

Nutrition and Activity for Health Year in Review: 2011-2012



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Executive Summary

The causes of obesity in the United States are complex and numerous, and they occur at various levels including social, environmental, and individual. Focusing on behavioral patterns and the social and environmental circumstances where people live, work, learn and play offers tremendous opportunities to reduce premature death, disability, disease resulted from physical inactivity, poor nutrition and obesity.



Photo: NEBRASKAland Magazine/Nebraska Game and Parks Commission

Within this context, the Nutrition and Activity for Health (NAFH) Program and its partner programs from the Department of Health and Human Services (DHHS), Division of Public Health (DPH) are committed to foster strong partnerships with other organizations across Nebraska and across settings, to lead strategic public health efforts to prevent and control obesity, chronic disease, and other health conditions and to provide state, regional and local assistance in building capacity for evidence-based public health practice and research related to physical activity and nutrition.

The results of this evaluation show this commitment. NAFH and its partners have trained and conducted technical assistance with child care home providers to assist them in implementing policy and environmental changes in their facilities; have built capacity for health prevention and promotion at the local health department level through a collaborative process that included numerous programs from the DPH; have worked with the Department of Education to build capacity among schools to implement the Coordinated School Health program; have collaborated with worksite wellness coalitions and businesses to develop a worksite wellness toolkit to assist worksites in making changes to their environments and policies; and have worked together with breastfeeding advocates and experts to educate about the importance of breastfeeding and improve support in the health care, workplace and community for nursing mothers. The successes that these initiatives have achieved rest on the strong partnerships that were created, the high level of commitment to create a culture of wellness within each setting and in the state and on the support and leadership of the DPH.

As we look to the future, continuing to foster key partnerships, to leverage resources and to share expertise will ensure a strong foundation for achieving changes across all settings and achieve significant improvements in health outcomes in Nebraska. Gaining support not only from the leadership but also from the people directly affected by our work will complement and enhance these efforts.



Introduction

Considering that obesity rates have doubled for adults and tripled for children over the past three decades, it is imperative that Nebraskans work together to create a culture of wellness to make it easier to reach and maintain a healthy weight. Creating environments that are characterized by access to healthy affordable foods and safe places to be physically active, and that encourage more mothers to start and continue breastfeeding are essential to halting and reversing the obesity epidemic.



To advance the Nebraska Department of Health and Human Services (DHHS), Division of Public Health's (DPH) charge of creating a culture of wellness, efforts to curb the obesity epidemic must be done in partnership, as no single organization has all the answers or resources. The Nutrition and Activity for Health Program (NAFH) is the central program within the DHHS, DPH that coordinates such partnerships and efforts statewide with both internal and external partners.

Since first entering into a funding agreement with the Centers for Disease Control and Prevention (CDC), Division of Nutrition, Physical Activity and Obesity, in 2008, the NAFH program has made significant gains in partnerships. The following summary is a compilation of key activities from 2011 to 2012 which highlight initiatives where the NAFH team members have played a significant and direct role by either providing funds and/or assisting with implementation. Each of these projects is conducted in collaboration with partners. The evaluation components of these select initiatives are summarized below along with each program description.

The NAFH Program top five priorities during 2011-2012 included:

- Nebraska Physical Activity and Nutrition (PAN) State Plan
- DHHS DPH Healthy Communities Grants Program
- Nebraska Healthy Child Care Initiative (NAP SACC)
- Worksite Wellness Toolkit Development
- Coordinated Chronic Disease and Prevention



NAFH Program Priority 1: Nebraska Physical Activity & Nutrition State Plan

The 2011-2016 Nebraska Physical Activity and Nutrition State Plan (PAN State Plan) is a revision of the first PAN State Plan released in 2005 and aims to promote a culture of wellness among all Nebraskans. The original plan was developed through a series of advisory group meetings convened by the Nebraska Cardiovascular Health Program in 2003 and 2004 and helped secure CDC funding to establish the Nebraska NAFH program in 2008. The updated PAN State Plan includes input from partners across the state and reflects new evidence-based approaches and directions in the area of obesity prevention reflect.

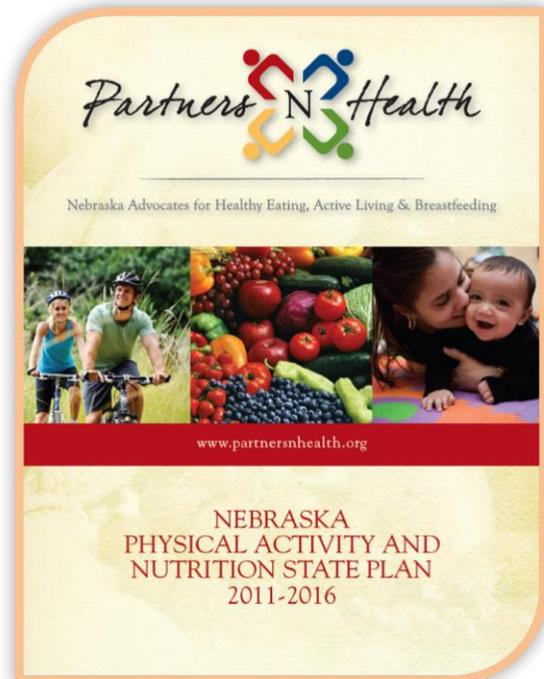
Specifically, these partners include DHHS DPH Programs: Diabetes Prevention and Control, Heart Disease and Stroke Prevention, Comprehensive Cancer Control, Every Woman Matters, Office of Health Disparities and Health Equity, Office of Men's and Women's Health, and Office of Community and Rural Health, other state agencies: Nebraska Department of Education and Nebraska Department of Agriculture, as well as extension offices, academic institutions, non-profit organizations, businesses, and others.

Highlights over the past year include

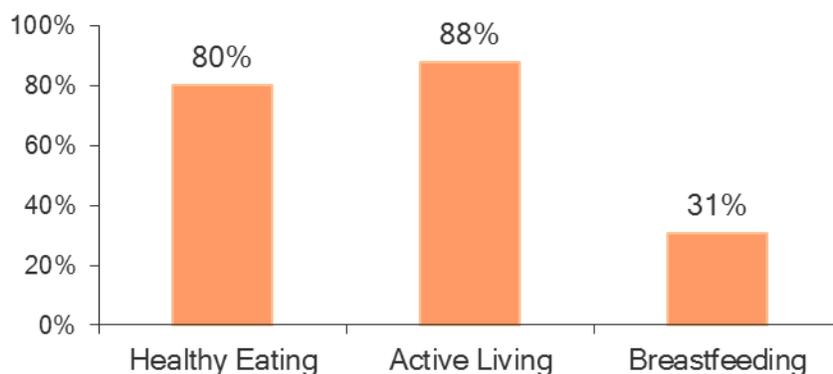
- Release of the PAN State Plan in November 2011
- Branding the PAN State Plan with Partners N Health launched in November 2011
- Conducting the first Teleconference Series and disseminating monthly "News from the Partnership" electronic newsletters
- Conducting quarterly meetings with the Partners N Health Advisory Group
- Holding the first Annual Partnership Meeting

In the summer of 2012, NAFH with assistance from the Advisory Group conducted a comprehensive partnership evaluation to assess partners' engagement with the State Plan, their use of the Partners N Health resources, and the level of implementation of PAN State Plan strategies and activities by partners.

The results of this comprehensive evaluation indicated that Partners N Health includes a great mix of partners: state and local representatives, universities, schools, child care facilities, businesses and corporations, non-profit organizations, community organizations and coalitions.

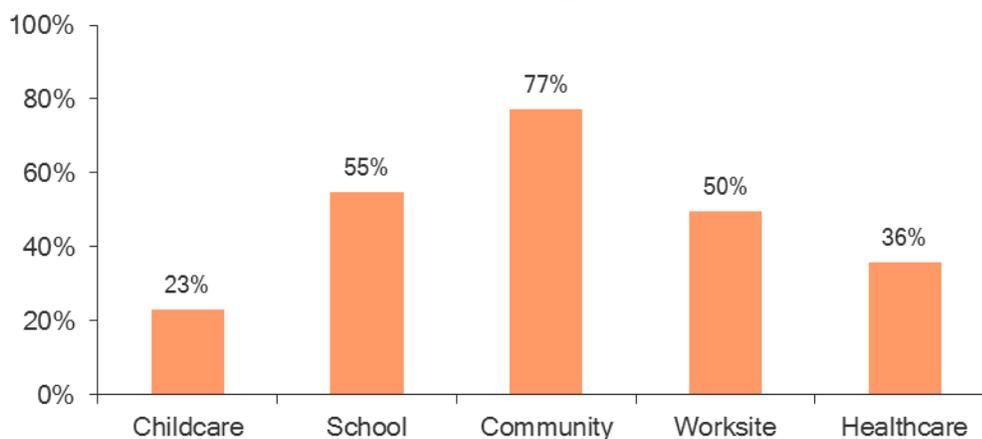


Partner Representation by PAN State Plan Focus Area,
n = 121



The work that our partners are undertaking spans across multiple settings and PAN State Plan focus areas, and addresses each of the six CDC behavioral priority goals (including increasing fruit and vegetable consumption, physical activity and breastfeeding initiation, duration, and exclusivity, and decreasing consumption of energy dense foods, sugar sweetened beverages, and television viewing). This approach assures that the obesity epidemic is addressed from multiple angles and perspectives and increases the likelihood of achieving a culture of wellness and significant improvements in health outcomes in the state.

Partner Representation by PAN State Plan Setting,
n= 129



During this assessment, partners also reported on Partners N Health communication efforts, resources and influence in the community. They found the information, updates and resources shared through the teleconference series, newsletters and website to be informative and useful to their work. In addition, they viewed Partners N health to be a

trustworthy presence and a central resource in influencing healthy eating, active living and breastfeeding in Nebraska.

Some areas of improvement have also been identified as a result of this evaluation. Specifically, partners have limited engagement with certain components of Partners N Health. In addition, they also show fairly limited identification with the partnership itself. The partnership was designed for partners to share new and practical information from the field, showcase successes and receive guidance and support from their peers. It is a partner driven effort. However, based on their responses, our members may still consider themselves external constituents of the Partnership and not the central, driving force. Detailed information on this evaluation effort can be found at partnersnhealth.org.



Based on the overall findings, Partners N Health should continue to conduct teleconferences and disseminate newsletters, as partners appreciate the information provided and the examples and suggestions from the field. Additionally, the fundamental theme of the Partnership is “by partners for partners.” It is intended to be a partner-driven effort. The results show that this piece is not entirely clear for our partners, as they report fairly limited engagement in Partnership activities and limited involvement in promoting the Partnership to others in the field. A strategy or campaign to increase partners’ connectedness to the Partnership and show the value of the Partnership to their work is warranted to improve this area.

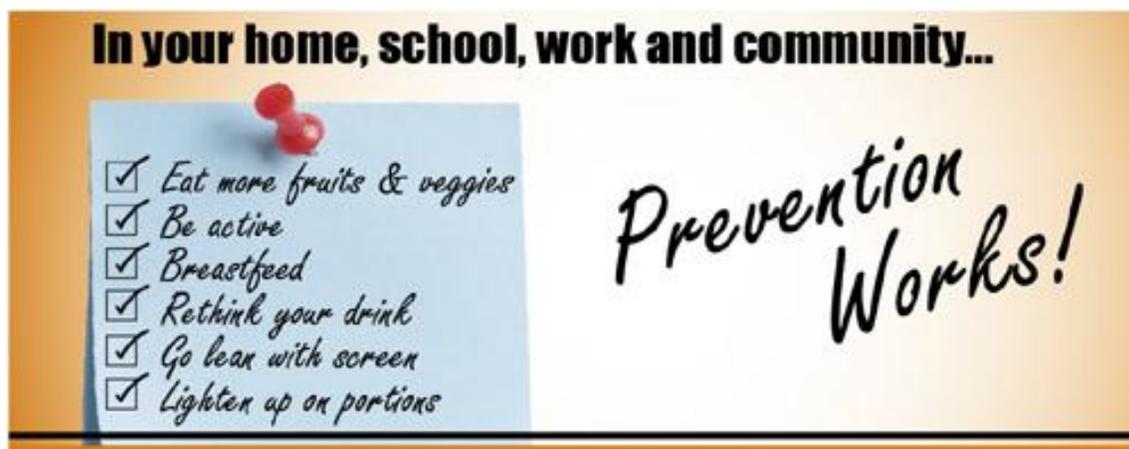


NAFH Program Priority 2: DHHS DPH Healthy Communities Grants Program

Program Description

The DHHS DP Healthy Communities Grants (HCG) Program is a competitive grant funding process for the 21 local public health departments (LPHDs) in Nebraska, aiming to address policy, systems and environmental changes specific to primary and secondary prevention efforts. This program is led by the DHHS Office of Community and Rural Health (OCRH) with support from various primary and secondary prevention programs in the DPH including:

- Tobacco Free Nebraska
- Heart Disease and Stroke Prevention
- ***Nutrition and Activity for Health***
- Preventive Health & Health Services Block Grant
- Coordinated Chronic Disease and Prevention
- Diabetes Prevention and Control
- Injury Prevention and Control
- Every Woman Matters
- Comprehensive Cancer Control



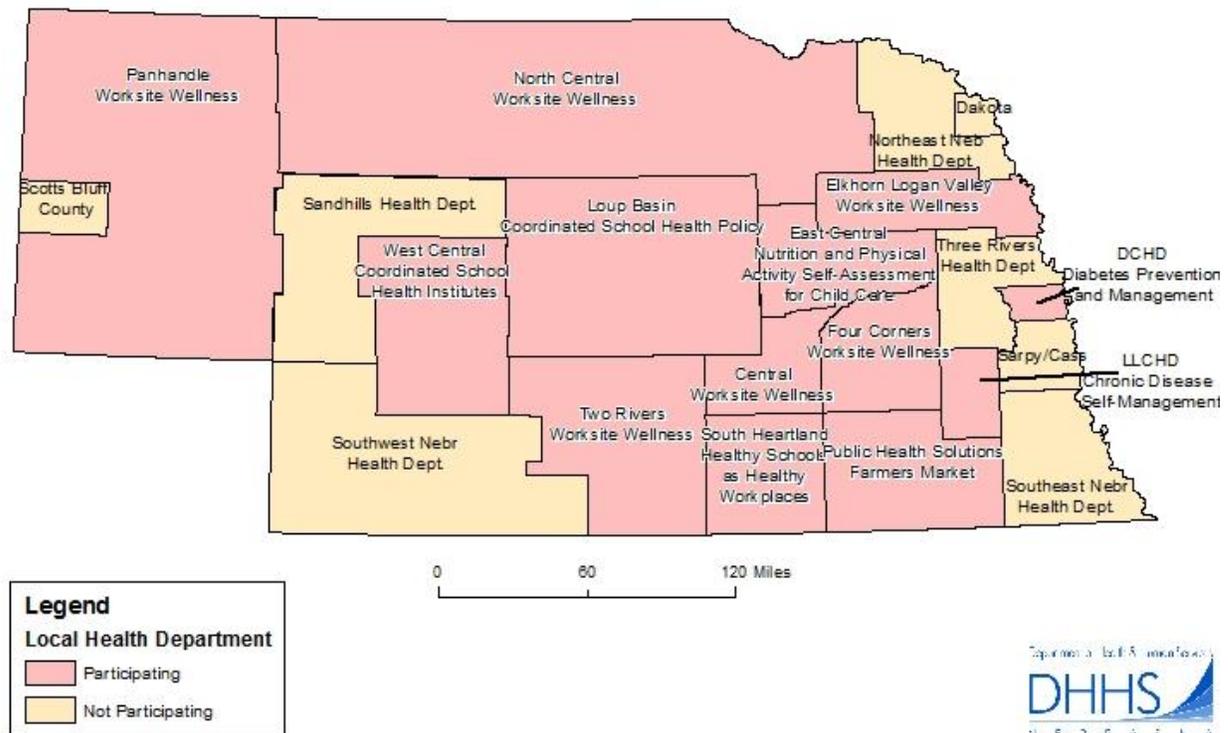
A collaborative HCG leadership team was formed to review applications, provide funding and assist LPHDs in implementing work plan activities.

For the current HCG grant period (2011-2014), the OCRH and its partners have worked with the LPHDs to complete a community assessment and prioritization process called Mobilizing for Action through Planning and Partnerships (MAPP) prior to the funding announcement. Through this community planning process, the LPHDs updated their health priorities for their districts.

Subsequently, each participating LPHD wrote an intervention plan for one of their priority areas and competed for funding through the HCG Program. Each LPHD was required to select evidence-based strategies or promising practices that focused on changing policies, systems and/or environments. These strategies were also identified in at least one of the state plans from the participating DPH programs. In addition, each LPHD was required to collaborate with an advisory committee or stakeholder group to help them guide the planning and implementation of work plan activities.

A collaborative HCG leadership team which included representatives from each of the partner programs reviewed the applications and funded the LPHDs based on the quality of the application and availability of funds. Key pieces of the applications included a project narrative, work plan, evaluation plan, budget and budget narrative. The HCG leadership team was also tasked with assisting funded LPHDs with the implementation of the grant activities.

2011-2014 Healthy Communities Grants Program Funded Local Health Departments by Focus Areas



Thirteen LPHDs were awarded funds for the 2011-2014 project period for projects focused on worksite wellness initiatives, school-based health promotion, diabetes prevention, farmers market coalition building, chronic disease self-management and tobacco policy initiatives.

The evaluation of the HCG Program focuses on the following areas:

- **Competency Assessment:**
 - LPHD capacity to conduct health promotion and prevention activities
- **Grantee Satisfaction with Technical Assistance:**
 - Effectiveness of the State collaborative leadership team to provide support and technical assistance to LPHD
- **Collaborative Assessment:**
 - Effectiveness of the State collaboration leadership team to collaborate through the HCG program
- **Outcome Assessment – Policy, systems and environmental:**
 - Policy, systems, and environmental changes implemented by LPHD as part of the HCG program

Results

➤ Competency Assessment

The Competency Assessment identified areas of strength and weakness related to LPHDs' internal capacity to conduct health promotion and prevention activities within their local community. This assessment included seven competency areas (Table below). Scores ranged from low proficiency, somewhat proficient, proficient, highly proficient, and outstanding proficiency.

Overall, the results show that the LPHDs were at least proficient in these areas as seen below. When looking at them individually, six of them were only somewhat proficient in the area of influencing systems and policy changes and three were somewhat proficient in managing people. These results show the competency level for the first year of the grant cycle. Similar competency assessments will be conducted in years two and three.

Competency Area	1 st Year Score
Building Support	Highly Proficient
Design and Evaluate Programs	Proficient
Influence Policy and Systems Change	Proficient
Lead Strategically	Proficient
Manage People	Proficient
Manage Grant Programs and Resources	Proficient
Use Public Health Science	Proficient

➤ Grantee Satisfaction with Technical Assistance

LPHDs were also asked about their level of satisfaction with the support and guidance provided by the HCG collaborative leadership team. Overall, the results were very positive, indicating high level of satisfaction among grantees. Specifically, the HCG team

- Gave consistent guidance
- Were cognizant of training costs
- Used technology to reduce costs
- Provided useful comments and feedback during and after site visits and calls
- Encouraged idea sharing between local health departments
- Connected grantees working in the similar focus areas

The grantees view the HCG team as having the latest public health information, being competent and having a genuine interest in their grant activities. The results also suggest that LPHDs would like more training opportunities available to them in the next two years.

➤ Collaborative Assessment

The Wilder Collaboration Factor Inventory is a tool designed to help a group inventory its strengths on 20 factors that research has shown are important for the success of the collaborative. Strengths are identified if the collaborative scores 4.0 or above on a factor, while anything below 4.0 indicates some level of concern and deserves further discussion.

Generally, the HCG collaborative leadership team scored well on all factors. The strengths of the leadership team include having skilled leadership, good communication links as well as open communication, shared vision and unique purpose. Six factors, however, had scores below 4.0 (but above 3.3). These factors include the following areas: leader in the community, appropriate cross-section of members in the team, ability to compromise, multiple layers of decision making, and resources (funds, staff, time).

The results from the competency assessment, the grantee satisfaction survey and the collaborative assessment will be used to conduct future planning, implementation, and management of the Nebraska HCG Program as well as guide future implementation efforts at the local level.

➤ Summary of achievements for funded LPHDs

Worksite Wellness Initiatives

Lincoln-Lancaster County HD

The LLCHD used Nutrition Environment Measures Survey-Vending (NEMS-V) to assess vending machines in select businesses. Based upon the results of the analysis, the LLCHD was able to recommend better and healthier vending machine choices. Follow up will be done with the businesses that were assessed to document what changes have been implemented.

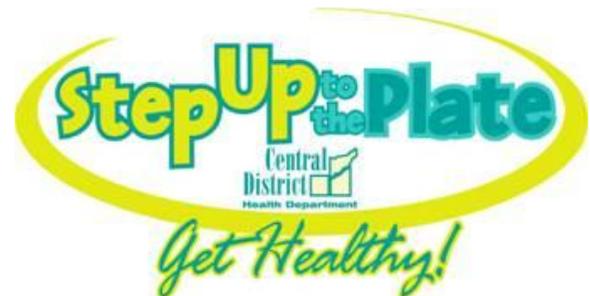
Elkhorn Logan Valley Public HD

The most notable worksite wellness accomplishments for this local health department refer to assisting two worksites in developing their wellness team, which in turn led to:

- Creating a policy to support break time physical activity
- Implementing on-site health screenings and self-administered blood pressure screening machines
- Creating and posting walking maps at worksite locations to bring awareness to the internal worksite wellness program at their business

Central District HD

Central District Health Department's (CDHD) "Healthy Works" project focuses on building worksite wellness into their own organization as well as across their health district. They created and filled a new position at the health department to coordinate the worksite wellness efforts. In the Fall of 2011, CDHD adopted two new policies to be implemented internally by the health department, a Physical Activity Supports Policy and a Healthy Food Policy. At the same time, they also established a community advisory group to guide project implementation. In January 2012, CDHD disseminated a Healthy Works Worksite Wellness Survey which was adapted from and results were compared to the 2010-2011 Nebraska Worksite Wellness Survey. The survey completed by 335 businesses gained baseline information of current nutrition, physical activity, lactation support, disease prevention, injury prevention, tobacco prevention and other health-related policies and practices. An aggregate report was shared with various community groups (Advisory Group, Aurora Rotary Club and Aurora Leadership Tomorrow) and individual worksite portfolios are being created for each worksite and will be used to track progress.



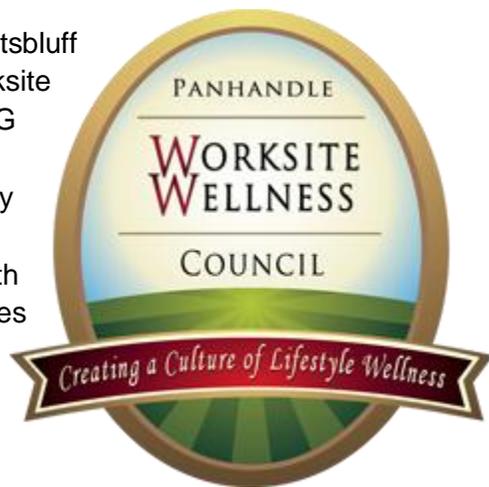
Other notable achievements have included:

- Developed three promotional posters with the following topics: increase fruits and vegetables, reduce sugar-sweetened beverages, and enjoy your food, but eat less.

- Hosted an event in April 2012 called “Creating a Culture of Wellness” for 130 businesses representatives.
- Initiated the development of a district-wide “Rethink Your Drink” campaign which promotes policies to eliminate sugar-sweetened beverages by forming a “Sugar Sweetened Beverage Leadership Team”
- A Nursing Home in Aurora had established a policy that rewarded employees spending 30 minutes in their workout room with getting off early on Friday.
- Twenty-six of the CDHD staff can earn awards like an engraved glass trophy, time off, gift card insurance discounts for points earned by using their wellness room and participating in offsite events like running events. Points are tracked by Wellness Committee members, who get appointed by applying, with supervisor recommendation.

Panhandle Public HD

The Panhandle Public HD in collaboration with Scottsbluff Health Department established the Panhandle Worksite Wellness Council during the first iteration of the HCG Program (2008-2011). Current membership encompasses 37 worksites employing approximately 20,343 employees throughout the Panhandle. In 2012, the health department conducted a survey with the businesses they have assisted to assess changes in worksite policy and environment. Twenty-six of the 37 businesses associated with the Panhandle Worksite Wellness Council completed the survey. The results show:



Increased Worksite Wellness support with:

- 84.6% citing having a wellness committee
- 76.9% having designated a coordinator that is responsible for employee wellness
- 65.4% having staff that is responsible for employee wellness

Improved access to more nutritious items in the workplace, particularly:

- 23.0% have a policy requiring healthy food preparation practices in the cafeteria/snack shop
- 42.0% are selling healthful food options in their cafeteria/snack shop
- 23.0% are intentionally pricing healthful food/beverage options or healthier food alternatives lower than other foods in the cafeteria/snack shop

Increased breastfeeding education and support in the workplace by:

- 34.6% improving supports for breastfeeding through referral information on lactation or lactation supports in the community
- 80.8% providing refrigeration for breast milk

- 65.4% allowing time in addition to normal breaks for lactating mother to express breast milk during the workday

Increased opportunities to physical activity inside and outside of the workplace by:

- 46.0% providing incentives for employees to engage in physical activity such as discounts on insurance, gym memberships, gift cards, and paid time off
- 34.6% allowing flextime for employees to participate in physical activity during work hours
- 53.8% providing subsidized or reduced rate memberships to health clubs or community recreation centers

Barriers and challenges:

- Lack of employee interest
- Lack of participation by high-risk employees
- Worksite/company cost
- Lack of management support
- Finding an effective communication method

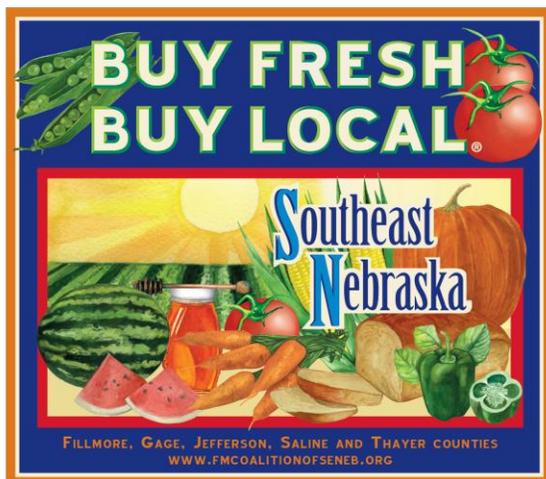
Farmers Market Initiatives

Public Health Solutions HD

The Farmers' Market Coalition of Southeast Nebraska was formed during year one of Public Health Solutions HCG. The overarching goal of the project is to increase the amount of fresh, locally grown produce that is available in communities throughout the Public Health Solutions District and provide education and incentive to consume more of these healthy foods through collaboration and promotion of Farmers Markets across the district.

Highlights from year one of the current project period include:

- Establishment of the Farmers Market Coalition, bi-monthly meetings with four local market managers
- Professional development of promotional pieces to assist markets in the areas of advertising and marketing: flyers, posters, business cards, market signage
- Targeted promotion of local markets at home, garden shows and county fairs
- Use of veggie costumes (carrot & pea) to attract attention and interest at the fairs
- Development of social media through creation of a Coalition Facebook page.



In partnership with the Every Woman Matters (EWM) Program a pre survey tool was implemented to assess this particular audience's food purchasing practices. A promotional newsletter was developed for these 600 + EWM clients and an incentive was included in the direct mail promotion. Efforts will continue in years two and three to attract this audience to visit a local farmers' market. To note, EWM is a federally funded program designed to provide screening services to medically under-served women ages 40 to 64 for breast and cervical cancer and cardiovascular and diabetes screening -

The culminating achievement of year one was becoming the first regional chapter of the **Buy Fresh Buy Local** (BFBL) national program. The Coalition now has access to nationwide resources, contacts and a logo development network for cohesive promotion of the BFBL campaign at the local level.

Coordinated School Health (CSH) Initiatives

West Central District HD – Coordinated School Health (CSH) Institutes

Five out of 20 schools from the North Platte Public School District and four regionally located school districts are participating in the CSH Institute project under the leadership of Nebraska Department of Education (NDE), Coordinated School Health Section. One school, Lincoln Elementary in North Platte, and the School Health Coordinated for West Central District HD, participated in the seven day CSH Institute training in York, conducted by NDE in collaboration with NAFH during the 2011-2012 year. The other schools/regional districts worked with the West Central District HD to prepare for the Institute-based training during the 2012-2013 year. During this preparation process they built school wellness teams, assessed and updated their federally mandated wellness policies, and identified policy, systems and environmental (PSE) strategies to implement within their school systems.

Some policy and environmental changes achieved by the North Platte Public School District, Lincoln Elementary include:

- Establishment of a School Health Team and Coordinated School Health Coordinator at the building level.
- Completion of a school health assessment, the CDC School Health Index, to guide action planning.
- Integration of physical activity in the classroom was mandated. If students had physical education in the afternoon, then they received physical activity in the morning and vice versa.
- All students were provided with water bottles that they kept at the school and could fill twice a day.
- The District Wellness Committee limited the purchasing of extra items at lunch with the exception of bottled water.
- Implemented physical activity breaks at least 2 days per week at 2:00 p.m. and Recess Before Lunch.
- Conducted survey on wellness with staff and enrolled staff in the Educator's Health Alliance Employee Wellness program.



- Created 5th grade advisory councils for wellness.
- Created a school walking club which meet every morning during the school year
- Eliminated all vending options in the building, including staff vending.
- Policy created that disallowed outside treats being brought into the school except for birthdays and these snacks have to be healthy. The school provided a healthy snack for major holiday celebrations.
- Policy created that disallowed the use of food as a reward unless it is a healthy option such as fruit and vegetables.

Loup Basin Public HD – Coordinated School Health (CSH) Policy

Eighteen of the 23 school districts in the Loup Basin Public HD district participated in the project. Four of the participating schools developed an active, organized, functioning school wellness team, completed the CDC School Health Index (SHI), and were actively addressing wellness and updating their school wellness plans to reflect the results of the SHI assessment.

Many of the schools involved in this project adopted PSE changes, although an action plan was not in place yet. PSE changes include:

- Policy for providing healthy snack/meal options at staff meetings
- Implementing healthy options in breakfast programs
- Implementing 5-10 minute physical activity breaks daily for students
- Adding whole wheat pasta/grain options to meals
- Implementing a "school store," run by students, selling healthy snacks with the proceeds being used to fund additional wellness activities
- Securing corporate pricing at local fitness center for staff
- Opening school gym facility early for staff and students to daily walk/use weights

Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)

East Central District HD

Of the 139 licensed child care homes and/or child care facilities/centers in the district, two centers and nine child care homes were trained in the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) approach. About 138 children and 24 staff at licensed care facilities received or benefited from healthy eating and/or increased physical activity as taught by the NAP SACC training. One hundred percent of those trained agreed or strongly agreed that the training was relevant, organized, interesting, and provided helpful handouts.



A total of 21 policy changes were made by the child care providers trained. Including:

- Making water available throughout the day
- Providing lower sugar cereals

- Stretching as a part of circle time
- Serving fruit and vegetables creatively (smiley faces) and/or including children in food preparation when applicable
- Offering new foods and/or unfamiliar foods so the kids have a variety of options
- Eliminating TV after naptime
- Replacing afternoon snack of juice with water
- Include games which encourage all to play and be active
- Incorporate acting out stories during story time
- Incorporating physical activity movements when counting out loud with children (such as five jumping jacks while counting to five)



Nutrition And Physical Activity Self Assessment For Child Care



While LPHDs are at different stages in their efforts, with some LPHDs being in the planning and outreach phase and others having already implemented policy and environmental changes, the results show that overall LPHDs are moving in the right direction. The technical assistant offered so far contributed to building capacity at the local level, however additional training opportunities should be made available to LPHDs particularly in the areas of influencing systems and policy changes and managing people (per their stated needs). From the grantor's perspective, the HCG leadership team should work with LPHDs to develop a plan to more concretely assess and report milestones and achievements related to their work plan. In reviewing their progress reports, some LPHDs were very detailed in their reporting of changes and had developed clear action steps and goals while others provided more broad summaries where progress on specific action steps was hard to assess. It would be beneficial to have standardized milestones and indicators across all LPHDS working in the same setting and focus area. Using these standard measures would ease LPHD's reporting burden and better capture their progress.

NAFH Program Priority 3: Nebraska Healthy Child Care Initiative

Program Description

The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) approach, developed by the University of North Carolina, Health Promotion and Disease Prevention at the Center for Excellence for Training and Research Translation, is an evidence-based framework designed to enhance policies, practices, and environments related to nutrition and physical activity in child care centers to impact young children ages 2-5 years old. NAP SACC includes 54 established best-practice guidelines in 14 areas of nutrition and physical activity. The key areas that are covered include: improving nutritional quality of foods served; amount and quality of physical activity; staff-child interactions; and nutrition and physical activity policies and practices related to the child care setting.



A modified version of the NAP SACC program was implemented in Nebraska by the NAFH program in collaboration with various Child and Adult Care Food Program (CACFP) sponsor organizations across the state. The initial program, which focused on child care centers, was modified because in Nebraska, of the 3,120 CACFP facilities, 2,744 are family home care facilities while only 354 are child care centers.

A multi-method approach was used to evaluate this initiative, including a **pre and post facility assessment** to measure the changes achieved after the training, a **monitoring guide** to document the dates that each facility completed various aspects of the program, a **follow-up provider survey** to document implementation status and usage and opinions on resources and technical assistance received, **follow-up provider interviews** to understand the changes implemented and materials used by providers, **trainer focus groups** to discern the trainers' perceptions of the successes of and barriers to implementing the program, **home visits** to gather visual documentation of the NAP SACC practices that had been implemented, and a **Healthy Child Care Award** to recognize the work and commitment of child care providers to improve nutrition and physical activity.

The tools above were used to answer three main questions:

1. How was the Nebraska Healthy Child Care Initiative implemented?
2. What are some of the successes and barriers to implementing NAP SACC in child care homes from trainers' as well as providers' perspectives?
3. What are the nutrition and physical activity changes achieved in the child care homes?

Results

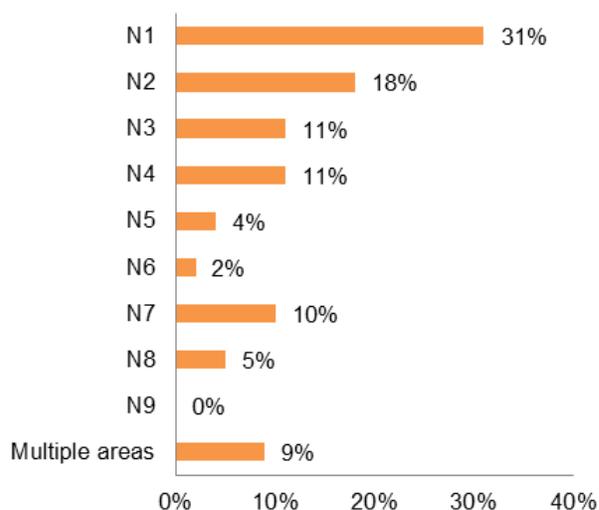
Throughout this Initiative, 375 (12%) of 3,100 child care homes participated in the trainings, which span across 48% of Nebraska counties (45 out of 93). It is estimated that 3,780 children ages 0 to 5 were impacted and 162 child care homes received the Healthy Child Care Recognition Award.



Providers were generally pleased with the information provided during training and found the examples of practical and simple ways to include better foods and more physical activity within the facility extremely helpful. Providers used technical assistance throughout this process, which was an important element in assisting them with implementation efforts. Written materials provided during training were the most used resource during the implementation stages.

The monitoring guides showed that most providers chose “Fruit and Vegetables” (31%), “Meats, Fats and Grains” (18%), “Active Play and Inactive Time” (50%) and “Supporting Physical Activity” (26%) as their goal areas to improve as seen below.

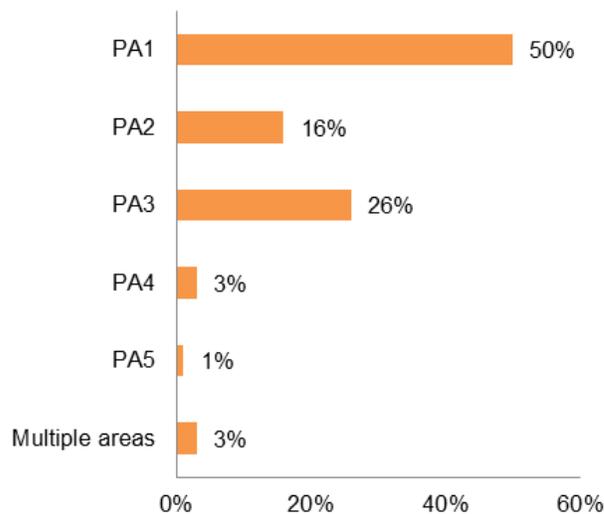
**Nutrition Areas Chosen For Improvement
(n=223)**



N1 – Fruits & Vegetables
 N2 – Meats, Fats and Grains
 N3 – Beverages
 N4 – Menus and Variety
 N5 – Feeding Practices
 N6 – Foods Offered Outside of Regular Meals & Snacks
 N7 – Supporting Health Eating
 N8 – Nutrition Education
 N9 – Nutrition Policy

The areas chosen for improvement corresponded to the areas actually improved. Providers went beyond their one nutrition and one physical activity required implementation goals and implemented in other areas as well. Some of these additional areas were also improved.

Physical Activity Areas Chosen For Improvement (n=220)



PA1 – Active Plan & Inactive Time
 PA2 – Play Environment
 PA3 – Supporting Physical Activity
 PA4 – Physical Activity Education
 PA5 – Physical Activity Policy

The largest improvement among nutrition items was seen in the type of "milk served to children ages 2 and older" and the frequency of "nutrition education opportunities offered to parents." Among the physical activity items, the most substantial change was observed in frequency of "training opportunities provided for staff" and "physical activity education offered to parents."



The pre-post assessment showed

- 18% more child care homes had a written nutrition policy
- 14% more child care homes had a written physical activity policy
- 12% more child care homes followed the nutrition best-practice guidelines
- 11% more of these homes followed the physical activity best practice guidelines

In terms of trainers' perspectives, the focus groups indicated that trainers enjoyed and found useful the online NAP SACC training; however, the in-person training posed some challenges, particularly in terms of organization and tailoring of information. In the future, more information and guidance on how to adapt the original training into the child care home facilities and more targeted materials would be beneficial.

Finally, the Healthy Child Care Recognition Award gave DHHS DPH and Healthier Child and Adult Care Food Program trainers the opportunity to recognize the work and commitment of child care providers to improve nutrition and physical activity policies and practices in their facilities and offer a healthier environment to the children in their care. From the 375 child care homes that attended the trainings, 162 providers completed the requirements and received the award.



Based on this initiative, NAP SACC is a viable option for achieving policy and environmental changes in child care home facilities and not just centers. The child care home providers were engaged with the process and achieved significant changes in their practices and facilities. These results also led to several recommendations for the future as new iterations of this initiative are developing, including: continuing to offer new and innovative nutrition and physical activity strategies for child care home providers to utilize in their facilities; extending the total length of the training but splitting it into two or three shorter sessions; having a more organized and thorough approach for the trainers to follow; maintaining or expanding the rate at which technical assistance is available to providers; developing an innovative approach to keep in contact and offer technical assistance to providers as most of them ran a 1-2 staff facility making it rather challenging to take them away from their daily activities to discuss progress, successes and challenges; and reducing the data collection burden and increase response rates among providers.



NAFH Program Priority 4: Worksite Wellness Toolkit Development

Program Description

The Nebraska Worksite Wellness Toolkit is under development and is intended to serve as a key resource designed to help workplaces promote wellness and improve employee health through the adoption of an evidence-based worksite wellness program.

The NAFH Program brought together multiple stakeholders from various DHHS DPH programs, such as Heart Disease and Stroke Prevention, Comprehensive Cancer Control, Diabetes Prevention and Control, Tobacco Free Nebraska, Injury Prevention and Control, WiseWoman, Preventive Health and Health Services, Every Woman Matters, Nebraska Colon Cancer Screening, Office of Community and Rural Health, Office of Minority Health and Health Equity, and the Office of Behavioral Health to guide the creation the worksite wellness toolkit for Nebraska businesses and organizations. In addition, DHHS DPH stakeholders are working with the three established worksite wellness coalitions in the state (WELCOM [Omaha], WorkWell Inc. [Lincoln], and Panhandle Worksite Wellness [Hemingford]) to engage, guide, and lead the development for the toolkit and obtain business representative input. There is also additional outreach to LPHDs, who are working one-on-one with local businesses in their areas to participate in the development process.

The NAFH program, in collaboration with WorkWell Inc., a Lincoln-based worksite wellness coalition, serves as the lead in this process. The framework for the toolkit is modeled after the evidence-based process for worksite wellness first created by the Wellness Councils of America (WELCOA).

The toolkit development process started by creating a leadership team consisting of representatives from the offices and programs described above. This team established a plan and timeline for developing the toolkit. At this stage of the project, evaluation activities focused on informing the toolkit development process by identifying the content items that should be included in the toolkit, the format of the document and the dissemination approach.

Results

Three community discussions (focus groups) were conducted in 2010 with businesses, councils and local health departments in Lincoln, Alliance, and Sydney to get direct input from the target audience (local businesses) regarding the content and use of a toolkit. The three focus groups had approximately 20+ participants who shared their current wellness successes and barriers to implementing healthy workplaces, and key components that would be necessary for the development of a state toolkit. The focus groups included a mix of individuals from large, medium and small size businesses and with varying years of experience in developing and implementing worksite health



promotion programs. In addition, the stakeholders reviewed multiple existing toolkits from other states to determine valuable and helpful toolkit features that could be incorporated into the Nebraska toolkit.

Desired toolkit components and features:

- Explanation of wellness program and process, making a case for wellness
- Step by step information (checklist) of the basic components of a worksite wellness program
- Model budget, policies, forms, menus, how-to guides, etc. that can be applied to Nebraska small, medium and large businesses
- A resource guide and print and online (interactive PDF) versions
- Examples and explanations of how to track data including template for interest/needs surveys
- Cost estimates for various components of the wellness program (e.g. cost associated with biometric screenings), and provide options for lowering cost (e.g. partnering with hospitals, colleges, universities, local health departments)
- Examples of various levels of worksite wellness programs to show there is a continuum in terms of what programs entail and can offer



The NAFH program will continue to co-lead the development of the toolkit and appropriate dissemination plan. With the many different components of the toolkit being developed simultaneously (i.e. narrative, design, website, dissemination) and different partners participating at different times, it is often challenging to advance the project. One main task for the NAFH team is to enhance coordination and communication throughout the rest of the development phase. To evaluate the planning process, the NAFH program will conduct a survey to assess stakeholders' satisfaction with the planning process and toolkit development and will develop an implementation evaluation plan to assess utilization, usefulness and implementation of the toolkit. These activities will be summarized in future reports.



NAFH Program Priority 5: Nebraska Coordinated Chronic Disease and Prevention

Program Description

The Coordinated Chronic Disease Prevention and Health Promotion (CCDP) group was formed during the Fall 2011 upon receiving the CCDP grant from CDC. CCDP promotes chronic disease coordination and prevention efforts around the leading causes of death and disability and their associated risk factors.

A core CCDP leadership group includes the CCDP grant manager and program managers of Comprehensive Cancer Control and Prevention, Diabetes Prevention and Control, Heart Disease and Stroke, Tobacco Free Nebraska and NAFH. Also, there is an expanded CCDP group which adds staff from all affected programs. So far, the NAFH Program Manager and staff have met on several occasions with the CCDP group to develop the CCDP foundational model for our state and contributed to discussions about the development of the CCDP State Plan outline and its related documents (work plan, communication plan, and proposed strategies in the areas of nutrition, physical activity and obesity). Currently, no evaluation activities have been conducted for this initiative.



for a great state of health



NEBRASKA
Diabetes Prevention
and Control Program



Other Notable NAFH Program Activities

Program Description

In addition to the five Priority Areas discussed above, the NAFH program has spent a considerable amount of time and support for a variety of efforts related to other PAN State Plan strategies. The following activities have been evaluated and are included in this summary.

School Based Initiatives:

- Coordinated School Health (CSH) Initiative in Nebraska
- Whatcha doin? Campaign
- Nebraska Action for Healthy Kids Summit 2012

Worksite Wellness Based Initiatives:

- Downtown Garden Market
- Nebraska Workplace Breastfeeding Support Project

Health Care Based Initiatives:

- Foster Healthy Weight in Youth Webinar Series



Coordinated School Health (CSH) Initiative in Nebraska

Program Description

Coordinated School Health (CSH) is an evidence-based strategy and systems-building process by which schools, school districts, and communities develop capacity and create an infrastructure that supports continuous improvement in health-promoting environments for students and staff. It is a vehicle for school improvement—improving students' academic performance and overall physical well-being by promoting health in a systematic way.



In Nebraska, with the passing of the CSH Policy by the State Board of Education in 2010, the Nebraska Department of Education (NDE), in partnership with DHHS DPH staff, including the NAFH staff, has worked systematically to implement a CSH Initiative in the state. The CSH Nebraska Initiative was designed as a series of in-depth Institute-based trainings focused on both the structure and the process of CSH.

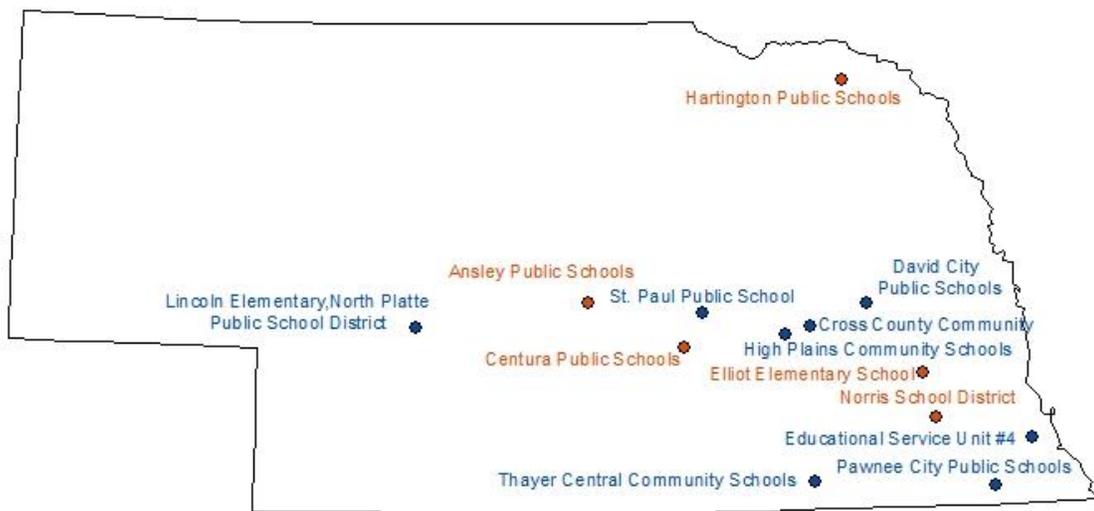
The **structure** outlines eight components need to address a student's holistic health needs: health education, physical education, health services, nutrition services, counseling and psychological services, healthy school environment, health promotion for staff, and family and community involvement. The **process** integrates the efforts and resources of education and the health community to provide a full set of programs and policies without duplication or fragmentation by emphasizing needs assessment, planning based on data, sound science, analysis of gaps and redundancies, and evaluation.

During its first iteration, the four Institute series, led by the Nebraska Department of Education in collaboration with NAFH, trained five pilot sites on the CSH framework by utilizing USDA Team Nutrition grant funding. Subsequently, during the 2011-2012 school year, eight additional schools/districts/educational service units participated. In total, 8,876 students and 744 staff were impacted through this effort.

2010-2011 CSH Institute Participants	Location
Ansley Public Schools	Ansley
Hartington Public Schools	Hartington
Elliot Elementary School	Lincoln
Norris School District	Firth
Centura Public Schools	Cairo

2011-2012 CSH Institute Participants	Location
Cross County Community	Stromsburg
David City Public Schools	David City
High Plains Community Schools	Polk
Lincoln Elementary, North Platte Public School District	North Platte
Pawnee City Public Schools	Pawnee City
St. Paul Public School	St. Paul
Thayer Central Community Schools	Hebron
Educational Service Unit # 4	Auburn

Coordinated School Health (CSH) Institutes - Participants



Legend	
●	2010-2011 CSH Institutes Participants
●	2011-2012 CSH Institutes Participants



To begin this process, each site applied for funding via an RFA provided by NDE which required each site to identify a CSH team to attend the planning Institutes. These four CSH Institute trainings, conducted across seven days during the school year, provided the information, tools and skills necessary to build the local capacity of schools and communities to implement a CSH framework and to address healthy eating, physical



activity, tobacco, and other identified health related needs. With the new knowledge, the teams returned to their home districts where they worked with a larger school-community group, including the School Health Advisory Council (district level) and the School Health Team (building level), to implement the steps highlighted in the CSH Planning and Implementation process. The teams focused on guiding the development and



implementation of the school's CSH action plans (which were created during the Institute trainings) and implementation of updated/revised school health policies. Technical assistance was available to schools from staff from NDE and DHHS DPH (should this be NAFH) via on-site visits, phone calls and electronic communication upon request.

In 2011-2012, the CSH Institutes were conducted in York, Nebraska. The main topics for the Institutes included:

- Research-based link between health and learning
- Overview and role of the CSH framework in health prevention and academic achievement
- Purpose, key functions, and role of School Health Advisory Councils/Teams in health prevention and academic achievement
- Effective physical activity practices and resources in the CSH framework
- Effective nutrition practices and resources in the CSH framework
- Role of school wellness policies in relation to CSH
- Implementation of CDC's School Health Index Tool and NDE's Wellness Policy Builders
- Development of action plans utilizing results from their School Health Index
- Promotion of and planning for staff health promotion
- Creating sustainable programs through policy development and revision
- Sharing schools programs and successes via CSH success stories
- Sustainability of CSH and funding supports: School Lunch and Breakfast Program, Breakfast Challenge/Healthier US School Challenge, Alliance for a Healthier Generation, Fuel Up To Play 60; PEP and numerous other grants

Each of the training Institutes conducted process evaluations with a paper and pencil survey after each day-long training session to assess both satisfaction with the Institutes and implementation of the CSH steps. Additionally, outcome evaluations were conducted with each participating school/district via submission of a yearly report, inclusive of a "success story" which focused on accomplishments and PSE changes achieved within their individual settings.

Results

The results indicated that overall, schools were very satisfied with the content provided during the Institutes, the delivery method, the speakers, and the organization. Most participants provided a score of four or five (on a scale where five represented the highest rating possible) on each of the topics covered during the Institutes.



As a result of the planning Institutes, sustainable changes have been implemented in the eight participating schools such as:

- Established a coordinator for CSH efforts - 4 schools had the physical education teacher, two schools had the principal, one school had the school nurse and one school had the director of health services (8 schools)
- Established a functioning School Wellness Committee (8 schools)
- Conducted the CDC School Health Index (7 schools)
- Created action plans based on the Nebraska Department of Education Wellness Policy Builders and the CDC School Health Index (6 schools)
- Revised and updated School Wellness Policy (7 schools)
- Enrolled staff in the Educator's Health Alliance Employee Wellness program (8 schools)
- Revised and update School Wellness Policies (8 schools)

For physical activity, notable changes include:

- Created policies to eliminate the use of physical activity and the withholding of physical activity as punishment, to provide for professional development for staff on physical activity/physical education, to ensure a minimum of 20 minutes of recess per day
- Implemented policies to integrate physical activity into the classroom
- Conducted professional development for staff to further assist with integrating physical activity in the classroom.
- Implemented Brain Breaks for high/middle school students, implemented Recess Before Lunch, started after school exercise group for staff and any interested students, Implemented before school and before lunch walking programs
- Conducted Wellness Wednesdays for elementary/middle school

In terms of nutrition changes, the following areas were important program or policy/environmental achievements among participating schools:

- Started or expanded breakfast programs as well as initiated Back Pack programs
- Improved food offerings by revising and upgrading the lunch menus
- Provided salad bar with more fruits and vegetables options with lunches



- Aligned vending and a la carte options with the Alliance for a Healthier Generation Guidelines or HUSSC
- Eliminated pop machines and purchased 100% fruit slushy machines.
- Changed holiday and celebration snack policies towards healthier choices.
- Conducted student survey regarding food offerings and used results to modify menus
- Implemented school snack, healthy celebrations, school concessions, and school fund raising policies as well as healthy vending policies
- Created policies to limit advertising messages that promote foods of minimal nutrition value



When it comes to making changes in the school environment, results are rarely quick. The work is strenuous and requires strong commitment from a variety of stakeholders including school administration and staff, parents, children, local communities and local and state agencies. The successes that were reported above represent the result of effective collaboration, strong partnerships and high commitment from all these players. By utilizing the CSH Institute process key policy and environmental changes were seen within a year. By participating in the Institute series, school teams were able to acquire new skills and knowledge to help them get buy-in from essential stakeholders, form partnerships and pursue environmental changes within their specific setting. In addition, participation in the CSH Institutes helped schools secure additional funds and provide sustainability to support healthy eating and active living changes through applications for various awards including applications for the Healthier US School Challenge, the Alliance for a Healthier Generation Award, Fuel Up to Play 60 (three schools), and the Fresh Fruits and Vegetables Program. Some long term objectives to consider for CSH include: providing extended technical assistance post Institutes through a community-based technical assistance model to support initial efforts; more strategic collaboration to ensure that partners across the state are aligning their efforts with the NDE Coordinated School Health Policy to reduce or eliminate duplication of efforts; and increase resources (i.e. staff and funds). Only a limited number of schools (10-15) can be trained during one Institute series and within a limited geographic area due to lack of staff and funds. More resources would allow the CSH Institute process to be implemented statewide.

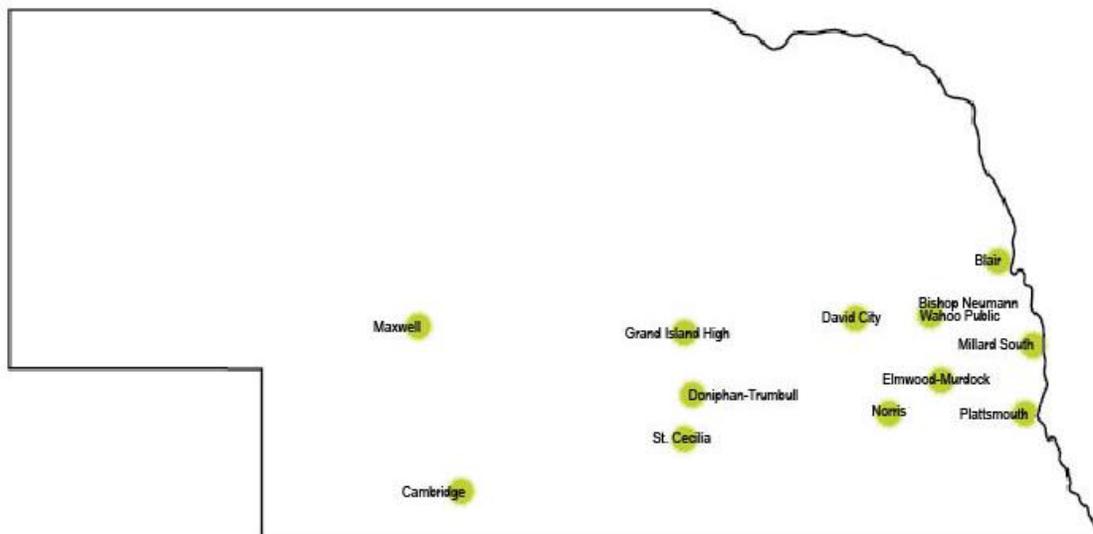
Whatcha doin? and Fuel Up to Play 60

Program Description

Whatcha doin? is a campaign that relies on student leaders within high schools (“Buzz Agents”) to spread a message that eating fruits and veggies and being active is fun.

Campaign activities include unconventional activities (hop scotch in the hallways, dance music over the intercom) and fun props (stability balls for classrooms, a carrot costume).

The campaign was created in 2006 through the University of Nebraska-Lincoln’s (UNL) Advertising Sequence and the Nebraska DHHS, with input from Nebraska teens. The process begins with schools submitting an interest form to implement the Whatcha doin? campaign through the NAFH program. After applications are reviewed, a limited number of high schools are selected each year to participate contingent upon available funding. In the 2011-2012 school year, 13 Nebraska high schools were funded to implement the Whatcha doin? campaign.



2011-2012 Whatcha doin? Schools

In addition, in 2011, the campaign partnered up with a national program called Fuel Up to Play 60. Fuel up to Play 60 is a program founded by the National Dairy Council and the National Football League (NFL), in collaboration with the United States Department

of Agriculture (USDA), to encourage students to make small, everyday changes at school. Both the Whatcha doin? campaign and Fuel Up to Play 60 promote a similar wellness message, but Whatcha doin? is focused on Nebraska high school students.

The Whatcha doin? campaign is managed by a state team consisting of the NAFH Nutrition Coordinator, a UNL Advertising Professor and a senior UNL advertising and public relations student, who serves as the Whatcha doin? campaign coordinator. The campaign coordinator is responsible for organizing and implementing the campaign at the state level and is the primary technical advisor to the participating high schools.

Specifically, state team responsibilities include:

- Developing a detailed work plan to coordinate campaign activities
- Overseeing the implementation of the work plan and planned media activities
- Coordinating the creation or revision of media pieces to encompass multi-cultural messaging and to keep the campaign interesting to teens
- Helping schools apply for Fuel Up to Play 60 grants and develop ideas for creative execution for schools participating in the partnership
- Coordinating meetings with campaign team, schools and community partners

Results

The evaluation of the campaign was based on the surveys collected from student “Buzz Agents” from 10 out of the 13 Nebraska high schools that participated in the program; Bishop Neumann, Cambridge, Doniphan-Trumbull, Grand Island Senior High, Maxwell, Millard South, Norris, Plattsmouth, St. Cecilia, and Wahoo. A total of 73 student “Buzz Agents” were surveyed following the “Whatcha doin?” campaign. In addition, four “Whatcha doin?” campaign school coordinators were surveyed as well.



The majority of “Buzz Agents” were female (68.5%) and were high school sophomores (53.4%) and juniors (27.4%). When asked about how they would describe their experience with the campaign, 30.6% of “Buzz Agents” indicated that they “loved it” and 55.6% “liked it.” They enjoyed getting their peers involved in campaign activities, had fun learning about and participating in new and exciting physical activity exercises,

and enjoyed being able to make and serve healthy foods for their peers. The majority of “Buzz Agents” (56.9%) spent 30 minutes to one hour on the campaign weekly and they thought their peers enjoyed the campaign. Most of the “Buzz Agents” (95.6%) wanted the campaign to be back in their schools the following year.

The campaign involved multiple activities such as branding the school with static clings, posters, and campaign signs; creating a Ball Wall with photos of students and staff on campaign stability balls; Double Dutch Jump Rope sessions and appearances by Carrot Man, the Whatcha doin? mascot. All the activities received positive feedback with over 70% of “Buzz Agents” either “liking” or “loving” them.



With regards to their attitudes and behaviors related to physical activity and fruit and vegetable intake, the table below shows improvements in both attitudes and behaviors. The least improvement was seen in attitude and intake of vegetables and understanding of the peer-to-peer marketing.

Attitude/behavior	%
Improved attitude towards being active	70.8
Increased amount of physical activity	71.8
Improved attitude towards eating fruits	66.7
Increased intake of fruits	72.6
Improved attitude towards eating veggies	47.2
Increased intake of veggies	40.0
Improved understanding of peer-to-peer marketing	48.5

Finally, the four school coordinators that provided feedback on successes/moments at their schools, challenges, Fuel Up To Play 60 and improvements for the following year noted:

- **Successes** involved the Carrot Man, Stability Ball, Random Acts, Wellness Push, Healthy Snacks and Fuel Up to Play 60. In addition, some indicated that the campaign was no longer seen as childish but as an opportunity to emphasize wellness, got all types of students involved, and encouraged students to try new fruits and vegetables.
- **Challenges** included finding time to fit all activities and time management, learning of what is expected, securing the speakers, and getting the campaign launched.
- **Fuel Up To Play 60** was a great opportunity for kids to take charge and enjoy health.
- **Suggestions** were around having more grants available and a kick-off meeting with other “Buzz Agents,” starting earlier and providing more promotional

materials and fun exercises with the stability balls. All wanted the campaign to continue in the following year.

Partnership with the Fuel Up to Play 60 program yielded successful leveraging of program funds for participating Whatcha doin? schools. During the 2011-2012 school year, 12 of the 13 Whatcha doin? schools applied for and received \$4,000 grants per school (\$48,000 total) for activities to improve healthy eating and physical activity opportunity for their students. All twelve schools implemented "Taste Test Days," giving students the opportunity to sample and provide feedback on healthy recipes to incorporate into their school lunch program. Physical activity efforts included Walk or Bike-to-School program (two schools) and After-School Fitness Activities (10 schools) to provide students with unique and fun afterschool fitness opportunities. Funds were used to purchase equipment (menu boards, carts, high-powered blenders, bike racks, fitness equipment) and to engage local experts (registered dietitians, chefs, and fitness trainers).



Overall, the evaluation results indicate successful campaign implementation, as most "Buzz Agents" enjoyed the campaign activities, changed their attitude toward health and improved their health behaviors. Continued partnership with Fuel Up to Play 60 was extremely valuable and should be pursued in the future. Most of the challenges reported were administrative. It would be worthwhile to offer more technical assistance in this area or provide a model timeline or tips for planning for campaign activities. These results and the recommendations from both the "Buzz Agents" and coordinators will be used to plan and implement the next iteration of the Whatcha doin? campaign. Looking at the campaign within the larger school setting, it would be beneficial to link campaign activities to other school based efforts (creation of wellness teams, revision of wellness policies) in an effort to align, complement and sustain changes in behavior, culture and environment.

Nebraska Action for Healthy Kids Summit 2012

Program Description

Nebraska Action for Healthy Kids (NE AFHK), affiliated with the national Action for Healthy Kids, is the only nonprofit organization in Nebraska formed specifically to address the epidemic of



overweight, sedentary, and undernourished youth by focusing on changes in schools to improve nutrition and increase physical activity. It is a public-private partnership with 300+ members from a variety of organizations and government agencies representing education, health, fitness and nutrition, throughout the state of Nebraska.

In addition to hosting quarterly membership meetings and fostering partnerships between coalition members, a key effort of NE AFHK is an annual Summit and School Recognition which provides an opportunity for students, parents, educators, administrators, health and nutrition professionals and community leaders across the state to network and share strategies to improve the health of school aged children. The NAFH staff actively participates in NE AFHK by taking part in annual action planning, Summit planning, serving in leadership roles and hosting quarterly meetings at the Nebraska State Office Building.

The 2012 Summit, which took place in April 2012 in Lincoln was titled, "Leading at all Levels: What's Your Role?" and had two national keynote speakers: Aaron Beighle, PhD, and Dayle Hayes, MS, RD. A special student leadership track was also planned for the day. In addition to educational sessions, the Summit celebrated Nebraska school efforts aimed at improving nutrition and physical activity opportunities. The Summit was evaluated using a paper and pencil survey.

Results

The 2012 NE AFHK Summit was attended by 300 individuals, 75 of which were students. There were over twenty organizational sponsors for the Summit. The evaluation survey was completed by 105 Summit attendees. The results of this evaluation indicate that the meeting was a success and that participants benefited from the presentations and materials shared (see below). Individuals representing a variety of roles within the school system attended including: school administrators, nurses, teachers, nutrition staff, community health educators and students. The wide majority (90%) indicated that they plan to attend the meeting again.

Survey Item	% Strongly Agree & Agree
I have a better understanding of NE AFHK	89%
I have a better understanding of existing resources available to support health eating and physical activity	93%
I have a better understanding of the steps my school/organization can take to improve nutrition and physical activity	90%
I will take information from today's Summit and share it	94%
NE AFHK has helped my school/district/community make changes to create an environment that supports healthy eating	85%
NE AFHK has helped my school/district/community make changes to create an environment that supports physical activity	82%
NE AFHK has helped my school/district/community make changes to create an environment that supports wellness	82%
My involvement in NE AFHK has given me tools/skills to facilitate sustainable changes related to wellness within my school, district, organization	83%

Forty schools applied for the 2012 Action Award and 25 of those (listed below) implemented at least one of the school based strategies or activities highlighted in the PAN State Plan. Increasing access to and improving opportunities for physical activity before, during and after school was the most addressed strategy within the school setting. Identifying and promoting school partnerships with external organizations to support nutritional policies changes and revising and promoting strong nutritional standards within schools were the most implemented healthy eating PAN State Plan strategies within the school setting.

Success Story Name/Location	Healthy Eating Activity	Active Living Activity
Banner County Elementary School -- Harrisburg	-	AL 1B
Bellwood Attendance Center -- David City	HE 3B	-
Blair High School -- Blair	HE 5A	AI 1B
Bryan Elementary School -- Lexington	HE 3A, 3C	AL 1B
Bryan Middle School -- Omaha	HE 4A	-
Carl A. Swanson Elementary School -- Omaha	HE 3C	AL 1B
Chase Elementary School -- Imperial	HE 3C, 5C	-
Crofton High School -- Crofton	-	AL 1B
David City Elementary School	HE 3A, 3B, 3D	-
Emerson Elementary School -- Kearney	HE 3B, 3C, 5A	-
Ezra Millard Elementary - Omaha	-	AL 1B

Success Story Name/Location Cont.	Healthy Eating Activity	Active Living Activity
Glenwood Elementary -- Kearney	HE 4B, 5A	AL 1B
Goodrich Middle School -- Lincoln	HE 4C	AL 1B
Hartington Public School -- Hartington	-	AL 2A
Kenwood Elementary -- Kearney	HE 4B, 5A	AL 1B
Lawrence/Nelson Secondary School -- Nelson	HE 3C	-
Loup City Elementary School -- Loup City	-	AL 1B
Norris High School -- Firth	HE 3C, 5C	-
Northeast Elementary School - Kearney	HE 5A	AL 1B
Plattsmouth Elementary School -- Plattsmouth	-	AL 1B
Pleasanton Elementary School -- Pleasanton	HE 5A	-
Prescott Elementary School - Lincoln	HE 3D, 4D	-
York Elementary School -- York	-	AL 1B
York High School -- York	HE 5A, 5C	-
Windy Hills Elementary -- Kearney	HE 4B, 5A	AL 1B

HE 3A - D: Ensure schools promote healthier foods and beverages, conduct self-assessments, develop action plans, enhance partnerships, and provide information to parents

HE 4A – B: Expand curriculum-based strategies and activities that support nutrition standards, engaging experts to work with students on experiential classes, identify resources to support gardens, and engage parents

HE 5A – C: Ensure children in schools have affordable, appealing healthy choices in foods and beverages, promote strong nutrition standards, provide training and technical assistance, revise food and beverage contracts

AL 1B: Enhance access to physical activity opportunities before, during and after school

AL 2A: Enhance policies for physical activity, implement CSH policy



The Action for Health Kids Summit provided an opportunity for school staff, administrators and students as well as other organizations that are working with schools to come together and share knowledge and resources for improving policies and environments. The Summit was a success in that it improved understanding of the steps needed to improve nutrition and physical activity within the school and provided participants with tools/skills to facilitate sustainable changes related to wellness within their schools. In the future, it would be beneficial to also assess the impact of the assistance and support that NE AFHK has offered to schools throughout the year and not only assess the effectiveness of the Summit.

The Downtown Garden Market

Program Description



Each year, since 2007, the Nebraska Department of Agriculture (NDA) and the NE DHHS DPH (through the NAFH program) organize a mid-week, mid-day garden market which provides local farmers an opportunity to sell fresh produce in a worksite setting as well as provide increased access to fruits and vegetables to busy working people.

The Downtown Garden Market generally runs for eight weeks, from July to August, and its goals are to:

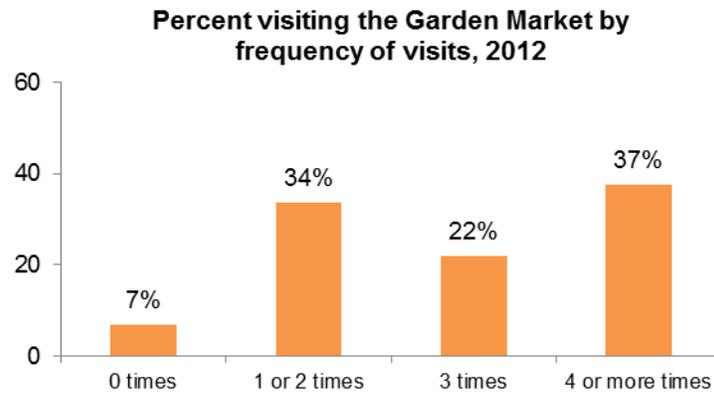
- Increase the availability of fresh fruits and vegetables to employees working in downtown Lincoln, particularly state employees
- Promote consumption of fresh fruits and vegetables as part of a healthy diet
- Promote Nebraska grown produce
- Expand market opportunities for local growers

In 2012, the initial Garden Market location, the Centennial Mall area directly outside of the Nebraska State Office Building (NSOB), did not allow for a market due to construction. After numerous discussions, the market was moved to the Pershing Center, which is located across the street from [NE DHHS offices in] the NSOB.

Results

To evaluate the Garden Market project, NAFH developed an online consumer survey which was completed by employees in the NSOB that had an opportunity to attend the market. The survey assessed their satisfaction with the market and their purchasing behavior. In addition, the Garden Market manager had informal discussions with the vendors to understand successes and challenges during the implementation process. A total of 224 state employee responded to the consumer survey.





About 75% of people responding to the survey were within walking distance of the market. Over half of them (57%) visited the market. About half of attendees visited the information table, which offered recipes, handouts and brochures about healthy eating. Most market visitors considered these materials beneficial. The market increased consumption of fruits and vegetables for 66.4% of attendees.

Top reasons for attending/not attending the Garden Market			
Reason for attending	%	Reasons for not attending	%
Locally grown produce	81.4	Construction around the market	15.5
Convenience	73.7	High cost	13.6
Produce freshness	70.3	Heat	13.6
Quality produce	54.2	Lack of variety	12.6

Some suggestions to improve the Garden Market in the future include:

- A different location
- Email reminders, promotion and signage
- More vendors and produce variety



About 90% of respondents wanted to see the market held again the following year. Despite several challenges to implementing this initiative, having the market was beneficial to state employees. However, the recommendations provided (changing location, increasing number of vendors, etc.) should be addressed in order to increase attendance and affect purchasing and health behaviors.

Nebraska Workplace Breastfeeding Support Project

Program Description

In the fall of 2011, members from the NAFH Program, the Women's Health Advisory Council, the Nebraska Breastfeeding Coalition, and other DHHS DPH programs convened a work group to establish a plan to communicate the recently enacted Federal Fair Labor Standard Act (FLSA) provision in Support of Breastfeeding to businesses across Nebraska.



The plan consisted of the following key activities:

- 1) Create informational materials and conduct a mailing to businesses on the changes to the FLSA in support of nursing mothers
- 2) Host "Return to Work Events," targeting employers
- 3) Develop and launch the Nebraska Breastfeeding-Friendly Recognition Program

In May 2012, the DHHS DPH and the Nebraska Department of Labor (DOL), led by NAFH staff, mailed information on FLSA to 4,200 businesses with employees from industries with the greatest percentage of women of child-bearing age across Nebraska. The mailing included a cover letter on Nebraska DHHS letterhead, signed by Nebraska's Chief Medical Officer, Dr. Joann Schaefer, and the Nebraska DOL Commissioner, Catherine Lang. To support these efforts, the Nebraska DOL also established a new webpage titled "Breastfeeding Requirements in the Workplace" which posts the information that was sent to the businesses and additional links for more information.

In March, 2012, a "Return to Work" event was held in Lincoln by the regional worksite wellness association, WorkWell. The event was designed to help employers better understand the FLSA changes and how to support breastfeeding employees. All employers, wellness coordinators, business managers, and human resource managers in Lancaster County were invited to attend the presentation. There was no cost to attend. NAFH participated in planning the event.

The "Return to Work" event was attended by 65 business representatives and an additional 20 public health professionals. The 90 minute panel presentation consisted of an expert facilitator from MilkWorks (a community breastfeeding support organization), an attorney, two human resource representatives, and three working, breastfeeding mothers. Channel 10 Health, the local public health channel, provided video service and aired the program daily over a three month period to a local television viewing audience. While this event was not formally evaluated, informal feedback indicated that the event

was a success. Two additional “Return to Work” events are being planned and will occur in 2013 in Omaha and Grand Island or Kearney.

In August 2012, the group launched a Breastfeeding-friendly Business Award to recognize businesses that go above the requirements of the law in support of their breastfeeding employees.



The FLSA represents an important step to increasing workplace support for breastfeeding employees. The subsequent mailings and DOL webpage are additional efforts to support the implementation of the FLSA. Considering the success of the Return to Work Event in Lincoln, other similar activities should be conducted in other areas of the state. Finally, within the next year it would be important to assess the impact that this policy has had on improving breastfeeding support within businesses.



Foster Healthy Weight in Youth Project

Program Description

The Foster Healthy Weight in Youth: Nebraska's Clinical Childhood Obesity Model aims to equip primary care providers with tools to effectively assess, prevent and treat the childhood overweight and obesity epidemic in their practice and community. It is a comprehensive model which includes a healthcare provider toolkit; pocket reference algorithm; a training video; office posters and patient education brochures. All of the Foster Healthy Weight in Youth clinical resources are provided free of charge while supplies last.



The model also incorporates the DHHS Division of Public Health Nebraska Physical Activity and Nutrition Assessment Form, which is a clinical tool to guide health care providers through assessment of nutrition and physical activity behaviors and appropriate goal setting with youth and their caregivers. The model and its components were developed by a partnership formed between NAFH, Teach a Kid to Fish (a non-profit organization based in Lincoln), Creighton University School of Medicine, and the Nebraska Medical Association (NMA).

After extensive dissemination efforts of the Toolkit in 2010, the NMA started a webinar series in partnership with NAFH, Teach a Kid to Fish, and Creighton CME Division to offer free continuing education credits to health care providers on topics related to the toolkit. The 2011 series focused on the co-morbidities of childhood obesity while the 2012 series addressed prevention topics. Between 2011 and 2012, 13 Foster Healthy Weight in Youth webinars were completed (six in 2011 and seven in 2012) with three of the webinars being aired nationally (see table below). The live webinars reached a total of 406 Nebraskans of whom 26 were physicians. Additionally, 224 individuals participated in the archived webinars.

After each webinar respondents were asked to complete an evaluation which asked about the overall satisfaction with the webinar, meeting webinar objectives, the impact of the information presented on respondent's professional practice, the anticipated barriers to implementing the approaches suggested during the webinar and overall comments for improving the series.

Date	Title	Presenter	Live Participants (MD)
01/18/11	Associated Comorbidities of Childhood Obesity	Sandra Hassink, MD	29 (8)
03/24/11	Non-Alcoholic Fatty Liver Disease in Children	Ruben E. Quiros-Tejeira, MD	8 (3)
05/03/11	The Impact of Childhood Obesity on Bones, Joints, and Muscles	Paul Esposito, MD	12 (4)
07/12/11	Preventative Cardiology: Understanding Hypercholesterolemia and Hypertension in Children	Tami Dolphens, PA-C	12 (2)
09/21/11	Surgical Treatment of Obesity for Children and Adolescents	Cori McBride, MD	17 (3)
11/16/11	Behavioral Interventions for Pediatric Obesity: Current Evidence and Future Directions	Timothy Nelson, PhD	25 (1)
01/12/12	Preventing Child Overweight and Obesity, Raising Children to be Competent Eaters Part I	Ellyn Satter, MS, RD, LCSW, BCD	Nat: 631 (0) NE: 85 (0)
01/19/12	Preventing Child Overweight and Obesity, Raising Children to be Competent Eaters, Part II	Ellyn Satter, MS, RD, LCSW, BCD	Nat: 601 (8) NE: 89 (0)
3/21/12	Nutrition in Schools	Robert Murray, MD	27 (0)
05/30/12	Be Our Voice: A Project of NICHQ: How Multi-Sector Partnerships Can Impact Childhood Obesity in the Community	Jenna Williams, MPH; Marianne McPherson, PhD, MS	7 (1)
07/18/12	Obesity, Hunger, and Poverty	Courtney Pinard, PhD	31 (1)
09/13/12	Exercise is Medicine: Promoting Physical Activity for Ourselves and Our Patients	Eddie Phillips, MD	Nat: 73 (13) NE: 38 (2)
11/07/12	Breastfeeding: The First Vital Step Toward Fostering Healthy Weight in Youth	Laura Wilwerding, MD, IBCLS, FAAP, FABM	26 (1)

Based on these evaluations, we concluded that most participants were satisfied with the information presented during the webinars. Additionally, 75% or more respondents indicated that the information they received during the webinar presentations will have an impact on their professional practice; specifically, impact of obesity, management and diagnosis of childhood obesity, charting BMI percentile for age, parental involvement and behavioral interventions. Respondents all identified potential barriers to implementing the skills and knowledge gained through the webinars. Patient non-compliance was considered the biggest challenge to implementing changes in their practice across all topics, followed by insurance costs but only for the topics and information presented

during the 2011 webinars. Other barriers were mentioned less frequently depending on the topic and include affordable programs, assisting low-income families with limited resources, time, and complexity of the problem with no easy answers.

Webinar Title	Satisfied w/ webinar	Webinar impacted future work	Anticipated barriers to implementing information gained from the webinar				
			Patient non-compliance	Insurance costs	Resources/Technology	Admin. Policies	Other
Associated Comorbidities of Childhood Obesity	96%	88%	75%	45%	20%	20%	10%
Non-Alcoholic Fatty Liver Disease in Children	94%	82%	64%	43%	36%	14%	14%
The Impact of Childhood Obesity on Bones, Joints, and Muscles	100%	86%	64%	36%	14%	21%	21%
Preventative Cardiology	100%	80%	27%	36%	18%	27%	9%
Surgical Treatment of Obesity for Children and Adolescents	100%	85%	50%	31%	38%	13%	6%
Behavioral Interventions for Pediatric Obesity	85%	91%	71%	43%	10%	10%	5%
Raising Children to be Competent Eaters Part I	93%	83%	60%	5%	17%	12%	21%
Raising Children to be Competent Eaters, Part II	93%	86%	64%	7%	14%	11%	23%
Nutrition in Schools	100%	84%	48%	13%	22%	26%	9%
Be Our Voice: A Project of NICHQ	88%	100%	38%	0%	13%	0%	63%
Obesity, Hunger, and Poverty	88%	74%	77%	19%	23%	7%	7%
Exercise is Medicine: Promoting Physical Activity	100%	90%	72%	22%	12%	11%	15%
Breastfeeding: The First Vital Step Toward Fostering Healthy Weight in Youth	100%	92%	87%	0%	13%	0%	17%



The Foster Healthy Weight in Youth: Nebraska's Clinical Childhood Obesity Model is a promising approach designed to assist primary care providers in effectively assessing, preventing and treating the childhood overweight and obesity epidemic in their practice and community. Extensive dissemination efforts were conducted to promote the model and its component. In addition, 13 FHWW webinars accompanied these dissemination efforts. In Nebraska, participation in the webinars varied depending on the topic with most of them drawing 20-30 participants (two webinars attracted over 80 participants). Physicians attended the webinars in fewer numbers than expected. However, based on the evaluation results, the webinars were successful in providing useful information to attendees and motivating them to make changes in their professional practice. Several barriers to implementing the knowledge and skills acquired as a result of the webinars were also identified, particularly focusing on patient non-compliance. Future webinars or other informational sessions targeting this group should consider addressing this topic in particular and others as indicated in the evaluation results. Finally, since the model has been available for two years now, conducting a more in depth assessment of how physicians are using the model and its components and the barriers they encountered during this time may be beneficial for future efforts.



Overall Conclusion

The causes of obesity in the United States are complex and numerous, and they occur at various levels of the socio ecologic model. The Nutrition and Activity for Health Program, within the Department of Health and Human Services, Division of Public Health is tasked with implementing strategies and activities to prevent obesity by promoting healthy eating, active living and breastfeeding. These efforts have the ultimate goal of creating a culture of wellness for all Nebraska.

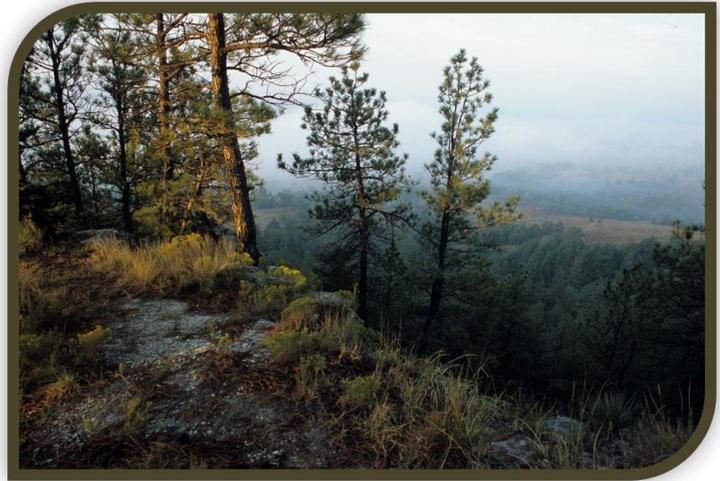


Photo: NEBRASKAland Magazine/Nebraska Game and Parks Commission

This evaluation report highlighted the top five program priorities as well as several other essential program activities that were conducted during 2011-2012 and aimed to improve surrounding environments, organizational policies and individual behaviors related to nutrition, physical activity and breastfeeding. This work was done in collaboration with other programs from the Division of Public Health and with partners from the public and private sectors and was based on the newly revised 2011-2016 Physical Activity and Nutrition State Plan.

