**STATE OF DELAWARE**
**SINGLE POINT OF CONTACT – SPOC**
**INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS**
**Office of Management and Budget**
Haslet Building, 3rd Floor, Dover, Delaware 19901
(302) 739-4206

1. STATE APPLICATION IDENTIFIER: S9-11-10-01

| SPOC use ONLY | Month | Reviewer | CC's |
|---|---|---|---|
| | 11 | KR | R |

2. Applicant Project Title: ARRA-State Supplemental Funding for Healthy Communities

3. Applicant Department: Health and Social Services

4. Applicant Division/APU: 35-05-20

5. Applicant Address: Thomas Collins Building, 540 S. DuPont Highway, Suite #9, Dover, DE 19901

6. Contact Person: Michelle Eichinger

7. Contact Person's Phone Number: 302-744-1010

8. Signature of Secretary or Agency Head (for state agencies) or Chief Administrator (for all other applicants)

Karyl T. Rattay, MD, MS, FAAP, FACPM, Director, Division of Public Health; Designee for Rita M. Landgraf, Secretary, DHSS

9. Federal Grantor Department: Department of Health and Human Services

10. Federal Sub-Agency: CDC

11. Federal Contact Person: Anella Higgins

12. Phone Number: 770-488-2936

13. Address: CDC Procurement and Grants Office, 2920 Brandywine Road, MS-E09; Atlanta, GA 30341

14. Federal Program Title:

Centers for Disease Control and Prevention – ARRA Prevention and Wellness – Communities Putting Prevention to Work

15. FEDERAL CATALOG NO: (CFDA)

*93* *723*

16. Project Description:

Funding for the cooperative agreement is from the American Recovery and Reinvestment Act of 2009 (ARRA). The purpose of the supplement is to provide strengthen and enhance obesity, nutrition, physical activity and tobacco control strategies to change systems, develop and implement policies, change the environment in which eating, tobacco use, and physical activity occur, and impact population groups rather than individuals within the two-year timeframe for this award.

17. Will funds be utilized for any technology initiatives? ☐ Yes ☒ No If so, Business Case Number and brief project summary:

18. Measurable Objectives:

a. What were last year's objectives?

*N/A This is a new application*

b. Were these objectives met? (If not, please explain why)

*N/A*

c. What are this year's objectives?

The ARRA funds are for a 24 month period. Delaware is required to select statewide interventions to address tobacco use, physical activity, and nutrition. Interventions are to be selected from a list of 5 evidence based MAPPS strategies (Media, Access, Point of decision making, Price and Social support services). Hire C/S staff by July 2010. Increase the number of tobacco users who utilize the Delaware Quitline by 5% by February 2012. Increase the percent of people who each 5 or more fruits of vegetables by 10% by January 2012.

(If more space is needed, please attach a separate sheet of paper)

| 19. Grant Period: | 20. How many years has this project been funded: | 21. If the project was funded last year, how much federal money was awarded? |
|---|---|---|
| From: *February 1, 2010*<br>To: *January 31, 2012* | *0 New application* | *N/A* |

| 22. Source of funding for this application: | Dollars |
|---|---|
| a. Federal grant | *$7,423,339* |
| b. Other federal funds **(Specify source of funding)** | |
| c. Required state contribution *N/A* **(Specify source of funding)** | |
| d. Discretionary state contribution **(Specify source of funding)** | |
| e. Required local contribution **(Specify source of funding)** | |
| f. Other non- federal funds **(Specify source of funding)** | |
| TOTAL | *$7,423,339* |

| 23. Budget by cost category and source: | Federal Funds | State Funds | Other Funds | Total Funds |
|---|---|---|---|---|
| Salaries & Fringe Benefits | *177,079* | | | *177,079* |
| Personal or Contractual Services | *7,153,601* | | | *7,153,601* |
| Travel | *18,005* | | | *18,005* |
| Supplies & Materials | *24,496* | | | *24,496* |
| Capital Expenditures | | | | |
| Audit Fees | *14,817* | | | *14,817* |
| Indirect Costs | *20,157* | | | *20,157* |
| Other | *15,184* | | | *15,184* |
| TOTAL | *$7,423,339* | | | *$7,423,339* |

24. How many positions are required for the project? **(Exclude casual/seasonal employees)**

| Breakdown of position(s) | Authorized in State Budget | New Positions Required | Total |
|---|---|---|---|
| Paid for out of federal funds | *0* | *0.00* | *0.00* |
| Paid for out of General Funds | *0* | *0* | *0* |
| Paid for out of state special funds | *0* | *0* | *0* |
| Paid for out of bond/local/other funds | *0* | *0* | *0* |
| TOTAL | | *0.00* | *0.00* |

25. PLEASE NOTE: On a separate piece of paper, please give position number, grade, yearly salary and percent of funding (federal, state, local, other) and the full-time equivalent for all positions required. Please identify the new positions by placing an asterisk before the position title. If this grant funds positions within other departments, divisions and/or offices, please list them. **If a position has been reallocated to or from another grant please indicate the grant source.**

No new full time positions. New Casual Seasonal listed below.

| BP # | Position title and grade | Yearly salary | % funding | FTE |
|---|---|---|---|---|
| N/A | * Trainer/ Educator III, PG 15 | $41,730.00 | 100% Federal | 0.0 |
| N/A | * Trainer/ Educator III, PG 15 | $41,730.00 | 100% Federal | 0.0 |

## PERSONNEL SUMMARY (24 Months)

| BP NUMBER | POSITION TITLE | PAYGRADE | FTE'S | | SALARY | |
|---|---|---|---|---|---|---|
| | | | STATE | FEDERAL | STATE | FEDERAL |
| N/A | Trainer Educator III (C/S) | 15 | | 0.00 | | 80,821.00 |
| | Trainer Educator III (C/S) | 15 | | 0.00 | | 80,821.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| SUB-TOTAL | | | 0.00 | 0.00 | 0.00 | 161,642.00 |
| FRINGE AT __9.55___ % | | | | | | 15,437.00 |
| HEALTH INSURANCE | | | | | | |
| TOTAL | | | 0.00 | 0.00 | 0.00 | 177,079.00 |

NOTE: FTE AND SALARY FIGURES SHOULD REFLECT ONLY THAT PORTION ASSOCIATED WITH THE GRANT.

DIVISION OF MANAGEMENT SERVICES
MAY 1993

# Director's Overview
# ARRA- State Supplement to Healthy Communities

## 1. Program Narrative

The purpose of the supplement is to provide strengthen and enhance obesity, nutrition, physical activity and tobacco control strategies to change systems, develop and implement policies, change the environment in which eating, tobacco use, and physical activity occur, and impact population groups rather than individuals within the two-year timeframe for this award.

The State Supplemental is funded through the American Recovery and Reinvestment Act (ARRA). This funding opportunity announcement supplements CDC-RFA-DP09-901: Healthy Communities, Tobacco Prevention and Control, Diabetes Prevention and Control and Behavioral Risk Factor Surveillance System by expanding existing activities to increase use of policy and systems approaches and reach a greater proportion of the population.

In order to address the selected risk factors, awardees will implement population-based approaches such as policy, systems, and environmental changes across 5 evidence-based **MAPPS** strategies –**M**edia, **A**ccess, **P**oint of decision information, **P**rice and, **S**ocial support services. Specific areas that must be addressed through this announcement are obesity, physical activity, nutrition and tobacco prevention and control.

There are three components to this supplement. Delaware plans to apply under all three components.

Component I- Statewide Policy and Environmental Change: Implement **at least one** high impact intervention from the MAPPS list provided in the grant guidelines **for each area**- physical activity, nutrition and tobacco prevention. Component I limits states awards based on population. The maximum award for Delaware under Component I is $387,309.

Component II- Competitive Special Policy and Environmental Change Initiatives: Additional funds will be awarded to State Health Departments that demonstrate readiness to implement special large scale, statewide policy or environmental change initiatives within the overall intent of the cooperative agreement supplement. Implement **at least one** high impact intervention from the MAPPS list provided in the grant guidelines to impact **any area**- physical activity, nutrition and tobacco prevention. Each proposed initiative must include a separate budget, work plan and budget justification. Delaware plans to submit one initiative for each area. It is estimated that there will be 10-15 awards nationwide under Component II. Award amounts will range from $1-3 million.

Component III- Tobacco Cessation through Quitlines and Media: Cooperative agreement funds must be used to support a core infrastructure for the delivery of quitline services which include proactive counseling and promotion/outreach. Proactive Quitlines exist

when a trained counselor telephones the smoker to provide support in initiating a quit attempt and maintaining prolonged abstinence. Funds may be used to expand and promote proactive counseling capacity, enhance and expand integration of online and other electronic information support technologies, expand media and marketing efforts, extend hours of service, expand outreach to specific populations, provide multiple language services, increase collaborations with health care systems and providers, and for evaluation. Component III limits states awards based on population. The maximum award for Delaware under Component III is $465,049.

DPH is requesting two Casual/Seasonal Trainer Educator III positions. The Trainer Educator III (TE) will have education and experience in the field of health education, population health, physical activity and/or nutrition. One TE will assist with the activities under the nutrition initiative under component II. The other TE will assist with the activities under the physical activity initiative under component II. The TE will provide resources and technical assistance in initiatives to communities, organizations and workplaces to promote, support, and facilitate environmental, policy and systems change strategies.

**2. Budget Comparison**

The CPPW is a new ARRA funding opportunity. This funding opportunity supplements the cooperative agreement that funds four DPH programs; Tobacco Prevention and Control, Healthy Communities, Diabetes Prevention and Control, and the Behavioral Risk Factor Surveillance System. DPH is applying for $7,423,339.

**3. Relationship to State Budget**

There are no state match requirements for the cooperative agreement.

# ARRA-STATE SUPPLEMENTAL FUNDING FOR COMMUNITIES

The State of Delaware, Delaware Health and Social Services (DHSS) Division of Public Health (DPH) is requesting $7,423,339 from the Centers for Disease Control and Prevention (CDC) under the American Recovery and Reinvestment Act of 2009 (ARRA)- State Supplemental Funding for Healthy Communities. This is a one-time 24 month funding opportunity.

In the United States today, seven of ten deaths and the vast majority of serious illness, disability, and health care costs are caused by chronic diseases, such as obesity, diabetes and cardiovascular disease. Key risk factors–lack of physical activity, poor nutrition and tobacco use–are major contributors to the nation's leading causes of death. More than 75% of health care expenditures in the United States are spent to meet the health needs of persons with chronic conditions. Many Americans die prematurely and suffer from diseases that could be prevented or more effectively managed.

The goals of the grant are:

- Increase capacity to develop and implement environmental, policy, and systems change strategies that facilitates healthy eating and active living.
- Increase capacity to develop and implement environmental, policy, and systems change strategies that facilitates reducing tobacco use and exposure to secondhand smoke
- Stabilize or begin to decrease overweight/obesity prevalence in adults and youth, thus reversing long term trends.
- Decrease tobacco use prevalence among adults and youth
- Decrease youth initiation to tobacco use
- Decrease exposure to secondhand smoke

This supplement expands existing activities to increase the use of policy and systems approaches and reach a greater proportion of the population. Specific areas that must be addressed through the supplemental announcement are obesity, physical activity, nutrition and tobacco prevention and control. Applications must include population based approaches such as policy, systems, and environmental changes across 5 evidence based strategies known as MAPPS (Media, Access, Point of decision information, Price, and Social support services). MAPPS strategies are provided in a table in the funding opportunity announcement.

Delaware plans to implement statewide interventions by working with various state agencies and communities. Initiatives to develop policies and plans to provide better access to parks and make walking and bike riding more accessible will be established. Initiatives will be implemented to promote healthier food and drink choices as well as product placement for fruits and vegetables. Delaware Quitline services will be enhanced to encourage more people who use tobacco products to utilize the services provided.

## 1. IMPLEMENTATION OF SOCIAL, ENVIRONMENTAL, POLICY, AND SYSTEMS APPROACHES AT THE STATE LEVEL

### *a. Approach and Rationale*

**NUTRITION**

Delaware currently conducts some of the MAPPS intervention strategies related to nutrition.

**Media:** DPH currently holds the state license for the use of *Fruits and Veggies—More Matters!*, a behavioral promotional campaign developed by Produce for a Better Health Foundation to motivate people to eat more fruits and vegetables. Nemours Health and Prevention Services (NHPS) created a statewide campaign, *5-2-1-Almost None* that promotes a number of behaviors related to obesity prevention, including consumption of at least "5" servings of fruits and vegetables per day and consuming "almost no" sugary drinks.

**Access:** the Delaware Child and Adult Care Food Program (CACFP) changed its nutrition policies in licensed child care centers to reflect increased availability of fruits and vegetables, use of whole grain, etc. Schools are taking an extra step of promoting healthy foods and increasing the availability of healthier foods. One school district in Delaware has implemented a Farm-to-School program in addition to restricting the sales of unhealthy food items in schools, vending machines and concessions during extracurricular sporting events. DPH started a farmers' market in the downtown Dover that targets state employees as an opportunity access fruits and vegetable while at work. This market combines the access component with health messages in the marketing identifying the importance of consuming fruits and vegetables. In addition, DPH created a healthy meeting policy that required the availability of healthy food choices during DPH-sponsored events and meetings. Further, DPH is currently working on a Geographical Information Systems (GIS) project that maps the location of food retail facilities

include farmers' markets and on-the-farm markets. This information will be providing to the Delaware Economic Development Office for planning and recruitment of future food access establishments.

**Point of Purchase/Promotion:** Delaware has been exploring the possibility of instituting a menu labeling law that requires chain restaurants to list the caloric, fat, and sodium content information. This bill has been introduced to the General Assembly.

**Social Support and Services:** Delaware's Women, Infant, and Children's Nutritional Supplement (WIC) program contracts breastfeeding peer counselors for WIC clients at various locations throughout Delaware, include community centers, hospitals, state service centers, and obstetrics/gynecology practices.

For this funding opportunity, Delaware Division of Public Health (DPH) proposes the following nutrition interventions:

Intervention 1: Develop and implement a food policy for Delaware State Parks that limits the availability of unhealthy foods for all parks and park facilities through procurement practices and competitive prices in the vending machines, campground shops, and concession stands

*Justification*

Although the Division of Parks and Recreation is in the process of instituting a healthy foods policy internally, the policy does not extend to the park facilities. As a result, this policy intervention will do just that- extend to all parks and park facilities. The potential reach for this initiative is the four million annual visitors to Delaware's 16 state parks. Outreach for healthy food options will focus on four state park campgrounds that draw over 53,000 visitor reservations and 150,000 people for overnights stays. Throughout the summer, 100,000 adults and children visit the Killens Pond Water Park.

Intervention 2: Expand the current statewide Geographical Information Systems (GIS) assessment to include gathering and analyzing data on fast food establishments for future planning for zoning to reduce the density of fast food establishments.

*Justification*

Currently, an effort is underway to map all grocery stores, corner stores, farmers' markets and on-the-farm markets. Through GIS, this information will be layered with population density and income levels so that there is a general idea of where Delaware residents are purchasing their food and the potential of purchasing healthy foods. However, it is known that families frequent fast food establishments and that these may not only be the most convenient in terms of cost, but also more convenient in terms of access and availability. Data gathered from this will be provided to the Office of State Planning and Coordination and the Delaware Economic Development Office to consider in future planning of food retail establishments and incentives to bring "healthier" food retails in underserved areas and possibly introduce zoning that reduce the density of fast food establishments.

Intervention 3: Create a statewide food policy council to recommend and support policies to improve Delaware's food system, including, but not limited to, availability of healthy foods versus unhealthy foods, menu labeling, school food policies, farmland preservation, etc.

*Justification*

Currently, Delaware has no statewide, or even a local, food policy council. The role of the council would be to provide support and a coordinated approach in changing and developing food policies that encourage and provide opportunities for Delaware residents to have access and consume healthier foods. There are many organizations and agencies interested in introducing food-related policy, but with no formal entity coordinating efforts, current efforts

lack support and organization. There has been a food security and safety council. This existing council would be incorporated into a broader statewide council that will provide a more comprehensive approach of the food system. The potential reach is all Delaware residents with the intended impacts being to increase access to and consumption of healthy foods, thus reducing the prevalence of obesity and other chronic diseases.

## PHYSICAL ACTIVITY

**Media:** DPH's *Get Up and Do Something* campaign aims to promote physical activity among youth and adolescents through print materials, television advertisements, and an Internet viral campaign. NHPS's *5-2-1-Almost None* campaign designates "2" as the recommended maximum number of hours of screen time each day for children and at least "1" hour of physical activity a day. Lastly, the *No Child Left Inside* campaign is began as a collaboration among Delaware Greenways, Delaware State Parks and NHPS that seeks to increase the time children spend outdoors being physically active in parks, trails and other recreation spaces.

**Access:** Delaware's Governor signed an Executive Order in 2009 that calls for the Delaware Department of Transportation (DelDOT) to create a complete streets policy for management and operational planning that will promote safe access for all users, including pedestrians, bicyclist, motorists, and bus riders of all ages. The Delaware Division of Parks and Recreation publishes The Delaware Statewide Comprehensive Outdoor Recreation Plan (SCORP), a planning and policy document that identifies outdoor recreation needs statewide and guides investment of outdoor recreation. Through funding from DPH, University of Delaware's Institute for Public Administration (IPA) has created documents that identify best practices for design standards and developed *Healthy Communities: A Resource Guide for Delaware Municipalities,* which has been incorporated in their consultation on comprehensive plans

updates for municipalities and their local government trainings. In addition, IPA has completed walkability assessments and provided recommendations for five communities. For children, House Bill 471 established a Physical Education/ Physical Activity (PE/PA) Pilot Program to enable six Delaware public schools to provide all of their students with 150 minutes per week of a combination of physical activity and physical education. Interest in participating in the initiative was so high that the pilot has now become a program of DOE, with 70 schools participating. The Delaware State Office of Child Care Licensing (OCCL) established new regulations in 2009 covering all child care programs statewide, which mandate that children are provided 20 minutes of physical activity per three hours in care and children and infants will view only zero to one hour of screen time (television, computer) per day, which is then limited to educational viewing.

**Point of Purchase/Promotion:** Throughout Delaware, there are various signage identifying bike lanes.

**Social Support and Services:** The *Safe Routes to School* program, within DelDOT, is well established in Delaware with 23 schools receiving funding for project planning, implementation and evaluation to support walkability and bikability to schools, or support programs (i.e. Walking School Bus) promoting walkability and bikability to school.

For this funding opportunity, Delaware Division of Public Health (DPH) proposes the following physical activity interventions:

Intervention 1: Support local and county municipality planning for active transportation infrastructure via the Delaware Complete Streets Policy and incorporate Health Impact Assessments into municipality comprehensive plans and updates.

*Justification*

Although this policy is planned for adoption, it is specific to DelDOT management and operational strategies, but applicable at the county and municipal level. In order to effectively execute this policy, municipalities need to be informed and provided with assistance in developing regulations to support the principle of the Complete Streets Policy. There has been interest among many communities to have a walkability assessment completed. However, these assessments do not fully measure health impact of that community. As the interest of public health and land use planning increases, more communities are looking for ways to address this in their comprehensive plans, similar to what has been done with environmental impact assessments (EIA). The potential reach for implementation of the complete streets policy is the entire Delaware population. In the short term, implementation of this policy will promote greater physical activity by providing wider, safer and more attractive sidewalks and bicycling lanes that encourage residents to choose active modes of transportation. In the long term, policy implementation will promote healthy lifestyles by creating a transportation network that includes viable non-motorized modes of transportation.

Intervention 2: Identify model policies related to active transportation and active recreation in community design for comprehensive plans and develop an incentive program for model policy implementation by counties and municipalities

*Justification*

Implementation of this strategy builds upon the efforts of the Delaware Partners for Healthy Eating and Active Living (DE HEAL), a coalition of organizations across the state of Delaware that developed the 2010-2014 Physical Activity, Nutrition & Obesity Prevention Comprehensive Plan for Delaware. The plan includes goals and objectives for influencing

land use planning and community design to make healthy and active lifestyles possible. This strategy will lead to achievement of the goal that all counties and municipalities due for an update of their comprehensive plans will adopt at least one model policy into regulation. Once the model policies are in place, this strategy has the potential to reach all residents statewide as additional counties and municipalities update their plans with each passing year. The short term health impact is increased opportunities for physical activity among residents of the affected communities. The long term health impact is decreased rates of overweight and obesity among residents of the affected communities.

Intervention 3: Planning for bicycling infrastructure and signage for bike lanes/boulevards

*Justification*

The Bicycle Facility Master Plan was developed in 2005 in order to define and implement a statewide system of designated, on-road bicycle routes. By designating a system of routes, DelDOT will take advantage of the existing system of roadways to provide improved bicycle travel options. The overall purpose of the Plan is to recognize bicycling as an integral part of the transportation system and provide for suitable accommodations for bicycles on the statewide roadway network. Implementation of the plan will achieve the following goals:

- Integrate existing bicycle routes and trails to a larger, statewide bicycle network.
- Establish bicycle routes between municipalities, activity centers, and recreational areas throughout the state.

The majority of Delaware's roadways function as bikeways and in accordance with the Delaware Code (Title 17, §1006) should be developed and maintained to support bicycling. However, it is not possible to provide priority treatments for bicycling on every road in the state. By designating a planned network of bicycle routes, there will be focus to promote

increased bicycling as one strategy for meeting local, regional, and statewide mobility needs. There are a number of existing bikeways throughout Delaware, primarily in urbanized areas and popular recreational areas (i.e. the City of Newark, White Clay Creek State Park, the communities along the Atlantic Ocean, etc.) While these bikeways improve local mobility, it is important that they link to a comprehensive network in order to provide better regional and statewide bicycle mobility. The potential reach is the entire Delaware population, targeting low income communities who may need alternative transportation options. The intended impact is to make cycling a safe and healthy alternative form of transportation in Delaware. The intended term health impacts are to encourage physical activity by promoting bicycling as a valid form of transportation, thus reducing the prevalence of obesity and other chronic disease, and reduce carbon dioxide emissions and traffic congestion.

**TOBACCO**

Delaware currently conducts some of the MAPPS intervention strategies related to tobacco.

**Media:** We have a social marketing contractor (Aloysius Butler and Clark) that delivers counter advertising in addition to promoting the benefits of quitting tobacco and educating on the dangers of second hand smoke.

**Access:** On November 27, 2002, Delaware became the second state after California to implement a comprehensive smoking ban which prohibited indoor smoking in workplaces and public places (including bars, restaurants and casinos). The law also removed the pre-emption language from Delaware's previous Clean Indoor Air Law. The Delaware Youth Access law was just amended in June 2009 to require clerk assisted sales. Clerks are now required to check ID of anyone who looks 27 or younger when purchasing tobacco products.

**Point of Purchase/Promotion:** Delaware is one of the 46 states that participated in the Master Settlement Agreement. The Delaware Health Fund was created to utilize Master Settlement Agreement dollars for health related programs. The state attorney general's office receives funding from the Delaware Health Fund to ensure compliance with the restrictions in the MSA including the advertising and promotion restrictions.

**Price:** Delaware's excise tax has increased three times over the last few years. The tax increased 31 cents in 2005, 60 cents in 2007 and 45 cents in 2009 to total $1.60. Delaware ranks 18th in excise tax in the United States.

**Social Support and Services:** The Delaware Quitline has been providing services since February 2001. Since its inception, over 30,000 Delawareans have enrolled in cessation counseling.

Delaware is proposing to implement multiple tobacco related policy initiatives combining a few of the MAPPS strategies based on analysis of current infrastructure and environment. The current tobacco prevention community outreach contract with the American Lung Association in Delaware scope of services include the provision of technical assistance and training workshops on tobacco education, a mini grant program, development and maintenance of local tobacco prevention coalitions and development of resource kits. Currently we hold three to five workshops per year on tobacco education topics including tobacco 101, evaluation, grant writing, media advocacy, planning etc. The workshops are open to the community at large but mostly mini grant recipients attend. Funds awarded for this initiative would be added to the contract to allow the contractor to provide additional training and technical assistance workshops to local politicians, policy makers and community leaders on the MAPPS intervention strategies for

tobacco. Mini grants will then be available for the municipalities to implement a MAPPS intervention in their jurisdiction.

*Policy Analysis*

**Domain:** Tobacco

**Current Status of Policy/Environmental Supports and Barriers:** See MAPPS above (pg. 8/9)

**Policy or Environmental Change Strategy:** Provide education to locally elected officials and community leaders throughout the state on the following interventions: usage bans, media and advertising restrictions, restriction of sales and point of purchase advertising. Also provide mini grants for the towns to implement one of the MAPPS interventions that they learned about in the workshops.

**Potential Reach:** The entire state of Delaware- approximately 840,000 people.

**Intended Effect/Impact:** Reduction of tobacco use in Delaware

**Short Term Health Impact:** Reduced exposure to secondhand smoke (usage bans) and reduced sales (advertising restrictions and point of purchase).

**Long Term Health Impact:** Lower smoking prevalence and reduced burden of tobacco related illnesses.

**Key Partners:** American Lung Association in Delaware, League of Local Governments (Delaware), Delaware IMPACT Tobacco Prevention Coalition, Delaware Cancer Consortium

**Coordination with Other Recovery Act Efforts:** The program works very closely with the other programs in the areas of outreach, prevention and policy development. The program works with the Health Systems Protection's section of Public Health's Healthy Homes program by providing information on secondhand smoke. The Healthy Homes program is working with the Division of State Service Centers Weatherization program which recently received ARRA funds.

**Supportive Factors:** Delaware is a small state with a population under one million and only three counties. It takes a little over two hours to drive the length of the state. A) Two of the state beach towns have implemented usage bans. B) Most hospital campuses have gone smoke free over the last couple of years. C) We can leverage our current community outreach contract with the American Lung Association to implement the training and technical assistance workshops and offer mini grants to implement the policy/environment changes. The current tobacco contract scope of services include the provision of technical assistance and training workshops on tobacco education, a mini grant program, development and maintenance of local tobacco prevention coalitions and development of resource kits. D) State government has been supportive of chronic disease prevention efforts (Clean Indoor Air Act, Delaware Cancer Consortium and the fact that Delaware is one of a few states to achieve CDC Best Practices funding levels).

**Restraining Factors:** The economy may prevent some municipalities from focusing on tobacco related policy changes. However, the opportunity to receive a mini grant for the municipalities to implement the policy change may be an incentive to address the issues.

**Past Attempts and Lessons Learned:** The Tobacco Prevention and Control Program, through the community outreach contract with the American Lung Association was able to provide some funds via a mini grant for the Town of Lewes to post signs about not smoking on the public beach (a recently adopted law).

**Sustainability Strategies:** The existing community outreach contract with the American Lung Association is funded though federal dollars (non ARRA) and Delaware Health Fund dollars. IMPACT Coalition and the Delaware Cancer Consortium will continue to advocate that Delaware Health Fund dollars are used for tobacco prevention and cessation. To sustain the efforts listed here, the Program plans to expand the scope of the workshops and focus of the mini

grant application to include environment and policy level changes beyond the 24 month funding period.

***b. Implementation Plan***

| **Nutrition Intervention 1:** Develop and implement a food policy for Delaware State Parks that limits the availability of unhealthy foods for all parks and park facilities through procurement practices and competitive prices in the vending machines, campground shops, and concession stands | | | |
|---|---|---|---|
| **Goal: To improve healthy eating opportunities at Delaware State Parks** | | | |
| *Objective 1:* By February 2010, a policy will be in place to address procurement and purchasing practices to ensure the availability of healthy food choices as indicated with the Nemours Healthy Vending and Concession Guidelines. | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Review current guidelines and draft policy<br>- Provide and receive feedback on draft policy and guidelines from Park Administrators<br>- Present policy to the Director of Delaware State Parks for approval | Draft policy<br><br>Policy edited based on feedback | - NHPS<br>- Delaware State Parks | Policy enacted |
| *Objective 2:* By May 2010, vending machines will meet 100% of criteria indicated in the policy and guidelines. | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| Secure contracts with vendors per the policy | contracts in place | - Delaware State Parks<br>- Food Vendors | Audit of food offerings |
| *Objective 3:* By March 2010, campgrounds will meet 100% of criteria for snack food procurement for the campground stores and concessions as indicated in the policy and guidelines. | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Present draft guidelines and policy purchasing healthy snack foods in State Park<br>- Present and receive feedback of policy and guidelines Campground stores from Division Retail Buyer<br>- Present policy to the Director of Delaware | Draft policy<br><br>Policy edited based on feedback | - Division Park Administrators<br>- Retail Buyer | Policy enacted<br><br>Audit of campground stores and concessions |

| | | | |
|---|---|---|---|
| State Parks for approval | | | |
| *Objective 4: By June 2010, fully execute marketing and promotional campaign in all Delaware State Parks to inform and educate park visitors about healthy lifestyles and promote healthy eating choices* | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Collaborate with Nemours and DPH to establish promotional material to be used in State Parks.<br>- Hold Special Kick Off Event to inform, educate and promote healthy menu at Killens Pond Water Park | Promotional material secured and in place<br><br>Event held | - NHPS<br>- DPH<br>- Park Administrators | Catalog of displays by category and location<br><br>Event attendance survey, before and after publicity from electronic and print media |

| | | | |
|---|---|---|---|
| **Nutrition Intervention 2:** Recommend and support policies to improve Delaware's food system, including, but not limited to, availability of healthy foods versus unhealthy foods, menu labeling, school food policies, farmland preservation, etc. | | | |
| **Goal:** To develop a formal council with representatives from variety of public and private stakeholders to coordinate food-related policies and promote healthier communities | | | |
| *Objective 1:* By 2011, obtain support from the Governor's office in establishing an Executive Order for the creation of a state food policy council. | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Explore other state food policy councils for structure<br>- Develop language for an Executive Order<br>- Meet with key stakeholders for support<br>- Present draft to Governor's office | Language for elements of draft Executive Order develop<br><br>Support from key stakeholders obtained | - Department of Health and Social Services-DPH<br>- Delaware Department of Agriculture<br>- Delaware Economic Development Office<br>- Office of Management and Budget<br>- Office of the Governor | Governor releases Executive Order |
| *Objective 2:* By 2012, prepare a report of policy recommendations. | | | |

| Action Steps | Milestones | Key Partners | Evaluation Strategies |
|---|---|---|---|
| - Hold regular Council meetings<br>- Identify key policy issues<br>- Develop recommendations and strategies<br>- Draft report for approval | Meetings held<br><br>Draft of report approved | Delaware Food Policy Council | Report of policy recommendations |

| **Nutrition Intervention 3:** Planning for zoning to reduce the density of fast food establishments | | | |
|---|---|---|---|
| **Goal:** To provide a comprehensive illustration of food resources for Delaware residents | | | |
| *Objective 1:* By June 2011, complete a comprehensive report of statewide food access and recommendations using GIS. | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Obtain listing of fast food establishments in Delaware<br>- Expand current GIS food access project to include fast food establishments<br>- Analyze food access data and review literature for recommendations<br>- Prepare report | GIS data completed<br><br>Literature review for recommendations completed<br><br>Draft report approved | University of Delaware, Institute for Public Administration (IPA) | Report of statewide food access |
| *Objective 2:* By January 2012, present report findings and recommendations to at least one state level conference, at least one meeting with Delaware Economic Development Office (DEDO) programs (i.e. Main Street Program). | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Schedule meetings with DEDO<br>- Submit abstract to state level organizations for presenting at conferences (i.e. Delaware Partners to Promote Healthy Eating and Active Living) | Meetings and conferences scheduled | - DPH<br>- IPA<br>- Delaware Economic Development Office | Meeting with DEDO personnel held<br><br>Presentation to one statewide conference done |

| **Physical Activity Intervention 1:** Support local and county municipality planning for active transportation infrastructure via the Delaware Complete Streets Policy and incorporate Health Impact Assessments into municipality comprehensive plans and updates. |
|---|
| **Goal:** To address the public health impact in decision-making for plans, projects, and policies within communities. |
| *Objective 1:* By December 2010, develop Health Impact Assessment methodology that is applicable to Delaware's small local governments. |

| Action Steps | Milestones | Key Partners | Evaluation Strategies |
|---|---|---|---|
| - Determine the applicability of the HIA concept to small local governments in evaluating health consequences of built environment projects and policies<br>- Consider what HIA tools and health supporting principles would be most beneficial<br>- Develop preliminary HIA methodology and have it reviewed by key partners | Health Impact Assessments Tools reviewed<br><br>Draft methodology reviewed by key partners | - DPH<br>- IPA<br>- Metropolitan Planning Councils (MPO's)<br>- Local municipality officials | HIA methodology |
| *Objective 2:* By 2012, conduct at least 2 Health Impact Assessments in Delaware | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Identify two interested communities based on need (i.e. infrastructure, burden)<br>- Contract vendors to conduct assessments<br>- Prepare and present reports to communities for use in comprehensive plans | Communities selected<br><br>Contracts signed | - DPH<br>- IPA<br>- Metropolitan Planning Councils (MPO's)<br>- Local municipality officials | Health Impact Assessments completed<br><br>Reports given to communities |
| *Objective 3:* By 2012, provide at least three presentations that may include local municipalities on Complete Street principles and health impact assessment (HIA) methodology and develop a Complete Streets Policy application toolkit | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Develop content and determine structure of forums; develop goals and objectives; identify speakers<br>- Identify three sites to hold forums (one for each county); reserve sites<br>- Develop invitation list; send invitations<br>- Develop a Complete Streets policy application toolkit for review by forum participants for feedback | Packaged presentation completed<br><br>Draft toolkit reviewed and feedback received | - DPH<br>- IPA<br>- Metropolitan Planning Councils (MPO's)<br>- Local municipality officials | Three forums (one in each county)<br><br>Complete Streets Policy Toolkit printed |

| *Objective 4:* By 2012, enhance the existing Healthy Communities Initiative that addresses health impact and the built environment | | | |
|---|---|---|---|
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Add new chapter on HIA to the online *Healthy Communities: A Resource Guide for Delaware Municipalities* publication<br>- Develop fact sheets and links to resources on HIA and health supporting principles within IPA's "Healthy Communities" online toolkit | Chapter of health impact assessments completed<br><br>Fact sheets completed<br><br>Resources identified | - DPH<br>- IPA<br>- Local municipality officials | Online publication with added HIA chapter<br><br>Fact sheets and links on online "Healthy Communities" toolkit |

| **Physical Activity Intervention 2:** Identify model policies related to active transportation and active recreation in community design for comprehensive plans and develop an incentive program for model policy implementation by counties and municipalities | | | |
|---|---|---|---|
| **Goal:** All county and municipalities will include policies, ordinances, zoning, and/or regulations related to active transportation and active recreation in their comprehensive plans. | | | |
| *Objective 1:* By 2012, create an online clearinghouse that illustrates evidence-based policies and best practice models for use for local and county municipalities to incorporate in their comprehensive plans. | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Review existing policies from other municipalities<br>- Develop best practices model related to land use, community design for use by counties and municipalities<br>- Add best practices model and clearinghouse of related resources into IPA website | Best practice model developed<br><br>Clearinghouse of resources completed | - DPH<br>- Office of State Planning and Coordination<br>- IPA<br>- Municipalities<br>- Delaware Partners to Promote Healthy Eating and Active Living-Built Environment and Policy setting | Online clearinghouse completed |
| *Objective 2:* By 2012, develop an incentive program for municipalities to incorporate policies related to active transportation and active recreation in community design for comprehensive plans. | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |

| | | | |
|---|---|---|---|
| - Work with municipalities in identifying attractive incentives<br>- Develop criteria (i.e. scorecard) for program and strategies to provide incentives<br>- Package incentive program and inform municipalities of program | Incentives selected<br><br>Criteria determined | - DPH<br>- Office of State Planning and Coordination<br>- IPA<br>- Municipalities<br>- Delaware Partners to Promote Healthy Eating and Active Living-Built Environment and Policy setting | Incentive program developed |

| **Physical Activity Intervention 3:** Planning for bicycling infrastructure and signage for bike lanes/boulevards | | | |
|---|---|---|---|
| **Goal:** To increase bikability as a mode of transportation | | | |
| *Objective 1:* By 2011, complete the Delaware Bicycle Facility Master Plan | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Update base maps with off-road bicycle facilities and bike route files<br>- Select vendors to conduct field work of all statewide, regional, and recreational connector routes for conformity with design guidelines (e.g. width of shoulder, posted speed, pavement markings, etc.)<br>- Update GIS database of inventoried bicycle route information<br>- Analyze fieldwork and assessments for maps<br>- Produce maps | Off-road facilities and bike route files updated<br><br>Contracts signed<br><br>GIS database updated | - DelDOT<br>- Delaware Transit Corporation<br>- Office of Highway Safety<br>- Delaware State Parks<br>- MPO's<br>- Delaware Bicycle Council<br>- County and local municipalities | County maps printed and distributed |
| *Objective 2:* By 2011, a master signage plan for the entire East Coast Greenway (ECG) will be complete. | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Identify all existing parks, trails, recreational | Map of amenities and access points | - DelDOT<br>- New Castle | Signage Master Plan for the East Coast |

| | | | |
|---|---|---|---|
| facilities and communities that link to the ECG<br>- Map all amenities and communities and access and connection points of roadways to ECG<br>- Create signage master plan | to ECG | County and local governments | Greenway completed |

*Objective 3:* By 2011, signs will be installed along the entire road portion of the Delaware East Coast Greenway.

| Action Steps | Milestones | Key Partners | Evaluation Strategies |
|---|---|---|---|
| - Conduct field work to determine appropriate placements and number of signs<br>- Produce signs<br>- Install signs | Placement and number of signs determined | - DelDOT<br>- New Castle County and local governments | Installation of signs |

**TOBACCO Intervention Strategy: Various- could include usage bans, access, promotion restrictions**

**Goal 1: Reduced Exposure to Secondhand Smoke; Prevent Initiation among Youth**

Objective 1: Increase the number of Delaware municipalities implementing a MAPPS tobacco prevention intervention from two to eight by 2012.

| Action Steps | Milestones | Key Partners | Evaluation Strategies |
|---|---|---|---|
| 1. Provide education on MAPPS tobacco prevention interventions at six workshops throughout Delaware to local politicians.<br>2. Offer mini grants to municipalities and towns for the implementation of a MAPPS intervention. | 1.By April 2010, conduct 3 workshops (one per county).<br><br>2. By May 2010, award mini grants to at least 3 municipalities.<br><br>3. By June 30, 2010 complete the Adult Tobacco Survey Administration<br><br>4. By September 2010, complete the final three workshops.<br><br>5. By February 2011, at least 6 municipalities will | -American Lung Association<br>-IMPACT Coalition<br>-League of Local Governments<br>-Delaware Cancer Consortium | -Output measures: # of workshops conducted and amount of funds awarded. Source: Program reports.<br>-Outcome measures: Number of local politicians trained and number of municipalities implementing interventions. Source: Program reports.<br>-Continue to monitor exposure to secondhand smoke and exposure to |

| | | | |
|---|---|---|---|
| | be implementing a MAPPS strategy. | | tobacco advertising on both the ATS, BRFSS and YTS. |

## 2. PROGRAM READINESS, OVERSIGHT AND MANAGEMENT

The Governor recently lifted the state hiring freeze, however there is still close scrutiny over any position that will be hired. This allows for certain vacant state positions to be filled as well as ARRA funded positions to be created and filled as well. While out of state travel has also been scrutinized, we have been able to travel to OSH sponsored trainings and ARRA funded travel will be supported as well. See Governor's letter of support in appendix IA.

The tobacco prevention work plan will be implemented by the current staffing infrastructure of the Tobacco Prevention and Control program (TPCP). This includes the program manager (Lisa Moore), contract manager (Teresa Gallagher), two health educators (Denese Bell and Miriam Reynolds), program evaluator (Elizabeth Dubravcic), fiscal manager (Joanne Dell'Aquila) and an administrative assistant (Elaine Goodman). The program will utilize an existing contract with the American Lung Association of Delaware to conduct the training workshops and offer mini grants to participating municipalities. The physical activity and nutrition work plans will be implemented by the current staffing infrastructure of the Physical Activity, Nutrition and Obesity Program (PANO) with support from the TPCP staff (contract manager, program evaluator and administrative assistant).

The PANO program manager, Michelle Eichinger has been with the program for three years and was the manager of the Comprehensive Cancer Prevention and Control program prior to that where she staffed the Delaware Cancer Consortium. The Tobacco Prevention and Control program manager, Lisa Moore has been with the program since 1998 and has experience in policy development and implementation. Since 1998, Delaware has received Master Settlement

Agreement dollars via the Delaware Health Fund, enacted a comprehensive Clean Indoor Air Act (2002) and has seen the excise tax raised three times. The program has staffed the IMPACT Coalition and has staffed the Tobacco and Other Risk Factors sub committee of the Delaware Cancer Consortium both of which develop tobacco related policies in Delaware.

PANO and TPCP have several internal and external collaborations and partnerships. Internally, the programs are located within the Health Promotion and Disease Prevention section which includes the Diabetes, Cancer, and WIC programs. The programs work very closely with the other programs in the areas of outreach, prevention and policy development. The PANO program works with Maternal and Child Health, Health Systems Protection's Environmental Health staff, and the Division of Services for Aging and People with Physical Disabilities. TPCP works with the Health Systems Protection's Healthy Homes program by providing information on secondhand smoke. The Healthy Homes program is working with the Division of State Service Centers Weatherization program which recently received ARRA funds.

External partners for PANO include Nemours Health and Prevention Services, Department of Transportation, Department of Agriculture, Delaware Economic Development Office, University of Delaware, Institute for Public Administration, and urban planners for Healthy Community Initiatives. Externally the TPCP partners with the IMPACT member organizations including American Lung Association and American Cancer Society. The program manager for the Tobacco Prevention and Control program serves on the Safe and Drug Free Schools and Communities committee in Delaware. This will enable coordination of any Recovery Act efforts that the Department of Education in Delaware may be conducting.

Internally, the Division of Public Health's Office of Health Risk Communications handles public relations via press releases and event planning and is a liaison to news outlets,

policy makers and political leaders. We have been able to draft press releases regarding data (Behavior Risk Factor Surveillance, Adult Tobacco Survey and Youth Tobacco Survey). In 2002, when the Clean Indoor Act legislation was being deliberated the program released data from the Adult Tobacco Survey which indicated that the majority of Adult Delawareans felt people should be protected from secondhand smoke. Externally, the TPCP has a social marketing contractor that also handles public relations.

Both programs have been able to send staff to various out of state meetings and trainings. Program staff attended the Program managers meeting and National Conference on Tobacco and Health in Arizona this past June. Most recently, in October, the TPCP program evaluator presented a poster session at OSH's surveillance and evaluation workshop.

**3. STATEWIDE SUPPORT FOR COMMUNITY LEVEL CHANGE**

PANO:

The PANO program is committed in supporting community level change and demonstrated this through involvement with local initiatives. This includes participating in activities with the Sussex Child Health Promotion Coalition in western Sussex County. The PANO program also provides walkability assessments and mini-grants to communities to promote environmental and policy changes facilitating a health community. So far, five communities received mini-grants to implement recommendations identified in the walkability assessments. Further, the PANO program is an active member of the non-motorized transportation workgroup for the Wilmington Area Metropolitan Planning Council (WILMAPCO) and provides technical assistance on health impact of active transportation. Lastly, the PANO program provides marketing coordination with one of the fifteen farmers'

markets in Delaware. In collaboration with the Department of Agriculture, PANO provides technical assistance in promoting healthy nutrition messages for the local farmers' markets.

Tobacco:

One method that the Tobacco Prevention and Control Program currently provides state-wide support to communities is through a mini grant program facilitated through a contract with the American Lung Association of Delaware. Recently, 34 mini grants for tobacco prevention activities have been awarded to various community organizations throughout the state. The mini grant recipients are required to attend training and technical assistance workshops on tobacco prevention and control. These workshops are also open to the community at large.

With the additional funding for Component I, The Program will expand this contract to offer training and technical assistance workshops to local politicians, policy makers community leaders to inform them of the various MAPPS interventions related to tobacco prevention (usage bans, advertising restrictions etc). They will be offered mini grants to implement one or more of these interventions in their town or municipality.

One partner that will be utilized is the League of Local Governments in Delaware. The current President of the League is the mayor of Lewes who just received a mini grant from the program to help implement the new smoking ban at the beaches of Lewes. Since the 2002 Clean Indoor Act included language that removed preemption, local municipalities and towns are able to enact stronger laws. Last year the town of Bethany enacted a smoke free ordinance for its beaches. We will leverage prior towns' experiences and provide additional advertising of the availability of the workshops through our existing social marketing contract.

## 4. SURVEILLANCE, PROGRAM MONITORING AND REPORTING

Both programs currently use several population based level data sources. This includes Behavior Risk Factor Surveillance System (BRFSS), Youth Risk Factor Surveillance (YRBS), and Youth Tobacco Survey (YTS). BRFSS is administered annually, year round to 4,000 Delawareans. YRBS is administered to 9-12 graders in public schools in odd years. The YTS is administered to 4,500 students in grades 6-12 in even years. The TPCP also utilizes the Adult Tobacco Survey (ATS). The adult tobacco survey is administered to 1,200 Delaware residents age 18 and older each spring. BRFSS and YRBS provide smoking prevalence rates which are provided to legislators. YTS and ATS provide data on attitudes, behaviors and knowledge regarding tobacco use and tobacco policies.

The ATS will continue to have questions about attitudes towards secondhand smoke, cost of tobacco products and cessation to see if there are any differences from previous years. Process data will also be collected such as number of workshops, attendees, and number of mini grants awarded etc. Any policies or ordinances implemented will also be documented. This information will be reported to partners at IMPACT Coalition meetings, Delaware Partners to Promote Healthy Eating and Active Living (DE HEAL) meetings and the Delaware Cancer Consortium as well as the Delaware Health Fund since the existing contracts combines state dollars as well as federal funding.

Both programs require monthly reporting from the contractors. Additionally, the contract manager conducts two performance and financial audits of contracts over $100,000 each year. Both programs will also provide reporting as required by CDC and www.federalreporting.gov, participate in CDC technical assistance webinars and will continue to send staff to the evaluation and surveillance workshops as in the past. As required, the programs will submit outcome

measures semi annually, output measures quarterly and a final evaluation report 90 days after project conclusion. We will also comply with all of the ARRA reporting requirements.

PANO recently facilitated the creation of the 5-year comprehensive nutrition, physical activity, and obesity prevention plan for DE HEAL. The TPCP is also in the process of updating the five year strategic plan, a Plan for a Tobacco Free Delaware. The plan will contain goals, objectives and indicators that will be used to guide the development of an evaluation plan.

**5. SUSTAINABILITY**

The TPCP has been receiving Delaware Health Fund dollars for tobacco prevention programming since 2000. These funds have been used for the Quitline and Delaware Quitnet, and a combination of these state dollars and CDC dollars funded social marketing, mini grants, evaluation and other tobacco prevention activities. Delaware is only one of a few states that meets CDC's minimum recommended spending amounts on tobacco prevention. Maintaining this status is important to the partners including the Delaware IMPACT Coalition and Delaware Cancer Consortium. Maintaining this funding is one of the goals of the updated *Plan for a Tobacco Free Delaware* and it is also an objective in the tobacco portion of the Cancer Consortium's four-year plan. PANO also receives money from the Delaware Health Fund and several objectives for PANO are also in the Cancer Consortium's four-year plan. So maintaining funding for PANO is also a priority.

The Program will continue offering mini grants and educational workshops after ARRA funding. The policies implemented as a result of the ARRA funding will be advocated for by IMPACT Coalition, DE HEAL the Delaware Cancer Consortium. Municipalities will continue to have the opportunity to apply for funding for implementation of tobacco MAPPS interventions.

**6. FISCAL MANAGEMENT**

In addition to CDC funds, the TPCP receives tobacco settlement dollars via the Delaware Health Fund. CDC funds are used for program infrastructure and to supplement programs implemented with state dollars from the MSA. Programs are implemented through contracts for social marketing, community outreach (including mini grant programs) youth prevention, surveillance and evaluation and Delaware Quitline. PANO receives funding from the Delaware Health Fund as well. There are several mechanisms in place to monitor expenditures and performance. In addition to the Program management analyst, Joanne Dell'Aquila who keeps track of CDC expenditures, we have the Division's fiscal office track expenditures. The fiscal office is also responsible for the FSR. An internal committee Contract Administration Response Team (CART) monitors expenditures for all Health Fund dollars that come to the Division. Each month program managers have to give an update on expenditures and provide projections on whether the funds will be spent or need to be redirected. In addition to expenditures, programs provide CART with quarterly updates on contract performance measures.

The ARRA funds will be monitored by the same methods as above. The fiscal office will establish a separate appropriation code for the ARRA funds which will allow them to be tracked separately. The fiscal office and program will submit the required reports as outlined in the Recovery Act and in the supplement announcement.

Component II: Delaware Tobacco

**1. BURDEN ANALYSIS:**

Tobacco use is the number one preventable cause of death in Delaware despite all-time low adult and youth smoking prevalence in 2008. According to the 2008 Behavior Risk factor Surveillance Survey (BRFSS), smoking prevalence of Delaware adults was 17.8% which is a 34% decrease from the 1997 rate of 27%. There was a 35.9% decrease in smoking among high school students from 27% in 2000 to 17.3 % in 2008 (Youth Tobacco Survey). A combination of factors has contributed to this downward trend. Delaware is one of only a few states to spend CDC's minimum recommended funding levels for tobacco prevention. The Delaware Tobacco Prevention and Control Program (Program) has been able to use Master Settlement Agreement dollars and federal funds to implement CDC's Best Practices for Comprehensive Tobacco Control programs including a proactive Quitline, inclusive mini grant program and mass media social marketing campaigns. Other statewide and environmental factors include the comprehensive 2002 Clean Indoor Air Act (second after California) that also removed preemption and three increases in excise tax since 2005.

Although we have achieved many successes, funds are still needed to sustain and enhance our efforts. Tobacco use is still the leading underlying cause of premature disability, illness and death in Delaware and the United States. It is the leading cause of lung cancer and a major cause of several other cancers, cardiovascular disease and a variety of lung diseases. About one in five deaths in Delaware are caused by tobacco use. Tobacco related illnesses have been very costly to Delaware. According to the most recent Smoking-Attributable Mortality, Morbidity, and Economic Cost (SAMMEC), during 2001-2004, in Delaware, the average annual smoking-attributable healthcare expenditures were $473 million and $367.8 million spent in

smoking-attributable productivity losses. Between 2000 and 2004, Delaware was 6th in the nation with lung cancer deaths (American Cancer Society's 2007 South Atlantic Division Cancer Facts and Figures).

Although cigarette smoking rates are declining, we have found that other tobacco use has remained steady or even increased in some instances. According to the 2008 Delaware Behavior Risk Factor Surveillance Survey, 6.8% adults smoked cigars, bidis and kreteks and 1.5% used smokeless tobacco. Among adults who do not smoke cigarettes, nearly 5% smoke cigars, pipes or other tobacco products at least occasionally. Almost 7 % of former cigarette smokers currently smoke pipes or cigars at least occasionally. Other tobacco product use is higher amongst youth. According to the 2008 Delaware Youth Tobacco Survey, among high school students, 12% currently smoke cigars or cigarillos and 6% currently use smokeless tobacco. Over 41 % of the smokeless tobacco users live with someone that uses smokeless tobacco and 52% of the current cigar or cigarillo smokers have a parent or guardian that smokes cigarettes or cigars or uses chewing tobacco or snuff. A quarter (25%) of high school students reported current use of some type of tobacco. In 2008, 2% of middle school students were current users of smokeless tobacco and 4% smoked cigars or cigarillos. Almost 38% of the smokeless tobacco users live with someone who also uses smokeless while 64% of the smokeless tobacco users have a parent or guardian that smokes cigarettes or cigars or uses chewing tobacco or snuff. Similarly, 63% of the current cigar or cigarillo smokers have a parent or guardian that smokes cigarettes or cigars or uses chewing tobacco or snuff.

While many people know the harms of cigarette use, many don't realize that use of other tobacco products is hazardous as well. Use of smokeless tobacco heightens the risk of oral cancer and gum disease and can be just as addictive as cigarettes because of the nicotine. Cigars

have oral and esophageal cancer risks similar to that of cigarette use. In addition to the Tobacco Industry marketing these products heavily to kids, federal and state excise tax on these products are lower than cigarettes which adds to the appeal to kids. Although the excise tax on cigarettes has increased three times since 2005 in Delaware, the same isn't true for the tax on other tobacco products. Therefore, we would like to pursue tax equity for other tobacco products for this initiative.

**2. RATIONALE:**

The tax equity for other tobacco products falls in line with the "price" in the MAPPS intervention strategies. It is well documented that increases in cigarette excise taxes reduces smoking among both adults and youth. A study has shown that raising the tax on cigars can also reduce the cigar use prevalence among youth (Campaign for Tobacco Free Kids Prior to 2009, the states surrounding Delaware (Pennsylvania, Maryland and New Jersey) had higher excise taxes on cigarettes. Delaware was ranked 23rd in excise tax. In 2005, the excise tax was raised 31 cents, in 2007 the tax was raised 60 cents and most recently in 2009, the tax was raised by 45 cents to a total of $1.60. This final increase moved Delaware's rank in excise tax to 18 among the states. The 45 cent increase came at a time when the state was projecting million dollar budget shortfalls and possible state employee layoffs.

Tax equity is also a new objective proposed in the updated Plan for a Tobacco Free Delaware (2010-2015). The Program is currently in the process of updating the 2005 *Plan for a Tobacco Free Delaware*. So far there have been two strategic planning sessions (one in September and one in October with the final meeting planned for the end of November). IMPACT Coalition members were invited as well as other stakeholders. Attendees have included representatives from the American Lung Association, American Cancer Society,

American Heart Association, University of Delaware, American Diabetes Association, chair of the IMPACT Coalition, Office of Minority Health, the Department for Services for Children Youth and their Families, Delaware Breast Cancer Coalition and other members of the community.

In the previous plan, an objective under the goal for preventing youth initiation included raising the excise tax to at a least $1 (current tax was 24 cents when objective was written) on a pack of cigarettes and from 15% to 30% of the wholesale price on smokeless tobacco products. The excise tax on cigarettes part of the objective has been met, however, the smokeless tobacco portion hasn't been met. At the current planning sessions, tax equity was identified as a critical issue and adopted as a new objective to include in the updated plan. The new objective will probably be incorporated into the Delaware Cancer Consortiums next four year strategic plan as well.

The IMPACT Coalition and several other partners including The American Lung Association and American Cancer Society are pursuing tax equity for other tobacco products this legislative session (January- June). They have already prepared some fact sheets on the current excise tax rates in Delaware and what the equitable rates would be on cigars, moist smokeless, cigarillos and other products. Through the social marketing contractor, the Program has been starting to focus on smokeless tobacco. A radio script has been developed and is awaiting approval for production. With ARRA funding for this initiative, we would expand our reach and scope of education on other tobacco products beyond smokeless to include cigars, cigarillos, snus etc using various methods such as television, outdoor, radio, movie theaters, and print. This would occur simultaneously with providing education to legislators on benefits of excise taxes and tax equity.

**Analysis**

**Domain:** Tobacco

**Current Status of Policy/Environmental Supports and Barriers:** The current excise tax on cigarettes is $1.60 which is equivalent to 68% of the wholesale price and 8 cents per dose/unit. The tax rate on other tobacco products is 15% of the wholesale price. Moist snuff is taxed at 54 cents per ounce which is equivalent to 3.2 – 4 cents per dose/unit.

**Policy and Environmental Change Strategy:** MAPPS intervention: Price. Encourage tax equity for other tobacco products by educating legislators on tax equity and waging a media campaign on the dangers of other tobacco products (includes smokeless tobacco, cigars, cigarillos, snus etc). This is a similar strategy that was used in getting the Clean Indoor Act passed in the legislature in 2002.

**Potential Reach:** Approximately 840,000 (entire population of Delaware) because the taxes could generate almost $5 million in revenue. Approximately 7,829 public high school and middle school users of other tobacco products and 54,649 adult users of other tobacco products.

**Short Term Health Impact:** Reduced exposure to secondhand smoke (cigars/cigarillos) and reduced sales.

**Long Term Health Impact:** Reduced prevalence of smokeless tobacco and cigars among youth and adults leading to reduced burden of tobacco related illnesses

**Key Partners:** IMPACT Coalition, American Lung Association, American Cancer Society, American Heart Association

**Coordination with Other Recovery Act Efforts:** The program works very closely with the other programs in the areas of outreach, prevention and policy development. The program works with the Health Systems Protection's section of Public Health's Healthy Homes program

by providing information on secondhand smoke. The Healthy Homes program is working with the Division of State Service Centers Weatherization program which recently received ARRA funds. We will be able to provide them with more information on other tobacco products when conducting their outreach.

**Supportive Factors:** The legislature has passed three excise taxes since 2005. The state is operating on a fiscal deficit which makes it more likely that taxes on other tobacco products may be considered. Partners are already focusing on tax equity issues for other tobacco products. We have already started collecting baseline data on other tobacco product usage.

**Restraining Factors:** Smokeless tobacco lobbyists have some influence in the legislature. In 2007 when the 60 cent excise tax on cigarette bill was passed, language was added to the bill that ensured smokeless tobacco wasn't affected.

**Past Attempts and Lessons Learned:** The strategy will be using for tax equity is similar to the strategy that was used in getting the Clean Indoor Air Act passed in 2002. The partners were already lobbying for a Clean Indoor Air Act law of some type – trying to get sponsorship of a bill. The Tobacco Prevention and Control program ran several campaigns in the media on the dangers of secondhand smoke (including Bartender/Waitress which talked about how secondhand smoked affected these people) during the time that the bill was being considered in the general assembly. We were also able to ask questions on the Adult Tobacco Survey about attitudes towards secondhand smoke, smoke free restaurants and bars and include that data in educational materials that were distributed to legislators. During this time most of our resources (especially media) were spent on secondhand smoke and Clean Indoor Air Act related activities. The ARRA funds for this initiative would allow us to continue to address other areas such as cessation and secondhand smoke while we are pursuing tax equity.

**Sustainability Strategy:** The existing contracts with the American Lung Association (community outreach), Aloysius Butler and Clark (social marketing), and University of Delaware (ATS, YTS) are funded through federal dollars (non ARRA) and Delaware Health Fund dollars. IMPACT Coalition and the Delaware Cancer Consortium will continue to advocate that Delaware Health Fund dollars are used for tobacco prevention and cessation. One way to sustain the efforts listed here is to expand the scope of the workshops and focus of the mini grant applications to include environment and policy level changes. The Program will continue to develop materials related to the dangers of other tobacco products through the AB&C contract. We will also continue to collect data related to other tobacco products on the Adult and Youth Tobacco Surveys.

**3. IMPLEMENTATION PLAN:**

As stated earlier, several members (American Lung Association, American Cancer Society and American Heart Association) of the IMPACT Coalition have tax equity for other tobacco products on their legislative agenda for the upcoming legislative session (January –June 2010). They have developed fact sheets on the current tax rates of cigarettes and other tobacco products in Delaware. The partners will next use their lobbyists to find a member of the House of *Representatives to* be a sponsor of the bill to raise excise taxes of the other tobacco products. As this is happening, the program would expand the scope of existing contracts to include further education of the public and policy makers on the dangers of using other tobacco products. The current tobacco prevention community outreach contract with the American Lung Association in Delaware scope of services include the provision of technical assistance and training workshops on tobacco education, a mini grant program, development and maintenance of local tobacco prevention coalitions and development of resource kits. Currently we hold three to five

workshops per year on tobacco education topics including tobacco 101, evaluation, grant writing, media advocacy, planning etc. The workshops are open to the community at large but mostly mini grant recipients attend. Funds awarded for this initiative would be added to the contract to allow the contractor to provide additional training and technical assistance workshops to legislators, policy makers and community stake holders regarding tax equity, the harmful effects of other tobacco products.

As we are conducting community outreach and education regarding the other tobacco products and the partners are working with legislators, we would conduct a mass media campaign on the dangers of other tobacco products (cigarillos, cigars, snus, smokeless etc). Our current mass media campaigns focus on cessation and promoting the Quitline, dangers of second hand smoke, preventing youth initiation and counter-marketing. We recently have developed a radio spot on smokeless tobacco use that will be produced pending approval. Funds awarded for this initiative would be placed in this contract to allow us to expand our efforts beyond just smokeless and radio to do in depth education and counter-advertising on other products including cigars, snus, cigarillos etc) via mass media channels including television, radio, internet, print, movie theaters and outdoor. We would be able to do additional public relations related to the initiative as well. The funds would also allow for further qualitative research on other tobacco use and attitudes towards costs through focus group research which is also a scope of service under the existing media contract.

Besides focus group data, we already collect prevalence data on use of other tobacco products through Delaware BRFSS, Adult Tobacco Survey, Youth Tobacco Survey and Youth Risk Behavior Survey. We would use the funds awarded for this initiative to ask additional questions on the Adult Tobacco Survey (conducted annually each spring) regarding use, attitudes

and knowledge regarding other tobacco products, to provide supplemental reporting and perhaps expand the sample size (from 1200 to 1500). This will enable us to have baseline data for before excise taxes are increased and data for after any increases occur.

**Implementation plan**

**Goals:** Prevent Youth Initiation to Tobacco Use, Reduce Exposure to Secondhand Smoke (cigars, cigarillos), Promote Quitting Among Adults and Youth

**Objectives:** By January 1, 2012, increase the tax on other tobacco products from 15% of the wholesale price to 68% (or a number equal to the state's cigarette tax based on a per price or per dose basis).

**Action Steps:**

1. Educate policy makers and community stakeholders on other tobacco products and tax equity via 6 workshops.
2. Partners will seek sponsorship of bill that increases excise tax on other tobacco products
3. Conduct 3 focus groups regarding other tobacco products (to include attitudes on pricing as well)
4. Conduct counter-advertising and public awareness/education media campaign on dangers of other tobacco products via television (local cable stations), radio, print, outdoor and internet.
5. Collect data on knowledge, attitudes and behaviors regarding other tobacco products through the Adult Tobacco Survey.
6. Publicize data collected from focus groups and surveys.

**Milestones for implementation of action steps and progress on objectives:**

1. By February 28, 2010 develop media plan for other tobacco mass media campaign implementation over the next two years.
2. By April 30, 2010 conduct three focus groups.
3. By May 30, 2010 a bill that raises the tax on other tobacco products will be introduced in the General Assembly.
4. By June 30, 2010 conduct 6 workshops (2 in each county)
5. By June 30, 2010 administer the 2010 Adult Tobacco Survey
6. By June 30, 2010 the bill will be voted on. (If bill is defeated action steps # 2, 4, 5 and 6 will be repeated for the next legislative session – January- June 2011).

**Key partners**: IMPACT Coalition, American Lung Association, Delaware Cancer Consortium, University of Delaware, Aloysius Butler and Clark, Campaign for Tobacco Free Kids

**Evaluation strategies, including key output and outcome measures related to the action steps and objectives and data source for collection of these measures:**

*Output measures:* # of workshops, # of focus groups, # of participants at workshops and focus groups, frequency and reach of media. Source: Program reports, media ratings (radio/television) and distribution (print).

*Outcome measures:* Increase in knowledge about dangers of other tobacco products (ATS), Awareness of other tobacco products media campaigns (ATS), Passage of tax bill

*Strategies:* The Adult Tobacco Survey will be administered annually including 2010 and 2011 where we will be able to ask questions related to other tobacco products. We will also ask questions related to prevalence of other tobacco products on the 2010 YTS and the 2010 and 2011 BRFSS. Contractors are required to report monthly on activities. Data from the workshops will be collected and a report will be written on the findings from the focus group. If the excise

tax is passed we will look at how the votes were distributed and also revenue to the state as a result. Also, if the bill is introduced coverage in the news will be tracked (including letters to editors).

**4. PROGRAM READINESS, OVERSIGHT and MANAGEMENT:**

This initiative will be implemented by the current staffing infrastructure of the Tobacco Prevention and Control program. This includes the program manager, contract manager, two health educators, program evaluator, fiscal manager and an administrative assistant. The program will add funds to existing contracts to implement many of the activities proposed. The community outreach contract with the American Lung Association of Delaware will be used to conduct the training workshops. The current social marketing contract with Aloysius Butler and Clark will be used to implement the other tobacco products counter advertising and education campaign and to conduct the focus groups. Existing contracts with the University of Delaware will be used for the Adult Tobacco Surveys, BRFSS and Youth Tobacco Survey. The program manager, contract manager and program evaluator will provide oversight of the contractors and performance. The health educators will assist in the outreach and education on other tobacco products in their daily activities.

The program manager has been with the program since 1998 and has experience in policy development and implementation. Since 1998, Delaware has received Master Settlement Agreement dollars via the Delaware Health Fund, enacted a comprehensive Clean Indoor Air Act (2002) and has seen the excise tax raised three times. The program has staffed the IMPACT Coalition and has staffed the Tobacco and Other Risk Factors sub committee of the Delaware Cancer Consortium both of which develop tobacco related policies in Delaware. The

IMPACT Coalition and Delaware Cancer Consortium will be active in advocating for tax equity.

**5. SURVEILLANCE, PROGRAM MONITORING and REPORTING:**

The Tobacco Prevention and Control Program currently uses several population based level data sources. This includes Behavior Risk Factor Surveillance System (BRFSS), Youth Risk Factor Surveillance (YRBS), Adult Tobacco Survey (ATS) and Youth Tobacco Survey (YTS). BRFSS is administered annually, year round to 4,000 Delawareans. YRBS is administered to 9-12 graders in public schools in odd years. The YTS is administered to 4,500 students in 6-12 grades in even years. The adult tobacco survey is administered to 1,200 Delaware residents age 18 and older each spring. BRFSS and YRBS provide smoking prevalence rates which are provided to legislators. YTS and ATS provide data on attitudes, behaviors and knowledge regarding tobacco use and tobacco policies.

The ATS will continue to have questions about attitudes towards secondhand smoke, cost of tobacco products and cessation to see if there are any differences from previous years. Process data will also be collected such as number of workshops, attendees, and number of mini grants awarded etc. Any policies or ordinances implemented will also be documented. This information will be reported to partners at IMPACT Coalition meetings and the Delaware Cancer Consortium as well as the Delaware Health Fund since the existing contract combines state dollars as well as federal funding.

The program requires monthly reporting from the contractors. Additionally, the contract manager conducts two performance and financial audits of contracts over $100,000 each year. The program will also provide reporting as required by CDC and www.federalreporting.gov and will continue to send staff to the evaluation and surveillance workshops as in the past. As

required, the program will submit outcome measures semi annually, output measures quarterly and a final evaluation report 90 days after project conclusion. The program will also comply with all of the ARRA reporting requirements.

**Burden Analysis**

Delaware is the nation's second smallest state geographically, with a population of about 840,000. It has three counties (New Castle, Kent and Sussex), with a mixture of urban, suburban, rural, and beach resort populations. About 60% of the total population live in the northern county of New Castle and is residence to more than half of the African American population. About 22% of the state's population is African American and about 6% is Hispanic, or Latino. With only 22% of the state's population, the southern most county, Sussex, is the largest by land area, but is growing rapidly, largely due to the resort areas attracting second-home buyers and retirees.

According to the Behavioral Risk Factor Surveillance System (BRFSS), adult obesity has nearly doubled in the state from 14.4% in 1990 to 28.3% in 2008. There is a significant disparity in prevalence of obesity between non-Hispanic whites and non-Hispanic blacks, 25.3% and 45.6%, respectfully. Approximately 36% of Delaware adults are overweight. So combining the two categories, about 63.8% Delaware adults are either overweight or obese. For children, about 37.3% are overweight. In breaking it down by race/ethnicity, 35.9% of non-Hispanic white and 43.5% of non-Hispanic black children are overweight. One of the most significant factors contributing to the obesity epidemic is a widespread lack of physical activity. According to BRFSS, about 52.1% of Delaware adults reported either no physical activity or insufficient activity. According to 2007 Youth Risk Behavior Survey (YRBS) data 39 percent watched television for three or more hours per day. Data from the middle school YRBS in Delaware suggests that only 34 percent of youth are active for at least 60 minutes each day.

It is known that our built environment and transportation infrastructure contributes the obesity epidemic. Walking is the most fundamental human activity that provides connections

between activities and other transportation modes. Walking serves as the most basic means for human functionality. Recent research has been able to identify the values of walking in terms of physical activities and their associated health benefits, as travel options to all people regardless of backgrounds and social standings, and, creating a more "livable" environment, which was considered to be diminishing due to our dependence on motorized travel.

Recent national polls found that 55% of Americans would like to walk more instead of driving. Further, according to the Delaware Statewide Comprehensive Outdoor Recreation Plan, of all of the recreational activities, 85% of the respondents claimed they prefer walking/jogging activities. After analyzing all the recreational facilities in Delaware, it was identified that walking/jogging facilities is the highest priority of need in terms of future state and local public investments. Therefore, communities are looking for ways to reshape neighborhoods to make them more pedestrian friendly. Walking is an ideal form of aerobic exercise that can be incorporated into daily activities such as foot trips to work, the store, church and school.

Pedestrian facilities are necessary to form important connections between activity centers, population centers, shopping areas, parks and tourist attractions across the state. Since all trips have a pedestrian component, creating a pedestrian-friendly environment will help improve mobility for everyone. Additionally, increased walking will help reduce traffic congestion, air and noise pollution, wear and tear on roads, consumption of fuel, crashes and property damage, and the need for additional roads, travel lanes, and parking.

Connectivity within communities is lacking as well. Roadways within the communities also tend to be designed for quickly moving vehicular traffic only. These roadway layouts decrease the compactness of neighborhoods and cause them to spread out. Communities become "disconnected" within themselves. A traditional neighborhood or "livable" community possesses

adequate pedestrian facilities that support not only personal mobility but also public places for people to socialize and interact with one another, thus creating a sense of place. A disconnected community does not provide sufficient, if any, pedestrian facilities as motorized travel dominates the landscape and creates a hostile environment for pedestrians attempting to walk.

Pedestrian facilities and public transit go hand-in-hand. Transit users are typically pedestrians first. Connections to transit in urban and suburban communities are an important step to providing alternative modes to vehicular travel. In many instances, multimodal travel may not be a viable choice of transportation in communities with a sprawling development pattern supported by auto dependency. Public transit is not possible due to the lack of necessary population and activity density to support it, as well as the inability for pedestrians to get to these facilities. Streets designed only for automobiles make it difficult for transit as well as discourage pedestrians. This lack of continuous and interconnected pedestrian facilities is especially challenging for the disabled who are too often forced to travel in the roadway to reach the bus stop or other destination. This in turn furthers the dependence on automobiles for those with and without a disability; a cycle that continues to be difficult to break.

According to the Delaware Survey for Children's Health administered by Nemours Health and Prevention Services in 2006, about 60% of respondents claimed to have the presence of sidewalks. However, compared to the statewide rate, about 24% have sidewalks in Sussex County, 41% in Kent County, 73% in New Castle County outside of Wilmington City, and 86% in the City of Wilmington.

**Project Description:**

Establish and maintain a Pedestrian Facility Inventory and Needs Study within the public right of way. This Inventory and Needs Study should be designed to identify the locations of

pedestrian facilities that require repair or replacement as well as identify all missing links or needed facility extensions. An inventory of existing pedestrian facilities that determines the condition and accessibility of the pedestrian access route is an essential step in prioritizing pedestrian improvements. Objective data and information obtained through the assessment process will allow for the following:

- Determine if the pedestrian facilities are in acceptable condition and meet adopted specifications and guidelines.
- Identify sections of pedestrian facilities that need accessibility improvements.
- Quantify the extent of the work required.
- Catalog feature and maintenance information.
- Prioritize pedestrian facility maintenance projects.
- Budget for pedestrian facility projects.
- Create objective pedestrian facility information that can be provided to users in various formats such as signage, maps, and websites.
- Share data and project plans with disability advocacy groups.

**Rationale**

The Delaware Division of Public Health (DPH) and Delaware Department of Transportation (DelDOT) have a strong partnership in collaborating and coordinating efforts that address the needs of increasing and promoting physical activity through active transportation. Both agencies contributed to the development of the adopted statewide plans that coincide with physical activity and active transportation.

*Readiness to Implement*

The development and details of this statewide initiative was done as a collaborative effort between DelDOT and DPH. To help support this statewide effort, Delaware Governor Jack Markell signed an Executive Order requiring the creation of a Delaware Complete Streets Policy. DelDOT has worked extremely hard with an internal technical advisory committee as well as key public officials and advisory groups to ensure that the Policy was developed as a collaborative effort. The result is a policy that is specific to DelDOT management and operational strategies, but applicable at the county and municipal level for planning and implementation. With the Complete Streets Policy Act and the state-approved strategic plans outlined below further support the readiness, and need, to conduct a pedestrian facility and needs inventory.

*Evidence Supporting State-approved Strategic Plans*

Delaware 5-Year Nutrition, Physical Activity, and Obesity Prevention Plan

In 2008, the Physical Activity, Nutrition, and Obesity Prevention program at DPH initiated the development of a 5-year statewide comprehensive nutrition, physical activity, and obesity prevention plan. With involvement of a variety of partners, the coalition, named, Delaware Partners to Promote Healthy Eating and Active Living (DE HEAL), developed a plan to serve as a tool to focus and coordinate efforts to address active living and healthy eating. By

taking a socio-ecological approach, DE HEAL developed recommendations, objectives, and strategies accordingly. Included in this plan are recommendations that support the built environment and healthy communities through active transportation, active recreation, and access to healthy eating. Policy makers, representatives from schools, community-based organizations, health care systems, transportation groups (including Delaware Department of Transportation), parks and recreation, city/county/municipality planners, agriculture industry, and economic development actively contributed to these goals and objectives . Conducting a statewide sidewalk inventory coincides with the planning to provide more opportunities for active transportation and for municipalities to adopt language supporting healthy communities-related policies.

Delaware Statewide Pedestrian Action Plan

In March of 2006, the Governor signed into effect Executive Order No. 83. The purpose of this order is to develop, adopt, and implement a Statewide Pedestrian Action Plan. This order requires that the plan address and propose solutions to identified key issues in an effort to make walking a safe, convenient, efficient and comfortable means of transportation. The development of a Statewide Pedestrian Action Plan is part of an ongoing process with an emphasis on achieving the vision of making walking central to personal mobility and physical activity. Successful development and implementation of a plan relies largely upon the collaboration of state, regional, and local agencies, as well as partnership with private organizations and businesses, and most importantly, the residents of Delaware. Given the nature of the Delaware Pedestrian Action Plan, conducting the statewide pedestrian facility inventory initiative further aligns perfectly to its vision; thus providing substantial evidence to support such a need initiative.

*Results from Small Scale Initiatives*

DPH has been working closely with the University of Delaware's Institute for Public Administration (IPA) in addressing the concept of the built environment to the local level. IPA, staffed with planners and policy analysts, has extensive experience working with local communities, organizations, and municipalities in providing technical assistance and consultation on land use planning, infrastructure, healthcare policy, public policy and economic development. They have expanded their services to incorporate "healthy community" strategies in their work. IPA has created documents that identify best practices for design standards, *Mobility-Friendly Design* and *Transit-Oriented* Design. Through limited funding by DPH, they developed the *Healthy Communities: A Resource Guide for Delaware Municipalities,* which has been incorporated in their consultation with municipalities for their comprehensive plans updates and in their local government trainings. In addition, IPA has completed walkability assessments, which examines the existing conditions that facilitates the community's walkability, and provided recommendations for five communities. The recommendations were incorporated into the towns' comprehensive plan.

DelDOT, in conjunction with local MPO's, has been updating aerial photography through a Geographic Information Systems (GIS) application to identify pedestrian facilities. These aerials will be essential when conducting the field work as it will eliminate the need to collect Global Positioning System (GPS) locator data. The Wilmington Metropolitan Area Planning Organization (WILMAPCO) has developed a county wide pedestrian prioritization methodology that identifies areas based on pedestrian accident data, proximity to schools, senior centers, and municipal boundaries. This methodology provides a foundation for a statewide prioritization process that will be developed once the sidewalk inventory is conducted.

*Reduction in Burden*

By identifying all sidewalks in the State and prioritizing funding strategies, Delaware agencies and local municipalities will be better equipped to provide opportunities for Delaware residents to walk as an active transportation option that would result in increase physical activity. In addition, this initiative helps facilitate more mobility for personal with physical mobility impairments, low income populations and retired individuals otherwise dependent on travel by automobile. In turn, engaging in active transportation as a lifestyle would yield a reduction in obesity and other chronic conditions statewide.

*Analysis of Initiative*

The potential reach for this initiative is all residents of Delaware. By having sidewalks and pedestrian facilities, this would allow for connectivity and provide an opportunity for walking as a potential mode of transportation and a safe, recreational activity. The intent for this initiative is to provide infrastructure to facilitate walking/jogging in communities with the long-term intent to increase physical activity and reduce the prevalence of obesity and other chronic diseases. Accomplishing this initiative requires support, not only from DelDOT and DPH, but from the municipalities as well. With the current Complete Streets Policy and ongoing conversations and partnerships with DelDOT and DPH in strategic planning, this initiative is fully supported. On the other hand, although the outcome of this initiative is to provide recommendations on priorities in planning for sidewalks and pedestrian facilities, local municipalities may not have the budgets to implement the capital enhancements (i.e. construct sidewalks). We have learned through the walkability assessments in certain communities that there is general interest ensuring connectivity through sidewalks and providing facilities to support pedestrian activity, the challenge is working with these municipalities in moving forward

to instituting the changes. By including funding priorities, this may help municipalities plan for capital enhancements. For sustainability, the recommendations gathered will be incorporated in the municipality's comprehensive plan, which requires progress reporting and updating every 5-years.

**Implementation Plan**

This statewide initiative will be collaborative effort between DPH and DelDOT. As such, the two agencies will develop a system for project monitoring, implementation, reporting, and sustainability.

| **Goal 1:** Establish an infrastructure for the implementation and reporting requirements for the statewide initiative of conducting a statewide sidewalk inventory | | | |
|---|---|---|---|
| **Objective 1:** By 30 days post award, Delaware Division of Public Health (DPH) will secure a Memorandum of Understanding (MOU) with the Delaware Department of Transportation (DelDOT). | | | |
| **Activities** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - DPH and DelDOT staff will meet to develop plans coordination of project monitoring and reporting per the requirements of the Recovery Act.<br>- DPH will draft an MOU and submit for signatures. | Meeting held and a plan established<br><br>MOU drafted and submitted | DPH<br>DelDOT | MOU signed |

| **Goal 2:** Establish and maintain a statewide sidewalk inventory | | | |
|---|---|---|---|
| **Objective 1:** By 60 days post award, develop data elements and methods for data collection and storage for sidewalk inventory | | | |
| **Activities** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Explore examples of other sidewalk inventories in other states.<br>- Meet with local municipalities for specific data element needs.<br>- Determine data elements and methods for data | Review of other inventories completed<br><br>Identified specific data elements needed for municipalities | DelDOT<br><br>Municipalities | Methodology and data elements selected |

| | | | |
|---|---|---|---|
| collection. | | | |
| **Objective 2:** By May 2011, DelDOT will complete sidewalk data collection for all three counties. | | | |
| **Activities** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Coordinate with UD to select students from the Delaware Center for Transportation under the College of Engineering at the University of Delaware to conduct fieldwork for data collection.<br>- Identify priority areas in each county to begin sidewalk collection.<br>- Collect sidewalk data.<br>- Prepare sidewalk database and summary report. | Students selected<br><br>Priority areas determined<br><br>Data collected | DelDOT<br><br>University of Delaware, College of Engineering | Statewide sidewalk database and summary report completed |
| **Objective 3:** By January 2011, DelDOT will assess the accessibility of paths of travel to fixed route bus stops for frequently made trips, based on origin and destination analysis of trips by Delaware Authority Regional Transit (DART). | | | |
| **Activities** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Identify and select pathways for the field assessments<br>- Mapping of DART routes and creating a ¼ mile buffer to determine access<br>- Identify likely origins and destination pairs<br>- Conduct field assessments<br>- Develop recommendations for improvements<br>- Write project report | Field assessments completed<br><br>Field assessments analyzed and recommendations determined | Municipalities<br><br>DelDOT<br><br>Delaware Transit Corporation (DTC)<br><br>DART<br><br>DPH | Accessible Pathways Report completed |
| **Objective 4:** By June 2011, DelDOT will complete a comprehensive report on Delaware Sidewalk Inventory and Recommendations that will also include funding strategies and priorities for sidewalks and pedestrian facilities for the use of local and state planning. | | | |
| **Activities** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Develop prioritization process for sidewalk upgrades utilizing GIS applications based on national guidelines and | Prioritization process including assigning and designating weighting factors | DelDOT<br><br>DPH | Comprehensive sidewalk inventory recommendations report completed |

| | | | |
|---|---|---|---|
| best practices.<br>- Develop weighting factors based on national standards and guidelines.<br>- Assign and designate weighting factors (Example: proximity to schools, senior centers, municipal boundaries, etc.).<br>- Identify priorities and funding strategies.<br>- Incorporate sidewalk inventory summary report.<br>- Prepare comprehensive report of the sidewalk inventory and recommendations. | completed<br><br>Priorities and funding strategies identified | | |

| | | | |
|---|---|---|---|
| **Goal 3:** Local and state planners and elected officials will be aware and informed of ways to apply the resources for adequate sidewalk and pedestrian facilities planning that will support the Complete Streets Policy | | | |
| **Objective 1:** By July 2011, DelDOT and DPH will disseminate sidewalk and pedestrian facilities maps to be used by planners and Delaware residents. | | | |
| **Activities** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Develop County and municipal maps identifying sidewalks, transit routes, and missing links in sidewalk network.<br>- Print and disseminate maps to local and county municipality offices, Metropolitan Planning Organizations (MPO's), community and senior centers, transportation centers, etc.<br>- Link sidewalk data and transit route information to municipalities, IPA, and DelDOT's websites. | Maps created and printed<br><br>Websites updated | DelDOT<br><br>DTC<br><br>DPH<br><br>University of Delaware, Institute for Public Administration (IPA) | Maps created and disseminated<br><br>Sidewalk data and transit route information linked municipality, University of Delaware's Institute for Public Administration, and DelDOT's websites |
| **Objective 2:** By August 2011, incorporate the Statewide Sidewalk Inventory and Recommendations report into the current DPH Healthy Communities Initiative for local | | | |

| municipalities. | | | |
|---|---|---|---|
| **Activities** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Add new chapter on the Statewide Sidewalk Inventory and Recommendations to the online *Healthy Communities: A Resource Guide for Delaware Municipalities* publication<br>- Develop fact sheets and links to resources on the benefits of pedestrian facilities and accessibility, health supporting principles within IPA's "Healthy Communities" online toolkit<br>- Enhance the Planning 205 workshop and the annual Local Government Training Institute to include the Statewide Sidewalk Inventory and Recommendations and its link to chronic disease prevention. | Meetings with DelDOT, IPA, an DPH held to incorporate statewide sidewalk inventory and recommendations report into presentations, materials, training curriculum<br><br>Planning 205 workshop updated<br><br>Presentation prepared | DelDOT<br><br>DPH<br><br>University of Delaware, Institute for Public Administration (IPA) | Online publication with Sidewalk inventory and recommendations chapter added<br><br>Fact sheets and links on online "Healthy Communities" toolkit completed<br><br>Planning 205 workshop with sidewalks inventory and recommendations information held |
| **Objective 3:** By December 2011, present the Statewide Sidewalk Inventory and Recommendations to at least one statewide conference and at least three local meetings (at least one in each county). | | | |
| **Activities** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Prepare collaboration presentation on the sidewalk inventory and recommendations that includes benefits of pedestrian facilities and accessibility and links to health benefits such as chronic disease prevention and active transportation<br>- Coordinate with the Delaware Partners to Promote Health Eating and | Joint presentation prepared<br><br>Workshop curriculum created | DelDOT<br><br>DPH<br><br>MPO's<br><br>Council on Transportation Planning | Sidewalk inventory and recommendations presented at a conference<br><br>Workshops including sidewalk inventory and recommendations conducted in each county |

| | | | |
|---|---|---|---|
| Active Living to present at the 2nd annual forum for built environment and policy<br>- Include statewide sidewalk inventory and recommendations in the Capital Transportation Project Collaborative workshops | | | |

**Program Readiness, Oversight and Management**

*Program Readiness*

Delaware Division of Public Health (DPH) and the Delaware Department of Transportation (DelDOT) has an established partnership and have actively participated in each other's strategic planning and policy development related to active transportation. The newly released 5-year statewide comprehensive nutrition, physical activity, and obesity prevention plan developed by the Delaware Partners to Promote Healthy Eating and Active Living includes recommendations for municipalities to incorporate "healthy community" policies (including implementation of the Complete Streets Policy) into their comprehensive plans. In addition, in March of 2006, the Governor signed into effect Executive Order No. 83 for the development, adoption, and implementation of a Statewide Pedestrian Action Plan. This order requires that the plan address and propose solutions to identified key issues in an effort to make walking a safe, convenient, efficient and comfortable means of transportation. The development of a Statewide Pedestrian Action Plan is part of an ongoing process with an emphasis on achieving the vision of making walking central to personal mobility and physical activity.

Delaware Safe Routes to School Program

The Delaware Safe Routes to School (SRTS) Program at DelDOT makes it safer, convenient, and fun for children in elementary or middle school to walk or bicycle to and from school. DelDOT's goals for the Program include enabling participation on a variety of levels, including individual school, multiple school, school district, and statewide activities; encouraging a diverse group of participants in the program, including urban, suburban, and rural schools; and promoting comprehensive SRTS programs and activities by funding programs and activities addressing all of the 5 Es: Education, Encouragement, Enforcement, Engineering, and Evaluation.

Delaware has 23 schools signed-up to participate in the program, which is about 12% of eligible schools and double the national average participation rate of 6%. The schools are located in all three counties and in 13 municipalities. To date 5 construction projects have been completed, which involved sidewalk, curb ramp, crosswalk, curb extension, and signage improvements. Activities such as Walking School Buses, walking/bicycling incentive programs, school safety patrols, Walk to School Day, and bike rodeos are taking place at participating schools.

Livable Delaware

Former Governor Ruth Ann Minner sponsored the development of the Livable Delaware Initiative which seeks to curb sprawl and direct growth to areas where the state, counties, and municipal governments are best prepared to handle development in terms of existing infrastructure investment and thoughtful planning. The Executive Order No. 14 states the goals of this Initiative specific to promoting walking and bicycling include:

- Promoting mobility for people and goods through a balanced system of transportation options; and

- Improving access to educational opportunities, health care and human services for all.

The Livable Delaware Initiative establishes strategies for state policies and spending. These strategies are used to guide State agency operating and capital budget requests, enabling the State government to make appropriate and cost effective investments in all areas of the State in order to promote efficient development patterns, protect agriculture and open space, and discourage sprawl. The fundamental principal is to direct growth where it is appropriate. This has created a system of growth management strategies called Investment Level Areas, which divide the State into Investment Levels 1 through 4. These levels represent various investment policies devised by the State. Levels 1 and 2 are areas where the State investments and policies support and encourage efficient use of existing public and private investments and a wide range of uses and densities, promote other transportation options such as walking and bicycling, and enhance community identify and integrity. Levels 3 and 4 are areas where intense development is not encouraged. These strategies are aimed at generating sustainable land use patterns that are conducive to alternative transportation modes such as walking, bicycling, and transit.

With dedicated partnership between DPH and DelDOT and tremendous support from multiple sectors in State Government, DPH, unequivocally, is ready to implement this statewide initiative.

*Management and Oversight*

Project management for this special initiative will be done by Michelle Eichinger, MS, CHES, Physical Activity, Nutrition, and Obesity Prevention Program Administrator at Delaware Division of Public Health. Ms. Eichinger also serves as the Healthy Communities Coordinator through the CDC's Cooperative Agreement for Collaborative Chronic Disease, Health Promotion, and Surveillance Program. To help carry out the presentation and technical

assistance to local municipalities, DPH will secure a casual/seasonal (c/s) Trainer/Educator III. In addition, c/s Trainer/Educator III will work closely with the DelDOT staff to provide the health linkage to active transportation. However, much of the efforts for this initiative will be implemented by DelDOT through a Memorandum of Understanding (MOU) administered by DPH. DPH will leverage staff at DelDOT, specifically the Pedestrian Coordinator, Jennifer Baldwin, and Statewide and Regional Planning Supervisor, Roberta Geier, in implementing this statewide initiative, monitoring performance, and gathering necessary information for the reporting requirements as indicated in this funding opportunity.

**Surveillance, Program Monitoring & Reporting**

*Surveillance and Evaluation*

The Physical Activity, Nutrition, and Obesity Prevention (PANO) program at DPH will leverage staff from DPH programs for surveillance and evaluation for this special initiative. The Behavior Risk Factor Surveillance System Coordinator, Fred Breukelman, will assist PANO in monitoring surveillance data related to physical activity and BMI data. In addition, the PANO program will leverage the support from the Program Evaluator, Elizabeth Dubravcic, within Tobacco Prevention and Control Program to assist in the surveillance and evaluation of this initiative through the use of the Youth Risk Behavior Survey (YRBS) and the Youth Tobacco Survey (YTS), which includes questions on physical activity. Data collected from these surveillance tools will provide behavioral status that can be affected by environmental changes. However, since seeing changes in behavior through the annual BRFSS, YRBSS, and YTS as a result of this statewide initiative of planning for environmental change (i.e. provision of sidewalks) is unlikely given this timeframe for this project (24 months), the evaluation plan will focus on the process and immediate impact for the planning for the provision of sidewalks.

*Successes, Barriers, and Challenges to Implementing Policy Changes*

Fortunately several municipalities already include language of sidewalk provisions in ordinances and regulations. There are many factors that resulted in this success—awareness, responding to demand, prioritizing, etc. In terms of demand, municipality planners and other officials recognize that walking is a recreational activity that constituents identify as most desirable in their community. In addition, another success is the recent Executive Order for the Complete Streets Policy, which demonstrates that pedestrian facilities and sidewalks are necessary in transportation planning—both at the state and local levels, and have benefits beyond supporting transportation infrastructure.

Despite some of the successes, there are some barriers and challenges. Although some municipalities have the language supporting pedestrian facilities and sidewalks in comprehensive plans, funding such efforts has been a challenge. Often municipalities do not include or have a budget for capital infrastructure. Another challenge facing municipalities is lack of constituent support for sidewalk provisions. Again, this is often due to due to costs for implementation. Other potential barriers include lack of awareness of the link between active transportation public health and other benefits supporting active transportation.

This special initiative intends to capitalize on its current successes and address the challenges. Through the use of an evaluation, this intention will be assessed and improvements will be made to ensure that adequate information is collected for the sidewalk inventory for municipalities' use and assistance will be given to municipalities to help plan for sidewalks and pedestrian facilities, accordingly.

*Evaluation Plan*

Using the CDC Framework for Evaluation as a tool, the primary users for the evaluation plan are DPH, DelDOT, and Office of State Planning and Coordination staff who will be using the information for deciding sidewalk need and funding priorities, disseminating sidewalk inventory information and recommendations to necessary stakeholders (e.g. municipality officials, Metropolitan Planning Organizations), and educating on the link of sidewalk provisions and public health. Appendix II B provides a logic model for this initiative.

An evaluation team will be assembled to monitor the progress of the statewide sidewalk inventory initiative. This team will include key stakeholders responsible for implementation of this initiative and those reaping the benefits from this initiative. The evaluation team includes, but not limited to the following:

- Michelle Eichinger, Healthy Communities Coordinator, DPH
- Elizabeth Dubravcik, Program Evaluator, DPH
- Fred Breukelman, BRFSS Coordinator, DPH
- Roberta Geier, Statewide and Regional Planning Supervisor, DelDOT
- Representative, Institute for Public Administration
- Municipality representative
- Representative, Office of State Planning and Coordination

The stakeholders identified are part of an existing partnership with Healthy Community Initiatives.

Evaluation questions for this initiative will be used to improve the project of ensuring municipalities have the information needed for the provision of sidewalks. Although the evaluation team will determine evaluation questions, the questions will address the process and outcomes of the initiative and coordinate the questions to the SMART objectives identified in the

Implementation Plan. Overall theme of questions will be 1) sufficiency of the inventory for planning decisions for each municipality and 2) immediate changes in sidewalk regulations and construction.

Because this initiative is an extension of the review of municipality comprehensive plans for healthy communities-related ordinances, regulations and zoning, this information will be leveraged as a data source in measuring success in immediate outcomes—changes to the comprehensive plans to include regulations and priorities on sidewalk provisions. Other data sources include evaluation surveys completed by municipality officials during workshops and trainings and continued walkability assessments conducted by the University of Delaware, Institute for Public Administration via funding through DPH. Indicators of success include, not only added language of ordinances and regulations in comprehensive plans, but also plans and construction of sidewalks.

To further assist in enhancing the evaluation plan for this initiative, Ms. Dubravcik, Program Evaluator, will continue her attendance at the CDC surveillance and evaluation annual meetings and provide valuable feedback. Further Ms. Eichinger will participate in any CDC technical assistance webinars and apply information accordingly to enhance the implementation and evaluation of this statewide initiative.

*Program Monitoring & Reporting*

The PANO Program Administrator, Ms. Eichinger, will be responsible for the program monitoring and reporting as required in thus funding opportunity. To assist with meeting the needs for program monitoring and reporting performance measures, the PANO program will leverage the staff from other programs. DPH will leverage staff at DelDOT, specifically the Pedestrian Coordinator, Jennifer Baldwin, and Statewide and Regional Planning Supervisor,

Roberta Geier, for monitoring performance. In addition, the PANO program will leverage the Social Services Administrator, Theresa Gallagher, from the Tobacco Prevention and Control Program. Ms. Gallagher currently assists the PANO program in contract management and will continue to do so for this project. She will also develop a system to track and report performance measures to the CDC in accordance to the Federal Recovery Act-required reporting.

**Burden Analysis**

The State of Delaware consists of 1,953.56 square miles which lie in three counties – Sussex, Kent, and New Castle. In 2008, Delaware's population was 873,092. Of the total population, 6.8% were under the age of 5 years, 23.6% were under the age of 18 years, and 13.9% were age 65 years or older. Just over 74% considered themselves to be White, 20.9% Black, 0.4% American Indian and Alaska Natives, 2.9% Asian, 0.1% Native Hawaiian and other Pacific Islander, 6.8% Hispanic or Latino and 1.4% reported more than one race. In 2007, the average median income in DE was $55,988 with over 10 % being below the Federal Poverty Level. In 2007, almost 50% of public school children received free and/or reduced-price breakfast and lunch with the percentage rising due to the current economic state.

Fruit and vegetable (F/V) consumption is a common indicator in determining a healthy diet. According to the Behavioral Risk Factor Surveillance System (BRFSS) in 2007, only 21.4% of Delaware adults consumed the recommended five or more servings a day. Of that total, only about 19.3% of adults age 18-24 followed those recommendations, which jumped to 24% among adults age 65 and older. Just over 19% of adult men eat at least 5 servings of F/V daily as compared to 23.2% of adult women. Only 22.4% of non-Hispanic blacks met the recommended daily servings of F/V, along with only 20% of non-Hispanic whites and 20.9% of Hispanics. According to the 2007 Youth Risk Behavior Survey (YRBS), 78.6% of America's youth in grades 9 – 12$^{th}$ consumed <u>less than</u> five servings of F/V per day.

Since poor nutrition contributes to obesity, Delaware's obesity rates have been problematic. According the Behavioral Risk Factor Survey, obesity prevalence rates among adults have nearly doubled since 1990, from 14% to nearly 28%. In addition, about 36% of

Delaware adults are overweight. Twenty-five percent of adult men in Delaware are considered obese as compared to 20% of adult women. The proportion of obese adults is highest among African Americans (AA), who also have the highest incidence of high blood pressure, heart disease and diabetes. One-third of AA adults report that they are obese, compared to 21% of non-Hispanic whites, and 18.4% of Hispanic adults. In 2008, almost 64% of DE adults and over 35% of Delaware children between the ages 10-17 years were overweight or obese – ranking Delaware 45th for overweight and obese children (1 is best). According to the 2007 YRBS, 13.3% of Delaware youth in grades 9-12th were obese. Obese individuals generally have higher health care costs, face greater health care risks and are more likely to experience a disability. In 2003, the medical cost of obesity in Delaware was $253 per person. A recent analysis commissioned by Trust for America's Health (TFAH) found that the Baby Boomer generation has a higher rate of obesity compared with previous generations. As the Baby Boomer generation ages, obesity-related costs to Medicare and Medicaid are likely to grow significantly because of the large number of people in this population and its high rate of obesity. And, as Baby Boomers become Medicare-eligible, the percentage of obese adults age 65 and older could increase significantly. The current economic crisis could exacerbate the obesity epidemic. Food prices, particularly for more nutritious foods, are expected to rise, making it more difficult for families to eat healthy foods. At the same time, safety-net programs and services are becoming increasingly overextended as the numbers of unemployed, uninsured and underinsured continue to grow.

Obesity is a major risk factor for type 2 diabetes, heart disease and stroke, as well as endometrial, breast and colon cancers. According to the BRFSS, in 2008, over 8% of Delaware adults were told by their doctor they had diabetes – ranking DE 20th (with 1 being worst). In

Delaware, the prevalence of diabetes is higher among men than women (8.7% and 7.9%, respectfully), and is highest among Blacks (11.2%)—which directly correlates with the obesity prevalence in Delaware. Heart disease kills the most people in Delaware and in the US. Major risk factors for heart disease and stroke include: Tobacco use, obesity, physical inactivity, poor nutrition, diabetes and stress. In 2008, over 29% of adults in Delaware had diagnosed hypertension – ranking Delaware 13th (with 1 being the worst).

*Poor Food Environments and Limited Access to Fruits & Vegetables*

Increasing access to affordable, good quality, healthy food is one strategy to address the obesity epidemic and related conditions, like diabetes and heart disease. Scientists and medical professionals agree that poor diet and lack of physical activity are key contributors to obesity. Advocates are addressing the problem from multiple fronts, working to maintain federal and local nutrition assistance programs, using education to influence individual choices about diet and exercise, and engaging in advocacy to improve opportunities for healthy eating and physical activity. Individuals make choices about their eating and exercise habits, but their choices are affected by the environments in which they live. The cost of produce is a huge barrier in Delaware. In 2007, the median household income in Delaware was $55,988. Over 10% of Delawareans are below Federal Poverty Level. According to the Food Research and Action Center, over 8% (29,000) of Delaware households are food insecure and 3.3% (11,000) households are very low food secure. Also in 2007, 49.1% of Delaware public school students received free and/or reduced-cost breakfast and lunch. However, some districts have over 60% of their students in the free or reduced breakfast and lunch program.

*Lack of Food Policies and Food Councils (State Level and Local)*

Delaware currently has no state-level healthier food retail policies or snack or soda taxes. Nineteen states now have nutritional standards for school lunches, breakfasts and snacks that are stricter than the current United States Department of Agriculture (USDA) requirements. Along with the lack of a school breakfast mandate, Delaware has no nutritional standards for school meals and snacks that go beyond existing USDA requirements – which have not been revised since 1995. There are also no limitations (beyond federal requirements) on when and where competitive food products may be sold and there are no nutritional standards for competitive food products sold a la carte, in vending machines, school stores and bake sales. Only 19.7% of middle and high schools in Delaware offer fruits (not juice) and non-fried vegetables as competitive foods. Delaware also has no state-level policy for farm-to-school programs. Along those lines, Delaware currently has no local or state-level food policy councils, although this is proposed in Component I of the funding opportunity.

*Project Description:*

For this funding opportunity, Delaware Division of Public Health proposes a statewide initiative to target nutrition by addressing point of decision information through product placement and attractiveness and signage in at least 90% of all grocery store chains in Delaware. With Produce for a Better Health Foundation being a key partner in this initiate, this goal of the project will be to increase fruit and vegetable consumption by:

- Placing in-store Fruits & Veggies—More Matters! signage in the produce department and in the canned, frozen, dried, and 100% juices aisles.
- Holding chef demonstrations in the produce departments that will include showcasing healthy recipes using fruits and vegetables

- Implementing a Fruits & Veggies Health Reward Program which will offer behavior-based messages and coupons and discounts for fruits and vegetables, including messages and coupons on grocery store receipts
- Conducting store tours for a variety of audiences (e.g. schools, individuals with chronic diseases, etc.)
- Conducting in-store radio announcements and distributing circular newspaper ads, and/or postcards

**Rationale**

The Delaware Partners to Promote Healthy Eating and Active Living (DE HEAL) was formed in June 2008 and is composed of over 60 organizations throughout Delaware. The purpose of DE HEAL was to develop a five year comprehensive state-wide plan for physical activity, nutrition and obesity prevention. Taking a socio-ecologic approach, and basing the target areas on national and state-level data, DE HEAL aimed to address multiple levels of society in the following areas in 2010 - 2014:

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

The main goal of the Delaware Fruit & Veggies – More Matters Point of Purchase Program is to positively impact and increase F/V consumption for all Delawareans through a supermarket point of purchase promotion initiative. The program will directly address at least two of the above-

listed target areas of the statewide comprehensive plan and addresses several of the MAPPS Interventions for Communities Putting Prevention to Work including, but not limited to: signage for healthy vs. less healthy items and product placement and attractiveness. Other interventions that will likely occur as a result of the scope of this initiative are: The media promotion of healthy food choices in grocery stores, through flyers and other mailings, healthy food availability through incentives such as coupons, reward programs and chef demonstrations and farm to grocery store activities.

It is the intent of the program to increase the F/V consumption of all 873,000 Delaware residents, through the main purchasers of groceries for the household. The short term health impact of the program will be the increase of essential vitamins, minerals, fiber, and other bioactive compounds found in F/V. The long term health impact will be the sustained increased consumption levels of F/V, long term weight management and the reduction in statewide and national chronic disease including certain cancers, diabetes, obesity and cardiovascular disease. Although there is a considerable variety of retail store formats, supermarkets are, by far, where most consumers obtain their fresh produce.

**National and State Support for Initiative**

The State of Delaware has overwhelming support for this initiative. Nationally, supports come from the USDA Women, Infants and Children Program (WIC) and the Expanded Food & Nutrition Education Program (EFNEP). Delaware was one of first two states that implemented the new food package in January 2009. This change to Delaware's WIC program enables a $6-17 per week cash voucher to be used specifically for the purchase of fresh F/V. The kickoff press event on this new program occurred in the produce section of one of the local Food Lion

grocery stores. Extended Food and Nutrition Education Program educators, who are located throughout the state, assisted in the WIC's new food package effort by providing educational outreach at grocery store events such as school tours and chef demonstrations.

Also in Delaware, there are several other activities supporting the increase of fruit and vegetable consumption. Nemours Health & Prevention Services (NHPS), the prevention arm of a billion dollar private testamentary children's health trust that operates in Delaware and Florida, has created two healthy living campaigns. The 5-2-1-Almost None campaign as part of their efforts to reverse the childhood obesity epidemic in Delaware by the year 2015 has been in existence for approximately four years and states that if Delaware children consume at least five servings of F/V per day, have no more than two hours of non-educational screen time per day, participate in at least one hour of physical activity per day and consume almost no sugar-sweetened beverages per day, they will be the healthiest in the Nation. The second campaign – "Kids Can't Do It Alone" – is targeted at decision makers in the state to influence and promote policy change for healthy environments. The Delaware Division of Public Health (DPH) is piloting a Farmers' Market model integrating healthy eating messages with the convenience of a farmers' market.

Current partners include, but are not limited to: DPH, Produce for a Better Health Foundation (PBH), Delaware Department of Agriculture (DDA), the Fruit and Vegetable Grower's Association of Delaware (FVGAD), at least 90% of all DE grocery stores including all Food Lion, Acme, Pathmark, Safeway, Shoprite, Giant, Zingo's, and Redners (Food Lion, Acme, and Giant, representing almost 70% of the DE supermarkets, have already agreed to participate), and Cooperative Extension. PBH, a national non-profit organization headquartered in Delaware whose goal is to foster an environment where people can include F/V at every eating occasion,

will be contracted to deliver the majority of the tasks needed to implement this initiative. Due to the national scope and relationships that PBH currently has, along with the support from multiple sectors in Delaware, this initiative will not only be implemented successfully, it will continue to have an impact and be sustainable at the end of the grant cycle.

The most important partnerships for advancing grocery store initiatives are likely to be those between supermarkets and public health professionals. Retailers, grocery store chains, and professional collaborators such as the Produce for Better Health (PBH) organization can be important partners in health promotion endeavors. They can support innovative programs, make existing data available, and facilitate evaluations of new strategies (Glantz, & Yaroch, (2004). Strategies for increasing fruit and vegetable intake in grocery stores and communities: policy, pricing and environmental change. *Preventative Medicine,* 29, S75 – S80).

**Implementation Plan**

The goal of the Delaware *Fruits & Veggies – More Matters!* (FVMM) Point of Purchase Program is to increase F/V consumption for all Delawareans through a supermarket point of purchase promotion initiative. Details of the implementation plan can be found in Appendix II A.

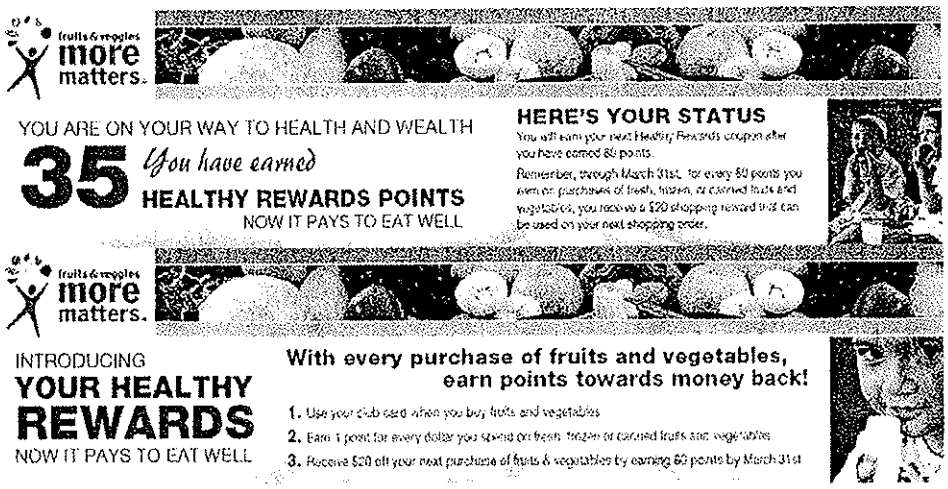
**Objective 1: By 2012, implement an aggressive in-store *Fruits & Veggies—More Matters!* point of purchase initiative.** Each chain or individual set of stores will have various activities that each can implement more easily than others or may fit more directly into their own business plan. The goal will be to find the right mix of activities that is both easy and desirable (i.e. profitable with a solid return on investment, ROI) for each store to continue to implement beyond the two-year project. At a minimum, stores will be asked to allow implementation of 50-

75% of the following possible components every month throughout the 20 month intervention. Other supportive retail promotions and in-kind efforts will be encouraged of retailers.

1. ***Signage.*** FVMM point of sale signage will be displayed in produce department and in canned, frozen, dried & 100% juice aisles as appropriate. Signage will vary, so that it fits into the "look and feel" for each store or individual retail chain. Examples might include: rail strips in produce department, static clings in frozen aisle, shelf talkers in canned, dried, 100% juice aisle, floor decals in all locations (produce, canned, frozen, dried, 100% juice), FVMM on plastic produce bags.
2. ***Chef Demonstrations.*** Consumers often think that vegetables do not taste good, that they're expensive, too difficult to prepare, or that their children won't like it. One day per week (as specified by the store for maximum reach and ease of implementation), for each of 4 weeks, in each of four seasons, chef demonstrations will occur in the produce department of all stores. These demonstrations are modeled after the successful South Carolina Department of Health & Environmental Control and BiLo's *What's Cooking?* in-store demos. These demonstrations would do the following: showcase a simple recipe and offer a sample and a recipe card; showcase how to cut, clean, handle or cook the featured commodity; provide the opportunity for health education by leveraging resources with EFNEP educators, DPH Trainer/Educator III, and other experts in the state, provide opportunity to distribute announcements about upcoming Store Tours, the Fruit & Veggie Healthy Rewards Program (FVHRP), the next chef demonstration, the FVMM website, the children's FoodChamps.org website, or share the Take Your Child to the Supermarket downloadable web materials.
3. ***Fruits & Veggies Healthy Reward Program (FVHRP):*** When customers receive their receipt at store check-out, they often receive various coupons with their receipts, delivered

through Catalina Marketing, which reports 80% readership. This same technique would be used to deliver behavior-based messages that treat consumers as individuals by employing different messages and strategies for different behaviors. Amounts purchased over time can be tracked in 500,000 household identities in Delaware. Household's average 1.5 shopping trips/month for message delivery. A reward program would provide the following:

a. *Dollars off Produce:* Using existing store club cards, households can earn points for every dollar spent on F/V, either fresh, frozen, canned, dried, or 100% juice. If points are earned by a certain point in time, the can receive dollars off of their next purchase of F/V. The cost of delivering the coupon would be paid through the grant. The store would pay for the coupon redemption, in an amount determined by the retailer, as a way for the retailer to encourage the customer to come back to their store (as opposed to a competing store.) An example follows:




b. *Adopt a School:* When all customers have purchased a specified amount of F/V within a month, the retailer would Adopt a School in the local area and donate a Creative Pocket Education Kit (about F/V) to a classroom in an area school. The goal will be that all Kindergarten classrooms in Delaware will receive these materials.

c. *Manufacturer Coupons:* At their expense, other F/V brand manufacturers would be encouraged to offer coupons to purchase more F/V.

As part of the FVHRP messages will be incorporated on receipts at check-out as a way that consumers can gain additional recipe suggestions, reminders from the DPH that eating more F/V matters, and information about upcoming chef events and in-store tours.

4. ***Store Tours:*** Participating retailers will be encouraged to allow a nutrition educator to conduct monthly store tours throughout their store for a variety of audiences:

   a. *Disease Management Tours:* These will be promoted through the in-store pharmacy and through local hospitals and physicians groups. Monthly dates, times, and store locations will be publicized via in-store announcements, postcards (or circulars), through the pharmacy, and on store receipts. Monthly tour topics would vary and might include: Weight management (including how to read a label), heart disease or high blood pressure, diabetes, cancer prevention.

   b. *School Tours:* These will be promoted to all schools, especially those who are part of the Adopt a School program. Take home information for parents about www.FoodChamps.org, a website about F/V for kids, and the Take Your Child to the Supermarket will be provided.

5. ***Pharmacy Tie-In.*** In-store pharmacies are a great opportunity to tie-in a healthy-eating message. Many customers on medicines are older consumers, who typically are more interested in their health and would not only be open to learning more about healthy eating, but may have more time to focus on making such changes. Another large customer group are parents of those young children. This would be a great opportunity to focus on encouraging the development of healthy habits at a young age. In-store pharmacy could help deliver

customized information via *PatientLink*, a unique vehicle that delivers healthcare messages directly to patients when they fill their prescriptions. Messages can be targeted by disease state, age, and gender. Items that would be requested of pharmacy might include:

a. Distribution of post-cards promoting the upcoming chef demonstrations, store tours, or FVHRP;

b. Distribution of brochures about the role of diet in managing/preventing different disease states (diabetes, heart disease, etc.) and information about store tours for various disease-management states;

c. Distribution of FVMM website information;

d. Coupons for cents off of produce. (A pharmaceutical company would be solicited to fund the redemption of such coupons);

e. Fill your prescriptions at (Retailer) and receive dollars off of produce.

6. ***In-store announcements***. A set of ad copy scripts as well as pre-voice-recorded announcements will be prepared for all stores. Each store will choose ads that compliment their own internal marketing efforts as well as promote those activities that will be occurring in their store. In-store ads would message about:

a. Upcoming chef demonstrations, Store Tours, and/or the FVHRP;

b. Seasonal produce items – displayed with a sign from the local farm from which it came;

c. All forms of F/V count: fresh, canned, frozen, dried, & 100% juice;

d. Simple serving suggestions;

e. FVMM month in September and other "health" months such as Heart Healthy, Cancer Prevention, Diabetes Control, National Nutrition.

7. ***Circulars, Newspaper Ads, and/or Postcards.*** Most stores communicate regularly with customers (weekly and/or monthly). Since most of the stores in Delaware are part of bigger chains, and since most ads are developed at the corporate office in other states, it may be difficult to tailor messages only to Delaware residents. Some chains will have this ability; others may not. Either regular circulars or newspaper ads, or customized postcard mailings to supermarket customers will be suggested. Postcards could also be provided to local WIC clinics, hospitals, Weight Watchers, or health & fitness centers for distribution as desired. These postcards would message about the website that would provide dates/times/locations of: Upcoming chef demonstrations -- come to taste it!, upcoming store tours, The featured recipe(s) at (retailer.com), (which will also link to the chef demo on the FVMM website), Heart Healthy Month, Cancer Prevention Month, or FVMM month, etc.
8. ***Web & Public Relations.*** PBH will coordinate all of the above as well as the following marketing support activities:
   a. *Media outreach*, including press releases, will be sent to all print, radio and television outlets in Delaware announcing the FVMM healthy eating initiative as well as regularly providing dates, times and participating stores of various in-store events, including chef demos, store tours, and FVHRP.
   b. *Website maintenance*: PBH will set up a page for this initiative that will include: A listing of all participating stores, plus addresses, times/dates for chef demos and store tours, and the number of schools that have been adopted by each retailer.
   c. *FVMM Website:* PBH will continue to maintain this interactive website for consumers to assist them in increasing F/V consumption.
   d. *FoodChamps.org*: PBH will continue to maintain this fun F/V website for children.

**Objective 2: By July 2012, demonstrate Return on Investment (ROI) for supermarkets to continue initiative.** Sustainability of this initiative will result in a demonstration that efforts in promoting fruits and vegetables yields increased profits for the supermarkets. Key partners in this objective will be DPH, PBH, and a contracted evaluation vendor. Due to the completion of objective extending beyond the funded project period, PBH will continue the ROI demonstration as in-kind support. The following action steps will be completed 1) before promotion implementation, 2) during promotion implementation, and 3) after promotion implementation:

- Consumer interviews- Interviews will be completed to assess purchasing behavior and decisional influences.
- Point-of-sale data collection- Sales data on fruits and vegetables will be collected and compared to a matched control outside Delaware.

After all data are collected, a final report will then be written and shared among all participating supermarket chains.

**Program Readiness, Oversight and Management**

*Program Readiness*

Delaware Division of Public Health (DPH) is fortunate to have PBH housed in Delaware. By the convenience of location, DPH has fostered a partnership with national non-profit with similar missions to promote health. While DPH holds the state license for *Fruits & Veggies—More Matters!*, implementing an environmental change strategy with the assistance of PBH (who developed the Fruits & Veggies—More Matters! brand) seems to be a natural fit. Produce for a Better Health Foundation works closely with supermarket chains throughout the country and received verbal commitment from these chains to participate in this state level initiative, should it be funded. PBH would also provide coordination with individual stores,

chefs, dietitians, interns, school tours, demo companies, in-store installation, and outreach to hospitals and other community areas. PBH would manage a core planning & implementation team consisting of the DPH and representatives from the following list of subcontractors and partners: Catalina Marketing (to provide key messages on store receipts and to track Fruit and Veggies Healthy Rewards Program), Johnson, O'Hare Food Brokers (to assure that in-store signage are in place), the Perishable Goods organization (to measure impact on sales in participating stores), Food Lion, Acme, Pathmark, Safeway, Shoprite, Giant, Zingo's, and Redners, and Delaware Technical and Community College Culinary Program In addition, DPH will secure a casual/seasonal (c/s) Trainer/Educator III to coordinate store tours and coordinate with the Extended food and Nutrition Education Program Educators in curriculum and nutrition education. In addition, the c/s Trainer/Educator III will provide use materials from *Fruits & Veggies—More Matters!* for nutrition curriculum and education.

*Oversight & Management*

Project management and oversight for this special initiative will be done by Michelle Eichinger, MS, CHES, Physical Activity, Nutrition, and Obesity Prevention Program Administrator at Delaware Division of Public Health. Ms. Eichinger also serves as the Healthy Communities Coordinator through the CDC's Cooperative Agreement for Collaborative Chronic Disease, Health Promotion, and Surveillance Program. Much of the efforts for this initiative will be carried out by Produce for a Better Health Foundation through a contract administered by DPH. DPH will leverage staff from the Tobacco Prevention and Control Program to assist on contract management. The Social Services Administrator, Theresa Gallagher, will manage all contracts associated with this initiative, including monitoring performance and progress of deliverables, site audits, and ensuring the timeliness of payment. Ms. Eichinger will oversee and

manage the contract management done by the Social Services Administrator as well the performance of the proposed c/s Trainer/Educator III.

**Surveillance, Program Monitoring & Reporting**

*Surveillance*

The Physical Activity, Nutrition, and Obesity Prevention (PANO) program at DPH will leverage staff from DPH programs for surveillance and evaluation for this special initiative. The Behavior Risk Factor Surveillance System (BRFSS) Coordinator, Fred Breukelman, will assist PANO in monitoring surveillance data related to physical activity and BMI data. In addition, the PANO program will leverage the support from the Program Evaluator, Elizabeth Dubravcic, within Tobacco Prevention and Control Program to assist in the surveillance and evaluation of this initiative through the use of the Youth Risk Behavior Surveillance System (YRBSS). Data collected from these surveillance tools will provide behavioral status that can be affected by environmental changes. However, since seeing changes in behavior through the BRFSS and YRBSS as a result of this statewide initiative of planning for environmental change (i.e. product placement and signage) is unlikely given this timeframe for this project (24 months), the evaluation plan will focus on the consumption of fruits and vegetables as a behavioral indicator for healthy nutrition.

*Evaluation Plan*

Evaluation is key to sustainability for this initiative and as such, much effort will be geared toward evaluation. The evaluation plan outlined below involves a commitment and support from Produce for a Better Health Foundation. The Logic Model for this initiative is location in Appendix II A .

In order to encourage continuation of the program by retailers, it will be important to share the success of the state-wide promotion and its various components and associated costs. PBH would work with the Perishable Group (PG) to develop a custom database of stores for Delaware. All participating stores in Delaware with a syndicated data flow allowing weekly performance measurement of the item will be included in the database. A matched panel of stores that are geographically close to Delaware and are statistically correlated in terms of overall sales performance will be developed. This control group will provide a benchmark for measuring the impact of the initiative. To quantify the promotion impact on overall F/V sales, the PG will provide complete performance reporting for fresh produce as well as canned, frozen, dried F/V and 100% juice. The retail point-of-sale data will include all performance results for both Universal Product Code (UPC) and random-weight products in the produce department. This data will enable analysis of sales results for F/V performance in all forms (fresh, frozen, canned, dried, juiced) by quantifying the incremental volume and sales generated by the promotion campaign. Since the data will be collected at the individual store level, the PG will have the ability to quantify the impact of the variety of promotions and advertising events taking into consideration the following factors: Average per week/per store total produce department as well as canned/frozen F/V dollar sales, average per week/per store category dollar sales, average per week/per store category contribution, and average per week/per store category volume.

A critical component of showing supermarkets the ROI is an independent evaluation of the program results. The PG's analytics team would be tasked with utilizing multiple data sources to independently validate the sales impact of the program while creating the strategic insights and tactical recommendations for industry assessment. The analytical information used as available includes: Point-of-sale data (pre-test period, test period, post-test period),

promotional activity, and custom consumer interviews conducted as part of this test. The statistical evaluation takes into account seasonality, store variations, competitive products, and promotional pricing effects. Beyond sales and volume performance, other key considerations include: Price reduction impact (percent off retail price), cost/benefits of secondary displays, expected lift on a variety of ad types, expected lift on multiple promotional activities, length of promotion, what categories/segments are growing/declining, have prices risen or fallen, what portion of the sales is coming from incremental purchases versus baseline sales, are baseline sales growing or eroding, how do the various categories compare in terms of department sales, are sales shifting from one package type or size to another, and are the number of items in the category increasing or decreasing. Understanding what drives shoppers' choices will enable supermarket chains to identify the activities that generate growth while avoiding future spending on efforts that have little impact on sales.

To fully assess the impact of the promotion campaign on consumer purchase behavior, a regular assessment of consumer attitudes would be conducted. Specifically, PG would conduct in-store consumer interviews in a cross section of Delaware participating stores selected to achieve broad demographic representation. Consumer interviews would be conducted prior to the promotion campaign, during the campaign and six months following completion of the promotion campaign. Key areas to probe consumers would be: Awareness of any on-going promotions for F/V, assessment/evaluation of promotions (increased interest in purchases of F/V), motivating factors that influence purchases of specific items (price, display, usage), criteria used to make purchase decisions, what trade-offs are made within the purchase decision, store level factors that increase F/V purchases. Results from the independent analysis will be shared with each supermarket chain including the cost of implementation vs. potential return should

they choose to continue the intensified promotion. Understanding what components of the campaign drove shoppers' choices will enable supermarket chains to identify the activities that generate growth while avoiding future spending on efforts that have little impact on sales. There has been limited, although promising, research on the association between grocery store environments and individual dietary practices. Information about the relationship between purchasing patterns and food intake is needed for both planning and interpreting the findings from evaluations of interventions; this could be done by obtaining data form "loyalty cards" and comparing them to dietary intake assessments. Additional important descriptive research should investigate the extent of specific influences on food purchasing, such as peer influence, word of mouth, coupons and novelty food items (Glantz, S78).

*Program Monitoring & Reporting*

The PANO Program Administrator, Ms. Eichinger, will be responsible for the program monitoring and reporting as required in thus funding opportunity. To assist with meeting the needs for program monitoring and reporting performance measures, the PANO program will leverage the staff from other programs. In addition, the PANO program will leverage the Social Services Administrator, Theresa Gallagher, from the Tobacco Prevention and Control Program. Ms. Gallagher currently assists the PANO program in contract management and will continue to do so for this project. She will also develop a system to track and report performance measures to the CDC in accordance to the Federal Recovery Act-required reporting.

**Burden Analysis**

The targeted risk factor for this grant is obesity. The proposal is for the development and implementation of a "healthy" vending policy for targeted public buildings in Delaware, including schools, parks/recreation centers, state department buildings, and other state-owned or leased buildings, to be determined. The goal is to decrease consumption of unhealthy foods through vending and thereby to contribute to the prevention of obesity in Delaware.

The State of Delaware consists of 1,953.56 square miles which lie in three counties – Sussex, Kent, and New Castle. In 2008, Delaware's population was 873,092. Of the total population, 6.8% were under the age of 5 years, 23.6% were under the age of 18 years, and 13.9% were age 65 years or older. Just over 74% considered themselves to be White, 20.9% Black, 0.4% American Indian and Alaska Natives, 2.9% Asian, 0.1% Native Hawaiian and other Pacific Islander, 6.8% Hispanic or Latino and 1.4% reported more than one race. In 2007, the average median income in DE was $55,988 with over 10 % being below the Federal Poverty Level. In 2007, almost 50% of public school children received free and/or reduced-price breakfast and lunch with the percentage rising due to the current economic state.

Fruit and vegetable (F/V) consumption is a common indicator in determining a healthy diet. According to the Behavioral Risk Factor Surveillance System (BRFSS) in 2007, only 21.4% of Delaware adults consumed the recommended five or more servings a day. Of that total, only about 19.3% of adults age 18-24 followed those recommendations, which jumped to 24% among adults age 65 and older. Just over 19% of adult men eat at least 5 servings of F/V daily as compared to 23.2% of adult women. Only 22.4% of non-Hispanic blacks met the recommended daily servings of F/V, along with only 20% of non-Hispanic whites and 20.9% of

Hispanics. According to the 2007 Youth Risk Behavior Survey (YRBS), 78.6% of America's youth in grades 9 – 12th consumed less than five servings of F/V per day.

Since poor nutrition contributes to obesity, Delaware's obesity rates have been problematic. According the Behavioral Risk Factor Survey, obesity prevalence rates among adults have nearly doubled since 1990, from 14% to nearly 28%. In addition, about 36% of Delaware adults are overweight. Twenty-five percent of adult men in Delaware are considered obese as compared to 20% of adult women. The proportion of obese adults is highest among African Americans (AA), who also have the highest incidence of high blood pressure, heart disease and diabetes. One-third of AA adults report that they are obese, compared to 21% of non-Hispanic whites, and 18.4% of Hispanic adults. In 2008, almost 64% of DE adults and over 35% of Delaware children between the ages 10-17 years were overweight or obese – ranking Delaware 45th for overweight and obese children (1 is best). According to the 2007 YRBS, 13.3% of Delaware youth in grades 9-12th were obese. In addition, about 32% of youth consumed at least one can of soda per day. Obese individuals generally have higher health care costs, face greater health care risks and are more likely to experience a disability. In 2003, the medical cost of obesity in Delaware was $253 per person. A recent analysis commissioned by Trust for America's Health (TFAH) found that the Baby Boomer generation has a higher rate of obesity compared with previous generations. As the Baby Boomer generation ages, obesity-related costs to Medicare and Medicaid are likely to grow significantly because of the large number of people in this population and its high rate of obesity. And, as Baby Boomers become Medicare-eligible, the percentage of obese adults age 65 and older could increase significantly. The current economic crisis could exacerbate the obesity epidemic. Food prices, particularly for more nutritious foods, are expected to rise, making it more difficult for families to eat healthy

foods. At the same time, safety-net programs and services are becoming increasingly overextended as the numbers of unemployed, uninsured and underinsured continue to grow.

Obesity is a major risk factor for type 2 diabetes, heart disease and stroke, as well as endometrial, breast and colon cancers. According to the BRFSS, in 2008, over 8% of Delaware adults were told by their doctor they had diabetes – ranking DE 20th (with 1 being worst). In Delaware, the prevalence of diabetes is higher among men than women (8.7% and 7.9%, respectfully), and is highest among Blacks (11.2%)—which directly correlates with the obesity prevalence in Delaware. Heart disease kills the most people in Delaware and in the US. Major risk factors for heart disease and stroke include: Tobacco use, obesity, physical inactivity, poor nutrition, diabetes and stress. In 2008, over 29% of adults in Delaware had diagnosed hypertension – ranking Delaware 13th (with 1 being the worst).

**Rationale**

Delaware Division of Public Health intends to partner with Nemours Health and Prevention Services in order to develop and implement a statewide "healthy" vending policy in targeted public buildings, including schools, recreation facilities and other state agencies. Nemours Health and Prevention Services (NHPS) is a division of Nemours, one of the nation's largest pediatric health systems, and its reach extends beyond clinical care to consider the health of the whole child within his or her family and community.

NHPS has been working on a multi-year, statewide public awareness campaign designed to create the demand for change and promote policy and practice changes in the environments that play a vital role in the development of Delaware's children. The initial area of emphasis is childhood obesity prevention through the promotion of healthy lifestyles. The centerpiece of this effort is the ***5-2-1-Almost None*** message, which calls

for: eating at least **five** servings of fruits and vegetables a day; spending no more than **two** hours a day in front of a screen (TV, video games, recreational computer time); getting at least **one** hour of physical activity a day; and, drinking **almost no** sugary beverages, like sodas and sports drinks.

NHPS has worked with a variety of settings to promote this message. In the child care setting, NHPS assisted the Office of Child Care Licensing in establishing new regulations targeting nutrition improvements to limit sugar content, limit fat content, increase servings of whole grains, increase availability of fruits and vegetables, and offer low-fat milk (non-fat or 1% fat milk) to children over the age of two. In addition, NHPS has provided technical assistance to schools and community-based youth organizations in adopting this message.

The state-approved Physical Activity, Nutrition and Obesity Prevention Comprehensive Plan was developed by Delaware Partners to Promote Healthy Eating and Physical Activity (DE HEAL), a coalition of entities in the state that support the goals of the plan. Partners include NHPS, the University of Delaware, The Delaware Fruit and Vegetable Growers Association, Delaware State University, the Delaware Diabetes Association, Department of Transportation, healthcare systems, and others. The issue of improving access to healthy foods and decreasing the availability of unhealthy, high-calorie, low-nutrient foods is reflected in specific goals and objectives throughout the plan. In addition, the Statewide Health Advisory Council, a group established by Delaware legislation in 2006, provides an annual strategic plan regarding childhood overweight in Delaware. The report is intended to inform the Governor, members of the General Assembly, the Delaware State Board of Education, and members of the public. Under recommendations for 2101-1012, the report specifically recommends: "By 2012, all Delaware public schools should adopt and implement uniform standards for all foods and

beverages sold on school campuses, including foods offered through venues such as vending machines, fundraisers, and a la carte sales.

This proposal focuses on developing a policy of "healthy" vending in targeted public buildings, including schools, recreation centers and state agencies. Delaware public schools have served as the smaller scale initiatives conducted in this area. District wellness councils are engaged in a process of assessing current wellness policies and student health needs, identifying areas for improvement, and implementing plans to address those areas. One of the key focal points with the school districts to promote healthy competitive food and beverage options throughout the school campus - including vending machines, snack bars, school stores, fundraisers, and celebrations. Currently 11 out of 19 Delaware school district wellness policies prohibit soda or "foods of minimal nutritional value" on school grounds and 4 of the 19 wellness policies prohibit the sale of other sugary beverages including juice drinks, energy drinks, and sports drinks. NHPS has developed a set of competitive foods guidelines for schools to adopt to clearly define the term "foods of minimal nutritional value."

In addition, in component I of this funding opportunity, DPH proposes to work closely with Delaware Division of Parks and Recreation to develop a similar policy for all State Park facilities, that not only include food and beverage vending, but also concession stands and campground stores. Further, DPH has developed a policy that is currently under review for internal healthy food options for al DPH-sponsored meetings and events. The intent for this policy is to phase it beyond DPH to the departmental level and then eventually all state agencies.

The Governor's Office and the Division of Public Health have indicated support for a statewide policy to promote healthy eating. This would be accomplished by establishing and enforcing guidelines for "healthy" vending in targeted state buildings. With the experience

gained by NHPS in its work with schools, DPH is poised to conduct the steps necessary to develop and implement a policy that applies to the targeted state buildings. The barriers have been identified and strategies for overcoming them have been tested; support for healthy eating is growing throughout the state; and strong relationships with key partners necessary to influence the adoption and implementation of the policy have been established.

The easy availability of high-calorie, nutrient-poor foods is a significant problem, particularly for vulnerable groups, including children and low-income people with inadequate access to healthy food options. Vending—unless it is "healthy" vending—presents an array of unhealthy options to people in settings in which other options may not be available or appealing. Recent research also demonstrates that given the choice, children choose sodas and other sugar-sweetened beverages three times more often than any other item from school vending machines. Seventy-one percent of children's purchases from school vending machines are sodas and other sugar-sweetened beverages.

**Implementation Plan**

| **Goal:** To develop and enact a statewide "healthy" vending policy that applies to targeted facilities in the state of Delaware. Targeted facilities include state department buildings, schools, parks/ recreation facilities, and other facilities or lands owned or leased by the state. | | | |
|---|---|---|---|
| **Objective 1:** By July 2010, estimate revenue received by state agencies and schools from vending operations | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Develop a list of state facilities to be targeted<br>- Develop list of major | - List of targeted state facilities determined | State agencies<br>Parks and Recreation | Estimated revenue from vending obtained from schools and state |

| | | | |
|---|---|---|---|
| vending operations in the state<br>- Develop key relationships with vendors and agencies to discuss healthy vending option<br>- Obtain estimated revenue of from vending | - List of major vendors determined<br>- Met with vending companies and agencies | facilities<br>Schools<br>NHPS | agencies |
| **Objective 2:** By July 2010, develop a statement on fiscal impact of healthy vending. | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Review literature on fiscal impact of healthy vending<br>- Conduct fiscal analysis using a sample of public agencies<br>- Prepare report of fiscal analysis | - Review of literature completed<br>- Fiscal analysis completed | NHPS | Report on fiscal impact of healthy vendor statement completed |
| **Objective 3:** By October 2010, conduct at least one statewide meeting to stakeholders and at least three public meetings (one in each county) on healthy vending. | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Publish healthy vending guidelines in briefing | - Briefing paper published | NHPS<br>Key | Briefing paper published<br>Meeting minutes |

| | | | |
|---|---|---|---|
| paper<br>- Identify key stakeholders<br>- Host meeting for key stakeholders<br>- Host public meetings | - Stakeholders identified<br>- Meeting(s) held | stakeholders | |

**Objective 4:** By January 2011, create a model policy for healthy vending.

| Action Steps | Milestones | Key Partners | Evaluation Strategies |
|---|---|---|---|
| - Review pros and cons of various strategies of existing policies and best practices<br>- Construct model policy to reflect realities discovered from meetings with stakeholders and the public<br>- Draft policy for review and approval | - Best practices and meeting minutes reviewed<br>- Policy drafted | NHPS<br>DPH<br>Office of the Governor | Model policy created |

**Objective 5:** By March 2011, develop technical assistance materials on healthy vending for vendors and agencies.

| Action Steps | Milestones | Key Partners | Evaluation Strategies |
|---|---|---|---|
| - Work with key stakeholder and vendors | - Needs assessment and review of | NHPS<br>DPH | Technical assistance materials developed |

| | | | |
|---|---|---|---|
| to determine need (via a needs assessment) in developing and implementing healthy vending policy<br>- Explore and review educational materials for vending guidelines and policies<br>- Develop draft materials | existing materials completed<br>- Draft materials developed and reviewed | Key stakeholders | |

**Objective 6:** By March 2011, provide technical assistance materials to key stakeholders and vendors and educate public by writing at least 2 op-ed articles and at least one form of media communication.

| Action Steps | Milestones | Key Partners | Evaluation Strategies |
|---|---|---|---|
| - Draft media documents and articles<br>- Submit for review and approval | - Materials approved by DPH | NHPS<br>DPH | Two op-ed articles published<br>One other form of media communication released/published |

**Objective 7:** July 2011, develop an implementation plan for the healthy vending policy to at least 50% of key stakeholders (listed under objective 3).

| Action Steps | Milestones | Key Partners | Evaluation Strategies |
|---|---|---|---|
| - Work with key stakeholders in reviewing | - Specific needs related to vending | NHPS<br>Key | 50% of key stakeholders listed in objective 3 will |

| | | | |
|---|---|---|---|
| vending guidelines<br>- Develop implementation plan specific to each stakeholder | guidelines addressed<br>- Implementation plan for stakeholders drafted | stakeholders | have an implementation plan |
| **Objective 8:** By January 2012, at least 50% of key stakeholders will have implemented healthy vending as indicated in written policy. | | | |
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Work with key stakeholders to implement healthy vending policy<br>- Schedule site visits/audits to all stakeholders<br>- Develop a compliance tool for site audits by reviewing existing tools<br>- Conduct site visits/audits<br>- Provide technical assistance materials to those stakeholders not in compliance | - Healthy vending policy implemented<br>- Site audits scheduled<br>- Audit tool developed<br>- Technical assistance materials distributed to those not in compliance | NHPS<br>DPH<br>Key stakeholders | Survey and Site Audits |

| **Objective 9:** By the January 2012, complete process evaluation for developing a statewide "healthy" food vending policy. | | | |
|---|---|---|---|
| **Action Steps** | **Milestones** | **Key Partners** | **Evaluation Strategies** |
| - Create a Request for Proposals (RFP) using the CDC's Framework for Evaluation as criteria for vendors to use in their proposals<br>- Select evaluation vendor resulting from the RFP process.<br>- Draft and negotiate contract<br>- Monitor evaluation progress<br>- Complete evaluation report with recommendations<br>- Present report to NHPS, DPH, vendors and key stakeholders | - Contract signed with evaluation vendor<br>- Meetings and correspondence documented on evaluation progress<br>- Process evaluation report with recommendations completed<br>- Evaluation report presented to all parties | Evaluation vendor<br>NHPS<br>DPH<br>Key stakeholders | Process evaluation report completed |

*Key Partners*

The Delaware Division of Public Health (DPH) and NHPS will work closely together to develop, implement, and evaluate the healthy vending policy. Targeted organizations for healthy vending will include schools, parks/ recreation facilities, state department buildings, and other public agencies to be determined. At the school level, we will work primarily with principals, the gatekeepers for vending in most of the Delaware schools. We will work with the facilities managers at the Delaware state buildings and at the park and recreation agencies. We will establish key contacts at the vending enterprises working with these agencies. We will bring in the principals and facilities managers to review and provide input to the policy and we will help facilitate the discussion between the agencies and vendors. We will provide materials to inform students, parents, state employees, and the general public of the healthy vending policy. We will work with our Delaware media and press contacts to educate all Delawareans on the healthy vending policy.

**Program Readiness, Oversight and Management**

*Program Readiness*

Delaware Division of Public Health (DPH) is fortunate to have NHPS housed in Delaware. By the convenience of location, DPH has fostered a partnership with a national non-profit with similar missions to promote health by addressing obesity prevention.

Over the past three years, Delaware has made exciting progress towards helping our children become more active and physically fit. In the past three years three legislative bills have been passed as well as other regulations, which include the following

In 2007, the Delaware Child and Adult Care Food Program (CACFP) changed its nutrition policies in licensed child care centers. This new regulation resulted in children having

less fruit juice, processed meat, pre-fried and sweet grain products and more whole grains and 1% or non-fat milk for children two years and older. This requirement impacted providers, regardless of their CACFP participation, because the Office of Child Care Licensing (OCCL) implemented a policy that requires all licensed child care providers to be compliant with the CACFP regulations. NHPS have worked closely with CACFP and OCCL in developing the nutritional guidelines and polices. Currently, DPH is working closely with the child care providers in implementing these policies. Lessons learned from this initiative at the child care center will be applied to the state level focus.

Further as mentioned earlier, DPH and Delaware Division of Parks and Recreation have developed internal food policies that have the intent expanding to vending policies. Lessons learned from these efforts will also be applicable and will be explored for this statewide initiative. With the current efforts underway and the established partnership with NHPS, Delaware is ready for developing a statewide healthy vending policy for all public agencies.

*Oversight & Management*

Project management and oversight for this special initiative will be done by Michelle Eichinger, MS, CHES, Physical Activity, Nutrition, and Obesity Prevention Program Administrator at Delaware Division of Public Health. Ms. Eichinger also serves as the Healthy Communities Coordinator through the CDC's Cooperative Agreement for Collaborative Chronic Disease, Health Promotion, and Surveillance Program. Much of the efforts for this initiative will be carried out by Nemours Health and Prevention Services through a contract administered by DPH. DPH will leverage staff from the Tobacco Prevention and Control Program to assist on contract management. The Social Services Administrator, Theresa Gallagher, will manage all

contracts associated with this initiative, including monitoring performance and progress of deliverables, site audits, and ensuring the timeliness of payment.

**Surveillance, Program Monitoring, & Reporting:**

*Surveillance*

The Physical Activity, Nutrition, and Obesity Prevention (PANO) program at DPH will leverage staff from DPH programs for surveillance and evaluation for this special initiative. The Behavior Risk Factor Surveillance System (BRFSS) Coordinator, Fred Breukelman, will assist PANO in monitoring surveillance data related to physical activity and BMI data. In addition, the PANO program will leverage the support from the Program Evaluator, Elizabeth Dubravcic, within Tobacco Prevention and Control Program to assist in the surveillance and evaluation of this initiative through the use of the Youth Risk Behavior Surveillance System (YRBSS). Data collected from these surveillance tools will provide behavioral status that can be affected by environmental changes. However, since seeing changes in behavior through the BRFSS and YRBSS as a result of this statewide initiative of planning for environmental change (i.e. product placement and signage) is unlikely given this timeframe for this project (24 months), the surveillance aspect of the evaluation plan will focus on the consumption of fruits and vegetables as a behavioral indicator for healthy nutrition.

*Evaluation Plan*

Due to the nature of short project period, evaluation for this initiative will focus on the process of developing a statewide policy for healthy vending. Much of the evaluation will be contracted to an outside vendor. However, the evaluation plan will include an evaluation team. This team will consist of evaluation staff at NHPS, PANO Program Administrator, a program

evaluator leveraged from the Tobacco Prevention and Control Program at DPH, and the evaluation vendor selected for this initiative. Through the contract agreement, the evaluation vendor will be following the CDC's Framework for Evaluation.

Using the logic include below, evaluation strategies will include review of formal documents (e.g. published reports, audit findings, print media, etc), meeting minutes and correspondence, and feedback from all parties. These strategies will help measure the completion of objectives set forth in the implementation plan.

**Component III Delaware Tobacco Cessation through Quitlines and Media**

**1. Program Infrastructure: Staffing, Program Management and Support**

The Delaware Tobacco Prevention and Control program currently has seven full time staff. The five federally funded positions are the Program Manager, Lisa Moore, MPA; Administrative Specialist, Elaine Goodman, two health educators (Trainer Educators), Denese Bell, MSN and Miriam Reynolds, and a management analyst, Joanne Dell'Aquila who provides fiscal oversight of the grant funds. The two positions funded by the state through Master Settlement Agreement funds are an evaluator, Elizabeth Dubravcic and a contract coordinator, Teresa Gallagher. Lisa Moore has been with the Program since 1998, nearly 11 years. She has experience in program and policy development, implementing best practices, strategic planning and evaluation. See appendix IIIA for Ms. Moore's resume. Since 1998, Delaware has received Master Settlement Agreement dollars via the Delaware Health Fund, enacted a comprehensive Clean Indoor Air Act (2002) and has seen the excise tax raised three times. The program has staffed the IMPACT Coalition and has staffed the Tobacco and Other Risk Factors sub committee of the Delaware Cancer Consortium both of which develop tobacco related policies in Delaware.

Denese Bell has worked within public health for over 15 years conducting community outreach. She has a Master's degree in counseling which helps when training others in cessation counseling. Miriam Reynolds who has been with the program since March 2008 is bilingual, speaking both fluent Spanish and English. Her previous experience was also in public health conducting community outreach. She also provided training on cultural competence and diversity and is a certified translator. Teresa Gallagher manages the contracts for the Quitline

and social marketing with guidance from the program manager and technical assistance support from the health educators and the program evaluator.

**2. Fiscal Management**

In addition to CDC funds, the Program receives tobacco settlement dollars via the Delaware Health Fund. CDC funds are used for program infrastructure and to supplement programs implemented with state dollars from the MSA. Programs are implemented through contracts for social marketing, community outreach (including mini grant programs) youth prevention, surveillance and evaluation and Delaware Quitline. There are several mechanisms in place to monitor expenditures and performance. In addition to the Program management analyst, Joanne Dell'Aquila who keeps track of CDC expenditures, we have the Division's fiscal office track expenditures. The fiscal office is also responsible for the FSR. An internal committee Contract Administration Response Team (CART) monitors expenditures for all Health Fund dollars that come to the Division. Each month program managers have to give an update on expenditures and provide projections on whether the funds will be spent or need to be redirected. In addition to expenditures, programs provide CART with quarterly updates on contract performance measures.

The ARRA funds will be monitored by the same methods as above. The fiscal office will establish a separate appropriation code for the ARRA funds which will allow them to be tracked separately. The fiscal office and program will submit the required reports as outlined in the Recovery Act and in the supplement announcement.

**3. Media Communications and Partnerships**

During the summer of 2008, the Program released a request for proposal (RFP) for tobacco prevention social marketing. The bidders had to develop a plan to include developing and

implementing campaigns for prevention, cessation, secondhand smoke, counter-marketing and priority populations. The vendor selected was the incumbent, Aloysius Butler & Clark (AB&C) for another five year period. The proposal review panel included stakeholders (chair of the IMPACT Delaware Tobacco Prevention Coalition) and representatives from the community (Governor's Council on Hispanic Affairs). They were able to provide input into some of the creative materials proposed. AB&C has continued to promote cessation and the Delaware Quitline, develop messages about the dangers of secondhand smoke and prevent youth from starting to smoke.

The Program provides AB&C with information on populations with tobacco related disparities as they are identified. Focus groups will be used in the development of culturally competent materials and messages. In addition to media campaigns, AB&C provides public relations support and helps to promote other contractor activities. For example, AB&C places ads announcing the availability of mini-grants and the trainings for the face to face counselor program portion of the Quitline.

Methods of communication include television, billboards, newspapers, radio, internet, local magazines, transit, movie theaters, and direct mail. Materials developed for community outreach include brochures, provider packets, posters and promotional items such as a "distract a pack" which is a small pouch filled with items to distract a smoker from smoking and includes the Quitline number. Focus groups, reach and frequency, and measures of awareness and receptivity (ATS- Adult Tobacco Survey and YTS- Youth Tobacco Survey) are used to evaluate the communication interventions.

New messages are currently being developed to promote cessation. Messages are developed based on feedback from focus groups and anecdotal data from the community and counselors

involved with cessation. New messages are also focus group tested. Our recent messages have moved beyond explaining the Quitline and how it works to encouraging people to quit because of their health and the health of loved ones. Our secondhand smoke commercials contain the Quitline number in small print. We are also in the process of developing materials including a cessation work book and distract a pack for pregnant women. We plan to use the ARRA funds to continue promoting cessation to target populations (including young adults, African Americans and Hispanics). We will also use the funds to revise the provider packets which were in the process of being revised when we learned that Free and Clear would take over the Quitline services that are currently provided to us by the American Cancer Society. The packets contained information encouraging physicians to use the five A's (Public Health Services Clinical Guidelines), the new fax referral system that we were going to implement and the basics of how the ACS Quitline worked.

Besides the communication of messages via mass media and community outreach, other parts of the communication system with partners includes the IMPACT Coalition listserv, mini grant newsletters, press releases on activities and new data, the Division of Public Health's website, Delaware Cancer Consortium website and the IMPACT Coalition website which is in the process of being redesigned. At each IMPACT meeting AB&C provides updates on the media messages that are being developed and members are able to provide feedback and input. We are also in the process of updating *A Plan for a Tobacco Free Delaware,* the five year strategic plan. During the strategic planning process stakeholders have reviewed the cessation goal and objectives and have provided input on areas to focus efforts.

**4. Proactive Quitline Services**

The Delaware Quitline has been in operation since February 2001. Over 30,000 Delawareans have enrolled in free Quitline programs since it began. Delaware residents 18 or

older are eligible to receive Quitline services. College students living in Delaware and active duty military personnel stationed in Delaware are also eligible. The Delaware Quitline program is two fold. When a person calls the Quitline, they have the option of enrolling in telephone counseling or face to face counseling provided by a local health care professional trained in cessation counseling. Depending on income (250% of the federal poverty level), participants may receive free FDA-approved pharmaceutical cessation aids and medicines such as patches, gum, lozenges, Chantix, Buproprion/Zyban, and inhaler through a voucher program. There have been times depending on the budget when the guidelines have been waived and all participants of the Quitline regardless of income were able to receive the free cessation aids.

The current Quitline vendor is the American Cancer Society (ACS). The toll free phone number used is 1-866-409-1858 (this was in place before 1-800 QUIT NOW). Counseling is provided Monday – Thursday 7:00am – 12:00 am EST, Friday 7:00 am- 9:00 pm and Saturday – Sunday 9:00am-6:00 pm. Live pick up of incoming calls is Sunday through Saturday, 24 hours a day. English and Spanish are offered and translation services for other languages are available. There is also TTY for the deaf or hearing impaired.

For last fiscal year (July 1, 2008- June 30, 2009), there were 2,931 calls to the Delaware Quitline. Telephone counseling was provided to 2,368 people and face to face counseling was provided to 1,151 people (most face to face counseling leads are provided when a person calls the Quitline however some face to face counselors have walk in clients that don't go through the Quitline). The demographic breakdown of callers receiving counseling is close to Delaware's population demographic makeup, 75% Caucasian, 17% African American, 4% Hispanic, and 1% American Indian. Callers to the Quitline represent a little over 4% of Delaware's smokers. The six month quit rate is 32% for respondents only and 10.1% for intent to treat.

The Delaware Quitline collects the Minimum Data Set (MDS) at intake. The Program has collaborated with the North American Quitline Consortium by completing their annual Quitline survey and attendance at meetings (at the national conference in Minnesota).

The current Quitline vendor, American Cancer Society, recently informed the state that they have a working agreement to turn over their Quitline operations to Free and Clear. As of this writing, we will be entering into contract negotiations with Free and Clear to see if they are able to continue the services that ACS provides under the current contract. If not, we will place the contract out for bid. The reporting requirements for the ARRA funds will be outlined in the new contract as required deliverables.

New ARRA funds will be used to implement a physician fax referral program to the Quitline which Delaware has not previously implemented. As in previous years if funding is available, for a limited time, we will offer free NRT (Nicotine Replacement Therapy) and prescription medications to all participating in the program regardless of income. The additional five percent of ARRA funds for NRT will help us make the "free period" a little longer. Five percent of the ARRA funds will be used for NRT. We were in the process of trying to strengthen the follow up evaluations by offering incentives. Since we will have a new contractor we will have to assess their evaluation methods to determine if evaluation needs to be improved during the second twelve months of the funding period. As stated earlier, promotion of cessation and the Quitline via media campaigns will continue (with the hopes of increasing calls to the Quitline or enrollment in the online cessation resource Delaware QuitNet) in addition to conducting outreach to diverse populations using culturally relevant materials.

**5. Monitoring and Evaluation (including discussion of Recovery Act performance measures and ability to collect these in the format and timelines required.**

We currently collect the Minimal Data Set at intake of the Quitline. Data collected includes how the person heard about the Quitline, age, race, gender, how long they have been smoking, marital status, education level, children in the household, type of insurance, and if they have pre diabetes or diabetes. We receive monthly reports with the above information as well as the number of calls to the Quitline, number enrolled in counseling (by telephone or face to face), number receiving vouchers for NRT and other medications and the type of medication dispensed. Follow ups are conducted at three months, six months and 12 months to determine quit status.

The contract with the new vendor will require them to provide us with the data that we had previously been collecting in addition to the data that is required under the Recovery Act performance measures in the format and timelines that are necessary. This will include individual-level user information at intake, seven month follow up and customer satisfaction with service. Another tool we use to measure the reach of the Quitline is the Adult Tobacco Survey (ATS). Over 80% of smokers are aware of the Delaware Quitline and 70% have seen or heard commercials promoting the Quitline. The ATS is administered during the spring each year to 1200 Delawareans. We will continue to ask questions related to the Quitline and cessation in general. We are able to ask cessation questions on the Behavior Risk Factor Surveillance Survey as well. The program evaluator attended the Office of Smoking and health's surveillance and evaluation workshop this past October and will plan on attending future meetings as well.

**6. Participate in CDC Training Activities**

The program manager, contract manager or program evaluator will be available to attend any training to increase usage of the Quitline. The program evaluator will also attend CDC's or OSH's surveillance and evaluation training. The program will continue to complete the North American Quitline Consortium (NAQC) annual survey and share information with others when

possible. We just received notice from NAQC (based on information provided in the NAQC annual survey) for the 2008-2009 fiscal year, Delaware reached 3.83% of smokers which placed us 3rd out of 40 on reach to smokers.