

**SOUTH DAKOTA STATE PLAN FOR
NUTRITION AND PHYSICAL ACTIVITY**
to Prevent Obesity and Other Chronic Diseases
2015-2020

March 2015

Dear Fellow South Dakotans:

The South Dakota Department of Health and its partners are pleased to present the 2015-2020 State Plan for Nutrition and Physical Activity to Prevent Obesity and other Chronic Conditions. The plan was developed by a collaborative effort of the Department's Nutrition and Physical Activity Program, key partners, and stakeholders across the state. This is the third plan that has been developed by this diverse statewide group.

Chronic diseases and obesity continue to be public health issues in South Dakota and the nation. Over two-thirds of South Dakota adults and one-third of South Dakota children and adolescents are overweight or obese. Heart disease remains the leading cause of death and many additional lives are lost to other chronic diseases every year. Chronic diseases also have a significant negative impact on quality of life for many South Dakotans.

This plan focuses on the development of policy and environmental changes that will help people in our state reduce their risk of chronic disease by living healthier lives, thus reducing the burden from chronic diseases. It is a roadmap for success and is intended to provide direction and focus for state staff, partners, and stakeholders, while providing a framework to align statewide public health initiatives.

It's more important than ever that we work together to use our available resources to make the healthy choice the easy choice.

Sincerely,



Kim Malsam-Rysdon
Secretary of Health

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INTRODUCTION

The Nutrition and Physical Activity State Plan was developed to guide the work of the South Dakota Department of Health and the HealthySD Stakeholders to help South Dakotans be more physically active and eat healthier foods. The plan identifies evidence-based objectives, strategies, and activities to create a sustainable obesity prevention system that focuses on policy, environment, and system changes that support and encourage healthy behavior.

A broad range of partners representing healthcare, workplaces, healthy communities, childcare, tribes, and schools came together with a shared purpose to create this relevant tool for all audiences. We extend a special thank you to the HealthySD Stakeholders who provided their time and expertise to assist in the development of this plan.

A full listing of the individuals involved in the development of this plan is included in Appendix A. We acknowledge the organizations below for their involvement.

Alliance for a Healthier Generation

American Heart Association

Avera Health System

City of Sioux Falls Health Department

Great Plains Tribal Chairmen's Health Board

Health Management Partners

Live Well Black Hills

Live Well Sioux Falls

Midwest Dairy Council

Regional Health

Sanford Health System

SDSU Extension

South Dakota Department of Education

South Dakota Department of Health

South Dakota Department of Social Services

South Dakota State Medical Association

South Dakota State University

YMCA – Rapid City

YMCA – Sioux Falls

EXECUTIVE SUMMARY

In May 2014, under the direction of the Nutrition and Physical Activity Program, the HealthySD Stakeholders participated in a strategic planning process to create a new five year State Plan for Nutrition and Physical Activity to Prevent Obesity and Other Chronic Conditions. The stakeholders represented all sectors of the State including worksites, healthcare, schools, childcare, tribes, and healthy communities.

This is the third state plan that has been developed by the HealthySD Stakeholders. The collaborative planning process for this plan involved the stakeholders reviewing nutrition and physical activity strategies and interventions available from the Centers for Disease Control and Prevention and identifying those that provided clear direction and the necessary reach to impact the entire state. The culmination of their work is the state plan which is a long-range document focused on the best ways to be active, eat well and prevent obesity.

The HealthySD Stakeholders and the Nutrition and Physical Activity Program will work together in the next five years to accomplish the objectives, strategies, and activities that are outlined in this plan. The plan will reach children, adolescents and adults across all races and socioeconomic levels.

The plan utilizes the structure of the Chronic Disease Prevention and Health Promotion Domains and is organized as such:

- **Environmental Approaches** - Make healthy behaviors easier and more convenient for more people.
- **Community-Clinical Linkages** - Ensure those with or at high risk for chronic diseases have access to quality community resources to best manage their conditions.
- **Health Systems Interventions** - Improve delivery and use of quality clinical services to prevent disease, detect diseases early, and manage risk factors.
- **Epidemiology and Surveillance** - Provide data and conduct research to inform, prioritize, deliver, and monitor programs and population health.¹

The goals of the State Plan for Nutrition and Physical Activity to Prevent Obesity and other Chronic Conditions aligns with the goals of the Centers for Disease Control and Prevention State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors, and Promote School Health. The twelve goals within the plan are:

- Goal I:** Promote, support, and implement the adoption of food service guidelines/nutrition standards in priority settings Early Care and Education (ECE), Local Education Agencies (LEA), worksites, communities.
- Goal II:** Promote the adoption of physical education/physical activity policies in local education agencies.
- Goal III:** Promote and implement the adoption of physical activity in worksites.
- Goal IV:** Increase access to healthy foods and beverages.
- Goal V:** Increase adoption of healthy community design principles and access to places and spaces to be physically active in communities.

- Goal VI:** Implement high quality physical education and physical activity in K-12 schools.
- Goal VII:** Improve physical activity and screen time policies and practices in Early Care and Education settings (ECEs).
- Goal VIII:** Improve nutrition quality of foods and beverages served or available in local education agencies.
- Goal IX:** Increase access to breastfeeding friendly environments.
- Goal X:** Increase use of community health workers supporting self-management of chronic diseases.
- Goal XI:** Promote adoption of healthcare provider behaviors that lead to quality care improvement changes within health systems.
- Goal XII:** Gather, analyze, and disseminate data and information.

The plan includes measurable objectives to be achieved by 2020 which represent progress toward accomplishing the goals; priority strategies to achieve the objectives; key activities to implement each strategy; partner organizations that will work together to implement each activity; and data sources which will be used to measure progress of each goal.

STATEMENT OF NEED

Chronic diseases pose a major health challenge in South Dakota in terms of death, illness, and disability. Heart disease and stroke are the first and fifth leading causes of death in South Dakota, accounting for almost 29% of all deaths.² Cancer is the second leading cause of death and claims approximately 1,600 lives in South Dakota each year.² Over 9% of South Dakotans have diabetes, which equates to approximately 58,000 adults, and many more have pre-diabetes which puts them at risk of developing diabetes.³ Additionally, 30.7% of adults have been diagnosed with high blood pressure and 36.6% have high cholesterol.³

Many of these chronic diseases and related deaths can be prevented with lifestyle changes such as increased physical activity and healthy eating. However, many South Dakotans are not practicing these healthy behaviors. Only 18.3% of youth in grades 9-12⁴ and 12.5% of adults³ consume five or more servings of fruits and vegetables daily. Likewise, only 47.1% of youth in grades 9-12 were physically active for at least 60 minutes per day⁴ on five of the past seven days and 53.7% of adults met the aerobic physical activity recommendations³. The 2014 State Indicator Report on Physical Activity (SIRPA) indicates 58.3% of South Dakota youth live in neighborhoods with parks, community centers, and sidewalks, and only 39.3% of the entire state's population live within ½ mile of a park. Only 4.8% of SD adults regularly bike or walk to work.⁵

Overweight and obesity are ranges of weight that are greater than what is considered healthy for a given height. These ranges of weight have been shown to increase the likelihood of certain diseases like heart disease, diabetes, hypertension, stroke, cancers (endometrial, breast, and colon) and other health problems. Obesity is a complex health issue and is impacted by genetics, environment and behavior. Consequently, behavior and environment are the greatest areas for prevention and reduction of obesity.⁶

Over the past few decades, there has been a dramatic increase in obesity and overweight in South Dakota and the rates still remain high. In 2013, 37.1% of South Dakota adults were overweight and 29.9% were obese.³ Likewise, 16.6% and 15.8% of South Dakota children and adolescents are overweight or obese, respectively.⁷

There are several disparate populations in South Dakota including those with low socioeconomic status, physical disabilities, those in rural and underserved locations and Native American populations. These populations are typically disproportionately affected by health issues such as obesity. Native Americans comprise 8.9% of South Dakota's population.⁸

The strategies and key activities laid out in this plan describe evidence-based policy and environmental changes that make healthy choices in nutrition and physical activity available, affordable, and easy.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION DOMAINS

The Centers for Disease Control and Prevention has developed four domains that provide a framework of chronic disease prevention in public health. The goals in this plan are organized in relation to the following domains.

Environmental approaches that promote health and support and reinforce healthful behaviors (statewide in schools, childcare, worksites, and communities).

Improvements in social and physical environments make healthy behaviors easier and more convenient for people. A healthier society delivers healthier students to our schools and in childcare, healthier workers, and a healthier population to the healthcare system. These interventions support and reinforce healthy choices and behaviors and make it easier for people to take charge of their health. They have broad reach, sustained health impact, and are best buys for public health.¹

Strategies to improve community-clinical linkages ensuring that communities support and clinics refer patients to programs that improve management of chronic conditions. Such interventions ensure those with or at high risk for chronic diseases have access to quality community resources to best manage their conditions or disease risk.

Community-clinical linkages help ensure that people with or at high risk of chronic diseases have access to community resources and support to prevent, delay, or manage chronic conditions. These include interventions such as clinician referral, community delivery, and third-party payment for effective programs that increase the likelihood that people with chronic disease will be able to take charge of their health – improving their quality of life, averting or delaying onset or progression of disease, avoiding complications, and reducing the need for additional healthcare.¹

Health system interventions to improve the effective delivery and use of clinical and other preventive services in order to prevent disease, detect diseases early, reduce or eliminate risk factors, and mitigate or manage complications.

Health systems interventions improve the clinical environment to more effectively deliver quality preventive services and help people more effectively use and benefit from those services. The result: some chronic diseases and conditions will be avoided completely, and others will be detected early, or managed better to avert complications and progression and improve health outcomes. Health system and quality improvement changes such as electronic health records, systems to prompt clinicians and deliver feedback on performance, and requirements for reporting outcomes such as control of high blood pressure and the proportion of the population up-to-date on chronic disease screenings can encourage focus on preventive services. Effective outreach and reducing barriers to accessing these services is also key, as coverage alone will not ensure use of preventive services.¹

Epidemiology and Surveillance: gather, analyze, and disseminate data and information and conduct evaluation to inform, prioritize, deliver, and monitor programs and population health.

Making the investment in epidemiology and surveillance provides states with the necessary expertise to collect data and information to develop and deploy effective interventions, identify and address gaps in program delivery, and monitor and evaluate progress in achieving program goals. Data and information come with the responsibility to use it routinely to inform decision makers and the public regarding the effectiveness of preventive interventions and the burden of chronic diseases. The need to publicize the results widely and demonstrate the return on investment in prevention has never been greater.¹

WORKPLAN

The Chronic Disease Prevention and Health Promotion Domains developed by the Centers for Disease Control and Prevention have been used as a framework to organize the Nutrition and Physical Activity State Plan goals, objectives, and strategies. These domains provide guidance in terms of structuring the work that needs to be accomplished by the HealthySD stakeholders to achieve optimal health for all South Dakotans.

The 2015-2020 Nutrition and Physical Activity State Plan to Prevent Obesity and Other Chronic Diseases is guided by five overarching goals.

- Increase the percentage of South Dakotans who meet the physical activity recommendations.
- Increase the percentage of South Dakotans who consume at least 5 servings a day of fruits and vegetables.
- Decrease obesity in South Dakota.
- Decrease mortality from chronic diseases in South Dakota.
- Eliminate disparities in the burden of chronic diseases in South Dakota.

DOMAIN: ENVIRONMENTAL APPROACHES

GOAL I: Promote, support, and implement the adoption of food service guidelines/nutrition standards in priority settings (Early Care and Education (ECE), Local Education Agencies (LEA), worksites, communities).

OBJECTIVES

- I.A. Create professional development for staff in all 152 local education agencies to assist with implementation of the 2010 and 2015 Dietary Guidelines for Americans and meeting meal requirements as mandated by the Healthy Hunger Free Kids Act through 2020.
- I.B. Increase the number of worksites adopting the healthy vending and snack bar model policy, including the green, yellow, and red color coding system and calorie labeling, from 10 to 74 by 2020.
- I.C. Determine how many ECEs develop and/or adopt policies to implement food service guidelines/nutrition standards that include sodium limits.
- I.D. Increase by 30 the number of communities that have implemented one or more evidence-based policy and/or environmental change strategies to support nutrition by 2020.

► STRATEGIES

- I.1. Provide education on school lunch requirements and smart snack regulations on any food items offered to students in schools.
- I.2. Support an increase in the number of worksites adopting the healthy vending and snack bar model policy.
- I.3. Support an increase in the number of ECEs that implement food service guidelines.
- I.4. Support an increase in the number of communities that implement nutrition policies.

► PARTNERS

South Dakota Department of Education · SDSU Extension · South Dakota Department of Health · Live Well Sioux Falls · Midwest Dairy Council · Sanford Health · American Heart Association · Alliance for a Healthier Generation · Department of Social Services

► DATA SOURCES

- Policies posted on Good & Healthy website and tracked in the Catalyst Policy Monitoring System
- Professional development tracked in SD DOE Training Tracker
- Student participation tracked in School Breakfast Program
- Team Nutrition Smarter School Lunchrooms
- SDSU Online Learning System
- Alliance for a Healthier Generation LEA participation

STRATEGY I.1. Provide education on school lunch requirements and smart snack regulations on all food and drink items offered to students in schools.

► KEY ACTIVITIES

- I.1.a. Assist school wellness committees to assemble focus groups to determine the effectiveness of school wellness policies.
- I.1.b. Provide training on the use of Photo Voice as a tool to increase student involvement in school wellness policy efforts.
- I.1.c. Provide professional development to local education agencies on Smart Snacks in Schools.
- I.1.d. Provide professional development to local education agencies on the procurement process to include reading labels and product specifications.
- I.1.e. Promote the use of funds from partners to local education agencies for School Meal Programs.
- I.1.f. Support local education agencies to implement the Team Nutrition Smarter School Lunchroom strategies.

STRATEGY I.2. Support an increase in the number of worksites adopting the healthy vending and snack bar model policy.

► KEY ACTIVITIES

- I.2.a. Promote mini-grant opportunity for worksites to implement policy and provide them with technical assistance.
- I.2.b. Monitor and track the number of worksites that implement a healthy vending and snack bar policy.
- I.2.c. Encourage worksites to utilize the green, yellow, red color coding system and note calorie content of all food and drink items.
- I.2.d. Encourage worksites to offer reduced rates for healthier food and drinks in worksite vending machines and snack bars.
- I.2.e. Monitor and track the number of worksites that voluntarily access a policy from the Good & Healthy website.

STRATEGY I.3. Support an increase in the number of ECEs that implement food service guidelines.

▶ KEY ACTIVITIES

- I.3.a. Provide information to early care providers on the importance of implementing policies and environments to create healthier ECE settings.
- I.3.b. Encourage ECEs to implement the Health and Safety Standards in the South Dakota Early Learning Guidelines.
- I.3.c. Support healthier food choices in ECE settings.

STRATEGY I.4. Support an increase in the number of communities that implement nutrition policies.

▶ KEY ACTIVITIES

- I.4.a. Educate community leaders on the importance of policy and environmental change strategies that support nutrition to create a healthy environment.
- I.4.b. Support implementation of policy and environmental change strategies that focus on increasing access and affordability of healthy foods.
- I.4.c. Support planning strategies such as municipal planning and zoning processes to increase access to healthy food.

GOAL II: Increase access to healthy foods and beverages.

▶ OBJECTIVES

- II.A. By 2020, increase the number of worksites that adopt the Healthy Meetings and Presentations Model Policy from 0 to 50.
- II.B. Increase from 57 to 65 the number of farmers markets by 2020.
- II.C. Promote the adoption of nutrition policies in 15 additional ECEs by 2020.
- II.D. By 2020, increase by 25% the number of local education agencies that offer the required amount of whole grains, legumes, and fruits and vegetables according to the USDA standards and Dietary Guidelines for Americans 2010 and 2015.
- II.E. By 2020, decrease the percentage of high school students who drink a can, bottle, or glass of soda or pop one or more times per day to 22%.

▶ STRATEGIES

- II.1. Improve nutritional quality of meals and snacks served in regulated ECE settings.
- II.2. Promote access to healthier food retail.
- II.3. Increase access to farmers markets.
- II.4. Collaborate with worksites to provide healthy food options.
- II.5. Develop and promote a list of community resources with access to healthy foods and beverages.
- II.6. Promote access to nutrient-rich foods (fruits, vegetables, low-fat dairy, whole grains, lean proteins) in South Dakota's food bank programs.
- II.7. Support an increase in School Breakfast participation in local education agencies with high levels of students qualifying for free and reduced priced meals.
- II.8. Encourage a decrease in access to energy dense foods and beverages in local education agencies.
- II.9. Promote the consumption of water, milk, 100% juice to replace consumption of sugar-sweetened beverages.

▶ PARTNERS

Midwest Dairy Council · SDSU Extension · South Dakota Department of Health · Live Well Sioux Falls · American Heart Association · Alliance for a Healthier Generation · South Dakota Discovery Center · Sanford Health · South Dakota Department of Education · Great Plains Tribal Chairmen's Health Board · Regional Health

▶ DATA SOURCES

- List of community resources on the Good & Healthy website
- SD Farmers Market LISTSERV
- Local education agencies meeting the Smart Snacks in Schools Nutrition Standards
- Alliance for a Healthier Generation Healthy School Program Assessment
- Number of local education agencies offering food to staff that meets the Smart Snacks in School Nutrition Standards
- Nutrition mini-grant RFP for worksites
- Policy posted on the Good & Healthy website and tracked in the Catalyst Policy Monitoring System
- Community Health Needs Assessments and Improvement Planning Reports

STRATEGY II.1. Improve nutrition quality of meals and snacks served in regulated ECE settings.

▶ KEY ACTIVITIES

- II.1.a. Promote the South Dakota Early Learning Guidelines for Health and Safety to ECEs.
- II.1.b. Provide technical assistance to ECEs to implement the guidelines.

STRATEGY II.2. Promote access to healthier food retail.

▶ KEY ACTIVITIES

- II.2.a. Develop educational materials for menu labeling for restaurants not covered by federal law.
- II.2.b. Establish a workgroup to develop food procurement policies for institutional settings.

STRATEGY II.3. Increase access to farmers markets.

▶ KEY ACTIVITIES

- II.3.a. Promote programs that assist with start-up of farmers markets.

STRATEGY II.4. Collaborate with worksites to provide healthy food options.

▶ KEY ACTIVITIES

- II.4.a. Promote Pick It, Try It, Like It with worksites.
- II.4.b. Support mini-grants to worksites to increase availability of fruits and vegetables.

STRATEGY II.5. Develop and promote a list of community resources that provide access to healthy foods and beverages.

▶ KEY ACTIVITIES

- II.5.a. Promote development and distribution of a community resource guide.
- II.5.b. Promote food bank participation to programs that provide funding or vouchers for healthy food options.

STRATEGY II.6. Promote access to nutrient-rich foods (fruits, vegetables, low-fat dairy, whole grains, lean proteins) in South Dakota's food bank programs.

▶ KEY ACTIVITIES

- II.6.a. Encourage improved affordability of healthy food options.
- II.6.b. Promote Food Pantry Toolkit.
- II.6.c. Promote AmpleHarvest.org.

STRATEGY II.7. Support an increase in School Breakfast participation in local education agencies with high levels of students qualifying for free and reduced priced meals.

▶ KEY ACTIVITIES

- II.7.a. Provide information on the benefits of breakfast and its impact on health and academics.
- II.7.b. Encourage local education agencies to limit access to competitive foods before-school hours to encourage students to eat the school breakfast.

STRATEGY II.8. Encourage a decrease in access to energy dense foods and beverages in local education agencies.

▶ KEY ACTIVITIES

- II.8.a. Promote participation in programs that provide funding for foods that meet the USDA standards and Dietary Guidelines for Americans 2010 and 2015.
- II.8.b. Support implementation of Farm to Institution strategies.

STRATEGY II.9. Promote the consumption of water, milk, and 100% juice to replace consumption of sugar-sweetened beverages.

▶ KEY ACTIVITIES

- II.9.a. Encourage parental role-modeling by decreasing consumption and access to sugar-sweetened beverages in the home.
- II.9.b. Promote the sugar-sweetened beverages printed or digital materials for statewide distribution.

GOAL III: Improve nutrition quality of foods and beverages served or available in local education agencies.

▶ OBJECTIVES

- III.A. Increase the number of local education agencies that implement a model policy for potable water from 0 to 35 by 2020.
- III.B. Increase the number of local education agencies that implement model policy to address healthy foods and drinks for athletes/students while traveling for school functions from 0 to 25 by 2020.
- III.C. Promote Harvest of the Month to 10 additional agencies by 2020.
- III.D. Sustain funding to 70 local education agencies enrolled in the Fresh Fruit and Vegetable Program through 2020.
- III.E. By 2020, increase by 25% the percentage of local education agencies that receive funding to purchase kitchen equipment to serve healthier meals.

► STRATEGIES

- III.1. Promote availability of potable water throughout the day at no cost to students.
- III.2. Promote the implementation of a model policy to address healthy foods and drinks for athletes/students who travel for school functions.
- III.3. Advocate for programs that increase access to fruits and vegetables, low-fat dairy, and whole grains in local education agencies.
- III.4. Encourage participation in programs that increase fresh fruit and vegetable consumption for students.
- III.5. Ensure local education agencies have the appropriate equipment to offer healthy foods to students.

► PARTNERS

South Dakota Department of Health · South Dakota Department of Education · Midwest Dairy Council · South Dakota Discovery Center · American Heart Association · Great Plains Tribal Chairmen's Health Board

► DATA SOURCES

- Policies posted on the Good & Healthy website and tracked in the Catalyst Policy Monitoring System
- Child and Adult Nutrition Services Administrative Review Reports and Monthly Claim Forms
- Harvest of the Month participation
- Fresh Fruit and Vegetable Program participation

STRATEGY III.1. Promote availability of potable water throughout the day at no cost to students.

► KEY ACTIVITIES

- III.1.a. Develop potable water model policy for distribution to local education agencies.
- III.1.b. Encourage local education agencies to promote the availability and benefits of healthy beverages to students and personnel.

STRATEGY III.2. Promote the implementation of a model policy to address healthy foods and drinks for athletes/students who travel for school functions.

► KEY ACTIVITIES

- III.2.a. Encourage use of USDA standards and Dietary Guidelines for Americans 2010 and 2015 to address healthy food and drinks for athletes/students who travel for school functions.

STRATEGY III.3. Advocate for programs that increase access to fruits and vegetables, low-fat dairy, and whole grains in local education agencies.

► KEY ACTIVITIES

- III.3.a. Implement strategies that reduce access to foods and drinks with extra calories but minimal nutrition in Local Education Agencies (LEA).
- III.3.b. Assess the feasibility of Farm to School initiatives.

STRATEGY III.4. Encourage participation in programs that increase fresh fruit and vegetable consumption for students.

▶ KEY ACTIVITIES

- III.4.a. Distribute information about participating in the Fresh Fruit and Vegetable Program to local education agencies.
- III.4.b. Provide Harvest of the Month materials to local education agencies.

STRATEGY III.5. Ensure local education agencies have the appropriate equipment to offer healthy foods to students.

▶ KEY ACTIVITIES

- III.5.a. Distribute information to local education agencies regarding availability of funding for equipment.

GOAL IV: Improve physical activity and screen time policies and practices in Early Care and Education (ECE) settings.

▶ OBJECTIVES

- IV.A. By 2020, increase the number of ECEs that are trained on the South Dakota Early Learning Guidelines by 30.
- IV.B. By 2020, increase the number of ECEs that adopt policy to increase physical activity by 30.
- IV.C. By 2020, 50% of post-secondary institutions will incorporate population-based physical activity training in their degree requirements for ECE students.
- IV.D. By 2020, 10 ECEs will implement South Dakota Early Learning Guidelines for physical activity.

▶ STRATEGIES

- IV.1. Support and promote South Dakota Early Learning Guidelines.
- IV.2. Offer training for ECE Directors on policy development and implementation.
- IV.3. Review major/degree specific requirements for ECE post-secondary students and encourage post-secondary institutions to incorporate population-focused physical activity promotion training in a range of degree programs.
- IV.4. Encourage ECEs to adopt the South Dakota Early Learning Guidelines for physical activity.

▶ PARTNERS

Sanford · South Dakota Department of Health · South Dakota Discovery Center · Alliance for a Healthier Generation · South Dakota Department of Social Services · YMCA of Rapid City · South Dakota Head Start

▶ DATA SOURCES

- Documentation of training sessions
- Post-secondary ECE degree requirements
- Policy posted on the Good & Healthy website and tracked in the Catalyst Policy Monitoring System

STRATEGY IV.1. Support and promote South Dakota Early Learning Guidelines.

▶ KEY ACTIVITIES

- IV.1.a. Distribute South Dakota Early Learning Guidelines to ECEs.
- IV.1.b. Provide technical assistance to ECEs.

STRATEGY IV.2. Offer training for ECE Directors on policy development and implementation.

▶ KEY ACTIVITIES

- IV.2.a. Promote training for ECE Directors.
- IV.2.b. Develop and distribute a model policy.
- IV.2.c. Support and promote fitCare curriculum.

STRATEGY IV.3. Review major/degree specific requirements for ECE post-secondary students and encourage post-secondary institutions to incorporate population-focused physical activity promotion training in a range of disciplinary degree and certificate programs.

▶ KEY ACTIVITIES

- IV.3.a. Recommend population-focused physical activity promotion training for use by post-secondary institutions.
- IV.3.b. Develop a list of post-secondary institutions that incorporate training for ECE students.

STRATEGY IV.4. Encourage ECEs to adopt the Early Learning Guidelines for physical activity.

▶ KEY ACTIVITIES

- IV.4.a. Promote and support physical activity education to childcare providers through resources, advocacy, and educational opportunities.
- IV.4.b. Provide technical assistance to ECEs.

GOAL V: Promote the adoption of physical education/physical activity policies in local education agencies.

▶ OBJECTIVES

- V.A. Increase the number of local education agencies receiving funding for Fuel Up to Play 60 from 14 to 25 by 2020.
- V.B. Implement fit4 the Classroom in 20 local education agencies by 2020.
- V.C. Provide professional development and technical assistance to 50 local education agencies on the development, implementation or evaluation of recess and multi-component physical education policies by 2020.
- V.D. Provide professional development to 45 local education agencies on the South Dakota Standards and Grade-level Outcomes for K-12 Physical Education by 2020.
- V.E. By 2020, increase by 50%, the number of local education agencies that use policy language from the South Dakota Model School Wellness Policy.

► STRATEGIES

- V.1. Support an increase in the number of local education agencies adopting model policy language for physical education/physical activity.
- V.2. Promote, educate, and update the physical education/physical activity components of the local school wellness policy.
- V.3. Provide continued support for professional development on the South Dakota Standards and Grade-level Outcomes for K-12 Physical Education.
- V.4. Support an increase in local education agencies participating in Fuel Up to Play 60.

► PARTNERS

Midwest Dairy Council · Alliance for a Healthier Generation · South Dakota Department of Education · Sanford Health · South Dakota Department of Health · American Heart Association

► DATA SOURCES

- Policies posted on the Good & Healthy website and tracked in the Catalyst Policy Monitoring System
- Professional development tracked in SD DOE Training Tracker

STRATEGY V.1. Support an increase in the number of local education agencies adopting model policy language for physical education/physical activity.

► KEY ACTIVITIES

- V.1.a. Develop and disseminate model policy for physical activity in established local school wellness policy.
- V.1.b. Encourage periodic review of the strength and comprehensiveness of local school wellness policy.

STRATEGY V.2. Promote, educate, and update the physical education/physical activity components of the local school wellness policy.

► KEY ACTIVITIES

- V.2.a. Promote and share a model school wellness policy.
- V.2.b. Encourage policies that provide students with opportunities for physical activity outside of formal physical education classes.

STRATEGY V.3. Provide continued support for professional development on the South Dakota Standards and Grade-level Outcomes for K-12 Physical Education.

► KEY ACTIVITIES

- V.3.a. Encourage educators to attend professional development opportunities.

STRATEGY V.4. Support an increase in local education agencies participating in Fuel Up to Play 60.

► KEY ACTIVITIES

- V.4.a. Encourage local education agency participation in programs that encourage students to be physically active every day.
- V.4.b. Promote and support local education agency policies that require 60 minutes of physical activity per day.

GOAL VI: Implement high quality physical education and physical activity in K-12 schools.

▶ OBJECTIVES

- VI.A. By 2020, increase the percentage of local education agencies that implement the CDC Youth Physical Activity Guidelines by 20%.
- VI.B. Increase the number of local education agencies that receive professional development on the South Dakota Standards and Grade-level Outcomes for K-12 Physical Education from 15 to 45 by 2020.
- VI.C. Increase by 15%, the implementation of joint-use agreements in physical activity facilities by 2020.
- VI.D. Increase the number of local education agencies that receive professional development on the Physical Education Curriculum Analysis Tool (PECAT) from 10 to 20 by 2020.

▶ STRATEGIES

- VI.1. Promote Comprehensive School Physical Activity Programs (CSPAP) to include quality physical education and physical activity programming before, during, and after school, such as recess, classroom activity breaks, walk/bicycle to school programs, and intramurals.
- VI.2. Support an increase in the amount of time students spend in moderate to vigorous physical activity during physical education class.
- VI.3. Support an increase in joint-use agreements in physical activity facilities.
- VI.4. Encourage the provision of professional development on the PECAT.

▶ PARTNERS

Sanford Health · South Dakota Department of Education · South Dakota Department of Health · Midwest Dairy Council · Alliance for a Healthier Generation · American Heart Association · Great Plains Tribal Chairmen's Health Board

▶ DATA SOURCES

- fit4 the Classroom participation
- Professional development tracked in SD DOE Training Tracker
- Safe Routes to School participation
- Fuel Up to Play 60 enrollment
- Alliance for a Healthier Generation (AHG) Healthy Schools Program enrollment

STRATEGY VI.1. Promote Comprehensive School Physical Activity Programs (CSPAP) to include quality physical education and physical activity programming before, during, and after school, such as recess, classroom activity breaks, walk/bicycle to school programs, and intramurals.

▶ KEY ACTIVITIES

- VI.1.a. Encourage school and community partnerships to increase participation in physical activity, including non-fee based physical activity clubs/opportunities.
- VI.1.b. Develop partnerships with other sectors for the purpose of linking youth with physical activity opportunities in schools and communities.
- VI.1.c. Promote evidence-based programs that incorporate 10 minute exercise breaks during the school day.
- VI.1.d. Support and increase incentives for Safe Routes to Schools (SRTS) adoption and expansion.
- VI.1.e. Implement fit4 the Classroom in local education agencies.

STRATEGY VI.2. Support an increase in the amount of time students spend in moderate to vigorous physical activity during physical education class.

▶ KEY ACTIVITIES

- VI.2.a. Provide technical assistance to local education agencies on the CDC Youth Physical Activity Guidelines.
- VI.2.b. Provide professional development to local education agencies on the Presidential Youth Fitness Program (PYFP).
- VI.2.c. Provide professional development on SPARK Physical Education and Coordinated Approach to Child Health (CATCH) programs to local education agencies.

Strategy VI.3. Support an increase in joint-use agreements in physical activity facilities.

▶ KEY ACTIVITIES

- VI.3.a. Share information on successful strategies for joint-use agreements.
- VI.3.b. Encourage assessment of built and social environments related to physical activity to identify local education agencies and community needs for physical activity spaces.
- VI.3.c. Promote language in joint-use agreements that ensures access to school physical activity spaces and facilities for all persons outside of normal school hours.

STRATEGY VI.4. Encourage the provision of professional development on the PECAT.

▶ KEY ACTIVITIES

- VI.4.a. Support local education agencies to analyze their physical education curriculum.

GOAL VII: Promote and implement the adoption of physical activity in worksites.

▶ OBJECTIVES

- VII.A. Increase the number of worksites that receive physical activity policy adoption training from 0 to 50 by 2020.
- VII.B. Increase the number of worksites that adopt the model physical activity policy from 0 to 30 by 2020.

▶ STRATEGIES

- VII.1. Encourage worksites to participate in policy adoption training and technical assistance.
- VII.2. Support worksites to implement model physical activity policy.
- VII.3. Encourage worksites to allow for physical activity during the workday.
- VII.4. Support comprehensive worksite wellness programs using evidence-based strategies.

▶ PARTNERS

SDSU Extension · Sanford Health · South Dakota Department of Health · Live Well Sioux Falls · American Heart Association · Great Plains Tribal Chairmen's Health Board

▶ DATA SOURCES

- Policy posted on the Good & Healthy website and tracked in the Catalyst Policy Monitoring System
- Training attendance records
- WorkWell survey

STRATEGY VII.1. Encourage worksites to participate in policy adoption training and technical assistance.

▶ KEY ACTIVITIES

- VII.1.a. Promote training and technical assistance opportunities through WorkWell.
- VII.1.b. Promote the WorkWell toolkit.

STRATEGY VII.2. Support worksites to implement model physical activity policy.

▶ KEY ACTIVITIES

- VII.2.a. Provide mini-grant opportunities for worksites to implement model physical activity policy.
- VII.2.b. Collect assessment data from worksites that implement model physical activity policy.

STRATEGY VII.3. Encourage worksites to allow for physical activity during the workday.

▶ KEY ACTIVITIES

- VII.3.a. Promote programs that support walking and bicycling during breaks and for transportation.
- VII.3.b. Provide materials, resources, and training on environmental modifications to support physical activity.

STRATEGY VII.4. Support comprehensive worksite wellness programs using evidence-based strategies.

▶ KEY ACTIVITIES

- VII.4.a. Provide at least two workshops annually for employers to assist them to implement comprehensive worksite wellness programs.
- VII.4.b. Track the number of worksites that implement comprehensive worksite wellness programs.

GOAL VIII: Increase adoption of healthy community design principles and access to places and spaces to be physically active in communities.

▶ OBJECTIVES

- VIII.A. Increase the number of communities that participate in community assessments for physical activity from 0 to 10 by 2020.
- VIII.B. Increase the number of communities that complete walk audits from 0 to 20 by 2020.
- VIII.C. Increase the number of communities with walk audit reports that adopt a Complete Streets policy from 0 to 10 by 2020.
- VIII.D. Increase the number of communities that complete a community health needs assessment with an emphasis on healthy community design from 0 to 15 by 2020.
- VIII.E. Provide Active Transportation/Walkability training to at least 100 community leaders by 2020.
- VIII.F. Increase the percentage of adults who meet the recommended physical activity aerobic guidelines from 46.1% to 55.1% by 2020.

► STRATEGIES

- VIII.1. Support an increase in the number of communities that complete a community assessment.
- VIII.2. Promote walk audits, Active Transportation principles, and master pedestrian walking and bicycling plans.
- VIII.3. Increase connectivity and accessibility to essential community destinations to increase active transportation and other physical activity through education, advocacy and higher level policy adoption.
- VIII.4. Encourage development of multi-disciplinary teams within communities to engage in healthy community design process and principles including community assessments.
- VIII.5. Educate and promote healthy community design strategies at state and local meetings.
- VIII.6. Promote the federal Physical Activity Guidelines for both aerobic and muscle strengthening physical activity.

► PARTNERS

SDSU Extension · South Dakota Department of Health · SDSU Landscape Architecture Department · YMCA of Rapid City · Live Well Sioux Falls · South Dakota Comprehensive Cancer Control Program · American Association of Retired Persons · American Heart Association · Alliance for a Healthier Generation · Great Plains Tribal Chairmen's Health Board · Active Transportation Advisory Team · Regional Health

► DATA SOURCES

- Polices posted on Good & Healthy website and tracked in the Catalyst Policy Monitoring System
- Behavioral Risk Factor Surveillance Survey (BRFSS) Data
- Training attendance records
- Community Health Needs Assessment reports
- Good & Healthy Community Checklist
- Community Health Indicators
- Alliance for a Healthier Generation (AHG) Healthy Schools Program Assessment

STRATEGY VIII.1. Support an increase in the number of communities that complete a community assessment.

► KEY ACTIVITIES

- VIII.1.a. Collaborate with partners to provide built environment assessments in communities.
- VIII.1.b. Evaluate the SDSU Active Transportation assessment collaboration.

STRATEGY VIII.2. Promote walk audits, Active Transportation principles, and master pedestrian walking and bicycling plans.

► KEY ACTIVITIES

- VIII.2.a. Promote Active Transportation/Walkability training to community leaders.

STRATEGY VIII.3. Increase connectivity and accessibility to essential community destinations to increase active transportation and other physical activity through education, advocacy, and higher level policy adoption.

▶ KEY ACTIVITIES

VIII.3.a. Promote model policy for Complete Streets, including development of healthy community design standards that incorporate land-use, transportation, community design, parks, trails and greenways, mixed use zoning, and economic development planning.

VIII.3.b. Encourage and assist communities to create or enhance access to safe places for physical activity.

STRATEGY VIII.4. Encourage development of multi-disciplinary teams within communities to engage in healthy community design process and principles including community assessments.

▶ KEY ACTIVITIES

VIII.4.a. Foster partnerships with Department of Transportation, Department of Game Fish and Parks, Metropolitan Planning Organizations, Regional Planning Organizations, South Dakota Planners Association, South Dakota Parks and Recreation Association, South Dakota Municipal League, and Planning Districts to collaborate on establishing healthy community design principles in communities.

STRATEGY VIII.5. Educate and promote healthy community design strategies at state and local meetings.

▶ KEY ACTIVITIES

VIII.5.a. Provide training at the South Dakota Municipal League state meeting.

VIII.5.b. Provide training at the South Dakota Planning Association state meeting.

STRATEGY VIII.6. Promote the federal Physical Activity Guidelines for both aerobic and muscle strengthening physical activity.

▶ KEY ACTIVITIES

VIII.6.a. Promote community-wide campaigns to support healthy community design principles and to educate residents on places to be physically active.

VIII.6.b. Promote joint-use or shared-use agreements to increase access to facilities that offer opportunities for the general public to be physically active.

DOMAIN: COMMUNITY-CLINICAL LINKAGES

GOAL IX: Increase access to breastfeeding friendly environments.

▶ OBJECTIVES

IX.A. Increase the number of worksites that adopt the Breastfeeding Support Model Policy from 0 to 25 by 2020.

IX.B. Increase the proportion of mothers who breastfeed their babies from 69.5% to 75% by 2020.

► STRATEGIES

- IX.1. Encourage worksites to adopt the Breastfeeding Support Model Policy.
- IX.2. Encourage policy development for breastfeeding support in ECEs.
- IX.3. Promote access to professional and peer support for breastfeeding.
- IX.4. Encourage hospitals to follow breastfeeding best practices.
- IX.5. Develop SD breastfeeding practice guidelines.

► PARTNERS

Sanford Health · South Dakota Department of Health · Avera Health · Regional Health

► DATA SOURCES

- Policies posted on Good & Healthy website and tracked in the Catalyst Policy Monitoring System
- Survey results tracked in SurveyMonkey
- Joint Commission Perinatal Care core measure
- WIC Breastfeeding Initiation and Duration Report

STRATEGY IX.1. Encourage worksites to adopt the Breastfeeding Support Policy.

► KEY ACTIVITIES

- IX.1.a. Distribute Breastfeeding Support Policy to WorkWell contacts.
- IX.1.b. Survey WorkWell contacts to establish the number of worksites that adopt the policy.

STRATEGY IX.2. Support policy development for breastfeeding support in ECEs.

► KEY ACTIVITIES

- IX.2.a. Convene workgroup to develop policy for ECEs.
- IX.2.b. Distribute policy to Chronic Disease Partners and the Good & Healthy website.

STRATEGY IX.3. Promote access to professional and peer support for breastfeeding.

► KEY ACTIVITIES

- IX.3.a. Provide information to healthcare professionals on the importance of early, exclusive, and continued breastfeeding.
- IX.3.b. Distribute list of breastfeeding support resources.

STRATEGY IX.4. Encourage hospitals to follow Baby-Friendly best practices.

► KEY ACTIVITIES

- IX.4.a. Survey hospitals to determine use of Baby-Friendly best practices.
- IX.4.b. Encourage hospital marketing practices that support and promote breastfeeding.

GOAL X: Increase the use of community health workers supporting chronic disease prevention.

▶ OBJECTIVES

- X.A. Provide motivational interviewing training for 100 healthcare professionals and health home staff by 2020.
- X.B. Increase the number of community health workers who receive advanced training in chronic disease from 0 to 100 by 2020.

▶ STRATEGIES

- X.1. Support engagement of community health workers in the provision of self-management programs and ongoing support for adults with chronic diseases.
- X.2. Promote linkages between health facilities and community resources for adults with chronic diseases.
- X.3. Support efforts by healthcare providers to establish health homes and care coordination.

▶ PARTNERS

South Dakota Comprehensive Cancer Control Program · American Association of Retired Persons · Live Well Sioux Falls · South Dakota Department of Health · Sanford Health · Regional Health

▶ DATA SOURCES

- Training attendance records
- Big Squeeze participation
- Diabetes Prevention Programs
- The Better Choices Better Health lay leaders and master trainers

STRATEGY X.1. Support engagement of community health workers in the provision of self-management programs and on-going support for adults with chronic diseases.

▶ KEY ACTIVITIES

- X.1.a. Provide training for Better Choices Better Health master trainers and lay leaders.
- X.1.b. Determine ongoing needs for community health workers.

STRATEGY X.2. Promote linkages between health facilities and community resources for adults with chronic diseases.

▶ KEY ACTIVITIES

- X.2.a. Develop a list of community resources for adults with chronic diseases.
- X.2.b. Distribute community resources list to health systems.

STRATEGY X.3. Support efforts by healthcare providers to establish health homes and care coordination.

▶ KEY ACTIVITIES

- X.3.a. Develop motivational interviewing webinars for healthcare professionals.

DOMAIN: HEALTH SYSTEMS INTERVENTIONS

GOAL XI: Promote adoption of healthcare provider behaviors that lead to quality care improvement changes within health systems.

▶ OBJECTIVES

XI.A. Increase the number of health systems that implement a chronic disease self-management referral model policy from 0 to 25 by 2020.

XI.B. Increase the number of health systems that assess physical activity as a vital sign from 0 to 5 by 2020.

▶ STRATEGIES

XI.1. Support assessment of physical activity at every visit with a healthcare professional.

XI.2. Advocate for inclusion of physical activity as a patient “vital sign.”

XI.3. Encourage chronic disease self-management referral into standards of care, care protocols, and other policies.

XI.4. Promote physical activity education and prescription as a preventive and treatment-focused behavior among healthcare professionals.

▶ PARTNERS

SDSU Extension · Healthpoint · YMCA of Rapid City · South Dakota Comprehensive Cancer Control Program · American Heart Association · American Association of Retired Persons · Regional Health · South Dakota Department of Health

▶ DATA SOURCES

- Policy will be posted on the Good & Healthy website and tracked in the Catalyst Policy Monitoring System

STRATEGY XI.1. Support assessment of physical activity at every visit with a healthcare professional.

▶ KEY ACTIVITIES

XI.1.a. Provide physical activity assessment examples to healthcare professionals.

STRATEGY XI.2. Advocate for inclusion of physical activity as a patient “vital sign.”

▶ KEY ACTIVITIES

XI.2.a. Convene healthcare provider workgroup.

XI.2.b. Develop recommendations for health systems to include physical activity as a “vital sign” in the Electronic Medical Record (EMR).

STRATEGY XI.3. Encourage chronic disease self-management referral into standards of care, care protocols, and other policies.

▶ KEY ACTIVITIES

XI.3.a. Provide Better Choices Better Health information to health systems.

XI.3.b. Develop a model policy for chronic disease self-management referrals.

XI.3.c. Distribute model policy to health systems.

STRATEGY XI.4. Promote physical activity education and prescription as a preventive and treatment focused behavior among healthcare professionals.

▶ KEY ACTIVITIES

- XI.4.a. Encourage use of healthcare tools to support patient behavior change.
- XI.4.b. Encourage provision of physical activity education by Exercise is Medicine® credentialed professionals.

DOMAIN: EPIDEMIOLOGY AND SURVEILLANCE

GOAL XII: Gather, analyze, and disseminate data and information.

▶ OBJECTIVES

- XII.A. Review progress of Nutrition and Physical Activity (NPA) state plan annually through 2020.
- XII.B. Develop Nutrition and Physical Activity (NPA) state plan update annually through 2020.

▶ STRATEGIES

- XII.1. Review available data sets for South Dakota.
- XII.2. Disseminate evaluation results and use the findings to inform program improvement efforts.

▶ PARTNERS

American Heart Association · South Dakota Department of Health · South Dakota Department of Education

▶ DATA SOURCES

- BRFSS
- Vital Statistics
- Minutes of meetings
- School Height and Weight Data Reports
- School Health Profiles
- YRBS

STRATEGY XII.1. Review available data sets for South Dakota.

▶ KEY ACTIVITIES

- XII.1.a. Utilize data to identify evidence-based strategies by evaluating promising practices.
- XII.1.b. Review data sets to determine effectiveness of workplan and identify outcomes.
- XII.1.c. Develop and enhance capacity to evaluate impact and outcomes.

XII.2. Disseminate evaluation results and use the findings to inform program improvement efforts.

▶ KEY ACTIVITIES

- XII.2.a. Guide the planning, implementation, and evaluation of public health programs and policies to prevent chronic disease.
- XII.2.b. Distribute evaluation results to partners and stakeholders.

ALIGNMENT WITH THE SOUTH DAKOTA CHRONIC DISEASE STATE PLAN

The South Dakota Department of Health Nutrition and Physical Activity (NPA) Program is located within the Office of Chronic Disease Prevention and Health Promotion (OCDPHP). The NPA staff collaborates closely and aligns activities with other programs located within the OCDPHP. The following are objectives from the South Dakota Chronic Disease State Plan that relate to the NPA State Plan and that we will work to support:

OBJECTIVES:

- 2.1** By 2015, develop a set of 10 model policies related to chronic disease.
- 2.2** By 2017, increase the number of new health-related policies being adopted in SD settings (communities, worksites, schools, tribes, childcare and healthcare).
- 2.3** By 2016, document and disseminate 10 success stories related to health policies in SD settings (communities, worksites, schools, tribes, childcare and healthcare).
- 3.2** Through 2016, develop and disseminate quarterly informational briefs highlighting chronic disease prevention data and action recommendations to statewide community leaders and stakeholders.
- 6.2** By 2016, increase the number of employers sponsoring worksite wellness programs from 150 to 350.
- 11.1** By 2017, increase the number and type of food retail venues that sell healthier food options and the number of community members who have access to retail venues that sell healthier food options for residents living in counties where greater than 40% of adults are obese.

APPENDICES

A. ACKNOWLEDGEMENTS

The Nutrition and Physical Activity State Plan for 2015-2020 is the result of statewide collaboration with key partners, including:

- Linda Ahrendt**, Director of Chronic Disease Prevention and Health Promotion, South Dakota Department of Health
- Susan Alverson**, Nutrition and Physical Activity Team Lead, South Dakota Department of Health
- Jackie Binder**, Registered Dietician, South Dakota Department of Health
- Jill Cotton**, 21st Century Community Learning Centers Co-Director, South Dakota Department of Education
- Nichole Cottier**, Physical Activity and Nutrition Program Manager, Great Plains Tribal Chairmen’s Health Board
- Beth Davis**, SDDOH Consultant, Healthology Works, LLC
- DeEtta Dugstad**, Tobacco Program Coordinator, South Dakota Department of Health
- Rayne Dosch**, Head Start Coordinator, South Dakota Department of Education
- Mark East**, Vice President, South Dakota State Medical Association
- Julie Ellingson**, Oral Health Coordinator, South Dakota Department of Health
- Victoria Grey Owl**, Associate Scientist, Sanford Health
- Virginia Hanson**, Supplemental Nutrition Assistance Program, South Dakota Department of Social Services
- Derrick Haskins**, Communications and Community Director, South Dakota Department of Health
- Lexi Haux**, Comprehensive Cancer Coordinator, South Dakota Department of Health
- Ann Heiman**, Assistant Vice President of Orthopedics, Avera Health
- Kaitlyn Hemmingson**, Graduate Student, South Dakota State University
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- Megan Hlavacek**, Healthy Foods Coordinator, South Dakota Department of Health
- Sara Hornick**, Community Engagement Director, YMCA Rapid City
- Cole Hunter**, Childhood Obesity Prevention Program Coordinator, Great Plains Tribal Chairmen’s Health Board
- Whitney Jerman**, Health and Wellness Program Manager, Midwest Dairy Council
- Karla Johnson**, Director of Childcare Services, YMCA Sioux Falls
- Karen Keyser**, Health and Physical Education Specialist, South Dakota Department of Education
- Kira Kimball**, Business and Wellness Development Coordinator, Sanford Health
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- Sandra Melstad**, SDDOH Consultant, SLM Consulting, LLC
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Larissa Skjonsberg, Nutrition and Physical Activity Team Lead, South Dakota Department of Health

Suzanne Stluka, Food and Families Program Director, SDSU Extension

Enid Weiss, WorkWell Coordinator, Black Hills Special Services Cooperative

Chris Zdorovtsov, Community Development Field Specialist, SDSU Extension

C. RESOURCES



The WorkWell Toolkit helps worksites with planning and implementation of wellness programming to encourage healthy habits and prevent chronic diseases among employees.



Harvest of the Month is an educational program designed to help you add more fruit and vegetables to your daily routine more often – at home, at work, at school, and everywhere in between! Each fruit and vegetable featured on this website comes with a set of educational materials to make learning easy.

The South Dakota Obesity Toolkit is designed to help practitioners interact with patients and together develop customized, personalized approaches to managing obesity with patients of all ages.

South Dakota Department of Health online catalog <http://doh.sd.gov/catalog> is a place to order educational materials and resources. Brochures, business cards, posters, palm cards, and other materials are available at no charge.

Public Websites

Good & Healthy website
<http://goodandhealthysd.org/>

HealthySD website
<http://healthysd.gov/>

iGrow Health and Wellness
www.igrow.org/healthy-families/health-and-wellness

South Dakota Breastfeeding Coalition
<http://sdbreastfeedingcoalition.com/>

South Dakota Department of Education – School Health website
<http://doe.sd.gov/schoolhealth/>

South Dakota Department of Education – Child and Adult Nutrition Services website
<http://doe.sd.gov/cans/index.aspx>

South Dakota Department of Health – Women Infants and Children
www.bestfeeding.org

South Dakota Model Wellness Policy
<http://doe.sd.gov/schoolhealth/wellnesspolicy.aspx>

South Dakota Standards and Grade-level Outcomes for K-12 Physical Education
http://doe.sd.gov/contentstandards/documents/SD_PEstan.pdf

South Dakota Team Nutrition
<http://doe.sd.gov/cans/teamnutrition.aspx>

Model Policies

Breastfeeding Support Model Policy
http://goodandhealthysd.org/content/uploads/2014/09/ModelPolicy_BreastfeedingSupport.pdf

Healthy Foods and Beverages at Meetings and Presentations Model Policy
http://goodandhealthysd.org/content/uploads/2014/09/ModelPolicy_HealthyMeetings.pdf

Healthy Vending and Snack Bar Model Policy
http://goodandhealthysd.org/content/uploads/2014/09/ModelPolicy_HealthyVendingSnackBar.pdf

Healthy Vending and Snack Bar Policy Implementation Guide
http://goodandhealthysd.org/content/uploads/2014/09/ModelPolicy_HealthyVendingSnackBar_ImplementationGuide.pdf

Model Worksite Physical Activity Policy
http://goodandhealthysd.org/content/uploads/2014/09/ModelPolicy_WorksitePhysicalActivity.pdf

HealthySD Concessions Model Policy
<http://healthysd.gov/wp-content/uploads/2014/12/ConcessionsModelPolicy.pdf>

Social Media

The **YUM!** page has a mission to help people care about eating more fruits and vegetables.

<https://www.facebook.com/YUMSD>

Munch Code was developed to get everyone excited about making healthy choices at the concession stand.

<https://www.facebook.com/MunchCodeSD>

Healthy SD Trails was developed by HealthySD as a way to help identify non-motorized walking, hiking and biking trails, encourage their use, and generate excitement about the incredible trail system our state has to offer.

<https://www.facebook.com/HealthySDTrails>

Federal resources

Academy of Nutrition & Dietetics

www.eatright.org

Active Transportation

www.partnership4at.org, www.AmericaWalks.org, www.SafeRoutesinfo.org

American Academy of Pediatrics

www.healthychildren.org

Complete Streets

www.completestreets.org

Fruits and Veggies – More Matters

www.fruitsandveggiesmorematters.org

Let's Move Childcare

www.healthykidshealthyfuture.org

National Physical Activity Plan

www.physicalactivityplan.org

Physical Activity Guidelines

www.health.gov/paguidelines/

D. REFERENCES

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