



Instructions for Completing Core Performance Measures Reporting Forms

General Tips

- You should have the indicator summaries with you while you fill out the reporting template. The indicator summaries contain definitions and other information that may help you complete the reporting template.
- Before adding any data to the reporting templates, we recommend that you make a working copy of the workbook and do not add data or make any changes to the original file. That way if you make a mistake in the workbook, you will be able to return to the original file. To make a working copy, open the workbook and use File – Save As.
- Before sending the completed workbook back to the Steps Program Office (SPO), please add the name of your Steps community to the beginning of the workbook title (e.g. SantaClara_Steps_CPM_Reporting_Forms_2006-2007).
- Specific instructions for entering data into each cell are embedded within the reporting template. Any cell that has a small red triangle in the top right hand corner has instructions specific to that cell. To see the instructions, roll your cursor over the cell.
- Do not enter data into grey cells. These cells will fill in automatically based on information entered into other cells.
- You do not need to complete the entire reporting template at one sitting; you may save it and come back to it later.
- The form for I-4 must be completed before you fill out the forms for I-5 and I-6. Otherwise, you may fill out the forms in any order.
- You should not delete any cells, rows, columns, or worksheets from the reporting template. Doing so can create problems, because many cells draw information from other cells in the reporting template. If you do not have any information for a cell, simply leave it blank or enter N/A.
- The reporting template contains multiple worksheets. To navigate between worksheets, click on the tabs on the bottom of your Excel screen. For example, to go to indicator I-5.1, you would click on the tab “I-5.1.” Unless you have a very large monitor, there are too many tabs to appear on the screen all at one time. To view additional tabs, click on the arrows in the bottom left corner of your Excel screen.
- Several of the forms (e.g., I-5.2) are too long to fit on one screen. To scroll left and right, use the scroll bar at the bottom right of your Excel screen.

Cells with Drop-down Menus

- Many of the cells have drop-down menus. When you click on a cell with a drop-down menu, a small box with an arrow will appear in the bottom right corner of the cell.
- To enter information into these cells, you should first click on the cell. Then click on the arrow at the bottom right corner of the cell and select the appropriate choice from the drop-down menu.
- Once you have used the drop-down menu to fill in a cell in the column, if you want to enter the same response in another cell in the same column, you can just enter the first letter of the response, and Excel will automatically fill in the rest of the response. For example, if you have already entered "Yes" in the top row, you can just type "Y" in the next row and Excel will automatically fill in the word "Yes."
- You cannot enter a response that is not on the drop-down menu.
- Drop-down menus in Excel are case sensitive. This means that if the drop-down menu for a cell has a capital X as a response choice, you cannot enter a lower case x in that cell.

Text Cells

- You will often need to enter text, such as short descriptions or additional information. For example, each indicator has space for contextual information or supplemental data.
- When you just need to enter a short sentence or two, with no formatting or separate paragraphs, you can type the text directly into the cell.
- If you want your text to have multiple paragraphs, you can hit Alt+Enter to go to a new line in the same cell. If you just hit Enter, you will go to the cell below the one where you are working.
- For longer text or text with extensive formatting (e.g., bullets, different font sizes, bold text), you may want to cut and paste from a Word table. Enter all the information in one cell of a Word table, select that cell, and select copy. Then double click on the text cell in Excel so that your cursor is inside the cell and select paste. If you single click on the text cell and try to paste a cell from a Word table, you will get an error message.

Number Cells

- You will often need to enter numbers, including percentages and dollar amounts. Simply enter the number into the cell. You do not need to enter \$ or %.

Date Cells

- You will occasionally need to enter a date into a cell. Please enter dates using the MM/DD/YYYY format.



Steps to a HealthierUS Cooperative Agreement

Lead Agency

Pinellas County Health Department

Associated Community

None Applicable

Reporting Period

9/22/2006 - 9/21/2007

Data sources

Implementation Measures:
2006 - 2007 Steps community program records

Adult Outcome Measures: 2006 BRFS

Youth Outcome Measures: 2007 YRBS



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-1 Ensure that community objectives and activities are consistent with and supportive of state plans for the prevention and control of asthma, diabetes, obesity, and associated risk factors, but do not duplicate interventions or activities

Indicator I-1.1 Objectives and activities linked to the work of state programs to prevent and control asthma, diabetes, obesity, or associated risk factors

Focus Area	Is there a statewide plan for this focus area?	Beyond federal dollars linked to the Steps Cooperative Agreement Program, does the state receive federal dollars for this focus area (e.g., from HHS, CDC, or other federal agency)?	What is different from 2006 fiscal year? If there are no new focus areas please leave blank.
Asthma	No	No	
Diabetes	Yes	Yes	
Obesity	Yes	Yes	
Nutrition	Yes	Yes	
Physical Activity	Yes	Yes	
Tobacco	Yes	Yes	

Contextual Information or Supplemental Data (optional)

The Steps program contacted Jane A. Correia, State Asthma Contact at the Florida State Department of Health to verify that there are no other federal dollars for asthma.



Lead Agency: Pinellas County Health Department

Associated Community: None Applicable

Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-2

Expand the resources available to Steps community programs by engaging in public-private ventures and securing foundation grants, other public funding, and in-kind contributions

Indicator I-2.1

Resources secured to supplement federal funds received via the Steps Program

Source of Support	Type of Contribution	Purpose or Use	Approximate Value in Dollars
1 All Children's Hospital	Direct Funding		
	In-kind (labor)	Staff Support	\$6,763.00
	In-kind (other than labor)	Equipment, space	\$621.00
	TOTAL		
2 Pinellas County School	Direct Funding		
	In-kind (labor)	Staff Support	\$68,000.00
	In-kind (other than labor)	Publications, equipment, space	\$95,661.00
	TOTAL		
3 Pinellas County COOP	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)	Publications, equipment, space	\$69,000.00
	TOTAL		
4 Partnership in Prevention	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)	Publications, equipment, space	\$192,000.00
	TOTAL		
5 4 H	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)	Publications, equipment, space	\$28,900.00
	TOTAL		
6 YMCA	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)	Publications, equipment, space	\$66,810.00
	TOTAL		
7	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
8 Enter Source 8	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
9 Enter Source 9	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
10 Enter Source 10	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
Page Total			\$527,755.00
GRAND TOTAL			\$527,755.00



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-2 Expand the resources available to Steps community programs by engaging in public-private ventures and securing foundation grants, other public funding, and in-kind contributions

Indicator I-2.1 Resources secured to supplement federal funds received via the Steps Program

Source of Support		Type of Contribution	Purpose or Use	Approximate Value in Dollars
11	Enter Source 1	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
12	Enter Source 2	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
13	Enter Source 3	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
14	Enter Source 4	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
15	Enter Source 5	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
16	Enter Source 6	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
17	Enter Source 7	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
18	Enter Source 8	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
19	Enter Source 9	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		
20	Enter Source 10	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
Page Total				\$0.00
GRAND TOTAL				\$527,755.00



Lead Agency: Pinellas County Health Department
 Associated Community: None Applicable
 Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-3 Expand existing surveillance mechanisms to collect representative Behavioral Risk Factor Surveillance System (BRFSS) on adults annually and representative data from the Youth Risk Behavior Surveillance System (YRBSS) on high school students biennially

Indicator I-3.1 Appropriate and representative data collected via Behavioral Risk Factor Surveillance System

Participation in the Behavioral Risk Factor Surveillance System (BRFSS) Number of Completed Surveys Weighted Data

Note any deviations from standard surveillance data collection procedures (e.g., face to face interviews instead of telephone surveys, unique sample drawing methodology, or use of supplemental data collection systems).

None

Contextual Information or Supplemental Data (optional)

Indicator I-3.2 Appropriate and representative data collected via Youth Risk Behavior Surveillance System

Participation in the Youth Risk Behavior Surveillance System (YRBSS) Number of Completed Surveys Weighted Data

Note whether schools had active or passive parental consent, and describe any deviations from standard surveillance data collection procedures (e.g. use of supplemental data collection systems, problems encountered recruiting schools, or use of other school-based surveys).

Active parental consent was used for 2007 YRBS. There were no deviations from the standard surveillance data collection procedures.

Contextual Information, Barriers, or Supplemental Data (optional)



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-4		Use multiple, evidence-based public health strategies
Indicator I-4.1		Documented evidence for at least one intervention in each key sector.
Indicator I-4.2		Implementation of evidenced-based interventions that address access to healthcare, quality of healthcare, and use of healthcare
Key Sector	Intervention	Source of Evidence for Intervention
Community	Evidence based Nutrition Education	5Aday, CDC, NCI, USDA, and AHA
	Healthy Restaurant Campaign	AHA "Heart Healthy"
	Outreach and Case management services	NAEPP disease management; FIACHA DisMgmt/asthma
	Indoor air quality assessments	EPA; CR (medical literature: allergen reduction); Florida Indoor Air Quality program; ALA air quality
	Asthma education for health care providers	AmJRespCritCareMed 6/13/03 online
	Health care provider CME management guidelines	NAEPP Asthma Guidelines, HHS, FMQAI; ADA; CDC Diabetes Control Program; NDEP; CG(disease mgmt component), NHL
	Smoke Free Car Kits	Community Guide
	Students Teach Students	ALA; CG; Florida Tobacco Control
	Physician reminder kits	CG; CR; AAFP; USPFTS; Surgeon, General: Reducing Tobacco Use 2000
	Proactive telephone quit line	CG; CR; Surgeon Gen, Treating Tobacco Use 2000
	Cessation classes, maintenance support groups	CG; CR
	Diabetes awareness classes and Diabetes self management classes	ADA; CDC; FMQAI; FDCCP; CG;
Diabetes nutrition education classes FQHC	ADA component DSME; FMQAI; FDCCP	
Schools	Salad Program (School)	5-a-day; USDA, FNS "Team Nutrition" www.fns.usda.gov NSLP
	Organ Wise Guys curriculum (School)	5-a-day; USDA, FNS "Team Nutrition" www.fns.usda.gov NSLP
	Fitnessgram (School)	Fitnessgram Cooper Institute for aerobics
	Evidence based Asthma Education	CR (self management education), ALA, CDC: PATCH/MAPP, ALA program; Healthy Jacksonville 2010; CR (self-mgmt educ)
	School Health Council and School Health Advisory Council	ACS SHC; CDC PATCH/MAPP
	Youth diabetes Education classes	CDC/ADA
	More Health-Fit For Life Curriculum	5-a-day; USDA, FNS "Team Nutrition" www.fns.usda.gov NSLP
	Evidence Based tobacco education	ALA; CG; Florida Tobacco Control
	Tobacco teacher trainings	NASBE "Fit,Healthy"; CDC Coord school Health (environment component)
	Family Weight Management Classes	NHLBI Obesity Education Initiative; CDC NDEP "Small Steps Big Rewards Toolkit; AAFP, 2002 California DOE, CDC report
	Nutrition Youth team: Nutrition, PA, Healthy behaviors	CDC/Cal fit "PHAT" and CDC best practices Florida Tobacco control SWAT model; NCG, CG (PA component)
	Media Campaign	Media Campaign
Worksite	Worksites' physical activity programs, fitness teams, pedometer programs	CG, NGC, AJPM2000(s); MMWR, CDC
	Parent Health Bulletins	CG (multi component community-wide media)
	Staff walking program	CG, NGC, AJPM2000(s); MMWR, CDC
	Staff weight Management program	NHLBI Obesity Education Initiative; CDC NDEP "Small Steps Big Rewards Toolkit; AAFP, 2002 California DOE, CDC report
	Media Campaign	Media Campaign
	Adult tobacco cessation/awareness program	ALA; CG; Florida Tobacco Control
	Asthma education for health care providers	CG; ALA program;
	Indoor air quality assessments	EPA; CR (medical literature: allergen reduction); Florida Indoor Air Quality program; ALA air quality
	Outreach exercise classes	NGC(Env/Policy/Social.access/netwrk) PRC ANBehMed25(2):100 2003
	Healthcare	Outreach and Case management services
Indoor air quality assessments		EPA; CR (medical literature: allergen reduction); Florida Indoor Air Quality program; ALA air quality
One on one Nutrition consultations		5Aday, CDC, NCI, USDA, and AHA
Family Weight Management Classes		NHLBI Obesity Education Initiative; CDC NDEP "Small Steps Big Rewards Toolkit; AAFP, 2002 California DOE, CDC report
Smoke free Car kits		CG
Proactive telephone quit line		CG; CR; Surgeon Gen, Treating Tobacco Use 2000
Cessation classes, maintenance support groups		CG; CR
Diabetes awareness classes and Diabetes self management classes		ADA; CDC; FMQAI; FDCCP; CG;
"Are you at Risk" diabetes risk assessment		CDC "Small steps big rewards"
One-on-one dietary intervention for DM FQHC		ADA (DSME); USPSTF 2nd,3rd
Weight Management Classes		NHLBI Obesity Education Initiative; CDC NDEP "Small Steps Big Rewards Toolkit; AAFP, 2002 California DOE, CDC report
Faith-based health ministry mini-grants		J.NatlMedAssoc2002Feb;94(2)67; ADA/CDC "Diabetes Sunday"
Media Campaign	Media Campaign	



Lead Agency: Pinellas County Health Department
 Associated Community: None Applicable
 Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-4	Use multiple, evidence-based public health strategies
Indicator I-4.1	Documented evidence for at least one intervention in each key sector.
Indicator I-4.2	Implementation of evidenced-based interventions that address access to healthcare, quality of healthcare, and use of healthcare

Key Sector	Intervention	Source of Evidence for Intervention
Community	One-on-one dietary intervention for DM FQHC	ADA (DSME); USPSTF 2nd,3rd
	Weight Management Classes	NHLBI Obesity Education Initiative; CDC NDEP "Small Steps Big Rewards Toolkit; AAFP, 2002 California DOE, CDC
	Faith-based health ministry mini-grants	J.NatMedAssoc2002Feb;94(2)67; ADA/CDC "Diabetes Sunday"
	Outreach community exercise classes	NGC(Env/Policy/Social:access/netwrk) PRC ANBehMed25(2);100 2003
	After-school classes 5-a-day & PA	NGC(P1), CG
	Weekly fitness sessions community, churches, clinics	NGC(env/policy/soc); PRC
	Cultural dancing classes, w/fitness, nutrition components	RPC(AmJHEd32(4);216-2001; AJPM 2002(s); NGC(P1)
	Scholarship fitness programs rec depts	AJPM2002(s); MMWR; NGC(env/policy)
	PinCHD "Parent Health Bulletin"	Communitywide/media: CG
	BMI chart distribution & "vital sign" promo	USPFTS Clinical Guide 2nd 3rd; AAFP
	Nutrition Youth Team: nutrition, PA, healthy behaviors	CDC/CalFit "PHAT" and CDC best practices Florida Tobacco Control SWAT models; NCG, CG (PA component); PRC(C
	Media Campaign	Media Campaign
Schools		
Worksite		
Healthcare	BMI chart distribution & "vital sign" promo	USPFTS Clinical Guide 2nd 3rd; AAFP
	Phone Consultations case management	Florida ACHA Disd Mgmt/Asthma
	Establish Asthma champions in clinical practices	AmJRespCritCareMed 6/13/03 online; NGA (disease Mgmt-NC model)
	Asthma Family Day education program	CR (self management education) CR=Cochrane Review Cochrane Library www.updateusa.com.
	Health care provider CME management guidelines	CR (self management education) CR=Cochrane Review Cochrane Library www.updateusa.com.
	Asthma Speakers bureau	CR (self management education) CR=Cochrane Review Cochrane Library www.updateusa.com.

Resource	Description	Diabetes	Obesity / Over-weight	Asthma	Nutrition	Physical Activity	Tobacco	Health Care Access / Quality	School Health
101 Packets, National School Boards Association	Informational packets about selected school health issues available by mail. Physical Activity 101 & 201, Healthy Eating 101, Tobacco Use Prevention 101, and Asthma in Schools 101 contain recommendations about policies and practices.			x	x	x	x		x
Allies Against Asthma, University of Michigan	Resource bank includes resources to help implement asthma intervention programs			x					
American Diabetes Association 2005 Clinical Practice Recommendations	Position statements on standards of medical care; diagnosis; care in school, day care, camp, and correctional institutions; and third party reimbursement for care and self management education. Also includes national standards for diabetes self management education.	x							x
American Heart Association Guide for Improving Cardiovascular Health at the Community Level	Goals, strategies and interventions to promote cardiovascular health through policy and environmental change on a community-wide basis.				x	x	x	x	x
Best Practice Initiative, Office of Public Health and Science, HHS	Best Practices from around the country include childhood obesity prevention initiative, breastfeeding initiative, tobacco control, and diabetes control.	x	x		x		x		
Best Practices for Comprehensive Tobacco Control Programs, CDC	Recommended strategies include school programs, cessation programs, enforcement, and counter-marketing.			x			x	x	x
Best Practices, National Institute to Improve Adolescent and Young Adult Health	Provides an overview and comprehensive listing of resources for Best Practices in substance use, nutrition and physical activity, and other areas of adolescent health.				x	x	x	x	x
Best Processes and Practices that Promote Community Change and Improvement, Community Tool Box, University of Kansas	12 best processes address topics such as organizational structure, leadership, strategic planning, and sustainability. Each best process includes the evidence base for why that process matters, case examples that describe how it has been applied, how-to tips and tools for putting it into practice, and other information and resources that can help promote its use.								
Better Practices for Youth Tobacco Cessation, American Journal of Health Behavior	Behavioral interventions based on social cognitive theory were effective in helping young smokers quit smoking.						x		x
Bright Futures in Practice: Nutrition, Georgetown University	Strategies and tools to help health professionals provide nutrition supervision (including screening, assessment, and counseling).	x	x		x	x		x	x

Resource	Description	Diabetes	Obesity / Over-weight	Asthma	Nutrition	Physical Activity	Tobacco	Health Care Access / Quality	School Health
Building a Healthier Future Through School Health Programs, CDC	Chapter of CDC's Promising Practices in Chronic Disease Prevention and Control. Promising practices include: coordinate multiple components and use multiple strategies, coordinate the activities of health and education agencies and other organizations, implement CDC's school health guidelines, and use a program planning process to achieve health promotion goals.		x		x	x	x		x
CDC Guide to Breastfeeding Interventions	Evidence-based interventions to promote breastfeeding include: maternity care practices, support for breastfeeding in the workplace, peer support, educating mothers, professional support, media and social marketing.				x			x	
Cessation Research Center, CDC	Cessation-focused resources developed and tested by state tobacco control programs, CDC Office on Smoking and Health (OSH) partner organizations, and other federal agencies.						x	x	
Changing the Scene: Improving the School Nutrition Environment, USDA	Guidelines and activities to examine school's nutrition environment, develop a plan for improvement, and put the plan into action.				x				
Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, National Heart, Lung, and Blood Institute	Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults.	x	x		x	x		x	
Community Action Practices, CDC	Descriptions of interventions for implementation, training, or strategic planning that reflect current scientific recommendations for comprehensive tobacco control programs.						x		
Coordinated School Health Programs, CDC	Describes components of a coordinated school health program model including physical education, nutrition services, and health promotion for staff.				x	x	x	x	x
Division of Diabetes Treatment and Prevention: Best Practices, Indian Health Services	Best practice models for successful diabetes prevention, treatment and education practices in AI/AN communities. Strategies include case management; patient education; training providers & educators; community-wide prevention programs; and cultural awareness training for providers.	x	x		x	x		x	x
Exemplary and Promising, Safe, Disciplined, and Drug-Free Schools Programs, US Dept. of Education	Evaluations of educational programs. Recommends two curricula that address tobacco use specifically, several others that address alcohol, tobacco, and other drugs.						x		x
Fit, Healthy, and Ready to Learn: A School Health Policy Guide, National Association of State Boards of Education	Sample school health policies that reflect best practice and can be adapted to local use.		x	x	x	x	x	x	x

Resource	Description	Diabetes	Obesity / Over-weight	Asthma	Nutrition	Physical Activity	Tobacco	Health Care Access / Quality	School Health
Food Marketing to Children and Youth: Threat or Opportunity, Institute of Medicine	Recommendations to guide the development of effective marketing and advertising strategies that promote healthier foods to children and youth. Recommendations include long-term, multi-faceted social marketing programs and policies to improve nutritional quality of foods sold and served at school.		x		x				x
Guide to Clinical Preventive Services, U.S. Preventive Services Task Force, AHRQ	Recommendations on screening, counseling, and preventive medication topics. Recommendations include diabetes and obesity screening in adults, diet and tobacco use counseling in primary care, and breastfeeding counseling and education.	x	x		x		x	x	
Guide to Community Preventive Services - Diabetes, Task Force on Community Preventive Services	Effective interventions include disease management, case management, and self management education at home and in community gathering places.	x							
Guide to Community Preventive Services - Obesity, Task Force on Community Preventive Services	Effective interventions include multicomponent worksite interventions aimed at diet, physical activity, and cognitive change.		x						
Guide to Community Preventive Services - Physical Activity, Task Force on Community Preventive Services	Effective interventions to increase physical activity include community-wide campaigns, "point-of-decision prompts," individually adapted behavior change, school-based physical education, non-family social support, and creation or enhancement of access to places for physical activity.					x			
Guide to Community Preventive Services - Tobacco Use, Task Force on Community Preventive Services	Effective interventions include smoking bans and restrictions, increasing price of tobacco products, mass media when combined with other interventions, provider reminder systems, patient telephone support (quit lines), and reducing out-of-pocket costs for effective treatment.						x		
Guidelines for After-School Physical Activity and Intramural Sport Programs, National Association for Sport & Physical Education	Guidelines for planning and implementing physical activity and intramural programming for children in grades K-12.					x			x
Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity, Association of State and Territorial Public Health Nutrition Directors	Provides sample activities, practices, and programs in seven areas: leadership, planning/management and coordination; environmental, systems, and policy change; mass communication; community programs and community development; programs for children and youth; health care delivery; and surveillance, epidemiology, and research.	x	x		x	x		x	x

Resource	Description	Diabetes	Obesity / Over-weight	Asthma	Nutrition	Physical Activity	Tobacco	Health Care Access / Quality	School Health
Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People, CDC	Guidelines for school and community programs on policy, environment, physical education, health education, extracurricular activities, parental involvement, personnel training, health services, community programs, and evaluation.		x			x			x
Guidelines for School Health Programs to Prevent Tobacco Use and Addiction, CDC	Guidelines to help school personnel plan, implement, and assess educational programs and school policies to prevent tobacco use. Recommendations include developing and enforcing a school policy on tobacco use, providing prevention education and support for cessation, and involving parents/families.						x		x
Guidelines for School Health Programs to Promote Lifelong Healthy Eating, CDC	Summarizes strategies most likely to be effective in promoting healthy eating and provides nutrition education guidelines. Recommendations include nutrition education, adopting a coordinated school nutrition policy, and integrating school food service and nutrition education.	x	x		x				x
Guidelines for the Diagnosis and Management of Asthma National Asthma Education and Prevention Program, NIH	Clinical practice guidelines for diagnosis and management of asthma; provides information on treating asthma at all severity levels and stresses both clinical and self-management strategies.			x				x	
Health Policy Guide, Center for Health Improvement	Provides policy guidance and resources to support advocacy and decision-making at the state and local levels. Topics include asthma, physical activity, access to a nutritious diet, educating about healthy foods, preventing childhood obesity, tobacco advertising and sponsorship, environmental tobacco smoke, tobacco cessation strategies, and youth access.		x	x	x	x	x	x	x
Healthy School Food Policies: A Checklist, Urban & Environmental Policy Institute	Collection of innovative policies that have been adopted or proposed to improve school food. Policy options include improving food sold and served in schools; integrating food service with school education, health, and environmental missions; and improving food preparation, service, and eating environments.				x				x
Helping the Student with Diabetes Succeed, National Diabetes Education Program	Includes a set of practices that enable schools to ensure a safe learning environment for students with diabetes. Key practices include diabetes management plans for students and training for school staff.	x			x	x			x

Resource	Description	Diabetes	Obesity / Over-weight	Asthma	Nutrition	Physical Activity	Tobacco	Health Care Access / Quality	School Health
Improving Childhood Asthma Outcomes in the United States: A Blueprint for Policy Action, RAND Corporation	Policy recommendations to promote swift diagnosis and effective treatment of childhood asthma, and protection from exposure to harmful environmental factors. Includes options for implementing recommended policies. Recommendations include teaching self-management skills, case management for high-risk children, and promoting asthma-friendly schools.			x				x	
Improving the Health of Adolescents & Young Adults: A Guide for States and Communities, CDC	Guide to help organizations through public health processes to address adolescent health issues. Focus is on process, but resources section does include recommended programs and interventions.		x			x	x		x
Key Strategies to Prevent Obesity, CDC Healthy Youth	Key strategies to promote physical activity and healthy eating at schools include: implementing coordinated school health programs, strengthening school nutrition and physical activity policies, implementing courses of study in health education and physical education, increasing opportunities for physical activity, and providing healthy school meals and other food options.		x		x	x			x
Making It Happen—School Nutrition Success Stories, CDC	Illustrates variety of approaches that schools have taken to improve student nutrition. Approaches grouped into six areas: establish nutrition standards for competitive foods, influence food & beverage contracts, make more healthful foods & beverages available, adopt marketing to promote healthful choices, limit access to competitive foods, and use fundraising activities/rewards that support health.				x				x
Managing Asthma in the School Environment, Indoor Air Quality Tools for Schools, U.S. Environmental Protection Agency	Strategies to manage asthma include school asthma management plans, asthma education programs, and using Indoor Air Quality (IAQ) Tools For Schools. IAQ kit helps schools personnel identify, solve, and prevent indoor air quality problems; includes 19-step management plan and checklists for the entire building.			x					
Managing Asthma: A Guide for Schools, National Heart, Lung, and Blood Institute	Guide to assist schools planning and/or maintaining an asthma management program. Management program should contain confidential list of students with asthma, policies and procedures for administering medication, actions for staff members, written action plans for students, and education about asthma.			x					x

Resource	Description	Diabetes	Obesity / Over-weight	Asthma	Nutrition	Physical Activity	Tobacco	Health Care Access / Quality	School Health
Model Practice Database, National Association of County & City Health Officials	On on-line searchable collection of practices across public health areas including (but not limited to): chronic disease, access to care, community involvement, community assessment, disparities, and tobacco. Each model practice includes information on agency and community roles, costs, implementation and sustainability.	x	x	x	x	x	x	x	x
Moving into Action: Promoting Heart-Healthy and Stroke-Free Communities, CDC	Series of action items to help governors, state legislators, local officials, employers, and health care leaders promote heart-healthy and stroke-free communities.	x	x		x	x		x	x
National Diabetes Information Clearinghouse, National Institute of Diabetes, Digestive, and Kidney Diseases	Collection of diabetes information includes publications on diabetes, a searchable database of health education materials, and responses to questions.	x			x	x			
National Guideline Clearinghouse, Agency for Healthcare Research and Quality	Comprehensive database of evidence-based clinical practice guidelines and related documents. Includes related guidelines for all Steps diseases and risk factors.	x	x	x	x	x	x	x	x
Open Airways for Schools, American Lung Association	School-based education for children with asthma includes recognizing and avoiding asthma symptoms and avoiding asthma triggers.			x					x
Physical Activity and Health, A Report of the Surgeon General	Recommends minimum amounts of physical activity. Includes summary of research on effectiveness of physical activity programs. Some successful interventions for adults in communities, worksites, health care settings, and at home. Effectiveness of interventions targeting PE in elementary schools.		x			x		x	x
Planet Health, Harvard Prevention Research Center on Nutrition and Physical Activity	An interdisciplinary curriculum focused on improving the health and well-being of sixth through eighth grade students while building and reinforcing skills in language, arts, math, science, social studies and physical education.	x	x		x	x			x
Policy and Environmental Change: New Directions for Public Health, Association of State and Territorial Directors of Health Promotion and Public Health Education and CDC	Findings from a study to gain a better understanding how public health departments engage in policy and environmental change initiatives. Recommendations include developing models of successful interventions and creating a searchable database of information and resources. No recommendations on specific programs/interventions.	x				x	x		x
Potentially Effective Interventions for Asthma, CDC	Describes community-based interventions for asthma control by target population (adults, children, health care providers) and intervention setting (home, healthcare settings, schools).			x				x	x

Resource	Description	Diabetes	Obesity / Over-weight	Asthma	Nutrition	Physical Activity	Tobacco	Health Care Access / Quality	School Health
Promising Practices in Chronic Disease Prevention and Control: A Public Health Framework For Action, CDC	Recommended strategies, indicators, and program examples for diabetes, promoting healthy eating and physical activity, tobacco control, and school health.	x			x	x	x		x
Promoting Better Health for Young People through Physical Activity and Sports, CDC	Strategies to promote health and reduce obesity through lifelong participation in enjoyable and safe physical activity and sports including emphases on families, school programs, after school programs, sports and recreation programs, community structural environment, and media campaigns.		x			x			x
Promoting Physical Activity: A Guide for Community Action, CDC	Summary and ordering information for guide using social marketing and behavioral science approach to plan interventions to promote physical activity. Includes focus on addressing your target population's understanding and skills, the social networks, the physical environments in which they live and work, and the policies that most influence their actions.					x			
Research Tested Intervention Programs, National Cancer Institute	Summary information for research tested programs in areas including nutrition, physical activity, and tobacco control.				x	x	x		x
Resource Guide for Nutrition and Physical Activity Interventions to Prevent Obesity and Other Chronic Diseases, CDC	Topics cover obesity prevention and control (including caloric intake and expenditure), increased physical activity, improved nutrition (including increased breastfeeding and increased consumption of fruits and vegetables), and reduced television time.	x	x		x	x			
Resources to Improve Schools, Action for Healthy Kids	Resource clearinghouse for programs to improve nutrition and physical activity in schools. Includes links to resources and profiles of successful school-based programs.		x		x	x			x
Role of Michigan Schools in Promoting Healthy Weight, Michigan Department of Education	Guidelines, recommendations and tools for schools to promote healthy weight among students. Strategies include coordinated school health team approach, healthy nutrition policies, opportunities for physical activity, nutrition education, family involvement, interventions for families with weight concerns, and safeguards for weight screening.		x		x	x			x
SAMSHA Model Programs, National Registry for Effective Programs	Evidence-based programs on tobacco and other drug use.						x		x
School Health Guidelines and Strategies, CDC	delete? Links to other CDC guidelines included in this document (diabetes, asthma, physical activity)	x		x	x	x	x		x
School Health Index: A Self-assessment and Planning Guide, CDC	Self-assessment and planning tool for schools to improve their health and safety policies and programs.	x		x	x	x	x	x	x

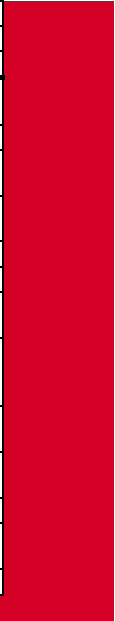
Resource	Description	Diabetes	Obesity / Over-weight	Asthma	Nutrition	Physical Activity	Tobacco	Health Care Access / Quality	School Health
School Health Resource Database, National School Boards Association	Searchable database with resources including sample policies, articles, and training tools, that address health issues affecting schools and students. Topic areas include tobacco, nutrition, physical activity, asthma, and family and community involvement.			x	x	x	x		x
Strategies for Addressing Asthma within a Coordinated School Health Program, CDC	Strategies include support systems for asthma-friendly schools, school health services, asthma education for students and staff, a safe and healthy school environment, physical education and activity for students with asthma, and coordinated school, community and family efforts.			x					
Team Nutrition Days and Beyond: How-To Kit, USDA	How-to kit for implementing Team Nutrition activities including starting a garden, hosting a food festival, promoting events, and locating resources.				x				
Ten Strategies for Promoting Physical Activity, Healthy Eating, and a Tobacco-Free Lifestyle through School Health Programs, CDC	Strategies include assessment, policy, school health coordinator and council, health education, staff health promotion program, physical education, opportunities for physical activity, school meals, healthy food choices, and a tobacco free environment.				x	x	x		x
Tobacco Cessation Guideline, Office of the Surgeon General	Consumer and clinician materials for treating tobacco use and dependence including clinical practice guidelines and a how-to guide for implementing programs and guidelines.						x	x	
Validated Health Educational Programs, Asthma and Allergy Foundation of America	Effective interventions include Asthma Care Training for Kids, Wee Wheezers, You Can Control Asthma, and Power Breathing.			x					
VERB Campaign, CDC	A multiethnic campaign combining paid advertisements with school and community promotions and Internet activities resulted in increased awareness and increased levels of physical activity for children ages 9-13.					x			



Lead Agency: Pinellas County Health Department
 Associated Community: None Applicable
 Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-5		Improve integration of program components				
Indicator I-5.1		Implementation of interventions that address at least two diseases or risk factors				
Key Sector	Intervention	Disease/Risk Factor				
		Asthma	Diabetes	Obesity	Nutrition	Physical Activity
Community	Evidence based Nutrition Education	Yes	Yes	Yes	Yes	Yes
	Healthy Restaurant Campaign		Yes	Yes	Yes	
	Outreach and Case management services	Yes		Yes	Yes	Yes
	Indoor air quality assessments	Yes				
	Asthma education for health care providers	Yes				
	Health care provider CME management guidelines	Yes	Yes	Yes	Yes	
	Smoke Free Car Kits	Yes				
	Students Teach Students	Yes	Yes	Yes	Yes	Yes
	Physician reminder kits	Yes	Yes	Yes	Yes	Yes
	Proactive telephone quit line	Yes				
	Cessation classes, maintenance support groups	Yes	Yes	Yes	Yes	Yes
	Diabetes awareness classes and Diabetes self management classes		Yes	Yes	Yes	Yes
	Diabetes nutrition education classes FQHC		Yes	Yes	Yes	Yes
Schools	Salad Program (School)		Yes	Yes	Yes	
	Organ Wise Guys curriculum (School)	Yes	Yes	Yes	Yes	Yes
	Fitnessgram (School)			Yes		Yes
	Evidence based Asthma Education	Yes			Yes	
	School Health Council and School Health Advisory Council	Yes	Yes	Yes	Yes	Yes
	Youth diabetes Education classes		Yes	Yes	Yes	Yes
	More Health-Fit For Life Curriculum	Yes	Yes	Yes	Yes	Yes
	0					
	Evidence Based tobacco education	Yes				
	Tobacco teacher trainings	Yes				
	Family Weight Management Classes		Yes	Yes	Yes	Yes
	Nutrition Youth team: Nutrition, PA, Healthy behaviors		Yes	Yes	Yes	Yes
	Media Campaign	Yes	Yes	Yes	Yes	Yes
Worksite	Worksites' physical activity programs, fitness teams, pedometer programs			Yes		Yes
	Parent Health Bulletins	Yes	Yes	Yes	Yes	Yes
	Staff walking program			Yes		Yes
	Staff weight Management program		Yes	Yes	Yes	Yes
	Media Campaign	Yes	Yes	Yes	Yes	Yes
	Adult tobacco cessation/awareness program	Yes				
	Asthma education for health care providers	Yes				
	Indoor air quality assessments	Yes				
0						
	Outreach exercise classes			Yes	Yes	Yes

	0					
	0					
	0					
Healthcare	Outreach and Case management services	Yes	Yes	Yes	Yes	Yes
	Indoor air quality assessments	Yes				
	One on one Nutrition consultations		Yes	Yes	Yes	Yes
	Family Weight Management Classes		Yes	Yes	Yes	Yes
	Smoke free Car kits	Yes				
	Proactive telephone quit line	Yes				
	Cessation classes, maintenance support groups	Yes				
	Diabetes awareness classes and Diabetes self management classes		Yes	Yes	Yes	Yes
	"Are you at Risk" diabetes risk assessment		Yes	Yes	Yes	Yes
	One-on-one dietary intervention for DM FQHC		Yes	Yes	Yes	Yes
	Weight Management Classes		Yes	Yes	Yes	Yes
	Faith-based health ministry mini-grants	Yes	Yes	Yes	Yes	Yes
	Media Campaign	Yes	Yes	Yes	Yes	Yes

	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	
Yes	



Lead Agency: Pinellas County Health Department
 Associated Community: None Applicable
 Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-5		Improve integration of program components					
Indicator I-5.1		Implementation of interventions that address at least two diseases or risk factors					
Key Sector	Intervention	Disease/Risk Factor					
		Asthma	Diabetes	Obesity	Nutrition	Physical Activity	Tobacco
Community	One-on-one dietary intervention for DM FQHC		Yes	Yes	Yes	Yes	
	Weight Management Classes		Yes	Yes	Yes	Yes	Yes
	Faith-based health ministry mini-grants	Yes	Yes	Yes	Yes	Yes	Yes
	Outreach community exercise classes			Yes		Yes	
	After-school classes 5-a-day & PA			Yes	Yes	Yes	
	Weekly fitness sessions community, churches, clinics			Yes		Yes	
	Cultural dancing classes, w/fitness, nutrition components			Yes		Yes	
	Scholarship fitness programs rec depts			Yes		Yes	
	PinCHD "Parent Health Bulletin"	Yes	Yes	Yes	Yes	Yes	Yes
	BMI chart distribution & "vital sign" promo		Yes	Yes	Yes	Yes	
	Nutrition Youth Team: nutrition, PA, healthy behaviors		Yes	Yes	Yes	Yes	Yes
	Media Campaign	Yes	Yes	Yes	Yes	Yes	Yes
0							
Schools	0						
	0						
	0						
	0						
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	0						
	0						
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	0						
Worksite	0						
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	0						
BMI chart distribution & "vital sign" promo		Yes	Yes	Yes	Yes		
Phone Consultations case management	Yes					Yes	







Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-5 Improve integration of program components

Indicator I-5.1 Implementation of interventions that address at least two diseases or risk factors

Contextual Information or Supplemental Data (optional)



Lead Agency:
Associate
Community
Reporting Period:

Pinellas County Health Department
 None Applicable
 9/22/2006 - 9/21/2007

Performance Measure I-5 Improve integration of program components

Indicator I-5.2 Implementation of evidence-based interventions across the socio-ecologic model

	Intervention	Individual	Interpersonal	Organizational	Community	Public Policy
Community	Evidence based Nutrition Education	Yes	Yes	Yes	Yes	
	Healthy Restaurant Campaign	Yes	Yes	Yes	Yes	
	Outreach and Case management services	Yes	Yes		Yes	
	Indoor air quality assessments	Yes				
	Asthma education for health care providers	Yes		Yes	Yes	
	Health care provider CME management guidelines	Yes		Yes	Yes	
	Smoke Free Car Kits	Yes	Yes			
	Students Teach Students	Yes	Yes			
	Physician reminder kits	Yes		Yes	Yes	
	Proactive telephone quit line	Yes			Yes	
	Cessation classes, maintenance support groups	Yes	Yes		Yes	
	Diabetes awareness classes and Diabetes self management classes	Yes	Yes	Yes	Yes	
	Diabetes nutrition education classes FQHC	Yes		Yes		
	Salad Program (School)	Yes		Yes		Yes
	Organ Wise Guys curriculum (School)	Yes		Yes		
Fitnessgram (School)	Yes		Yes		Yes	
Evidence based Asthma Education	Yes	Yes	Yes			

Schools	School Health Council and School Health Advisory Council	Yes			Yes	Yes
	Youth diabetes Education classes	Yes	Yes		Yes	
	More Health-Fit For Life Curriculum	Yes		Yes		
	0					
	Evidence Based tobacco education	Yes	Yes	Yes	Yes	Yes
	Tobacco teacher trainings	Yes		Yes		Yes
	Family Weight Management Classes	Yes	Yes			
	Nutrition Youth team: Nutrition, PA, Healthy behaviors	Yes	Yes	Yes		
	Media Campaign	Yes			Yes	
Worksite	worksites physical activity programs	Yes	Yes	Yes		Yes
	Parent Health Bulletins	Yes		Yes		
	Stair walking	Yes	Yes	Yes		Yes
	Stair weight Management	Yes	Yes	Yes		Yes
	Media Campaign	Yes				
	Adult tobacco cessation education	Yes		Yes		
	for health equity outreach/exercise classes					
	0					
	0					
	0					

Healthcare	Outreach and Case management services	Yes	Yes		Yes	
	Indoor air quality assessments	Yes				
	One on one Nutrition consultations	Yes				
	Family Weight Management Classes	Yes	Yes			
	Smoke free Car kits	Yes	Yes			
	Proactive telephone quit line	Yes			Yes	
	Cessation classes, maintenance support groups	Yes	Yes			
	Diabetes awareness classes and Diabetes self management classes	Yes	Yes			
	"Are you at Risk" diabetes risk assessment	Yes		Yes		
	One-on-one dietary intervention for DM FQHC	Yes				
	Weight Management Classes	Yes			Yes	
	Faith-based health ministry mini-grants	Yes			Yes	
	Media Campaign	Yes				

Answer the questions below only if the intervention addresses either the organizational, community, or public policy levels of the SEM.

# of sites	# of participants	Focus Area	Focus Area	Focus Area
27	12484	Fruit and vegetable promotion	Restaurant/grocery food labeling	
160	310,817	Restaurant/grocery food labeling	Fruit and vegetable promotion	
1	393	Smoke-free housing	Other	
251	1250	Smoke-free housing		
18	772	Other		
11	359	Other		
274	274	Other		
3	1461	Other		
1135	1135	Other		
1	184	Other		
2	117	Other		
10	1760	Other		
3	158	Other		
# of schools	# of students	Focus Area	Focus Area	Focus Area
53	schools	Cafeteria foods		
29	schools	Nutrition education		
58	schools	Physical education 3 - 5 days/week		
5	schools	Asthma management		

58	schools	Other		
35	schools	Diabetes Management		
53	schools	Nutrition education	Physical education 3 - 5 days/week	
58	schools	Tobacco cessation program access		
58	schools	Tobacco cessation program access		
2	schools	Other		
14	schools	Nutrition education	Physical education 3 - 5 days/week	
# of companies/ worksites	# of employees	Focus Area	Focus Area	Focus Area
2	1100	Stair promotion	Other	
588		Other		
2	1100	Stair promotion	Other	
1	20	Other		
1	700	Tobacco free worksite	Smoking cessation program	
11	359	Other		
24	1000	Other		
11	9678			

# of locations	# of patients	Focus Area	Focus Area	Focus Area
1	393	Counseling on risk factors		
251	1250	Counseling on risk factors		
2	212	Counseling on risk factors		
2	108	Other		
274	274	Other		
1	184	Tobacco cessation		
2	117	Other		
10	1760	Other		
5	2038	Other		
2	99	Other		
3	120	Other		
5	1000	Other		

Healthcare	BMI chart distribution & "vital sign" promo	Yes		Yes		
	Phone Consultations case management	Yes	Yes		Yes	
	Establish Asthma champions in clinical practices	Yes		Yes	Yes	
	Asthma Family Day education program	Yes		Yes	Yes	
	Health care provider CME management guidelines	Yes		Yes		
	Asthma Speakers bureau	Yes		Yes		
	0	Yes	Yes	Yes	Yes	
	0					
	0					
	0					
0						
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Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-5 Improve integration of program components

Indicator I-5.2 Implementation of evidence-based interventions across the socio-ecologic model

Contextual Information or Supplemental Data (optional)

Key Sector	Focus Area
------------	------------

Schools

- Cafeteria foods
- School gardens
- Nutrition education
- Healthy options at school events
- Physical education 3 - 5 days/week
- Physical education 1 - 2 days/week
- Increased recess
- Asthma management
- Diabetes Management
- Tobacco free campuses
- Tobacco cessation program access

Worksite

- Reduced or free gym membership
- Paid/flex work time for exercise
- Space for exercise on-site
- Stair promotion
- Health insurance break for risk reduction activities
- Breastfeeding policy
- Healthy meeting food policy
- Healthy vending machine policy
- Tobacco free worksite
- Smoking cessation program
- Promotion of health risk assessment

Community

- Safe routes to school
- Zoning projects/plans
- Traffic calming measures
- Walk/bikeability assessment
- New trails or walking paths
- Trail promotions
- Parks/play ground access
- Smoke-free housing
- Smoke free parks
- Fruit and vegetable promotion
- Farmers markets
- Food sustainability
- Community gardens
- Access to community health facilities
- Restaurant/grocery food labeling
- Healthy vending (not schools/worksites)

Healthcare

- Reimbursement of preventative care
- Counseling on risk factors

Community health workers
Chronic Care Model
Tobacco cessation

Selected Examples

refreshments, rewards

access to medications
access to medications

smoking cessation or health risk assessments

coverage or reduced rate

county trails or comprehensive plan

walking guides, includes bike, horse

support of local farmers, land use for farming

gyms, community centers
low fat menus

The Socio-ecological Model as a Framework for Program Implementation—Examples of Interventions in Steps Communities

These examples are intended to help you categorize your own interventions in the way most appropriate for your program; it is not a prescriptive list of which interventions target which socio-ecological levels. Your Steps community program may implement interventions similar to the ones below but use those interventions to target different socio-ecological levels. Interventions may target more than one socio-ecological level. For example, a walking program may target changes at the individual level (e.g., knowledge and awareness), the interpersonal level (e.g., social norms), and the community or organizational level (e.g., access to places for physical activity).

Level of Influence	Intervention Target	Examples of Interventions
Intrapersonal or individual	Characteristics of the individual - knowledge, attitudes, behavior, skills, etc.	<ul style="list-style-type: none"> ▪ Community-wide campaigns to promote physical activity* ▪ Point-of decision prompts to promote physical activity* ▪ 5-A-Day programs⁺ ▪ Asthma education and awareness programs for students and school staff[‡]
Interpersonal processes and primary groups	Social norms and social influences within formal and informal social networks and social support systems, including the	<ul style="list-style-type: none"> ▪ Social support for promoting physical activity* (e.g., walking groups) ▪ Diabetes self management education at home or in community gathering places* (e.g., support groups)
Organizational	Characteristics of organizations (e.g. rules and regulations, incentives, management support, benefits, structure of work); institutionalization of programs	<ul style="list-style-type: none"> ▪ Diabetes disease management* ▪ School-based physical education* ▪ Smoking bans and restrictions* ▪ Provider reminder systems for tobacco cessation* ▪ Use of School Health Index to plan and implement school policy changes⁺ ▪ Promotion of healthy food choices in restaurants, schools and worksites⁺
Community	Mediating structures (e.g., family, social networks, churches, neighborhoods), coordination among agencies and coalition building, increasing access by the disadvantaged to larger community power	<ul style="list-style-type: none"> ▪ Creation and/or enhanced access to places for physical activity combined with informational outreach activities* ▪ Establishment of School Health Advisory Council⁺
Public policy	Policy development, policy advocacy, and policy analysis to affect local, state and/or	<ul style="list-style-type: none"> ▪ Smoking bans and restrictions* ▪ Use of School Health Index to plan and implement school district policy changes⁺

* Evidence-based interventions recommended by The Guide to Community Preventive Services

⁺ Strategies recommended by Promising Practices in Chronic Disease Prevention and Control

[‡] Strategies recommended by Centers for Disease Control and Prevention, Healthy Youth



Lead Agency: Pinellas County Health Depart
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance measure I-5 Improve integration of program components

Indicator I-5.3

Partnership with the YMCA of the USA, or its local affiliate, to improve access to places for physical activity

Is there a local affiliate of the YMCA in your community?

YES

Do you collaborate with them on Steps activities?

YES

Was your local affiliate funded by the YMCA of the USA to support Steps activities?

YES

Please provide examples of how are you working with your local YMCA affiliate to improve access to places for physical activity.

Pinellas County Health Department has a contract with the YMCA to provide free classes. Weekly physical activity classes are offered at various locations including churches, schools, recreation and community centers, local YMCA branches, and one FQHC. The YMCA offers Parent/Adolescent Conditioning Training (PACT) program which is a family weight management program. Healthy Kids Lunch Club which is a physical activity class is offered in the schools.

Contextual Information or Supplemental Data (optional)

YMCA of Greater St.Petersburg received a YMCA USA grant funding of \$5000.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-5 Improve integration of program components

Indicator I-5.4 Coalition leadership and function of Steps Leadership Team (e.g., inclusion of non-traditional agencies or partners, state/local categorical programs, key community-based organizations, healthcare sector)

Composition of Leadership Team

Name of Team Member	Affiliation	Sector
Richard Curtin	Pinellas County Health Department	County or State Government
Lois Milne	Pinellas County Health Department	County or State Government
Deborah Shaffer	Pinellas County Health Department	County or State Government
Raghavendra Olety	Pinellas County Health Department	County or State Government
Judith Lewis	Pinellas County Health Department	County or State Government
Carolyn Smith	Pinellas County Health Department	County or State Government
Medora Little	Pinellas County Health Department	County or State Government
Stan Stoudenmire	Pinellas County Health Department	County or State Government
Nicole Beaudoin	Pinellas County Health Department	County or State Government
Michael Davis	Pinellas County Health Department	County or State Government
Valarie Lee	Pinellas County Health Department	County or State Government
Jolene Bivens	American Lung Association	Community Coalition
Rhonda Cofield	All Children's Hospital	Health Systems
Omar Zidi	All Children's Hospital	Health Systems
Carolyn Drzcymski	Parish Nurse	Faith
Jamie Toennies	YMCA	YMCA
Lisa Ross	Pinellas County Schools	Education
Genie Short	Partnership in Prevention	Business
Beth Tobias	4 H	County or State Government
Nan Jensen	Pinellas County Cooperative Extension	County or State Government
Connie Cooper	Healthy Start	Community Coalition
Catherine Gerard	Pinellas County Schools	Education
Carol Swanson	Veterans Administration	Health Systems
Valerie Prosser	YWCA	Community Coalition
Ronda Russick	Saint petersburg Free Clinic	Public Health
Avery Slyker	YWCA	Community Coalition
Pat Sovonick	Veterans Administration	Health Systems
Jessica	Bay Front	Health Systems
Dr. Chavez	All Children's Hospital	Health Systems
Pat Sovonick	Area on Ageing	Community Coalition

Key Functions of Leadership Team

1) To oversee project activities 2) To identify and address system and service barrier in the community 3) To review and monitor project services 4) To review the system policies, procedures and protocols, and interagency relationships 5) To make recommendations for change 6) To participate in project-related local and national meetings 7) To establish the governance for the consortium and the decision making process 8) To report quarterly to the consortium.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-5 Improve integration of program components

Indicator I-5.4 Coalition leadership and function of Steps Leadership Team (e.g., inclusion of non-traditional agencies or partners, state/local categorical programs, key community-based organizations, healthcare sector)

Contextual Information or Supplemental Data (optional)

Leadership Team survey is administered annually to obtain feedback from the program partners. The results of the survey are presented at the leadership team meeting and areas of concerns are addressed by the Steps administration. The local Steps administration was rated high in most areas such as professionalism, taking responsibility for the partnership, fostering inclusiveness and openness in the partnership, combining the perspectives, resources and skills of partners etc.,

The area of concern that was identified was lack of orientation to new members about Steps. A presentaion was done to provide orientation to new members.



Lead Agency: Pinellas County Health Department
 Associated Community: None Applicable
 Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-6 Document that intended populations participate in Steps communities' activities and interventions
Indicator I-6.1 Reach (i.e., service to intervention areas or specific populations identified in community action plan)

Key Sector	Intervention	Was the intervention implemented in the population(s) identified in the community action plan?								
			African Americans	American Indians or Alaska Natives	Asian	Native Hawaiians or Other Pacific Islanders	Whites	Hispanics or Latinos	Infants or Toddlers, Ages 0-3 Years	
Community	Nutrition Education	Yes	Yes		Yes			Yes	Yes	
	Healthy Restaurant Campaign	Yes	Yes		Yes			Yes	Yes	
	Management services	Yes	Yes		Yes			Yes	Yes	
	Indoor air quality assessments	Yes	Yes		Yes			Yes	Yes	
	Health care providers	Yes	Yes		Yes			Yes	Yes	
	Health care provider CME management guidelines	Yes	Yes		Yes			Yes	Yes	
	Smoke Free Car Kits	Yes	Yes		Yes			Yes	Yes	
	Students Teach Students	Yes	Yes		Yes			Yes	Yes	
	Spanish reminder kits	Yes	Yes		Yes			Yes	Yes	
	Proactive telephone quit line	Yes	Yes		Yes			Yes	Yes	
	Diabetes support groups	Yes	Yes		Yes			Yes	Yes	
Diabetes awareness classes and Diabetes self management classes	Yes	Yes		Yes			Yes	Yes		
Diabetes classes FQHC	Yes	Yes		Yes			Yes	Yes		
Schools	Salad Program (School)	Yes	Yes		Yes			Yes	Yes	
	Organ Wise Guys curriculum (School)	Yes	Yes		Yes			Yes	Yes	
	Fitnessgram (School)	Yes	Yes		Yes			Yes	Yes	
	Evidence based Asthma Education	Yes	Yes		Yes			Yes	Yes	
	School Health Council and School Health Advisory Council	Yes	Yes		Yes			Yes	Yes	
	Youth diabetes Education classes	Yes	Yes		Yes			Yes	Yes	
	More Health-Fit For Life Curriculum	Yes	Yes		Yes			Yes	Yes	
	0	Yes	Yes		Yes			Yes	Yes	
	Evidence Based tobacco education	Yes	Yes		Yes			Yes	Yes	
	Tobacco teacher trainings	Yes	Yes		Yes			Yes	Yes	
	Family Weight Management Classes	Yes	Yes		Yes			Yes	Yes	
	Nutrition Youth team: Nutrition, PA, Healthy behaviors	Yes	Yes		Yes			Yes	Yes	
	Media Campaign	Yes	Yes		Yes			Yes	Yes	

Worksite	Physical Activity	Yes	Yes	Yes	Yes	Yes	Yes
	Parent Health Bulletins	Yes	Yes	Yes	Yes	Yes	Yes
	Staff walking program	Yes	Yes	Yes	Yes	Yes	Yes
	Staff weight Management program	Yes	Yes	Yes	Yes	Yes	Yes
	Media Campaign	Yes	Yes	Yes	Yes	Yes	Yes
	Adult tobacco cessation/awareness program	Yes	Yes	Yes	Yes	Yes	Yes
	Asthma education for health care providers	Yes	Yes	Yes	Yes	Yes	Yes
	Indoor air quality assessments	Yes	Yes	Yes	Yes	Yes	Yes
	Outreach exercise classes	Yes	Yes	Yes	Yes	Yes	Yes
	0						
0							
0							
0							
Healthcare	Outreach and Case	Yes	Yes	Yes	Yes	Yes	Yes
	Indoor air quality assessments	Yes	Yes	Yes	Yes	Yes	Yes
	One on one Nutrition consultations	Yes	Yes	Yes	Yes	Yes	Yes
	Family Weight Management Classes	Yes	Yes	Yes	Yes	Yes	Yes
	Smoke free Car kits	Yes	Yes	Yes	Yes	Yes	Yes
	Proactive telephone quit line	Yes	Yes	Yes	Yes	Yes	Yes
	Cessation classes, maintenance support groups	Yes	Yes	Yes	Yes	Yes	Yes
	Diabetes awareness classes and Diabetes self management classes	Yes	Yes	Yes	Yes	Yes	Yes
	"Are you at Risk" diabetes risk assessment	Yes	Yes	Yes	Yes	Yes	Yes
	One-on-one dietary intervention for DM FQHC	Yes	Yes	Yes	Yes	Yes	Yes
	Weight Management Classes	Yes	Yes	Yes	Yes	Yes	Yes
	Faith-based health ministry mini-grants	Yes	Yes	Yes	Yes	Yes	Yes
	Media Campaign	Yes	Yes	Yes	Yes	Yes	Yes

Populations that Participated in Intervention											
Children, ages 4-11 years	Adolescents, ages 12-19 years	Adults, ages 20-49 years	Older Adults, ages 50 and over	People with disabilities	Rural residents	Urban residents	Low socioeconomic status	Immigrants	Healthcare providers	Members of faith communities	Other (please specify)
Yes	Yes	Yes	Yes			Yes	Yes			Yes	
Yes	Yes	Yes	Yes			Yes	Yes			Yes	
Yes	Yes	Yes	Yes			Yes	Yes			Yes	
Yes	Yes	Yes	Yes			Yes	Yes			Yes	
		Yes	Yes			Yes	Yes		Yes	Yes	
		Yes	Yes			Yes	Yes		Yes	Yes	
Yes	Yes	Yes	Yes			Yes	Yes			Yes	
Yes	Yes	Yes	Yes			Yes	Yes				
		Yes	Yes			Yes			Yes		
Yes	Yes	Yes	Yes			Yes	Yes			Yes	
	Yes	Yes	Yes			Yes	Yes			Yes	
		Yes	Yes			Yes	Yes			Yes	
Yes	Yes					Yes	Yes				
Yes	Yes					Yes	Yes				
Yes	Yes					Yes	Yes				
Yes	Yes					Yes	Yes				
Yes	Yes					Yes	Yes				
Yes	Yes					Yes	Yes				
Yes	Yes					Yes	Yes				
Yes	Yes					Yes	Yes				
Yes	Yes					Yes	Yes				
Yes	Yes					Yes	Yes				
Yes	Yes					Yes	Yes				
Yes	Yes					Yes	Yes				
Yes	Yes					Yes	Yes		Yes		

		Yes	Yes			Yes	Yes				
		Yes	Yes			Yes	Yes		Yes		
		Yes	Yes			Yes	Yes				
		Yes	Yes			Yes	Yes				
		Yes	Yes			Yes	Yes				
		Yes	Yes			Yes					
		Yes	Yes			Yes	Yes				
		Yes	Yes			Yes	Yes				
Yes	Yes	Yes	Yes			Yes	Yes			Yes	
Yes	Yes	Yes	Yes			Yes	Yes			Yes	
Yes	Yes	Yes	Yes			Yes	Yes			Yes	
Yes	Yes	Yes	Yes			Yes	Yes			Yes	
Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes	
Yes	Yes	Yes	Yes			Yes	Yes			Yes	
	Yes	Yes	Yes			Yes	Yes				
	Yes	Yes	Yes			Yes	Yes				
Yes	Yes	Yes	Yes			Yes	Yes			Yes	
		Yes	Yes			Yes	Yes				
Yes	Yes	Yes	Yes			Yes	Yes			Yes	
Yes	Yes	Yes	Yes			Yes	Yes			Yes	
Yes	Yes	Yes	Yes			Yes	Yes			Yes	

Worksite	0								
	0								
	0								
	0								
	0								
	0								
	0								
	0								
	0								
	0								
	0								
	0								
	0								
Healthcare	BMI chart distribution & "vital sign" promo	Yes	Yes		Yes		Yes	Yes	
	Phone Consultations	Yes	Yes		Yes		Yes	Yes	
	Establish Asthma champions in clinical practices	Yes	Yes		Yes		Yes	Yes	
	Asthma Family Day education program	Yes	Yes		Yes		Yes	Yes	
	Health care provider CME management guidelines	Yes	Yes		Yes		Yes	Yes	
	Asthma Speakers bureau	Yes	Yes		Yes		Yes	Yes	
	0								
	0								
	0								
	0								







Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-6	Document that intended populations participate in Steps communities' activities and interventions
Indicator I-6.1	Reach (i.e., service to intervention areas or specific populations identified in community action plan)

Contextual Information or Supplemental Data (optional)

American Indians or Alaska natives and Native Hawaiian and Other Pacific Islander's account for less than 0.5% of the county population and the Steps program does not collect demographic information on the above mentioned race categories. Clients from the above mentioned races are identified under "other" race category. The Steps program does not collect information on the following categories as well: People with disabilities, Low socioeconomic status, and immigrants. A large percentage of the minority population in the Steps intervention area is below the poverty level.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-2 Expand the resources available to Steps community programs by engaging in public-private ventures and securing foundation grants, other public funding, and in-kind contributions

Indicator I-2.1 Resources secured to supplement funds received via the Steps Program

Source of Support	Type of Contribution	Purpose or Use	Approximate Value in Dollars
21 Enter Source 21	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
22 Enter Source 22	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
23 Enter Source 23	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
24 Enter Source 24	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
25 Enter Source 25	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
26 Enter Source 26	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
27 Enter Source 27	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
28 Enter Source 28	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
29 Enter Source 29	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
30 Enter Source 30	Direct Funding		
	In-kind (labor)		



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-2 Expand the resources available to Steps community programs by engaging in public-private ventures and securing foundation grants, other public funding, and in-kind contributions

Indicator I-2.1 Resources secured to supplement funds received via the Steps Program

Source of Support		Type of Contribution	Purpose or Use	Approximate Value in Dollars
		In-kind (other than labor)		
		TOTAL		\$0.00
31	Enter Source 31	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
32	Enter Source 32	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
33	Enter Source 33	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
34	Enter Source 34	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
35	Enter Source 35	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
36	Enter Source 36	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
37	Enter Source 37	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
38	Enter Source 38	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
39	Enter Source 39	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-2 Expand the resources available to Steps community programs by engaging in public-private ventures and securing foundation grants, other public funding, and in-kind contributions

Indicator I-2.1 Resources secured to supplement funds received via the Steps Program

Source of Support		Type of Contribution	Purpose or Use	Approximate Value in Dollars
40	Enter Source 40	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
41	Enter Source 41	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
42	Enter Source 42	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
43	Enter Source 43	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
44	Enter Source 44	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
45	Enter Source 45	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
46	Enter Source 46	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
47	Enter Source 47	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
48	Enter Source 48	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
		Direct Funding		



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure I-2 Expand the resources available to Steps community programs by engaging in public-private ventures and securing foundation grants, other public funding, and in-kind contributions

Indicator I-2.1 Resources secured to supplement funds received via the Steps Program

Source of Support		Type of Contribution	Purpose or Use	Approximate Value in Dollars
49	Enter Source 49	In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		
50	Enter Source 50	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		
Page Total				\$0.00
GRAND TOTAL				\$527,755.00



Lead Agency: Pinellas County Health Department
 Associated Community: None Applicable
 Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-1

Increased physical activity and healthful eating for children and adults

Indicator O-1.1

Fruit and vegetable consumption among adults aged 18 or older

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data (optional)

One on one evidence based nutrition education was provided to 175 adults in FQHC's. 4834 adults and children were provided evidence based nutrition education by presentations. 51 new healthy restaurants were added/certified to the existing healthy restaurants. 7665 nutrition ads were run in the media.

Indicator O-1.2

Fruit and vegetable consumption among youth

Data Source: YRBS

N (Total)	% (Meets criteria)	95% CI (Meets criteria)
659	16.5	

Contextual Information or Supplemental Data (optional)

7438 children were reached in the after school nutrition programs. 100% of the Steps Intervention Area schools offered enhanced school health education. 53 schools offered the Salad program. 29 schools offered organwise curriculum. There was an 74% increase in knowledge in the organwise classes. More Health program was offered in 35 elementary school, 7 high school and 11 middle schools. Parent health bulletin was being distributed to 588 sites.



Lead Agency: Pinellas County Health Department
 Associated: [Redacted]
 Community: None Applicable
 Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-1 Increased physical activity and healthful eating for children and adults

Indicator O-1.3 Recommended physical activity among adults aged 18 or older

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data (optional)

9433 adults and children participated in physical activity sessions at various community centers. 108 families registered for the family obesity education program. Total of 8 employee physical activity programs were being offered. 30,418,746 steps were walked by 242 employees in the physical activity programs. 465 school staff participated in the walking program and logged 140,397,139 steps. 9277 physical activity ads were run in the media.

Indicator O-1.4 Recommended physical activity among youth

Data Source: YRBS

N (Total)	% (Meets criteria)	95% CI (Meets criteria)
676	35.4	

Contextual Information or Supplemental Data (optional)

7438 children participated in the after school physical activity program. 838 children participated in the Healthy kids lunch club program that involves physical activity session and nutrition education. More than 8842 children participated in the cultural dance classes. 208 scholarships were provided through the city recreation department for fitness.



Lead Agency: Pinellas County Health Department
 Associated Community: None Applicable
 Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-1 Increased physical activity and healthful eating for children and adults

Indicator O-1.5 Television viewing among youth

Data Source: YRBS

N (Total)	% (Meets criteria)	95% CI (Meets criteria)
673	36.4	

Contextual Information or Supplemental Data (optional)



Lead Agency: Pinellas County Health Department
 Associated Community: None Applicable
 Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-2

Improved access to and quality of clinical services for asthma, diabetes, and tobacco cessation

Indicator O-2.1

Health care access

Data Source - Health Plan

BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Data Source - Personal Doctor

BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Data Source - Medical Cost

BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Data Source - Routine Check-up ≤ 12 Months

BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Data Source - Routine Check-up ≤ 2 Years

BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Data Source - Routine Check-up ≤ 5 Years

BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Data Source - Routine Check-up > 5 Years

BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data (optional)

Indicator O-2.2

Foot examination among adults aged 18 or older with diabetes

Data Source:

BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data (optional)

1095 participated in the diabetes self management classes, 665 participated in the 15 diabetes awareness seminars that were offered. 2038 respondents completed the "Are You at Risk?" survey with 27% (549/2038) scoring "At Risk". 6 diabetes educational events were held for the providers. 99 diabetics were offered one on one dietary intervention. 6550 diabetes ads were run in the media.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-2 Improved access to and quality of clinical services for asthma, diabetes, and tobacco cessation

Indicator O-2.3 Dilated eye examination among adults aged 18 or older with diabetes

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data (optional)

1095 participated in the diabetes self management classes. 665 participated in the 15 diabetes awareness seminars that were offered. 2038 repondents completed the "Are You at Risk?" survey with 27% (549/2038) scoring "At Risk". 6 diabetes educational events were held for the providers. 99 diabetics were offered one on one dietary intervention. 6550 diabetes ads were run in the media.

Indicator O-2.4 Glycosylated hemoglobin measurement at least twice a year among adults aged 18 or older with diabetes

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data

1095 participated in the diabetes self management classes. 665 participated in the 15 diabetes awareness seminars that were offered. 2038 repondents completed the "Are You at Risk?" survey with 27% (549/2038) scoring "At Risk". 6 diabetes educational events were held for the providers. 99 diabetics were offered one on one dietary intervention. 6550 diabetes ads were run in the media.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-2 Improved access to and quality of clinical services for asthma, diabetes, and tobacco cessation

Indicator O-2.5 Adults with asthma aged 18 or older receiving routine checkups for asthma

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data (optional)

149 participants were present during the annual asthma family day. 5624 asthma ads were in the media.

Indicator O-2.6 Adult smokers aged 18 or older advised by health care provider to quit smoking

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data (optional)

8 adult tobacco awareness and cessation classes were offered with a total of 117 participants. 1135 doctor reminder kits were distributed. 274 smoke free car kits were distributed. 6764 Counter marketing messages were in the media in grant year 4.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-2 Improved access to and quality of clinical services for asthma, diabetes, and tobacco cessation

Indicator O-2.7 Tobacco use cessation attempts by adolescent smokers

Data Source: YRBS

N (Total)	% (Meets criteria)	95% CI (Meets criteria)
87	—	

Contextual Information or Supplemental Data (optional)

593 students were excluded from the analysis for this question. 146 elementary school children received tobacco education. 147 peer educators and 97 youth advocates were trained. Number of smokers contacting the Florida quit-for-life smoking cessation hotline 184 (Oct 2006-May 2007) in grant year 4. Counter marketing messages in the media was 6764 in grant year 4.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-3 Increased identification of persons with pre-diabetes and diabetes

Indicator O-3.1 Reduce the overall rate of diabetes that is clinically diagnosed among adults

Data Source: BRFSS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data (optional)

1095 participated in the diabetes self management classes. 665 participated in the 15 diabetes awareness seminars that were offered. 2038 respondents completed the "Are You at Risk?" survey with 27% (549/2038) scoring "At Risk". 6 diabetes educational events were held for the providers. 99 diabetics were offered one on one dietary intervention. 6550 diabetes ads were run in the media.

Indicator O-3.2 Reduce the overall rate of diabetes that is clinically diagnosed among youth

Data Source: YRBS

N (Total)	% (Meets criteria)	95% CI (Meets criteria)
654	4.7	

Contextual Information or Supplemental Data (optional)

Evidence based diabetes education was offered in the Steps IA schools. A total of 76 students and family members participated in the program. All intervention area ES schools offered enhanced school health education integrating diabetes into the program. 6550 ads were run in the media.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-4 Improved self-management of asthma and diabetes

Indicator O-4.1 Self blood-glucose monitoring among adults aged 18 or older with diabetes

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data (optional)

1095 participated in the diabetes self management classes.

Indicator O-4.2 Self foot exam among adults aged 18 or older with diabetes

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data (optional)

1095 participated in the diabetes self management classes.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-4 Improved self-management of asthma and diabetes

Indicator O-4.3 Symptom-free days among adults aged 18 or older with asthma

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data (optional)

149 participants were present during the annual asthma family day. 5624 asthma ads were in the media.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-5 Measurable improvements in physical activity, healthful eating, and tobacco use

Indicator O-5.1 Tobacco use cessation attempts by adult smokers

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data

8 adult tobacco awareness and cessation classes were offered with a total of 117 participants. 1135 doctor reminder kits were distributed. 274 smoke free car kits were distributed. 6764 Counter marketing messages were in the media in grant year 4.

Performance Measure O-5 Measurable improvements in physical activity, healthful eating, and tobacco use

Indicator O-5.2 Tobacco use cessation attempts by adolescent smokers

Data Source: YRBS

N (Total)	% (Meets criteria)	95% CI (Meets criteria)
87	—	

Contextual Information or Supplemental Data (optional)

593 students were excluded from the analysis for this question. 147 peer educators and 97 youth advocates were trained. 1135 doctor reminder kits were distributed. 274 smoke free car kits were distributed. 6764 Counter marketing messages were in the media in grant year 4.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-5 Measurable improvements in physical activity, healthful eating, and tobacco use

Indicator O-5.3 Cigarette smoking among adults aged 18 or older

Data Source:	BRFS	n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
					0	

Contextual Information or Supplemental Data

8 adult tobacco awareness and cessation classes were offered with a total of 117 participants. 1135 doctor reminder kits were distributed. 274 smoke free car kits were distributed. 6764 Counter marketing messages were in the media in grant year 4.

Indicator O-5.4 Cigarette smoking among youth

Data Source:	YRBS	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
			639	14.1

Contextual Information or Supplemental Data

147 peer educators and 97 youth advocates were trained. 1135 doctor reminder kits were distributed. 274 smoke free car kits were distributed. 6764 Counter marketing messages were in the media in grant year 4.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-6 Slowed upward trend of overweight and obesity in Steps communities

Indicator O-6.1 Prevalence of overweight or obesity among adults aged 18 or older

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data (optional)

In addition to the various nutrition and physical activity classes that have been provided, various programs that addresses overweight/obesity have been developed. 120 participants participated in the "choose to lose" weight management class. 952 providers participated in the 7 obesity prevention presentations. 36 BMI kits were distributed to physician practices and clinics. 5 BMI charts were distributed to pharmacies. 9277 obesity ads were in the media.

Average weight decreased by 5.5 pounds in the choose to lose/real solution weight management classes administered in the community and the average exercise frequency per week increased from 3 days per week to 4 days per week following the program. Average fruit and vegetable consumption and healthy eating habits also were increased.

Average weight decreased by 6 pounds in the choose to lose/real solution weight management classes administered to the employees and the average exercise frequency per week increased from 3 days per week to 4 days per week following the program. Average fruit and vegetable consumption and healthy eating habits also were inc

Indicator O-6.2 Obesity prevalence among adults aged 18 or older

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data (optional)

120 participants participated in the "choose to lose" weight management class. 952 providers participated in the 7 obesity prevention presentations. 36 BMI kits were distributed to physician practices and clinics. 5 BMI charts were distributed to pharmacies. 9277 obesity ads were in the media.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-6 Slowed upward trend of overweight and obesity in Steps communities

Indicator O-6.3 Overweight prevalence among youth

Data Source: YRBS

N (Total)	% (Meets criteria)	95% CI (Meets criteria)
622	11.6	

Contextual Information or Supplemental Data (optional)

Fitnessgram data is obtained from the school every year. Analysis of the fitnessgram data showed that:

- 85% (31,309/36,889) of the elementary school children were in the healthy fitness zone for body composition.
- 72% (5574/7795) of the middle school children were in the healthy fitness zone for body composition.
- 80% (3896/4899) of the high school children were in the healthy fitness zone for body composition.
- 82% (40,779/49,583) of the K-12 children were in the healthy fitness zone for body composition.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-7 Reduced hospitalizations due to asthma exacerbations and diabetes complications

Indicator O-7.1 Hospitalization with asthma among adults aged 18 or older

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data (optional)

149 participants were present during the annual asthma family day. 5624 asthma ads were in the media. Age adjusted hospitalization rate for Pinellas County obtained from Florida Department of Health CHARTS was 761 for the year 2006.

Indicator O-7.2 Hospitalization with asthma among youth

Data Source: YRBS

N (Total)	% (Meets criteria)	95% CI (Meets criteria)
-	-	-

Contextual Information or Supplemental Data (optional)

Hospitalization and ER visits data (age <18 years) is obtained from All Children's Hospital for Pinellas County and in the Intervention area (IA). There were 250 hospitalizations for Pinellas County residents and 190 hospitalizations for IA residents. 1138 ER visits were recorded for Pinellas County residents and 861 ER visits for IA residents.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-7 Reduced hospitalizations due to asthma exacerbations and diabetes complications

Indicator O-7.3 Hospitalization with diabetes among adults aged 18 or older

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		0		

Contextual Information or Supplemental Data (optional)

1095 participated in the diabetes self management classes. 665 participated in the 15 diabetes awareness seminars that were offered. 2038 repondents completed the "Are You at Risk?" survey with 27% (549/2038) scoring "At Risk". 6 diabetes educational events were held for the providers. 99 diabetics were offered one on one dietary intervention. 6550 diabetes ads were run in the media. Age adjusted hospitalization rate for Pinellas County obtained from the Florida Department of Health CHARTS was 1891 for the year 2006.



Lead Agency: Pinellas County Health Department
Associated Community: None Applicable
Reporting Period: 9/22/2006 - 9/21/2007

Performance Measure O-8 Improved health-related quality of life

Indicator O-8.1 Mean number of Healthy Days among adults aged 18 or older

Data Source:

BRFS

n (Number of all respondents)	Mean	95% CI

Contextual Information or Supplemental Data (optional)