

Proceedings from the Planners4Health Roundtable Summit

May 2017



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Introduction and Purpose

In 2017, the Delaware Chapter of the American Planning Association and the Delaware Chapter of the American Public Health Association were awarded funding through Planners4Health to advance intersectoral collaboration between planning and public health in Delaware. Planners4Health is an American Planning Association (APA) program, in partnership with the American Public Health Association (APHA), to promote planning for healthy communities and chronic disease prevention by further developing policies, partnerships, and place-based programs that connect health and planning. It aims to create cross-disciplinary task forces to advance that work, putting systems in place that strengthen collaboration across sectors to sustain changes planned for the community.

Planners4Health is supported by the Centers for Disease Control and Prevention (CDC). This is the third round of CDC funding to address active living and healthy eating through health and planning. Planners4Health builds on the work and successes of Plan4Health, its predecessor.

To avoid redundancy, Delaware Planners4Health tapped existing coalitions and networks, bringing together planners, public health organizations, and administrators from various disciplines in the State of Delaware in a Roundtable Summit.

The Planners4Health Roundtable Summit was held on May 19, 2017 in Dover, Delaware. It focused on combating two determinants of chronic disease- lack of physical activity and poor nutrition, and brought together key actors from across the state. The Summit aimed to develop cross-sector partnerships and identify ways to collaborate. At the end of the summit, participants drafted a task list for implementation to move their efforts forward.

The Planners4Health Leadership Team was responsible for planning and facilitation of the Roundtable Summit, and for the completion of supporting analyses and reporting. The Leadership Team includes:

- Mary Ellen Gray, City of Newark, Department of Planning and Development, Planners4Health Project Lead;
- Michelle Eichinger, Planning4Health Solutions, Planners4Health Project Manager;
- David Edgell, Delaware Office of State Planning Coordination;
- Laura Saperstein, Delaware Division of Public Health;
- Patti Miller, Nemours Children's Health System; and
- Tim Gibbs, Delaware Public Health Association/Delaware Academy of Medicine.

In addition to facilitating the Roundtable Summit, the Planners4Health Leadership Team was required to participate in monthly calls and webinars addressing health, equity, and planning.

Overview of Plan4Health

In 2016, the Delaware Chapter of the APA, in partnership with the Delaware Chapter of the APHA was awarded grant funding through the Plan4Health program. Funded by the Centers for Disease Control and Prevention and administered through the American Planning Association, the Plan4Health program aimed to:

- Address two determinants of chronic disease – lack of physical activity and lack of access to healthy foods; and
- Support local and state coalitions working to advance public health through better planning, building partnerships through leveraging skills and evidence-based strategies.

Delaware Plan4Health produced guidance for integrating health, with a focus on equity, into comprehensive plan updates for the City of Dover and Kent County. Through the grant, the Plan4Health leadership team conducted a community survey, completed health and equity assessments related to food access and active living, and held planning and health charrettes in two geographic areas.

The results from charrettes, community health survey and health equity mapping informed comprehensive plan guidance with seven core principles:

- Health Equity
- Mobility for all modes of transportation
- Enhance mobility
- Recognize health value of park system
- Community facilities to support health
- Food systems planning
- Economic value of healthy communities
- Compact, mixed use place-based land use

Preliminary analyses:

The Plan4Health grant focused on Kent County and the City of Dover. It included analyses of food access and active living patterns across the study area. Results of these analyses informed the comprehensive plan guidance. Analyses were expanded statewide through Planners4Health. Results are presented in a series of Health and Equity Maps for the state of Delaware that identify priority areas for intervention. See Appendix A for maps.

Health and Equity Maps:

Equity Composite Values

The Equity Composite Value (ECV) Map summarizes U.S. Census data for: seniors; children; SNAP-receiving households; low-income households; households with poor vehicle access; communities of color; and people with limited English proficiency. These groups disproportionately experience health disparities that lead to health inequities. ZIP code level data for each indicator was averaged to determine the ECV for each ZIP code. ECV's were tiered by percentile rank to indicate where communities of concern are most concentrated. The analysis indicated Dover, Wilmington and rural Sussex

County should be prioritized for targeted health and planning interventions to address equity.

Retail Food Environment Index

The Retail Food Environment Index (RFEI) Map utilizes U.S. Census data and Delaware Department of Agriculture data to calculate a ratio (the RFEI value) of unhealthy food retailers to healthy food retailers for each ZIP code. RFEI values were tiered by percentile rank to indicate where improving healthy food access, an important determinant of health, is most needed. Rural Kent and Sussex counties, downtown Dover, and Wilmington were identified as priority areas for improving healthy food access.

Parks and Open Space Density

The Park Density Index (PDI) Map uses state and county park data to calculate park and open space acreage per capita. PDI values were tiered by percentile rank to indicate where expanding park and open space access is most needed. Publicly-accessible parks and open spaces are often used for sports, play and other physical activities which promote healthy lifestyles. Sussex County, rural parts of Kent and New Castle Counties, and Wilmington are in greatest need for parks and/or open space to support active recreation.

Bikeability Density Index

The Bikeability Density Index (BDI) Map uses Delaware Department of Transportation data to calculate “low stress” bicycle path mileage per capita. “Low stress” bicycle paths are those with low levels of traffic stress, making them the most bikeable. BDI values were tiered by percentile rank to indicate where expanding and improving bicycle infrastructure is most needed. Building safe and accessible bicycle infrastructure promotes physical activity, an important determinant of health. Providing good bicycle infrastructure improves real and perceived safety for cyclists which helps attract new riders commuting to/from school or work and riding for recreation and other trips, leading to increased levels of physical activity. Despite existing bike routes in areas of Dover, Wilmington, and beach areas of Sussex County, there is need to improve bikeability in surrounding Kent County and Sussex County, and pockets of New Castle County.

Sidewalk Density Index

The Sidewalk Density Index (SDI) Map uses FirstMap Delaware data to calculate sidewalk mileage per capita. SDI values were tiered by percentile rank to indicate where expanding pedestrian infrastructure is most needed. Accessible pedestrian infrastructure encourages physical activity (e.g., walking), an important determinant of health, and can improve mobility for users of all ages and ability levels. Sidewalk networks are provided in downtown areas of Dover and Wilmington, as well as other cities and towns. Suburban and rural areas of New Castle, Kent and Sussex Counties are priorities for expanding sidewalk infrastructure.

Community Asset Mapping

The Planners4Health grant required a review of assets that support active living and healthy eating/food access. Asset mapping is the process by which a community inventories its assets and capabilities. The process is flexible, and useful for identifying strengths and gaps, and identifying implementation plans. See Appendix B for the Community Asset Mapping tools.

In advance of the Roundtable Summit, potential Summit participants from Delaware organizations and coalitions involved in active living and healthy eating were identified and contacted to provide information about their assets and capabilities.

Organizations that were contacted were asked to complete a survey about capabilities, focus areas, geographic and population targets, and capacity to enhance and/or expand services. The survey was sent via email to at about 80 organizations and agencies from around the state. Results from this survey were presented at the Summit. Of organizations that responded to the survey, 70% of the respondents serve the whole state of Delaware, and, 82% are funded by federal, local or state government. They bring a range of services and skills to the table. Developing strategic action and collaboration with partners and community engagement were the skills identified most often, while incorporating health equity into programs and using policies, systems, and environmental change approaches to prevent chronic disease were identified least often. Lastly, social media and electronic mail were cited as the most used method for communication.

In addition to the survey, potential participants were asked to fill in asset tables, listing their current activities related to food systems/food access, active transportation and active recreation. The following common interests were identified from the asset table:

- **Active transportation and active recreation:** developing a better transit program; bike sharing program; and developing a complete pedestrian and bike program.
- **Food systems:** developing and implementing strategies to increase access for healthy food; access to more affordable healthy food items; and statewide farm preservations.
- **Policy development and advocacy:** developing policy to increase initiatives for access to healthy food; and community design that increases access to health eating, active transportation and active recreation.

Roundtable Approach and Agenda

The central objective of Delaware Planners4Health was to complete a Roundtable Summit with partner organizations, and identify actionable steps to address healthy food access and active living through policy, systems and environmental change. The Planners4Health Leadership Team met regularly to develop the agenda for the Summit and identified potential participants from a range of disciplines. The Summit's activities were designed to be interactive. Tables were labeled with themes: Active Transportation; Active Recreation; Healthy Eating/Food Access; Network and Communications; and Advocacy. Participants were asked to sit at a table that best fit

their experience. The morning of the Summit included an overview of the purpose of Planners4Health, overview of the Plan4Health project, and review of the preliminary analyses. This information provided participants with background for the interactive Summit activities. Following the morning presentations, participants completed worksheets and participated in small group discussions at their tables. Each activity of the agenda was designed to build on each other in order to develop the draft task list. See Appendix C for Roundtable Agenda.

The Leadership Team, along with recruited volunteers, staffed the interactive sessions to document group reports and input. The interactive session worksheets are located in Appendix D. They were responsible for facilitating small group discussions, taking notes, and synthesizing the information. See Appendix E for Facilitator and Note Take Instructions.

The Planners4Health Leadership Team identified Summit participants based on discipline and positions within their organization. About 100 individuals were invited and about 75 attended the event. Participants represented the following disciplines:

- Transportation
- Planning
- Healthcare
- Housing
- Food Systems
- Higher Education
- School Systems
- Parks and Recreation
- Advocacy

See Appendix F for list of Planners4Health Roundtable participants.

Collaboration Multiplier Analysis Worksheet

After the analyses and survey results were discussed, participants split into groups to complete interactive activities. Participants were grouped according to the principal interest of each organization: food systems; active transportation; active recreation; and policy development and advocacy.

Groups were first asked to complete the “Collaboration Multiplier Analysis Worksheet,” a tool designed to achieve effective multi-field collaboration by helping groups from different disciplines understand the perspectives and contributions of one another, and align and strengthen their collective efforts. They worked together to answer worksheet questions about the resources and expertise each organization contributes, desired outcomes from their organizations and key strategies to be used toward achieving those outcomes. At end of the exercise, the following strengths and strategies were identified in each interest area:

Healthy Food Access:

Partners: Delaware State University, Department of Public Health, Faith-based organizations, Nemours, Department of Agriculture, University of Delaware, DE Medicaid

Strengths: Mobilize community members, Educational programs, Evaluation data, Policy programs, Faculty expertise

Strategies:

- Increase number of evidence-based food access strategies in the state
- Use multiple settings and methods
- Use culturally-sensitive materials
- Increase utilization of SNAP
- Increase buying of locally-produced food for SNAP
- Better distribution of food
- Increase demand for and awareness of food hubs
- Increase access to food in community centers
- Create healthy living lifestyle.

Active Transportation:

Partners: University of Delaware, Kent County, Delaware Department Of Transportation (DelDOT), Kent County MPO, Homebuilders association, consulting firms,

Strengths: “Preliminary Land Use Service (PLUS) Process” program, Developing checklist, Developing Health impact Assessments, Evaluate what has been done and what is working.

Strategies:

- Policy change to support healthy planning and design
- Pooling data and expertise toward evidence-based strategies
- Identify priority areas for planning
- Work to vitalize health equity in DelDOT projects
- Develop expertise in Public Health transportation policies
- Work with coalitions

Active Recreation:

Partners: Delaware Greenways, Delaware State Parks, Nemours Children’s Health System, Delaware Division of Public Health

Strengths: Knowledge

Strategies:

- Better residential and public use connections to parks
- Better use of data and maps
- Gap analysis to identify new spaces
- Collaboration and information-sharing partnerships

Policy Development and Advocacy:

Partners: Delaware Libraries, Delaware connections

Strengths: Ability to access organization/people through library database and bringing them together, use of library space, use of available data.

Strategies:

- Assess advocacy need based on community and organization interest and demands

Reflecting on Equity

Participants were then asked to complete the “Reflecting on Equity Worksheet.” The exercise aimed to reflect on what coalitions can be formed, what partners can offer, and strategies and approaches to advance health equity in communities. At the end of the allocated work period, participants shared examples of equitable approaches or strategies to address the issues at hand.

Healthy Food Access:

- Prescription with food: Connect physicians with food bank and start a FoodRx program
- Grow food in communities: Empowering and educating the community to grow food to increase healthy food access
- Incentives for healthy food: Create incentive program/plan to encourage healthy eating in community, including Healthy Food Finance Programs, WIC Farmers’ Markets, Farmers’ Markets accepting SNAP
- Soda tax: Enacting a tax on sugary beverages to discourage consumption and fund health programs.
- Farmers’ Markets in high-risk areas: Creating access to Farmers’ Markets within high-risk areas, such as mobile markets

Active Transportation:

- Use of data to locate populations: Partners can use previously collected data to determine underrepresented populations
- Increase awareness about equity: Increasing awareness of equity throughout the community and through government agencies
- Share knowledge and collaborate: Share previous methods and success stories to prevent organizations from reinventing
- Encourage public outreach: Use community organizations and partners to involve and educate the public
- Increase awareness of public about health issues: Use community organizations and partners on health issues that affect the community and ways to address these issues
- Engage underrepresented neighborhoods and populations: Partners and community organizations to engage target populations to educate and participate in action plan

Active Recreation:

- Public-private partnerships to raise money: Engaging these partners to raise money toward increasing active recreation
- Interactive map, help residents locate parks: Work with partners and organizations to create an interactive map to allow residents to locate parks near them
- Welcome list: Find people who work, live and play in an area and give information about the area: Partners and organizations to create a list or website that would allow for community to learn of active recreation choices near them

Policy Development and Advocacy:

- Advance complete communities: Identifying and/or creating an integrated approach to incorporate health into transportation, land use and community design planning
- Explore clearinghouse for evidence-based strategies supporting healthy food access
- Check other states' transportation networks: Evaluate other transportation networks to further advance the transportation network of Delaware
- Represent all entities for vulnerable population (youth, mental health population, single-parent household, no transportation families): Ensure planning considers underrepresented and vulnerable populations. For example, including AARP to the coalition to ensure the elderly population is represented.
 - o Utilize Delaware Aging and Disability Resource Center (within Delaware Department of Health and Social Services)
- Engage community members to advocate for policy change supporting healthy communities
- Work on readability of health awareness materials
- Actively engage community members (civic engagement groups)

Health In All Policies

Tim Gibbs, Executive Director of the Delaware Academy of Medicine and the Delaware Public Health Association and Noël Duckworth, Healthy Neighborhoods Program Manager (Delaware Center for Health Innovation), presented on Health in All Policies (HiAP).

According to the World Health Organization, "Health in All Policies (HiAP) is an approach to public policies across sectors that systematically considers the health implications of decisions, seeks synergies, and avoids harmful health impacts, to improve population health and health equity."

Mr. Gibbs and Ms. Duckworth discussed the common cores of HiAP and methods organizations can leverage to improve health equity. HiAP has five core elements:

- Promote health, equity, and sustainability;
- Support intersectoral collaboration;
- Benefit multiple partners;

- Engage stakeholders; and,
- Create structural or procedural change.

Presenters emphasized that organizations can start to apply HiAP with other agencies in developing messages and work collaboratively toward health equity.

Sustainability

Michelle Eichinger, President at Planning4Health Solutions, presented on sustainability and funding to ensure continuity of program services. According to *The Sustainability Guide to Healthy Communities*, sustainability is defined as “a community’s ongoing capacity and resolve to work together to establish, advance, and maintain effective strategies that continuously improve health and quality of life for all.” Improving health and quality of life requires systems change in practice, as well as environmental changes to support opportunities for healthy behaviors. Coalitions need to include plans to sustain the public health efforts at the beginning of any program to be established, with these plans becoming institutionalized across organizations.

The CDC recommends a 10-step approach for developing and implementing a sustainability plan:

- Step 1: Create a shared understanding of sustainability
- Step 2: Create a plan to work through the process
- Step 3: Position coalition efforts to increase the odds of sustainability
- Step 4: Look at the current picture and pending items
- Step 5: Develop criteria to help determine which efforts to continue
- Step 6: Decide what to continue and prioritize
- Step 7: Create options for maintaining your priority efforts
- Step 8: Develop a sustainability plan
- Step 9: Implement the sustainability plan
- Step 10: Evaluate outcomes and revise as needed

The presenter focused on how to locate funding to ensure sustainability of projects and programs. She emphasized the variety of potential funding sources available, including in-kind, sponsorships, grants, fundraising, fee-based services, taxation, appropriations and crowd sourcing. Although grants remain key funding opportunities, they take a significant amount of time to write, may be complex with many partners, and competition for already limited public health resources is fierce. Ms. Eichinger advised the participants to focus on alternative and less-common funding methods.

Planners4Health Task List

The last item on the Planners4Health Roundtable Summit was the priority task worksheet. Participants again grouped depending on their interest area, with moderators and note takers assigned to each group. Each table chose one task that this group would undertake to achieve a health change. They were asked to identify target population, equitable approach, the desired outcome, specific steps along and partners to involve in the task.

After completion of the task list worksheet, Ms. Eichinger compiled a quick list of the tasks that the participants listed.

Conclusion

The Planners4Health Roundtable provided an opportunity for dialogue across disciplines to discuss active living, healthy and equitable strategies in Delaware. Results received from the Roundtable activities were gathered and will be analyzed for recommendations and strategies. These recommendations and strategies will shape the task list for the Planners4Health Leadership Team.

Lessons Learned

The Leadership Team extended invitations to their own networks in bringing a diverse breadth of Roundtable participants. Participants were divided in groups based on topic. By dividing organizations into other disciplines outside of their usual discipline, allowed them to think “outside the box” and demonstrated how their discipline intersect other disciplines.

Next Steps

Following the Roundtable Summit, the Planners4Health Leadership Team will draft a report of the Task List. The Task List will then be disseminated to participants for review. The Healthy Neighborhoods Program Manager of the Delaware Center for Health Innovation will provide oversight and guidance of this Task Force.

Appendix A

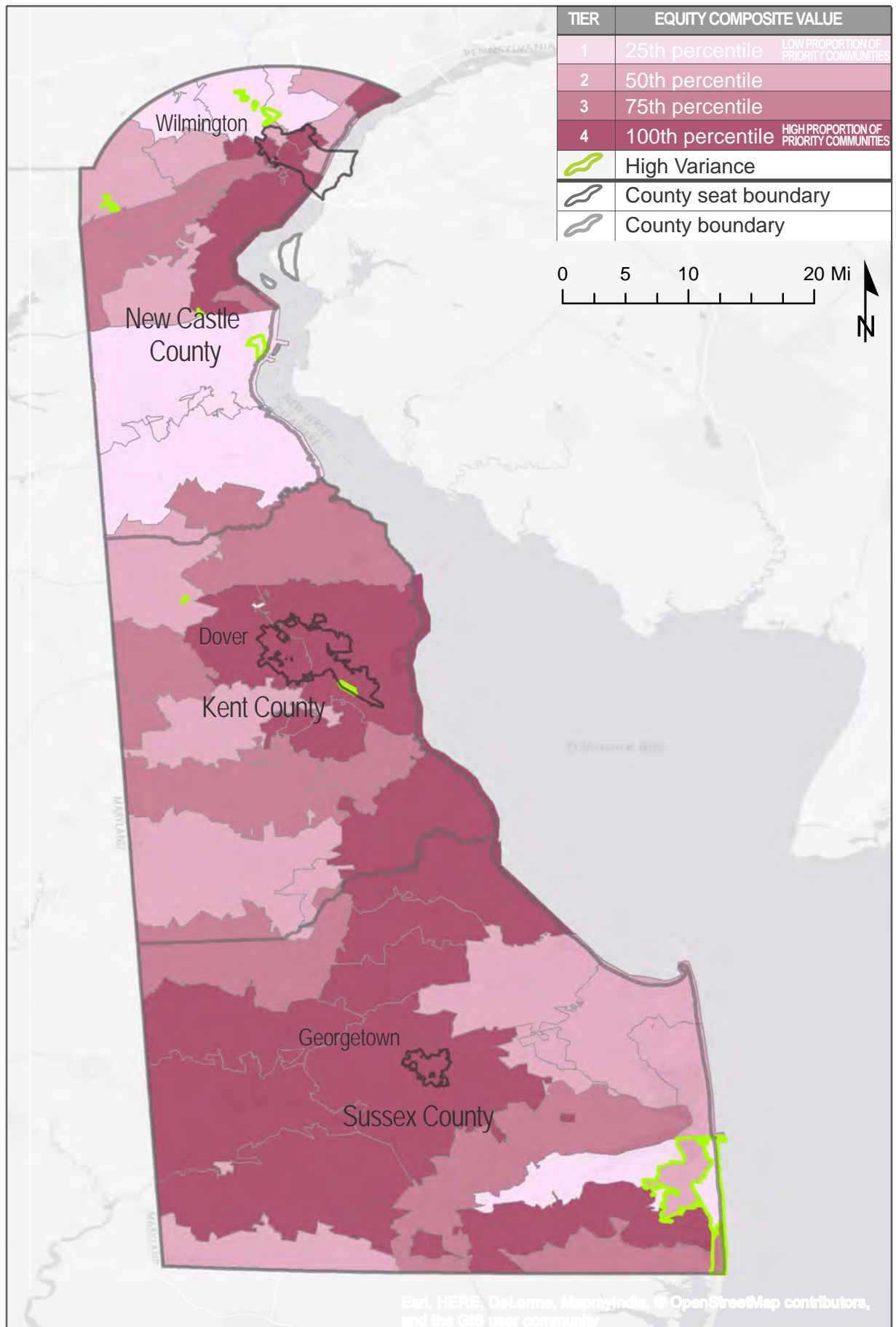
Health and Equity Maps

This map prioritizes each zip code in Delaware by its Equity Composite Value (ECV), and it indicates where communities of concern are most concentrated.

The ECV summarizes 2015 American Community Survey data for the following groups: elders, children, SNAP-receiving households, low-income households, households with poor vehicle access, communities of color and people with limited English proficiency. These groups disproportionately experience health disparities that lead to health inequities. Zip-code level data for each indicator is averaged to determine each zip code's ECV.

ECVs are tiered by percentile rank. Tier 4 comprises zip codes with the highest quarter ECVs (darkest pink); these are the zip codes with the highest proportions of priority groups.

In some zip codes one or more equity indicators differ significantly from the ECV - an average of all equity indicators. These high variance zip codes are outlined in green. By examining the individual equity indicators for these zip codes we can understand what circumstances underlie their deviation.



Equity Composite Values by Zip Code, Delaware

Calculated from 2011-2015 American Community Survey 5-Year Estimates.

Prepared by Planning4Health Solutions
for Delaware Planners4Health

Delaware
PLAN4Health
An American Planning Association Project

This map prioritizes each zip code in Delaware by its Retail Food Environment Index (RFEI) score, and it indicates where improving healthy food access is most needed. Access to healthy foods is an important determinant of health.

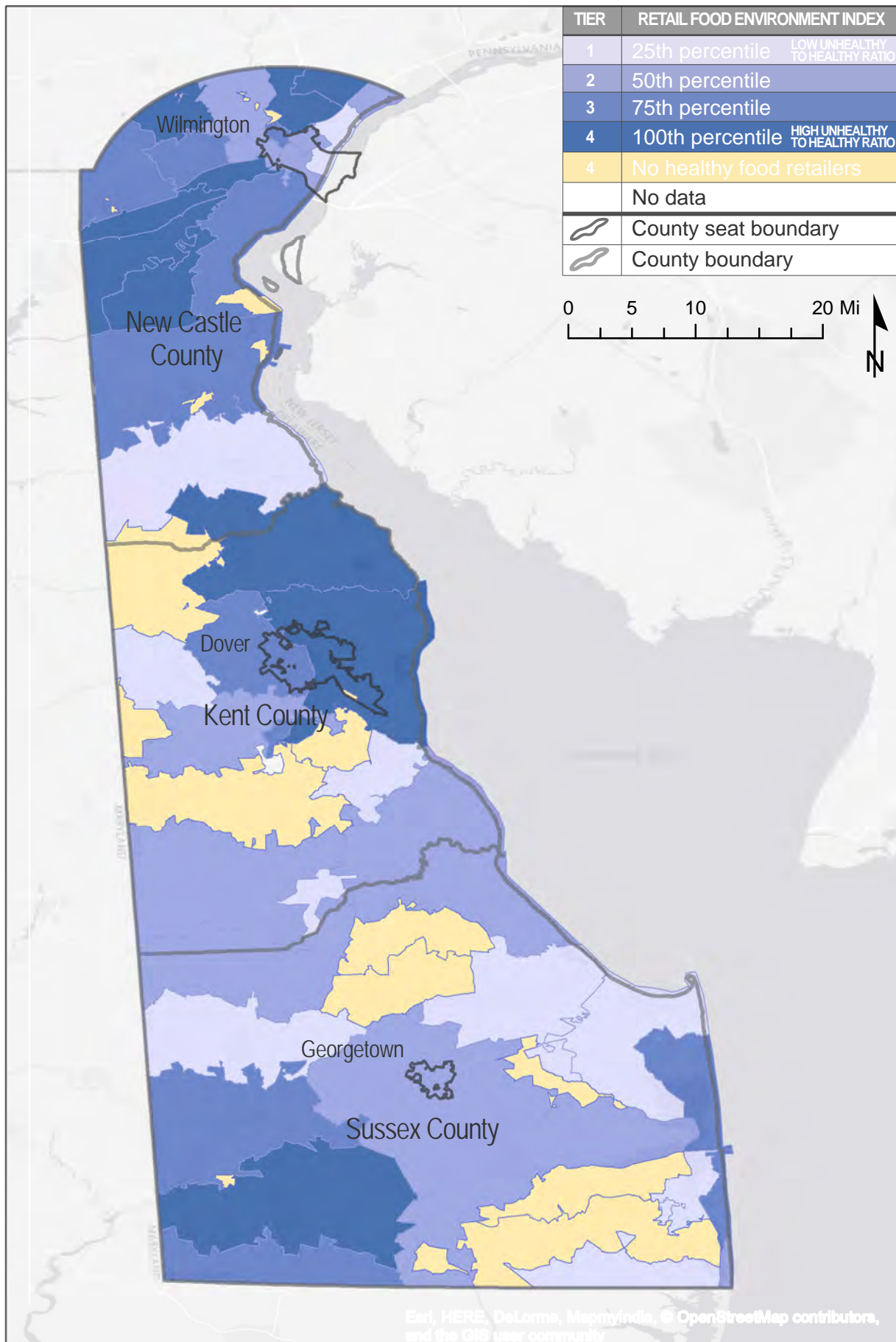
RFEI values were calculated by dividing the total number of unhealthy food retailers (fast foods and convenience stores) by the total number of healthy food retailers (grocery stores, farm stands and farmers markets) per the following formula:

$$RFEI_{zip} = \frac{\sum(fast\ foods_{zip} + convenience\ stores_{zip})}{\sum(grocery\ stores_{zip} + farm\ stands_{zip} + farmers\ markets_{zip})}$$

RFEI values represent the ratio of unhealthy to healthy food retailers, and are tiered by percentile rank.

Zip codes in Tier 4 include those with the highest quarter RFEI values (the darkest blue) and those without any healthy food retailers (golden-colored). Respectively, these zip codes have the largest ratios of unhealthy to healthy food retailers, or totally lack healthy food retailers.

RFEI values are calculated from Delaware Department of Agriculture and U.S. Census Bureau data, using specific North American Industry Classification System (NAICS) codes, and are aggregated to zip code level.



This map prioritizes each zip code in Delaware by its Bikability Density Index (BDI) value, and it indicates where expanding and improving bicycle infrastructure is most needed. Building safe and accessible bicycle infrastructure promotes physical activity, an important determinant of health. Providing good bicycle infrastructure improves real and perceived safety for cyclists which helps to attract new commuters and recreational riders of all ages. Bicycling has a low carbon footprint, helping reduce health impacts of air pollution.

BDI values were calculated for each zip code using the following formula:

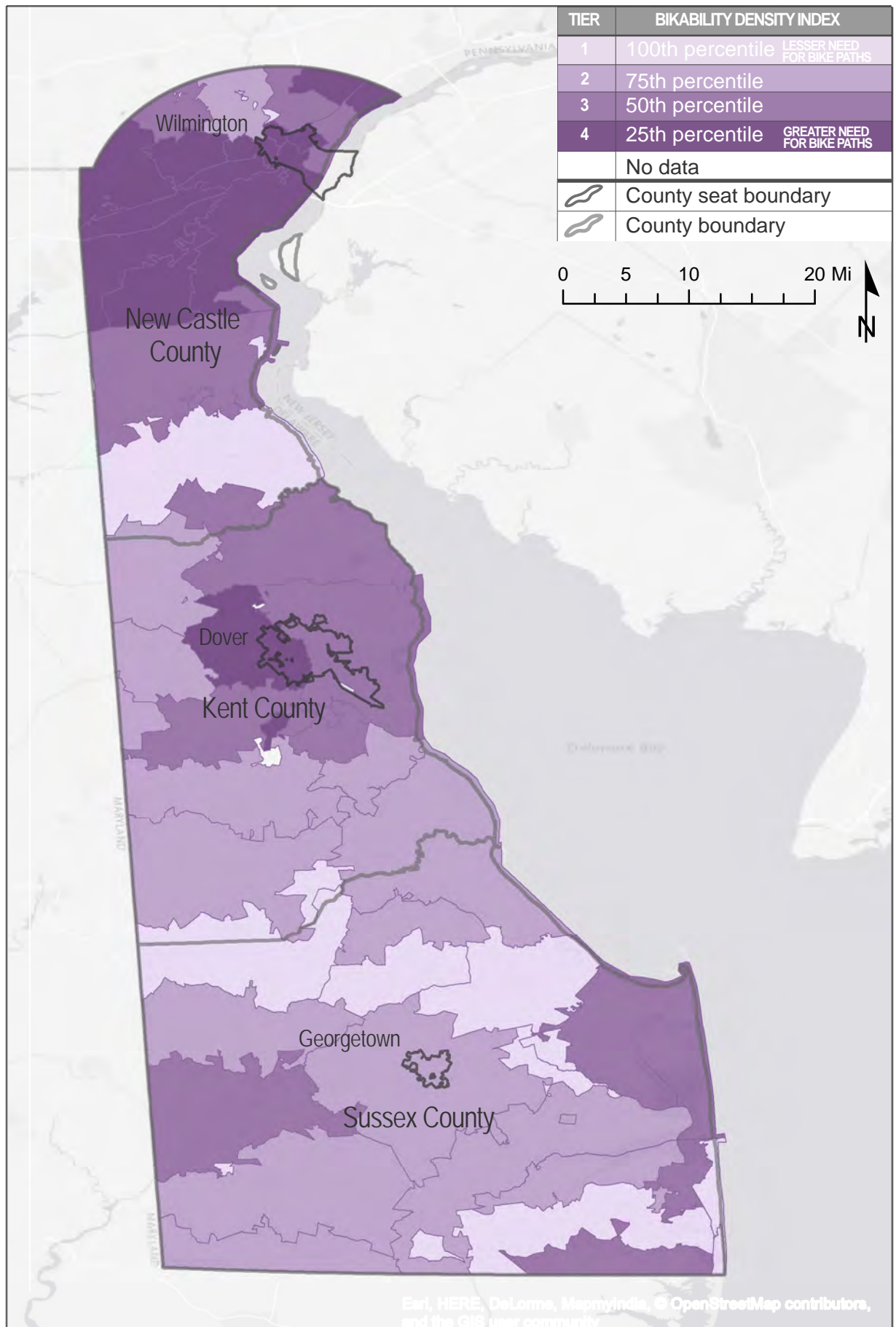
$$BDI_{zip} = \frac{\sum \text{path lengths (miles)}}{\text{population}_{zip}} * 100$$

BDI values represent "low stress" bicycle path mileage per capita, and are tiered by percentile rank.

Zip codes in Tier 4 (the darkest purple) have the lowest quarter BDI values, meaning they have least sidewalk mileage per capita in Delaware.

BDI values are calculated from "low stress" bicycle path layers provided by the State of Delaware Department of Transportation, and 2015 American Community Survey data, and aggregated to the zip code level.

NOTE: The "Low Stress Bicycle Network" is currently in draft form. It may not be used without permission from the Delaware Department of Transportation.



Bikability Density by Zip Code, Delaware

Calculated from 2011-2015 American Community Survey 5-Year Estimates and "Low Stress Bicycle Network" data provided by Delaware Department of Transportation.

Prepared by Planning4Health Solutions for Delaware Planners4Health

Delaware
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This map prioritizes each zip code in Delaware by its Sidewalk Density Index (SDI) value, and it indicates where expanding pedestrian infrastructure is most needed. Accessible pedestrian infrastructure encourages physical activity (e.g., walking), an important determinant of health, and can improve mobility for users of all ages and ability levels.

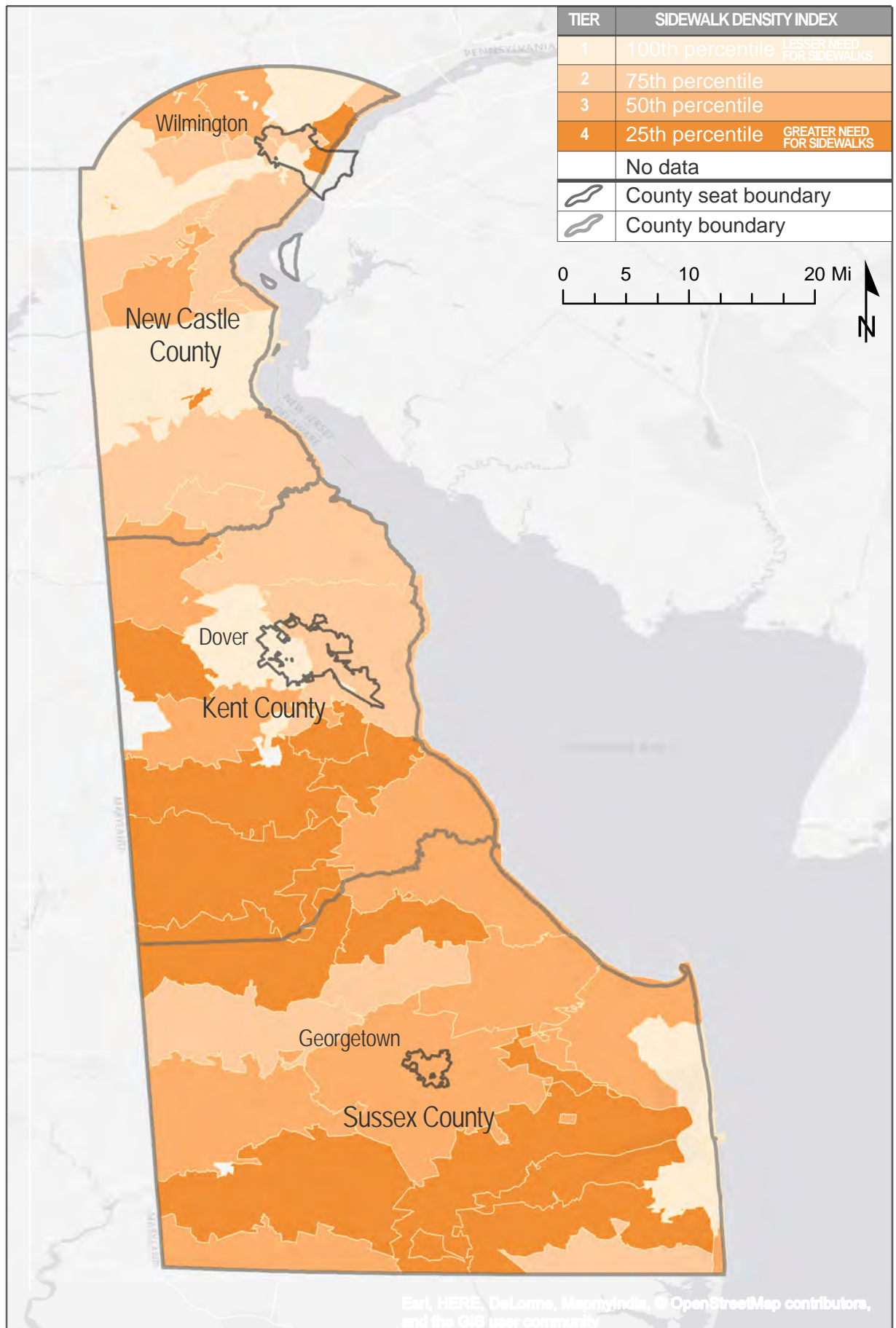
SDI values were calculated for each zip code using the following formula:

$$SDI_{zip} = \frac{\sum \text{sidewalk lengths (miles)}}{\text{population}_{zip}} * 100$$

SDI values represent sidewalk mileage per capita, and they are tiered by percentile rank.

Zip codes in Tier 4 (the darkest orange) have the lowest quarter (25th percentile) SDI values, meaning they have the least sidewalk mileage per person in Delaware.

SDI values are calculated from sidewalk layers provided through the State of Delaware First Map, and 2015 American Community Survey data, and aggregated to the zip code level.



Sidewalk Density by Zip Code, Delaware

Calculated from 2011-2015 American Community Survey 5-Year Estimates and State of Delaware First Map open data.

Prepared by Planning4Health Solutions
for Delaware Planners4Health

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This map prioritizes each zip code in Delaware by its Park Density Index (PDI) value, and it indicates where expanding park and open space access is most needed. Publicly-accessible parks and open spaces are often used for sports, play and other physical activities which promote healthy lifestyles and communities.

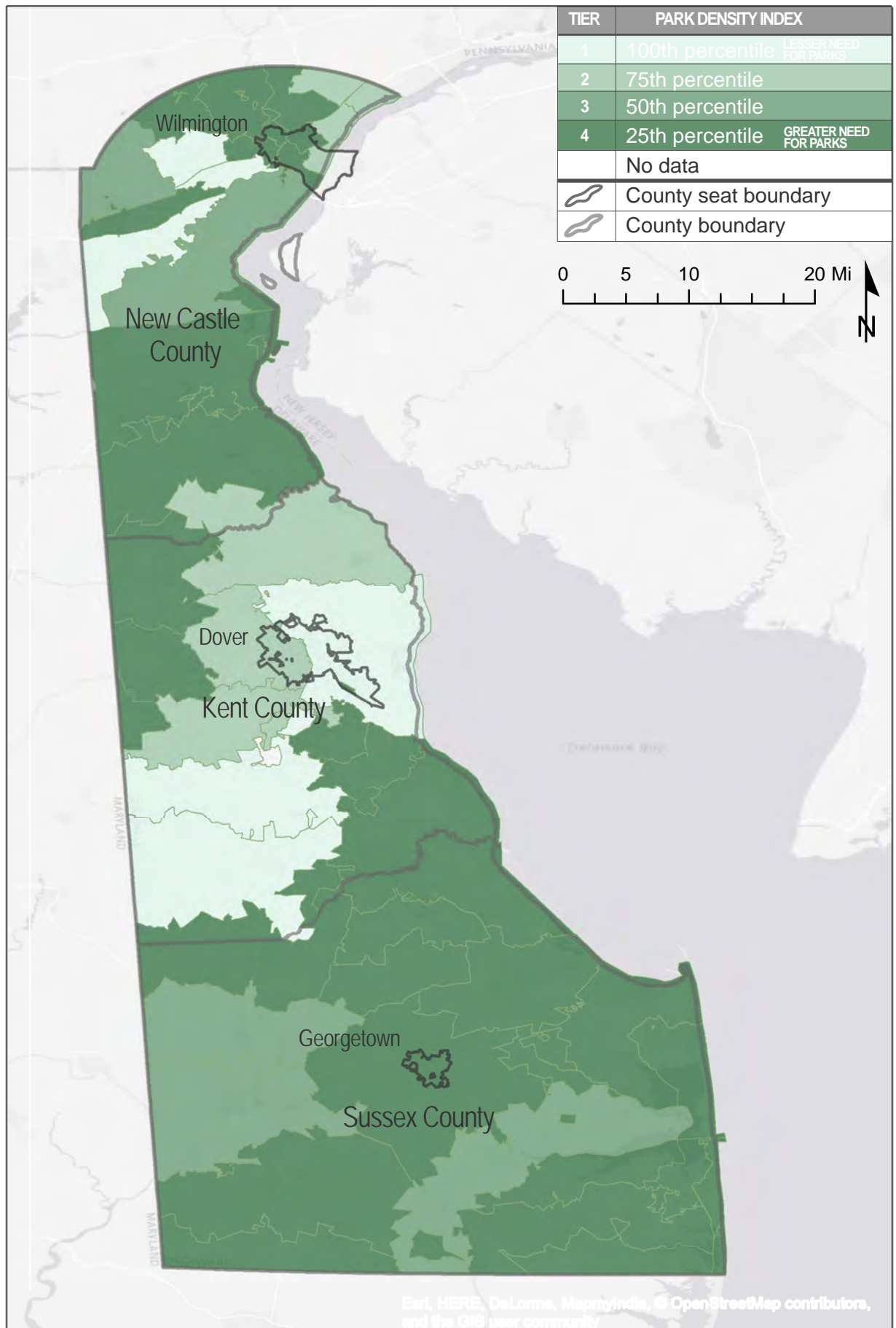
PDI values were calculated for each zip code using the following formula:

$$PDI_{zip} = \frac{\sum (\text{park space} + \text{open space}_{zip} \text{ (acres)})}{\text{population}_{zip}} \times 100$$

PDI values represent park and open space acreage per capita, and are tiered by percentile rank.

Zip codes in Tier 4 (the darkest green) have the lowest quarter PDI values, meaning they have the least park and open space per capita in Delaware.

PDI values are calculated from Sussex County, New Castle County and Kent County parks data, State of Delaware, Open Space Program Land Inventory data, and 2011-2015 American Community Survey data. Data are aggregated to the zip code level. Parks and open spaces that were not publicly accessible, or did not provide opportunity for physical activity were excluded from analysis.



Park Density Index by Zip Code, Delaware

Calculated from County parks data, State of Delaware *Open Space Program Land Inventory* data, and 2011-2015 American Community Survey 5-Year Estimates.

Prepared by Planning4Health Solutions
for Delaware Planners4Health

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Appendix B

Community Asset Mapping Tools

Current Activities/Projects and where are these efforts taking place and what populations are served
 Below are tables for you or a representative of your organization to complete. We understand that not all the tables will be applicable, however please complete to the best of your knowledge. Information gathered from these tables from organizations will provide us with input in better understanding the current assets in place for addressing healthy eating and/or active living. For each table, an example is provided to help you. Your feedback is greatly appreciated!

Name of Organization: _____

FOOD SYSTEMS/FOOD ACCESS PROJECTS and ACTIVITIES				
Project/Activity	Brief Description	Geographic Location	Population Serve	Partners or Collaborators
<i>Ex. Produce Carts</i>	<i>Fresh food delivered via a mobile cart, to low-income neighborhoods. Residents purchase produce with cash or EBT</i>	<i>Wilmington</i> <ul style="list-style-type: none"> - <i>Southbridge</i> - <i>West Side</i> 	<i>All, but primarily Low-Income residents</i>	<i>Food Trust</i>

ACTIVE RECREATION PROJECTS and ACTIVITIES				
Project/Activity	Brief Description	Geographic Location	Population Serve	Partners or Collaborators
<i>Ex. Shared-Use School Fitness Center</i>	<i>Lake Forest High School allows public use of fitness facilities for a fee</i>	<i>Kent County</i>	<i>Kent County residents</i>	<i>Kent County Parks and Recreation</i>

ACTIVE TRANSPORTATION PROJECTS and ACTIVITIES				
Project	Brief Description	Geographic Location	Population Serve	Partners or Collaborators
<i>Ex. Bike Share program</i>	<i>Transportation project allowing short distance point-to-point trips providing users the ability to pick up a bicycle at any self-serve bike station and return it to any other bike station located within the system's service area.</i>	<i>Wilmington</i>	<i>All</i>	<i>Delaware Greenways</i>

Other Comments:

Appendix C

Roundtable Agenda



**Planners4Health Roundtable Summit
May 19, 2017**

AGENDA

8:30	Registration and Breakfast	
9:00	Welcome Remarks / Purpose of Planners4Health	Mary Ellen Gray
9:15	Plan4Health Overview Presentation	David Edgell
9:45	Asset Mapping / Statewide Health and Equity Assessment Presentation	Michelle Eichinger
10:15	Break	
10:30	Roundtable Exercise #1: Collaborative Partnerships	Laura Saperstein Mary Ellen Gray
11:15	Roundtable Exercise #2: What are equitable strategies?	Patti Miller
Noon	Lunch and Presentations: Health In all Policies What does Sustainability look like?	Tim Gibbs Noel Duckworth Michelle Eichinger
1:00	Roundtable Exercise #3: Priority Tasks	Michelle Eichinger
1:50	Break	
2:05	Assembling the Task List	Peggy Geisler Michelle Eichinger
2:30	Moving Forward: Role of Healthy Neighborhoods	Peggy Geisler
2:50	Wrap up / Closing Remarks	Mary Ellen Gray

Appendix D

Roundtable Interactive Session Worksheets

COLLABORATOR MULTIPLIER ANALYSIS

COLLABORATOR 1
Expertise/Resources:
Results/Outcomes:
Key Strategies:
COLLABORATOR 2
Expertise/Resources:
Results/Outcomes:
Key Strategies:
COLLABORATOR 3
Expertise/Resources:
Results/Outcomes:
Key Strategies:

What results/outcomes can be achieved together?
What partner strengths can the collaborative utilize?
What strategies/activities can 2+ partners work together on? Who takes the lead (L) and who plays the supportive (S) role?

COLLABORATOR 4
Expertise/Resources:
Results/Outcomes:
Key Strategies:
COLLABORATOR 5
Expertise/Resources:
Results/Outcomes:
Key Strategies:
COLLABORATOR 6
Expertise/Resources:
Results/Outcomes:
Key Strategies:

Reflecting on Equity

Reflect on the following questions as they apply to Planners4Health work, your partnerships and your community.

- ☺ For the issue we're working to address, which population(s) experience inequities?

- ☺ How do our partnerships reflect the population(s) experiencing inequities in our community?

- ☺ What new partnerships should we consider exploring to fulfill our commitment to health equity?

- ☺ How can we ensure all partners meaningfully participate and influence decision-making?

- ☺ What process can we develop to regularly assess who else should be invited to help advance our goals of achieving health equity?

- ☺ What are examples of equitable approaches for the issues we're working to address? These may be examples from other communities or programs.

Task:			
Equitable Approach:		Target Area or Population:	
Desired Outcome:			
Action Steps	Partners	Resources Available	Resources Needed

Comments/Notes:

Task:			
Equitable Approach:		Target Area or Population:	
Desired Outcome:			
Action Steps	Partners	Resources Available	Resources Needed

Comments/Notes:

Appendix E

Roundtable Facilitator and Note Taker Instructions

Delaware Planners4Health Roundtable Facilitator and Note Taker Instructions

Break Out Session	Session Purpose and Description	Facilitator Instructions	Note Taker Instructions
<i>Roundtable Exercise #1 Collaborative Partnerships</i>	Purpose: Understanding the role and capacity of partners and the importance of collaboration for implementation	Facilitators: Laura Saperstein Mary Ellen Gray	Note Takers: Kristen Vales Hiam El-Jazzar
	Description: Participants will be at their tables, which will be their groups. Given the information presented earlier, each group will be asked to complete the Collaborative Multiplier Exercise.	Instructions: <ul style="list-style-type: none"> - Facilitators will briefly share the purpose of the exercise and review the worksheet - Facilitators will ask each group to select a speaker and writer for the exercise. - While everyone can have a worksheet, there will be one worksheet that will be shared with the audience and collected afterwards. - Following the exercise, group speakers will share their center column results. - After each group shares their results, facilitators will ask the group to discuss challenges and opportunities with strategies to address challenges. This will be an open discussion. 	Instructions: <ul style="list-style-type: none"> - Note Takers will write themes of what groups share: Results/Outcomes done together; Partner Strengths; Strategies and Activities. Note Takers will write on large post-its that will be posted on the walls. - During the open discussion of challenges and opportunities, note takers will write themes on large post-its and these post-its will be posted on walls - Note takers will collect worksheets from each group.
<i>Roundtable Exercise #2 Equitable Strategies</i>	Purpose: Understand and demonstrate impact of equity in decision-making	Facilitators: Patti Miller	Note Takers: Kristen Vales Hiam El-Jazzar
	Description: The facilitator will provide a brief presentation on equity and the importance of equity in decision-	Instructions: <ul style="list-style-type: none"> - Facilitator will provide brief presentation 	Instructions: <ul style="list-style-type: none"> - Note Takers will identify themes, especially for populations experiencing

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	making. Following the presentation, participants in groups will complete the equity worksheet, which will then be discussed with everyone.	<ul style="list-style-type: none"> - Facilitator will review worksheet with everyone and the groups to select a “spokesperson”. - In groups, everyone will complete the worksheet and discuss the responses in their group. - Facilitator will ask each group spokesperson to share what they discussed. Facilitator will guide responses to identify populations experiencing inequities, any new partners, and strategies. 	<p>inequities, any new partners and equitable strategies.</p> <ul style="list-style-type: none"> - Note Taker will post these themes on walls. - Note Takers will collect worksheets from everyone.
<i>Roundtable Exercise #3 Task Development</i>	<i>Purpose:</i> Identify task priorities and develop an action plan	<i>Facilitators:</i> David Peggy Patti Michelle Laura (Tim) (Mary Ellen)	<i>Note Takers:</i> Kristen Vales Hiam El-Jazzar Noel Duckworth Paulette Hussey Dolores Waddell (TBD)
	<i>Description:</i> Based on the previous exercises and presentations, participants will identify potential tasks that can be developed in the plan. This plan will then be given to the Healthy Neighborhoods Program to continue and implement efforts.	<i>Instructions:</i> <ul style="list-style-type: none"> - Each facilitator will be assigned to a table/group. - Each group identify 1-2 priority tasks that are realistic and doable. One task per worksheet. - Facilitators will guide the completion of the worksheets, helping participants to recall presentations and previous discussions. 	<i>Instructions:</i> <ul style="list-style-type: none"> - Each Note Taker will be assigned to a table/group - Note Taker will complete a “master worksheet” for each task. - Note Takers will collect all master worksheets from each group. - During the break, Note Takers will work with their

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	<p>The Tasks will be organized into the following themes, which will be labeled on tables for groups:</p> <ul style="list-style-type: none">- Plan4Health Network- Healthy Food Systems/Access- Active Recreation- Active Transportation <p>There will likely be 2 tables for each theme.</p>		<p>common-theme Note Taker to compile a preliminary Task Force Plan, by theme.</p> <ul style="list-style-type: none">- Each theme of the Task Force Plan will be given to Peggy to present to the audience.
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Appendix F

Planners4Health Roundtable Participants

Name	Email	Organization
Abigail Jones	Abigail.Jones@state.de.us	Sussex County Health Unit
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