

STATE OF DELAWARE  
 SINGLE POINT OF CONTACT – SPOC  
 INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS  
 Office of Management and Budget  
 Haslet Building, 3<sup>rd</sup> 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

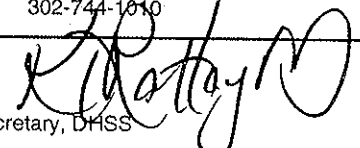
5. Applicant Address: Thomas Collins Building, 540 S. DuPont Highway, Suite #9, Dover, DE 19901

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

22. Source of funding for this application:	Dollars
a. Federal grant	<i>\$7,423,339</i>
b. Other federal funds (Specify source of funding)	
c. Required state contribution <i>N/A</i> (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	<i>\$7,423,339</i>

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


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	<i>0</i>	<i>0.00</i>	<i>0.00</i>
Paid for out of General Funds	<i>0</i>	<i>0</i>	<i>0</i>
Paid for out of state special funds	<i>0</i>	<i>0</i>	<i>0</i>
Paid for out of bond/local/other funds	<i>0</i>	<i>0</i>	<i>0</i>
TOTAL		<i>0.00</i>	<i>0.00</i>

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





## 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 –**Media, Access, Point of decision information, Price and, Social** 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 I: 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 18<sup>th</sup> 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 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. 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**

<b>Nutrition Intervention 1:</b> 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			
<b>Goal: To improve healthy eating opportunities at Delaware State Parks</b>			
<i>Objective 1:</i> 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
<ul style="list-style-type: none"> <li>- Review current guidelines and draft policy</li> <li>- Provide and receive feedback on draft policy and guidelines from Park Administrators</li> <li>- Present policy to the Director of Delaware State Parks for approval</li> </ul>	<p>Draft policy</p> <p>Policy edited based on feedback</p>	<ul style="list-style-type: none"> <li>- NHPS</li> <li>- Delaware State Parks</li> </ul>	<p>Policy enacted</p>
<i>Objective 2:</i> By May 2010, vending machines will meet 100% of criteria indicated in the policy and guidelines.			
Action Steps	Milestones	Key Partners	Evaluation Strategies
<p>Secure contracts with vendors per the policy</p>	<p>contracts in place</p>	<ul style="list-style-type: none"> <li>- Delaware State Parks</li> <li>- Food Vendors</li> </ul>	<p>Audit of food offerings</p>
<i>Objective 3:</i> 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
<ul style="list-style-type: none"> <li>- Present draft guidelines and policy purchasing healthy snack foods in State Park</li> <li>- Present and receive feedback of policy and guidelines Campground stores from Division Retail Buyer</li> <li>- Present policy to the Director of Delaware</li> </ul>	<p>Draft policy</p> <p>Policy edited based on feedback</p>	<ul style="list-style-type: none"> <li>- Division Park Administrators</li> <li>- Retail Buyer</li> </ul>	<p>Policy enacted</p> <p>Audit of campground stores and concessions</p>

State Parks for approval			
<i>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</i>			
Action Steps	Milestones	Key Partners	Evaluation Strategies
<ul style="list-style-type: none"> <li>- Collaborate with Nemours and DPH to establish promotional material to be used in State Parks.</li> <li>- Hold Special Kick Off Event to inform, educate and promote healthy menu at Killens Pond Water Park</li> </ul>	<p>Promotional material secured and in place</p> <p>Event held</p>	<ul style="list-style-type: none"> <li>- NHPS</li> <li>- DPH</li> <li>- Park Administrator s</li> </ul>	<p>Catalog of displays by category and location</p> <p>Event attendance survey, before and after publicity from electronic and print media</p>

<b>Nutrition Intervention 2:</b> 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.			
<b>Goal:</b> To develop a formal council with representatives from variety of public and private stakeholders to coordinate food-related policies and promote healthier communities			
<i>Objective 1:</i> 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
<ul style="list-style-type: none"> <li>- Explore other state food policy councils for structure</li> <li>- Develop language for an Executive Order</li> <li>- Meet with key stakeholders for support</li> <li>- Present draft to Governor's office</li> </ul>	<p>Language for elements of draft Executive Order develop</p> <p>Support from key stakeholders obtained</p>	<ul style="list-style-type: none"> <li>- Department of Health and Social Services- DPH</li> <li>- Delaware Department of Agriculture</li> <li>- Delaware Economic Development Office</li> <li>- Office of Management and Budget</li> <li>- Office of the Governor</li> </ul>	<p>Governor releases Executive Order</p>
<i>Objective 2:</i> By 2012, prepare a report of policy recommendations.			

Action Steps	Milestones	Key Partners	Evaluation Strategies
<ul style="list-style-type: none"> <li>- Hold regular Council meetings</li> <li>- Identify key policy issues</li> <li>- Develop recommendations and strategies</li> <li>- Draft report for approval</li> </ul>	<ul style="list-style-type: none"> <li>Meetings held</li> <li>Draft of report approved</li> </ul>	Delaware Food Policy Council	Report of policy recommendations

<b>Nutrition Intervention 3: Planning for zoning to reduce the density of fast food establishments</b>			
<b>Goal:</b> To provide a comprehensive illustration of food resources for Delaware residents			
<i>Objective 1:</i> By June 2011, complete a comprehensive report of statewide food access and recommendations using GIS.			
Action Steps	Milestones	Key Partners	Evaluation Strategies
<ul style="list-style-type: none"> <li>- Obtain listing of fast food establishments in Delaware</li> <li>- Expand current GIS food access project to include fast food establishments</li> <li>- Analyze food access data and review literature for recommendations</li> <li>- Prepare report</li> </ul>	<ul style="list-style-type: none"> <li>GIS data completed</li> <li>Literature review for recommendations completed</li> <li>Draft report approved</li> </ul>	University of Delaware, Institute for Public Administration (IPA)	Report of statewide food access
<i>Objective 2:</i> 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
<ul style="list-style-type: none"> <li>- Schedule meetings with DEDO</li> <li>- Submit abstract to state level organizations for presenting at conferences (i.e. Delaware Partners to Promote Healthy Eating and Active Living)</li> </ul>	<ul style="list-style-type: none"> <li>Meetings and conferences scheduled</li> </ul>	<ul style="list-style-type: none"> <li>- DPH</li> <li>- IPA</li> <li>- Delaware Economic Development Office</li> </ul>	<ul style="list-style-type: none"> <li>Meeting with DEDO personnel held</li> <li>Presentation to one statewide conference done</li> </ul>

<b>Physical Activity Intervention 1:</b> 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.			
<b>Goal:</b> To address the public health impact in decision-making for plans, projects, and policies within communities.			
<i>Objective 1:</i> By December 2010, develop Health Impact Assessment methodology that is applicable to Delaware's small local governments.			

<b>Action Steps</b>	<b>Milestones</b>	<b>Key Partners</b>	<b>Evaluation Strategies</b>
<ul style="list-style-type: none"> <li>- Determine the applicability of the HIA concept to small local governments in evaluating health consequences of built environment projects and policies</li> <li>- Consider what HIA tools and health supporting principles would be most beneficial</li> <li>- Develop preliminary HIA methodology and have it reviewed by key partners</li> </ul>	<p>Health Impact Assessments</p> <p>Tools reviewed</p> <p>Draft methodology reviewed by key partners</p>	<ul style="list-style-type: none"> <li>- DPH</li> <li>- IPA</li> <li>- Metropolitan Planning Councils (MPO's)</li> <li>- Local municipality officials</li> </ul>	HIA methodology
<i>Objective 2: By 2012, conduct at least 2 Health Impact Assessments in Delaware</i>			
<b>Action Steps</b>	<b>Milestones</b>	<b>Key Partners</b>	<b>Evaluation Strategies</b>
<ul style="list-style-type: none"> <li>- Identify two interested communities based on need (i.e. infrastructure, burden)</li> <li>- Contract vendors to conduct assessments</li> <li>- Prepare and present reports to communities for use in comprehensive plans</li> </ul>	<p>Communities selected</p> <p>Contracts signed</p>	<ul style="list-style-type: none"> <li>- DPH</li> <li>- IPA</li> <li>- Metropolitan Planning Councils (MPO's)</li> <li>- Local municipality officials</li> </ul>	<p>Health Impact Assessments completed</p> <p>Reports given to communities</p>
<i>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</i>			
<b>Action Steps</b>	<b>Milestones</b>	<b>Key Partners</b>	<b>Evaluation Strategies</b>
<ul style="list-style-type: none"> <li>- Develop content and determine structure of forums; develop goals and objectives; identify speakers</li> <li>- Identify three sites to hold forums (one for each county); reserve sites</li> <li>- Develop invitation list; send invitations</li> <li>- Develop a Complete Streets policy application toolkit for review by forum participants for feedback</li> </ul>	<p>Packaged presentation completed</p> <p>Draft toolkit reviewed and feedback received</p>	<ul style="list-style-type: none"> <li>- DPH</li> <li>- IPA</li> <li>- Metropolitan Planning Councils (MPO's)</li> <li>- Local municipality officials</li> </ul>	<p>Three forums (one in each county)</p> <p>Complete Streets Policy Toolkit printed</p>

*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
<ul style="list-style-type: none"> <li>- Add new chapter on HIA to the online <i>Healthy Communities: A Resource Guide for Delaware Municipalities</i> publication</li> <li>- Develop fact sheets and links to resources on HIA and health supporting principles within IPA's "Healthy Communities" online toolkit</li> </ul>	<p>Chapter of health impact assessments completed</p> <p>Fact sheets completed</p> <p>Resources identified</p>	<ul style="list-style-type: none"> <li>- DPH</li> <li>- IPA</li> <li>- Local municipality officials</li> </ul>	<p>Online publication with added HIA chapter</p> <p>Fact sheets and links on online "Healthy Communities" toolkit</p>

**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
<ul style="list-style-type: none"> <li>- Review existing policies from other municipalities</li> <li>- Develop best practices model related to land use, community design for use by counties and municipalities</li> <li>- Add best practices model and clearinghouse of related resources into IPA website</li> </ul>	<p>Best practice model developed</p> <p>Clearinghouse of resources completed</p>	<ul style="list-style-type: none"> <li>- DPH</li> <li>- Office of State Planning and Coordination</li> <li>- IPA</li> <li>- Municipalities</li> <li>- Delaware Partners to Promote Healthy Eating and Active Living-Built Environment and Policy setting</li> </ul>	<p>Online clearinghouse completed</p>

*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
--------------	------------	--------------	-----------------------

<ul style="list-style-type: none"> <li>- Work with municipalities in identifying attractive incentives</li> <li>- Develop criteria (i.e. scorecard) for program and strategies to provide incentives</li> <li>- Package incentive program and inform municipalities of program</li> </ul>	<p>Incentives selected</p> <p>Criteria determined</p>	<ul style="list-style-type: none"> <li>- DPH</li> <li>- Office of State Planning and Coordination</li> <li>- IPA</li> <li>- Municipalities</li> <li>- Delaware Partners to Promote Healthy Eating and Active Living-Built Environment and Policy setting</li> </ul>	<p>Incentive program developed</p>
---	---	---	------------------------------------

<p><b>Physical Activity Intervention 3: Planning for bicycling infrastructure and signage for bike lanes/boulevards</b></p>			
<p><b>Goal:</b> To increase bikability as a mode of transportation</p>			
<p><i>Objective 1:</i> By 2011, complete the Delaware Bicycle Facility Master Plan</p>			
Action Steps	Milestones	Key Partners	Evaluation Strategies
<ul style="list-style-type: none"> <li>- Update base maps with off-road bicycle facilities and bike route files</li> <li>- 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.)</li> <li>- Update GIS database of inventoried bicycle route information</li> <li>- Analyze fieldwork and assessments for maps</li> <li>- Produce maps</li> </ul>	<p>Off-road facilities and bike route files updated</p> <p>Contracts signed</p> <p>GIS database updated</p>	<ul style="list-style-type: none"> <li>- DelDOT</li> <li>- Delaware Transit Corporation</li> <li>- Office of Highway Safety</li> <li>- Delaware State Parks</li> <li>- MPO's</li> <li>- Delaware Bicycle Council</li> <li>- County and local municipalities</li> </ul>	<p>County maps printed and distributed</p>
<p><i>Objective 2:</i> By 2011, a master signage plan for the entire East Coast Greenway (ECG) will be complete.</p>			
Action Steps	Milestones	Key Partners	Evaluation Strategies
<ul style="list-style-type: none"> <li>- Identify all existing parks, trails, recreational</li> </ul>	<p>Map of amenities and access points</p>	<ul style="list-style-type: none"> <li>- DelDOT</li> <li>- New Castle</li> </ul>	<p>Signage Master Plan for the East Coast</p>

<p>facilities and communities that link to the ECG</p> <ul style="list-style-type: none"> <li>- Map all amenities and communities and access and connection points of roadways to ECG</li> <li>- Create signage master plan</li> </ul>	to ECG	County and local governments	Greenway completed
<p><i>Objective 3:</i> By 2011, signs will be installed along the entire road portion of the Delaware East Coast Greenway.</p>			
Action Steps	Milestones	Key Partners	Evaluation Strategies
<ul style="list-style-type: none"> <li>- Conduct field work to determine appropriate placements and number of signs</li> <li>- Produce signs</li> <li>- Install signs</li> </ul>	Placement and number of signs determined	<ul style="list-style-type: none"> <li>- DelDOT</li> <li>- New Castle County and local governments</li> </ul>	Installation of signs

<p><b>TOBACCO Intervention Strategy: Various- could include usage bans, access, promotion restrictions</b></p>			
<p><b>Goal 1: Reduced Exposure to Secondhand Smoke; Prevent Initiation among Youth</b></p>			
<p>Objective 1: Increase the number of Delaware municipalities implementing a MAPPS tobacco prevention intervention from two to eight by 2012.</p>			
Action Steps	Milestones	Key Partners	Evaluation Strategies
<p>1. Provide education on MAPPS tobacco prevention interventions at six workshops throughout Delaware to local politicians.</p> <p>2. Offer mini grants to municipalities and towns for the implementation of a MAPPS intervention.</p>	<p>1. By April 2010, conduct 3 workshops (one per county).</p> <p>2. By May 2010, award mini grants to at least 3 municipalities.</p> <p>3. By June 30, 2010 complete the Adult Tobacco Survey Administration</p> <p>4. By September 2010, complete the final three workshops.</p> <p>5. By February 2011, at least 6 municipalities will</p>	<p>-American Lung Association</p> <p>-IMPACT Coalition</p> <p>-League of Local Governments</p> <p>-Delaware Cancer Consortium</p>	<p>-Output measures: # of workshops conducted and amount of funds awarded. Source: Program reports.</p> <p>-Outcome measures: Number of local politicians trained and number of municipalities implementing interventions. Source: Program reports.</p> <p>-Continue to monitor exposure to secondhand smoke and exposure to</p>

	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](http://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

## Component II: Delaware Tobacco Project Narrative

smoking-attributable productivity losses. Between 2000 and 2004, Delaware was 6<sup>th</sup> 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,

## Component II: Delaware Tobacco Project Narrative

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 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 smoke 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.

## Component II: Delaware Tobacco Project Narrative

**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

## Component II: Delaware Tobacco Project Narrative

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

✓

## Component II: Delaware Tobacco Project Narrative

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:**

✓

Component II: Delaware Tobacco Project Narrative

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](http://www.federalreporting.gov) and will continue to send staff to the evaluation and surveillance workshops as in the past. As



## Component II: Delaware Tobacco Project Narrative

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