



DE HEAL Annual Report

Physical Activity,
Nutrition, and Obesity
Prevention
Comprehensive Plan
2010 -2014

*Our vision is to transform the culture
of Delaware and to make healthy
eating and active living a priority*

October
2011

Dear Members, Partners, and Friends



Brian Rahmer, Chair DE
HEAL Coalition

As the burden of obesity and obesity-related chronic disease continues to weigh on the health of Delaware, collaborative engagement is the key to addressing the critical challenges that impact the health of the dynamic and diverse communities in our state. The motivation to advance the mission of the Delaware Coalition for Healthy Eating and Active Living comes from the recognition that together we can accomplish what each partner cannot accomplish alone.

The commitment, resourcefulness, and expertise of DE HEAL members, along with the organizations and communities they represent, exemplifies the power of the collaborative process and serves as the foundation for realizing our shared vision: *To transform the culture of Delaware to make healthy eating and active living a priority.*

To say I am proud to serve as the Chair for such a dedicated coalition would be an understatement. The members of DE HEAL and the community partners with whom they collaborate have already notched several noteworthy accomplishments such as the Access to Healthy Foods Forum and the development of a shared vision, mission, and values.

I applaud the efforts of the 70 organizations and more than 200 members that make up DE HEAL. Let us continue to work to make Delaware as healthy as it can be. I look forward to sharing many more achievements and would like to thank the Delaware Division of Public Health for continued support.

Yours in Good Health,

A handwritten signature in black ink that reads "Brian Rahmer". The signature is written in a cursive, flowing style.

Brian Rahmer

Chair, Delaware Coalition for Healthy Eating and Active Living

DE HEAL Annual Report

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In September 2008, the organization now known as Delaware Coalition for Healthy Eating and Active Living (DE HEAL) came together by attending a summit sponsored by the Division of Public Health to discuss the health and fitness, nutrition, and the growing problem of obesity in Delaware. At the close of that summit the partners recognized the need for a strategic plan for the state of Delaware and agreed to organize and work on developing it. DE HEAL partners introduced a comprehensive strategic plan at the second annual summit in September 2009.

The DE HEAL Coalition and network has grown to nearly 200 individuals (including 70 members) representing about 65 stakeholder organizations. The third annual summit “Showcasing our Successes” was held November 2010 to report on the progress made by the Coalition.



DE HEAL is proud to present its first report of progress on the Physical Activity, Nutrition, and Obesity Prevention Comprehensive Plan for 2010-2014. Much has been accomplished with the commitment of the elected leadership team to drive the planned objectives forward with the support and resources of the Division of Public Health.



DE HEAL is making a Difference

Vision

Our vision is to transform the culture of Delaware and to make healthy eating and active living a priority.

Mission

Delaware HEAL supports and encourages programs, environments and resources that promote healthy eating and active living to reduce the prevalence of overweight, obesity and related chronic diseases.

Values, Beliefs and Principles

1. We value participation and involvement of our Coalition and network partners.
2. We trust that our members will maintain ethical standards and integrity in their work with the Coalition.
3. We assist each other on the development, implementation and evaluation of initiatives that can impact the mission of DE HEAL.
4. We lead, promote, and advocate for solutions and policies that advance our mission.
5. We are a resource and provide expertise in healthy eating and active living for public and private agencies.

The DE HEAL Partners are making a difference in Delaware by acting together in a collaborative way to increase the level of awareness about the importance of focusing on obesity prevention initiatives. The DE HEAL Partners work in settings (or committees) organized in accordance with the comprehensive plan and form ad hoc committees to work on the implementation of objectives.



While specific accomplishments will be reported later in this document progress highlights include:

- The completion of the “tool kits” by the Environmental Setting and substantial progress on the health care “tool kit” by setting members
- Increased awareness statewide to policy makers and stakeholder organizations about the issues and actions identified in the comprehensive plan
- Development and launch of a website (www.deheal.org)
- Sustainability of the organization through the approval of by laws and second election of a leadership team at the annual meeting in May 2011
- Hosted the forum on Access to Healthy Foods in the Built Environment in New Castle County

Environmental Scan

Substantial change has occurred in our social, economic and political environment since the development of our comprehensive plan. These changes will impact the work of the DE HEAL Coalition. This report lists the socio-economic and political changes identified by the DE HEAL network in a brainstorming discussion at the February 17, 2011 quarterly meeting. The coalition participants were asked “what has changed since our last plan within the economy, policy, business and consumer attitudes and behaviors?” The following information is not scientific in nature; however, the following are highlights obtained from the discussion:

The Economy Highlights

At the onset of our planning process, the United States was beginning what was just the start of an economic recession which has not diminished. The following economic issues were identified:



- Higher fuel prices.
- Higher food prices.
- Higher rate of unemployment and poverty which is draining Delaware’s food banks.
- Higher costs of doing business.

Health Policy Highlights

Health care policy at the national level and in Delaware is evolving. The Patient Protection and Affordable Care Act, the federal health care reform law, was signed into law by President Obama in December 2010. However, its adoption

into law has been challenged in the federal courts and its full implementation remains in limbo. Other policy issues include:



- The 2010 US Census shows continued increases in diverse populations, especially Latinos. The demographic shifts will continue to impact health care services nationally and in Delaware.
- New dietary and physical guidelines were issued by the Centers for Disease Control in 2010 which provide needed guidance to consumers, businesses and policymakers.
- Also in 2010, the federal government reauthorized the child nutrition program.
- First Lady Michelle Obama's campaign (<http://www.letsmove.gov/>) against childhood obesity has heightened awareness about the childhood obesity epidemic. As a result of her leadership and commitment to this area, fast food chains are beginning to make major changes to menus and displaying caloric content.
- There has been a shift in government and public attitudes toward financing projects and less funding is available.
- Limited federal funding is impelling the need for multi-agency, multi-sector collaboration at the state and local level.
- In Delaware, Governor Jack Markell signed Executive Order 4 into law April 2009, creating a *Complete Streets* policy, recognizing walking and bicycling as modes of transportation that are fundamental to healthy lifestyles and encouraging multimodal transportation planning.

- On May 20, 2010, Governor Markell issued Executive Order 19 ordering the creation of the Council on Health Promotion and Disease Prevention (CHPDP) which has elevated the importance of addressing chronic and lifestyle-related diseases and solidifies the need for cross-sector collaboration.

Business Highlights



Consumer demand has begun to shape business decisions on the sale and service of healthier food alternatives.

- Organic foods which were once found only in specialized nutrition stores are becoming somewhat more affordable and are integrated with other products in grocery stores.
- More social marketing and public relations about high sodium and high fat content foods has influenced food manufacturers to reduce sodium and trans-fat.
- The Restaurant Association has yielded to public pressure to improve healthy menu options. Major restaurant chains are beginning to introduce healthy food menu options and are showing calorie counts for selections.
- Private health insurance is starting to make changes encouraging preventive health through support of wellness programs.
- Private industry is assuming some responsibility for employees' well-being and supporting preventive health measures.
- The healthcare industry, in response to quality, safety, access and affordability, is turning to electronic medical records and values based design and meaningful use measures.

Consumer Attitudes and Behaviors Highlights

The high cost of living has helped to shift consumer attitudes and behaviors in a number of areas.

- There is greater interest on the part of consumers in understanding the food chain distribution and purchasing local produce.
- There is a shift in consumer attitudes toward housing in communities and the amenities with more focus on complete communities.
- The high cost of fuel has contributed to declining automobile driving rates. Discussions about railroad travel and multimodal transportation are returning.



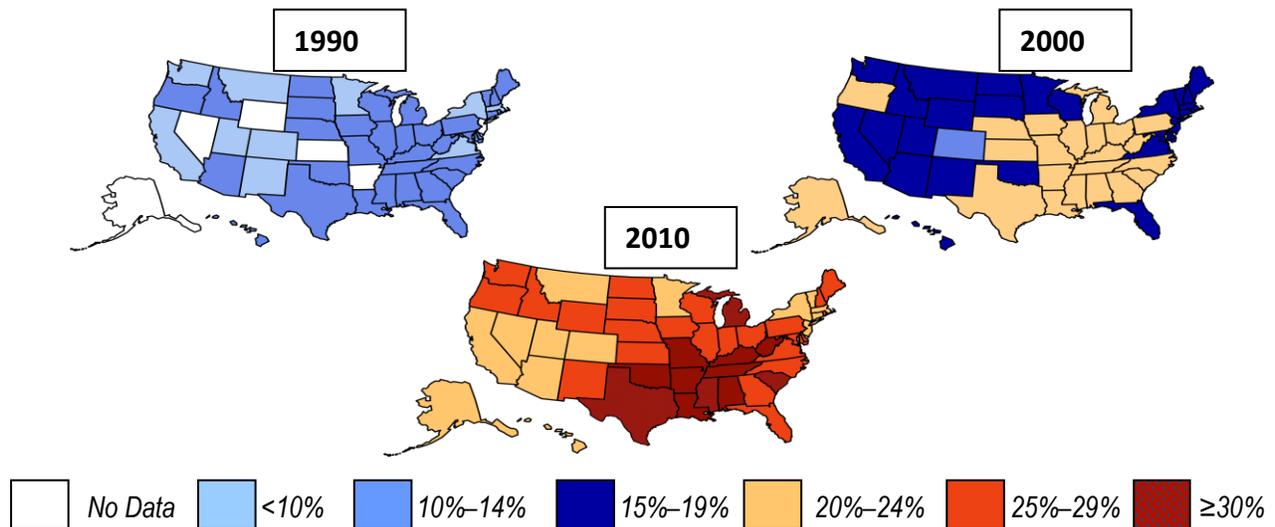
- People are reengaging in outside activities and recreation.
 - The high cost of food and increased health consciousness has helped to increase community and urban gardening.
 - Canning of fruits and vegetables, an interest of past generations, is now growing in popularity.
- Social media is growing as a major form of communication for consumers and business.
 - Attendance to gyms and physical fitness has increased in Delaware – since 2009. The data shows now 51% of Delawareans are now participating in a gym or are active in physical fitness.

National Data

The 2010 Behavioral Risk Factor Survey (BRFSS) data confirm that no state met the nation’s *Healthy People 2010* goal to lower obesity prevalence to 15 percent within the past decade. It will take time to win in the fight against obesity; we must continue to address it with our very best knowledge and resources. There is no single or simple solution. This epidemic is as complex as its solutions. Strategic approaches must involve multiple levels and sectors to make sustainable, long-term changes. DE HEAL is committed to empowering communities to solve specific health problems such as inactivity, poor nutrition and obesity, and related chronic disease risk factors.

OBESITY TRENDS* AMONG U.S. ADULTS BRFSS 1990, 2000, 2010

(*BMI \geq 30, or about 30 lbs. overweight for 5’4” person)



Delaware HEAL Data Snapshot

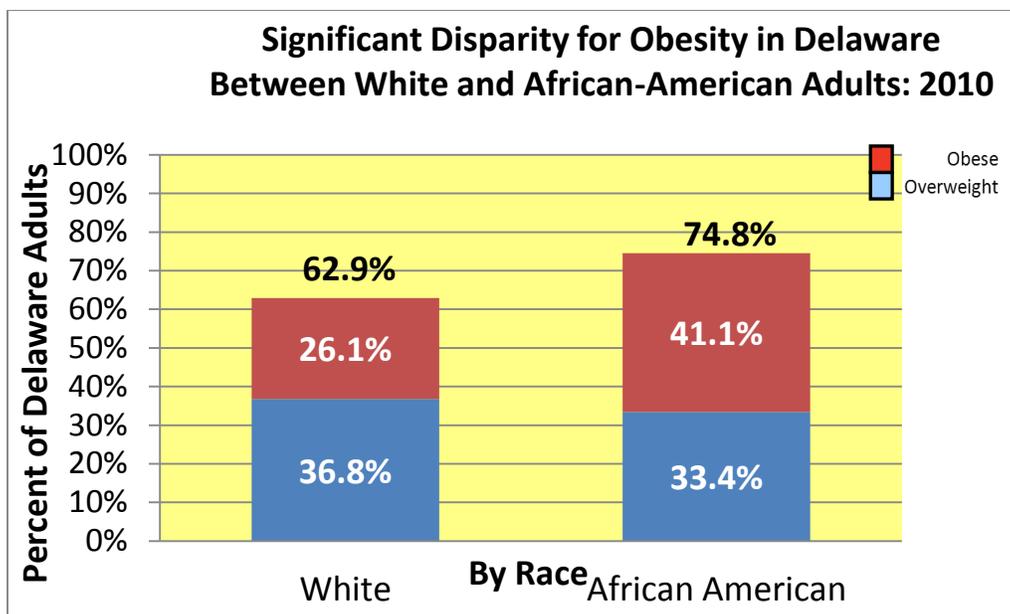
The BRFSS, a CDC*-supported surveillance system, collects state-level public health data and provides one way for Delaware to monitor progress toward national and state health goals. Obesity continues to be a major public health problem. Obesity related conditions include heart disease, stroke, type 2

diabetes and certain types of cancer. While obesity prevalence varies across states, the trends remain high and continue to increase. In Delaware, the prevalence of obesity nearly doubled in the state from 14.4 percent in 1990 to 28.2 percent in 2007. Four years later, the obesity rate remained relatively stable. Of concern is the rise in the prevalence of obesity and related chronic diseases in Kent and Sussex Counties.

	Risk Factor	Statewide	NC County	Kent County	Sussex County
Risk Factors	Obesity (BMI > 30)	27.6%	26.3% (23.4-29.2%)	32.8% (29.7-35.9%)	27.7% (24.4-31%)
	Diagnosed Diabetes	8.1%	6.6% (5.2-8%)	11.1% (9.3-12.9%)	9.9% (8.3-11.5%)
	High Blood Pressure	30.8%	28.2% (25.5-30.9%)	32.9% (30-35.8%)	35.6% (32.5-38.7%)
	Fair or Poor Health	12.9%	10.5% (8.7-12.7%)	16.2% (13.8-18.6%)	15.5% (13-18%)
Possible Behaviors	Recommended Physical Activity	51%	52.1% (48.4-55.8%)	45.6% (42.1-49.1%)	52.4% (48.5-56.3%)
	5+ Fruits and Veggies Daily	25%	25.1% (22.2-28%)	23.1% (20.2-26%)	26.5% (23-30%)

Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 2009

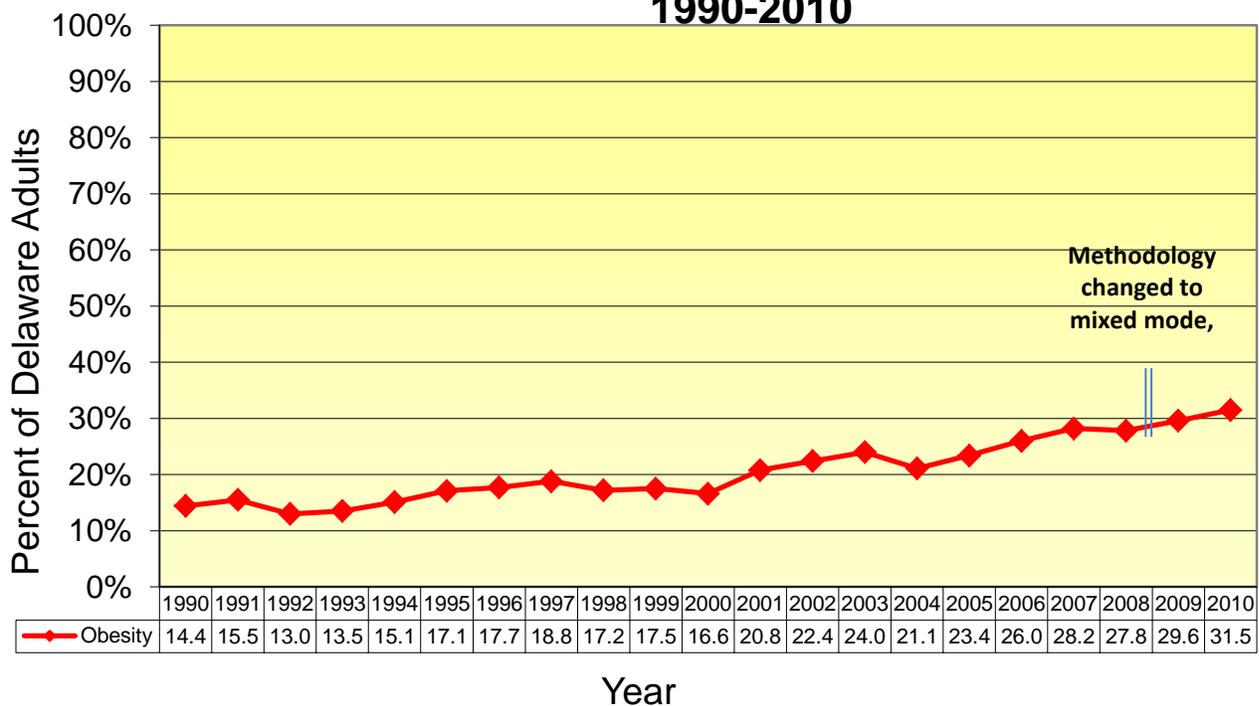
African-American adults in Delaware are more likely to report being obese than non-Hispanic whites or Hispanics, according to the Delaware BRFS.



Health habits established in childhood often continue throughout the life span, and many health problems in childhood like obesity and poor oral health, influence health into adulthood. Effective policies and programs are important to the establishment of healthy habits, the mitigation of risk factors for disease and overall improved health outcomes for Delawareans.

According to the 2010 BRFSS Survey, which uses a new methodology combining landline and cell phone data, the obesity trend continues to rise. There is still much work to be done.

Obesity Doubled Among Delaware Adults 1990-2010

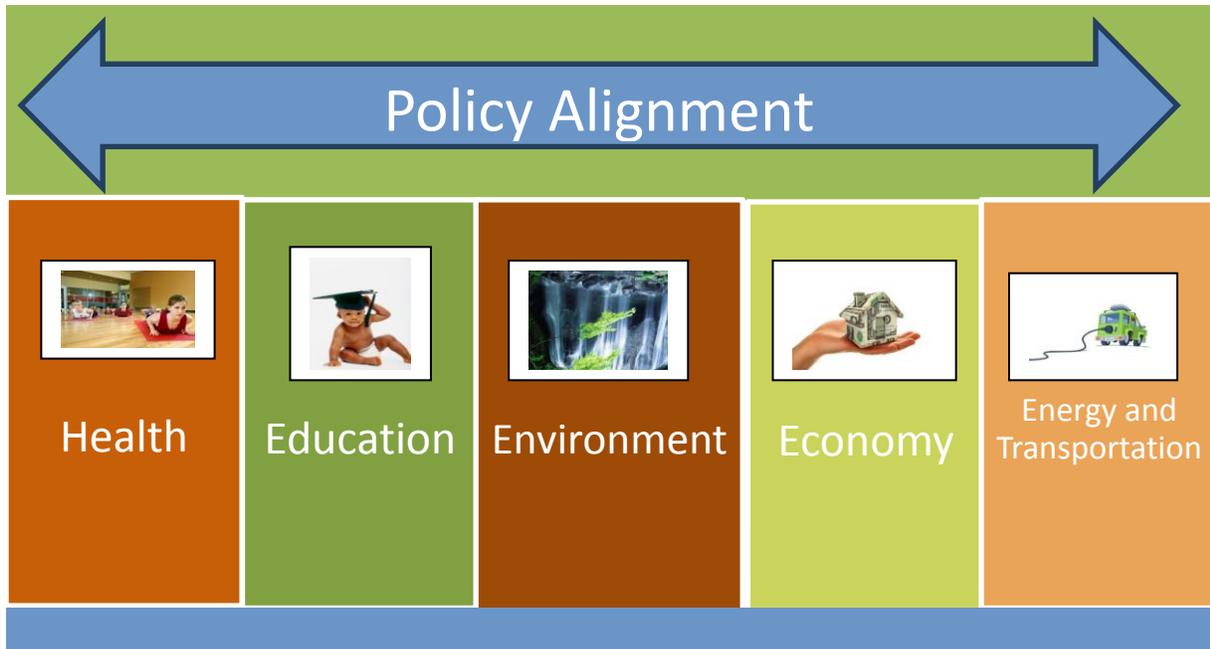


Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 1990-2010.

*Center for Disease Control and Prevention

Model for Change in Delaware

Thinking of policy, systems and environmental changes, the DE HEAL Coalition focuses on multi-agency, multi-organizational and multi-sector areas to impact individual, population, and multi-system behavior changes in Delaware.



Setting Progress Reports

Six settings or committees were organized following the creation of the comprehensive plan in September 2009. The settings are led by co-chairs in each of the following areas: Families in Communities; Schools; Worksites; Health Care; Social Marketing & Communications; Environment and Policy; and Sustainability. Setting co-chairs shepherded the implementation process through ad hoc committees for objectives with target dates of 2010-2011. The ad hoc committees included coalition members and network partners which met on a regular basis to develop work plans and tactics and carryout the work. The progress report on the next several pages follows the same order as was contained in the 2009 Comprehensive Plan and covers the period of October 2009 through August 2011.

FAMILIES IN COMMUNITIES



Setting Co-Chairs: Marianne Carter and Jim Ryan

<p>Goal 1: Increase opportunities for healthy eating and physical activity for all Delawareans through community-based efforts.</p>	<p>Accomplishments</p>
<p>Objective 1: By 2011, conduct a community assessment and gap analysis that identifies community/family attitudes, behaviors and resources to determine programmatic design.</p>	<ul style="list-style-type: none"> - 3 contracts awarded by Division of Public Health to cities of Harrington, New Castle, and New Castle County. - Teams were trained in use of CHANGE tool. - Each grantee submitted a final report and Community Action Plan due August 2011.
<p>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 & recreation agencies will increase by 10%.</p>	<ul style="list-style-type: none"> - Finalize criteria August 2011.
<p>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.</p>	<ul style="list-style-type: none"> - Research conducted – decision made to defer this goal. “Hard sell” in Delaware and unclear impact.

SCHOOLS

Setting Co-Chairs: John Ray and Dave Nichols

The 2010 – 2014 Goals and Objectives from the original Comprehensive Plan were revised by the Schools Setting to include school-aged goals and objectives which are shown in the table below.



Goal 1: Improve the health and wellness of children in the school setting through the promotion of physical activity and healthy eating.	Accomplishments
Objective 1: By 2014, increase the number of schools that implement evidence-based programs that promote healthy eating and physical activity.	- 58 elementary schools in Delaware are currently using evidenced based interventions. An additional 18 will begin using these interventions in the fall of 2011.
Objective 2: DE HEAL will continue to recognize Delaware schools implementing evidence-based policies, practices and programs using a variety of means that may include: Alliance for a Healthier Generation Healthy Schools Recognition Program, EPV awards and / or Healthier US Schools Award.	- DE HEAL and a host of cosponsors will recognize 4 schools this fall with Edith P. Vincent Awards. Additionally, still more schools received recognition from USDA’s Healthier US Schools Challenge and Alliance for a Healthier Generation.
Objective 3: By 2014, increase the number of schools that provide opportunities for all school-aged children to consume the recommended amounts of fruits and vegetables while in school.	- The Child Nutrition Reauthorization was passed and signed into law 2010. Implementation of the new policy will take time and DE HEAL will monitor.
Objective 4: By 2014, 100% of all districts will provide at least 150 minutes of a combination of physical education/physical activity to all students each week.	- 70% of Delaware elementary schools will provide at least 150 of PA per week in the 2011/2012 school year.

WORKSITES



Co-Chairs: Jacqueline Poquette and Brian McGee

<p>Goal 1: Develop a statewide infrastructure that helps employers foster a culture that encourages and supports physical activity and healthy eating among their employees.</p>	<p>Accomplishments</p>
<p>Objective 1: By 2013, educate at least 10 (mid-sized or larger) employers on the organizational benefit of supporting the development of physical activity, nutrition, and obesity prevention strategies and interventions.</p>	<ul style="list-style-type: none"> - A wellness toolkit is being developed as a resource for employers to promote healthy eating and active living, explaining business benefits; toolkit will be modeled after the Wisconsin Wellness Guide and is in the first stages of revisions.
<p>Objective 2: By 2014, recognize 10 Delaware employers as Healthy Worksites through an awards/incentive program.</p>	<ul style="list-style-type: none"> - Future initiative.

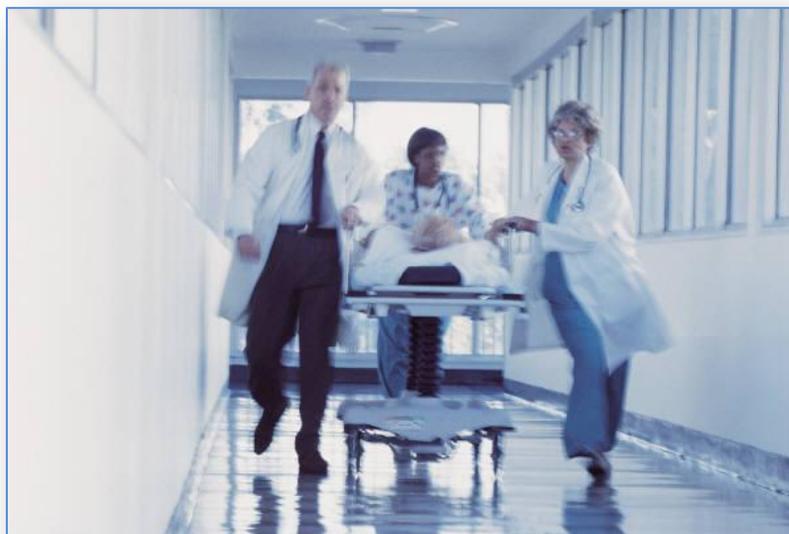
HEALTHCARE



Co-Chairs: Karen Anthony and Peggy Bell

<p>Goal 1: Delaware families and individuals are empowered, motivated, and supported by the health care system to make healthy behavior choices to prevent obesity.</p>	<p>Accomplishments</p>
<p>Objective 1: By 2014, routine educational opportunities will be provided to parents and patients on recommendations and best practices in the areas of healthy eating, physical activity, reduced screen time, and breastfeeding for families at risk for obesity.</p>	<ul style="list-style-type: none"> - 2011: Adoption of Guidelines: Guidelines identified for healthy eating, physical activity, reduced screen time and breastfeeding - Identified guidelines being implemented into provider toolkit - Structure of provider toolkit being set up for website - 2012: Curriculum and content developed: Workshop content and curriculum will parallel the provider toolkit - By 2014: Planning to provide workshop for health care professionals to introduce the toolkit and its resources
<p>Objective 2: By 2014, health care providers, managed care organizations, and hospital systems will offer incentive program that encourage the use of recreational facilities and other community programs that address healthy eating, physical activity, and obesity prevention.</p>	<ul style="list-style-type: none"> - Templates summarizing Delaware MCO Wellness/Preventive Programs with Website Links

<p>Objective 3: By 2014, develop a health navigator program that addresses healthy nutrition, physical activity, and obesity prevention.</p>	<ul style="list-style-type: none"> - Templates include Health Navigator and MCO case management programs
<p>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.</p>	<ul style="list-style-type: none"> - A summary of the Childhood Overweight and Obesity Focus Study with a description of its transition to DE HEAL has been completed. - A Coding Matrix for Adults and Children was created.
<p>Goal 2: Provide the health care system and the community the policy support, resources, education, and motivation necessary to prevent obesity among Delawareans.</p>	<p>Accomplishments</p>
<p>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.</p>	<ul style="list-style-type: none"> - Planning to provide workshop for health care professionals to introduce the toolkit and its resources. Curriculum to be developed and outline for training in progress.
<p>Objective 2: By 2012, start pilot programs that will be incorporated into obesity prevention strategies with at least two Federally Qualified Health Centers or Community Health Centers.</p>	<ul style="list-style-type: none"> - Assessment of La Red Health Center outcomes for obesity prevention programs - Westside Health Center programs for Obesity prevention planned. - Trained staff at Westside to implement and track pedometer program. - Pedometer prescription program draft created and currently soliciting feedback.



SOCIAL-MARKETING & COMMUNICATIONS



Updated DE HEAL Website Template

Chair: Dr. Mike Peterson

Goal 1: Create awareness, motivation, and supportive environments that promote physical activity, healthy eating, and breast feeding.	Accomplishments
Objective 1: By 2012, develop three or more profit/nonprofit partnerships and co-branding campaigns that result in expanding overall awareness of healthy eating, active living campaign message. Priority populations include: senior citizens, youth, and parents of youth.	- Still seeking funding for campaign.
Objective 2: Establish three new marketing campaigns that promote physical activity, breastfeeding, and/or healthy eating by 2014.	- Future initiative.
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.	- Future initiative.
Objective 4: By 2012, develop website 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.	<ul style="list-style-type: none"> - A website for DE HEAL was launched December 2010 to facilitate communication between members and partners. - Updated website launched October 2011. - Guidelines drafted for website communications.

ENVIRONMENT AND POLICY



Co-Chairs: Dana Griffin and David Edgell

<p>Goal 1: Develop communities where people have opportunities and the motivation to lead safer and healthier lives.</p>	<p>Accomplishments</p>
<p>Objective 1: By 2011, conduct 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.</p>	<p>UD-Institute for Public Administration (IPA) developed, tested, and launched two global assessment toolkits that Identify healthy community resources:</p> <ul style="list-style-type: none"> - Walkability Assessment Tool to evaluate the strengths and weaknesses of a town’s walkability. Link: http://www.ipa.udel.edu/healthydetoolkit/tools/walkability/ - Comprehensive Plan Assessment Tool Municipal stakeholder tool considers factors to make comprehensive plans and/or updates more health focused Link: http://www.ipa.udel.edu/healthydetoolkit/tools/compplan.

<p>Objective 1: By 2011, conduct gap analysis of healthy community resources (opportunities for active transportation, recreation, and access to healthy eating) for each county that will be used in planning efforts and comprehensive plans for each county and municipality.</p>	<ul style="list-style-type: none"> - Identified geographical areas of need of Healthy Foods. <p>UD-IPA partnered with DPH to create a series of thematic maps:</p> <ul style="list-style-type: none"> - Geographically illustrates underserved food and low income areas in the state - The statewide and county-specific maps plot the location of full-service grocery stores and farmers markets in comparison to a number of factors - median household income, population density, and grocery stores per 10,000 residents
<p>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.</p>	<ul style="list-style-type: none"> - Access to Healthy Food Forum held on May 2011. - Future themes in development include households without access to an automobile. - DE Dept. of Natural Resources and Environmental Control through its Parks and Rec. division has completed its 2009-2011 Statewide Comprehensive Outdoor Recreation Plan (SCORP) that also analyzes recreational areas of need statewide. Link: http://www.dnrec.delaware.gov/parks/Information/Documents/2009-2011_SCORP.pdf.
<p>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.</p>	<ul style="list-style-type: none"> - Future initiative.



SUSTAINABILITY



Resources: Helen Arthur and Dr. Devona Williams

<p>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.</p>	<p>Accomplishments</p>
<p>Objective 1: By 2011, create an infrastructure of an advisory board with permanent committees to implement and update the state’s plan.</p>	<ul style="list-style-type: none"> - Draft By-Laws created in 2009 establishing committee structure. - Leadership Team was elected from the membership May 2010. - Third Annual Summit on Physical Activity, Nutrition & Obesity Prevention, convened November 2010. - Final By-Laws were adopted in December 2010. - Leadership Team established new vision; updated mission Jan 2011. - 66 members (7 organizational members); 200+ in network.
<p>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.</p>	<ul style="list-style-type: none"> - Setting co chairs report progress on template issued by DPH staff, March/April 2011.
<p>Objective 3: By 2011, develop an evaluation plan that will be used to monitor the progress of the plan’s recommendations.</p>	<ul style="list-style-type: none"> - Future initiative.

FUTURE INITIATIVES



DE HEAL will work on implementing the key objectives of the 2011-2014 Comprehensive Plan in the coming year and will draw on national strategies, *Healthy People 2020* and the *National Prevention Strategy: America's Plan for Health and Wellness*. Key areas of focus will be activities that are planned for year 2011-2012. DE HEAL will:

- Continue to expand our work in the Built Environment working with municipalities and counties to improve comprehensive planning process and identify best practices;
- Work with schools to increase physical activity of students and improve nutrition;
- Develop employer toolkits and implement a recognition program for employer sponsored physical fitness and nutrition program advocates;
- Develop provider toolkits for health practitioners;
- Advocate for policies that will positively impact physical fitness and nutrition in Delaware;
- Update and maintain the DE HEAL website to include toolkits and make it more user friendly;
- Continue to promote healthy eating and active living and seek viable funding opportunities to support a social marketing campaign and other DE HEAL activities;
- Strengthen the DE HEAL Coalition by continuing to collaborate, develop membership and enhance our organizational structure; and
- Monitor and evaluate the ongoing progress against the comprehensive strategic plan.

LEADERSHIP TEAM 2011-2012



New Chair Brian Rahmer presents award to outgoing chair Jonathan Kirch for Outstanding Service for the 2009-2010 Leadership Team

Officers

Brian Rahmer, Chair
Kimberly Smalls, Vice-Chair

Environment and Policy Setting

Connie Holland, Chair
Jonathan Kirch, Co-Chair

Families in Communities Setting

Marianne Carter, Chair
Jim Ryan, Co-Chair

Social Marketing and Communication Setting

Eileen Sparling, Chair
Fred Breukelman, CHES

Health Care Setting

Karen Anthony, Chair
Peggy Bell, Co-Chair

Worksites Setting

Jacqueline Poquette, Chair
Carol Gieseke, Co-Chair

Schools Setting

John Ray, Chair
Dave Nichols, Co-Chair

Members at Large

Jonathan Kirch, New Castle County
Dave Verma, Kent County
John Hollis, Sussex County

MEMBERS

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