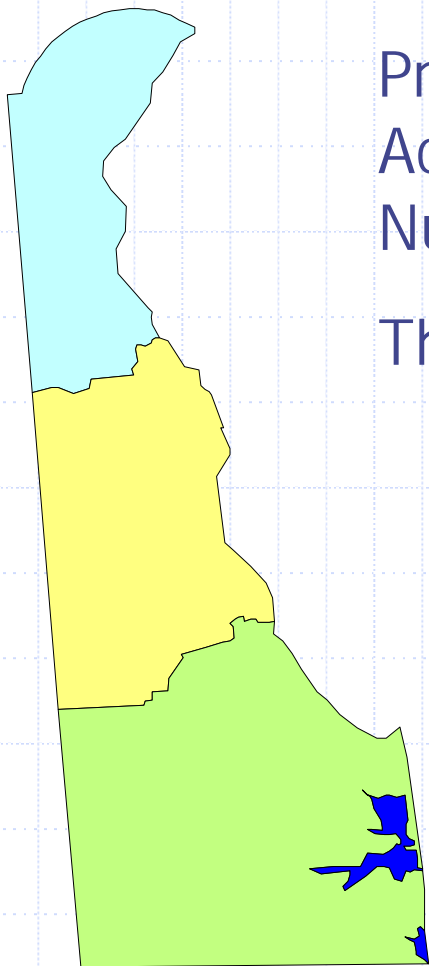


Blueprint for a Healthier Delaware



Promoting Physical
Activity and Healthy
Nutrition (PAHN)

The 2010 PAHN Plan

Delaware Coalition to Promote Physical Activity and Healthy Nutrition

Lt. Governor's Challenge

Governor's Council on Lifestyle and Fitness

Delaware Health and Social Services

Health Education Network of Delaware

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Preface and Acknowledgements

This planning process began early in 2002, and was formally initiated at follow-up meeting to the Annual Conference of the Health Education Network of Delaware on March 22. More than 50 people from a wide variety of interested agencies and organizations were invited and participated in various parts of the process.

This has been an exciting year in the effort to promote physical activity and healthy nutrition. At the federal level, a number of important reports and studies were released, some of which are referenced in this plan. Many things are also beginning to happen in Delaware, and one of our goals is to coordinate these efforts and provide a common thread. At about the same time, strategic planning efforts started for the 5-a-Day campaign to promote fruit and vegetable consumption in Delaware. Both groups recognize that physical activity and healthy nutrition are inseparable issues, and the planning processes were merged. We also hope that this plan will stimulate more programs and initiatives, and help organizations obtain funding to work toward these goals.

We owe a special debt of gratitude to Lt. Governor John Carney, who is a champion and role model for these healthy behaviors. His “Lt. Governor’s Challenge” is a key element in efforts to promote healthier lifestyles.

We would also like to thank everyone who participated in the process, especially the Steering Committee. In addition, we owe special thanks to a couple of people whose vision guided this planning process, and for whom this is the first step in turning a career-long dream into reality. Special thanks to Allan Waterfield, who has committed his entire career – as a professor, as chair of the Governor’s Council on Lifestyle and Fitness, and in numerous other roles – to promoting physical activity. Christine Oakes, a health educator with the Delaware Division of Services for the Aging and Adults with Physical Disabilities, was the third member of the group that drove this process from the beginning. Thanks also to Avron Abraham and Mike Peterson, who represent the Coalition and the Health Education Network of Delaware, which are sponsoring organizations.

There is, as this plan makes clear, a lot of work to be done. But a lot is also being done already, and with united effort across all sectors of our state, we can bring significant change and improve the health and quality of life of Delawareans.

– Fred Breukelman

*Director of Health Education
Delaware Division of Public Health
Steering Committee Chair*



**State of Delaware
Office of the Lieutenant Governor**

November 2002

Dear Friends,

I am happy to celebrate the release of *Blueprint for a Healthier Delaware, The 2010 Promoting Physical Activity and Healthy Nutrition Plan*. This document maps out a plan for Delawareans to start taking control of their health.

Studies have shown that sustained physical activity and better nutrition can help reduce the risk of chronic diseases like diabetes, heart disease, and certain types of cancer. Yet, here in Delaware almost 60 percent of our residents are considered overweight or obese. Delaware's cancer incidence rate is higher than the national rate and our cancer mortality rate is also higher than the rest of the country.

The statistics are alarming. Beyond the health-related issues associated with being overweight or obese, there are financial implications as well. Health care and insurance costs are rising dramatically. Employees become less productive at work when they aren't healthy.

It doesn't take crash diets or marathon training to improve your lifestyle, though. A change as simple as 30 minutes of walking four or five times a week can greatly reduce your chances of suffering from a chronic disease. Improve your diet by eating five fruits and vegetables each day and you'll be way ahead of the game.

So read this document with care and interest and get started. If you want even more incentive, contact my office or the Division of Public Health and ask about "The Lt. Governor's Challenge," which is my initiative to motivate people to live healthier. But whatever you do, please do something.

Sincerely,

A handwritten signature in black ink that reads "John C. Carney, Jr." in a cursive script.

John C. Carney, Jr.
Lieutenant Governor

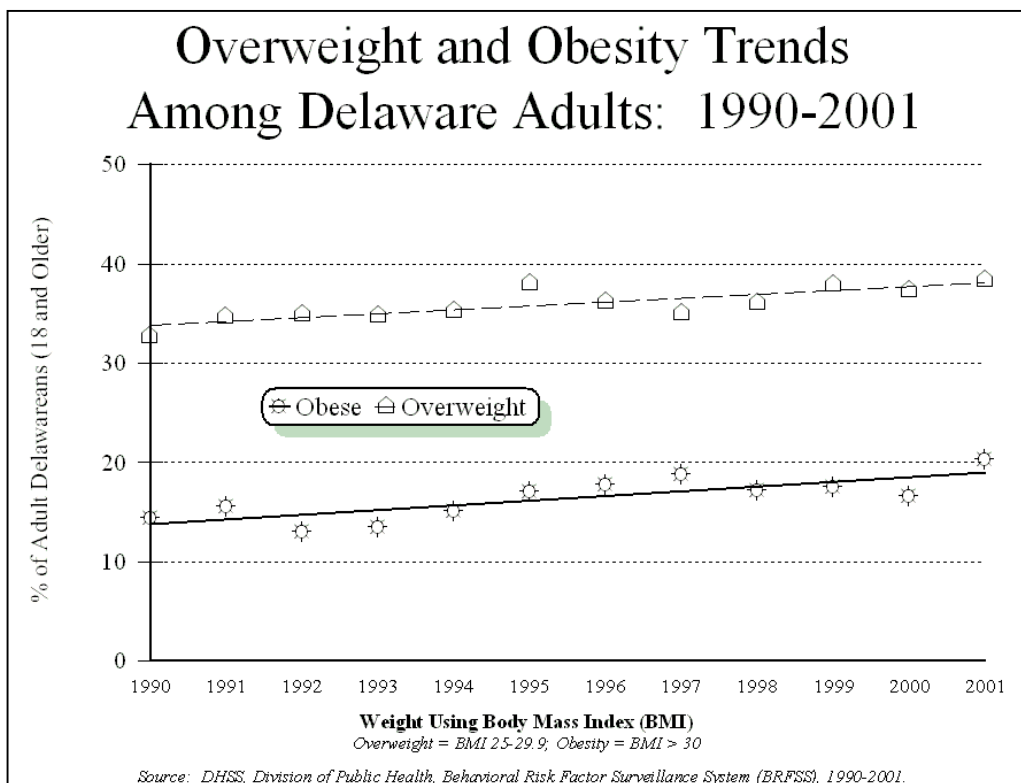
Chapter 1

What's The Problem?

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

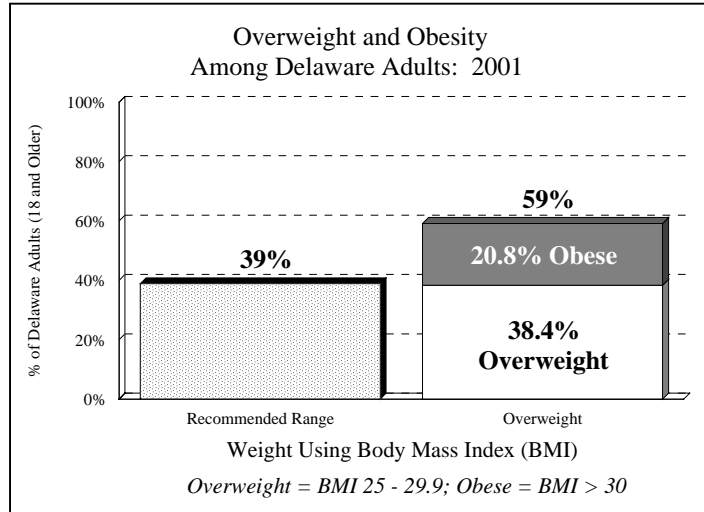
In his 2001 *Call to Action to Prevent and Decrease Overweight and Obesity*, then Surgeon General David Satcher pointed out that overweight and obesity “have reached epidemic proportions in the United States.” According to the document, about 300,000 deaths a year in this country are associated with overweight and obesity – making it the second leading cause of premature death. Only tobacco kills more Americans.

Trends in Delaware, as in the rest of the country, are moving in the wrong direction. The chart below, from Delaware’s annual Behavioral Risk Factor Survey, shows a steady increase in both overweight and obesity among Delaware adults in the past 12 years. In 2001, the prevalence of obesity rose to an all-time high of 20.8% of adults age 18 and older.



Almost 60% of Delaware adults are either overweight or obese, using body mass index (BMI) calculations. Only 39% of adults in our state are within the recommended weight range; and only about 2% are below their recommended weight.

Obesity is more common in Kent County than in either New Castle or Sussex. It also becomes more prevalent with age. Only 9.5% of young adults (18-24) are obese, but the prevalence rises steadily with age to a peak of 31% of adults age 55-64. Among adults age 65 and older, the prevalence drops to 21%.



Disparities

The National Cancer Institute (NCI) initiated a campaign in the fall of 2002 to address the issues of disparity among racial and ethnic groups, especially focusing on diet and African American men. According to NCI, African American men have a “greater chance of dying from many chronic diseases than their Latino, Caucasian, Asian/Pacific Islander, and Native American brothers.” The Institute points out that Black men eat fewer fruits and vegetables than any other group, and are less likely to realize that a diet high in fruits and vegetables can reduce their risk for disease.

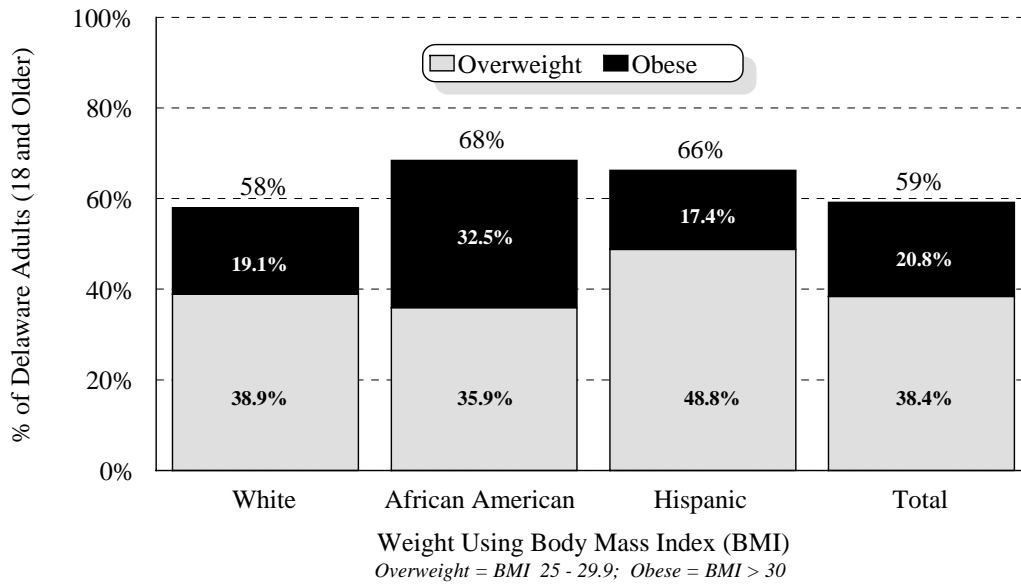
In Delaware, there is also a significant disparity between non-Hispanic white adults and African Americans. About 19% of white adults are obese, compared with 32.5% of African Americans.

The top graph on the next page shows the disparity among population groups in Delaware. The most notable disparity shown is the higher proportion of obesity among Delaware African Americans.

Obesity increases the risk for chronic diseases such as cardiovascular disease and type 2 diabetes. According to the Delaware Division of Public Health’s 2002 report on ***The Burden of Diabetes in Delaware***, “African Americans have a higher rate of diabetes than other racial/ethnic groups. . . . Obesity and lack of exercise are associated with increased incidence of type 2 diabetes, and may cause it.”

In keeping with the national data reported by NCI, minority men in Delaware eat fewer servings of fruits and vegetables than other groups (see bottom graph on page 3).

Overweight and Obesity By Race and Ethnicity: 2001



Source: DHSS, Division of Public Health, Behavioral Risk Factor Survey (BRFSS), 2001.

Delaware Adults at Risk -- Inadequate Fruit and Vegetable Consumption: 2000

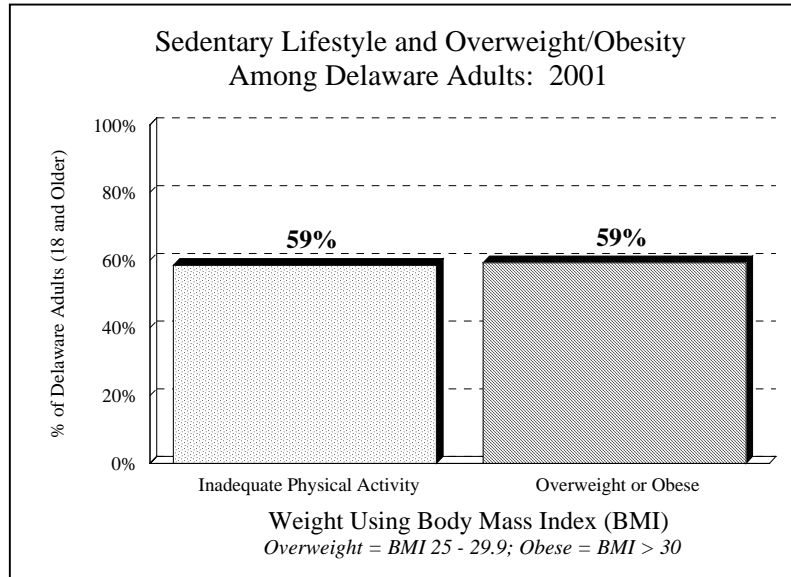


Source: DHSS, Division of Public Health, Behavioral Risk Factor Surveillance System (BRFSS), 2000.

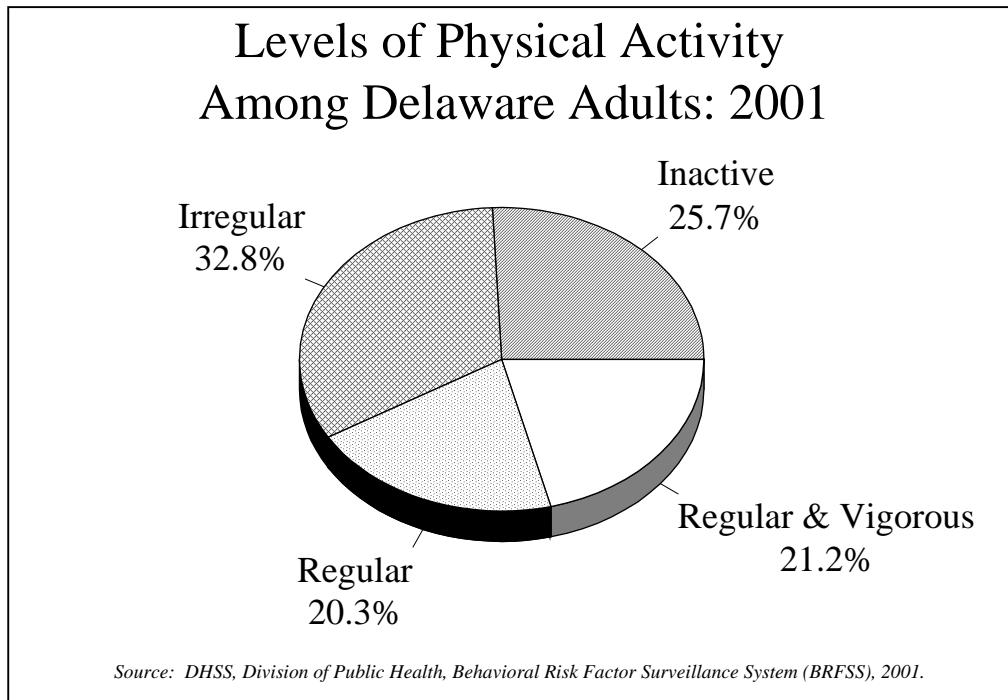
Physical Activity

It is not surprising that 58.5% – nearly the same as the percent of overweight and obese adults – get little or no regular physical activity.

There is a strong correlation between lack of physical activity and the prevalence of overweight and obesity. The graph below does not show a cause-effect relationship for every individual. Overweight individuals may be getting adequate physical activity, especially those trying to lose weight. Normal weight individuals may be sedentary. However, if they are sedentary they have increased risk of future cardiovascular and/or weight problems.



Prevalence of **regular, moderate physical activity** in Delaware has been declining since Delaware began collecting behavioral data in 1990. During the 1990s, the prevalence of regular, moderate leisure-time activity among Delaware adults **dropped from 35.6% to 28%**.



According to the 2001 Behavioral Risk Factor Survey, only 20.3% of Delaware adults 18 and older get “regular and moderate” physical activity; another 21% get “regular and vigorous” exercise, roughly equivalent to aerobic activity (see chart on page 4). The bad news is that most adults in our state are essentially sedentary – that is, they get either no exercise or irregular activity that does not provide health benefits.

Youth Exercise and Nutrition

The Delaware Department of Education conducts a Youth Risk Behavior Survey (YRBS) in odd-numbered years. The YRBS currently supplies the only youth data available in the state on physical activity, dietary habits and other behavioral risks. In 2002, the Division of Public Health added a nutrition and physical activity module to its Youth Tobacco Survey, which includes public middle school students. The first middle school data will be available in late 2002 or early 2003.

In 2001, the YRBS showed that:

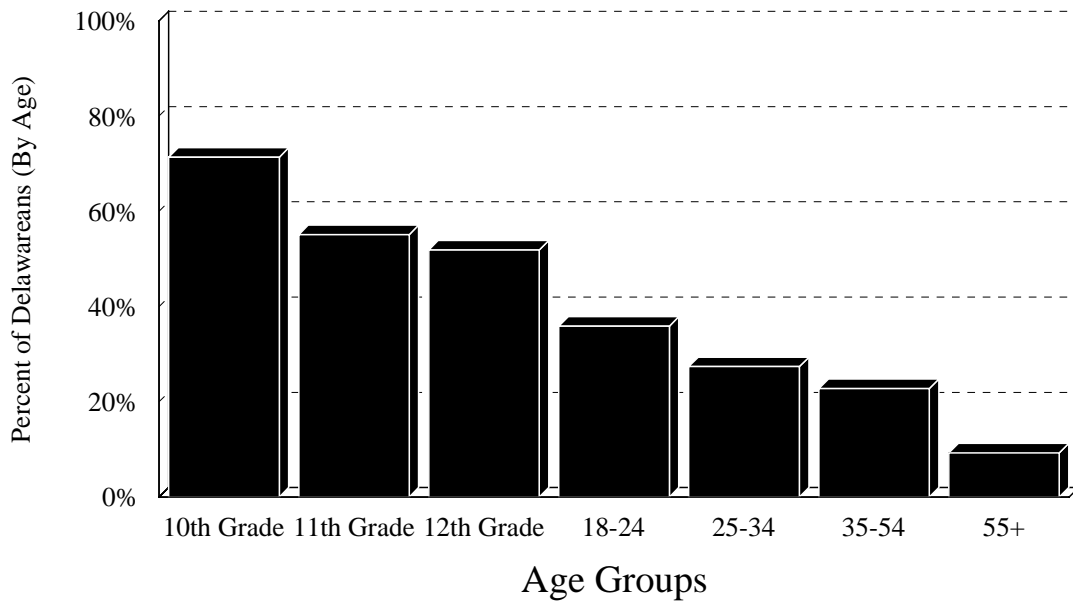
- About 11% of public high school students are overweight;
- However, nearly 44% say they are trying to lose weight.
- 4% vomited or took laxatives to lose weight in the past 30 days.
- 24.9% ate 5 or more servings of fruits and vegetables per day during the past week.
- 62.5% exercised or participated in physical activities for 20 minutes that made them sweat and breathe hard three or more days a week.
- 11.4% did **not** participate in moderate or vigorous physical activity in the past week.
- 42% attended a physical education class one or more days during an average school week (65% of 9th graders, but only 14% of 12th grade students).

While the youth prevalence is certainly better than the adult prevalence for obesity and physical activity, there are some disturbing trends.

Nationally, overweight and obesity are increasing among children and youth, and this appears to be true in Delaware as well (however, there is not enough data at this point to establish a trend).

The other disturbing trend is that physical activity declines steadily from the 9th grade through adulthood (see graph on next page). While about 71% of 10th grade students get regular, vigorous exercise, that prevalence drops to 36% among college-age young adults. By the time Delawareans reach their 40s, only about 23% are getting regular, vigorous activity.

Level of Regular, Vigorous Physical Activity Drops Steadily With Age



Sources: Department of Education, Youth Risk Behavior Survey, 2001;
DHSS, Division of Public Health, Behavioral Risk Factor Survey, 2001

Additional information on prevalence of adult risk factors related to physical activity and nutrition is available from:

Behavioral Risk Factor Surveillance System (BRFSS)
Delaware Division of Public Health
P.O. Box 637
Dover, DE 19903-0637
302-744-4544
<http://www.cdc.gov/brfss/>

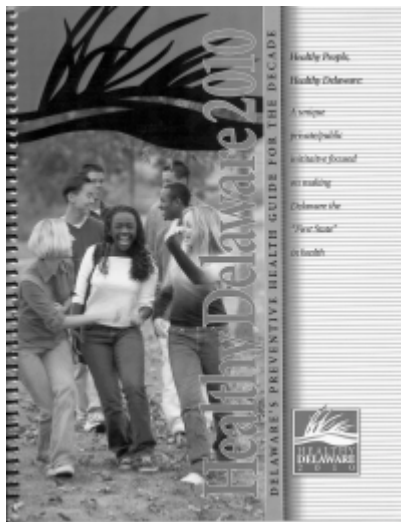
For more information about youth risk behavior data, contact:

Youth Risk Behavior Survey (YRBS)
Delaware Department of Education
P.O. Box 1402
Dover, DE 19903-1402
<http://www.cdc.gov/nccdphp/dash/yrbs/>
<http://www.state.de.us/drugfree/data.htm>

Chapter 2

What Set The Stage . . .

The PAHN planning group, now incorporated into the Delaware Coalition to Promote Physical Activity and Healthy Nutrition (DCPPAHN), began work in the spring of 2002. The Coalition wanted to build on the research and recommendations of other local and national planning groups. Four major planning initiatives are cited here as part of our PAHN process.



Healthy Delaware

Healthy Delaware 2010,¹ Delaware's health plan for the first decade of the new millennium, includes focus areas on both physical activity and nutrition.

Physical activity goal:

Improve the health, fitness, and quality of life for Delawareans through regular physical activity.

Five objectives were established in the state plan:

1. By 2010, increase the proportion of adults who engage in regular, moderate, and sustained physical activity from 28.1% to 32%.
2. By 2005, increase the proportion of jurisdictions that review and establish policies to promote physically active communities.
3. By 2010, increase the proportion of businesses that have worksite health promotion programs that include and/or promote physical activity.
4. By 2010, increase the proportion of schools that offer quality daily physical education to 100%.
5. By 2010, increase the number of communities that have one or more school, community or company facilities open to the public for physical activity during evening and weekend hours.

Objectives 2 through 5 are considered “developmental” objectives, defined by *Healthy Delaware 2010* as those “that currently do not have state baseline data and, therefore, have no operational definitions.” The purpose of these developmental objectives is to identify areas of emerging importance and to stimulate development of data systems to measure them. All of the objectives are related to objectives in the national health plan, *Healthy People 2010*.

HD 2010 nutrition goal:

Promote healthy eating habits to decrease risk of chronic disease.

Five objectives were established to help Delaware achieve this goal:

1. By 2010, reduce the proportion of adolescents and adults who are overweight from 29% to 11% for adolescents and from 32% to 22.9% for adults.
2. By 2010, increase the proportion of employers that have healthy nutrition promotion policies, sponsor nutrition education programs, and offer food options that are consistent with USDA *Dietary Guidelines for Americans*² to 100%.
3. By 2010, increase the proportion of restaurants that identify on their menus healthy food selections that meet Step 1 of the American Heart Association Guidelines to 100%.
4. By 2010, increase the proportion of school cafeterias and vending machines that serve foods that are consistent with the USDA *Dietary Guidelines for Americans* to 100%.
5. By 2010, increase the proportion of Delaware adults who eat five or more servings of fruits and vegetables daily from 26.7% to 50%.

Objectives 2 through 4 are developmental objectives.

The planning group endorsed the *Healthy Delaware 2010* goals. The objectives and strategies identified in this plan are designed to help effectively implement the *Healthy Delaware* goals.

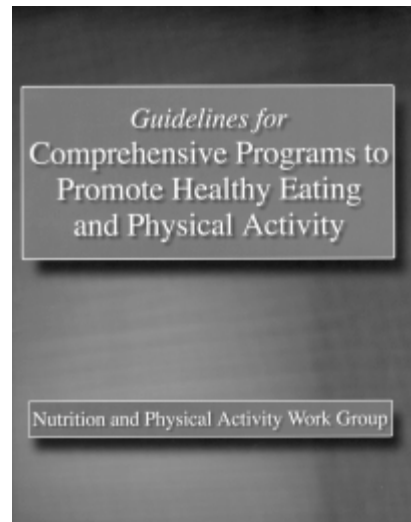
National Planning Activities

At the national level, planning to promote physical activity and healthy nutrition has been carried out by a group called the Nutrition and Physical Activity Workgroup (NUPAWG).

NUPAWG published its recommendations in *Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity*.³

This national work group came from ten agencies and organizations, primarily representing state and local health departments:

- Association of State and Territorial Chronic Disease Program Directors
- Association of State and Territorial Directors of Health Promotion and Public Health Education
- Association of State and Territorial Public Health Nutrition Directors
- National Association for Health and Fitness
- National Association of City and County Health Officials
- National Association of WIC Directors
- National Public Health Information Coalition
- Society of State Directors of Health, Physical Education and Recreation
- Four at-large state health department representatives
- United States Department of Agriculture



Our Delaware planning group identified the NUPAWG *Guidelines* as the most comprehensive planning document for promoting nutrition and physical activity, and as a guide to “best practices” or most effective program strategies for accomplishing our goals. The entire 37-page *Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity* document is available on the Internet (see resource list).

The Guidelines identify seven essential program components:

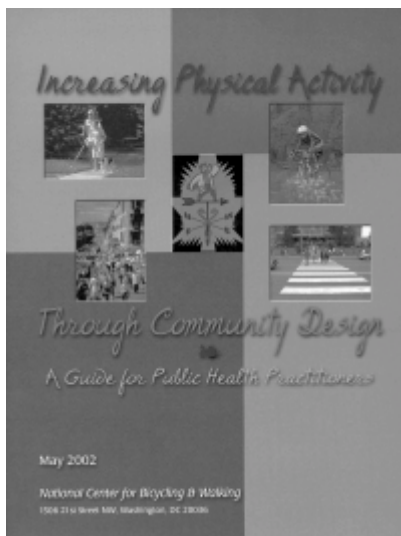
1. Leadership, Planning/Management, and Coordination
2. Environmental, Systems, and Policy Change
3. Mass Communication
4. Community Programs and Community Development
5. Programs for Children and Youth
6. Health Care Delivery
7. Surveillance, Epidemiology and Research

It provides a rationale, sample activities and practices, resources and references for each of these components. In choosing practices and programs to recommend, NUPAWG focused on several criteria:

- elimination of disparities
- programs that are affordable and sustainable,
- population-based
- effective and science-based
- replicable and easy to implement

- contain well defined, measurable objectives
- valued by stakeholders
- comprehensive and inclusive
- acceptable to the target populations
- accessible, and
- focused on improving communities and building social capital.

The NUPAWG guidelines are tied to the core functions of public health, which demonstrates how physical activity and nutrition promotion can and should be integrated into public health activities at all levels.



Increasing Physical Activity Through Community Design

The National Center for Bicycling and Walking released a report in May of 2002, entitled ***Increasing Physical Activity Through Community Design: A Guide for Public Health Practitioners***.⁴ This report addresses one of the essential program components – environmental, systems, and policy change – identified in the NUPAWG guidelines.

This guidebook provides an essential resource for planning environmental change to promote physical activity. It examines “four interrelated aspects of a community” – physical activity, transportation, land use and public health.

“If you design an environment for children, it will work for everyone.”
Larry Beasley, director of Central Area Planning in Vancouver, B.C.

“Poor community design affects the health of the entire community,” says the book’s summary. It provides recommendations and examples of how communities can plan “Active Community Environments” that encourage walking, bicycling and other types of physical activity and have historically been a normal part of daily life – and should be again.

The *Guide* points out that there are hundreds of projects that can encourage people to walk and bicycle more. Seven types of activities or projects are key to success and should be part of any comprehensive program:

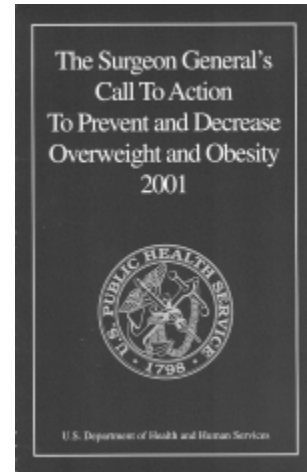
1. Community audits
2. More and better sidewalks, links among developments

3. Safe and convenient crossings
4. Pedestrian and bicycle-friendly streets
5. Trails
6. Slowing down motor vehicle traffic
7. Safety and crime reduction, safe routes to schools

Surgeon General Calls for Action To Prevent Obesity and Overweight

In 2001, then U.S. Surgeon General David Satcher issued a landmark document, *The Surgeon General's Call to Action To Prevent and Decrease Overweight and Obesity*.⁵

Surgeon General Satcher said 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, and Worksites. The recommendations are based on strategies that have been tested and 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.

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

- Actions by diversified and cooperative groups are desirable
- Actions require vigorous, 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.
- Actions should be carefully planned.

- Actions should be sensitive to the needs of minority populations, and to the social stigmatization which can surround obesity.
- Actions and their outcomes should be evaluated.

The Delaware Coalition to Promote Physical Education and Healthy Nutrition – and its partners – endorse these documents and urge agencies and communities to utilize the documents in planning to promote a healthier state.

Note: Additional resources which can assist organizations or communities in developing healthy nutrition and physical activity programs are found on the resources page at the end of this report.

¹ *Healthy Delaware 2010*. Dover, DE: Delaware Health and Social Services, Division of Public Health, April 2001. Available online at <<http://www.healthylouisiana.com/>>

² *Nutrition and Your Health: Dietary Guidelines for Americans, Fifth Edition* Washington, DC: U.S. Department of Health and Human Services, U.S. Department of Agriculture, 2000. Available online at <<http://www.health.gov/dietaryguidelines/>>

³ Susanne Gregory, Ed. Nutrition and Physical Activity Workgroup, *Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity*. Champaign, IL: Human Kinetics, 2002. Available online at <<http://www.astphnd.org/programs/guidelines.htm>>.

⁴ W.C. Wilkinson, N. Eddy, G. MacFadden and B. Burgess. *Increasing Physical Activity Through Community Design: A Guide for Public Health Practitioners*. Washington: National Center for Bicycling and Walking, May 2002.

⁵ David Satcher, M.D., Ph.D. The Surgeon General's Call to Action To Prevent and Decrease Overweight and Obesity 2001. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2001. Available from the U.S. Government Printing Office <<http://bookstore.gpo.gov/>>. Available online at <<http://www.surgeongeneral.gov/library/>>.

Chapter 3

What Needs To Be Done?

Our Vision:

A Delaware where all people enjoy an improved quality of life through physical activity and healthy eating.

Policy Issues

Overall Policy Goals:

1. Policies of state agencies shall promote an integrated approach to creating communities that support physically active lifestyles for all ages.
2. Communities will take responsibility for improving environmental factors that support physical activity and healthy nutrition.
3. Schools will adopt policies leading to coordinated school health – which, among other things, promotes regular physical activity and healthy nutrition.

Objectives:

1. By 2008, require all new transportation projects to have appropriate accommodations for bicycling and walking.
2. By 2007, each jurisdiction – including the State – will have a plan to increase walking and bicycling for both transportation and health.
3. By 2005, State government will implement health promotion programs for employees that include physical activity and nutrition education.
4. By 2008, 25% of communities in Delaware will have a grass-roots plan to promote livable, walkable communities.

5. By 2005, 75% of Delaware public schools will be in compliance with Health Education Regulation 851, which promotes Kindergarten through 12th grade classroom instruction in knowledge and skills in health literacy, and will require daily physical activity in the classroom, on school sites, and recess.

Examples of Strategies To Support These Objectives

- Government agencies require sidewalks in all new developments.
- Government agencies require and develop bicycle-pedestrian inter-connectivity between subdivisions or developments, shopping areas, and schools.
- Government agencies improve lighting where needed to promote evening activity.
- Government agencies, including State of Delaware, adopt policies to allow employees work time or time sharing for physical activity and health promotion; and provide incentives to employees for participation.
- Citizen groups organize to promote community planning for physical activity.
- Identify community leaders/decision makers; inform them of the benefits of healthy communities, and of effective programs.
- Conduct “walkability” and “bikability” studies in neighborhoods.
- Provide grants to communities for development of plans, studies and environmental improvements that promote physical activity.
- Incorporate healthy physical activity into the Livable Delaware agenda.
- Develop Zero Crime Zones near schools to promote walking to school.
- Government agencies ensure that all neighborhoods are equally safe and that inner city communities have adequate environmental support for walking, bicycling and sports.
- Establish policies at all levels to remove barriers, especially for individuals with physical disabilities.



Dianna Dyson
from the Small Business Development Center

In December 2001, Dianna decided it was time to get her weight under control. She began walking and being more careful about her eating habits. She registered in U.D.'s spring worksite walking program, and found it to be just the support she needed for her new lifestyle. She says, "I was excited because the pedometer counted steps, not miles, I felt like I was accomplishing much more. When I realized how hard I was working, I changed my eating habits so I would not let all my hard work be in vain." Dianna continues to wear her pedometer and is setting new goals for her fitness. She has also encouraged friends to join her. She is passing on the benefits of physical activity to them by her good example.

*– from the University of Delaware
Employee Wellness Center*

- Provide funding to allow school and other public physical activity facilities to remain open in the evening for community access.
- Delaware Department of Education and local school boards establish policies requiring healthy food choices in school cafeterias and vending machines; and ensuring that foods and beverages served at school events and functions contribute toward healthy eating habits.
- Establish a Health Education Commission, with representatives from the community, faculty, students, and administrations to review and recommend school policies.
- Establish a position in the Department of Education to monitor compliance with Health Education Regulation 851, and provide incentives for compliance.
- Require daily physical activity in all schools.
- Recognize model schools for their efforts in promoting physical activity and healthy nutrition, and for implementing coordinated school health programs.
- Provide incentives for school districts to comply.
- Provide technical assistance and support for coordinated school health through the School Health Leadership Institute.
- Collect, monitor and provide a central resource of policies (state, local, school, and private) that promote healthy eating and physical activity.

Examples of Agencies That Should Be Involved

[NOTE: This list is not comprehensive, but is intended to demonstrate the wide variety of organizations and agencies which can and should be involved in policy and environmental decisions which promote physical activity and healthy nutrition.]

Contractors and developers

County and Local Governments

- Parks and recreation departments

- Police agencies

Delaware Bicycle Council

Delaware Chamber of Commerce

Delaware Coalition to Promote Physical Activity and Healthy Nutrition

Delaware Department of Agriculture

Delaware Department of Education

Delaware Department of Health and Social Services

- Division of Public Health

- Division of Services for Aging and Adults with Physical Disabilities

Delaware Department of Natural Resources and Environmental Control

- Division of Parks and Recreation

Delaware Department of Public Safety

Delaware Department of Transportation

- Bicycle and Pedestrian

Delaware Diabetes Coalition
Delaware Dietetic Association
Delaware Governor's Office – Livable Delaware
Delaware Lt. Governor's Office – Lt. Governor's Challenge
Environmental groups
 - Delaware Greenways
 - Sierra Club, Delaware Nature Society, and similar groups
Governor's Council on Lifestyle and Fitness
Health Education Network of Delaware
Medical and nursing professional organizations
Planning agencies
School Districts and Boards, Chief School Officers

Programs and Interventions to Promote Healthy Nutrition and Physical Activity

Overall Goal:

1. Reduce the incidence of chronic diseases – including cardiovascular disease, certain cancers, diabetes, and arthritis – by reducing obesity and increasing physical activity among Delawareans.
2. Improve the quality of life of Delaware residents through healthier lifestyles, especially healthy eating and physical activity.
3. Reverse the trend – which has been moving in a negative direction for more than 12 years – of increasing prevalence of overweight and obesity in Delaware.

Objectives:

1. By 2010, increase the prevalence of Delaware adults who get regular and sustained physical activity from 20.3% (baseline: BRFSS, 2001) to 40%.
2. By 2010, increase the prevalence of Delaware adults who get regular, vigorous physical activity from 21.2% (baseline: BRFSS, 2001) to 30%.
3. By 2010, increase the prevalence of Delaware adults who eat at least five servings of fruits and vegetable a day from 22% (baseline: BRFSS, 2000) to 40%.
4. By 2010, decrease the prevalence of obesity among Delaware adults from 20.8% (baseline: BRFSS, 2001) to 18%, and decrease the prevalence of overweight from 38.4% to 35% (baseline: BRFSS, 2001).

5. By 2010, increase the prevalence of public high school students who exercise (20 minutes, sweat, breathe hard) three or more days a week from 62.5% (baseline: YRBS, 2001) to 80% [see policy objective 5, p. 14].
6. By 2006, provide healthy alternatives to “junk” food and soda vending machines in all Delaware schools.
7. By 2005, register 10,000 Delawareans in the Lt. Governor’s Challenge and Walk Delaware programs; and implement the Lt. Governor’s Challenge in 200 worksites, including State government agencies.
8. Ongoing, increase public awareness through social marketing campaigns such as the “Get Up and Do Something” campaign (Division of Public Health, and University of Delaware), and the 5-a-Day campaign. [*Developmental objective, to be measured by evaluations of the reach and effectiveness of these campaigns.*]

Examples of Strategies To Support These Objectives

General and Management Strategies

- Identify and utilize advocates and champions.
- Use, and/or coordinate with, existing programs such as the Lt. Governor’s Challenge to provide a common thread or theme for new activities.
- Establish a resource directory of physical activity and nutrition programs in Delaware by December 2003.
- Delaware Coalition to Promote Physical Activity and Healthy Nutrition, as lead organization, develop a public and professional awareness plan to ensure that this document is disseminated and utilized.
- Appropriate lead agencies should collect and analyze information on “programs that work” in promoting healthy eating and physical activity.
- Recruit agencies and organizations to assume lead responsibility for program and intervention strategies recommended in this plan.



**Annette Hubbard
and the Stepping Seniors**
Healthy Delaware Heroes from the Modern Maturity
Center in Dover

Annette Hubbard spends several days a week directing the Stepping Seniors – a line dancing class at the Dover Modern Maturity Center. She joined the group several years ago, and because of her expertise and enthusiasm, she was asked to head it. The Stepping Seniors started with five people, and today boasts over 100 members who participate in beginner, intermediate and advanced classes. Stepping Seniors isn’t just a line dancing class; they give performances at senior centers, civic groups, nursing homes, schools, and even in parades. She won the Shamrock Award in the 2001 Dover St. Patrick’s Day Parade. In addition to dancing, director Hubbard swims and has won silver and gold medals in recreational walking in the Senior Olympics. “I love being active,” says Mrs. Hubbard. “Seeing so many people who are continuing to exercise and perform for nursing homes and schools brings me a lot of joy.”

– from *Healthy Delaware 2010*

- Develop partnerships, and build networks or coalitions throughout the state to support healthy eating and physical activity.
- Provide training programs for community leaders in grant writing, program development, evaluation and cultural competence.

Social Marketing and Media Strategies

- Conduct social marketing campaigns to increase consumer awareness of the impact of nutrition and physical activity on health and quality of life.
- Use social marketing campaigns to create a supportive environment for behavior change, and motivate people to take action.
- Promote active alternatives to sedentary activities like television watching and computer/electronic games.
- Ensure that educational and marketing campaigns are targeted to specific needs of each audience.
- Ensure that educational and marketing campaigns are sensitive to the cultural, social, and ethnic backgrounds of the audience, and that people from each affected community are involved in planning, implementation and evaluation of every program.

Community-based Strategies

- Provide stimulus grants to community organizations to remove barriers and/or develop programs promoting healthy eating and physical activity.
- Provide stimulus grants to inner-city organizations to address the lack of access to affordable, healthy foods.
- Identify effective programs and interventions, and encourage their replication by other organizations or communities.
- Encourage partnerships between health care providers, schools, faith-based groups and other community organizations to reduce social and environmental barriers to physical activity and healthy nutrition.

Nutrition-specific Strategies

- Focus general nutrition education on simple, consistent and easy to understand information, such as 5-a-Day Fruits and Vegetables and the *Dietary Guidelines for Americans*.
- Conduct social marketing campaigns promoting reduced portion sizes, both at home and when dining out, and general information about food and beverage portion sizes.
- Promote breastfeeding among expectant parents and promote community attitudes supportive of breastfeeding and its potential for protecting against the development of obesity.
- Create community-based treatment programs for obesity and overweight that are based in science.

School-based Strategies

- Promote coordinated school health (see policy section, p. 13), working with teachers, food service staff, coaches, nurses, Wellness Centers, and administration about the contributions of proper nutrition and physical activity to both health and academic performance.
- Work with parent-teacher organizations to educate parents about the importance of being role models to their children about healthy eating and being active.
- Educate parents and students about dangers of unhealthy weight control practices.
- Provide age-appropriate and culturally sensitive instruction in health education classes to help students develop the knowledge, attitudes and skills to make healthier behavior choices.
- Ensure that school meals meet nutrition standards.
- Encourage use of school facilities for physical activity programs offered by the school or community-based organizations after school hours.
- Provide professional education to health care providers and health care students on effective prevention and treatment of obesity.



Elizabeth Pivonka, PhD, RD, president of the **Produce for Better Health Foundation (PBH)**, was honored in 2002 as one of the *Healthy Delaware 2010* heroes. PBH is an example of how the private sector is working to improve health through better nutrition. A national non-profit organization with headquarters in Newark, Delaware, it's mission is to be "the catalyst for creating a healthier America through increased consumption of a variety of fruits and vegetables." Through its board and other industry members, PBH leverages over \$50 million in industry marketing dollars to support the 5-a-Day message. Dr. Pivonka chairs the steering committee of the National 5-a-Day Partnership which includes: National Cancer Institute, U.S. Centers for Disease Control and Prevention, U.S. Department of Agriculture, American Cancer Society, National Alliance for Nutrition and Activity, Produce Marketing Association, and United Fresh Fruit and Vegetable Association. She works with other industry and public health groups to align federal research, education, and food assistance programs to support a strong national nutrition policy.

– from *Healthy Delaware 2010*
Heroes for 2002

Health Care System Strategies

- Work with medical and professional societies to promote physician and health care practitioner "prescriptions" for physical activity and healthy nutrition to their patients.
- Professional organizations provide in-service education for health care practitioners on physical activity, general nutrition and special diets.
- Health care providers should offer educational materials promoting physical activity, and providing accurate information about healthy nutrition.
- Health insurance providers should include employee or member health promotion as a high priority benefit.

Worksite Strategies

- Explore mechanisms to partially or fully cover third party reimbursement for weight management and physical activity programs to reduce obesity.
- Inform employers of the costs of obesity and inactivity; provide them with return-on-investment data.
- Change workflow patterns, including introduction of flexible work hours, to create opportunities for regular physical activity during the work day.
- Incorporate challenges for employee groups, using the Lt. Governor's Challenge or similar programs.
- Establish worksite exercise facilities and programs; and make existing facilities available to families.
- Provide incentives to workers for participating in weight control and physical activity programs.
- Create work environments that support breast feeding.

Strategies for Older Delawareans

- Continue, enhance and promote walking programs, such as Walk Delaware and the Lt. Governor's Challenge.
- Encourage senior citizens to participate in low-impact activities at Senior Centers, YMCAs and other community locations.
- Develop community-based intergenerational programs – youth helping seniors, and seniors providing support for youth programs.
- Provide information about exercise safety, and how to begin exercising after a sedentary life.
- Provide concise, age-appropriate, and culturally sensitive nutrition information at all senior centers and through senior organizations.
- Expand access to nutritious meals through Meals on Wheels, senior centers and other locations.

Strategies for Persons With Disabilities

- Ensure that agencies which serve people with disabilities include physical activity and healthy nutrition in their strategic planning processes.
- Provide technical assistance to agencies and/or community groups serving people with disabilities.
- Provide stimulus grants to agencies to help develop physical activity programs for people with disabilities.
- Provide counseling for persons receiving medications which have weight gain as a major side effect; work with drug companies to promote programs addressing medication-related weight gain.
- Physical activity and nutrition organizations, agencies or programs should form links with agencies that serve the disabled, and include the disabled in their planning.

Examples of Agencies That Should Be Involved

[NOTE: This list is not comprehensive, but is intended to demonstrate the wide variety of organizations and agencies which can and should be involved, in order to have a comprehensive and effective approach to promoting physical activity and healthy nutrition.]

- American Association of Retired Persons (AARP)
- American Cancer Society
- American Diabetes Association
- American Heart Association
- American Lung Association
- Arthritis Foundation
- Bicycle, hiking, walking and running clubs
- County and city governments
 - Parks and Recreation Departments
- Delaware Coalition to Promote Physical Activity and Healthy Nutrition
- Delaware Ecumenical Council, and faith-based organizations
- Delaware General Assembly
- Delaware Greenways
- Delaware Department of Health and Social Services
 - Division of Public Health
 - “Get Up and Do Something” campaign
 - School-Based Wellness Centers
 - Division of Services for Aging and Adults With Physical Disabilities
 - “Walk Delaware”
 - Division for the Visually Impaired
- Delaware Department of Agriculture
- Delaware Department of Education
 - Chief school officers
 - School nutrition programs
- Delaware Department of Natural Resources and Environmental Control
 - Division of Parks and Recreation
- Delaware Department of Transportation
 - Bicycle and Pedestrian
- Delaware Senior Olympics
- Delaware State University
- Easter Seal Society
- Employers and employer organizations
 - Chambers of Commerce
 - Existing worksite programs (Daimler-Chrysler, MBNA, DuPont, etc.)
- Food stores
- Governor’s Council on Lifestyle and Fitness
- Health and fitness businesses and consultants

Health Education Network of Delaware
Hospitality and culinary arts training programs and professionals
Hospitals and medical centers
- Bayhealth Medical Center
- Beebe Medical Center
- Christiana Care Health System, PMRI
- PMRI's corporate wellness programs
- Nanticoke Hospital
- St. Francis Hospital
- Veteran's Administration
Lt. Governor's Challenge
Meals on Wheels
Media outlets and organizations
Medical and nursing professional organizations
Neighbors Helping Neighbors
Produce for Better Health Foundation, 5-a-Day campaign
Public interest foundations
Scouting programs, Boys and Girls Clubs, 4-H, Police Athletic Leagues
Senior Centers
Special Olympics Delaware
University of Delaware
- College of Health and Nursing Sciences
- Cooperative Extension
- University of Delaware Wellness Center
YMCAs, Jewish Community Centers
Youth sports – Little League, Soccer, etc.

Effective Programs . . .

**integrate nutrition and physical activity;
involve the audience in planning and implementation;
are comprehensive and multi-layered;
are culturally sensitive;
reach across the lifespan;
reach people at home, at work, in places of worship, and in school,
address policy, environment, management and program interventions;
are science-based, use good data, and are well planned;
and have a strong evaluation component.**

Chapter 4

Assessment and Evaluation

The Data and Social Marketing Committee of the planning group reviewed data collection needs and set goals, objectives and principles relating to data collection for this plan.

Youth data was identified as a major gap; there is currently no Delaware data on physical activity and nutrition below high school age (although middle school data will soon be available (see p. 5). Additional needs were identified in the environmental and policy areas. Some essential data may already exist, but the sources have not been identified and the data have not been published or used for health promotion purposes.

The committee recommends four principles to guide data collection and evaluation:

- Evaluation is absolutely vital to all physical activity and healthy nutrition programs, for effectiveness, quality improvement and to increase opportunities for funding.
- Data and evaluation training should be pragmatic, specific to a program, and must meet the needs of the community, agency or group being trained.
- Management and oversight infrastructure is essential to ensure effective analysis, utilization and dissemination of the data.
- All physical activity and nutrition programs and policy initiatives in support of this plan should be data- and science-based, to the extent possible. Innovative programs require stronger evaluation components.

Overall Goal

All physical activity and nutrition programs and policy initiatives in support of this plan will have an evaluation component that includes planning, process, impact and outcome measures [see definitions in appendices].

Objectives:

1. Ongoing, all program announcements, contracts and grants produced and awarded in support of this plan must include requirements for evaluation.

2. By 2004, lead agencies should develop evaluation checklists, training materials, and a mentoring program.

**Recommended Strategies
for Data Collection and Evaluation**

- Identify data needs, and develop or enhance systems to obtain needed data.
- Identify, collect and analyze all existing data – from the Delaware Department of Transportation, the Delaware Department of Natural Resources and Environmental Control, and other agencies – related to environmental impacts on physical activity and healthy nutrition.
- Develop ongoing sources for collecting data on physical activity and nutritional attitudes and behavior of middle school students, and obesity among children.
- Produce an annual inventory of currently available data and information sources related to physical activity and healthy nutrition.
- Develop sources and databases for social marketing research, to track changes in attitudes, perceptions and values.
- Continue and expand existing data collection resources, including the Behavioral Risk Factor and the Youth Risk Behavior surveys.
- Develop a training network and/or mentoring system to assist community organizations with planning and evaluation techniques and tools.
- Provide participating agencies and organizations with information and examples of how evaluation has helped programs obtain funding and improve effectiveness.
- Develop a central resource, e.g. on the Internet, where agencies and organizations can obtain current, accurate information about evaluation resources and data systems.

A Comprehensive Approach to Promoting Physical Activity and Healthy Nutrition

Components of a Comprehensive Health Promotion Program	Enhance Individual Motivation And Readiness to Change				Create and Environment Supportive of Change		
	Promote increased awareness, knowledge and motivation.	Teach or enhance skills needed to make the desired lifestyle change.	Provide opportunities to practice new skills and behaviors in a safe setting.	Foster supportive social networks.	Establish and maintain a supportive physical environment.	Establish and enforce supportive policies, laws and regulations.	
Community/State	Media campaigns; e.g. "Get Up and Do Something" and "5-a-Day"	Grants to community agencies to develop programs	Safe streets and walking/bike paths; Lt. Gov. Challenge; Walk Delaware	Fund community groups for local programs promoting group physical activity	Develop links among developments, increase safe sidewalks, trails	Promote bike and pedestrian paths, removing barriers	
Work Sites	Information and education programs	Employee health promotion programs	Supervised fitness facilities; healthy food choices	Form teams to maintain walking groups, etc.	Develop/promote walking trails, time sharing, fitness facilities	Allow time for physical activity, require healthy foods	
School Sites	Coordinated school health; health classes; Wellness Centers	School health classes, physical education	Physical education for all students; healthy food choices available	Provide social support for physical activity other than PE/sports	Keep track fields, other facilities open after school hours; safe, well lighted	Require PE, healthy food choices; meet standards for health education	
Health Care	Informational campaigns at health care facilities	Patient and professional education programs	Fitness facilities, personal trainers, healthy food choices	Create support groups for patients	Provide fitness centers, adequate counseling and training	Changes in insurance coverage	

Appendices

Definitions	p. 27
Internet Resources	p. 28
Strategic Planning Steering Committee	p. 29
Strategic Planning and Review Participants	p. 31

Definitions

for 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 (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 Behavior 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 most recent survey sampled nearly 3,000 students in 30 high schools throughout the state. The YRBS is a cooperative effort between CDC and the Delaware Department of Education.

Internet Resources

for Physical Activity and Nutrition Planning

Healthy People 2010 – the national health plan for the year 2010

<http://www.health.gov/healthypeople/>

Healthy Delaware 2010 – physical activity and nutrition objectives from the Delaware health plan for the year 2010

<http://www.healthylivingdelaware.com/01-PhysicalActivity0401.pdf>

<http://www.healthylivingdelaware.com/02-nutrition0401.pdf>

Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity, from the National Nutrition and Physical Activity Work Group (NUPAWG)

<http://www.astphnd.org/programs/guidelines.htm>

Get Up and Do Something campaign

<http://www.getupanddosomething.org/>

Lieutenant Governor's Challenge to make “the First State the Fit State”

<http://www.state.de.us/lsgov/>

<http://www.getupanddosomething.org/lsgov/> (for online registration)

Physical Activity Evaluation Handbook, from the Centers for Disease Control (CDC)

<http://www.cdc.gov/nccdphp/dnpa/physical/handbook/handbook.pdf>

Dietary Guidelines for Americans (2000 Edition)

<http://www.health.gov/dietaryguidelines/dga2000/DIETGD.PDF>

Eat 5-a-Day Fruits and Vegetables Campaign

Produce for Better Health Foundation: <http://www.5aday.org/>

National Cancer Institute: <http://www.5aday.gov/>

Centers for Disease Control and Prevention: <http://www.cdc.gov/nccdphp/dnpa/5aday/>

Obesity Trends in the US – a slide show from CDC

<http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/slide/001.htm>

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

<http://www.surgeongeneral.gov/topics/obesity/>

Delaware Dietetic Association

<http://www.dedietassn.org/>

Nutrition.gov – a U.S. government clearinghouse of nutrition information

<http://www.nutrition.gov/>

You can find links to more resources on the “Health Ed Links” page of the Health Education Network of Delaware (HENOD) website:

<http://www.henod.org/>

Delaware Coalition to Promote Physical Activity and Healthy Nutrition

Strategic Planning Group

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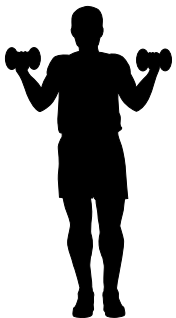
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DIETARY GUIDELINES FOR AMERICANS



AIM FOR FITNESS...

- ▲ Aim for a healthy weight.
- ▲ Be physically active each day.

BUILD A HEALTHY BASE...

- Let the Pyramid guide your food choices.
- Choose a variety of grains daily, especially whole grains.
- Choose a variety of fruits and vegetables daily.
- Keep food safe to eat.

CHOOSE SENSIBLY...

- Choose a diet that is low in saturated fat and cholesterol and moderate in total fat.
- Choose beverages and foods to moderate your intake of sugars.
- Choose and prepare foods with less salt.
- If you drink alcoholic beverages, do so in moderation.



...for good health

Delaware Coalition to Promote
Physical Activity and Healthy Nutrition



Lt. Governor's Challenge



Governor's Council on Lifestyle and Fitness



Delaware Health and Social Services
Division of Public Health
Division of Services for Aging and Adults with Physical Disabilities



Health Education Network
of Delaware