



South Carolina Obesity Action Plan

2014 – 2019

overview



OUR MISSION

The purpose of the South Carolina Obesity Action Plan is to educate, engage, and mobilize partners to help make the healthy choice the easy choice for South Carolinians. The state plan aims to build on the success of current efforts and offers new strategies to reduce obesity rates in the Palmetto State.

WHY SHOULD I CARE ABOUT OBESITY IN SOUTH CAROLINA?

Today, two out of three South Carolina adults and one out of three children are overweight or obese. Obesity has become a major contributor to the diseases that kill the most people in our state, make the most people sick, and cost our state the most money to treat.



Adult Health Reasons

Obesity is linked to chronic diseases like diabetes and heart disease; **80% of chronic diseases are preventable.**



Children's Health Reasons

If current trends continue, this generation of **South Carolina kids** will have a **shorter life expectancy than their parents.**



Economic Reasons

The economic **cost of obesity in South Carolina** is estimated to be **\$8.5 billion per year** and growing.

WHAT'S IN THE ACTION PLAN?

The plan focuses on strategies to reduce and prevent obesity. Here are a few examples:

- **Communities** – Improving access to affordable, healthy produce by increasing the number of local farmers markets that accept SNAP/EBT and WIC vouchers.
- **Worksites** – Implementing healthy eating, physical activity, breastfeeding, and tobacco-free campus policies at the South Carolina Governor's cabinet agencies.
- **Healthcare** – Increasing provider referrals to obesity counseling services for South Carolina patients.
- **Schools and Child Care** – Expanding the Farm to School program to increase access to fresh, locally-grown fruits and vegetables for South Carolina students.

HOW WILL WE KNOW IF WE'RE SUCCESSFUL?

Picture what our state would look like if all South Carolinians had access to healthy foods and more opportunities to be physically active during their day. Now think about the kinds of changes we need to make to realize this vision. To accomplish our mission, we'll need to make environmental, policy, and systems-level changes in the places where South Carolinians live, work, play, and learn. This is what South Carolina could look like...



Communities

- Safe, accessible neighborhood parks, paths, sidewalks, and trails
- Active commuting such as biking and walking
- Access to local farmers markets and community gardens



Worksites

- Healthy food and beverage options
- Opportunities for safe physical activity
- Tobacco-free environments
- Breastfeeding-friendly environments



Healthcare

- Access to obesity assessments and treatment
- Maternal and newborn care practices that encourage women to breastfeed
- Healthcare and community partnerships that facilitate patient referrals to healthy eating and active living resources



Schools & Childcare

- Healthy meals and snacks using fresh, local produce
- Physical education classes
- Opportunities for physical activity throughout the day
- Nutrition education
- Safe walking and bike paths to school and on school campuses

how can i get involved?

Join our Scale Down movement – We've mobilized more than 800 South Carolina business leaders, non-profit executives, healthcare representatives, academics, and elected officials to unite in our efforts to address the state's obesity problem. This statewide group meets regularly and has smaller work groups you can join if you would like to get more involved.

Check out our full state plan at scaledown.org – Let us know if there are any strategies or activities in the plan that you would like to help with.

Share with us what you're doing – We've developed an online resource directory to help connect organizations working on similar obesity prevention initiatives. Visit scaledown.org to complete the online form to be listed among our partners who are working to reduce and prevent obesity in South Carolina.

Contact us – For more information, email us at info@scaledown.org.

leading the way for success: the south carolina obesity council

Scaledown.org is a statewide movement that promotes increasing healthy eating and active living in the places where South Carolinians live, work, play, and learn. Scaledown.org is guided by the South Carolina Obesity Council. The Council is composed of a diverse range of business, health care, non-profit, and educational leaders who are committed to utilizing best practices to reduce South Carolina's obesity rates.

Over the course of a year, the South Carolina Obesity Council worked with organizations across the state to develop the 2014-2019 Obesity Action Plan. The plan details evidence-based strategies and activities to guide our partners in reducing the burden of obesity in South Carolina over a five-year period. Special attention was paid to ensuring that objectives outlined in the plan reach minority and low-income populations, who are disproportionately affected by obesity in South Carolina and across the U.S.

The 2014-2019 South Carolina Obesity Action Plan is meant to be a living document – growing, changing, and evolving as our state hits key benchmarks or new needs arise. The following section highlights strategies and measurable objectives that will be achieved within the first 12 to 24 months of implementing the plan. These strategies and objectives are grouped under the four settings that most South Carolinians interact with during their day: community, workplace, health care, and schools & child care.

The full version of the state plan covering all five years of strategies and objectives can be found beginning on page 22.

GOAL 1

community

Improve the community environment to increase access to affordable fruits and vegetables, education about healthy eating and physical activity, and to provide more opportunities for safe physical activity.

VISION 2020

South Carolinians have improved access to affordable, local produce, and communities develop and promote opportunities that help residents become more physically active.

WHY IT'S IMPORTANT

People's eating habits are influenced by their nutritional environment. By making policy and environmental changes to the places where people purchase their food (e.g., grocery stores, restaurants, schools, farmers markets), we can improve access to affordable, healthier options. Similarly, by altering the physical environment in the neighborhoods where people live, work, and play, we can increase the opportunities for more South Carolinians to be active.

COMMUNITY STRATEGIES

Strategy C1: Increase access to affordable fruits and vegetables.

Objective C1.1

By June 2015, increase the number of farmers markets that accept electronic benefit transfers (EBT) for SNAP by 20% (baseline = 11 farmers markets accept SNAP).

Objective C1.2

By June 2015, increase the number of farmers markets or farm stands that accept WIC vouchers by 10% (baseline = 163 farmers markets or farm stands accept WIC vouchers).

Recommended actions:

- Complete an assessment of South Carolina's farmers markets and stands that accept SNAP electronic benefit transfers (EBT) and WIC vouchers.
- Identify prospective farmers markets and stands to expand SNAP EBT and WIC voucher offerings, with a special emphasis on targeting underserved communities, such as areas with high rates of poverty, obesity, and those located within food deserts.
- Increase training of farmers market managers, staff, and volunteers on how to accept and redeem SNAP EBT and WIC vouchers.
- Collaborate across agencies to educate SNAP and WIC clients on how to use EBT and vouchers at farmers markets and stands, and the benefits of eating fresh produce.

Strategy C2: Incorporate evidence-based healthy eating and active living strategies into local government plans to support local food systems and community designs that encourage daily physical activity.

Objective C2.1

By June 2016, increase the number of county comprehensive plans that include healthy eating and active living principles (baseline to be established by December 2014).

GOAL 1 : COMMUNITY

Recommended actions:

- Disseminate the South Carolina Health + Planning Toolkit to local governments.
 - Provide training and technical assistance to professionals affiliated with the South Carolina Planning Association, the Municipal Association of South Carolina, and the South Carolina Association of Counties.
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Strategy C3: Increase community access to school facilities that offer opportunities for physical activity.

Objective C3.1

By January 2015, the S.C. School Board Association will adopt and distribute to 81 school districts a model policy that provides open community access to school recreational facilities.

Recommended actions:

- Distribute information to school administrators on the benefits of providing open access to the community to utilize school fitness areas and equipment.
 - Work with school district administrators to customize implementation of the model policy to meet the needs of their local schools and communities.
 - Promote available school resources online to help community residents locate participating open access schools in their neighborhood.
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Strategy C4: Increase the number of organizations that have a breastfeeding policy or program.

Objective C4.1

By June 2016, increase the number of faith-based organizations implementing a "Mother Friendly Support" program adapted for faith-based organizations (baseline = 0 faith-based organizations).

Recommended actions:

- Adapt the existing “Mother Friendly Support” Toolkit for use in the faith community in collaboration with Eat Smart, Move More SC and the SC Breast Feeding Coalition.
 - Provide training on the implementation of the “Mother Friendly Support” toolkit to interested faith-based organizations.
 - Encourage faith-based organizations to adopt breastfeeding policies utilizing the “Mother Friendly Support” toolkit as a guide.
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Strategy C5: Provide quality nutrition education programs to low-income individuals.

Objective C5.1

By September 2015, increase the numbers of SNAP and SNAP-eligible adults participating in SNAP Nutrition Education programs by 50% (baseline = 1,566 adults took SNAP education classes and 71,743 adults were reached through SNAP education outreach efforts in FY 2013).

Recommended action:

- Enhance outreach to community-based organizations and service providers to increase awareness of SNAP Nutrition Education Programs and increase referrals for services.

GOAL 2

worksites

Improve employees' health by implementing evidence-based worksite wellness strategies to reduce obesity risk factors and prevalence.

VISION 2020

South Carolina employers have developed worksite environments that support healthy eating, physical activity, and breastfeeding.

WHY IT'S IMPORTANT

Worksites are a critical setting to implement obesity prevention and reduction strategies in as most adults spend the majority of their day at work. Developing environments that support healthy eating, physical activity, and breastfeeding through policy change and behavioral strategies can positively impact the health of employees and their families.

WORKSITE STRATEGIES

Strategy W1: Implement worksite wellness initiatives using evidence-based strategies.

Objective W1.1

By October 2014, increase the number of South Carolina Governor's cabinet agencies that have completed comprehensive *Working Well* worksite assessments to 16 (baseline = 0 cabinet agencies).

Objective W1.2

By June 2015, increase the number of South Carolina worksites and employees reached by evidence-based, *Working Well* strategies to at least 100 worksites and 100,000 employees (baseline = 91 worksites and 95,751 employees).

Objective W1.3

By June 2015, increase the number of South Carolina worksites that have achieved the *Working Well* "Gold Apple" designation for healthy eating to at least 30 (baseline = 22 worksites).

Recommended actions:

- Expand farm-to-institution offerings to South Carolina hospitals participating in the *Working Well* initiative to increase employees' access to fresh, local produce.
- Implement healthy eating, physical activity, tobacco-free campus, and breastfeeding policies at each participating organization to promote environmental and behavioral changes that reduce obesity prevalence.

Strategy W2: Promote and develop the adoption of evidence-based worksite wellness initiatives among South Carolina employers.

Objective W2.1

By December 2014, establish a worksite wellness advisory group to provide recommendations about evidence-based frameworks, methods, and key indicators to foster the development of worksite wellness initiatives among South Carolina employers.

GOAL 2 : WORKSITES

Objective W2.2

By June 2015, conduct a survey of South Carolina workplaces to assess current worksite wellness policies, activities, and needs.

Objective W2.3

By June 2015, increase the number of South Carolina hospitals implementing evidence-based, *Working Well* strategies to at least 65 (baseline = 58 hospitals).

Recommended actions:

- Seek funding opportunities that will support statewide, regional, and institution-based worksite wellness initiatives.
- Contact and recruit targeted representatives from diverse sectors to serve on the worksite wellness advisory group.

GOAL 3

health care

Improve patient care by enhancing the health care system's ability to effectively diagnose, counsel, and refer patients to needed obesity treatment, nutritional counseling, and support services.

VISION 2020

South Carolina's health care system plays an integral role in the state's obesity prevention and reduction efforts.

WHY IT'S IMPORTANT

The health care system (e.g., providers, insurers, health facilities) plays a crucial role in implementing obesity prevention and reduction strategies. A system that supports early diagnosis, counseling, and interventions that connect patients to community resources is vital to reducing the prevalence of obesity and associated chronic conditions.

HEALTH CARE STRATEGIES

Strategy H1: Establish and implement a systems-level approach to identify, diagnose, and counsel at-risk, overweight, and obese patients.

Objective H1.1

By June 2016, increase the number of adult Medicaid patients that are offered, coded, and billed for obesity services to 16,620 (baseline = 0 adult Medicaid patients).

Objective H1.2

June 2016, establish a system for collecting and monitoring Medicaid, Medicare, and private insurance data for all individuals being seen for obesity in South Carolina.

Objective H1.3

By October 2015, expand the number of health care providers utilizing the South Carolina Medical Association (SCMA) 5-2-1-0 Toolkit to at least 150 (baseline = 8 health care providers using toolkit).

Recommended actions:

- Encourage private and government health care insurers to reimburse services needed to assess and effectively treat overweight and obese patients.
- Promote health insurance policies that offer obesity prevention and wellness discounts and incentives (e.g., health risk assessments, nutrition counseling, and fitness classes).
- Train health care providers on evidence-based methods (e.g., those outlined in the SCMA 5-2-1-0 Toolkit) to effectively prevent, diagnose, and treat overweight and obese adult and pediatric patients through continuing education offerings.

Strategy H2: Develop and support health care/community partnerships to promote referrals to community-based resources that encourage healthy eating and physical activity.

Objective H2.1

By June 2015, complete an assessment of health care practices participating in a pilot Prescription for Parks program (baseline = 2 health care practices participating).

Recommended actions:

- Engage and encourage health care providers on available community resources to help their patients eat healthier and move more, with a special focus on reaching providers serving minority and low-income populations.
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Strategy H3: Implement evidence-based guidelines for maternal and newborn care practices that support breastfeeding initiation, duration, and exclusivity.

Objective H3.1

By June 2015, increase the number of hospitals designated as Baby Friendly to 8 (baseline = 5 hospitals).

Recommended actions:

- Utilize the Birth Outcomes Initiative (BOI) to engage and recruit South Carolina hospitals to achieve Baby Friendly designation.
- Assist hospitals in developing educational modules to ensure consistent training of hospital staff statewide.

GOAL 4

schools & child care

Improve children's health through the use of evidence-based strategies that promote healthy eating and physical activity.

VISION 2020

South Carolina children have increased access to healthy foods and beverages, and more opportunities for physical activity during and outside of school hours.

WHY IT'S IMPORTANT

School and child care settings are ideal locations to improve eating habits, increase physical activity, and educate young people about how to make healthier lifestyle choices. South Carolina schools directly impact more than 90% of young people during the majority of their waking hours. By implementing policy, environmental, and systems-level changes in the school and child care settings, we can help hundreds of thousands of children establish healthy behaviors at an early age.

SCHOOL & CHILD CARE STRATEGIES

Strategy S1: Increase access to fresh fruits and vegetables for children.

Objective S1.1

By June 2015, increase the number of South Carolina schools and child care centers participating in the Farm to School/Preschool program to at least 133 (baseline = 124 schools and/or child care centers).

Recommended actions:

- Continue to offer training and technical assistance – including culinary training for food service staff and garden development workshops for teachers – to support schools and preschools in the implementation of Farm to School/Preschool.
- Host networking workshops to develop relationships between farmers and school district personnel and/or their food distributor.
- Offer training and assistance to help schools and neighborhoods establish community gardens.

Strategy S2: Increase access to physical activity opportunities for children.

Objective S2.1

By October 2014, complete a feasibility assessment of implementing a statewide, web-based fitness education testing, reporting, and data management system in South Carolina public schools.

Objective S2.2

By June 2015, establish a statewide system for gathering and reporting student-level fitness data, inclusive of BMI, for grades 2, 5, 8, and the required high school physical education course for policy and program planning, development, implementation, and assessment.

Objective S2.3

By June 2016, increase the number of K-5 schools that provide 30 minutes of daily physical activity during the school day through evidence-based, comprehensive physical activity programs (baseline to be established in 2015).

GOAL 4 : SCHOOLS & CHILD CARE

Recommended actions:

- Disseminate an online survey to South Carolina school districts to assess current fitness test practices and infrastructure needs.
- Develop a training tool to guide school staff in implementing and utilizing FitnessGram 10.

Strategy S3: Increase the number of South Carolina out-of-school time providers implementing the National AfterSchool Association’s healthy eating and physical activity standards.

Objective S3.1

By June 2016, increase the number of out-of-school time providers serving as Centers of Excellence to at least 4 (baseline = 0 providers).

Objective S3.2

By June 2016, increase the number of out-of-school time providers that are fully compliant with the National AfterSchool Association Healthy Eating and Physical Activity (HEPA) Standards to 25 (baseline = 0 providers).

Recommended actions:

- Survey out-of-school time providers to determine awareness and current implementation of the National Afterschool Association’s healthy eating and physical activity standards.
- Conduct outreach to out-of-school providers and associations (e.g., YMCA, S.C. Afterschool Alliance, Boys and Girls Club) to increase awareness of standards, with a special emphasis on facilities serving minority and low-income populations.

Strategy S4: Develop health care professionals-school partnerships to promote healthy eating and active living activities in South Carolina schools.

Objective S4.1

By October 2015, increase the number of South Carolina schools and physicians participating in the Docs Adopt School Health Initiative to at least 200 schools and 125 physicians (baseline = 147 schools and 83 physicians serving on school health committees).

Recommended actions:

- Seek funding opportunities that will support more rapid expansion of Docs Adopt School Health Initiative in 11 South Carolina school districts awaiting implementation.
 - Recruit additional health care providers to serve on participating schools' health committees.
 - Recruit community businesses and partners to sponsor incentives that enhance school participation in the initiative.
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Strategy S5: Make health education in schools a focal point for obesity prevention.

Objective S5.2

By June 2015, increase the number of SNAP Nutrition Education programs in the five target counties: Bamberg, Fairfield, Marion, Lee, and Orangeburg.

Recommended action:

- Enhance the activities to promote SNAP Nutrition Education Programs to principals, teachers, staff and parents in eligible elementary schools to increase the number of participating schools.
- Increase the number of SNAP Nutrition Education staff available to deliver services in the target counties.

measuring our progress

The following section outlines the full 2014-2019 South Carolina Obesity Action Plan. The plan details the strategies and objectives that organizations across South Carolina will be working collaboratively on over a five-year period to reduce the burden of obesity in the state.

Each objective includes a target due date and anticipated outcome, as well as an explanation about how the South Carolina Obesity Council intends to measure our progress in achieving each milestone. Progress will be measured incrementally during the five-year implementation of the plan, and recommended actions will be adjusted based on data collected to ensure that objectives are met.

As a living document, new objectives are likely to be added to the plan as the state's needs evolve and existing objectives are accomplished.

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
C	Community Goal: Improve the community environment to increase access to affordable fruits and vegetables, education about healthy eating and physical activity, and to provide more opportunities for safe physical activity.					
C1	Strategy C1: Increase access to affordable fruits and vegetables.					
C1.1	Increase the number of farmers markets that accept electronic benefit transfers (EBT) for SNAP participants.	June 2015	Number of farmers markets that accept SNAP/ EBT	11 farmers markets accept SNAP/EBT	DHEC, DSS, Department of Agriculture, local farmers markets	13 farmers markets accept SNAP/EBT
C1.2	Increase the number of farmers markets or farm stands that accept WIC vouchers.	June 2015	Number of farmers markets or stands that accept WIC vouchers	163 farmers markets or stands	DHEC, DSS, Department of Agriculture, local farmers markets	179 famers markets or stand accept WIC vouchers
C1.3	Host one statewide meeting regarding efforts to increase incentives to healthy food retailers.	June 2016	Statewide meeting held (data source: SC Community Loan Fund)	N/A	SC Community Loan Fund, SC Food Access Task Force	1 statewide meeting
C1.4	Increase the number of SNAP/EBT benefits redeemed at farmers markets in South Carolina.	June 2019	Number of SNAP/ EBT benefits redeemed at farmers markets	Baseline to be determined by June 2015	DHEC, DSS, Department of Agriculture, local farmers	TBD
C1.5	Increase the redemption rate of WIC vouchers at farmers markets or stands in South Carolina.	June 2016	Number of WIC vouchers redeemed at farmers markets	55% of WIC vouchers redeemed	DHEC, DSS, Department of Agriculture, local farmers	60% of WIC vouchers redeemed.
C1.6	Establish a statewide healthy food finance fund.	June 2019	Statewide healthy food financing fund established (data source: SC Community Loan Fund)	0	SC Community Loan Fund, SC Food Access Task Force	1 Food financing fund

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
C2	Strategy C2: Incorporate evidence-based healthy eating and active living strategies into local government plans to support local food systems and community designs that encourage daily physical activity.					
C2.1	Increase the number of county comprehensive plans that include healthy eating and active living principles.	June 2016	Number of county comprehensive plans that include healthy eating and active living principles (data source: DHEC)	Baseline to be established by December 2014	DHEC, ESMMSC, Alta Planning + Design, county governments	Increase by 2 county comprehensive plans over baseline
C2.2	Establish baseline number of county comprehensive plans that include healthy eating and active living principles, ascertain county comprehensive plan renewal dates, and define target number of county comprehensive plans to include healthy eating and active living principles.	December 2014	Baseline established; renewal dates ascertained; target number defined (source: DHEC)	N/A	DHEC, ESMMSC, Alta Planning + Design	Baseline established; target number of county comprehensive plans determined
C2.3	Increase the number of county comprehensive plans that include healthy eating and active living principles.	June 2019	Number of county comprehensive plans that include healthy eating and active living principles (data source: DHEC)	Baseline to be established by December 2014	DHEC, ESMMSC, Alta Planning + Design, county governments	Increase by 7 county comprehensive plans over baseline
C2.4	Conduct active community environment assessments and develop community action plans based on assessment results to increase environmental supports for walking and cycling in six identified communities.	June 2015	Number of identified counties with completed active community environment assessments; number of identified counties with completed community action plan based on assessment results (data source: DHEC)	0	DHEC, ESMMSC, six identified counties	6 community assessments completed; 6 action plans completed
C2.5	Establish a task force to develop criteria, recognition process, and incentive plan, and identify resources needed for a SC "healthy community designation program."	June 2016	Task force established; criteria, recognition plan developed; resources identified	N/A	SC Health Coordinating Council, DHEC, MASC, etc.	Task force established; criteria, recognition plan developed; resources identified

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
C2.6	Increase the number of communities in SC receiving "healthy community designation."	June 2019	Number of communities receiving "healthy community designation"	N/A	SC Health Coordinating Council, DHEC, MASC, etc.	30 communities have received "healthy community designation"
C2.7	Increase the number of bike or pedestrian master plans in SC.	June 2019	Number of bike or pedestrian master plans	Baseline to be determined by December 2014	DHEC, ESMMSC, local communities	TBD
C3	Strategy C3: Increase community access to school facilities that offer opportunities for physical activity.					
C3.1	S.C. School Board Association (SCSBA) will adopt and distribute to 81 school districts a model policy that provides open community access to school recreational facilities.	January 2015	Number of school districts provided the SCSBA model policy on open community access to school recreation facilities (data source: SCSBA)	0 school districts given model policy	YMCA, SCSBA, local school districts, DHEC, SDE, MUSC, Alliance for a Healthier Generation, Pioneering for Healthier Communities, Palmetto Conservation Foundation	81 school districts given model policy
C3.2	Increase the number of school districts that have a written policy that provides open community access to school recreational facilities	June 2019	Number of school districts that have a written policy that provides open community access to school recreational facilities (data source: YMCA)	12 school districts have a written policy	YMCA, SCSBA, local school districts, DHEC, SDE, MUSC, Alliance for a Healthier Generation, Pioneering for Healthier Communities, Palmetto Conservation Foundation	1 food financing fund
C3.3	Develop a statewide community access to school recreation facilities implementation plan.	June 2015	Plan developed (data source: YMCA)	0	YMCA, PHC, PCF, SDE, DHEC, AHG, MUSC, SCSBA	Plan developed

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
C4	Strategy C4: Increase the number of organizations that have a breastfeeding policy or program.					
C4.1	Increase the number of faith-based organizations implementing a "Mother Friendly Support" program adopted for faith-based organizations.	June 2016	Number of faith-based organizations implementing "Mother Friendly Support" program; at least 6 organizations are minority faith-based organizations	0	DHEC, ESMMSC, SC Breastfeeding Coalition	4 faith-based organizations will implement a "Mother Friendly Support" program
C4.2	Increase the number of faith-based organizations implementing a "Mother Friendly Support" program adopted for faith-based organizations.	December 2019	Number of faith-based organizations implementing "Mother Friendly Support" program; at least 6 organizations are minority faith-based organizations	0	DHEC, ESMMSC, SC Breastfeeding Coalition	20 faith-based organizations will implement a "Mother Friendly Support" program
C4.3	Adapt the existing "Mother Friendly Support" Toolkit for the faith community.	June 2015	"Mother Friendly Support" Toolkit adapted for faith community	N/A	DHEC, ESMMSC, SC Breastfeeding Coalition	"Mother Friendly Support" Toolkit adapted for faith community
C4.4	Develop a system for donation of human breast milk in South Carolina.	December 2015	System developed	N/A	DHEC, MUSC, Birth Outcomes Initiative	System developed
C4.5	Increase the number of community-based organizations that adapt recommendations from the Surgeon General's Call to Action to Support Breastfeeding.	June 2019	Number of organizations that adapt recommendations	Baseline will be established by 2016	DHEC, Birth Outcomes Initiative, SC Breastfeeding Coalition	TBD

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
C5	Strategy C5: Provide quality nutrition education programs to low-income individuals.					
C5.1	Increase the numbers of SNAP and SNAP-eligible adults participating in SNAP Nutrition Education programs.	September 2015	Number of adults who attend SNAP education classes; number of adults reached through SNAP education health fairs, newsletters, website, mailings, and take-home messages for parents	Adults who took SNAP education classes in FY 2013 was 1,566; adults reached through SNAP education health fairs, newsletters, website, mailings, and take-home messages for parents was 71,743 in FY 2013	DHEC, DSS	2,349 adults have completed SNAP education courses 107,614 adults reached through SNAP education health fairs, newsletters, website, mailings, and take-home messages for parents
C6	Strategy C6: Promote support for healthy eating, active living, and tobacco use prevention through policy adaptation in faith-based settings.					
C6.1	Provide a faith and health clearinghouse of resources and tools that are evidenced based and/or have been proven to be best and/or promising practices and are specific for faith-based organizations addressing physical activity, nutrition, tobacco use and breastfeeding; establish link to clearing house on the DHEC website.	November 2014	Clearinghouse of faith-based resources and tools developed; link established (data source: DHEC)	N/A	DHEC	Clearinghouse of faith-based resources and tools developed; link established
C6.2	Increase the number of faith-based organizations with policies addressing physical activity, nutrition, tobacco use and/or breastfeeding.	June 2019	Number of faith-based organizations that have adopted at least one of the following types of policies: physical activity, nutrition, tobacco use, breastfeeding; at least 1/3 of organizations are minority faith-based organizations (data source: DHEC)	Baseline to be determined by June 2015	DHEC	TBD

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
W	Worksite Goal: Improve employees' health by implementing evidence-based worksite wellness strategies to reduce obesity risk factors and prevalence.					
W1	Strategy W1: Implement worksite wellness initiatives using evidence-based strategies.					
W1.1	Increase the number of South Carolina Governor's cabinet agencies that have completed comprehensive <i>Working Well</i> worksite assessments.	October 2014	Number of cabinet agencies that have completed four online, <i>Working Well</i> assessment surveys and an onsite evaluation visit by a <i>Working Well</i> staff member (data sources: DHEC, SCHA)	0 cabinet agencies	DHEC, SCHA, Governor's Office, cabinet agencies	16 cabinet agencies have completed worksite assessments
W1.2	Increase the number of South Carolina worksites and employees reached by evidence-based, <i>Working Well</i> strategies.	June 2015	Number of worksites implementing <i>Working Well</i> ; number of employees at worksites implementing <i>Working Well</i> (data source: SCHA)	91 worksites and 95,751 employees reached	SCHA, DHEC, worksites	100 worksites and 100,000 employees reached
W1.3	Increase the number of South Carolina worksites that have achieved the <i>Working Well</i> "Gold Apple" designation for healthy eating.	June 2015	Number of South Carolina worksites that have achieved the <i>Working Well</i> "Gold Apple" designation for healthy eating (data source: SCHA)	22 worksites hold "Gold Apple" designation	SCHA, hospitals, DHEC, Department of Agriculture	30 worksites hold "Gold Apple" designation
W1.4	Maintain 60% of 2014 <i>Working Well</i> participants after the 2016 TDE grant funding cycle ends.	June 2018	60% of 2013 <i>Working Well</i> participants remain engaged with <i>Working Well</i> (data source: SCHA)	91 worksites	SCHA, DHEC	55

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
W2	Strategy W2: Promote and develop the adoption of evidence-based worksite wellness initiatives among South Carolina employers.					
W2.1	Establish a worksite wellness advisory group to provide recommendations about evidence-based frameworks, methods, and key indicators to foster the development of worksite wellness initiatives among South Carolina employers.	December 2014	Worksite wellness advisory group developed	No worksite wellness advisory group	DHEC, SCHA, additional TBD	Worksite wellness advisory group is established
W2.2	Conduct a survey of South Carolina workplaces to assess current worksite wellness policies, activities, and needs.	June 2015	Survey conducted with identified workplaces	N/A	Worksite wellness advisory group, DHEC, SCHA	Survey identified or developed and distributed to worksites
W2.3	Increase the number of South Carolina hospitals implementing evidence-based, <i>Working Well</i> strategies.	June 2015	Number of South Carolina hospitals implementing evidence-based, <i>Working Well</i> strategies (data source: SCHA)	58 hospitals engaged	SCHA, hospitals	65 hospitals engaged
W2.4	Worksite wellness advisory group will identify 50 additional worksites to implement evidence-based, worksite wellness programs.	June 2019	50 additional worksites identified and initial workplace assessment complete	55 worksites (60% of 91, w1.4)	Worksite wellness advisory group, DHEC, SCHA	105 worksites (55+50)

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
H	Health Care Goal: Improve patient care by enhancing the health care system’s ability to effectively diagnose, counsel, and refer patients to needed obesity treatment, nutritional counseling, and support services.					
H1	Strategy H1: Establish and implement a systems-level approach to identify, diagnose, and counsel at-risk, overweight, and obese patients.					
H1.1	Increase the number of adult Medicaid patients that are offered, coded, and billed for obesity services.	June 2016	Number of adults covered by Medicaid who are 1) coded, 2) referred for, and 3) receive obesity counseling (data source: Medicaid SPA)	0 adult Medicaid patients	DHHS	16,620 adult Medicaid patients offered, coded and billed for obesity services (source: Medicaid claims)
H1.2	Establish a system for collecting and monitoring Medicaid, Medicare and private insurance data for all individuals being seen for obesity in South Carolina.	June 2016	System for collecting and monitoring data established	N/A	DOI, DHEC, DHHS Palmetto GBA, private Insurance carriers, and other relevant partners	System developed
H1.3	Expand the number of health care providers utilizing the <i>South Carolina Medical Association (SCMA) 5-2-1-0 Toolkit</i> .	October 2015	Number of health care providers utilizing the toolkit (data source: SCMA)	8 health care providers using toolkit	SCMA	150 health care providers using SCMA 5-2-1-0 Toolkit
H1.4	Increase the number of health care providers in Bamberg, Fairfield, Lee, Marion, and Orangeburg Counties utilizing the SCMA 5-2-1-0 Toolkit to document weight for length during early and periodic screening, diagnostic and treatment (EPSDT) visits for children and adolescents to screen for overweight and obesity.	June 2016	Number of health care providers using the SCMA 5-2-1-0 Toolkit to document for weight for length (data source: SCMA)	0 providers utilizing toolkit	SCMA, provider practices	5 providers utilizing toolkit (one per county)
H1.5	Increase the number of health care providers in Bamberg, Fairfield, Lee, Marion, and Orangeburg Counties utilizing the SCMA 5-2-1-0 Toolkit to document weight for length during EPSDT visits for children and adolescents to screen for overweight and obesity.	June 2019	Number of health care providers in 5 target counties.	0 providers utilizing toolkit	SCMA, provider practices	15 providers (3 per county)

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
H1.6	Increase the number of SCMA continuing education trainings for providers on how to use the SCMA 5-2-1-0 Toolkit to increase the prevention, screening, diagnosis, and treatment of overweight and obesity in children and adolescents.	June 2016	Number of trainings provided on the SCMA 5-2-1-0 Toolkit; number of providers trained by SCMA (data source: SCMA)	1	SCMA	10 trainings offered
H1.7	Increase the number of SCMA continuing education trainings for providers on how to use the SCMA 5-2-1-0 Toolkit to increase the prevention, screening, diagnosis, and treatment of overweight and obesity in children and adolescents.	June 2019	Number of trainings provided on the SCMA 5-2-1-0 Toolkit; number of providers trained by SCMA (data source: SCMA)	1	SCMA	20 trainings offered
H1.8	Increase the number of SC federally-qualified health centers (FQHCs) that have modified their electronic health records (EHRs) to identify people at risk for developing type 2 diabetes.	June 2016	Number of FQHCs that have modified EHRs; number of patients identified at risk for type 2 diabetes (data Source: DHEC)	0	FQHCs, DHEC	8 FQHCs have modified EHRs to identify at-risk patients
H1.9	Increase the number of SC federally qualified health centers (FQHCs) that have modified their electronic health records (EHRs) to identify people at risk for developing type 2 diabetes.	June 2019	Number of FQHCs that have modified EHRs; number of patients identified at risk for type 2 diabetes (data source: DHEC)	0	FQHCs, DHEC	18 FQHCs have modified EHRs to identify at-risk patients
H1.10	Increase the number of adult Medicaid patients that are offered, coded, and billed for obesity services.	June 2019	Number of adults covered by Medicaid who are 1) coded, 2) referred for, and 3) receive obesity counseling (data source: Medicaid SPA)	0 adult Medicaid patients	DHHS	27,720 adult Medicaid patients offered, coded and billed for obesity services (source: Medicaid claims)

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
H2	Strategy H2: Develop and support health care/community partnerships to promote referrals to community-based resources that encourage healthy eating and physical activity.					
H2.1	Complete an assessment of health care practices participating in a pilot Prescription for Parks program.	June 2015	Assessment completed	2 health care practices participating	SCPRT	Assessment completed
H2.2	Medicaid and SC private insurers will reimburse health care providers for best practices (e.g., CDC's diabetes prevention program) and/or an evidence-based lifestyle intervention program for overweight and prevention of obesity.	June 2019	Number and types of insurers who reimburse for best practices and/or an evidence-based lifestyle intervention program for overweight and prevention of obesity	0 insurers reimbursing for evidence-based lifestyle intervention	DHEC, DHHS	1 insurer reimbursing for evidence-based lifestyle intervention
H2.3	Increase the number of American Diabetes Association (ADA)-recognized or American Association of Diabetes Educators (AADE)-accredited diabetes self-management education/training (DSME/T) programs in SC FQHCs.	June 2016	Number of DSME/T programs in SC FQHCs (data source: DHEC)	4 recognized programs in SC FQHCs	FQHCs, DHEC, SC Primary Health Care Association	8 recognized programs in SC FQHCs
H2.4	Increase the number of American Diabetes Association (ADA)-recognized or American Association of Diabetes self-management education/training (DSME/T) programs.	June 2019	Number of DSME/T programs in SC FQHCs (data source: DHEC)	4 recognized programs in SC FQHCs	FQHCs, DHEC, SCPHCA	18 recognized programs in SC FQHCs
H2.5	Increase the number of active diabetes prevention program (DPP) sites for the primary prevention of type 2 diabetes.	June 2016	Number of DPP sites in SC (data source: DHEC)	2 sites actively offering DPP	Faith-based organizations, hospitals, YMCAs, community organizations	3 sites actively offering DPP
H2.6	Increase the number of active diabetes prevention program (DPP) sites for the primary prevention of type 2 diabetes.	June 2019	Number of DPP sites in SC. (data source: DHEC)	2 sites actively offering DPP	Faith-based organizations, hospitals, YMCAs, community organizations	7 sites actively offering DPP

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
H3	Strategy H3: Implement evidence-based guidelines for maternal and newborn care practices that support breastfeeding initiation, duration, and exclusivity.					
H3.1	Increase the number of hospitals designated as "Baby Friendly."	June 2015	Number of hospitals that achieve "Baby Friendly" designation (data source: DHHS Birth Outcomes Initiative)	5 hospitals designated "Baby Friendly"	SC Breastfeeding Coalition, ESMMSC, SC Hospital Association, SC DHHS, SC Medical Association	8 hospitals designated "Baby Friendly"

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
S	Schools and Child Care Goal: Improve children's health through the use of evidence-based strategies that promote healthy eating and physical activity.					
S1	Strategy S1: Increase access to fresh fruits and vegetables for children.					
S1.1	Increase the number of South Carolina schools and/or child care centers participating in the Farm to School/Preschool program.	June 2015	Number of schools participating in the SC Farm to School Program (data source: SC Farm to Institution Program)	124 schools participating in Farm to School	SCDA, DHEC, SCDE, Clemson University, DSS	133 schools participating in Farm to School
S1.2	Secure funding to support a core Farm to Institution Program within the SC Department of Agriculture to facilitate expansion of the current Farm to School Program in schools and preschools and also facilitate expansion to at least two additional types of institutions (such as hospitals, workplaces, universities, and governmental organizations).	June 2019	Funding secured; SC Farm to Institution Program established; number of additional types of institutions participating in the SC Farm to Institution Program (data source: SC Farm to Institution Program)	N/A	SCDA, DHEC, SDE Clemson University, DSS	Funding secured; SC Farm to Institution core infrastructure established; 6 additional institutions

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
S1.3	Increase the number of child care providers enrolled in the SC Child and Adult Care Food Program.	June 2019	Number of child care providers enrolled in the SC Child and Adult Care Food Program (data source: DSS Division of Early Care and Education)	1,323 child care providers enrolled	DSS Division of Early Care and Education, SC Child Care Resource and Referral Network	1,398 child care providers enrolled
S2	Strategy S2: Increase access to physical activity opportunities for children.					
S2.1	Complete a feasibility assessment of implementing a statewide web-based fitness education, testing, reporting, and data management system in South Carolina public schools.	October 2014	Feasibility report completed and disseminated (data source: DHEC)	N/A	DHEC, SCDE, BCBS Foundation, Cooper Institute, Human Kinetics, SCASA, USC, school districts and schools	Feasibility report completed and disseminated
S2.2	Establish a statewide system for gathering and reporting student-level fitness data inclusive of BMI for grades 2, 5, 8 and HS PE1 course for policy and program planning, development, implementation, and assessment.	June 2015	Statewide system established	N/A	DHEC, SCDE, BCBS Foundation, Cooper Institute, Human Kinetics, SCASA, USC, school districts and schools	System established
S2.3	Increase the number of K-5 schools that provide 30 minutes of daily physical activity during the school day through evidence-based, comprehensive physical activity programs.	June 2016	Number of K-5 schools that provide 30 minutes of daily physical activity (data source: SDE Student Health and Fitness Act physical activity survey)	Baseline to be established in 2015	SCDE, DHEC, K-5 schools	50% of K-5 SC public schools
S2.4	Utilize an evidence-based, health-related fitness testing and data management system to determine the status of student fitness, including body mass index (BMI), of the student population in South Carolina public schools.	June 2019	Evidence-based system established and populated by SC public schools	N/A	DHEC, SCDE, BCBS Foundation, Cooper Institute, Human Kinetics, SCASA, USC, school districts and schools	Evidence-based system established and populated by SC schools

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
S2.5	Increase the number of K-5 schools that provide 30 minutes of daily physical activity during the school day through evidence-based, comprehensive physical activity programs.	June 2019	Number of K-5 schools that provide 30 minutes of daily physical activity (data source: SDE Student Health and Fitness Act physical activity survey)	Baseline to be established in 2015	SCDE, DHEC, K-5 schools	100% of K-5 SC public schools
S2.6	Implement a pilot project focused on the design of outdoor environments in early care and education (ECE) settings as a preventive health intervention.	June 2019	Number of ECE sites that participate in the pilot; number of outdoor learning environments established following the Natural Learning Initiative Preventing Obesity by Design Process (data source: DSS Division of Early Care and Education)	0	DHEC, DSS Division of Early Care and Education, SC Program for Infant/Toddler Care, SC Child Care Resource & Referral Network, the Natural Learning Initiative	8 ECE sites; 4 outdoor learning environments
S3	Strategy S3: Increase the number of South Carolina out-of-school time providers implementing the National AfterSchool Association's healthy eating and physical activity standards.					
S3.1	Increase the number of out-of-school time providers serving as Centers of Excellence.	June 2016	Number of out-of-school time providers serving as Centers of Excellence (data source: SC AfterSchool Alliance)	0	USC, Alliance of YMCAs, SC Afterschool Alliance	4 Centers of Excellence
S3.2	Increase the number of out-of-school time providers that are fully compliant with the National AfterSchool Association Healthy Eating and Physical Activity (HEPA) Standards.	June 2016	Number of out-of-school time providers that are fully compliant with the National AfterSchool Association Healthy Eating and Physical Activity (HEPA) Standards (data source: SC AfterSchool Alliance)	0	USC, Alliance of YMCAs, SC Afterschool Alliance	25 out-of-school time providers

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
S3.3	Develop a statewide Healthy Eating and Physical Activity standards implementation plan for out-of-school-time programs.	June 2015	Statewide plan in place (data source: SC AfterSchool Alliance)	N/A	Alliance of YMCAs, SC Afterschool Alliance, USC	Statewide plan in place
S3.4	The SC AfterSchool Alliance network will adopt the Healthy Eating and Physical Activity (HEPA) Standards for out-of-school time providers and build awareness of the standards.	June 2016	HEPA standards adopted (data source: SC AfterSchool Alliance)	N/A	Alliance of YMCAs, SC Afterschool Alliance, USC	HEPA standards adopted
S3.5	Increase the number of out-of-school time providers that are fully compliant with the National AfterSchool Association Healthy Eating and Physical Activity (HEPA) Standards.	June 2019	Number of out-of-school time providers that are fully compliant with the National AfterSchool Association Healthy Eating and Physical Activity (HEPA) Standards (data source: SC AfterSchool Alliance)	0	USC, Alliance of YMCAs, SC Afterschool Alliance, Alliance for a Healthier Generation	50 out-of-school time providers
S4	Strategy S4: Develop health care provider-school partnerships to promote healthy eating and active living activities in South Carolina schools.					
S4.1	Increase the number of South Carolina schools and physicians participating in the Docs Adopt School Health Initiative.	October 2015	Number of South Carolina schools participating in the Docs Adopt School Health Initiative; number of schools with a physician on the health committee (data source: SCMA)	147 participating schools; 83 physicians on a health committee	MUSC Boeing Center for Children's Wellness, SC Medical Association, physicians, schools	200 participating schools; 125 physicians on a health committee

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
S5	Strategy 5: Make health education in schools a focal point for obesity prevention.					
S5.1	Provide evidence-based physical activity education and nutrition education in alignment with the SC Academic Standards for Health and Safety Education in compliance with the Comprehensive Health Education Act.	June 2019	Number of K-12 public schools providing evidence-based physical activity and nutrition education.	TBD	SCDE, public schools and districts, DHEC	100% of SC public schools
S5.2	Increase the number of SNAP Nutrition Education programs in the five target counties (Bamberg, Fairfield, Marion, Lee, and Orangeburg).	June 2015	Number of schools targeted to participate in program; number of schools participating or completing SNAP Ed program with 51% or greater number of students eligible for free or reduced priced meals	1 eligible elementary school (data source: SNAP Ed)	DHEC, DSS, SCDE	3 eligible elementary schools
S5.3	Increase the number of SNAP Nutrition Education programs in the five target counties (Bamberg, Fairfield, Marion, Lee, and Orangeburg).	June 2019	Number of schools targeted to participate in program; number of schools participating or completing SNAP Ed program with 51% or greater number of students eligible for free or reduced priced meals	1 eligible elementary school (data source: SNAP Ed)	DHEC, DSS, SCDE	6 eligible elementary schools
S6	Strategy 6: Increase the number of early care and education systems that integrate nutrition and physical activity best practices.					
S6.1	Present nutrition and physical activity best practices for young children to the Governors Committee on the Regulation of Child Care Facilities.	June 2016	Presentation completed (data source: DSS Division of Early Care and Education)	N/A	DSS Division of Early Care and Education, DHEC, USC Arnold School of Public Health	Presentation completed

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
S6.2	The ABC Quality Rating and Improvement System will adopt nutrition and physical activity standards for group/family home providers.	June 2016	List of nutrition and physical activity standards adopted by ABC Quality. (data source: DSS Division of Early Care and Education)	N/A	DSS Division of Early Care and Education, DHEC, USC Arnold School of Public Health	Nutrition and Physical Activity Standards adopted by ABC Quality Program
S6.3	Increase the number of South Carolina Center for Child Care Career Development certified trainers who are trained to deliver content on nutrition and physical activity best practices.	June 2016	Number of certified trainers trained (data source: DSS Division of Early Care and Education)	0	DSS Division of Early Care and Education, DHEC, SC Center for Child Care Career Development, USC Arnold School of Public Health	75 certified trainers
S6.4	Increase the number of ABC Quality Level B+/B child care centers that have a written nutrition or a written physical activity policy that meets the ABC Grow Healthy standard.	June 2019	Number of Level B+/B centers with a written nutrition policy; number of Level B+/B centers with a written physical activity policy	261 level B+/B centers with a written nutrition policy; 231 level B+/B centers with a written physical activity policy	DSS Division of Early Care and Education, DHEC	461 level B+/B centers with a written nutrition policy; 431 level B+/B centers written physical activity policy
S6.5	Pilot the integration of nutrition and physical activity best practices into two 4-year institutions early care and education (ECE) coursework.	June 2019	Nutrition and physical activity best practices coursework curricula developed; number of ECE programs at 2-year institutions that participate in the pilot (data source: DSS Division of Early Care and Education)	N/A; 0 ECE institutions at 2-year institutions participating	DSS Division of Early Care and Education, USC Arnold School of Public Health, DHEC	Curricula developed; 2 early care and education programs participating
S6.6	Establish a SC "Breastfeeding Friendly" child care designation for child care centers.	June 2016	Designation criteria established	N/A	SC Program for Infant/Toddler Care, DSS Division of Early Care and Education, DHEC, Head Start, SC Breastfeeding Coalition, MUSC	Designation established

OBJECTIVE NUMBER	OBJECTIVE	DUE DATE	EVALUATION MEASURE	BASELINE	PARTNERS	TARGET OUTCOME
S6.7	Increase the number of child care centers designated as a SC "Breastfeeding Friendly" child care facility.	June 2019	Number of child care centers receiving the SC Breastfeeding Friendly Child Care designation.	0 child care centers designated	SC Program for Infant/Toddler Care, DSS Division of Early Care and Education, DHEC, Head Start, SC Breastfeeding Coalition, MUSC	10 child care centers designated "Breastfeeding Friendly"

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