

Healthy Living: Healthy Eating, Active Living, Breastfeeding

Preface

The initial Mobilizing for Action through Planning and Partnerships (MAPP) priority planning process identified the area of *Nutrition and Physical Activity* as a priority. During the Community Health Improvement Plan (CHIP) planning process the partners determined to rename the Priority Area *Healthy Living* and to emphasize three areas within this section of the plan: Healthy Eating, Active Living, and Breastfeeding. These sections align with the topic areas in the Nebraska Physical Activity and Nutrition State Plan 2011 – 2016.

In developing these three sections of the plan the partners relied heavily not only on the above mentioned NE Plan but also the recommendations and research contained in the National Prevention Strategy, The Guide to Community Preventive Services and Healthy People 2020. The conceptual framework for this plan is drawn from these documents to assure alignment and use of evidence based strategies with state and national priorities.

This document is considered a high level overarching strategic plan. Work plans to implement this plan will be developed at the regional level through initiatives such as Worksite Wellness, WIC Plans, Title X Plans and Maternal and Child Health Plan. The plan will also be implemented through alignment of community/agency plans with this overarching document. As such, the plan focuses on environmental and policy strategies which engage a cross-sector of the region in actions to change or address the health status of the region.

The goals objectives and strategies outlined in *Healthy Living* are inter-related with other sections of the Panhandle Community Health Improvement Plan 2012, particularly the section on Cancer Prevention.

The *Healthy Living* Plan is designed to address the Healthy People 2020 Leading Health Indicators.

- PA 2.4 Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity.
- NWS 9 Reduce the proportion of adults who are obese.
- NWS 10 Reduce the proportion of children and adolescents who are obese.
- NWS 15.1 Increase the contribution of total vegetables to the diets of the population aged two and older.

To have a meaningful impact on health outcomes the plan will be implemented across all age sectors of the community through the strong engagement of the local public health

system including: schools, day cares, businesses, citizens, agencies, hospitals and health care providers, and local areas of government. Implementation work plans will address lower income, aging, disabled, and minority populations most at risk for significant health concerns.

Healthy Living Goals and Strategy Summary

The *Healthy Living* section of the Community Health Improvement Plan is divided into three priority areas: Healthy Eating, Active Living and Breastfeeding.

Healthy Eating focuses on three goals:

- Increased fruit and vegetable consumption
- Decreased consumption of high energy dense foods
- Decreased consumption of sugar-sweetened beverages

There are five strategies which address enhancing healthy eating in the community, workplace, schools and child care settings:

- Availability and access of affordable healthier foods and beverages
- Access and promote healthful foods, including fruits, vegetables and water while limiting access to sugar-sweetened beverages in worksite settings
- Policies at schools and child care facilities to promote healthier foods and beverages
- Affordable, appealing healthy choices in foods and beverages in schools outside of the child nutrition program
- Clinical interventions to prevent and control obesity

Active Living is addressed through two goals:

- Increase physical activity
- Decrease screen time (television, computers, electronic games, smart phones)

This section contains five environmental and policy change strategies to enhance physical activity in the community, workplace, schools and child care settings:

- Enhance access to physical activity opportunities, including physical education in Panhandle schools, child care and after school facilities
- Enhance policies for physical activity, inclusive of physical education, in Nebraska schools
- Enhance community planning and design practices through built environments and policy changes to improve physical activity in Panhandle communities
- Enhance the parks and recreation built environment and policies to improve access to physical activity in the Panhandle
- Enhance worksite and healthcare supports for physical activity

Breastfeeding is addressed in one goal:

- Increase breastfeeding initiation, duration and exclusivity

This section contains four strategies to enhance breast feeding:

- Increase support for breastfeeding in the workplace
- Increase numbers of peer and professional support programs/providers
- Increase numbers of hospitals providing maternity care practices supportive of breastfeeding
- Increase public acceptance and support of breastfeeding

PRIORITY AREA **Healthy Living: Healthy Eating, Active Living, Breastfeeding**

PROBLEM STATEMENT

“Obesity and chronic diseases – such as cancer, diabetes, heart disease and stroke – are among the most common, costly, and preventable of all health problems in Nebraska and throughout the United States. A healthy diet, physical activity, breastfeeding, and maintaining healthy body weight all significantly contribute to preventing obesity and chronic disease.” – Nebraska Physical Activity and Nutrition State Plan 2011-2016

Nearly two thirds (65.9%) (NE 64.7%) of adults 18-64 living in the Panhandle are overweight. Nearly one-third (29.7%) (NE 27.7%) are obese.

Heart disease (22.1%) and cancer (19.1%) are the leading causes of death in the Panhandle.

The Community Guide to Preventive Services states that in 2008, the annual healthcare cost of obesity in the U.S. was estimated to be as high as \$147 billion a year.

In Nebraska in 2009 hospitalizations involving coronary disease totaled \$329.5 million with an average charge per person of \$50,500. (NPANSP)

HEALTH DISPARITIES

Nebraska Physical Activity and Nutrition State Plan 2011-2016 notes:

- Chronic disease associated deaths are more common among African Americans, Hispanics, and Native Americans.
- Diabetes related mortality in Nebraska is highest among Native Americans and also relatively higher for Hispanics compared to non-Hispanic whites.
- Persons from low income households have a disproportionately higher prevalence of chronic disease. Medicaid enrollees in NE are 3.5 times more likely to die from cardiovascular disease than non-Medicaid enrollees.
- Residents living in rural counties are at greater risk for heart disease.

The Center for Disease Control asserts that persons with intellectual and developmental disabilities are more likely to experience poorly managed chronic disease and limited access to quality health care and health promotion.

The National Prevention Strategy 2011 that notes that “almost 15 percent of households (50 million people) experience food insecurity at least occasionally during the year, meaning that their access to adequate food is limited by a lack of money and other resources. Individuals and families that experience food insecurity may be more likely to be overweight or obese, potentially because the relative lower cost of junk foods (i.e., foods low in nutrients but high in calories) can promote over-consumption of calories.”

INFLUENTIAL FACTORS

The influential factors for reducing risks of overweight/obesity and chronic disease are:

Healthy Eating:

The United States Department of Agriculture recommends eating two to six and a half cups of fruits and vegetables per day depending on age, sex, and activity level.

Healthy Eating is influenced by access to healthy, safe, affordable foods as well as individual knowledge, attitudes, and culture (National Prevention Strategy).

Healthy People 2020 indicates that Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and *trans* fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Physical Activity:

The US Department of Health and Human Services has issued 2008 Guidelines for Physical Activities for Americans which outlines aerobic and strength building requirements across age sectors.

The guidelines note that there is strong scientific evidence that following the exercise guidelines results in a lower risk of: early death, heart disease, stroke, type 2 diabetes, high blood pressure, adverse lipid profile, metabolic syndrome, colon and breast cancers, prevention of weight gain, weight loss when combined with a diet, improved cardio respiratory and muscular fitness, prevention of falls, reduced depression and better cognitive functioning in older adults.

Breastfeeding:

The National Prevention Strategy 2011 states that babies who are breastfed may be less likely to become obese.

The American Academy of Pediatrics (AAP) recommends breastfeeding exclusively (no water, juice, or other foods/formula) for approximately the first six months of life.

DETERMINANTS

Social and physical determinants of health are those individual factors which impact the desired health outcome.

Healthy Eating

Healthy People 2020 notes the social determinants of a healthy diet are:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms

- Food and agricultural policies
- Food assistance programs
- Economic price systems

The same document indicates that the physical determinants of healthy diet include access and availability to healthier foods, location of where food is eaten (food eaten away from home more often has more calories) and marketing (particularly to children).

Each year, roughly 1 in 6 Americans (48 million people) get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases. Reducing foodborne illness by 10 percent would keep about 5 million Americans from getting sick each year.

Clinical Interventions for Obesity

The Guide to Community Preventive Services (US Preventive Services Task Force) research recommends Clinical Interventions for screening obesity in adults and children.

Active Living

Factors positively associated with adult physical activity include: Postsecondary education, higher income, enjoyment of exercise, expectation of benefits, belief in ability to exercise (self-efficacy), history of activity in adulthood, social support from peers, family, or spouse, access to and satisfaction with facilities, enjoyable scenery, safe neighborhoods.

Factors negatively associated with adult physical activity include: advancing age, low income, lack of time, low motivation, rural residency, perception of great effort needed for exercise, overweight or obesity, perception of poor health, and being disabled (HP2020).

Breastfeeding

Breastfeeding success is determined in part by the desire of the mother, but it is also influenced by her hospital care experience, workplace support, community resources, and friends and family (Nebraska Physical Activity and Nutrition State Plan 2011-2016).

Hospitals and birth centers with comprehensive policies to support initiation of breastfeeding, including all breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM), have the highest rates of exclusive breastfeeding regardless of patient population characteristics such as ethnicity, income and payer status.

The Guide to Community Preventive Services (US Preventive Services Task Force) also recommends primary care interventions to promote and support breastfeeding.

Half of the female workforce in Nebraska is of child bearing age. Recent federal legislation requires that employers provide both time and private space for breastfeeding and pumping during work hours.

PRIORITY AREA: Healthy Living: Healthy Eating

GOALS:

- **Increase fruit and vegetable consumption**
- **Decrease consumption of high energy dense foods**
- **Decrease consumption of sugar-sweetened beverages**

STRATEGIES	ACTIVITIES	PARTNERS
<p>#1 Improve the availability and access of affordable healthier foods and beverages, including fruits, vegetables and water, in local retail venues and underserved areas.</p>	<p>Encourage and promote community gardens and farmers markets with emphasis on serving WIC and minority populations. *</p>	<p>Communities, not-for-profit agencies, University of Nebraska Extension</p>
	<p>Educate and/or train store owners (with emphasis on WIC and SNAP stores) to foster healthier food and beverage environment. *</p>	<p>Public Health, PPHHS Training Academy</p>
	<p>Increase the number of food pantries that foster a healthier food environment.</p>	<p>Communities, food pantries, agencies</p>
<p>#2 Ensure access to and promote healthful foods, including fruits, vegetables and water while limiting access to sugar-sweetened beverages in worksite settings (food service, cafeteria, vending machines, meetings, conferences and events) (NPANSP).</p>	<p>Worksites adopt policies and guidelines to encourage healthy food options for staff meetings.</p>	<p>Worksite Wellness, businesses, hospitals, education, local government, faith communities</p>
	<p>Worksites adopt policies encouraging healthy food at company sponsored events.</p>	
	<p>Worksites adopt policies that require healthy food options in cafeterias.</p>	
	<p>Worksites have policies or guidelines for point-of-sale information that identifies healthier food options in cafeterias and vending machines. *</p>	
	<p>Worksite makes kitchen equipment available for employee food storage and cooking.</p>	
<p>#3 Ensure that policies at schools and child care facilities promote healthier foods and beverages, with an emphasis on fruits, vegetables and healthy beverages/water.</p>	<p>Encourage and support schools in participating in Coordinated School Health, including completing the School Health Index or other self-assessment to assess school policies, activities and programs in nutrition.</p>	<p>School boards, school administration, parents, students, ESU, EDN, System of Care for Children 0-8, child care centers</p>
	<p>School policies which limit the sale or offering of calorically sweetened beverages to students.</p>	
	<p>School policies which promote strong nutrition</p>	

	standards for competitive foods including fundraising, a la carte, and food from home such as those recommended by the Institute of Medicine and the Healthier U.S. School Challenge.	
	Schools adopt youth appropriate marketing techniques to promote healthful choices (e.g. point-of-decision prompts, and signage).	
#4 Ensure that children in schools and childcare facilities have affordable, appealing healthy choices in foods and beverages outside of the child nutrition program.	Schools have policies to assure that fruits or non-fried vegetables are offered at school celebrations when food or beverages are offered.	School boards, school administration, parents, students
#5 Implement and enhance clinical interventions to prevent and control obesity.	Increase the number of clinicians screening all adults and children for obesity and offering or referring for intensive counseling or behavioral interventions to promote sustained weight loss.	Hospitals, clinics, health centers, Title X, WIC
#6 Ensure a healthy food source.	Policies and practices for proper handling, preparation, and storage of food to increase food safety.	Business, care facilities, day care, schools
	Promote safe food sources through education and information	UNL Extension, producers

***Denotes linkage with Nebraska Physical Activity and Nutrition State Plan 2011-2016.**

EVALUATION OF HEALTHY EATING STRATEGIES

STRATEGIES	TARGET: By July 2017...	DATA SOURCE	BASELINE
#1 Improve the availability and access of affordable healthier foods and beverages, including fruits, vegetables and water, in local retail venues and underserved areas.	Increase % of census tracts (in the Panhandle) that have healthier food retailers located within the tract or within a ½ mile of tract boundaries. *	CDC State Indicator Report on Fruits and Vegetables	NE 2009: 64%
	Increase the # of community gardens and farmers markets in the Panhandle to at least one in seven of ten counties.	Panhandle Community Healthy Living Survey TBD	TBD
	Increase the % of farmers markets that accept WIC Farmers Market Nutrition Program coupons. *	CDC State Indicator Report on Fruits and Vegetables	NE 2009: 1.5% Panhandle: TBD
	Increase the % of farmers markets that accept electronic benefits transfers. *	CDC State Indicator Report on Fruits and Vegetables	NE 2009: 1.5% Panhandle: TBD
#2 Ensure access to and promote healthful foods, including fruits, vegetables and water while limiting access to sugar-sweetened beverages in worksite settings (food service, cafeteria, vending machines, meetings, conferences and events) (NPANSP).	Increase % of worksites with policies or guidelines on healthful food options served at staff meetings. *	Nebraska Worksite Wellness Survey	NE 2011: 16.6% Panhandle 2011: 19%
	Increase % of worksites adopting policies encouraging healthy food at company sponsored events.	Nebraska Worksite Wellness Survey	NE 2011: 19% Panhandle 2011: 30%
	Increase % of worksites adopting policies that require healthy food options in cafeterias.	Nebraska Worksite Wellness Survey	NE 2011: 16% Panhandle 2011: 30%
	Increase % worksites that have posted signs to promote healthful food/beverage options or healthier food alternatives in the vending machines in the past 12 months. *	Nebraska Worksite Wellness	NE 2011: 5.6% Panhandle 2011: 25%
	Increase % worksites participating in Worksite Wellness that make kitchen equipment available for employee food storage and cooking. *	Nebraska Worksite Wellness Survey	NE 2011: 80% Panhandle 2011: 100%
	Increase % worksites that have offered employee health or wellness programs including support groups, counseling session or contests related to healthy eating or nutrition. *	Nebraska Worksite Wellness Survey	NE 2011: 5.6% Panhandle 2011: 75%
#3 Ensure that policies at schools and child care	Increase % of elementary schools that ever used the School Health Index or other self-assessment tool to	School Health Profiles	NE 2010: 23% Panhandle: TBD

facilities promote healthier foods and beverages, with an emphasis on fruits, vegetables and healthy beverage/water (NPANSP).	assess school policies, activities, and programs in nutrition.		
	Increase % of secondary schools that ever used the School Health Index or other self-assessment tool to assess school policies, activities, and programs in nutrition. *	School Health Profiles	NE 2010: 33.1% Panhandle: TBD
	Increase % of elementary schools with a School Improvement Plan that includes health related goals and objectives on nutrition services and foods and beverages available in schools. *	School Health Profiles	NE 2010: 25.5% Panhandle: TBD
	Increase % of secondary schools with a School Improvement Plan that includes health related goals and objectives on nutrition services and foods and beverages available in schools. *	School Health Profiles	NE 2010: 33.0% Panhandle: TBD
	Increase # of in-home child care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities: N9 Nutrition Policy. *	DHHS/NAFH Little Voices for Healthy Choices Initiative database	NE: NA Panhandle: TBD
#4 Ensure that children in schools and child care facilities have affordable, appealing healthy choices in foods and beverages outside of the child nutrition program.	Increase % of elementary schools that always or almost always offer fruits or non-fried vegetables at school celebrations when foods or beverages are offered. *	School Health Profiles	NE 2010: 17.3% Panhandle: TBD
	Increase % of secondary schools that always or almost always offer fruits or non-fried vegetables at school celebrations when foods or beverages are offered. *	School Health Profiles	NE 2010: 15.9% Panhandle: TBD
#5 Implement and enhance clinical interventions to prevent and control obesity.	Increase # of providers screening all adults for obesity and offering or referring for intensive counseling or behavioral interventions.	Provider reporting process to be developed through meaningful use of Electronic Health Records practices	TBD
	Increase # of providers screening all children over six for obesity and offering or referring for intensive counseling or behavioral interventions.	Provider reporting process to be developed through meaningful use of Electronic Health	TBD

		Records practices	
#6 Ensure a healthy food source.	Decrease the # of food borne illnesses	NEDDS Base System	NE 2011: 1134 Panhandle 2011: 24

* Denotes linkage with Nebraska Physical Activity and Nutrition State Plan 2011-2016.

EVALUATION OF HEALTHY EATING GOALS

The goals for Healthy Eating align with the Nebraska Physical Activity and Nutrition State Plan 2011-2016.

GOALS	TARGET: By July 2017	DATA SOURCE	BASELINE	RELATED HP 2020 OBJECTIVE
Increase consumption of fruits and vegetables.	Increase % of Panhandle adults consuming 5 or more servings of fruits and vegetables per day.	Nebraska Behavioral Risk Factor Surveillance System (BRFSS)	NE 2010: 22.6% Panhandle 2010: 23.1%	NWS 14 & NWS 15 Increase the contribution of fruits and vegetables to the diet of the population aged 2 years and up.
	Increase % of Panhandle 9 th – 12 th grade students who reported eating fruits at least 5 times a day and vegetables at least three times per day during the last seven days.	Nebraska Youth Risk Behavior Survey (YRBS)	NE 2009: 6.9% NE 2011: 17%	
Decrease sugar-sweetened beverage consumption.	Decrease % of Panhandle 9 th – 12 th grade students who reported drinking a can, bottle, or glass of soda/pop during the past seven days.	Nebraska Youth Risk Behavior Survey (YRBS)	NE 2009: 23.8% NE 2011: 66%	NWS 17.2 Reduce the consumption of calories from added sugars.

PRIORITY AREA: Healthy Living: Active Living

GOALS:

- **Increase physical activity**
- **Decrease screen time (television, computers, electronic games, smart phones)**

STRATEGIES	ACTIVITIES	PARTNERS
#1 Enhance access to physical activity opportunities, including physical education in Panhandle schools, child care and after school facilities. *	Encourage schools in establishing Coordinated School Health.	Schools, parents, communities
	Schools and communities have policies and practices which promote active transportation (walking and biking). *	Schools, parents, communities
	Provide access to physical activity before, during and after school. *	Schools, out of school time programs, child care providers
	Implement and promote joint use agreements between schools parks and recreation, communities and facilities. *	City councils, school boards and community facilities
	Promote community opportunities for parents and children/youth to engage in physical activity together.	Communities, parents, children, youth, recreation facilities
	Provide teachers and child care providers with professional development to educate them on how to integrate physical activity and reduce screen time during the day. *	ESU, EDN, Panhandle Early Learning Connection Partnership, PPHS Training Academy
#2 Enhance policies for physical activity, inclusive of physical education, in Nebraska schools. *	Local school district policies increase the required minutes of physical education. *	Local school boards
	Local school district policies increase the required minutes for recess for elementary schools. *	Local school boards, parents, students
	Local school district policies require physical education and/or health education classes for high school graduation. *	Local school boards, parents, students
#3 Enhance community planning and design practices through built environments and policy changes to improve physical activity across the	Utilize community comprehensive plans to promote supportive environments for active lifestyles, including those with disabilities. *	Communities, city councils, civic groups, businesses, citizens,

lifespan and in Panhandle communities and for persons of varying capabilities. *		youth, adults, seniors
# 4 Enhance the parks and recreation built environment and policies that improve access to physical activity in the Panhandle across the lifespan for persons of varying capabilities. *	Reduce barriers (e.g. safety, cost, accessibility) to outdoor recreation facilities. *	Communities, community leagues, citizens
	Promote the use of existing parks, recreational facilities, fitness centers, and sports programs as opportunities for physical activity. *	Chambers of Commerce, communities, facilities.
# 5 Enhance worksite and healthcare supports for physical activity.	Educate business leaders on how to incorporate wellness and healthy lifestyles into their business models. *	Panhandle Worksite Wellness Council
	Identify, summarize and disseminate best practices, models and evidence-based physical interventions in the workplace. *	Panhandle Worksite Wellness Council
	Incorporate physical activity, including screen time and media usage, as a patient “vital sign” that all health care providers assess and provide counseling for their patients. *	Hospitals, clinics, providers
	Encourage health care providers to assess youth physical activity behaviors at annual visit.	Hospitals, clinics, providers

* Denotes linkage with [Nebraska Physical Activity and Nutrition State Plan 2011-2016](#).

EVALUATION OF HEALTHY LIVING: ACTIVE LIVING STRATEGIES

STRATEGIES	TARGET: By July 2017...	DATA SOURCE	BASELINE
#1 Enhance access to physical activity opportunities, including physical education in Panhandle schools, child care and after school facilities. *	Increase % of elementary schools that offer opportunities for all students to participate in intramural activities or physical activity clubs.	School Health Profiles	NE 2010: 42.6% Panhandle: TBD
	Increase % of secondary schools that offer opportunities for all students to participate in intramural activities or physical activity clubs.	School Health Profiles	NE 2010: 45.9% Panhandle: TBD
	Increase % of elementary schools that require physical education for students in any of grades K-5.	School Health Profiles	NE 2010: 98.4% Panhandle: TBD
	Increase % of secondary schools that require physical education for students in grades 9, 10, 11, 12 respectively.	School Health Profiles	NE 2010: 89.0%, 48.5%, 21.3%, 21.2%
	Increase # of in-home care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities PA1 Active Plan and Active Time.	DHHS/NAFH Little Voices for Healthy Choices Initiative database	NA
	Increase # of in-home care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities PA2 Play Environment.	DHHS/NAFH Little Voices for Healthy Choices Initiative database	NA
	Increase # of in home care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities PA4 Physical Activity Education.	DHHS/NAFH Little Voices for Healthy Choices Initiative database	NA
#2 Enhance policies for physical activity, inclusive of physical education, in Nebraska schools. *	Increase % of elementary schools that require physical education for students in any of grades K-5.	School Health Profiles	NE 2010: 42.6% Panhandle: TBD
	Increase % of secondary schools that require physical education for students in grades 9, 10, 11, 12.	School Health Profiles	NE 2010: 89.0%, 48.5%, 21.3%, 21.2% Panhandle: TBD
	Increase % of secondary schools in which teachers taught all 12 physical activity topics in a required course for students in grades 6-12.	School Health Profiles	NE 2010: 58.4% Panhandle: TBD
#3 Enhance community	Increase % of youth with parks, community centers	National Survey of	2007: 54.6%

planning and design practices through built environment and policy changes to improve physical activity in Panhandle communities.	and sidewalks in neighborhood.	Children's Health (NSCH)	
	Increase % of communities with plans to promote walking and biking.	Panhandle Community Healthy Living Survey (to be developed)	NA
	Increase % of seniors with safe sidewalks.	Panhandle Community Healthy Living Survey (to be developed)	NA
# 4 Enhance the parks and recreation built environment and policies to improve access to physical activity in the Panhandle. *	Increase the total # of existing and planned trails in the Panhandle.	Nebraska Community Trail Inventory	NE 2004: 403 (Existing), 859 (Planned) Panhandle: TBD
# 5 Enhance worksite and healthcare supports for physical activity.	Increase % of worksites that provide incentives to employees for engaging in physical activity or exercise.	Nebraska Worksite Wellness Survey	NE 2011: 28% Panhandle 2011: 43%
	Increase % of worksites that have policies supporting employee physical fitness.	Nebraska Worksite Wellness Survey	NE 2011: 29% Panhandle 2011: 39%
	Increase % of worksites that have policies encouraging employees to commute to work by walking or biking.	Nebraska Worksite Wellness Survey	NE 2011: 2% Panhandle 2011: 3%
	Increase % of worksites that have one or more walking routes for employees.	Nebraska Worksite Wellness Survey	NE 2011: 8 % Panhandle 2011: 23%
	Increase % of worksites that post signs to promote use of stairs within worksite.	Nebraska Worksite Wellness Survey	NE 2011: 3% Panhandle 2011: 23%
	Increase % of worksites that allow additional breaks during the day for physical activity.	Nebraska Worksite Wellness Survey	NE 2011: 5% Panhandle 2011: 3%
	Increase % of worksites that provide subsidized memberships to health or fitness clubs.	Nebraska Worksite Wellness Survey	NE 2011: 17% Panhandle 2011: 33%
	Increase % of worksites that allow flex time for physical activity during the workday.	Nebraska Worksite Wellness Survey	NE 2011: 12% Panhandle 2011: 19%
	Increase # of health care providers assessing youth physical activity behaviors at annual visits.	Foster Healthy Weight in Youth Survey	NA

EVALUATION OF HEALTHY LIVING: ACTIVE LIVING GOALS

The goals for Active Living goals align with the 2011-2016 Nebraska Physical Activity and Nutrition State Plan.

GOALS	TARGET: By July 2017...	DATA SOURCE	BASELINE	RELATED HP 2020 OBJECTIVE
Increase physical activity.	Increase % of Nebraska adults meeting 2008 Physical Activity Guidelines.	Nebraska Behavioral Risk Factor Surveillance System (BRFSS)	NE 2009: 67.6% Panhandle Combined 2007-2010: 49.5%	PA 2 Increase the proportion of adults who meet current federal physical activity guideline for aerobic physical activity and muscle strengthening activity.
	Increase % of Panhandle 9-12 th grade students who reported being physically active for a total of at least 60 minutes during the past 7 days	Nebraska Youth Risk Behavior Survey (YRBS)	NE 2009: 17.7% NE 2011: 54%	PA 3 Increase the proportion of adolescents who meet current federal physical activity guidelines for aerobic physical activity and for muscle strengthening activity.
Decrease screen time (television, computers, electronic games, smart phones).	Decrease % of 9 th -12 th grade students who reported watching TV 3+hours per day on an average school day	Nebraska Youth Risk Behavior Survey (YRBS)	NE 2009: 22.9% NE 2011: 25%	PA 8.2 Increase the proportion of children and adolescents ages 2 years through 12 th grade who watch television, videos or play video games for no more than two hours per day.
	Decrease % of Panhandle 9 th – 12 th graders who report playing video or computer games (or using the computer for something that was not school work) 3+ hours per day on an average school day	Nebraska Youth Risk Behavior Survey (YRBS)	NE 2009: 17.4% NE 2011: 21%	PA 8 Increase the proportion of children and adolescents aged 2 years to 12 th grade who use or play computers games outside of school (for non -school work) for no more than 2 hours a day.

	Decrease % of Panhandle children ages 1-5 years who watch 1 or more hours of TV per day.	National Survey of Children's Health (NSCH)	NE 2007: 51.4%	N/A
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PRIORITY AREA: Healthy Living: Breastfeeding

GOALS:

- **Increase breastfeeding initiation, duration and exclusivity**

STRATEGIES	ACTIVITIES	PARTNERS
#1 Increase support for breastfeeding in the workplace.	Educate employers and working mothers regarding federal legislation that requires employers to provide both time and private space for breastfeeding/ pumping during work hours. Use “Business Case for Breastfeeding” to encourage all businesses to adopt a written policy and to support and promote breastfeeding as a means to increase productivity, retention, and satisfaction of employees.	Worksite Wellness, businesses, hospitals, schools, agencies
	Establish and implement a recognition program to promote business that support breastfeeding.	Worksite Wellness
#2 Increase numbers of peer and professional support programs/providers.	Establish, expand and promote a community-level based network of peer and professional support people and resources.	Communities, healthcare, agencies, Children’s Outreach Program, HFA
# 3 Increase number of hospitals providing maternity care practices supportive of breastfeeding.	Hospitals implement breastfeeding practices.	RNHN, local hospitals
#4 Increase public acceptance and support of breastfeeding.	Increase positive portrayals of breastfeeding in the media.	PPHD Annual Report
	Inform and educate communities about benefits of breastfeeding.	Church groups, community groups, WIC clinics, providers

EVALUATION OF BREASTFEEDING STRATEGIES

STRATEGIES	TARGET: By July 2017...	DATA SOURCE	BASELINE
#1 Increase support for breastfeeding in the workplace.	Increase % of Panhandle businesses that have a written policy supporting breastfeeding.	Nebraska Worksite Wellness Survey	NE 2011: 9.5% Panhandle 2011: 33%
	Increase % businesses that provide a private, secure lactation room on site.	Nebraska Worksite Wellness Survey	NE 2011: 24.1% Panhandle 2011: 65%
	Increase % of businesses that allow time in addition to normal breaks for lactating mothers to express breastmilk during the day.	Nebraska Worksite Wellness Survey	NE 2011: 31.6% Panhandle 2011: 61%
	Increase % of worksites that have offered employees health or wellness programs, support groups, or counseling sessions related to breastfeeding lactation.	Nebraska Worksite Wellness Survey	NE 2011: 5% Panhandle 2011: 25%
#2 Increase the number of peer and professional support programs.	Increase # of lactation consultants in the Panhandle.	CDC Breastfeeding Report Card	NE 2011: 3.04 IBCLC's per 1,000 live births Panhandle: TBD
	Increase # of La Leche groups in Panhandle.	CDC Breastfeeding Report Card	NE 2011: .61 LL groups per 1,000 live births Panhandle 2012: 1 in the Region
	Increase # of WIC peer counselors.	State WIC program	NE 2010: 37 Panhandle 2012: 3
#3 Increase the number of hospitals providing maternity care practices supportive of breastfeeding.	Increase the number of hospitals in the Panhandle that have adopted baby friendly policies.	CDC Breastfeeding Report Card	NE 2011: 2 Panhandle 2011: RWMC - 7/10 steps complete for designation
#4 Increase public support and acceptance of breastfeeding.	Increase # of public messages and partners in support of breastfeeding.	TBD	N/A

EVALUATION OF BREASTFEEDING GOALS

The goals for Breastfeeding align with Nebraska Physical Activity and Nutrition State Plan 2011-2016.

GOALS	TARGET: By July 2017...	DATA SOURCE	BASELINE	RELATED HP 2020 OBJECTIVE
Increase breastfeeding initiation, duration, and exclusivity.	Increase % of Panhandle mothers who reported initiating breastfeeding.	National Immunization Survey (NIS)	NE Birth Cohort 2007: 75.5% Panhandle: TBD	MICH 21.1 Increase proportion of infant who were breastfed ever.
	Increase % of Panhandle mothers who reported continuing breastfeeding at 12 months.	National Immunization Survey (NIS)	NE Birth Cohort 2007: 23.9 % Panhandle: TBD	MICH 21.2 Increase the proportion of infants who are breastfed at 1 year.
	Increase % of Panhandle mothers who reported exclusively breastfeeding at six months.	National Immunization Survey (NIS)	NE Birth Cohort 2007: 12.4% Panhandle: TBD	MICH 21.5 Increase the proportion of infants who are breastfed exclusively through six months.

EVALUATION OF HEALTHY LIVING HP 2020 LEADING HEALTH INDICATORS

HP 2020 LEADING HEALTH INDICATOR	DATA SOURCE	BASELINE
<p>NWS 9 Reduce the proportion of adults who are obese.</p> <p>HP 2020 Target: 30.6%</p> <p>Target-setting method: 10% improvement</p>	<p>Nebraska Behavioral Risk Factor Surveillance System (BRFSS)</p>	<p>NE 2007-2010 Combined: 27.7% (2007: 27.0%) (2010: 28.5%)</p> <p>Panhandle 2007-2010 Combined: 29.7% (2007: 28.1%) (2010: 31.3%)</p>
<p>NWS 10 Reduce the proportion of children and adolescents who are obese.</p> <p>HP 2020 Target: 14%</p> <p>Target-setting method: 10% improvement</p>	<p>TBD</p>	<p>TBD</p>
<p>NWS 15.1 Increase the contribution of total vegetables to the diets of the population aged two and older.</p>	<p>Nebraska Behavioral Risk Factor Surveillance System (BRFSS)</p>	<p>NE 2007-2009 Combined: 22.6% (2007: 21.6%) (2009: 23.7%)</p> <p>Panhandle 2007-2009 Combined: 23.1% (2007: 20.8%) (2009: 35.5%)</p>
<p>PA 2.4 Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity.</p> <p>HP 2020 Target: 20.1%</p>	<p>Nebraska Behavioral Risk Factor Surveillance System (BRFSS)</p>	<p>NE 2007-2009 Combined: 51.5% (2007: 50.2%) (2009: 52.9%)</p> <p>Panhandle 2007-2009</p>

		Combined: 49.4 % (2007: 46.7%) (2009: 52.2%)
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