



# CARROLL PREVENTION PLAN

## Better Health through Fighting Chronic Disease

March 2006

Sponsored by:

**Center for Preventive Health Services**  
Maryland Department of Health and Mental Hygiene  
201 W. Preston Street, Room 300  
Baltimore MD 21201  
<http://www.fha.state.md.us/cphs/>

**Carroll County Health Department**  
Chronic Disease Prevention Program  
and  
Community Healthy Living Initiatives  
290 S. Center Street  
Westminster, Maryland 21157

**The Partnership for a Healthier Carroll  
County, Inc.**  
Prevention & Wellness Partners Work Group  
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Westminster, Maryland 21157

<http://www.carrollhealthdepartment.dhmdh.md.gov/>

[www.healthycarroll.org](http://www.healthycarroll.org)

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## A. Introduction

The two overarching goals of Healthy People 2010 are to:

- increase the quality and years of healthy life, and
- to eliminate health disparities.

An important step toward these far-reaching goals is to create a clear, logical plan that is supported by accountable and engaged partners at the local level. Prevention & Wellness Partners are committed to working for longer, healthier life in our community. We formed this plan in collaboration to advance the goals that we share with national Healthy People 2010, and to be consistent with Maryland's Health Improvement Plan.

The following principles are ingrained in our planning and activities:

- Regular physical activity or improved cardiovascular fitness reduces the risk of all-cause mortality and increases years of healthy life. \*
- Physical activity does not need to be vigorous and sustained to achieve health benefits. Improved health can be attained through the accumulation of shorter bouts of moderate-intensity activity; however, greater levels of activity do produce greater health benefits.\*
- Eating more fruits and vegetables is associated with lower risks for cancer, cardiovascular disease, high blood pressure, obesity, bone disease and many other chronic diseases. \*\*
- Smoking harms nearly every organ in the body and remains the leading cause of preventable death in the U.S.; second-hand exposure to tobacco smoke is a proven cause of disease, including lung cancer, in healthy nonsmokers. \*\*\*

The Carroll Prevention Plan was created with funding and organizational support from the National Centers for Disease Control (CDC), via the Center for Preventive Health Services of the Maryland Department of Health and Mental Hygiene. We are very grateful for this encouragement and assistance, which allowed us to move forward with the planning and organizational activities needed to accomplish our common goals.

This Plan is part of a community-based planning and mobilization process that is unprecedented for chronic disease prevention in Carroll County. It will continue to grow and evolve as strategies are tested and evaluated according to the standards of HP2010 goals and Healthy Carroll Vital Signs measurement indicators. We look forward to making progress toward our shared community health improvement goals - first in steps, and then in strides.

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\* Physical activity and health: a report of the Surgeon General. 1996. US Department of Health and Human Services, CDC.

\*\* Trends in Fruit and Vegetable Consumption Among Adults in the United States. June 2004. American Journal of Public Health.

\*\*\* The Health Consequences of Involuntary Smoking: A Report of the Surgeon General. 1986. The Health Consequences of Smoking: A Report of the Surgeon General. 2004. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health

**B. Community Coalition: Prevention & Wellness Partners**

Prevention & Wellness Partners is a community health improvement coalition working together with Carroll County Health Department, Carroll Hospital Center, Carroll County Government, Carroll County Public Schools, and other community organizations to reduce the burden of chronic disease in Carroll County. We support the goals of Healthy People 2010 by addressing lifestyles and behaviors which are the primary preventable risk behaviors for chronic disease in the United States. The primary behaviors we seek to address are inadequate physical activity, poor nutrition, and tobacco use.

Our Mission: Prevention & Wellness Partners will promote wellness, prevent disease, and increase quality and years of healthy life in Carroll County through education and by encouraging measurable changes in behavior and lifestyle.

As the sole broad-based community group focusing on goals related to the prevention of chronic diseases, Prevention & Wellness Partners are working with Chronic Disease Prevention Program coordinators at the Carroll County Health Department to create and help carry out the Carroll Prevention Plan.

*See Attachment I. Prevention & Wellness Partners Membership List*

**C. Community Assessment and Data Examination**

Over the course of three meetings between December 2005 and February 2006, Prevention & Wellness Partners studied and discussed recent Community Health Assessments and supplemental data from other reliable sources (mainly from the Maryland Behavior Risk Factor Surveillance Survey). Two of the main Assessments used were:

- Strengths and Needs Assessment of Carroll County Residents, 2004 – Carroll County Local Management Board and The Partnership for a Healthier Carroll County, Inc.
- Community Assessment for Carroll County, Maryland, 2005 – American Cancer Society, Carroll Unit.

1. Strengths and Weaknesses

a. Nutrition: a majority (89%) of respondents eat less than 4 servings of fruits and vegetables a day. A majority of respondents reported eating "fast food" only 1-2 times per week. National data shows that about one-third of calories and almost half of total food dollars are spent on food purchased from and/or eaten at restaurants and other food-service establishments. This indicates that a certain percentage of food is consumed away from home at regular sit-down restaurants.

b. Overweight/obesity: the percentage of respondents that are obese or overweight was less than the national average. In Carroll County, roughly 46% of the population is overweight and 18% of the population is classified as obese (MD BRFSS). Compared to other Maryland counties, Carroll ranks in the top third in percentage of obese adults. At the same time, while most people were not eating the recommended servings of fruits and vegetables

or meeting recommendations for exercise, 96% of respondents in Carroll County reported they believe they are extremely healthy.

A small study was done at the Carroll County Health Department in 2005 to collect data on heights and weights of a sample of 6th grade girls and 8th grade boys. The findings showed that on average this sample of boys was 12 lbs. overweight, and girls were 7 lbs. overweight. We were cautioned that the sample was not completely random. The Health Department is pursuing a randomized study.

c. Diabetes: The percentage of Carroll adults who have been told they have diabetes was 6.4% in 2004 - a percentage that has risen steadily for the past 10 years, at a rate consistent with State and national rates of increase.

d. Tobacco: Carroll County remains one of the lowest in the state for middle school smoking rates. At the same time the number of high school seniors that smoke has increased. Overall, the amount of people smoking in Carroll County has continued to go down.

e. Physical Activity: Among Carroll adults, 39.4% meet the HP 2010 goal of 30 minutes or more of physical activity at least 5 times per week, while 25% report not exercising at all. At the same time, 50% of residents are not meeting the HP 2010 objectives for moderate to vigorous physical activity 5+ times per week (MDBRFSS). Visits to local parks and recreation programs and facilities totaled 1,222,306.

One survey found that a majority of people get their health information from the telephone directory; followed by doctors, the internet, friends, and the library.

## 2. Vulnerable Populations

Married-couple families make up roughly 2/3 of all households in Carroll County. Half of these (about 17,800 households) have children of their own under 18 (US Census, 2000). The vast majority of households are headed by married couples. A 2002 study found that 62% of persons employed outside of their home work outside of Carroll County. The County also has the second-largest percentage of two-income households in the State.

From this data, a picture emerges that a major segment of the Carroll population leads a busy, double-income commuting lifestyle. Time and economic pressures induce stress, and impact lifestyle and health, as young families struggle to "keep up." High-calorie diets and the increased popularity of sedentary activities (such as computer use, television, and video games) are on the rise. With billions of advertising dollars targeting them to consume more and indulge in less-healthy behaviors, this population group is more at risk than ever before.

Small subgroups known to be at higher risk for tobacco use and obesity (low-income, minority) have been identified and continue to be the focus of targeted interventions within the Carroll County Health Department and community programs for uninsured residents.

#### **D. Healthy Carroll Vital Signs**

Indicators are the measurable benchmarks that contribute to a valid and objective understanding of a particular subject. Indicators are used commonly in many disciplines. For example, everyone knows that a low unemployment rate is a good indicator of a sound economy. We also all know that a body temperature above 98.6F is a good indicator of illness.

Applying this measurability to *creating healthier communities* goals is less well established. Often the indicators are unique to each community, driven by the unique assets and challenges each community encounters over time. However, it is important to identify a basic set of indicators that will remain constant and observable over time.

In 2005, The Partnership for a Healthier Carroll County began creating a new comprehensive strategic planning resource for community health improvement called Healthy Carroll Vital Signs. The main components of Healthy Carroll Vital Signs are to:

- *identify the issues most important to our community,*
- *match the issues with valid indicators,*
- *monitor the progress of the initiatives designed to move the selected indicators.*

The practical product of this data-monitoring program will be an annual data handbook with objective, measurable and trendable information selected by and for the Carroll County community.

Healthy Carroll Vital Signs indicators for Prevention & Wellness will contain Carroll County data in nutrition, physical activity, tobacco use, and safety. These key indicators will be consulted regularly as "vital" information by the Prevention & Wellness Partners work group.

*See Attachment II. Prevention & Wellness Indicators*

**E. Proposed Interventions**

## 1. Intervention #1: HEALTHY DINING PROGRAM

a. Goal: To increase the percentage of persons in Carroll County who consume the recommended daily servings of fruits and vegetables. A secondary goal is to increase the number of 100% smoke-free restaurants in Carroll County.

b. Target Population: Carroll County individuals and families with children, who eat in restaurants.

c. Description: Sit-down restaurants in Carroll County will be invited to participate in a "Healthy Dining Program." If the restaurant's food choices meet certain nutritional guidelines and it is 100% smoke-free, then the restaurant will be given a door decal, and will be promoted and publicized as a "Healthy Dining" partner in the community. Nutritional guidelines will be set by Prevention & Wellness Partners Healthy Dining Subcommittee (members include a Registered Dietitian). Some basic requirements are that a restaurant must offer at least 4 choices of fruits and/or vegetables, whole grain foods, reduced fat milk, and at least one low-fat entrée, among other standards.

d. Rationale: Research continues to reveal the strong link between diet and health, and that diet-related diseases start early in life.

According to the Maryland BRFSS, only 27.1% of Carroll County adults consume five or more servings of a fruit or vegetable daily. About two-thirds of Carroll County adults are overweight or obese. No local data is available on children under the age of 18; however, U.S. Centers for Disease Control data shows that rates of obesity have doubled in children and tripled in teens since 1980. Poor nutrition and obesity increase the risk of diabetes, heart disease, stroke, and cancer.

Over the past two decades, there has been a significant increase in the number of meals prepared and/or eaten outside the home nationwide, with an estimated one-third of calories and almost half (46 percent) of total food dollars being spent on food purchased from and/or eaten at restaurants and other food-service establishments.

e. Evaluation / Outcome Measures: Measurement activity is integrated into the Intervention, in the form of a "customer appreciation" card. This card will be distributed to the target population, to be submitted at the restaurant at a visit. This allows the customer to reinforce restaurants for offering healthy foods in a smoke-free environment. In addition, the number of collected cards will show how many of the targeted population chose a restaurant based on the availability of healthy dining. The Intervention is based on the premise that the Target Population is willing to participate and will be influenced to make healthier food choices when they eat out.

*See Attachment III. Healthy Dining Detail and Budget, and  
See Attachment IV. Healthy Dining Work Plan and Evaluation*

2. Intervention #2: ACCESS TO ACTIVITY / PARKS & TRAILS

a. Goal: To increase the percentage of adults in Carroll County, Maryland who engage in regular, moderate physical activity by increasing access to and availability of outdoor, public open spaces.

b. Target Population: This intervention targets Carroll County family households in which members do not meet the required physical activity HP2010 recommendations.

c. Description: The intervention will increase the number of miles of public hiking/biking/walking trails and walking/biking routes in Carroll County, as well as improve access to existing trails and routes. The first step of this Intervention is to determine current miles of safe, marked hiking/biking/walking trails and routes in Carroll County that are open to the public.

Next, the work group will propose additional trails, spaces, and improvements in specific locations that lack existing trails and park spaces to the appropriate county and municipal decision-makers. Informational brochures with maps of existing hiking/biking/walking in specific communities that can be distributed to residents will also be proposed.

These proposals will be followed through the decision process and implementation. Strong advocacy for allocation of funds and scheduling of work to accomplish goal of increased trail/route miles will be needed.

d. Rationale: With 78.8% of Carroll County households being “family households,” this intervention focuses not just on individuals, but on the family unit. Efforts to improve education and public awareness have historically been more effective, especially in attempts to reach children and youth, when geared toward the family as a unit.

The opportunity to simply leave the front door and go for a bike ride, walk, or run is limited for many Carroll County families, because Carroll County is a predominantly suburban/rural area and many households are in developments with no trails, parks, or sidewalks.

CDC’s Task Force on Community Preventive Services reviewed numerous studies regarding the effectiveness of increasing physical activity space. It found that similar interventions can result in a 25% increase in the percentage of people who exercise at least 3 times per week ([www.thecommunityguide.org](http://www.thecommunityguide.org)). The review also found that these interventions were effective in diverse settings and populations, including industrial plants, universities, federal agencies, and low income communities (see [www.thecommunityguide.org](http://www.thecommunityguide.org)).

e. Evaluation / Outcome Measures: Baseline measurements of trail miles and usage will be determined by volunteers stand at identified trails/routes on a specific day and time. A short survey to identify user-indicated needs for improvement may be administered. Follow-up to assess increase / decline in usage will be conducted 12 months after improvement activities.

3. Intervention #3: COMMUNITYWIDE CAMPAIGN

a. Goal: To increase the percentage of adults in Carroll County, Maryland who engage in regular, moderate physical activity by conducting a large-scale, high-intensity, community-wide campaign.

b. Target Population: This intervention targets Carroll County residents who do not meet the required physical activity HP2010 recommendations.

c. Description: A communitywide publicity and marketing campaign for physical activity will be conducted. This campaign is both informational and social; health risks and benefits related to physical activity will be communicated; individuals and families will be encouraged to take responsibility for their own physical activity improvement within small group initiatives along with friends, neighbors, and co-workers.

A key component of this intervention is sustained, high-visibility efforts public promotion. Low-cost, convenient opportunities for physical activity, such as existing parks, trails, and hiker/biker routes in the community will be heavily emphasized. Community-specific park and trail brochures, formation of social groups to support physical activity, and messages regarding physical activity in television, newspaper, radio, and movie trailers will be produced and deployed.

d. Rationale: Communication, consensus, and social support are strong incentives for behavioral modification. Widespread, simultaneous messages can effectively impact behaviors that occur throughout a large population.

The communitywide campaign in an intervention strongly recommended by the Task Force on Preventive Services: see <http://thecommunityguide.org>.

e. Evaluation / Outcome Measures:

Evaluation will accomplished by comparing Carroll County data on weight and physical activity from the Maryland BRFSS before and after the campaign.

4. Intervention #4: POINT OF DECISION PROMPTS

a. Goal: To increase the number of adults who reach HP2010 physical activity recommendations, by increasing the number who use stairs as opposed to using the elevator or escalator.

b. Target Population: This intervention targets Carroll County adults who do not meet the physical activity recommendations for HP2010.

c. Description: Point-of-decision prompts are signs placed by elevators and escalators to motivate people to use nearby stairs for health benefits. In controlled studies, these signs effectively increased by 54% the number of people who used stairs - from a baseline of 12% of people observed. Among obese people, signs linking stair use to the potential for weight loss triggered a higher increase in stair use than a sign simply linking stair use to general health benefits.

By introducing signs reminding users of the health and weight-loss benefits of taking stairs vs. taking the elevator, the percentage of people in Carroll County who engage in regular, moderate physical activity will be increased (our goal).

Prevention & Wellness Partners will use existing resources (such as design capability, communication, and collaborative partnerships) to deploy point-of-decision signs in the community. Suggested partners for this intervention are the major local employers, retailers, and educational institutions, for instance:

Carroll County Public Schools,  
 Carroll Hospital Center,  
 Springfield Hospital Center,  
 Random House,  
 Carroll County Government,  
 McDaniel College,  
 Carroll Community College,  
 TownMall of Westminster.

d. Rationale: Visual and written prompts provided at a point where a decision is made either in favor of or against a certain activity have been proven to successfully impact behavior. This particular intervention is strongly recommended by the Task Force on Preventive Services: see <http://thecommunityguide.org>.

e. Evaluation / Outcome Measures: Interim success can be measured by pre- and post-intervention surveys of the percentage of people who use stairs vs. elevators. Ultimately, the effect of this intervention will be measurable via physical activity and weight data for Carroll from the Maryland BRFSS.

## Prevention &amp; Wellness Partners - Membership List 2005

Name	Agency	Address	Email	Phone (Business)	Other Contact
Cox, Tracy CHAIRPERSON	Freedom Fitness	7430 Brangles Road, Marriottsville MD 21104	TLCABC123@aol.com	410-795-9101	Phone: 410-549-5583 (home)
Bunting, Susan	Carroll Hospice	95 Carroll Street, Westminster MD 21157	sbunting@carrollhospitalcenter.org	4410-871-7663	Fax: 410-871-7216
Brown, Kathy S.	CCHD, Chronic Disease Prevention Program	P.O. Box 845, Westminster MD 21158	ksbrown@dhmh.state.md.us	4410-876-4949 x 874	
Davis, Dianna	CCHD, Director of Nursing	P.O. Box 845, Westminster MD 21158	ddavis@dhmh.state.md.us	410-876-4925	Fax 410-876-4959
Eldridge, Dawn	CCHD, Community Healthy Living Initiatives	P.O. Box 845, Westminster MD 21158	deldridge@dhmh.state.md.us	410-876-4984	
Flaherty, Darlene	CCHD Director of Nutrition Services	P.O. Box 845, Westminster MD 21158	dflaherty@dhmh.state.md.us	4410-876-4981	
Grael, Anne (MPH)	Springfield Hospital Center, Staff Development & Education.	6655 Sykesville Road, Sykesville MD 21784	agrauel@dhmh.state.md.us	4 410-970-7263	
Keller, Susan (RN)	Carroll Hospital Center	200 Memorial Ave., Westminster MD 21157	susank@carrollhospitalcenter.org	410-871-6057	
Landy, Beth	Westminster City Parks and Rec				
Morales, Angelina	Contours Express of Westminster	250 Englar Rd, Carroll Plaza Westminster, MD 21157	ContoursExpress@adelphia.net	410-871-2895	
Rinehart, Susan	Cigarette Restitution Fund Program	P.O. Box 845, Westminster MD 21158		Phone: 410-876-4423	
Smelkinson, Phyllis	American Cancer Society	1393 Progress Way, Eldersburg MD 21784	phyllis.smeklinson@cancer.org	1-888-535-4555 x 908	
Spangler, Kim	CCHD, Director of Health Ed.		Kspangler@dhmh.state.md.us	Phone: 410-876-4965	Fax 410-876-4441
Stem, Judy	Wellness Educator and Shaklee Distr.	1222 Bachman Valley Road, Westminster MD 21158	judystem@adelphia.net	410-848-0841	
Wallace, Jeff	Carroll Chiropractic Sports Injury Center	330 140 Village Road Unit 9a, Westminster MD 21157	jnwchiro@aol.com	410-876-8881	
Walsh, Ann	The Partnership for a Healthier Carroll Cty	95 Carroll Street Suite 104, Westminster MD 21157	awalsh@carrollhospitalcenter.org	410-871-7648	Fax: 410-871-7210
Wellington, Sue	Dream Dinners	1532 Liberty Road Suite 104 Eldersburg, MD 21784	<a href="mailto:eldersburgmd@dreamdinners.com">eldersburgmd@dreamdinners.com</a>	410-549-0149	
White, Barbara	Cigarette Restitution Fund Program	P.O. Box 845, Westminster MD 21158	<a href="mailto:bwhite@dhmh.state.md.us">bwhite@dhmh.state.md.us</a>		



**Result Statement:** Improved health status for residents of Carroll County in regard to physical activity, nutrition, smoking prevention, and safety.

<b>Components</b>	<b>Indicators</b>	<b>Sources</b>	<b>Baseline Data</b>	<b>Improvement Target</b>
Physical Activity	<ol style="list-style-type: none"> <li>1. Percent of adults in Carroll County who meet the HP2010 goal of physical activity for 30 min or more at least 5 times per week</li> <li>2. Visits to Carroll County and municipal Parks and Recs. programs.</li> </ol>	<ol style="list-style-type: none"> <li>1. MD BRFSS</li> <li>2. CC Parks and Recs.</li> </ol>	<ol style="list-style-type: none"> <li>1. 39.4% (2004)</li> <li>2. 1,222,306 (2003 – 2004)</li> </ol>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> </ol>
Nutrition	<ol style="list-style-type: none"> <li>1. Percent of adults in Carroll County who consume fruits and vegetables at least 5 times per day.</li> <li>2. Percent of children in Carroll County who consume fruits and vegetables at least 5 times per day.</li> <li>3. Percent of adults in Carroll County who are obese (BMI 30 and over).</li> <li>4. Percent of adults in Carroll County who have been told they have diabetes by a physician.</li> </ol>	<ol style="list-style-type: none"> <li>1. MD BRFSS</li> <li>2. MD YBRFSS</li> <li>3. MD BRFSS</li> <li>4. MD BRFSS</li> </ol>	<ol style="list-style-type: none"> <li>1. 27.1% (2004)</li> <li>2. Unavailable</li> <li>3. 18% (2004)</li> <li>4. 6.4% (2004)</li> </ol>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
Smoking Prevention	<ol style="list-style-type: none"> <li>1. # of Carroll County adults who smoke every day.</li> <li>2. Percent of Carroll County 12<sup>th</sup> graders who have smoked cigarettes in the past 30 days.</li> </ol>	<ol style="list-style-type: none"> <li>1. MD BRFSS</li> <li>2. MD Adolescent Survey</li> </ol>	<ol style="list-style-type: none"> <li>1. 20,918 or 16.7% (2004)</li> <li>2. 27.5% (2002)</li> </ol>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> </ol>

# Partnering for Healthy Dining

Prevention & Wellness Partners  
Carroll Community Tobacco Coalition  
Project Start Date: April 2006



## Project Outline:

Partnering for Healthy Dining is a joint program between the Prevention and Wellness Workgroup and the Tobacco Coalition.

**Goal:** To recognize Carroll County restaurants that offer healthy dining options in a smoke free environment.

**Method:** Restaurants will complete a nutritional questionnaire and submit it, along with a copy of their menu, to the project subcommittee. Any restaurant that is 100% smoke-free and scores 80% or above on the survey will get an Award of Excellence window cling.

All return mail and phone calls will be directed to the Partnership offices and the Prevention and Wellness CHIA. After the monthly Prevention and Wellness meeting the project subcommittee will meet and review applications and do other project related work.

All restaurants will receive resource materials in addition to the program application.

Award winners will be listed on the Partnership website and included in a brochure.

**Funding:** \$300 Partnership for a Healthier Carroll County  
\$300 Tobacco Coalition  
\$600.00 Total

<b>Cost:</b>	Initial mailing (225 restaurants @ \$0.39)	\$87.85
	Printing (225 applications, 3 pages per application, @ \$0.04)	\$270.00
	Window clings (500* clings @ \$0.50)	<u>\$250.00</u>
		\$607.85

\*Window clings will not have year on them so they can be used in 2007.

We expect some additional expense to produce marketing/educational materials and "customer appreciation cards" for evaluation. for mailing and other office expenses. Design, cost, and funding source are still being determined.

**Time frame:** Launch is proposed for Spring 2006. Restaurants will be reviewed on an annual basis.

- Staff:** Partnership for a Healthier Carroll County: Ann Walsh  
Carroll County Tobacco Coalition: Barbara White
- Prevention and Wellness Sub-committee: Darlene Flaherty (CCHD)  
Sue Keller (CHC)  
Dawn Eldridge (PHCC)  
Angelina Morales (Contours)
- PR:** Standard press releases and media contacts, possible press conference with first restaurant to receive the award.
- Informational brochures to libraries, gyms, recreation centers, hospital, office of tourism, AAA, Weight Watchers, and other public areas.
- Letter to Restaurant Association, Chamber of Commerce
- Possible presentations to community groups, Local Management Board, Chamber of Commerce, Women's League, etc.

## *Partnering for Healthy Dining*

Dear Restaurant Owner,

The Prevention & Wellness Partners of the Partnership for a Healthier Carroll County, along with the Carroll County Community Tobacco Coalition, invite you to participate in "Partnering for Healthy Dining." If your restaurant offers the healthy food options on the following page and is 100% smoke free, then you may be eligible for our **Award of Excellence**.

Your restaurant benefits in many ways from participating. If awarded, you will be given a door decal to display that identifies your establishment as 100% smoke free and offering healthy eating options. In addition, your restaurant will be listed in the **Carroll County Award of Excellence Eating Guide**, which will be promoted and distributed throughout the County, posted on the web site of The Partnership for a Healthier Carroll County ([www.healthycarroll.org](http://www.healthycarroll.org)), and eligible to be featured in our monthly newspaper column on healthy eating in the Westminster/Eldersburg Gazette. Your restaurant will be recognized and will receive patronage for being part of a community program to help provide smoke free environments and healthy food choices for Carroll County families.

Why should your restaurant apply for this award? More people are eating out now than ever before. Availability of healthy choices is becoming an important factor in deciding where to eat. Consider:

1 out of 5 meals consumed by Americans (4.2 meals per week) is prepared in a commercial setting.

58% of adults in Carroll County are overweight or obese.

41% of these adults report that they are trying to lose weight.

85% of Marylanders are non-smokers

As little as 30 minutes of second-hand smoke has a serious effect on health.

Now, more than ever, your patrons are watching what and where they eat.

Please take a moment to read the attached information about "Partnering for Healthy Dining." An application for the Award of Excellence is included, with a prepaid return envelope. If you have any questions, please contact The Partnership for a Healthier Carroll County at 410-871-7648

We look forward to welcoming you as a partner for healthy dining!

## Partnering for Healthy Dining

Prevention & Wellness Partners  
Carroll Community Tobacco Coalition

### Nutritional Guidelines

**Circle One**

- |   |     |    |
|---|-----|----|
| 1. Do you offer whole grain foods? (Brown or wild rice, breads, rolls, pasta, muffins, etc. made from whole grains such as whole wheat, rye, oatmeal)                         | YES | NO |
| 2. Do you offer at least 4 choices of fruits and or vegetables? (Excluding Deep fried vegetables or vegetables in cream or cheese sauce)                                      | YES | NO |
| 3. Do you offer either 2%, 1%, or skim milk if milk is served as a Beverage? (Reduced fat chocolate milk is acceptable)   | YES | NO |
| 4. Do you offer at least one meat, fish, poultry, or meatless entrée Prepared using a lower fat cooking method? (Steaming, poaching, broiling, roasting, backing, barbecuing) | YES | NO |

Please list:

- |   |     |    |
|---|-----|----|
| 5. Do you offer at least one lower fat dessert choice? (Fresh fruit, fruit salad, angel food cake, gelatin, reduced fat frozen yogurt, sherbet, etc.) | YES | NO |
|---|-----|----|

Please list:

### **Upon request do you provide:**

- |   |     |    |     |
|---|-----|----|-----|
| 1. Milk or 100% fruit juice as a beverage for children's meals?                                       | YES | NO | N/A |
| 2. Milk as an alternative to cream for tea or coffee?   | YES | NO | N/A |
| 3. Gravies, sauces, salad dressings, butter, margarine, sour cream, or mayonnaise served on the side? | YES | NO | N/A |
| 4. Reduced or fat free salad dressing?  | YES | NO | N/A |

## Partnering for Healthy Dining

Prevention & Wellness Partners  
Carroll Community Tobacco Coalition

### **Nutritional Guidelines Continued**

### **Circle One**

- |   |     |    |     |
|---|-----|----|-----|
| 5. At no extra cost, a substitute for French fries if served as part of an entrée?  | YES | NO | N/A |
| 6. Information about recipe ingredients whenever possible?  | YES | NO | N/A |
| 7. At no extra cost, a substitute for French fries in a child's meal, such as vegetable sticks, fruit salad, or baked potato? | YES | NO | N/A |
| 8. A "menu for smaller appetites" that is available to customers of all ages at all meals?                                    | YES | NO | N/A |
| And/or serve half size portions of regular menu items?  | YES | NO | N/A |
| Or allow sharing of entrees?  | YES | NO | N/A |

### **Non-Smoking Standard**

- |   |     |    |
|---|-----|----|
| 1. Does your restaurant provide 100% smoke free dining? | YES | NO |
|---|-----|----|

### Intervention #1. Partnering for Healthy Dining

#### WORK PLAN

**GOAL #1:** Increase the percentage of persons in Carroll County who consume the recommended daily servings of fruits and vegetables, as measured by the Maryland Behavioral Risk Factor Surveillance Survey.

**(GOAL #2:** Increase the number of 100% smoke-free restaurants in Carroll County)

Objective	Activities	Indicators	Time Frame	Collaborating Partners
<b>Process:</b> Identify and enroll Carroll restaurants that offer healthy menu choices and 100% smoke-free dining.	Introductory mailing, restaurant enrollment, and distribution of window clings	# of pieces mailed # of restaurants enrolled	3 months	Prevention & Wellness Partners  Local restaurants
<b>Impact:</b> Promote healthy eating-out and publicize enrolled restaurants	News releases, interviews, present in public, and issue information materials to promote Partnering for Healthy Dining  distribute "customer approval" cards (evaluation / measurement)	# of media releases / presentations / materials  # of "customer approval" cards distributed	Begins at 4 months; continues for 20 months	Prevention & Wellness Partners  Local media and community organizations Local restaurants
<b>Outcome:</b> A higher percentage of Carroll County adults consume the recommended amount of fruits/vegetables (The number of restaurants offering healthy choices AND % 100 smoke-free dining increases)	Target population patronizes restaurants that offer healthy dining. Target population consumes healthier foods in a % 100 smoke-free environment. "Customer approval" cards are turned in by diners & collected.	# of cards collected  MD BRFSS - question about the daily number of fruits/vegetables eaten (# of restaurants that offer 100% smoke-free dining)	24 months	Prevention & Wellness Partners  Target Population/Community

**EVALUATION PLAN**

Unique measurement tool for this Intervention is a "customer appreciation" card. Restaurant patrons submit to participating restaurant to show approval and participation in healthy dining initiative. Restaurant is reinforced for offering healthy foods in a smoke-free environment.

	Indicator	Baseline	Target	Outcome Data
Process	# of pieces mailed	0	225	
	# of restaurants enrolled	0	30	
Impact	# of media releases / presentations	0	4	
	# of "customer approval" cards distributed	0	3,000	
Outcome	# of cards collected	0	500	
	MD BRFSS - question about the daily number of fruits/vegetables eaten (# of restaurant that offer 100% smoke-free dining)	27.1% (2004)	35%	