healthy community resources.	Institute for Public Administration (IPA), Municipalities and counties, Delaware Economic Development Office (DEDO), Office of State Planning, DDA, State Parks, NHPS, Metropolitan Planning Organizations (MPO's), Center for Disability Studies, DelDOT.	2011	$10,000	Development of needed tools
2. Conduct an analysis to determine geographical representation of need.	IPA, Municipalities and counties, DEDO, Office of State Planning, DDA, State Parks, NHPS, MPO's, Center for Disability Studies, DelDOT.	2011	$30,000	Report of analysis

3. Examine current comprehensive plans for healthy community resources.	IPA, Municipalities and counties, DEDO, Office of State Planning, DDA, State Parks, NHPS, MPO's, Center for Disability Studies, DelDOT.	2011	$10,000	Successfully gaining numbers of municipalities and counties to participate
4. Brief municipalities and counties on the concept of healthy communities, through workshops forums, and/or other training opportunities.	IPA, Municipalities and counties, DEDO, Office of State Planning, DDA, State Parks , NHPS, MPO's, Center for Disability Studies, DelDOT.	2012	$25,000	Number of municipalities and counties educated

Objective 2: By 2014, all counties and municipalities due for an update of their comprehensive plans should adopt at least one model policy into regulation.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Research local ordinances (objective 1, page 38).	IPA, Municipalities and counties, DEDO, Office of State Planning, DDA, State Parks, NHPS, MPO's, Center for Disability Studies, DelDOT.	2011	See Objective 1	Baseline of "healthy community" ordinances as listed in objective 1 (page 38a)
2. Develop best practices model related to land use, community design, and agricultural sustainability for use by counties and municipalities.	IPA, Municipalities and counties, DEDO, Office of State Planning, DDA, State Parks, NHPS, MPO's, Center for Disability Studies, DelDOT.	2012	$10,000	Best practices report completed
3. Develop incentive program such as municipality scorecards.	IPA, Municipalities and counties, DEDO, Office of State Planning, DDA, State Parks, NHPS, MPO's, Center for Disability Studies, DelDOT.	2012	$2,500	Incentive program developed

4. Develop online clearinghouse of resources that illustrates best practices policies.	IPA, Municipalities and counties, DEDO, Office of State Planning, DDA, State Parks, NHPS, MPO's, Center for Disability Studies, DelDOT.	2012	$5,000	Clearinghouse of resources on coalition website
5. Integrate model policies with state PLUS programs.	IPA, Office of State Planning, DPH, DelDOT.	2014	$0	All counties and municipalities have at least one model policy into regulation

Objective 3: By 2014, create a system of assistance to municipalities and applicants for the implementation of recommendations resulting from the Preliminary Land Use Service (PLUS)* application process.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Explore and examine data that demonstrates economic appeal for developers; examine what home buyers want.	IPA, Municipalities and counties, DEDO, Office of State Planning, DDA, State Parks, NHPS, MPO's, Center for Disability Studies, DelDOT.	2013	$5,000	Report on economic appeal and consumer desires
2. Develop an infrastructure that allows technical assistance between PLUS process and applicants	IPA Municipalities and counties DEDO Office of State Planning DDA State Parks NHPS MPO's Center for Disability Studies DelDOT	2014	$0	Established system of assistance to municipalities and applicants

*PLUS works toward the efficient and effective management of land use policies and decisions as it relates to community design and implications for public health such as physical fitness activity areas

Environment and Policy

Before and After Walkway Improvements Townsend, Delaware

What Needs to be Done

Sustainability

Goal 1: Establish Delaware Partners to Promote Healthy eating and Active Living as a permanent council that ensure the sustainability and implementation of the statewide comprehensive nutrition, physical activity, and obesity prevention plan.

Objective 1: By 2011, create an infrastructure of an advisory board with permanent committees to implement and update the state's plan

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Develop and approve By-laws.	DE HEAL Partners.	2010	$0	By-laws established
2. Establish an advisory board and working groups.	DE HEAL Partners.	2010	$0	Advisory board established
3. Create an implementation plan.	DE HEAL Partners.	2010	$12,000	Implementation plan developed
4. Establish meeting schedule.	DE HEAL Partners.	2010	$0	Meeting scheduled determined
5. Conduct Partnership assessment.	DE HEAL Partners.	2011	$5,000	Partnership assessment completed
6. Hold annual Summit for Plan updates and progress.	DE HEAL Partners.	yearly	$5,000 yearly	Summit held yearly

Sustainability

Objective 2: By 2011, create a Surveillance and Reporting Plan that will be used as a resource in monitoring the progress of the plan's recommendations.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Establish a subcommittee for Surveillance, Reporting, and Evaluation.	DE HEAL Partners.	2010	$0 (in-kind)	Subcommittee formed
2. Develop plan for surveillance and reporting.	Surveillance, Reporting and Evaluation Subcommittee.	2010	$0 (in-kind)	Surveillance and Reporting Plan established

Objective 3: By 2011, develop an evaluation plan that will be used to monitor the progress of the plan's recommendations.

Activity/ Strategy	Partners	Time	Cost	Indicator
1. Develop a logic model for evaluation.	Surveillance, Reporting and Evaluation Subcommittee.	2010	$0 (in-kind)	Logic model completed
2. Develop evaluation plan.	Surveillance, Reporting and Evaluation Subcommittee.	2010	$0 (in-kind)	Evaluation plan established

Delaware Partners

Delaware Partners to Promote Healthy Eating and Active Living

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Glossary

Definitions of Terms Used in This Plan

Behavioral Risk Factor Survey – This survey provides Delaware data on behaviors that put people at risk for major health problems. It is part of the Behavioral Risk Factor Surveillance System (BRFSS) and is conducted in all 50 states and three territories. It is a state-based, telephone interview survey of adults 18 and older. Interviewing is conducted throughout the year with an annual sample size for Delaware of about 4,000 per year. The survey, conducted annually since 1990, is funded by a cooperative agreement between the U.S. Centers for Disease Control and Prevention (CDC) and the Delaware Division of Public Health.

Body Mass Index (BMI) – BMI is a widely accepted method for determining overweight and obesity using height and weight. The BMI formula is weight in kilograms divided by height in meters squared (w/h^2). An expert panel convened by the National Institutes of Health (NIH) in 1998 agreed to use BMI as the common public health measure for defining overweight and obesity. Clinical studies have shown that BMI is significantly correlated with body fat content for the majority of people. Its major limitation is that BMI overestimates body fat for individuals who are very muscular:

Overweight – Using the Body Mass Index, a person is considered "overweight" if he or she has a BMI between 25 and 29.9. Health risks are greater at or above BMI 25 than they are for persons below that level.

Obesity – A person is considered "obese" if he or she has a BMI higher than 30. Health risks, including risks for cardiovascular disease, Type 2 diabetes, and some cancers increase significantly with a BMI of 30 or greater. Risk increases as BMI increases.

Evaluation – Evaluation is essential to the success of any program. Data gathered during evaluation enables managers to develop the most effective possible programs, to learn from mistakes, to make modifications as necessary, and to monitor progress toward a program's goals and objectives. There are

three main types of evaluations for health promotion programs:

Process Evaluation – A process evaluation is research to determine how well a program is operating. Process evaluation assesses if the program is achieving its stated goals and reaching its target audience.

Impact Evaluation – To determine the impact of a program, research is conducted to examine short-term effects. Impact evaluations primarily assess changes in people's knowledge, attitudes and beliefs. For example, did the program increase the percentage of the target population who believe that eating five or more fruits and vegetables a day is important for their health?

Outcome Evaluation – This type of evaluation measures long-term or final outcomes of a program. Outcome evaluations involve research to determine changes in prevalence of risk behaviors, and/or reductions in health conditions or premature death rates. For example, did the program result in lower prevalence of obesity among its target audience?

Physical Activity – The term is used in this plan to cover physical activity – whether moderate or vigorous – which is done regularly and at an intensity high enough to provide positive health benefits.

Social Marketing – One commonly accepted definition of "social marketing" is the application of commercial marketing methods and technologies to the analysis, planning, execution, and evaluation of programs designed to influence the health or quality of life of individuals and their society.

Youth Risk Behavioral Survey (YRBS) – Similar to the BRFSS in that it asks questions about behavioral risk factors, the YRBS is conducted every other year (since 1995) in public high schools. The YRBS is a cooperative effort between CDC and the Delaware Department of Education.

Sources

Internet Resources for Physical Activity and Nutrition Planning

Healthy People 2010- the national health plan
http://www.health.gov/healthypeople

Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity- from the National Nutrition and Physical Activity Work Group
http://www.astphnd.org/resource_files/6/6_resource_file1.pdf

Physical Activity Guidelines for Americans- U.S. Department of Health and Human Services
http://www.health.gov/paguidelines/

Fruits and Veggies—More Matters! Campaign- replaces 5-a-Day Produce for a Better Health Foundation-
http://www.fruitsandveggiesmorematters.org
Centers for Disease Control and Prevention-
http://www.fruitsandveggiesmatter.gov

The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity
http://www.surgeongeneral.gov/topics/obesity

Principles of Smart Growth- interagency approach for sustainable communities
http://www.smartgrowth.org/about/principles

Active Living by Design- increasing physical activity and healthy eating through community design
http://www.activelivingbydesign.org/

Physical Activity Evaluation Handbook, from the Centers for Disease Control and Prevention (CDC)
http://www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf

Physical Activity and Health: A Report of the Surgeon General
http://www.cdc.gov/nccdphp/sgr/pdf/execsumm.pdf

Dietary Guidelines for Americans (2000 edition)
http://www.health.gov/dietaryguidelines/dga2000/DIETGD.pdf

Obesity Trends in the United States
http://www.cdc.gov/obesity/data/trends.html

Recommended Community Strategies and Measurements to Prevent Obesity in the United States
http://www.cdc.gov/mmwr/pdf/rr/rr5807.pdf

Promoting Physical Activity: A Guide for Community Action
http://www.cdc.gov/nccdphp/dnpa/physical/health_professionals/promotion/community_guide.htm

Nutrition.Gov- a U.S government clearinghouse of nutrition information
http://www.nutrition.gov

Delaware Partners for Healthy Eating
Active Living

Physical Activity, Nutrition, Obesity Prevention Comprehensive Plan for the State of Delaware

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Division of Public Health

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