Making the healthy choice, the easy choice.
Making the healthy choice, the easy choice.

2011 was another exciting year for the Eat Smart, Move More movement in South Carolina. Since the South Carolina Obesity State Plan was developed in 2005, three long-term milestones have continued to steer progress towards improving the health of South Carolinians.

The three milestones are:
1. A comprehensive, coordinated statewide effort to promote healthy weight.
2. Communities that support and promote the adoption of policy and environmental strategies to improve nutrition and increase physical activity.
3. Improved health of all populations who are affected by the burden of obesity and chronic disease.

These milestones have remained consistent since the launch of the original S.C. Obesity State Plan. However, how S.C. is reaching these milestones has evolved (www.eatsmartmovemoresc.org/wp-content/uploads/2012/02/obesity_milestonesv4.pdf). To monitor progress in reaching these milestones, S.C. has developed the evaluation plan for the S.C. State Obesity Plan (www.scdhec.gov/health/chcdp/obesity/evaluation.htm). The figure below depicts how the three milestones align with evaluation questions and the long-term goals of the S.C. Obesity State Plan.

The 2011 State of the State Report provides a snapshot of the progress that South Carolina has made in addressing these guiding milestones.

![The Evaluation Plan for the S.C. Obesity State Plan](image)

This report was supported by Cooperative Agreement Number DP08-805 from the Centers for Disease Control and Prevention Division of Nutrition, Physical Activity, and Obesity. The contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.
Milestone 1: A comprehensive, coordinated statewide effort to promote healthy weight

The South Carolina Eat Smart, Move More Coalition (the Coalition) is guided by a multi-disciplinary Board of Directors. In addition, the Coalition has set specific checks and balances to ensure a high performing organization.

Strategic Plan Progress
The Coalition’s strategic plan has become the guiding framework for how South Carolina is comprehensively building, enhancing, and increasing the statewide movement to eat smart and move more. The strategic plan includes five goals and 19 objectives. In 2011, the Coalition achieved 44 out of the 49 strategies in their strategic plan.

Enhanced Organizational Capacity
To ensure that the Board of Directors is functioning optimally, a Board Governance Committee was formed. One way the Board Governance Committee addresses the growth and development of the Board of Directors is by conducting an annual collaboration assessment of board members. The assessment looks at the areas of dialogue, decision making, action taking, representation, roles and responsibilities, and challenges to determine opportunities for improvement. The majority of respondents indicated benefits and felt their involvement on the Coalition’s Board of Directors has added value to the Coalition’s ability to implement the vision, mission, and strategic plan. Additional survey results are available upon request.

During 2011, the Coalition was able to expand existing infrastructure and hire a community coordinator. The role of the community coordinator is to support local action and operational functions by providing technical assistance and outreach to emerging and established local chapters, focusing on the implementation of Options for Action at the community level. This position was made possible by funding from the BlueCross BlueShield of S.C. Foundation and the Division of Nutrition, Physical Activity and Obesity at the S.C. Department of Health & Environmental Control.

Standing Committees work to operationalize the Coalition’s Strategic Plan and to guide efforts towards the four priority areas: Advocacy, Communications and Marketing, Supporting Community Action, and Training and Education. The purpose of each is as follows:

- **Advocacy Committee**: To advance local and state legislation, policy and funding for healthy eating and active living.
- **Communications and Marketing Committee**: To increase public awareness about healthy eating and active living.
- **Supporting Community Action Committee**: To increase the use of best and promising practices to address healthy eating and active living by providing funding and technical assistance to communities.
- **Training and Education Committee**: To strengthen and sustain capacity and infrastructure to increase healthy eating and active living.

**Evaluation Question 1**
To what extent does the South Carolina Eat Smart, Move More Coalition have a functional organizational capacity?
2011 Board of Directors

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S.C. Institute of Medicine and Public Health

Lynn Hammond, Vice-Chair
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Communications & Marketing Committee

Jill Pfankuch
Supporting Community Action Committee

Gwen Preston
Training & Education Committee

Staff

Amy Splittgerber
Executive Director

Coleman Tanner
Community Coordinator
In 2011, the four standing committees continued to make significant progress towards key priority areas. Through the committees, the Coalition accomplished many key objectives.

**Advocacy Committee**

During the 2011 S.C. legislative session, seven bills dealing with healthy eating, active living, and obesity were introduced in the General Assembly. The Advocacy Committee supported all of these bills. The Coalition’s legislative priorities for 2011 were outlined in an advocacy agenda. Key priorities are listed below. More information on the Advocacy Platform can be found online at www.eatsmartmovemoresc.org.

- Nutritious Snacks and Beverages bill (S.498/H.3529)
- Farm to School bill (S.812/H.4200)
- Protect and support the SC Student Health and Fitness Act
- Begin drafting a Complete Streets bill

The Coalition sponsored an advocacy training in February to help build grassroots advocacy efforts. The event had 35 participants.

**Communication and Marketing Committee**

The Committee established internal communication procedures to enhance communication between and among Board of Directors, Committee Chairs, and local Eat Smart, Move More (ESMM) chapters. Keeping local chapters’ communications needs in mind, the Committee developed and released the New Chapter Welcome Packet with the help of the Supporting Community Action Committee. The packet provides communications guidance and tools to use when establishing an identity and working with the media.

The Coalition website was enhanced and re-designed through feedback and direction provided by the Committee. Throughout the year, the website received an average of 17,676 visits. Data shows this to be an increase from 2010. In addition to improving the state website, a local ESMM chapter website template was created under the Committee’s direction. This action led to the development and launch of several local ESMM chapter websites. Following the launch of the local websites, the Committee provided website training for local chapters.

Other actions of the Communication and Marketing Committee include assisting with the revision and dissemination of the 7 Healthy Tips flyer and collaborating with the Training and Education Committee on a media advocacy training for Coalition partners.

**Training and Education Committee**

In an effort to educate local chapter/coalition leadership and partners and to provide them with the appropriate tools, twelve trainings were conducted in 2011.

- **Options for Action and SCORES:** A total of six trainings (Taking it to the Next Level) were conducted with 108 people attending. The target groups for these trainings were local chapters/coalitions and other groups, such as the S.C. Department of Education’s Team Nutrition coordinators, and the S.C. Hospital Association’s Working Well Centers of Excellence.
- **Grant Writing Series:** The focus of the series was to build the capacity of partners on ways to increase financial sustainability. A total of 60 people attended the series of three sessions: Session 1: Get Ready; Session 2: Get Written; and Session 3: Get Real.

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• **Media Advocacy Training:** The focus was to increase strategic communications at the local level for making the healthy choice, the easy choice. A total of 45 people from local chapters/coalitions were trained.

• **Complete Streets Workshop:** This workshop targeted communities with the goal of increasing the number of communities pursuing Complete Streets principles. A total of 60 participants from local communities attended the workshop.

• **Demystify Evaluation:** Building the capacity of partners to use sound evaluation principles was the focus of this seminar. A total of 40 participants from local chapters/coalitions were in attendance.

The Training and Education Committee, in conjunction with the Coalition, hosted the *2011 Obesity Summit: Building Leadership for Healthy Communities*. The statewide summit had nearly 300 participants from across the state. It featured six setting-specific tracts and provided participants with information about best practice initiatives aimed at promoting and increasing healthy eating and active living options in their communities.

**Supporting Community Action Committee**

In an effort to facilitate learning and sharing among communities, Network Sharing Calls were established in 2011. Three calls were conducted. Participants indicated strong value in this dedicated opportunity to network, exchange information, and learn from each other.

An assessment of local partners and ESMM chapters was conducted to ensure the specific needs of local coalitions were being addressed. The survey was administered to 32 chapters/coalitions, with 22 completing the assessment (response rate: 69%). The results of the assessment revealed the most popular settings in which current policy, systems, and environmental change is occurring -- community, school, and worksite. Various technical assistance needs were identified in the areas of youth and media advocacy, partner engagement, evaluation, social media and communicating data. In addition, the assessment revealed interest in piloting a mentor program among coalitions. The assessment results were used in the development of each committee’s 2012 work plan, and the Training and Education Committee and Advocacy Committee agendas.

The New Chapter Welcome Packet was developed in collaboration with the Communication and Marketing Committee to explain the benefits of becoming a local chapter, provide an overview of the Coalition, provide guidance on communications and the media, and address frequently asked questions.

**Community Grant Opportunities**

Six Capacity Building grants were awarded:

1. Eat Smart, Move More Charleston Tri-County
2. Eat Smart, Move More Hampton County
3. Eat Smart, Move More Lexington County
4. Eat Smart, Move More Orangeburg County and Eat Smart, Move More Allendale County
5. Eat Smart, Move More Richland County
6. Orangeburg County Physical Activity and Nutrition Coalition

Six Implementation grants were awarded:

1. Eat Smart, Move More Charleston Tri-County
2. Eat Smart, Move More Kershaw County
3. Eat Smart, Move More Lowcountry
4. Healthy Greenwood Neighborhoods, Inc.
5. LiveWell Greenville
6. Spartanburg Childhood Obesity Taskforce’s Access to Healthy Food Committee
Engaged Partners
The Coalition recognizes the value in state level and local level partnerships to fulfill the mission of a unified movement to make the healthy choice, the easy choice. In 2011, there were 37 state level organizations engaged in the network of the Coalition. The number of partners increased since 2010. Locally, the Coalition welcomed eight new Eat Smart, Move More chapters in 2011.

1. Allendale County
2. Aiken County
3. Chester County
4. Fairfield County
5. Florence County
6. Hampton County
7. Horry County
8. Orangeburg County

At the close of 2011, there were 20 local ESMM chapters. Thirteen have established webpages on the state website. In addition to the 20 local chapters contributing to the implementation of the S.C. Obesity State Plan, there are 18 local healthy eating and active living organizations also part of the Eat Smart, Move More movement. For a current list of chapters, visit www.eatsmartmovemoresc.org.

Resources Leveraged
Numerous funding sources were received by the Coalition to further invest in the implementation of the S.C. Obesity State Plan. Funding sources included:
• S.C. DHEC Bureau of Community Health and Chronic Disease Prevention
• BlueCross BlueShield of South Carolina Foundation
• USC Center for Research in Nutrition and Health Disparities
• Save the Children
**Milestone 2: Communities that support and promote the adoption of policy and environmental strategies to improve nutrition and increase physical activity**

In South Carolina, goals for meeting Milestone 2 are guided by the Options for Action framework. Options for Action is an online, how-to guide for implementing the S.C. Obesity State Plan on the local level. Options for Action provides setting-specific goals, objectives, and tools for policy, systems, and environmental change strategies to address healthy eating, active living, and obesity prevention.

The South Carolina Online Reporting and Evaluation Systems (SCORES) provides a reporting framework for Options for Action. Information compiled in this document includes SCORES data, along with data from other state and local level sources.

The following sections provide a brief synopsis of this data, which serves to outline what has occurred on the local level in the six Options for Action settings to address policy, systems, or environmental change related to nutrition, physical activity, and obesity. The six settings are:

- Child Care/Preschool,
- Community,
- Faith,
- Health Care,
- School, and
- Worksite.

For a detailed analysis of the Options for Actions objectives and activities occurring in SCORES, visit: [http://www.scdhec.gov/health/chcdp/obesity/evaluation.htm](http://www.scdhec.gov/health/chcdp/obesity/evaluation.htm).

**Setting: Child Care/Preschool**

Establishing healthy nutrition and physical activity behaviors at an early age can substantially reduce the risk of long-term chronic diseases, such as diabetes and heart disease, particularly among at-risk children.

South Carolina DHEC and the S.C. Department of Social Services ABC Child Care Program began collaborating in 2010 to establish and implement nutrition and physical activity best practices for child care centers participating in the state’s voluntary quality improvement system -- S.C. ABC Child Care Program. The program helps ABC providers achieve the highest standards of quality in caring for the children they serve.

Child care providers voluntarily enroll in ABC and are reimbursed according to the quality of care provided. Almost two-thirds of the child care centers in the state have voluntarily enrolled in the ABC Child Care Program. Therefore, this project presented a critical opportunity to impact children statewide, and in particular, children of vulnerable situations.

Core components of the project include the identification of model nutrition and physical activity best practices for the ABC Child Care Program; supporting implementation of the standards through trainings, tools and resources; and a pilot phase with 19 child care centers implementing best practices to determine feasibility, cost, challenges, clarity, and resource needs. ABC Centers participating in the pilot developed a written physical activity policy and a healthy eating policy, and they adopted numerous environmental changes supportive of healthy eating and good nutrition, as
well as physical activity and active play. Data from the pilot program will be used to inform the development of standards for adoption into the ABC Child Care Program.

In conjunction with the pilot projects, S.C. has begun developing a state-specific self-assessment for child care nutrition and physical activity policy and practices. The assessment will reflect national and state best-practice recommendations, and will assist child care providers in improving the nutrition and physical activity environment, and policies and practices at their centers. The self-assessment for child care will be incorporated into the Eat Smart, Move More, Grow Healthy Toolkit. The toolkit will be released in 2012, and will provide resources that promote and support best-practice recommendations for nutrition and physical activity.

In 2011, specific examples of policy, systems, and environmental changes in the child care setting include the incorporation of more movement activities into the curriculum, establishing vegetable gardens, and developing and implementing guidelines for all foods and beverages served. Additionally, many training opportunities were provided to child care staff about healthy eating, active living, and obesity prevention efforts to further enhance capacity for policy, systems and environmental change in the child care setting.

**Setting: Community**

The community setting provides an avenue for reaching individuals of all ages. Community-based policy, systems, and environmental change strategies can lead to the development of communities in which citizens can have increased access to healthy foods and more opportunities to be physically active.

**Active Living**

Complete Streets is based on the principle that there is room for more than one mode of transportation on the roads in communities, and that roads should be safe and accessible for pedestrians and bicyclists, as well as for motor vehicles. Communities have begun to embrace the many advantages of adopting and implementing Complete Streets, which provides for safe bicycling, walking, and motorized options to build a more livable and accessible community for citizens of all ages and abilities.

The case study, *Two South Carolina Communities Pursuing Complete Streets Policies: Considerations for Implementing a Community Guide Recommended Practice*, was developed in 2011, and shows how two communities, Allendale and Rock Hill, have worked to promote and pursue Complete Streets principles. To read the Complete Streets report, visit [www.scdhec.gov/obesity](http://www.scdhec.gov/obesity). In addition to the cities and counties that have adopted Complete Streets Resolutions or Ordinances in previous years, three additional communities/counties adopted ordinances and/or resolutions in 2011.

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Data from the SCORES system identified two additional communities that installed bike racks in 2011 to further encourage and support bicycling. This environmental change occurred in the Kershaw and Rock Hill communities.

To support cycling, the Bicycle Friendly Community designation welcomes cyclists by providing safe accommodations for cycling and encouraging people to bike for transportation and recreation. In 2011, Hilton Head received a silver designation as a Bicycle Friendly Community. For a complete listing of all S.C. communities that have been recognized as Bicycle Friendly, see the Palmetto Cycling Coalition at www.pccsc.net. At the state level in 2011, S.C. ranked 39th for bicycle-friendliness, with an overall grade of F. Unfortunately, this marked a decrease from 33rd in 2010 and 26th in 2009. For more information about the State ranking, visit the Palmetto Cycling Coalition at www.pccsc.net.

In addition to the bike lending program previously established in Spartanburg, a community-wide collaboration expanded this service to offer a network of self-service bike rental stations at various locations in the Spartanburg community. For additional information, visit www.active-living.org.

Healthy Eating
Recognizing the impact of health, environmental, educational, and economic factors on the state’s food systems, communities are looking more at relevant and community-centric ways to increase access to healthy food choices. Coupled with the fact that agribusiness has become S.C.’s number one industry, communities have many opportunities in which to increase access to locally grown healthy foods.

In 2011, the number of community gardens, community supported agriculture programs and farmer’s markets continued to grow throughout the state. Many communities established or revitalized community gardens, and 12 new community gardens were entered into the SCORES system.

According to S.C Department of Agriculture data, there were:

- 24 community supported agriculture programs,
- 117 community farmer’s markets,
- 29 community farmer’s markets that accept EBT/SNAP,
- 74 community farmer’s markets that accept WIC Farmer’s Market Nutrition Program coupons, and
- 69 community farmer’s markets that accept Senior Farmer’s Market Nutrition Program coupons.

Community Mobilization
As more local ESMM chapters/coalitions are established, these entities are helping to advocate and educate on how to create communities to support healthy eating and active living.

In 2011, there was a 87.5% increase in the number of chapters/coalitions established. These community groups are developing action plans for policy, systems, and environmental change strategies to address healthy eating, active living, and obesity prevention. These action plans are based on assessments conducted to objectively determine current community influences as to how South Carolinians are supported towards making the choices to eat smart and move more.
Based on data from SCORES:

• 33 communities developed a plan of action to address healthy eating, active living, and obesity prevention through policy, systems, and environmental change,
• 11 communities conducted a community physical activity policy, systems, and environmental assessment to determine priority areas for improvements related to physical activity,
• 32 instances in which communities advocated for community planning and development that support regular physical activity opportunities in a safe environment, and
• 10 instances in which communities advocated for community planning and development that provide access and availability to healthy foods.

These community-based efforts are supported by a number of funding sources, including grants from BCBS of S.C. Foundation, S.C. Eat Smart Move More Coalition, Action Communities for Health, Innovation, and EnVironmental changE (ACHIEVE), as well as other grant and philanthropic sources.

BlueCross BlueShield of South Carolina Foundation: Funding from the BCBS of S.C. Foundation has continued in Colleton County. Highlights include passing of the Complete Streets Resolution, successful grocery store labeling and marketing of healthy food items, the farmer’s market accepting EBT/SNAP, and implementation of Coordinated Approach to Child Health in schools. Colleton County has served as a pilot for comprehensive obesity prevention across multiple settings in a local community. Successes and lessons learned in Colleton serve to inform and focus replication efforts throughout the state.

S.C. Eat Smart, Move More Coalition: The 2011 community grant opportunity supported additional community mobilization activities. Communities funded by the Coalition for capacity building projects began developing the strategic planning process and completed a strategic plan to help in sustaining their local coalition to address healthy eating, active living, and obesity prevention. Implementation projects funded by the Coalition included:

• Charleston Tri-County supported a chefs-in-schools initiative for school staff to help increase healthy food options in the school cafeteria. Training and support to school staff was provided by local chefs. This initiative also included incorporation of the culinary arts program students from local high schools to assist school staff in meal preparation and promotion of the healthy food items to their peers.
• LiveWell Greenville developed a pediatric toolkit for local health care providers. To complement the toolkit, the group also provided training in motivational interviewing to Greenville County pediatrics practices.
• Healthy Greenwood Neighborhoods implemented the Greenwood Gardening to Health and Wellness project. Ten Greenwood Community Garden sites were established.
• Eat Smart, Move More Kershaw County developed Signs of Health. Signage was installed in local parks to help increase park usage and to also help impact the health of local residents. Community walking teams have also been established as part of the project.
• Eat Smart, Move More Lowcountry has been funded to create a culture of wellness for area employers. Physical activity and food environment assessments have been conducted to determine priority areas for improvements related to opportunities for increased physical activity and healthy eating in the worksite. The focus of this initiative is to turn programs to practice.
• Spartanburg Childhood Obesity Taskforce’s Access to Healthy Food Committee has begun implementing the Healthy Options Incentive Program to encourage healthier options in ten restaurants in the county. The program will support practices to include nutrition labeling, healthy children’s meals, and appropriate portion size options.

ACHIEVE: Communities work to address reducing tobacco use and exposure, promoting physical activity and healthy eating, improving access to quality preventive health care services, and eliminating health disparities. The current ACHIEVE Communities are funded by either the National Association of County and City Health Officials (NACCHO), National Association of Chronic Disease Directors (NACDD), National Recreation and Parks Association (NRPA), or Young Men’s Christian Association (YMCA):

• Columbia - Blythewood (YMCA)
• Greenville (NRPA)
• Kershaw (NACDD)
• North Charleston (NACCHO)
• Rock Hill (NRPA)
• Spartanburg (NACDD)

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Additional examples of policy, systems, and environmental changes in the faith setting, as reported in SCORES, include:

Multiple instances of the establishment of a healthy ministry to address healthy eating, active living, and obesity prevention.

Five examples in which there was a creation of trails or walking/bicycling routes adjacent to the place of worship.

Seven instances in which healthy eating policies were established to include healthy food and beverage options during faith-based gatherings and events.

Two faith-based vegetable gardens were established.

Health Impact Assessment
In 2011, various state and local stakeholders were convened to identify considerations and opportunities in which to utilize the six steps of a health impact assessment, specific to the modifiable risk factors of childhood obesity. This groundwork was conducted with the intent to assess S.C.’s readiness in utilizing health impact assessments, how to support this systematic analysis to be conducted, and to identify opportunities to disseminate this information. A capacity building and planning report was developed: http://www.scdhec.gov/obesity.

In concert with this stakeholder report, a rapid health impact assessment was conducted on the impact of a proposed road diet and road re-striping in Spartanburg. This assessment was conducted to serve as a tool to demonstrate the potential impact of the re-striping and road diet on traffic safety, opportunities for physical activity, access to goods and services, and air quality: www.imph.org.

Setting: Faith
Faith-based organizations and public health are natural partners, sharing a common ground in their vision to create environments of trust and comfort that nurture healthy people and build healthy communities. In the South, this collaboration is particularly powerful because religious organizations are often the heart of the community. Below are two examples of how faith-based organizations in S.C. are adopting policies to provide healthy options.

• Clover Associated Reformed Presbyterian Church: Clover Associated Reformed Presbyterian Church has established a breastfeeding-friendly environment. The church designated a private space with a rocker glider for breastfeeding mothers to use during church time and other events. This designated space is located in the church’s educational building. The church also supports a breastfeeding-friendly environment by encouraging nursing mothers to use an area available in the church’s nursery. The church has indicated that breastfeeding mothers are utilizing these spaces and are appreciative for the supportive breastfeeding environment.

• Fisher Hill Community Baptist Church: Fisher Hill Community Baptist Church in Cheraw has made numerous nutrition and physical activity systems and environmental changes. A health ministry was established for children. Healthy eating environmental changes included having water available at all meals, serving more whole grains at meals, having salads available at meals, and providing “healthy dessert” options. Changes to the physical activity environment included re-measuring an existing walking area on church grounds and promotion of the walking area to the membership.

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**Setting: Health Care**

The health care system is a crucial setting for addressing overweight and obesity among both children and adults. The powerful influence of health care professionals will be pivotal in impacting the trends of obesity in South Carolina. In addition, the health care system provides a unique role in serving as role models for employees and clients.

**LiveWell Greenville:** To help pediatric health care providers in Greenville County provide screening, education, and support to patients, LiveWell Greenville developed and disseminated a pediatric toolkit. The toolkit includes simple patient education materials, a pediatric weight management protocol algorithm and training in motivational interviewing. The majority of pediatric practices in Greenville County (14+/-) have put the toolkit to use with their young patients.

**Medical University of South Carolina Lean Team:** The Lean Team has received funding support from the Boeing Company. This support has led to the joining of the Lean Team’s successful obesity prevention program with MUSC’s clinical childhood obesity treatment program under the new Boeing Center for Children’s Wellness.

**Docs-Adopt Initiative:** The Charleston County Medical Society and the Charleston County School District have launched a unique partnership known as “Docs-Adopt.” Fifty-five physicians have been paired with local schools to serve as advocates and resources to help impact health and wellness efforts by serving as a member of the school’s wellness committee.

**South Carolina Ten Steps Program:** The S.C. Breastfeeding Coalition has developed the S.C. Ten Steps Program to promote and support breastfeeding and, ultimately, help improve the health of mothers and babies in the Palmetto State. The program is based on the Ten Steps to Successful Breastfeeding as outlined by UNICEF-WHO. The goal of the S.C. Ten Steps Program is to support breastfeeding policies and practices in hospitals and birthing centers statewide. The program will help hospitals and birthing centers progress towards the Baby-Friendly Hospital designation.

The recognition program is divided into bronze, silver, and gold categories. Facilities meeting at least six of the ten steps will be recognized at the bronze level; eight of the ten steps will be recognized at the silver level; ten of the ten steps will be recognized at the gold level.

**Setting: School**

Half of a child’s day is spent at school. Because of this, schools represent one of the most effective venues for healthy eating and physical activity initiatives. Students may eat breakfast, as well as lunch at school, and schools may provide the only opportunity for regular physical activity for some children. A comprehensive approach of students, families, teachers, and principals working together is essential for impacting childhood obesity.

**South Carolina Farm to School:** The S.C. Farm to School Program is a joint effort between S.C. DHEC, S.C. Department of Agriculture, SC Department of Education, and Clemson University’s Youth Learning Institute. Representatives from these agencies have continued to provide guidance and leadership to the program.

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There are four components of the Farm to School Program:

1. Purchase S.C. grown fruits and vegetables from local sources such as a farmer, farmer’s market, distributors/processors who buy from local farmers, or a grower’s cooperative.

2. Incorporate S.C. produce at school:
   a. School menu must feature at least two locally grown fruits or vegetables per month.
   b. Publicize the monthly featured locally grown fruits or vegetables as Fresh on the Campus as part of the Farm to School pilot of the Fresh on the Campus certification (through Certified S.C. Grown).

3. Integrate Farm to School into the school curriculum:
   a. In classrooms, through activities such as taste tests and incorporating nutrition education into classroom activities.
   b. Out of class, through activities such as visiting a farm, visiting a farmer’s market, or inviting a local farmer to make a presentation while visiting the school.

4. Establish or revitalize a school vegetable and/or fruit garden.

In 2011, fifty-two schools were awarded funding to implement the S.C. Farm to School Program. Regional farm to school coordinators have continued to provide technical assistance and support to schools. Farmers have received a Good Agricultural Practices (GAP) training program. The S.C. Farm to School Program has been working with over 45 farmers pursuing and/or maintaining GAP certification in order to sell directly to schools. Almost all of the major food distribution companies across the state have received training on S.C. Farm to School. Food distribution companies serving Farm to School sites have reported an increase in the amount of S.C. produce purchased.

Safe Routes to School: Momentum in the S.C. Safe Routes to School (SRTS) Program continued in 2011. Three school outreach coordinators, located in the Upstate, Midlands, and Lowcounty, were hired. Twenty-four schools were awarded SRTS grants (both infrastructure and non-infrastructure). The SRTS Resource Center was created to help schools, districts, and communities throughout the state build and sustain SRTS programs. Ninety-four schools have signed on as Partners of the Resource Center and receive technical assistance and support at no cost from the school outreach coordinators.

Fresh Fruit and Vegetable Program: For school year 2010-11, the S.C. Department of Education received funding from the U.S. Department of Agriculture to implement the Fresh Fruit and Vegetable Program in eligible elementary schools. Schools were selected based on the free and reduced price student percentage eligibility. Eighty-six schools were awarded grants to participate in the program. These schools have used innovative approaches to provide all students with access to fresh fruit and vegetable snacks throughout the school day.

Coordinated Approach to Child Health (CATCH): The Coordinated Approach to Child Health (CATCH) is an evidence-based program implemented to transform a child’s environment by coordinating health efforts across all aspects of the educational experience – classroom, physical education, food service, and family. Since schools choose the activities and initiatives that are put into practice in their school, CATCH implementation varies in the state. In S.C., the CATCH program is provided and funded through S.C. Healthy Schools and the S.C. Department of Education. In 2011, 28 school teams were trained, and an additional 20 members were added to the CATCH training cadre.

Alliance for a Healthier Generation Healthy Schools Program: Three schools successfully met the rigorous scientific criteria to earn the Healthy Schools Program National Recognition Award during the 2010-2011 school year. Burton Pack Elementary in Columbia is the first S.C. school to achieve silver recognition. Southside Middle School in Florence and Brennen Elementary School in Columbia each earned bronze recognition. These schools used the School Health Index or the Alliance for Healthier Generation Healthy Schools Program framework inventory to assess their nutrition and physical activity environments. These assessments help to determine priority areas for improvements related to physical activity and healthy eating.

Healthier U.S. School Challenge: The goal of the Healthier U.S. School Challenge (HUSSC) is to improve the health of the nation’s children by promoting healthier school environments. To help meet the goal, the Food and Nutrition Service (FNS) identifies schools that have made changes to improve the quality of the foods served, provide students with nutrition education, and provide students with physical education and opportunities for physical activity. In 2011, sixty-four schools (Gold-14, Silver-11, Bronze-39) were awarded for excellence in nutrition and physical activity. These schools were from the following seven school districts:

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School Health Profiles: School Health Profiles (SHP) assist education and health agencies in monitoring and assessing characteristics of and trends in school health education policies and programs. The SHP is completed by high school principals and lead health education teachers and is conducted during the spring of even-numbered years. Relevant policy, systems, and environmental approaches to promote healthy eating and active living from the most recent SHP completed in 2010 are listed below:

- 72% of middle and high schools allowed children or adolescents to use indoor physical activity or athletic facilities for community-sponsored physical activity classes or lessons after school hours.
- 54% of elementary schools allowed children or adolescents to use indoor physical activity or athletic facilities for community-sponsored physical activity classes or lessons after school hours.
- 66% of elementary allowed child or adults in the community to use outdoor physical activity and athletic facilities without being in a supervised program.
- 63% of middle and high schools allowed child or adults in the community to use outdoor physical activity and athletic facilities without being in a supervised program.
- 50% of middle and high schools supported or promoted walking or biking to and from school.
- 53% of elementary schools supported or promoted walking or biking to and from school.
- 54% elementary schools with a school garden.
- 33% of middle and high schools with a school garden.

Setting: Worksite

Most American adults spend at least half of their waking hours at work. Worksites can support active living by creating opportunities for physical activity within the normal workflow of the business day. Additionally, food available at work in cafeterias, through vending machines and at meetings, can encourage healthy eating among employees. Creating a culture of healthy eating and active living provides a return on investment for both employees and employers.

One example of creating this type of culture is at MUSC. They host farmer’s markets at three locations to increase the accessibility and availability of locally grown products to employees and the community (Horseshoe, Charleston Memorial Hospital, and Harborview Office Towers). These markets are sponsored by MUSC Employee Wellness and take place weekly. The farmer’s markets offer fresh fruits and vegetables from local farmers, and new vendors have frequently been signing up to participate.

Working Well: In January 2011, the S.C. Hospital Association received funds from The Duke Endowment to create a worksite wellness initiative called Working Well. The aim of Working Well is to not only improve employee wellness efforts within the hospitals across the state, but to also create sustainability through culture shifts that provide environments supportive of healthy behaviors. Forty-two hospitals have joined Working Well and have begun improving and creating sustainable programs to improve their employees’ health and wellness.

continued on next page
Hospitals meeting the components of a healthy food environment receive the Gold Apple designation.

South Carolina Hospitals*
- 6 met Gold Apple standard
- 17 showed improvement after reassessment
- 16 completed initial WorkHealthy America assessment
- 8 committed to create a culture of wellness
- 43 are not involved yet

* This map includes all acute care, specialty, and rehabilitation hospitals as defined by the South Carolina Hospital Association.

A complete list of hospitals participating in Working Well can be found online at www.scha.org/files/documents/workingwellgenflyer_12_04_03.pdf.

Hospitals meeting the components of a physically active environment receive the Fit First designation.

South Carolina Hospitals*
- 4 met Gold Medal standard
- 10 showed improvement after reassessment
- 25 completed initial WorkHealthy America assessment
- 7 committed to create a culture of wellness
- 43 are not involved yet

* This map includes all acute care, specialty, and rehabilitation hospitals as defined by the South Carolina Hospital Association.
Milestone 3: Improved health of all populations who are affected by the burden of obesity and chronic disease

In 2011, progress was made towards enhancing S.C.’s ability to monitor the behavioral goals of the S.C. Obesity State Plan.

To address a long-standing gap in children’s health information, the S.C. Children’s Health Assessment Survey (CHAS) was established. The CHAS system will serve to gather more robust information of the health status and factors influencing the health of children. As part of this system, state level childhood obesity data will be collected. Actual data collection will begin in 2012, and results will be available in 2013.

Data gathered from various sources and compiled in the S.C. Surveillance System was used in 2011 to:

- Develop the 2011 Obesity Burden Report.
- Develop and disseminate the Nutrition, Physical Activity, and Obesity County Profile sheets. These provide county-specific information on the nutrition and physical activity behaviors and environmental influences, and highlight policy, systems, and environmental strategies.
- Update the S.C. Overweight and Obesity County Maps. These color-coded maps reflect the varying rates of overweight and obesity, and are presented for the years 2000-2010.
- Continue to disseminate the Adult and Youth Fact Sheets.

For additional details regarding any of the documents noted above, please visit www.scdhec//health/chcdp/obesity/data.htm.

One of the goals of the S.C. Obesity State Plan was not behavioral in nature, yet was included to increase the number of research projects related to obesity prevention and control. Translating research into practice is integral to ensure that research findings are put into practice in communities throughout the state.

The State of South Carolina is fortunate to have many renowned researchers and supporting academic institutions. Because of the need for an expanding pool of evidence-based practices, research plays a key role in the S.C. Obesity State Plan.

Many institutes of higher learning have applied for and/or have received nutrition, physical activity, and/or obesity related grants. In 2011, projects have included establishing a farmer’s market at a federally qualified health center; researching nutrition and physical activity policies and practice in child care centers; and studying the link between fitness and cognitive achievement.

6 Goals of the S.C. Obesity State Plan

1. Increase the percentage of South Carolinians who meet the current age-specific recommendations for regular physical activity.
2. Increase the percentage of South Carolinians who consume at least five servings of fruits and vegetables a day.
3. Increase the percentage of S.C. mothers who breastfeed for at least six months.
4. Increase the percentage of South Carolinians who are at a healthy weight.
5. Decrease the burden of obesity and obesity-related chronic diseases.
6. Increase the number of research projects in S.C. related to obesity prevention and control.
Challenges and Barriers

Obesity is a complex condition influenced by behavioral, environmental, and biological factors. Implementing the S.C. Obesity State Plan to help impact obesity takes a coordinated effort. While there has been significant progress since the 2005 launch of the S.C. Obesity State Plan, there remain challenges and barriers that influence implementation of the three guiding milestones.

Challenges and barriers noted by local coalitions, as gathered from a local coalition assessment conducted in 2011, included:

• Although increased funding opportunities have become available, due to the recognition that obesity is an issue that needs to be addressed, funding levels remain insufficient to adequately and comprehensively address the obesity risk factors of nutrition and physical activity.

• As more communities are committed to the Eat Smart, Move More movement in S.C. and are mobilizing to establish local chapters/coalitions, a challenge that remains is lack of dedicated staff to coordinate efforts within these local communities.

• Training that has been provided to partners has been recognized as a valuable asset for building capacity and for implementing evidence-based strategies. However, ongoing training is needed to continue to support local and state level partners in addressing the complexity of this issue.

• A continued challenge for local chapters/coalitions is to make the case to key stakeholders regarding the focus on high impact/high reach approaches through policy, systems, and environmental change strategies. While individual education and awareness play a role in a comprehensive approach to obesity prevention, communities will gain long-term benefits when focusing on policy, systems, and environmental change strategies.

• Similarities among communities in S.C. exist. While networking among chapters/coalitions has begun, additional opportunities and sharing of lessons learned are needed.

• The Options for Action framework is the how-to guide for implementing the S.C. Obesity State Plan on the local level, and some partners are using Options for Action. The need exists for continued, ongoing communication to partners about this available resource to support implementation.

• Guidance on how to involve and engage local government decision makers in developing communities that support healthy eating and active living is needed.

• Monitoring the implementation of the S.C. Obesity State Plan is a challenge. More comprehensive and widespread use of SCORES is needed across all Options for Action settings to better reflect efforts throughout the state.

• Limited resources available to provide customized evaluation assistance to better support partners’ efforts.
Enablers and Facilitators
Based on a local coalition assessment conducted in 2011, facilitators to implementing the S.C. Obesity State Plan included:

- Mobilization of local partners via increasing number of local chapters/coalitions.
- Engagement of state and local partners in educational and training events.
- Training evaluation results showed training opportunities provided were deemed as value-added.
- Continued leadership and guidance by the Coalition, Board and committees.
- Providing best-practice, evidence-based guidance through Options for Action.
- Enhanced data and surveillance analysis and product development for dissemination to state and local level partners.

What's Next?
Building on the momentum of 2011, the Coalition looks forward to furthering the work to make the healthy choice the easy choice. Obesity is a complex issue and a sustained and comprehensive approach is needed. Action must occur at all levels to include individual, family, community, and the broader society.

The Coalition will continue to lead a unified movement with a focus on enhancing coordination and communication within the state to boost synergistic activities. This will be aided by an updated organizational strategic plan; increased staff capacity; and an increased focus on strategic communications. Action will be taken to articulate and communicate the consistent message of the Eat Smart, Move More movement in South Carolina.

Communities will continue to support and promote the adoption of policy and environmental change strategies to improve nutrition and physical activity. Communities will be supported by future trainings, resources, and guidance on evidence-based and promising approaches for healthy eating and active living. Further enhancements to the Options for Action framework will be made by adding descriptive icons to guide users on the more specific purpose of each tool.

South Carolina will continue to seek and foster improved health of all populations affected by the burden of obesity and chronic diseases through enhanced surveillance and monitoring activities. Implementation of Options for Action activities will continue to be monitored via the S.C. Online Reporting and Evaluation System. Efforts will be made to better collect and report what is occurring in S.C. communities and to disseminate this information to partners.

The S.C. Obesity State Plan's three guiding milestones will continue to steer progress towards improvements in health and making the healthy choice the easy choice for South Carolinians.

For more information about the State of the State Report, contact Amy Splittgerber, Executive Director of the South Carolina Eat Smart, Move More Coalition, at 803-667-9810.