

STEPS to a Healthier Pinellas/U58/CCU423316-02

2003-2004 ANNUAL PROGRESS REPORT

Executive Summary: STEPS for Healthier Pinellas

Overall Project: STEPS for Healthier Pinellas impacts the diseases of obesity, asthma and diabetes in the defined intervention area of Pinellas County, by reducing risk behaviors related to tobacco, physical activity and nutrition. During year one of the STEPS grant, HP 2010 objectives and evidence-based strategies have been implemented by the Pinellas County Health Department (PinCHD), lead agency, in partnership with key leadership team members under the oversight of Partnership for a Healthier Pinellas.

Intervention Area/Population size: The intervention area contains four contiguous cities in Pinellas County with a population of 310,817. This includes the largest proportion of minorities, homeless, youth, impoverished and less educated persons with disproportionate health disparities. The area contains 58 schools (57,900 students). Currently disease burden in Pinellas is evidenced by higher diabetes and COPD (asthma) AADRs (2001) than Florida. County level BRFSS (2002) and YRBSS (2001) reveal increased risk related to tobacco, physical activity, and nutrition.

Partnerships: STEPS staff and partners are working to do more; to reach more people with evidence based approaches to reduce chronic disease rates in the intervention area.

The **Partnership for a Healthier Pinellas** is a collaborative effort, representing a Community-based coalition of over 90 members with ongoing recruitment efforts to invite new members. Membership is open to every one with an interest in improving the quality of life of the residents and visitors in Pinellas County. The Partnership membership includes, businesses, health care providers, advocacy, education and faith-based groups, government leaders and non-profit organizations.

The STEPS Consortium is a Standing Committee of the Partnership for a Healthier Pinellas and is chaired by the STEPS Diabetes Community Coordinator. Useful policy around healthy lifestyles is most often developed locally. Subsequently, local policies can be tailored to individual community needs. STEPS staff and partners will influence policy and legislation through the countywide efforts of the Partnership for a Healthier Pinellas.

The STEPS Coordinator conducts local STEPS consortium meetings. The meetings involve community members as partners to foster ownership of the STEPS interventions. STEPS staff are building community involvement and identifying community needs. Community input is continuously sought through monthly meetings of the Leadership Team and consortium quarterly meetings as well as the Partnership meetings. One focus is to make sure that the Partnership and Consortium have broad representation from different areas affected by chronic disease. A significant time is spent creating shared awareness of shared aims across programs to achieve common goals. The STEPS Coordinator and Evaluator facilitate problem-solving activities addressing persistent issues that inhibit reaching STEPS goals during meetings. Some of these might include acknowledging potential turf issues and reminding partners of the long-term goals of the grant. Ultimately, STEPS partners will develop more systematic identification of common problems and gaps and share opportunities for addressing them. STEPS staff aim to find new opportunities to focus on strategies that will integrate all involved partners.

As part of the **Leadership Team**, PinCHD is collaborating with Pinellas County Schools, community agencies, American Lung Association, All Children Hospital, Bayfront Medical Center, YMCA, Pinellas Cooperative Extension Center, and Community Health Centers (FQHC), to implement the project interventions. STEPS partners have signed a Memorandum of Agreements with PinCHD for

funding. Other partners pledging support include the four mayor's offices, state agencies, key community health care, voluntary and professional organizations, and business and faith based leaders. The Leadership Team meetings provides an opportunity for programs to work together, promotes collective thinking and problem solving, and supports working together in new ways so that the impact of all programs is improved.

STEPS staff conducted a presentation at the meeting of the all of County Health Departments on how to prepare a successful STEPS grant application. Subsequently, staff worked with the Hillsborough County Health Department in preparing their STEPS grant for fiscal year 2004-2005. A strong partnership exists and both counties are working together on the successful implementation of the STEPS grants. A primary goal is the creation of an integrated media campaign to double the media exposure, avoiding duplication and supplantation.

Intervention Strategies: The Community Action Plan includes Community and School interventions in the 6 areas related to the conditions and risks. Evidence-based, culturally inclusive intervention strategies were chosen with specific, measurable short and long-term outcomes. Interventions include a comprehensive 5-year media campaign, social marketing, community and provider education, environmental and policy remedies, and school-based programs all aimed at modifying behavior. The intervention strategies build upon but do not duplicate or supplant existing programs and are designed to become self-sustaining. These include expanding Healthy Menu restaurant choices; web based wellness projects; indoor air quality and environmental tobacco smoke exposure efforts; disease- and case-management interventions and tobacco cessation efforts including Florida's Quit Line. Pinellas STEPS aims to achieve a sustainable, cultural shift towards healthy lifestyles. The comprehensive 5-year multi-component community wide media campaign is promoting key health messages related to STEPS behaviors and conditions. It includes intense health messages via

multiple media, including T.V., radio and Internet. Community intervention sites and strategies include medical providers, community neighborhood centers, faith-based groups, worksites, Federally Qualified Health Clinics, after school programs and satellite clinics. Special strategies include mini grants for health ministry to faith-based groups.

School interventions benefit students, family members, and staff with a combination of educational and environmental initiatives. One example is expansion of the successful Salad Bar project that has increased fruit/vegetable intake. Cited as a “best practice” model by the CDC, tobacco prevention program SWAT (“Students Working Against Tobacco”), has been expanded to use similar peer influence and awareness techniques for nutrition and physical activity.

Conditions: Obesity/Diabetes/Asthma: Medical providers’ knowledge of current clinical guidelines in each area is increasing. **Self-management training for asthma, diabetes and obesity is provided for patients and caregivers/family.** Asthma case management augments clinical activities. Indoor air-quality assessments are reducing environmental allergies. Weight management classes include intervention activities and sustainability strategies. Other strategies focus on diabetes risk status, BMI, and prevention of obesity through nutrition and physical activity. The pressing need is to encourage a more active lifestyle among people. Clearly, the goal of a more active population is a challenge, requiring a commitment to change on the part of individuals, families, work places, and communities. STEPS staff and partners are making sure all program interventions include social and environmental change strategies by developing and advocating for policies that impact conditions and risk factors. It is evident the community needs to band together to promote more healthy habits for those of all ages. STEPS staff is encouraging more activity by simply establishing walking programs at schools, worksites and in the community. Some communities have an existing infrastructure that supports physical activity,

such as sidewalks and bicycle trails, and work sites, schools, and shopping areas in close proximity to residential areas. In many other areas, such community amenities need to be developed to foster walking, cycling, and other types of exercise as a regular part of daily activity. Perhaps the most important change during this past year are STEPS interventions which provide opportunities to reinforce the adoption and maintenance of healthy lifestyle behaviors at the individual and family level. STEPS messages emphasized to each person the importance of understanding the value of physical activity for his or her health and well-being and commit to a lifestyle that is truly active. Because physical inactivity is a risk factor for many diseases and conditions, making physical activity an integral part of daily life is crucial. STEPS messages focus on the fact that physical activity need not be strenuous to be beneficial.

Behavioral Risks: Strategies to promote **physical activity** includes cultural dance, pedometer use, classes and activities to increase physical activity, increase use of existing neighborhood recreational facilities for children and adults, and stairwell point of decision prompts. **Tobacco prevention** activities aimed at reducing tobacco use supports Florida's Amendment 6 smoking ban and build upon youth advocacy and SWAT. Free smoking cessation classes have been expanded to the intervention area. A smoking referral list, smoke free car kits and physician resource kits were created and distributed throughout the intervention area. **Nutrition activities** include promoting Healthy Menus to area restaurants, cooking demonstrations, 5 A Day promotional activities and nutrition classes for adults and children. Monitoring and evaluation includes tracking of major short-term and long-term outcomes: The Action Plans for each area specify measurable outcomes. Most short term outcome measurements are outputs, these include # services, # classes # participants, # surveys distributed, # questionnaires distributed, # of self-assessments ("Are You At Risk") completed, # schools involved, # web "hits", #meetings attended #literature distributed, # community events and # indoor air quality

assessments. Intermediate & long-term outcomes are measured through BMI change (measured, not self-reported), survey results (BRFSS, YRBSS, and FYTS) showing behavioral change, hospitalization data, client record reviews, and school reports.

D. Lead Agency/Project Leadership and Management

PinCHD has entered into formalized agreements or contracts with its key partners that detail expected outcome-based deliverables and reimbursements. Contracts require partners to provide monthly reports on their progress on the identified deliverables. Reports are reviewed and approved by the STEPS Coordinator for meeting the required deliverables. The financial staff processes the reports and reimbursement requests for payments. Monthly performance reports are the basis of expenditure reimbursement thus linking budget to performance.

Sustainability: PinCHD will continue to: 1) research all potential funding sources for successful interventions, 2) complete grant applications for funds to support Chronic Disease prevention, and 3) to partner with the Juvenile Welfare Board (JWB) in combining future resource allocations to support this initiative. An important part of sustainability is having a process such as the STEPS initiative to bring people together and educate providers to recognize community problems, educate community members on how to prevent, manage the disease by identifying resources, and develop referral guides for the public.

Inventory of Current Agency Activities Related to STEPS

Program Title	PCHD Staff	PinCHD Funding Status
Offices of Minority Health (2000)& Chronic Disease Prevention (2002)	1 FTE	Offices created to support strategic goals General Revenue (GR)
PinCHD Healthy Behaviors Team	15 members	4 hrs/month-Quality Team
PinCHD Closing the Gap Task Force	16 members	4 hrs/month-Quality Team
PinCHD Policy: Mandatory annual staff training on healthy behaviors.		General Revenue
Employee Assistance Program for Weight Loss Support		DOH policy began 7/2003 with no cost to staff

Youth Tobacco Program	1 FTE	DOH Grant, legislative cut 6/2003
Community Cardiovascular Program	2 FTE	DOH Grant, 02-05, \$100,000.00/yr
Closing the Gap-Growing Older Well (Cardiovascular-Disparities)	2 FTE	DOH Grant – ending 6/2003
General nutrition	1 FTE	General Revenue from County
Environmental Indoor Air Quality	1 FTE	DOH Grant, GR, and Fees Very limited

E. Intervention Area/Background and Need (2000 US Census)

Demographics: Pinellas County Pinellas (921,482), part of the Tampa Bay area, is the most densely populated county in Florida. Located in the South part of Pinellas, the intervention area (area) contains 4 contiguous cities: St. Petersburg (248,232), Pinellas Park (45,658), Gulfport (12,527) and Kenneth City (4,400), with a total population of 310,817 (W: 74.9%, B: 18.5%, O: 6.6% H: 4.5%) The area was selected because its population has a larger proportion of minorities and is younger, poorer and less educated than the county leading to health disparities.

<u>Demographics*</u>	Intervention Area/St. Petersburg	<u>Pinellas County</u>
Black Race	18.5%	9%
Over 44 Yrs of age	41.6%	47%
Median Age	39.3 Yrs	43 Yrs
Income < \$35,000	51%	47.1%
Families < FPL with children <5	18%	14.5%
WIC Participants – Black Race	38.3%	29.9%
Subsidized school lunches	48.6%	35.8%
Schools – Students’ Race: Black	26.2%	18.8%
No high school diploma	18.4%	16%

*Complete US Census 2000 data

Crime: The 2003 crime statistics, released by the Florida Department of Law Enforcement, track murder, rape, robbery, aggravated assault, burglary, larceny and auto theft.

Crime Statistics - 2003	St. Petersburg	Pinellas County
Arrest rate per 100,000	4,742.2	5,170.9
Crime rate per 100,000	8,120	5,300.3

Education and Health Literacy: The Pinellas School District is the 7th largest in Florida and the 21st in the US with 143 public schools (over 144,000 students), plus nearly 100 private schools. A recent study, “Literacy and Health in America”, from Educational Testing Service (ETS) and Harvard School of Public Health identifies the health-related literacy skills of U.S. adults and

YOUTH OVERWEIGHT and OBESITY					
	US 2001	Florida 2001	Pinellas 01-02	Pinellas 02-03	
Source	YRBSS	YRBSS	BMI Testing	BMI Testing	BMI Testing
School Grade	9-12	9-12	9-12	3 rd Grade	Kindergarten
Overweight	10.5%	10.4%	25.7%	22.8%	9.6%

*** 2004 Fitness gram results: 38% of grades 9-12 were overweight and obese

Adult Risk Factor	BRFSS 2002 Indicator	Pinellas	Florida
Nutrition	Less than 5-A-Day	70.0%	74.3%
Nutrition	Advised to eat fewer high fat/cholesterol foods	19.7%	21.0%
Nutrition	Advised to eat more fruits and vegetables	25.5%	27.9%
Physical Activity	Mostly sitting/standing at job	64.9%	62.8%
Physical Activity	No leisure time physical activity	21.2%	26.4%
Physical Activity	No regular moderate physical activity	54.0%	55.1%
Physical Activity	No regular vigorous physical activity	73.0%	75.6%
Physical Activity	Advised to be more physically active	28.2%	28.0%
Tobacco*	Current smoker	23.4%	22.2%
Tobacco*	Ever quit smoking in the past 12 months	56.1%	55.3%

*In 1999, over 2,300 persons in Pinellas died from smoking related causes. (DOH)

*****Intervention Area BRFSS 2004 No Leisure Time Physical Activity 27%**

Youth Risk Factor	Pinellas Schools: YRBSS 2001 Indicator	High	Middle
Nutrition	Consumed at least 2 fruits daily	15.9%	NA
Physical Activity*	No strenuous physical activity in last 7 days	23%	15%
Physical Activity*	Watch more than 1 hour of TV on school nights	80%	87.6%
	Florida Youth Tobacco Survey 2002	Pinellas	Florida
Tobacco	Current tobacco use (any kind)	22.5%	19.1%

*On traditional tests of fitness (*Presidents Fitness Test*) that measure strength/endurance, 81% of elementary students tested failed (scored < 50th percentile).

The University of South Florida (USF) updated the county Comprehensive Assessment for Tracking Community Health (CATCH) in 2001. The study examined over 200 indicators in 10 categories, including health status; health resource availability; and behavioral risk factors. Data (1999) was compared to 3 peer counties’ averages and the state. Within Health Status: Cancers and Chronic Diseases, Pinellas was worse than peer and state in AADR lung cancer, AADR Smoking

Related Cancer, AADR COPD, Diabetes Mortality, and Yrs of Potential Life Lost. District 7 (IA/St. Petersburg) had the highest rates for Diabetes Mortality.

Local Recreational Resources: The Pinellas Trail (34 miles) is a paved linear park connecting most of the County and is a prime example of the Rails-To-Trails program. With 100 city parks on 2,400 acres, St. Petersburg operates 12 recreation centers, 5 adult centers, 3 golf courses, 30 tennis, racquetball and handball courts and 8 pools. In 2002, Recreation recorded a total attendance of 1.8 million. Nineteen centers engaged more than 30,000 young people last year through sports and educational events. Recognized with a statewide award, St. Petersburg’s teen programs have earned a national reputation. Pinellas Park has 3 recreational centers and 14 parks, including 5 fitness trails. Gulfport has 8 parks, a fitness trail, and a senior center with health screenings, diabetes information classes, etc. Kenneth City has no city recreational facilities. Pinellas County offers beautiful beaches and waterways for swimming, kayaking, and canoeing.

Community Asset	State Asset
Partnership for a Healthier Pinellas	DOH CHARTS (BRFSS, AADR tracking)
Periodic screenings for chronic diseases at health fairs and malls	Amendment- 2002: bans smoking in indoor workplaces & restaurants, began 7/1/03.
Comprehensive Sequential Health Education Curriculum for elementary, 6 th , 8 th , 10 th grades	Youth Tobacco program remaining components (survey every other Yr.)
City and County Parks and Recreation areas	DOH-County level BRFSS data with potential for age-adjusted risk factors
211 Helpline	DOH Employee Smoking Needs Assessment
Wellness Programs in area hospitals/business	DOH technical assistance, statewide conferences and training for health depts.
Smoking Cessation (American Lung Assn)	DOH reorganization/integration of youth and adult tobacco programs
BMI program in grocery stores/pharmacies	
Pinellas Cooperative Extension (Nutrition)	
Strong public-private collaborative partnership	
Community Barriers/deficiencies	State Barriers/deficiencies
Population not ready to change (food culture)	Budget shortfalls
Lack of funding, resources and insurance	Redirection of funding to bioterrorism issues
Poverty/low education levels	Changes in legislative mandates
Poor transportation system/safety issues	Funding cut: youth tobacco program (6/2003)
Funding cuts in hospital wellness programs	Hot summer weather in Florida
Limited no cost smoking cessation, nutrition classes, adolescent weight loss classes	Lack of counter media campaign for healthy food choices
Tourism industry promotes fast food choices	Lack of PE requirement in HS curriculum

Recent State Efforts to Address Obesity - In October 2003, Florida's Governor created the Governor's Task Force on the Obesity Epidemic. The Task Force is comprised of business leaders, education and health care professionals, sports and fitness representatives, media, community leaders and consumers. The Task Force was created to recommend ways to promote the recognition of overweight and obesity as a major public health problem in Florida; determine the number of children who are overweight; identify contributing factors to the increasing burden of overweight and obesity in Florida; recommend ways to help Floridians balance healthy eating with regular physical activity to achieve and maintain a healthy or healthier body weight; identify and research evidenced-based strategies to promote lifelong physical activity and lifelong healthful nutrition, and to assist those who are already overweight or obese to maintain healthy lifestyles; identify effective and culturally appropriate interventions; to prevent and treat overweight and obesity; provide policy recommendations to improve healthful nutrition and physical activity for youth, especially in areas where youth congregate such as schools, after-school programs, and community and youth centers; and provide recommendations for parents, caregivers, health care providers, youth leaders and other youth-based programs to encourage and support healthy eating and increased physical activity to promote family strengthening and family stability. Florida and STEPS are working within communities to help create healthier environments and provide nutritious offerings so people can make the healthy choice the easy choice. "Step Up, Florida – On our way to healthy living" is a statewide initiative promoting physical activity and healthy lifestyles to Florida's citizens and visitors. The numerous opportunities available to be physically active in Florida is showcased. During February 2004, a statewide event had people walking, jogging, kayaking, skating, canoeing, and hiking across the

state. The task force will be considering future policy initiatives at the state and local level that will ultimately impact positive behavior change and improve lifestyles of citizens.

F. Staff /Project Leadership and Management

STEPS organizationally falls under the Pinellas County Health Department Office of Chronic Disease Prevention (OCDP). Formal restructuring to better align resources in support of integration occurred. The Office of Chronic Disease Prevention merged together the prevention programs for heart disease, stroke, cancer, diabetes, obesity, tobacco and asthma. This structure helps to bring coherence to several programs that were previously pursuing similar aims but with little coordination or shared strategies. Chief among the strategies for illuminating and developing opportunities for integration is a planning focus on mobilizing neighborhoods, changing organizational practices, and fostering coalitions all geared to heighten the effectiveness of prevention efforts. The OCDP Director directly supervises the STEPS Coordinator. The STEPS Coordinator in collaboration with the Leadership Team performs the day-to-day management for all project activities including project management and coordination, liaison with partnering staff, agencies, state planning, and project officer. In addition the Coordinator chairs the Leadership Team and facilitates consortium meetings tracks performance outcomes, quality improvement, and evaluation activities, and provides budget and contract management. An Administrative Secretary provides clerical support. A Nutritionist conducts community nutrition activities. The Tobacco Coordinator coordinates all adult and community tobacco activities. An Environmental Specialist certified in indoor testing provides home indoor air quality evaluations. The Marketing coordinator coordinates the major media campaigns and community-wide information distribution. A Project Evaluator organizes and conducts the project evaluation including data collection, reporting of performance measures, monitoring of project implementation, and surveys.

PinCHD collaborates under contract and/or MOA with:

1. Pinellas County School Districts has hired a STEPS School Coordinator to coordinate all education interventions and the School Health Council. A Nutritionist Educator is implementing all school nutrition activities. A part-time clerk provides clerical support to the STEPS School Coordinator. All students attending one of the 58 schools within the STEPS intervention area will be eligible for services including nutrition and fitness curriculum, classroom education and the salad bar program. **The Learning Connection** examines the impact of the root causes of childhood overweight and reveals a strong link between children's health and academic success. This report provides insight on possible costs to schools as the result of poor nutrition, inactivity and weight problems. Additionally, the report indicates that schools may be losing significant funding each year due to the problems associated with poor nutrition and physical inactivity. Children not getting adequate nutrients have lower test scores, increased absenteeism, difficulty concentrating and lower energy levels. Absenteeism could cost an average size school district from \$95,000 to \$160,000 annually in important state aid. Additionally, poor nutrition, inactivity and weight problems result in hidden costs, including extra staff time and attention devoted to students with low academic performance or behavior problems caused by poor nutrition and physical inactivity and costs associated with time and staff needed to administer medications needed by students with associated physical and emotional problems. Pinellas schools are providing increasing number of opportunities to engage children in physical activity as well as healthy eating.

2. All Children's Hospital, Inc. (ACH) - ACH is a tertiary referral children's hospital with a pediatric residency program as part of the University of South Florida Medical School. ACH has a large community education department that provides weekly continuing medical education and the Pediatric Asthma Resource Action Team (PARAT). ACH hired an outreach case manager to provide outreach and case management (CM) services for children with asthma. Services include monthly face to face

or telephone contact, monitoring medication compliance, patient and family counseling, education, appointment reminder system, referral and follow-up for community, family, or mental health services, and documentation of self-report of number of days missed for school/work. ACH has implemented a tracking system for ACH CM children less than 18 years of age. The Case Manager provides phone consultations as needed. ACH has identified asthma champions in private physician offices, health care facilities, and CHC clinic sites. ACH is developing the assessment tool to establish the number of Certified Asthma Educators in the community. Pediatric Asthma Resource Action Team (PARAT) Coalition has been expanded from an informal discussion forum to a formalized decision making board with by-laws, membership, vision, mission, and action plan. At this point their mission statement has been approved. PARAT's Open House was a huge success with widespread community representation including health care professionals and organizations, ALA, community health centers, children's medical services, medical day cares, school nurses, and most importantly a third of the participants were parents of children with asthma. PARAT will oversee the community education consisting of speaker's bureau, mentoring and/or peer education programs, and asthma support groups. PARAT is an active participant of the STEPS consortium. PARAT is in the process of developing an Asthma Resource Directory as well as an Asthma website and developing the guidelines to provide stipends supporting training of two health care professionals to receive asthma certification. PARAT is identifying potential speakers for the asthma speaker's bureau. Asthma support groups for ACH CM children and CHC patients have been established. The annual Asthma Family Day had almost 200 participants at attendance for a community education program for children with asthma and their families. Simplified tools to assist consumers and health care providers to comply with standard of care are under development. ACH conducted four educational opportunities through grand rounds for health care providers on practical use of NAEPP guidelines in the clinical

setting. The direct costs of asthma includes the costs of case management programs, inpatient and outpatient medical care, physician services, emergency visits, ambulance use, drugs, short-term and long-term treatment complications, devices, nursing services, allergy testing and research, around \$13.8 million in 2000. Some of the indirect costs of asthma include absence from work and school, travel, time waiting for care, anxiety, pain, suffering, and decreased potential resulting from school absenteeism.

3. Bayfront Medical Center, Inc. (BMC) is a leading teaching institution with a family practice and OB residency program as part of the University of South Florida Medical School, offering a full array of inpatient and outpatient health care services. The hospital community education department also provides weekly continuing medical education. BMC has hired one part-time dietitian and one part-time health educator to provide education material that focus on eating two daily servings of fruit and three servings of vegetables to children, two years and older visiting Community Health Centers (CHC) pediatric clinics. Adult and child patients of the St. Petersburg and Pinellas Park sites of Community Health Centers of Pinellas (CHC) are eligible for general nutrition education. Eligibility for weight management programs and diabetes classes is based on place of residence in the intervention area and must be determined by city of residence (St. Petersburg, Pinellas Park, Kenneth City, Gulfport). BMC has worked with the Greater St. Petersburg YMCA and other local fitness experts to bring group exercise programs to the CHC clinics. BMC staff conduct monthly group nutrition education for diabetics including label reading, cooking classes and menu planning and offer one-on-one dietary intervention to a minimum of diabetics as well as referring overweight diabetics to weight management programs. BMC staff is conducting a children's weight management program. Topics are presented weekly, separately to children and to parents and incorporate nutrition and physical activity.

4. YMCA of Greater St. Petersburg (YMCA) is incorporated as a non-profit organization in the State of Florida and serves a population inclusive of all citizens of southern and mid Pinellas County. YMCA offers health and fitness classes for all ages with the purpose of fostering life-long habits of being physically active. During the past year, the YMCA has conducted weekly physical activity/fitness one-hour sessions to youths and adults at neighborhood community centers, city recreation centers and churches within the intervention area of St. Petersburg, Pinellas Park, Kenneth City, and Gulfport. Adult and child patients of the St. Petersburg and Pinellas Park sites of Community Health Centers of Pinellas (CHC) are eligible for group exercise programs.

5. Community Health Centers of Pinellas, Inc. (CHC) - CHC is the only Federally Qualified Health Center located in Pinellas County. CHC provides indigent medical care in conjunction with three (3) major hospitals and a network of social providers. CHC has opened a new facility the Johnnie Ruth Clark Health Center in south St. Petersburg, to better serve African-Americans residents, by providing primary health care services to uninsured and underinsured populations addressing health care disparities. CHC is also leasing a new improved facility in Pinellas Park, another city in the STEPS intervention area, which also addresses disparities in health care. Community Health Center has assigned staff part-time (0.5 FTE) to serve as Community Liaison / Health Educator for STEPS; to serve as liaison between PinCHD and Health Ministries with faith-based organizations/community groups by providing asthma/obesity/diabetes brochures, handouts and other educational information; to serve as Liaison with Health Fairs/Seminars/ events for STEPS; to produce master monthly calendar schedule of activities to include all STEP activities open to the public; to assist STEPS Coordinator in scheduling activities and continuing education for Health Promoters to share current and accurate information; to assist STEPS Coordinator with Health Promotions and in providing coverage of community health activities in the intervention areas; to assist in posting master schedule and

scheduling community education classes and distributing Health flyers/brochures to encourage awareness of Diabetes/Asthma/Obesity. CHC Liaison is assisting in establishing monthly asthma support groups for CHC patients. CHC staff is promoting 5 A Day education to pediatric clients at 2 CHC sites. CHC Liaison is assisting YMCA staff in scheduling weekly physical activity/fitness one-hour sessions to youth and adults at 2 CHC sites and promotes classes to community groups and churches in the intervention area. CHC Liaison is also assisting the BMC dietitian in scheduling nutrition classes, weight management classes, and one on one intervention for diabetics in the CHC sites. CHC has created a local policy to perform BMI on clients as part of “vital signs”. At the Community Health Centers, BMI was an agenda item on two monthly managers meetings. The support for collection of the data was not immediate or universal. Comments included “we do not have time or not something else to add to the encounter sheet.” At the initial meeting literature was handed out, including the STEPS brochure and website information from the American Pediatric Association. By the second meeting the managers and medical directors in both pediatric and adult clinics had read the material, informally consulted with each other and were generally supportive. The idea of collecting BMI was being accepted but not embraced so the Outreach Educator went to CHC six centers to provide an educational in-service on STEPS in general and BMI in particular. Though STEPS BMI collection for MOA purposes is limited to two sites CHC has established employee crossover and system wide policy and procedures. Subsequently, it was decided it only made clinical sense to calculate and chart and collect BMI at all their clinic sites for both adult and pediatric patients. CHC has been collecting patient BMIs for several months and have worked out the following system: each center keeps a running monthly roster, the individual center directors gather them up at the end of each month and fax them to HR, HR enters the data into an excel format and forwards to STEPS staff at PinCHD. Presently it is a work in progress but CHC is putting forth the effort because CHC’s do

believe in the value of the concept of understanding BMI. Nevertheless, it is presently a cumbersome and costly collection mechanism. The CHC's are looking at streamlining and refining it. According to the BMI data collected for August and September of 2004 from the Community Health Centers, **73 percent of the patients are overweight or obese.** This percentage is of great interest as the CHC serves the disparate population within the intervention area.

6. American Lung Association (ALA) is providing both community and school asthma activities.

The community and school asthma activities include the Students Teach Students tobacco education program, Open Airways Program, Asthma U seminars, smoking cessation classes and support groups.

7. The Pinellas County Extension operating as part of the University of Florida provides information and conducts educational programs on issues such as sustainable agriculture, competitiveness in world markets, natural resource conservation, energy conservation, food, safety, child and family development, financial management, and youth development. Cooperative Extension staff is conducting nutrition and physical activity programs to children who participate in after school and summer camp programs within the intervention area, which includes the cities of St. Petersburg, Pinellas Park, Kenneth City, and Gulfport. Youths and adults who participate in cities and neighborhood community centers, and churches within the intervention area also may attend nutrition classes.

8. Other Independent Contractors

The STEPS Diabetes Coordinator is responsible for coordination of STEPS Diabetes Intervention Prevention Program. The Coordinator insures community diabetes awareness, prevention, and self-management activities are provided throughout the intervention area. The Coordinator previously conducted a Diabetes Program working extensively with the African American community to educate, prevent and treat diabetes. The Diabetes Community Coordinator is responsible for the day-to-day

coordination of STEPS Diabetes Intervention Prevention Program. The Coordinator insures Diabetes Community Educators conduct Diabetes Self-Management Education (DSME) classes in community neighborhood centers and weekly diabetes awareness seminars are held. The Coordinator participates in health fairs and distributes diabetes educational information to adults in the intervention area. Subsequently, the Coordinator distributes information in the community regarding diabetes by working with neighborhood organizations, faith based groups, social groups and civic groups for youth and adults. The Coordinator also serves as a **Board member for Partnership for Healthier Pinellas** and facilitates meetings with healthcare providers to enhance resources and referrals for diabetics. Community Health Promoters are hired from neighborhoods to conduct surveys, community mobilization, and facilitation of consumer involvement. Diabetes health promoters has conducted youth diabetes prevention classes integrating exercise and healthy eating using the Community Health Assessment and Promotion Project (CHAPP CDC model) at six sites and administered the Diabetes Risk Assessment questionnaires. Healthy People 2010 goals include increasing to 60% (from the 1998 baseline of 40%) the proportion of persons with diabetes who receive formal diabetes education. The goals of DSME are to optimize metabolic control and quality of life and to prevent acute and chronic complications, while keeping costs acceptable. Diabetes self-management education (DSME), the process of teaching people to manage their diabetes has been considered an important part of the clinical management of diabetes. The American Diabetes Association (ADA) recommends assessing self-management skills and knowledge of diabetes at least annually and providing or encouraging continuing education. DSME is considered “the cornerstone of treatment for all people with diabetes”. The abundant literature on diabetes education and self-management is critical to the health of the person with diabetes, and the objectives for ideal self-management interventions in diabetes are clear: behavioral interventions must be practical and feasible in a variety of settings; a large percentage of

the relevant population must be willing to participate; the intervention must be effective for long-term, important physiologic outcomes as well as behavioral endpoints and quality of life; patients must be satisfied; and the intervention must be relatively low cost and cost-effective. Community settings are key potential sites for diabetes self-management education interventions. These sites are ideal for educating persons with diabetes, offering a good setting for self-management education for multiple reasons: teaching lifestyle changes, including diet. Cultural concerns are being addressed. Community settings include community centers, private (non-clinical) facilities, and faith institutions. These settings are more convenient and comfortable than clinic settings for diabetes self-management education. STEPS funds diabetes self-management education where local community diabetes educators are teaching persons to manage their disease.

Much attention and effort have been directed toward establishing the burden of health conditions in economic terms. There is a large economic burden associated with diabetes. The estimates of the ADA suggest the direct costs may be \$50 billion per year. It is reasonable to conclude that diabetes is a comprehensive, chronic disorder, with both short-term and long-term complications. Established methods in estimating the costs of diabetes are likely to severely underestimate the impact of diabetes. Although the majority of studies attempt to address the costs of treating diabetes and its complications, some studies look at the total health care expenditures related to persons with diabetes, which provides a different and unique perspective. Indirect costs represent additional burdens created by the disease and need to be calculated into the economic impact. Despite several advances in the approach to estimating the costs of diabetes, there is no standard for estimating these costs.

Physical inactivity is costing the community an estimated \$1,140 per person in workers compensation costs and lost productivity costs. Dundu Dole Dance Company are contracted with to

conduct community cultural dance classes in African American neighborhood centers. The Dundu Dole Dancers provides cultural dancing classes for minorities.

G. Project Leadership and Consortium: Each collaborative agency has designated a key liaison staff to be part of the Leadership Team. The STEPS Coordinator chairs the Leadership Team. The STEPS Coordinator is the clear champion both internally and externally; his leadership is supportive and reaching toward a more comprehensive approach. At the very outset and then every step along the way the STEPS Coordinator communicates with those who oversee all aspects of the activities. Communication within the department, communication with outside partners, implementation support, and evaluation is helping to create new initiatives to explicitly address diabetes, asthma and/or obesity in the community. The Leadership Team provides an opportunity for programs to work together, promotes collective thinking and problem solving, and supports working together in new ways so that the impact of all programs is improved.

During this past year, the Team members have worked cohesively to coordinate project activities; established the governance for the Consortium and the decision-making process; determined the project budget and subcontracts; participated in project-related local, state and national meetings; identified and are addressing system and service barriers in the community; review and monitor project services; review the system policies, procedures and protocols, and interagency relationships; staff improvement suggestions; provide advice regarding any other critical project concerns; continue to make recommendations for change; and report quarterly to the Consortium. The results of this past year of working together: Programs are moving toward a greater integration, partners conduct activities/services based on data, there is a full awareness of activities, there is greater activity coordination or collaboration between programs and opportunities exist now for partners to work

together more effectively on common activities. Team membership includes the Project Coordinator, School Coordinator, and collaborative agencies with signed memorandum of agreements. The project has recruited volunteers including Physicians and consumers to assist with activities and participate in Leadership Team and Consortium meetings.

H. Community wide media campaign: To successfully prevent obesity, asthma and diabetes and promote healthy lifestyle changes that include increased physical activity, better nutrition and smoking prevention and cessation, a comprehensive five-year community-wide media/marketing campaign has been launched. The Marketing Coordinator is working closely with the leadership team and consortium to plan and conduct the area-wide, comprehensive major campaign to promote key messages related to all STEPS behaviors and conditions. This highly visible campaign includes marketing intense health messages via multiple media, including television, radio, billboards, movie theaters, web sites and mailings and will sustain over the five years of the grant. In year one, the Marketing Coordinator developed the campaign theme to focus on **two targeted groups: prevention and those with existing conditions**. Paid advertising promotions with rotating themes address all six target areas under the overall theme "**STEPS to a HealthierPinellas.**" For continuity, the "STEPS to a HealthierPinellas" tag with a logo and centralized phone number appears on every media piece. The Marketing Coordinator has developed a comprehensive major marketing campaign plan and **five-year timeline**. An essential element of a successful social marketing plan is for the community, especially local media, to enter into a partnership with STEPS. These partnerships would be multilayered, multifaceted and primarily beneficial to the target audiences and the Pinellas community at large. While there were limited resources for the procurement of paid advertisements during year one, the formation of mutually beneficial partnerships with leading media outlets was paramount to the projects ultimate success. The results have far exceeded anyone's expectations. Tampa Bay area media

have rallied around these community-minded health issues. Without exception, all major media outlets have eagerly taken ownership of the project and their offers of assistance and support have been overwhelming. A rotating schedule of concentration on the six sub themes was immediately implemented and the tag line of "Take One STEP Toward a Healthier Lifestyle" was adopted. It was the goal of the advertising campaign to establish bold, intense health messages that would capture the attention of the reader, viewer and/or listener. This is best accomplished with the adoption of powerful art elements and short, clear messages that will spark a call to action. The goal the first year was twofold: product branding and conveying the message that a healthier lifestyle could be achieved "One STEP at a Time." The advertising messages consist of first alerting the public to "There is an epidemic sweeping Pinellas County — The problem? Obesity!" After this initial message was systematically and repeatedly released to the public via radio, television and internet paid advertisements, PSAs, and subject-focused demonstrates the call to action —"TAKE ONE STEP — toward a healthier lifestyle."

Commercials were written and produced at various media outlets on all six sub themes including **Theme:** "Take One STEP Toward a Healthier Lifestyle"; **Obesity** "There is an epidemic sweeping Pinellas County — The problem? Obesity!"; **Nutrition** 5-a-Day messages; **Physical Activity** "Get ACTIVE-ated" "Are you seeing too much of your children?" (Weight - not time); **Diabetes:** 200,000 people die each year from diabetes – don't be number 200,001; **Asthma:** "What takes your breath away?"; **Smoking** "Every eight seconds – someone dies from cigarette smoke".

The rotation of sub-topics began in February and is progressing as detailed in the Marketing/Media Plan, 5-Year Timeline, Marketing Calendar and Community Action Plan. It allows for planning, production and airing of each sub-theme twice annually. Special scheduling has been implemented at various times to address special marketing needs, such as, Great

American Smoke-Out, Health Fairs, and other special events occurring out of their scheduled months of focus. Each partnership with local media outlets is unique and each fills a very specific niche in the comprehensive media plan. Management of each of these media outlets, at the corporate level, have brought unparalleled commitments and unduplicated offers to the table.

Ten focus groups were conducted in the Year One of the grant; one with at-risk middle school students, a second with high school students and two with adults. The groups were racially and ethnically representative of the grant's intervention area. Each group was shown various advertising concepts, web site elements, brochures, newsletters and logos. Their input was influential in establishing the initial marketing concept and key messages, the effectiveness of campaign ideas and the development of various marketing components and events. Input on incentives/disincentives, was also gathered.

STEPS have provided four STEPS-related interviewees for the Pinellas County Health Department's Bright House Cable TV Show "Together We Can." These included introducing the program to the local public, providing experts to be interviewed discussing the various individual topics, and an overview of the marketing and promotional aspects of the grant. Staff has also appeared on the local government's programs as well as locally broadcast major media news-based programming.

STEPS staff have increased the circulation and distribution site for the monthly issues of the Parent Health Bulletin. Focusing on the monthly topics (as set forth in the Marketing Plan, Timeline and Production Calendar), the newsletter has widened its target audience from being solely for the parents of pre-school students, to being inclusive of parents of all school-age children. The newsletter has adopted a "new look" and continues to provide practical and vital information to parents of children within the intervention area.

Agreements have been reached with both the Weekly Challenger and the St. Petersburg Times for the printing of regular columns in both publications. STEPS will also have articles in the *PeaceSonian*, a weekly newspaper whose target audience is the African American population.

STEPS staff have significantly expanded www.PinellasWellness.com per Year One goals. The STEPS pages now include easy reading educational information on all STEPS topics and sub themes; links to existing health resources - both local and national; and notifications of health events, classes and programs on its monthly calendar. PinellasWellness has also grown to include recipes, exercise/physical activity options, Five-a-Day promotions and nutrition information, and much more. In addition to PinellasWellness.com becoming a Resource Center, it must be noted that WTSP, TV10 is establishing a web-based resource STEPS-related Resource Center.

In addition to SWAT members preparing and performing plays, a class of theater majors at a high school within STEPS intervention area have been writing plays regarding nutrition, obesity and increased physical activity. The SWAT students have also produced two commercials, with the assistance of WTSP-TV Channel 10, which will be used by the Marketing office to be shown on major media. The students did an exceptional job in writing, producing and starring in the :15 and :30 spots.

Radio Disney has already proved to be an extraordinary partner and an exceptional draw for children and parents alike. Radio Disney offers a family friendly listening environment that appeals to adults and children. It is a well-known fact in marketing that children have tremendous influence on a family's entertainment and activity decisions. It is also an accepted fact that if you win over the kids — you win over the parents. In addition to paid advertising,

Radio Disney has offered STEPS to a HealthierPinellas access to 35,000 school-aged children within the target area schools, by inviting STEPS to accompany them from school to school with their Character Traits Challenge: In-School Program. The programs are presented assembly style, are structured to assist educators with the building of "character" in youth, and are the result of an existing partnership between Pinellas County Schools and Disney. This outreach affords STEPS to a HealthierPinellas the opportunity to get the STEPS message(s) into the hands of children and their parents each time Disney visits a school within the intervention area.

STEPS most productive and far-reaching partnership has been developed with Clear Channel Radio. Eight of the most listened to radio stations in the Bay area belong to this broadcasting group. Clear Channel offers a wide array of broadcast formats that draw unique audiences throughout the target areas. From News/Talk to Rock, to Hip Hop to Sports, Clear has stations to target all areas of the population. ClearChannel's corporate and station management has taken a strong and aggressive stand for STEPS to a HealthierPinellas by producing a large number of commercials (in excess of 30 different tapings) and PSAs – at no production cost to the program. It was immediately evident that Clear Stations were most effective in reaching "the masses" with the messages. As a trial marketing venture, STEPS placed an additional 120 messages per month on the Traffic Report segments heard on all eight stations. The response has been extraordinary. The largest response from the community has come from hearing these segments. Clear promises to be an outstanding partner with a uniquely strong determination to further the goals of STEPS in any way it can, from on-air interviews, remote feeds, PSAs, sponsorships, incentives, and much more. Clear Channel has also been responsive to special marketing needs by immediately airing announcements and messages regarding events, classes and events at a moments notice.

STEPS entered into a small paid advertising contract with Bright House Cable. In addition to the paid spots, Bright House agreed to produce topic-specific advertisements and make them available to other media (to save in production costs). Bright House promised to help create awareness of STEPS focal issues through promotions and partnerships, and assist in "building a healthy and informed community." Their advertising schedule targets the Pinellas County area only, creating less ad dollar waste. There are approximately 325,000 Bright House subscribers in Pinellas alone. The network offered a schedule that can be altered as needed to target each demographic as it changes throughout the life of the campaign. Also offered is their local cable news station's, Bay News 9, support through community calendar listings and other venues. As the year progresses, Bright House commits to altering its partnership opportunities as will be determined through periodic reexamining of effectiveness and measurable results. Bright House is also committed to building a better community, therefore, together, develop other ideas of how to promote the STEPS program and will implement those. Bright House continues to be a key outlet for STEPS messages. Bright House promises to be a vital partner in the future.

With the addition of **Hillsborough County** as a STEPS grant recipient beginning in Year Two, discussions are already underway to establish joint marketing goals and complimentary media buys. This will afford Pinellas County the opportunity to reach its target populations via media outlets that could not be utilized with current funding.

PinCHD Healthy Behaviors team initiated Pinellas Healthy Kids' Heroes for restaurants agreeing to add healthy items to children's menus. Participating restaurants are shown on the Pinellas Wellness Web Site and receive stickers to display on windows, doors, and menus. This program has received strong public support and has been featured in national and local news media. Expansion of the Healthy Kid's Restaurant campaign has been expanded throughout the

target areas. Bright House produced a :30 spot featuring video of a minority family visiting a Healthy Kid's Restaurant and ordering and eating a healthy and balanced meal. In addition to the commercials, one-half-hour talk radio shows have included information on the Healthy Kid's restaurants and multiple PSAs have been widely broadcast. The adult portion of this project has been established and media campaign is planned for Year 2-5.

Expansion of PinellasWellness.com has been achieved and is being advertised on WTSP-Channel 10 and Clear Channel's eight (8) radio stations. The increase in "hits" has been remarkable. Hits generated from Clear Channel alone (as reported through trackable software at Clear) show in excess of 19,000 hits linking to the PinellasWellness website in Year One. The major media campaign has included information and ads promoting Healthy Choices and Five-a-Day. All were promoted, not only in paid advertising and PSAs, but also in one-half-hour news/talk formats on Clear Channel's eight (8) radio stations, Radio Disney, WTSP - Channel 10 and Fox 13's Cathy Fountain Show.

Phase I of an extensive Stairwells For Health Project to improve PinCHD stairwell has been completed. Staff and community volunteers painted murals containing healthy messages and logos of various PinCHD programs and services.

In addition to, and to augment the media campaign, there were a series of posters developed and distributed throughout the intervention area. Posters are currently displayed in all locations where STEPS-related classes and workshops are presented, all the YMCAs, partnering hospitals and medical facilities, many government buildings, schools, all Pinellas County Extension class sites, and many other locations.

All of the STEP partners are participating in the Media Campaign and distribute the Parent Health Bulletin to all their participants. Partners submit a calendar of activities and classes to the STEPS Community Liaison on a monthly basis to develop a monthly STEPS calendar.

I. Community Action Plan/Intervention Strategies

The Community Action Plan is divided into two sections, Community and School-based Interventions. The Plan focuses on populations identified as experiencing disproportionate burden of chronic diseases or conditions and breaks down activities into 6 areas: Nutrition (**N**), Obesity (**O**), Diabetes (**D**), Physical Activity (**P**), Tobacco (**T**), and Asthma (**A**). Other abbreviations include: Long Term Outcomes (**LTO**), Short Term Outcomes (**STO**), Evidence Based (**EB**), Elementary (**ES**), Middle (**MS**), and High (**HS**) schools and Intervention Area (**Area**). Details of evidence-based research are in **Attachment 1**.

Each strategy builds on the assets, attributes, and barriers of the area. **LTO** have been selected from the HP 2010 Objectives for STEPS. While the activities have been organized into areas of behaviors and conditions, the delivery of services are integrated at the community level to avoid duplication of services and confusion of consumers. A STEPS brand name is being used to avoid “turf” issues and competition between agencies.

Section 1: Community Interventions

Common Strategies to all areas:

Area: (All) infrastructure:

PinCHD Steps Team: PinCHD hired the project coordinator and a secretary by 11/03. A part time (.20FTE) accountant/contract manager was assigned to the project. PinCHD hired an evaluator by 12/03.

Area: (All) Community wide media campaign:

LTO (HP 19-5,6; HP 22-1,2,6,7; HP 27-1a, 2b, 3, 4a, 9): To successfully prevent obesity, asthma and diabetes and promote healthy lifestyle changes that include increased physical activity, better nutrition and smoking prevention and cessation, a comprehensive five year community-wide media/marketing campaign will be launched.

All-1: PinCHD to hire a marketing coordinator by 11/03/03. The marketing coordinator will work with the leadership team and consortium to plan and conduct the area wide comprehensive major campaign to promote key health messages related to all STEPS behaviors and conditions. This highly visible campaign will include marketing intense health messages via multiple media, including television, radio, billboards, movie theaters, web sites and mailings and will sustain over the five years. **STO:** Successful 5 yr major media campaign.

S.M.A.R.T. Objective: Increase by 5% in 2005 over year one baseline of 21,000 responses in 2004. (Marketing Reports)

Marketing Coordinator was hired on November 3, 2003 and began work on developing a comprehensive major marketing campaign and five-year timeline. An essential element of a successful social marketing plan was for the community, especially local media, to enter into a partnership with STEPS. These partnerships are multilayered, multifaceted and primarily

beneficial to the target audiences and the Pinellas community at large. Bay area media have rallied around this much-needed and community-minded health issue. Without exception, all major media outlets have eagerly taken ownership of the project and their offers of assistance and support have been overwhelming.

All-2: Conduct 10 focus groups in Yr.1 with children and adults inclusive of minorities and low literacy populations to ascertain what kinds of messages/activities/ programs would appeal to them and encourage them to adopt healthy behaviors. **STO:** Input given will be used to develop the campaign key messages, incentives/disincentives and a logo.

S.M.A.R.T. Objective: Increase youth focus groups from year one baseline 2(2004) to 6 by 2005. Increase adult focus groups from year one baseline 8(2004) to 10 by 2005.(Marketing Reports)

Ten focus groups were conducted in the Year One of the grant; one with at-risk middle school students, a second with high school students and two with adults. The groups were racially and ethnically representative of the grant's intervention area. Each group was shown various advertising concepts, web site elements, brochures, newsletters and logos. Their input was influential in establishing the initial marketing concept and key messages, the effectiveness of campaign ideas and the development of various marketing components and events. Input on incentives/disincentives, was also gathered.

Focus Groups Included:

- Middle School OASIS Class
- Marketing Specialists
- Consortium Members
- Community Members
- Health Department Personnel
- Elementary - High School Age Children

- Quality Management and Communications Personnel
- Social Marketing and Public Relations Professionals
- Community Leaders
- College Students

All-3: Develop timeline for 5 Yr. Plan with types of messages and media outlets to be used.

A rotating schedule of concentration on the six sub themes has been implemented and the tag line of "Take One STEP Toward a Healthier Lifestyle" was adopted. It was the goal of the advertising campaign to establish bold, intense health messages that would capture the attention of the reader, viewer and/or listener. This is best accomplished with the adoption of powerful art elements and short, clear messages that would spark a call to action.

The rotation of sub-topics began in February 2004 and is progressing as detailed in the Marketing/Media Plan, 5-Year Timeline, Marketing Calendar and Community Action Plan. It allows for planning, production and airing of each sub-theme twice annually. Special scheduling has been implemented at various times to address special marketing needs, such as, Great American Smoke-Out, Health Fairs, and other special events occurring out of their scheduled months of focus.

Each partnership with local media outlets is unique and each fills a very specific niche in the comprehensive media plan. Management of each of these media outlets, at the corporate level, have brought unparalleled commitments and unduplicated offers to the table.

All-4: Develop incentives/disincentives: Development and promotion a healthy kids *Passport Pinellas* to be distributed to children in schools and throughout the community. Participating restaurants and parks will be listed. When kids go to participating restaurants or

Parks and order a healthy meal, or exercise, the restaurant/Park will stamp the passport. After a required number of stamps, the passport can be redeemed for an attractive reward/incentive.

S.M.A.R.T. Objective: Develop passport program during year 2005.(Marketing Reports)

Barriers Encountered: The original plan was to give incentives to children when the passports were filled. On learning that incentives could not be purchased with grant funds the project was put on hold until incentives could be obtained through other agencies or corporate sponsors/partners.

Barriers Addressed:

STEPS will coordinate this objective with the Hillsborough County STEPS projects. Hillsborough County has many recreational/theme parks that could be used as incentives in the passport program including Busch Gardens, the Lowery Park Zoo, the Tampa Aquarium, the Museum of Science and Industry and others.

All-5: Develop campaign theme in Yr. 1 to focus on two targeted groups: prevention and those with existing conditions. Paid advertising promotions with rotating sub themes will address all 6-target areas under the overall theme “Steps to a Healthier Pinellas.” For continuity, the “Steps to a Healthier Pinellas” tag with a logo and centralized phone number will appear on every media piece.

S.M.A.R.T. Objective: Increase media materials by 5% over 95,350(2004) in 2005. (Marketing Reports)

A rotating schedule of concentration on the six sub themes was immediately implemented and the tag line of "Take One STEP Toward a Healthier Lifestyle" was adopted. It was the goal of the advertising campaign to establish bold, intense health messages that would capture the

attention of the reader, viewer and/or listener. This would be best accomplished with the adoption of powerful art elements and short, clear messages that would spark a call to action.

The Year One goal was twofold: Product branding and conveying the message that a healthier lifestyle could be achieved "One STEP at a Time." The advertising messages consist of first alerting the public to "There is an epidemic sweeping Pinellas County — The problem? Obesity!" After this initial message was systematically and repeatedly released to the public via radio, television and Internet paid advertisements, PSAs, and subject-focused shows STEPS followed with the call to action —"TAKE ONE STEP — toward a healthier lifestyle." Commercials were written and produced at various media outlets on all six sub themes.

Theme: "Take One STEP Toward a Healthier Lifestyle"

Obesity

"There is an epidemic sweeping Pinellas County — The problem? Obesity!"

Nutrition

5-a-Day messages (*See attachment: "You can't forget these 5..."*)

Physical Activity

"Get ACTIVE-ated"

"Are you seeing too much of your children?" (Weight - not time)

Diabetes:

200,000 people die each year from diabetes – don't be number 200,001

Asthma

"What takes your breath away?"

Smoking

"Every eight seconds – someone dies from cigarette smoke"

Additional Marketing Initiatives:

In addition to, and to augment the media campaign, there were a series of posters developed and distributed throughout the intervention area. Posters are currently displayed in all locations where STEPS-related classes and workshops are presented, all the YMCAs, partnering hospitals and medical facilities, many government buildings, schools, all Pinellas County Extension class sites, and many other locations.

Posters developed in Phase I and II of Year I

- Think of him as your personal trainer (physical activity)
- Instead of a bite of this one ... try a bite of this one! (nutrition)
- Is it time to trade this fork ... for this fork? (physical activity)
- Save big money at the pump! WALK (physical activity)
- Get a Grip (nutrition)
- Nature's Way (nutrition)
- Take a walk with a friend (physical activity)
- It's crystal clear! (general)
- Each Year 200,000 people die from Diabetes ... Don't be 200,001
- It's Not Too Late
- Step Into a Healthier Future

The following items have been designed in Year One:

- Local STEPS Logo:
- Additional Logo Designs:
 - Design work on Partnership for a Healthier Pinellas logo
 - Redesign of Strong Heart logo for use on STEPS material
 - Design of "Cooking with Marla" logo
 - Design of STEPS 5-a-Day logo
 - Design work on Healthy Hero logo elements
 - Design of Kids Club website logo
 - Design of Healthy Choices Restaurant logo
 - Design of STEPS BMI logo

Masthead Design:

- Consortium Newsletter – a quarterly publication
- Consortium Web Site
- "Parent Health Bulletin" monthly newsletter

Art Elements

- All Design elements of STEPS Website
- Designed Pinellas Healthy Kid's Club art elements for Web Page

General Design Projects:

- STEPS letterhead
- Designed "10 STEPS to a Healthier You" handout
- Designed several fact sheets and flyers – including:
 - Stairwell Project (various flyers for all phases)
 - Prompts/Points of Decision
 - BMI Display
 - Physical Activity / Exercise (multiple)
 - Partnership for a Healthier Pinellas
 - Brown Bag Lunch/Training
 - From Drab to Flab (Stairwells for Health)
 - Focus Group Flyers
 - Johnnie Ruth Clarke Classes
 - STEPS Display
 - Smoking Cessation
 - Diabetes
 - National Public Health Week
 - and others

Other Design Elements:

- Designed coloring pages and art elements for children's web page and distribution in participating "Healthy Hero" restaurants
- Order / Inventory Forms
- Various Form Design
- Designed Activity Pyramid (for Focus Group input)
- Healthy Weight Week posters were developed and distributed
- STEPS 5-a-Day

Brochures:

Wrote and Designed General-Information Brochure

Wrote and designed BMI brochure

Refined design of Healthy Kids Restaurant campaign brochure - adult and children's menus

Wrote and Designed Partnership for a Healthier Pinellas brochure

- Is Your Life Going Up in Smoke?
- Substance Abuse (including tobacco)
- Get ACTIVE-ated
- Taking Care of Yourself
- Living with Diabetes, High Blood Pressure & Asthma
- Nutrition

PRESS RELEASES/ARTICLES:

- General STEPS Introduction Article2
- Diabetes Articles
- Obesity Articles
- Asthma Articles

- Nutrition Articles
- Physical Activity Articles
- Smoking Cessation Articles
- STEPS Classes Press Releases
- STEP-a-THON Press Release/Poster copy
- Are You at Risk?
- Asthma: Don't Let it Take Your Breath Away!

Presentations:

- Presented Marketing Plan at CDC Meeting in Washington DC – 2/17-20/2004
- Designed Power Point and flip chart presentations on progress of marketing campaign

Presentations included:

- Partnership for a Healthier Pinellas Marketing Committee
- National CDC Conference in Washington D.C.
- Focus Groups
- STEPS consortium
- Ad 2 Advertising
- AllState Insurance - Bring Your Child to Work Day
- County and City Officials

Conducted STEP-a-THONS

- Designed posters and signage for Feb. 5, 2004 STEP-a-THON.
- Planning and coordinating STEP-a-THON for February 15 on Pinellas Trail and kick off for STEPS program
- Radio Disney STEP-a-THON – Festival of States

Brown Bag Project

Designed "Brown Bag Lunch" Wellness Trainings on physical activity and nutrition to coincide with Public Health Week

Talk Shows / Interviews:

- Radio Disney (8 shows)
- WQYK - Radio (2 news-talk show)
- WINS - Radio (2 news-talk show)
- WYUU - Radio (2 news-talk show)
- It's Your Turn / Cathy Fountain Show / Fox 13 (3 shows)
- Together We Can (4 shows)
- Channel 8 TV – (2 environmental interviews)

All-6: Existing media outlets are used: PinCHD Bright House cable television show, “*Together We Can,*” the County Government’s Cable TV, *Channel 18 and the city of Pinellas Park’s cable Channel 15* will promote STEPS activities and consumer awareness. Pinellas County’s main resource for information and referral “*2-1-1 Tampa Bay*” has agreed to list the

STEPS activities, resources, sites and services on its website so that citizens can easily access them. The distribution of the “*Parent Health Bulletin*,” a colorful and easy to read nutritional flyer for parents of pre-school age children will be expanded from child care centers to county recreation centers and doctor’s office waiting rooms. Two newspaper columns, one in the minority based *Weekly Challenger* and one in the *St. Petersburg Times* will regularly promote health messages regarding prevention and developing good health habits.

S.M.A.R.T. Objective: Increase media outlets by 4 in 2005 over year one (2004) baseline of 28. (Marketing reports)

STEPS have provided four STEPS-related interviewees for the Pinellas County Health Department's Bright House Cable TV Show "Together We Can." These included introducing the program to the local public, providing experts to be interviewed discussing the various individual topics, and an overview of the marketing and promotional aspects of the grant. Staff has also appeared on the local government's programs as well as locally broadcast major media news-based programming.

2-1-1 Tampa Bay has recently become an active partner and is providing referral services to their clients.

STEPS has increased the circulation and distribution sites for the monthly issues of the Parent Health Bulletins. Focusing on the monthly topics (as set forth in the Marketing Plan, Timeline and Production Calendar), the newsletter has widened its target audience from being solely for the parents of pre-school students, to being inclusive of parents of all school-age children. Its popularity has increased and the demand for additional copies has grown far beyond Year One goals. Over 40 new locations have been established and in one month alone print 10,000 copies of the Asthma Issue were printed for distribution (increased from the pre-grant

printing of 1,200). On average, STEPS prints and distributes between 2,000 to 3,000 copies – however, this number will increase due to the growing demand. In the past month, this office has received requests for an additional 2,000 copies for increased distributed through local YMCAs and the Pinellas County Cooperative Extension alone.

The newsletter has adopted a "new look" and continues to provide practical and vital information to parents of children within the intervention area.

There is an emerging partnership with the *PeaceSonian*, a weekly newspaper whose target audience is the African American population. In Year Two, there will be advertising agreements with these and other local publications and will continue negotiations for regularly appearing health stories and STEPS-related columns

Barriers Encountered:

Agreements have been reached with both the Weekly Challenger and the St. Petersburg Times for the printing of regular columns in both publications. While several columns and news articles have been submitted to both, few have appeared in print.

Barriers Addressed:

To increase awareness STEPS paid advertisements have now been placed in the Weekly Challenger highlighting free classes, asthma case management, and indoor air quality inspections. The plan is to follow up the ads with articles focusing on the monthly theme in the marketing plan.

All-7 Design and utilization of website: The PinellasWellness website will be expanded to have a STEPS Resource Center including postings of information about existing health resources, various health events, classes and programs. This section will host an array of educational information on the six areas such as easy to read information on the practical

importance of good nutrition and how it impacts quality of life; healthy recipes for families on the go; Five- a- Day promotions, tips for exercising; and information about where people can connect with others who want to engage in group activities such as walking and bicycling. Additionally general education materials will be developed and posted regarding asthma, diabetes and obesity.

S.M.A.R.T. Objective: Increase monthly hits to 2125 in 2005 from year one (2004) baseline of 1000. (Website Data)

STEPS has expanded www.PinellasWellness.com per Year One goals. The STEPS pages now include easy to read educational information on all STEPS topics and sub themes; links to existing health resources - both local and national; and notifications of health events, classes and programs on its monthly calendar. PinellasWellness.com has also grown to include recipes, exercise/physical activity options, Five-a-Day promotions and nutrition information, and much more.

A set of pages designed for children are being produced and will be implemented in the coming months. **Note:** In addition to PinellasWellness.com becoming a Resource Center WTSP, TV10 is establishing a web-based STEPS-related Resource Center

All-8: A theatre group of empowered teens against tobacco will be developed to write and produce plays that will appeal to other youth and shown throughout the community. Similar groups have been instrumental in developing advertisements for not smoking that have been very successful because messages are honest and appealing to teens. Videotapes of these performances will be sent to doctor's offices and community health centers to be shown in waiting rooms.

In addition to SWAT members preparing and performing plays, a class of theater majors at a high school within STEPS intervention area have been writing plays regarding nutrition, obesity and increased physical activity. The SWAT students have also produced two commercials, with the assistance of WTSP-TV Channel 10, which will be used by the Marketing office to be shown on major media. The students did an exceptional job in writing, producing and starring in the :15 and :30 spots.

All-9: Yr. 2–5 strategies: Implement the marketing campaign; begin with continued rotational sub themes using all media available in the area (Tampa Bay market); continue focus groups for feedback and continuous development of media strategies. Web based surveys will be developed to give continuous feedback from those visiting the Pinellas wellness website. Feedback will be used for evaluation of activities, media campaigns and for further development.

Major Media Campaign / Media Relations

Established Media Partnerships/Enter Advertising Agreements and Contracts:

The Marketing Coordinator has effectively established continuing relationships with multiple media outlets in the Tampa market. The media has been responsive to STEPS and several partnerships have been established. The initial rotation began in February 2004 and has continued to run on a rotational schedule throughout the remainder of Year One.

Rotational sub themes are established and media strategies have been and will continue to be developed as partnerships with media outlets are maturing. One media outlet has offered to conduct various, on-going surveys, via web and telephone, to help in tracking effectiveness of STEPS program. A multi-component, community-wide media campaign is well underway and will continue throughout years 2-5.

Following is a recap of some of those relationships and agreements.

WTSP - Channel 10 News — CBS affiliate

The only national network outlet located in Pinellas County (all others located in neighboring Hillsborough County). STEPS entered into a paid advertising contract with Channel 10 during Year One. In addition to paid spots, Channel 10 agreed to more than double exposure with identical PSAs running between 6 a.m. and 1 a.m. Monday through Sunday. This advertising schedule reaches an estimated 10-million households per year. The television component is primarily focused around local news broadcasts and popular local programming when target audience viewership is at its peak. They further agreed to produce national network-level commercials specifically targeting each of the six topics as well as assist in STEPS "branding" efforts by developing general information spots and reinforcing the STEPS logo through repeated exposure via television and Internet.

A multi-tiered web site at WTSP.com/Tampabay10.com has been constructed. Banners on their home page and teasers to STEPS informative site run often on their primary pages which receives in excess of 35,000 hits per week (13.2% of those being Hispanic or African American). The STEPS information on the web is updated monthly and offers web visitors information with links to local and national web sites pertaining to each topic.

Currently, STEPS to HealthierPinellas ads are running an average of 40-45 ads per month on Channel 10. Channel 10 have created, or assisted in creating, several topic-focused ads which display a high degree of production professionalism that would otherwise be above the capabilities of the county health department.

Channel 10 has further developed their own "Health" web pages to coincide with STEPS rotation of sub topics, thus providing addition impetus to the campaign. Channel 10 is in the

process of developing an expanded site and has offered to become a STEPS Resource Center for STEPS-related information. This will provide all of Pinellas County (inclusive of the intervention area) and neighboring counties a "one stop shopping" site for health-related information. This substantially expands STEPS reach and maximizes exposure and has the potential to greatly increase the success of the program. There is also a link to PinellasWellness.com, which is the Pinellas County Health Departments web site and is the STEPS web site host. Channel 10 has also agreed to utilize STEPS experts for interviews and informative spots during their broadcast news and community-based programming whenever possible.

Channel 10 is one of STEPS first partners, and has set the bar very high. In addition to the terms of the agreement, Channel 10 has also volunteered their support of the various activities STEPS has sponsored since the marketing campaign began. For example: when hearing of the "Stairwells for Health Project", donating food to feed the volunteers who came on weekends to paint murals on the walls of the PinCHD main stairwell. Prior to the STEP-a-THONS, the station added PSAs and announcements to their normal schedule in an effort to raise community awareness. Channel 10 assures STEPS it will maintain and is committed to a high-level, highly visible, and high-energy partnership throughout the five-year grant.

Note: With the airing of the first WTSP commercial, between 55 and 60 calls were received at the STEPS centralized phone number. Additional calls have been recorded following each airing of commercials. In addition to calls, much e-mail is received from viewers who have seen one of the STEPS commercials.

Radio Disney - AM 1380

STEPS entered a paid advertising contract with Radio Disney during Year One. Disney has already proved to be an extraordinary partner and an exceptional draw for children and parents alike.

Radio Disney offers a family friendly listening environment that appeals to adults and children and provides a unique opportunity to be associated with the foremost marketer and family-based name in entertainment — The Walt Disney Company. Pinellas County also enjoys, due to its geographic proximity to Disney World, an added draw and enthusiasm among the residents and visitors.

It is a well-known fact in marketing that children have tremendous influence on a family's entertainment and activity decisions. It is also an accepted fact that if you win over the kids — you win over the parents.

Disney is a family radio station 24 hours a day, 7 days a week. Local staff execute on-site activities throughout Pinellas County. AM1380 reaches more than 1.9 million kids 6-11 each week (total listening area which reaches beyond Pinellas County), 1.5 million "tweens" 9-14, and 1.7 million women with children 2-11 each week. (SRI; Fall 2001)

Disney is a sound marketing choice in light of recently published data: 63% of mothers want a station to share with their kids, 59% tune out if the station is inappropriate for their children, and 71% won't listen to a station because of "rude" announcers. A major concern among parents is inappropriate song lyrics and DJ banter. Virtually 100% of parents surveyed trust kids to Radio Disney. (*Mom Study*, Jan. 2001 and *Marketing to Women*, Oct. 2001)

Disney has also added 730 Public Service Announcements to their advertising schedule. This partnership also adds 548 – 60sec. "Food Dude" vignettes (airing three times per day

throughout the calendar year), a one-half hour kids news show every month, and up to a total of four 2-hour Fun Squad events within the calendar year.

Disney also invites STEPS participation at community events sponsored by Radio Disney in Pinellas County. The benefits of this one element of their partnership offer alone makes Disney a one-of-a-kind partner and unique media outlet. Nowhere was that more evident than on April 10, 2004, when STEPS to a HealthierPinellas accompanied Radio Disney to the Festival of States in Vinoy Park in downtown St. Petersburg. This waterfront site, which would have normally required a \$5,000 fee, was one of the free events Disney included in their partnership agreement. The St. Petersburg Festival of States is considered the "South's Largest Civic Celebration," with approximately 150,000 attendees. For weeks prior to the event, Disney advertised STEPS presence, along with Mickey and Minnie Mouse, at the upcoming festival. STEPS sponsored its second STEP-a-THON (fun walk) and a "Healthy Hat" parade. White baseball caps, craft supplies (most donated by Health Department employees) and a wide array of informative literature were gathered in anticipation of the attendees. Within 2.5 hours, 550 Healthy Hats (the total inventory) were created by Pinellas children, all sporting healthy slogans, art and advice.

Disney led the STEP-a-THON/Parade and later distributed posters to all participants and awarded a Disney movie to the winner of the Healthy Hat Contest judged by St. Petersburg Times staff. Festival estimates put attendance for that segment of the festival at 12,000. Discussions are ongoing for additional involvement, including the possibility of getting the Disney-sponsored musical group *Jump Five* (who's primary message is promoting healthy behaviors, proper nutrition and increasing physical activity) to present a STEPS Concert in the coming months.

The STEPS Marketing Office intends to continue and even increase its involvement in Disney-sponsored events at every opportunity. Children flock to Disney and Disney's characters, STEPS intends to take full advantage of this unique partnership to reach the targeted audiences with age-appropriate messages.

Clear Channel Radio:

A most productive and far-reaching partnership has been developed with Clear Channel Radio. Eight of the most listened to radio stations in the Bay area belong to this broadcasting group. Clear Channel offers a wide array of broadcast formats that draw unique audiences throughout the target areas. From News/Talk to Rock, to Hip Hop to Sports, Clear has stations to target all areas of the STEPS population.

Clear's corporate and station management has taken a strong and aggressive stand for STEPS to a Healthier Pinellas by producing a large number of commercials (in excess of 30 different tapings) and PSAs – at no production cost to the program. While STEPS began with modest marketing budget at the beginning of the year, it was immediately evident that Clear Stations were most effective in reaching "the masses" with healthy messages. As a trial marketing venture, STEPS placed an additional 120 messages per month (approximately) on the Traffic Report segments heard on all eight stations. The response has been extraordinary. The largest response from the community has come from hearing these segments.

Since Pinellas County has a great number of commuters, and drive times historically offer peak radio audiences, these ads have proven to be most effective. One school of thought is, since the listener is "tuned in" to the reports, which have a direct impact on their immediate situation, the listener is more apt to be "paying attention" to the messages being aired. A more attentive audience translates into greater impact on the listening audience. Therefore, it has been

noted that almost daily the Marketing Staff is approached or contacted by members of the community (and very often DOH personnel) saying the STEPS message was heard on the drive in or on the previous night's drive home.

Clear promises to be an *outstanding* partner with a uniquely strong determination to further the goals of STEPS in any way it can, from on-air interviews, remote feeds, PSAs, sponsorships, incentives, and much more. Clear have also been responsive to special marketing needs by immediately airing announcements and messages regarding events, classes and events at a moments notice.

Bright House Cable Television

STEPS entered into a small paid advertising contract with Bright House Cable. In addition to the paid spots, Bright House agreed to produce topic-specific advertisements and make them available to other media (to save in production costs). Bright House promised to help create awareness of STEPS focal issues through promotions and partnerships, and assist in "building a healthy and informed community."

Their advertising schedule targets the Pinellas County area only, creating less ad dollar waste. There are approximately 325,000 Bright House subscribers in Pinellas alone. Bright House offers a schedule that can be altered as needed to target each demographic as it changes throughout the life of the campaign. Recent buys have targeted the minorities within the county. Each month, Bright House and the STEPS Marketing Coordinator could review the schedule and change or add programming as necessary to be most effective.

In the partnership Bright House has already delivered their support of STEPS community events; most recently by publicizing STEPS presence at the Festival of States and the Healthy Hats Parade. Their suggested promotional schedule is to help create awareness of STEPS to a

HealthierPinellas within the community and to promote community events with a minimum of 100 commercials per each event.

Bright House have offered the use of costumed characters to help drive traffic to events and an ad schedule on target networks, such as Nickelodeon and Lifetime, to reach kids and parents. Also offered is their local cable news station's, Bay News 9, support through community calendar listings and other venues.

As the year progresses, Bright House commits to altering its partnership opportunities as will be determined through periodic reexamining of effectiveness and measurable results.

"Bright House is also committed to building a better community, therefore, together, we may develop other ideas of how to promote the STEPS program and will implement those."

Bright House continues to be a key outlet for STEPS messages Bright House promises to be a vital partner in the future.

Year Two Projection:

With the addition of Hillsborough County as a STEPS grant recipient beginning in Year Two, discussions are already underway to establish joint marketing goals and complimentary media buys. This will afford Pinellas County the opportunity to reach its target populations via media outlets that could not be utilized with current funding.

Among those outlets are:

Infinity Broadcasting

Infinity Broadcasting was an early partner with STEPS to a HealthierPinellas. This outlet was used to conduct successful ad campaigns early in Year One. Their outreach includes:

- WQYK- Country – 52% male, 48% female, top 5 radio station for past 31 years
- WSJT – Jazz – Exclusive format – 24% Black, 9% Hispanic

- WLLD – 31% Black, 16% Hispanic, 59% Male, 41% Female – Strong in minority listenership
- WYUU – Country/Classic Rock – NASCAR, strong in Pinellas County
- WRBQ – Oldies – exclusive format – reaches the 35-54 demographic
- WQYK-AM – ESPN 1010 – sports – large male listenership

While a strong broadcasting unit, their commitment and ability to reach the targeted segments of Pinellas's population was not as high as Clear Channels. Therefore, STEPS current contractual commitment is to Clear Channel. Nevertheless, with the developing partnership with Hillsborough County, who has selected to utilize Infinity Broadcasting, outreach will be greatly enhanced and complimented by this arrangement.

News Channel 8/ News in Education

Channel 8, WFLA-TV, was a close contender for Pinellas's ad dollars. WFLA offers some unique opportunities including a News in Education publication, which is distributed to schools throughout the intervention area. As part of their partnership, WFLA proposes the printing of several fact cards to print and distribute free of charge.

While Pinellas is currently committing to a partnership with WTSP, Channel 10, it was a difficult choice. Again, Hillsborough has initial plans to collaborate with Channel 8, which will greatly increase the joint outreach and both programs will be greatly enhanced by this cooperative arrangement.

Additional Media Outlets:

Many other media outlets have been contacted and are in various stages of developing partnerships. **WB38 – WTTA – TV.**

WB38 reaches a 10 county area with demographics of:

- 2.2 million people over 18

- 1.6 million people over age of 35
- 1 million over the age of 50

Possible partnership opportunities will continued to be explored throughout Years 2-5

Outdoor Advertising:

No commitment made to date. Possibility of future partnership being considered for Years 2-5. Outdoor Advertising (AO) gives advertisers a continuous, effective advertising presence in the market place with extensive reach and frequency. Because of its ability to target audiences quickly, accurately, and cost effectively, OA is an excellent addition to any media mix.

OA allows advertisers to reach potential customers that other media often miss or do not reach effectively. About 45% of Pinellas County residents drive more than 200 miles per week*, resulting in heavy exposure to OA. The estimated mean commute time is 48.6 minutes* (round trip). On an average weekday, between 6 a.m. and 7 p.m., an average of 7,900 vehicles an hour travel I-275. *

Population growth has resulted in significant increases in vehicle travel on the region's roads and is projected to increase by 35% by the year 2015. * An average of 245,000 vehicles travel across Tampa Bay's bridges each day.

Breakdown of local commuters: Breakdown of local commuter routes:

- 80% Drive to work alone 31% Local streets
- 13% Carpool 7% I-275
- 1% Public transportation 6% Hwy 19
- 6% Other
- 3% Ulmerton Road

(*Census data, Scarborough, MediaMark Research, Traffic Audit Bureau)

Outdoor Advertising Offers:

- Recognition – building trademark value / branding
- One of the most powerful methods of achieving mass impression
- Targetability – localization
- Can provide blanket market coverage or target a specific demographic audience by carefully choosing locations of signage.
- High Reach and Frequency
- Offers a continuous presence; creating rapid consumer top-of-the-mind awareness

Cox Radio – *multi-station (6) media group*. While slow to initially respond to invitations to enter into partnerships with STEPS to a HealthierPinellas, in recent weeks, Cox has made considerable progress and future partnership opportunities are being explored for Years 2-5.

Fox 13 – TV –The local Fox affiliate has shown the least interest among major media outlets in the Tampa Bay market. However, STEPS will explore future partnership opportunities are for Years 2-5.

Gulfport Gabber – (*neighborhood weekly newspaper*) Initial contact achieved, possible outlet for STEPS related news stories and columns. Partnership not established at this time.

Pinellas Life / Families on the Go –Great interest and initial commitment. The magazine ran an article supplied by the Marketing office in a past issue and have a great desire to form a partnership in Years 2-5.

St. Petersburg College Newspaper/Newsletter – Initial contact achieved, partnership pending.

The Crows Nest – University of South Florida St. Petersburg - Initial contact achieved, partnership pending. Charisma – faith-based periodical - Initial contact achieved, no partnership at this time.

Christian Life – (faith-based periodical) - Initial contact achieved, no partnership at this time.

High School Newspapers – Planned initial contact achieved Year Two

Parent Guide – Initial contact achieved with owner/publisher, no partnership at this time.

Tampa Bay Magazine – Planned initial contact achieved Year Two

Weekly Planet – local paper – Planned initial contact achieved Year Two

Business Journal – local paper – Planned initial contact achieved Year Two

New St. Pete News – local paper – Initial contact achieved, no partnership at this time.

Nuevo Siglo – local Hispanic paper – Planned initial contact achieved Year Two

LaGazetta – local Hispanic paper – Planned initial contact achieved Year Two

Accent on Tampa Bay – periodical - Planned initial contact achieved Year Two

Florida Trend – periodical - Planned initial contact achieved Year Two

Maddux Report – periodical - Planned initial contact achieved Year Two

Discussion: Since the announcement of the STEPS award to Hillsborough, a close partnership is being developed between Pinellas and Hillsborough County’s STEPS programs. In order to avoid duplication and enhance the expansion of the two STEPS programs there are plans in effect to create a single logo to unify the two programs under one “brand”. In addition , as previously written, each County will be using separate media outlets for paid ads, PSA’s and other media campaigns.

Area: Nutrition (N)

LTO (HP 19-5): Increase the % of persons aged 2 Yrs and older who consume at least 2 fruits daily from 38.5% (2002) to 50% in area (2008).

S.M.A.R.T. Objectives: Increase the % of persons who consume at least 2 fruits from 38.5% (2002) to 43% in year 2005.(BRFSS)

LTO (HP 19-5): Increase % of HS students who ate at least 2 fruits per day for last 7 days from 15.9% (2001) to 30% in area (2008).

S.M.A.R.T. Objectives: Increase the % of students who eat 2 fruits per day from 15.9%(2001) to 20% in year 2005. (YRBS/IAYRBS)

LTO (HP 19-6): Increase the % of persons aged 2 Yrs and older who consume at least 3 vegetables daily from 33.1% (2002) to 45 % in area (2008). (BRFSS, YRBSS).

S.M.A.R.T. Objectives: Increase the % of persons who consume at least 3 vegetables from 33.1% (2002) to 37% in year 2005.

N-1: Expand *PinCHD* general nutrition services by assigning a part time nutritionist to the project and by contracting with *Pinellas Cooperative Extension Center* to provide outreach community nutrition services by 11/03/03.

PinCHD part time nutritionist added to project 10/01/03. *Pinellas Cooperative Extension Center* contracted on as partner, 10/01/03.

N-2: Conduct 1 hr class to children in after-school programs consisting of 30 minutes of 5 A Day and 30 minutes of physical activity. **STO:** Yr. 1: 11 sites, 550 classes, 8000 children.

Evidence: 5 A Day, CDC, NCI, USDA, and AHA.

S.M.A.R.T. Objectives: Increase number of classes from 449(2004) to 550 in year 2005 (Nutrition Logs); Increase number of students from 6413(2004) to 7000 in year 2005.

27 sites were established, 449 classes were taught, and 6,413 children were taught

Program consists of a 6-week curriculum that includes nutrition, fitness and healthy snack preparation activities it was developed for the after school and summer programs. Hour long lessons focused on exercise, the food guide pyramid, 5-a-day, breakfast, healthy snacks and food labels. All recipes included fruits and/or vegetables. Teaching kits were developed and were used by staff teaching the lessons. Certificates with the STEPS logo were provided to children at the end of the 6-week session.

Barriers Encountered:

Program was unable to meet the goal of 8,000 contacts and 550 classes in nutrition and physical activity. Time to develop curriculum, interview and hire staff at the Cooperative Extension resulted in a late start for the classes. In addition more time was needed to identify and recruit program sites was needed than anticipated. Consequently programs did not begin until April 2004.

Barriers Addressed:

A system is currently in place and programs have begun with the start of the new contract year and anticipate meeting the deliverables for year 2004-05.

Evaluation:

Pre/post tests were administered to a sample of children enrolled in the after school program. A total of 125 children completed both a pre and post test. **72% (90 youth)** completing pre/post tests increased their knowledge about nutrition and the importance of exercise. **88% (110 youth)** completing pre/post test indicated intent to eat better and exercise more as a result of the program.

N-3: Conduct AHA Step 1 and 5 A Day, 1 hour presentations/cooking demonstrations, to youths and adults in cities and neighborhood community centers, and churches. . **STO:** Yr.

1:10sites, 500 classes, 5500 participants,

S.M.A.R.T. Objectives: Increase number of presentations from 205(2004) to 650 in yr 2005

(Nutrition Logs). Increase number of participants from 4071(2004) to 6500 in year 2005.

(Nutrition Logs)

Barriers Encountered:

A month delay in initial startup resulted in the inability to meet the year 1 goal.

Barriers Addressed:

Plans are underway integrate the classes with other partners, which will help achieve the year 2 goals. The number of contacts has greatly increased by coordinating activities at St. Petersburg city events. To help reach the goal in year 2, STEPS will begin to target area businesses to impact employee wellness. Additionally, a new health educator and registered dietitian will be hired to assist in this effort and work more closely with the faith-based community.

Evaluation:

Knowledge pre/post tests were administered to 40 participants enrolled in the program for middle and high school aged youth. The average pretest score in the middle school group was **49.2%** with the average post test score improving slightly to **51%**. In the high school group the average test score went from **68.6%** correct to **73.4%** correct.

In addition, 28 of the 30 participants in that same program series responding to a short evaluation questionnaire indicating a plan to use the information learned through the classes.

Examples include: eating healthy, exercising more often, eating less sugar and fat, and looking at labels when shopping.

Special Event Evaluation The Health For Life Workshop, was a project for 11 to 18 year old girls, focusing on nutrition, fitness, and healthy lifestyle choices for adolescent girls sponsored by the Girl Scouts, and attended by the YMCA, Pinellas County Health Department STEPS and Project Strong Hearts, SWAT, American Cancer Society, and American Heart Association. 24 girls reported plans to improve their eating habits and 21 indicated an intent to improve their level of physical activity. Example of behavior change included decreasing fatty and sugar foods, eating more fruit and vegetables, reading labels, exercising on their own and reducing the number of hours on TV, computer and phone time. Extension provided 2 of the workshops at the event along with other organizations.

N-4: *PinCHD* will contract with *Bayfront Medical Center* to hire 2 part-time dietitians by 11/03. The dietitians will be out posted to 2 *FQHC clinic sites* to provide 5 A Day education to pediatric clients. **STO:** 1000 pediatric clients/Yr. **Evidence:** USDA, 5A day, CDC.

S.M.A.R.T. Objectives: Increase number of pediatric clients reached from 842(2004) to 1000 in year 2005.

Dietitians hired 12/28/03 and posted at 2 FQHC clinic sites. The Health Educator was hired on 4/05/04. The dietitian meets with patients one-on-one, but has only seen 42 clients under the age of fifteen. However, in April 2004, Bayfront distributed 800 5 A Day coloring sheets and crayons to the FQHC and Bayfront Family Health Center staff to distribute to pediatric clients.

Barriers Encountered:

The physicians and staff at the 2 FQHC site are the primary referral sources for the dietitian. The staff is responsible for making and confirming the appointment. The dietitian had 359 nutrition appointments, but only 150 kept their appointments. Of the 150 appointments, 41 were diabetics and 32 were under the age of 15.

Barriers Addressed:

Starting in October 2004 the dietitian is making and confirming her own appointments at the Johnnie Ruth Clarke FQHC site. The dietitian will continue to remind the Pinellas Park FQHC staff to make reminder phone calls 24 hours before the scheduled appointments. The staff is continuing to look for ways to promote the 5 A Day message and distribute 5 A Day education materials.

N-5: Expand *PinCHD* Healthy Kids' Restaurant campaign to label, "Heart Healthy," choices for adults in community and ethnic restaurant menus. Nutritionist will evaluate menus for AHA "Heart Healthy" guidelines. **STO:** 50 restaurants/Yr. **Evidence:** AHA "Heart Healthy"

S.M.A.R.T. Objectives: Increase "Heart Healthy" partners from 85(2004) to 135 in 2005.

(Nutrition Logs)

Recent medical evidence suggests that the Adkins and South Beach diets are heart healthy. Consumer demand has restaurants already responding to the low carbohydrate trend in menus and the diet options are popular. Healthy Kids Restaurant campaign is in the process of being expanded to adult menus. The marketing coordinator has prepared the brochure for area restaurants and the brochure is currently in the approval process. STEPS is continuing to add restaurants onto the list of Healthy Kids' Heroes. At this writing, there are approximately 92

restaurants represented (several listed restaurants have multiple locations). STEPS is encouraging local ethnic restaurants to participate in the adult healthy menu program.

N-6: Promote and expand *PinCHD* Pinellas Wellness website to include BMI information and links to major health sites and nutrition and exercise classes/programs. **STO:** Increase monthly “hits” from 300 to 500/month. Increase “hits” by 125/month annually thereafter to reach 1000/month Yr. 5. **Evidence:** Community Guide; multi-component media. **S.M.A.R.T. Objectives: Increase hits from 1500 (2004) per month to 2125 in 2005.**

Hits are averaging 1500/month. The web address, www.PinellasWellness.com is mentioned at every interview on TV, radio and print medias. The web address is on all pieces of literature from the PinCHD Office of Chronic Disease Prevention. The website contains links to, among others, CDC BMI calculator, NHLBI, FDA, HSS, Healthy People 2010, NIH, Five A Day, and the YMCA. Hits are averaging 1500 per month.

N-7: Promote and expand *PinCHD* “Parent Health Bulletin” featuring healthy eating tips for parents. **STO:** Increase distribution from 20 sites/quarter to 40 sites/month. Increase by 15sites/month/Yr. thereafter (100 sites/month Yr. 5). **Evidence:** See N-6.

S.M.A.R.T. Objectives: Increase promotion of Parent Health Bulletin from 60(2004) sites to 75 in 2005. (Coordinator Logs)

The distribution of the “*Parent Health Bulletin*,” a colorful, culturally sensitive and easy to read nutritional flyer for parents of pre-school age children has been expanded from child care centers to county recreation centers, doctor’s office waiting rooms, and other sites. Distribution has increased to 60 sites per month and is also in a downloadable PDF format on the STEPS website. The Parent Health Bulletin has been very well received in the community and STEPS has been receiving many calls for reprints. Each issue follows the theme of the STEPS marketing

calendar.

N-8: Conduct 5 A Day and healthy choices promotion as part of major media campaigns described earlier.

S.M.A.R.T. Objectives: Increase number of 5A Day messages by 5% over 10(2004) in 2005.

The media campaign included a nutrition/obesity awareness commercial promoting healthy eating in restaurants, two ½ hour television interviews on the local FOX affiliate on obesity issues, 9 radio interviews on a variety of nutritional topics representing a several musical genres. The nutritionist has also participated in interviews on the local cable access channels to promote STEPS in intervention areas.

STEPS advertising messages consist of first alerting the public to "There is an epidemic sweeping Pinellas County — The problem? Obesity!" After this initial message was systematically and repeatedly released to the public via radio, television and Internet, paid advertisements, PSAs, and subject-focused shows marketing followed with the call to action — "TAKE ONE STEP — toward a healthier lifestyle."

STEPS have provided four STEPS-related interviews for the Pinellas County Health Department's Bright House Cable TV Show "Together We Can." These included introducing the program to the local public, providing experts to be interviewed discussing the various individual topics, and an overview of the marketing and promotional aspects of the grant. Staff has also appeared on the local government's programs as well as locally broadcast major media news-based programming.

2-1-1 Tampa Bay Cares information and referral line has recently become an active partner and is providing referral services to their clients.

In addition to, and to augment the media campaign, there were a series of posters developed and distributed throughout the intervention area. The posters are currently displayed in all locations

where STEPS-related classes and workshops are presented, all the YMCAs, partnering hospitals and medical facilities, many government buildings, schools, all Pinellas County Extension class sites, and many other locations.

Rotation of topics began in February 2004.

<u>February</u>	<u>Obesity</u>
March	Nutrition
April	Physical Activity
May	Diabetes
June	Asthma
July	Tobacco

Area: Physical Activity (P)

LTO (HP 22-1): Decrease the % of adults who engage in no leisure time physical activity from 21.2 % (2002) to 15% in area (2008).

S.M.A.R.T. Objectives: Decrease % of adults who engage in no leisure time physical activity from 27% (2004) to 24 % in 2005. (IABRFSS)

LTO (HP 22-2): Increase the % of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day from 46% (2002) to 55 % in area (2008). ***S.M.A.R.T. Objectives: Increase % of adults who engage regularly in moderate physical activity from 46% (2002) to 48% in 2005. (BRFSS)***

LTO (HP 22-6): Increase the % of HS students who engage in moderate physical activity for at least 30 minutes on 5 of 7 days from 22.7% (2001) to 30% in area (2008).

S.M.A.R.T. Objectives: Increase % of HS students engaging in moderate physical activity from 22.7% (2001) to 24% in2005.(YRBS/IAYRBS)

LTO (HP 22-7): Increase the % of HS students who engage in physical activity that promotes cardiovascular fitness for 20 min on 3 or more days from 54.3% (2001) to 65% in area (2008).

S.M.A.R.T. Objectives: Increase % of HS students who engage in activity that promotes cardiovascular fitness from 54.3% (2001) to 58% in 2005.(YRBS/IAYRBS)

LTO (HP 19-2): Decrease the % of adults who are obese from 20.6% (2002) to 18.5% in area (2008). (BRFSS, YRBSS). ***S.M.A.R.T. Objectives: Decrease % of adults who are obese from 21.5 % (2004IA) to 20.5% in 2005. (IABRFSS)***

LTO (HP 19-3): Decrease the % of overweight students from Yr. 1 area BMI baseline by 15%(2008).

S.M.A.R.T. Objectives: Decrease % of overweight students from 38% (2004IA) to 33% in 2005.(IA Fitness Gram)

P-1: PinCHD contracted with YMCA for outreach community exercise classes, MOA was signed in November to provide 630 physical activity classes to 6,930 youth and adults.

P-2: Pinellas Cooperative Extension Center will provide the physical activity portion of the combined nutrition/PE education in the after-school programs. **STO:** Yr. 1: 11 sites, 550 classes, 8000 children. Cooperative Extension providing physical activity portion of after school programs

S.M.A.R.T. Objectives: Increase physical activity portion of after school programs from 449(2004) classes to 550 classes in 2005. Increase the number of participants from 6413(2004) to 8000 in2005.

27 sites were established, 449 classes were taught, and 6,413 children were taught. Hour long programs were offered in the community to a variety of groups. Topics included Heart

Healthy Eating, Modifying Recipes for Better Health, Healthy Snacks -The 5-A-Day Way, The Food Guide Pyramid, The Food Label, Achieving A Healthy Weight and Popular Diets.

Teaching techniques included lecture demonstrations, interactive quizzes, group discussions and food preparation activities.

In-depth programs (series of 6 lessons) were offered to middle school and high school age youth enrolled through the P.A.C.E. (Practical Academic Cultural Education) Program.

Topics included: Food Guide Pyramid, Food Label, Calcium and Dairy, Fruits and Vegetables, Calories, Fat and Weight and Healthy Choices When Eating Out.

Barriers Encountered:

The Program did not meet the goal of 8,000 contacts and 550 classes in nutrition and physical activity. The time to develop curriculum, interview and hire staff, identify and recruit program sites took longer than anticipated. Consequently classes did not begin until April 2004.

Barriers Addressed:

A system is currently in place and programs have begun with the start of the new contract year and anticipate meeting the deliverables for year 2004-05.

Evaluation:

Pre/post tests were administered to a sample of children enrolled in the after school program. A total of 125 children completed both a pre and posttest. **72% (90 youth)** completing pre/post tests increased their knowledge about nutrition and the importance of exercise. **88% (110 youth)** completing pre/post test indicated intent to eat better and exercise more as a result of the program.

P-3: *YMCA* to conduct weekly physical activity/fitness one hour sessions to youths and adults in a) 12 neighborhood community centers, city recreation centers, and churches focusing

on under-served areas, and in b) 2 *FQHC clinic sites*. **STO:** Yr. 1: 10 sites, 630 classes, 6,931 attendees.

S.M.A.R.T. Objectives: Increase the number of physical activity/fitness classes from 488(2004) in 2005. Increase the number of participants from 4797(2004) 6900 in 2005.(YMCA Records)

The YMCA provided 488 one-hour classes for 4,797 attendees. The YMCA Group Exercise Program associated with the STEPS to a Healthier Pinellas Program has successfully secured and implemented group exercise programming at more than a dozen community sites including churches, schools, recreation and community centers, as well as one FQHC, Johnny Ruth Clarke. The majority of the program sites are located within the identified target area of Southern Pinellas County, with a focus on high-risk populations.

The YMCA of Greater St. Petersburg has partnered with churches, public schools, recreation centers, public health centers and individual adult community centers. Potential participants were interviewed/surveyed at each site location regarding the type of group exercise program and the time of day that would be most desired in an effort to ensure greater participation. The YMCA has also participated in numerous health fairs, providing 20-30 minute introductory classes, and highlighting the importance of being physically active.

One finding was that the names of the class needed to be simple and basic. When the Yoga classes were not well attended within the African American community and adult communities, the name of the class was changed to “Stretch and Relax” and enrollment increased.

By making classes accessible and convenient to people in the workforce, there has been greater success engaging participants in physical activity and a longer duration of participation. The City of St. Petersburg has opened its municipal building during two lunch shifts and at 5:00

p.m. to encourage their employees to get active. These classes are not limited to only city employees, anyone can participate at that location.

The programs offered at local schools have higher participation rates in that it promotes workplace wellness by offering classes at the end of the school day. This schedule is convenient for teachers and school staff to participate as well as parents who pick up their children after school. Each school site has child care available eliminating one barrier for participation.

Barriers Encountered:

The YMCA provided 488 one-hour classes for 4,797 attendees, missing the target goal of 630 classes for 6,931 attendees. The Program fell short of its goals because it took until March to secure nine program locations. In addition it took a longer time than expected to promote the program and classes.

Barriers Addressed:

Now that the program has momentum, with eleven sites and more than 600 participants attending monthly STEPS is confident that the target numbers for year two of programming will be met.

Evaluation Methods:

The current evaluation consists of counting the number of classes and participants. The YMCA did create a brief survey for participants to fill out for the purpose of quality assurance. The survey consisted of five questions:

1. What classes did you attend through the STEPS Program?
2. Did you feel the instructor was knowledgeable and informative about the subject?
3. What do you feel you have received from this class?
4. How have the classes impacted your life?

5. Do you feel the core values of the YMCA were exhibited throughout the sessions (caring, honesty, respect and responsibility)?

For year two the YMCA will test a new program at several schools. The Director of Physical Education will partner with the YMCA to track measurable outcomes including weight, height and BMI among participating elementary school students.

P-4: *PinCHD* to contract with *Dundu Dole dancers* to provide cultural dancing classes for minorities. Expand cultural dance classes (1 two hour class/week) from 2 to 3 sites consisting of dancing, physical fitness, and nutrition for children and adults. **STO:** Yr. 1: 50 classes, 50-75 participants/class.

S.M.A.R.T. Objectives: Maintain 50 classes and at least 100 participants per class in year 2.

(Dance Class Logs)

Thirty-one classes were held by the Dundu Dole Dancers and Community youth. Total participation: 1257 youth from zip codes 33701, 33705, 33707, 33711, and 33712.

In addition classes were offered at least once each month to broaden the awareness of youth and their families about healthy eating and healthy behaviors on the following subjects: 5 A Day/Is it Fruit?, Food Pyramid, What is a Serving?, Fitness and You.

Barriers Encountered:

Classes did not start until January 2004, which limited the number of classes and participants in year 1. In an attempt to add an additional site it was found that the turnout was low and the vast majority of youth and their parents preferred traveling to the local Enoch Davis Community Center site.

Barriers Addressed:

Classes began as scheduled in year 2. The Enoch Davis site will become the primary site to conduct classes in order to insure maximum participation from the community. More integration with STEPS Consortium, Leadership and Marketing teams will assist in recruitment of youth and family members.

P-5: Partner with *county* and *city recreation departments* to expand existing fitness activities at low or no cost to under-serviced areas in providing free swimming passes and other scholarships for children and adults. **STO:** # of scholarships provided.

S.M.A.R.T. Objectives: Increase scholarships from 114 (2004) to 200 in 2005. (Coordinator Records)

Partnering with the St. Petersburg Recreation Department 114 scholarships have been given to youth in the intervention area. Activities included karate, tennis, cheerleading, and basketball. During the summer months 60 Swimming scholarships were provided for children's beginner and intermediate classes within the age ranges of 6-14 years old.

P-6: a) Promote stairwell point of decision prompts in *county, city, and partner agencies* buildings encouraging use of stairs. b) Improve stairwells environment to aesthetically pleasing. **STO:** 15 buildings. Add 25 buildings/Yr. **Evidence:** CG, RPC (AJPH 91 (12) 2001.

S.M.A.R.T. Objectives: Increase stairwell prompts from 9(2004) to 34 buildings in 2005.

(Coordinator Records)

Prompts were developed and distributed to 9 community partners and 2 cities.

Phase I of Stairwells for Health Project to improve PinCHD stairwell has been completed. PinCHD staff submitted ideas for art to be painted on the walls of the PinCHD main stairwell. Staff and community volunteers painted murals containing healthy messages and logos of various PinCHD programs and services. Painting supplies were donated by St. Petersburg

home-improvement businesses and food was provided by one of media partners for the volunteers. The grand opening and ribbon cutting was held on May 5 to coincide with the beginning of National Public Health Week. Prompts, encouraging staff and visitors to take the stairs instead of the elevator are in place and included brightly colored footprints that lead from the elevator to the stairs.

Phase II – A call for art ideas went out to community partners for use in painting the remaining two floors of the stairwell.

Phase III – Will be to take the project to other businesses and government buildings and encourage them to conduct a similar project for their staff and employees. (Years 2-5)

Barriers Encountered:

Many Florida buildings are not multi-floored, and do not have staircases. In others, while stairways exist, they are not open to daily traffic.

Barriers Addressed:

Create a program for those either choosing to ride the elevator or whose building construction demanded the use of elevators – "Elevator Exercises." This set of posters encouraging riders to stretch major muscle groups while riding from floor to floor are replaced weekly and provide a healthy physical activity.

P-7: Expand and promote "mall walking" groups (Parkside mall, Tyrone square mall).

STO: Increase walking groups from 1 to 3. Add 2 groups/Yr. Evidence: CG, AJPM 2002 (s).

S.M.A.R.T. Objectives: Increase "walking groups" from 2(2004) to 4 in 2005.

Due to the demolition of the Parkside Mall this objective has been redirected to expand community-walking groups. Two groups were added in Year 1. The groups were composed of individuals with an age range from 1-67 years old and preferred to walk outdoors despite the

summer heat.

Evaluation: The groups submitted monthly logs listing miles and steps walked.

P-8: Promote and expand employee physical activity programs among *partner agencies* by a) expanding *PinCHD* Healthy Behaviors after-hours Fitness Teams, b) establishing Pedometer Walking Programs in partner agencies. **STO:** Yearly, a) number of agencies, b) number of employee participants, c) number of steps walked, d) increase number of steps by 25%.

S.M.A.R.T. Objectives: *a) Increase of agencies from 2(2004) to 4 in 2005. b) Increase the number of employee participants by 6% from 250(2004) in 2005 c) Increase the number of steps by 6% from 7,631,896 (2004) in 2005. (Coordinator Records)*

PinCHD Health Behaviors after-hours fitness teams were expanded to 2 line dancing classes meeting once a week with an average participation of 10 per class. In addition a “Just Lighten Up” weight loss challenge was begun in September consisting of 20 teams of 5. This challenge includes the weight lost and the total time each member is physically active. A small prize will be give to the winning teams with certificates of participation give to all participants. The “Step To It” pedometer program was initiated with approximately 100 participants walking during breaks and off hours. The goal was to walk the perimeter of the United States from Florida to Maine across to Washington and continuing the loop back to Florida. The group made it to Portland Oregon and stopped for the summer and hurricane months. Pinellas County Schools began a pedometer-walking program with their teachers and other staff members in 5 schools. Boca Ciega High School, Gulfport Elementary, Lakewood Elementary and Azalea Elementary and Thurgood Marshall Middle School. The staff participation ranges from 12 – 65 people/school with a total of 81,650,631 total steps walked.

Evaluation:

Logs for line dancing classes are kept. “Just Lighten Up” team captains submit weekly numbers to an impartial evaluator. Pedometer programs have participants submit weekly steps walked.

P-9: Promote and expand *PinCHD* Pinellas Wellness website to include BMI information and links to major health sites and nutrition and exercise classes/programs. **STO:** Increase “hits” from 300 to 500/month. Increase “hits” by 125/month/Yr. thereafter to reach 1000/month/ Yr. 5.

S.M.A.R.T. Objectives: Increase hits from 1000(2004) to 2125 in 2005.(Website Data)

The Pinellas Wellness website PinellasWellness.com was expanded to include a dedicated STEPS section. There is a section devoted to BMI with a PDF version of the STEPS BMI brochure. In addition there are pages covering the areas of nutrition, physical activity, obesity, and diabetes. There are also pages for consortium information, the partner’s calendar of classes and a downloadable Parent Health Bulletin. There are a variety of Links to many major health sites. The Kids section includes links to VERB, USDA for Kids and other sites for children. The page is update on a regular basis. “Hits” on the website have increased from under 500 per month to greater than 1000 per month. The STEPS URL has been placed on all STEPS literature and the site is now linked on media partner websites.

P-10: Promote and expand *PinCHD* “Parent Health Bulletin” featuring healthy behavior tips for parents. **STO:** increase distribution from 20 sites/quarter to 40 sites/month. Increase by 15 sites/month/Yr. thereafter (100 sites/month Yr. 5)

S.M.A.R.T. Objectives: Increase promotion of Parent Health Bulletin from 60(2004) to 75 sites in 2005.

The distribution of the “*Parent Health Bulletin,*” a colorful, culturally sensitive and easy

to read nutritional flyer for parents of pre-school age children has been expanded from child care centers to county recreation centers, doctor's office waiting rooms, and other sites. Distribution has increased to 60 sites per month and is also in a downloadable PDF format on the STEPS website. The Parent Health Bulletin has been very well received in the community and STEPS has been receiving many calls for reprints. Each issue follows the theme of the STEPS marketing calendar. One of the most popular issues to date has been the Asthma edition.

P-11: Conduct physical activity component of major media campaigns described earlier. STEPS has provided four STEPS-related interviews for the Pinellas County Health Department's Bright House Cable TV Show "Together We Can." These included introducing the program to the local public, providing experts to be interviewed discussing the various individual topics, and an overview of the marketing and promotional aspects of the grant. Staff has also appeared on the local government's programs as well as locally broadcast major media news-based programming. 2-1-1 Tampa Bay Cares information and referral line has recently become an active partner and is providing referral services to their clients.

Rotation of topics began in February 2004.

February	Obesity
March	Nutrition
<u>April</u>	<u>Physical Activity</u>
May	Diabetes
June	Asthma
July	Tobacco

Area: Tobacco (T): 1.Environmental, 2.Prevention and 3.Cessation

Environmental Tobacco Smoke: LTO (HP 27-9): Reduce the % of children who report being exposed to ETS in a room or in a car on 1 or more of the past 7 days from 67.6% (2002) to 57% (2008) in MS students and 76.1% (2002) to 66.0% (2008) in HS students. **(FYTS).**

T-1: *PinCHD* to reassign Tobacco coordinator to the project (funding cut on 7/03 by legislation). Tobacco Coordinator reassigned to **STEPS** on 09/22/03

T-2: Tobacco Coordinator and *Tobacco Free Coalition of Pinellas County* to provide smoke-free car kits containing information on ETS and static cling stickers through diabetes and asthma community outreach, pediatric clinics, and neighborhood centers to parents who smoke and families living with a child having asthma. **STO:** Provide 250 families with smoke-free car kits/year.

S.M.A.R.T. Objectives: Maintain distribution of 250 smoke free car kits in year 2

Designed, packaged and distributed smoke-free car kits to families of children with asthma, diabetes patients, and community agencies that serve medically disadvantaged clients. Through September 22, 2004, STEPS has distributed 277 of the 250 kits. STEPS staff were able to distribute more than originally proposed, in addition there is a waiting list of 175 people who want the kits.

Evaluation: Year 1 did not have an evaluation component for this objective. In Year 2 STEPS will track where the kits are distributed and get follow up information from those receiving the 250 distributed kits.

T-3: Partner with *ALA* and *ACH* to implement the **Students Teach Students** tobacco education program in *schools*. HS peer educators will be trained to teach 4th graders about tobacco prevention and ETS. Curriculum includes peer educator scripts, teaching transparencies, and student educational literature to take home and share with parents. **STO:** a) 60 HS peer educators trained. 100 educated/Yr. thereafter. b) 700 4th graders received tobacco prevention education. 1000 4th graders/Yr. thereafter. **Evidence:** ALA, Community Guide, Florida Tobacco Control.

S.M.A.R.T. Objectives: Increase number of peer educators trained from 52(2004) to 60 HS peer educators trained in 2005. Increase from 798(2004) 4th graders educated to 1000 in 2005.

(Tobacco Coordinator Logs)

Year 1 had 52 HS peer educators trained teaching 798 4th graders.

Smoking Prevention (Counter-advertising Campaigns)

LTO (HP27-3): Increase the % of committed never-smokers from 52.2% in MS to 60% and from 42.2% in HS to 50% by 2008. (2002 Florida Youth Tobacco Survey (FYTS).

S.M.A.R.T. Objectives: Increase the % of MS students from 52.2% (2002) to 55% in 2005. Increase the % of HS students from 42.2% (2002) to 44% in 2005. (Florida Youth Tobacco Survey)

T-4: Partner with *community agencies* to train **youth advocates** in public speaking and schedule presentations on tobacco industry targeting of youth at school and community sites.

STO: a) 20 advocates trained. Maintain 20 youth advocates trained/Yr. b) 12 presentations/Yr.

Evidence: Community Guide, CDC, and Fl Tobacco Control

S.M.A.R.T. Objectives: Maintain 20 advocates trained in year 2.(Tobacco Coordinator Logs)

Partnered with community agencies including Juvenile Welfare Board, American Lung Association, Pinellas County Schools, and Tobacco-Free Coalition of Pinellas County to train youth advocates in public speaking and schedule presentations on tobacco industry targeting of youth. Eighty-three youth were trained and conducted 26 local presentations. Although all 83 youth were not available each and every month, during the months school was in session, STEPS maintained from 25 to 45 youth available per month for public speaking and presentations.

Barriers Encountered:

Although STEPS exceeded the goal, the greatest barriers to conducting presentations are the youth schedules that are very full and the difficulty in finding reliable and consistent transportation for youth who do not yet drive. Community groups frequently want the students to present during school hours and it is usually not in the best interest of the youth to miss school hours.

T-5: Conduct Tobacco component of **major media campaigns** as described earlier.

A rotating schedule of concentration on the six sub themes has been implemented and the tag line of "Take One STEP Toward a Healthier Lifestyle" was adopted. It was the goal of the advertising campaign to establish bold, intense health messages that would capture the attention of the reader, viewer and/or listener. Commercials were written and produced at various media outlets on all six sub themes including the tobacco message "**Every eight seconds – someone dies from cigarette smoke**". In addition to radio, print and T.V. a Stop Smoking Referral List brochure has been developed and distributed throughout the intervention area.

Tobacco-Smoking Cessation:

LTO (HP27-1a): Decrease the % of adult current smokers from 23.4% (2002) to 18% in area (2008).

S.M.A.R.T. Objectives: *Decrease % of adult current smokers from 21% (2004IA) to 20% in 2005. (IABRFSS)*

LTO (HP27-2b): Decrease the % of HS students who smoked cigarettes on one or more occasions.

S.M.A.R.T. Objectives: *Decrease % of HS students from 21.7% (2004) to 21% in year 2.*

T-6: Tobacco Coordinator and *Coalition* to develop and distribute doctor's reminder kits for smoking cessation assistance to patients including office display posters, smoking status

stickers for patient files, cessation self-help materials, referral list, and coupons for nicotine replacement therapy. Provider education is described under asthma intervention. **STO:** 250 kits /Yr.

S.M.A.R.T. Objectives: Maintain 250 kits year 2.

Designed, produced and packaged 150 of the proposed 250 Doctor's Reminder Kits.

Barriers Encountered:

Severe delays in trying to obtain permission for use of certain materials to be placed in the kit moved the final packaging of the kits from May to July. Distribution of kits started in July and continued into August, but due to the hurricane related barriers in August and September, distribution was limited to 150 of the 250 proposed kits.

Barriers Addressed:

Continue to distribute kits as scheduled.

Evaluation:

The physician follow-up has not started because of the delay in getting Doctor Reminder Kits produced and distributed. STEPS has received two calls generated from the physician referral. The goal is to contact **50%** percent of the offices that received kits to survey them on utilization of materials.

As a result of the placement of the kits, two facilities have expressed interest in offering their locations for cessation classes to the community. Most physicians began utilizing the kits in August and September. STEPS will be able to evaluate usage of the kits by the number of physician offices that call for replacement materials, the number of calls to the STEPS office for referral information, the number of calls to smoking cessation partners and the number of calls to the hotline.

T-7: Promote use of Florida Quit-For-Life smoking cessation hotline. **STO:** 250 smokers/Yr.

S.M.A.R.T. Objectives: *Maintain at least 250 callers in year 2.*

The original goal was to reach 250 smokers with quit-line information. However, STEPS was able to obtain enough quit-line materials to supply Pinellas County Health Department clinics, community health clinics, and include information in smoke-free car kits and doctor's reminder kits. As a result of this outreach, 4512 items were distributed to smokers in the intervention area.

Evaluation:

Data is pending from the State of Florida Quit-for-Life line determining if promotion efforts have increased calls to the hotline.

T-8: *Tobacco coordinator with school, ALA and community organizations* to provide cessation classes and social support and maintenance groups for those who have quit. **STO:** 8 local smoking cessation classes and biweekly support classes/Yr. **Evidence:** The Guide to Community Intervention Services.

S.M.A.R.T. Objectives: *Objective was redirected for year 2*

3 cessation clinic facilitators trained and 1 support group facilitator trained, 3 cessation clinics completed; 2 additional ones were offered 11 participants in cessation clinics.

Barriers Encountered:

Two additional clinics were offered but were cancelled due to lack of participants. While numerous inquiries were received for all scheduled clinics, demand for such an extended program seems minimal. Most smokers are looking for a "quick fix." Also, one facilitator, who is a certified addiction professional, observed that many of the participants in her clinic had

mental health issues that complicated the quitting process and are not addressed in the current cessation program.

Barriers Addressed:

This activity is being redirected to deliver the American Lung Association’s Not On Tobacco (N-O-T) a smoking cessation/reduction program for high school youths. The N.O.T. program uses a total health - physical, mental and social - approach to help adolescents quit smoking. The goal is to increase healthy lifestyle behaviors (such as good nutrition and exercise), and improve life skills (such as stress management, decision-making and interpersonal communication). The program includes ten fifty-minute sessions with four possible booster sessions.

Area: Diabetes (D):

LTO (HP 5-2, 5-3): Reduce the number of persons who are told they have diabetes by a doctor from 10.4% (2002) to 8% in area (2008) (BRFSS).

S.M.A.R.T. Objectives: Reduce number of persons from 8.7% (IA2004) to 8.0% in 2005. (IABRFSS)

LTO (HP 5-12, 13, 14, and 15): increase by 16% from baselines established in Yr. 1. (BRFFS diabetes module)

S.M.A.R.T. Objectives: Establish baseline of % of adults who receive ≥ 2 HbA1C measures per year; adults with diabetes who had dilated eye exam; adults who had foot exam in past year then increase by 16% by2008. (Data pending from Medicaid and BRFSS Diabetes Module)

D-1: *PinCHD* to contract with *community providers* for a diabetes coordinator, diabetes educators and part-time health promoters by 11/03/03.

The Diabetes Coordinator was contracted on 11/12/03. The 2 part time health promoters were contracted on 11/19/03.

D-2: The diabetes coordinator to reorganize a previously funded diabetes program to serve as Diabetes Intervention Prevention Program (DIPP) for the STEPS initiative.

The Diabetes Coordinator reorganized and expanded the services of the previously funded DIPPER diabetes program that previously served only one geographic area. The DIPPER Project transitioned into DIPP/STEP during and expanded to include services in the four contiguous areas for the STEPS initiatives. Community Forums indicated that few South Pinellas residents realized the transition. The key to the smooth transition is contributed to the Diabetes Coordinator making contacts with other outside agencies and STEPS partners to promote DSME classes, increase referrals and integrate other programs into the curriculum. For example DSME participants are referred into partners weight management and physical activity classes.

D-3: Conduct ADA Diabetes Self-Management Education (DSME) in community neighborhood centers. **STO:** a) 5 sites b) 48 four-week sessions (one two-hour class per week) c) 500 diabetics and 300 family members. **Evidence:** ADA, CDC, FMQAI, FDCP, and CG ***S.M.A.R.T. Objectives: Increase number of participants from 778(2004) to 1000 in 2005.(Diabetes Coordinator Records)***

Diabetes Self-Management Education (DSME) classes were conducted throughout the intervention area reaching up to 7 sites per month. Total number of diabetics reached during these classes was 778 during 48/4-week sessions.

Barriers Encountered:

Goals were met in spite of a late start up in year 1. Other barriers included expansion of the DSME classes to other cities in the intervention area including Pinellas Park, Kenneth City and Gulfport. Prior to the STEPS grant the majority of DSME classes were occurring in South St. Petersburg.

Barriers Addressed:

Expansion into other cities in the intervention area has occurred in Pinellas Park and Gulfport. This was accomplished by STEPS staff working with individuals in partnering city governments to work out logistics and demonstrate the need for classes in their communities. In Year 2 STEPS have added Parish Nurses to the partnership to facilitate delivering classes in churches in the intervention area.

Evaluation:

Pre-post tests were administered with each series of Diabetes Self Management Education (DSME) sessions. **95%** of participants demonstrated an increase in knowledge and self-management of their diabetes.

D-4: Renew previously funded weekly diabetes awareness seminars in south St. Petersburg targeting minority population and refer participants identified as diabetic to DSME programs. **STO:** a) 50 seminars b) 1500 participants.

S.M.A.R.T. Objectives: Maintain at least 74 seminars in year two with at least 2724 participants.

In year one, 74 diabetes awareness seminars were presented in the community with a total of 2724 participants.

Evaluation:

Sign in sheets were filled out for the awareness seminars.

D-5: Conduct youth diabetes prevention class integrating exercise and healthy eating using the Community Health Assessment and Promotion Project (CHAPP CDC model). **STO:**

a) 4 sites b) four ten-week sessions (one two-hour class per week) c) 1000 youth.

S.M.A.R.T. Objectives: Increase youth in diabetes prevention classes from 1321(2004) by 5% in 2005. (Diabetes Coordinator Logs)

During Year 1 the Community Health Promoters reached 1321 youths, completing 4 cycles of the CHAPP Project. The Diabetes Coordinator was successful in starting the CHAPP Project in November 2003. The following cycles of CHAPP occurred in April, May and June to enhance youth participation in walking clubs, swimming, exercise, low impact slimnastics and a nutritional component. Most sessions included a “hands on” activity.

D-6: Administer the Diabetes Assessment Questionnaire, “Are you at Risk?” to residents in the IA using health promoters, volunteers, faith-based groups and community partners. **STO:** Complete 1000 ADA “Risk Assessments.” **Evidence:** CDC, “Small Steps, Big Rewards.”

S.M.A.R.T. Objectives: Maintain number of assessments at 1000 for year 2. Decrease the percentage of participants that screened “at risk” from 47.3% (1004IA) to 45% in 2005. (ADA Risk Assessments)

1001 ADA “Risk Assessment” questionnaires were administered in conjunction with Office of Minority Health activities with faith-based groups, volunteers, and community partners. The ADA questionnaires were completed by one on one interviews. Participants at risk by a score of **10** or higher were referred for follow-up. Of the 1001 participants screened by the “Are you at risk?” questionnaires 473 scored 10 or higher 47.3% of the 1001 participants were referred for follow-up.

Evaluation:

In year 1 participants scoring 10 or higher on the Risk Assessment were prompted to seek medical advice either through their health care provider or area free clinics and CHC's.

In year 2 STEPS will follow up to determine the number of clients who complied with referral suggestions to free clinics and CHC's.

D-7: *PinCHD, hospitals, and Medical Societies* to provide educational opportunities through grand rounds, resident lectures, and seminars for health care providers on a) practical use of FMQAI/FDCP standards and guidelines and b) availability of DSME resources. **STO:** a) 4 events/Yr. b) 300 health care providers/Yr. **Evidence:** CME Management Guidelines

S.M.A.R.T. Objectives: *Maintain number of events and health care providers in year 2.*

In year 1 five programs reached 285 health care providers.

D-8: *PinCHD* to contract with *Bayfront Hospital* to conduct monthly group nutrition education for diabetics in *FQHC* clinic sites including label reading, cooking classes and menu planning. **STO:** a) 12 groups per Yr. b) 120 diabetics and family members. **Evidence:** ADA.

S.M.A.R.T. Objectives: *Increase number of diabetics receiving diabetes education at FQHC from 116(2004) to 120 in2005.*

Bayfront conducts weekly nutrition education for diabetics. 58 group nutrition programs were conducted for diabetics and reached 83 diabetics. To reach more diabetics and their family members, the weekly Choose To Lose classes has been opened to everybody interested in the topic. The dietitian is able to meet with participants after class to answer questions about the topic and how it pertains to their specific nutritional needs. Also, the dietitian at the Johnnie Ruth Clarke (CHC) location is offering an additional Choose To Lose class in the daytime. This will provide an opportunity for Choose To Lose participants to interact with the dietitian or to attend a class missed.

Barriers Encountered:

The original opening for the Johnnie Ruth Clarke Health Center was set for December 2003. Due to delays it did not open until March 2004. The new positions were posted on October 2004. However the dietitian was hired at the end of December 2003 and the health educator in April 2004.

Barriers Addressed:

Classes are being aggressively promoted to diabetics, health care providers, schools and clinics. STEPS partners were encouraged to promote each other's programs and make appropriate referrals. In addition cooking demonstrations were begun in May 2004. BMI figures from the CHC's are indicating 73% of patients have a BMI >25, STEPS will use this data to encourage referral and follow up from the health care providers.

D-9: Offer one-on-one dietary intervention (open to the public) for diabetics in *FQHC* clinic sites. **STO:** 120 diabetic/Yr. **Evidence:** ADA, USPSTF.

S.M.A.R.T. Objectives: The dietitian continues to provide one-on-one nutrition counseling for diabetics. 41 diabetics were reached.

Barriers Encountered:

(See D-8)

Barriers Addressed:

(See D-8)

D-10: Refer overweight diabetics to Choose To Lose® weight management program at *FQHC* clinic sites. **STO:** Number of diabetics participating.

S.M.A.R.T. Objectives: *Continue to offer 8 sessions targeting at least 120 members year 2.*

The dietitian referred 43 diabetics to the Choose to Lose weight management program.

Barriers Encountered:

(See D-8)

Barriers Addressed:

(See D-8)

Evaluation:

a Choose to Lose written evaluations are distributed to individuals who complete the program.

b Choose to Lose pre and post % body composition. Participants are encouraged to have their pre body composition measured one to two weeks after Choose to Lose Orientation and post body composition 10 weeks after pre measurement.

(i) Number of Pre % Body Compositions completed	79
(ii) Number of Post % Body Compositions completed	20
(iii) Average Pre % Body Composition	40.55%
(iv) Average Post % Body Composition	39.2%
Average Number of Pounds Lost	4.15 pounds

S.M.A.R.T. Objectives: Increase % of body composition lost in year 2 by .5%.

D-11: Provide mini grants of \$500 to 10 *faith-based groups* to start health ministry to provide exercise, healthy eating, and diabetes awareness education. . **STO:** 10 faith-based groups, number of participants (baseline).

S.M.A.R.T. Objectives: Maintain number of awardees at 15 in year 2.

Mini grant applications were received from and awarded to 15 faith-based organizations. The total number of participants was 375.

Events included: “Youth Health Awareness Education Event” – Highlighting healthy food choices,” Youth Awareness Night”- Highlighting healthy food choices, “Family Fitness Day Picnic”- Focus on healthy eating and exercise part of fund used for bicycle rentals, “Youth Cook Book” Youths participated in creating and producing 75 healthy cook books using Bible references.

D-12: Conduct diabetes awareness promoting ADA “Are you at Risk?” as part of major media campaigns described earlier. All activities for Diabetes target minority and underserved diabetics.

STEPS have provided four STEPS-related interviewees for the Pinellas County Health Department's Bright House Cable TV Show "Together We Can." These included introducing the program to the local public, providing experts to be interviewed discussing the various individual topics, and an overview of the marketing and promotional aspects of the grant. Staff has also appeared on the local government's programs as well as locally broadcast major media news-based programming.

211 Tampa Bay has recently become an active partner and is providing referral services to their clients. Diabetes information has also been delivered via the STEPS web site and in brochures and newsletters.

In addition to, and to augment the media campaign, there were a series of posters developed and distributed throughout the intervention area. Posters are currently displayed in all locations where STEPS-related classes and workshops are presented, all the YMCAs, partnering hospitals and medical facilities, many government buildings, schools, all Pinellas County Extension class sites, and many other locations. Rotation of topics began in February 2004.

February	Obesity
March	Nutrition
April	Physical Activity
<u>May</u>	<u>Diabetes</u>
June	Asthma
July	Tobacco

Evaluation:

Callers requesting diabetes information are asked where they heard about the program. In year two STEPS is partnering with 2-1-1 the information referral line. 2-1-1 will give STEPS more demographic information on callers and media messages.

Area: Obesity (O)

LTO (HP19-2): Decrease the % of adults who are obese from 20.6% (2002) to 18.5% in area (2008) (BRFFS). *S.M.A.R.T. Objective: Decrease % of adults who are obese from 21.5% (2004IA) to 20.5% in 2005.* (IABRFSS)

LTO (HP19-3): Decrease the % of overweight children by 15% in area (2008) from Baseline BMI established in Yr. 1.

S.M.A.R.T. Objective: Decrease % of overweigh children from 38% (2004 IA Fitness Gram) 33% in2005. (Fitness Gram)

O-1: *PinCHD, Medical Societies and Hospitals* to present obesity prevention and reduction presentations to health care providers at local hospital grand rounds and other educational forums encouraging use of NHLBI Obesity Guidelines and of NDEP “Small Steps Big Rewards” health care providers toolkit. **STO:** 250 area physicians and health providers annually.

S.M.A.R.T. Objective: Expand presentation participants from 773 (2004) by 5% in 2005. (Coordinator Records)

Through partners and presentations at area grand rounds STEPS has delivered 10 presentations to a total of 773 providers

O-2: Distribute BMI charts, posters and wheels to physician practices to encourage them to consider BMI as a “vital sign.” **STO:** 100 practices/Yr. **Evidence:** USPSTF Clinical Guide.

S.M.A.R.T. Objective: Increase number of BMI charts of 166 (2004) by 5% in year 2005.

(BMI Charts)

One hundred twenty two kits were distributed. BMI presentations were given to area physicians at grand rounds, medical society meetings and by direct contact by the STEPS volunteer physician. As a result Distribution of BMI doctor reminder kits began in May 2004. The bright red tote bag with the STEPS logo and the tagline, “BMI, the New Vital Sign”, that contains the BMI kit was distributed to area doctors. This kit contains a measuring tape for waistline measurements, a CD containing a educational program from the American Medical Association on assessment of obesity with tools for patients (with CME credit for physicians), BMI posters to hang by the scale(s), BMI wheels for exam rooms, 2 different patient brochures, and a referral list for free classes in the community. BMI posters are up in all PinCHD examination rooms as well as on prominent bulletin boards of all Pinellas County Health Department sites and client BMI’s are discussed with them. Over 200 contacts were made in the intervention area. A total of one hundred twenty two kits were distributed.

Evaluation:

BMI results are being sent to STEPS from PinCHD and the CHC’s. The CHC has implemented a policy to screen all patients, adults and children, for BMI. So far the CHC has a **50% screen rate** for BMI among all patients but the policy is relatively new. Of those CHC clients that were screened, all were adults, and **73%** registered abnormal range on their BMI (this data was collected for Steps zip codes only). The BMI from PinCHD is recording much lower at about **22% abnormal** (clients within the Steps zip codes) but it is suspected that low

percentage is due to some coding changes within the health department encounter system. It is of interest to note that the CHC's focus is disparate populations and the BMI's recorded for their clients were significantly above that of the average population.

O-3/O4: *As noted in the Interim Progress Report objectives O-3 and O-4 were combined to increase participation. The results have been positive.*

BMC dietitian to offer Choose To Lose®, a six weeks session (2 classes per week) weight management program, at 2 FQHC clinic sites (open to public) **STO:** a) 8 sessions, b) 120 participants.

S.M.A.R.T. Objective: *Continue to offer 8 session and reach 120 participants in year*

Bayfront conducted 12 Choose To Lose classes reached 116 participants at 2 FQHC clinic sites.

Barriers Encountered:

The dietitian at the Johnnie Ruth Clarke has had challenges with distributing Choose To Lose evaluation forms and completing post % body compositions. The program is 7-weeks long (the program was originally 12-weeks long, it was condensed and many participants dropped out before completing the program. The dietitian generates follow-up phone calls and letters to participants who are not consistently attending classes; this is being documented. The drop out problem is not occurring at the Pinellas Park location. The audience at each location is different: Johnnie Ruth Clarke audience is made up of a broad age range of African Americans, while the Pinellas Park site is predominately made up of retired Caucasians.

Barriers Addressed:

The Bayfront team is researching a different weight management curriculum for the Johnnie Ruth Clarke site that has more flexibility to meet the needs of the audience. Research is

being conducted to gather information regarding the challenges and successes of African Americans and weight management. Follow up questions will be asked of drop out participants to find out why the course was not completed. Health care providers will be asked to reinforce the need for weight management in their overweight and obese patients.

Evaluation:

Choose to Lose written evaluations are distributed to individuals who complete the program. Choose to Lose pre and post % body composition. Participants are encouraged to have their pre body composition measured one to two weeks after Choose to Lose Orientation and post body composition 10 weeks after pre- measurement.

Number of Pre % Body Compositions completed	79
Number of Post % Body Compositions completed	20
Average Pre % Body Composition	40.55%
Average Post % Body Composition	39.2%
Average Number of Pounds Lost	4.15 pounds

S.M.A.R.T. Objective: Increase % of body composition lost in year 2 by 5%.

O-5: Expand *PinCHD* Pinellas Wellness website to include BMI information.

The Pinellas Wellness website PinellasWellness.com was expanded to include a dedicated STEPS section. There is a section devoted to BMI with a PDF version of the STEPS BMI brochure.

S.M.A.R.T. Objective: Increase the number of hits from 1000 (2004) to 2250 hits by 2005.

(Website Data)

O-6: Promote local area *pharmacies* BMI programs: customers checking their blood pressure sit in a chair which is a scale, then enter their height in a computer that calculates their

BMI. The results are stored and customers can check with a PIN number their progress toward lowering BP and BMI. Flyers with STEPS activities will be placed in the pharmacies. **STO:** # of BMI performed per Yr. **Evidence:** AAFP, USPFTS

As noted in the Interim Progress Report this objective was redirected due to the following:

Barriers Encountered:

Unable to complete this deliverable as written. The BMI chairs in the retail outlets have been experiencing technical problems.

Barriers Addressed:

STEPS is now contacting area supermarkets with patron scales to distribute BMI charts and brochures.

Redirect to read:

Promote BMI awareness in local area supermarket pharmacies. BMI posters will be placed on scales and STEPS BMI informational brochures will be distributed, monitored and refilled as necessary. Other literature/brochures will be placed in stores that include STEPS brochures on nutrition, obesity, diabetes, and smoking cessation.

S.M.A.R.T. Objective: Increase number of participating stores by 5% above 17(2004) in 2005.

(Nutritionist Logs).

Currently 17 grocery stores in the intervention area are participating in the distribution of BMI information.

O-7: *PinCHD* nutritionist to establish Nutrition Youth Team modeled after the tobacco “SWAT” teams to promote healthy lifestyles i.e. street marketing at parks, concerts and food festivals. **STO:** a) 2 new youth teams/Yr. b) 6 events Yr. 1, one event/month thereafter.

S.M.A.R.T. Objective: Expand youth team events from 20(2004) to 25 in 2005. (Youth Team Logs)

Two Nutrition Youth Teams (approximately 25 teens total) have been formed and 20 events performed. The teens are part of the Youth as Resources group at the Cooperative Extension Service 4-H. Teens participating earn community service hours here in order to qualify for full college scholarship programs from the State.

O-8: Encourage *FQHC* to create a local policy to perform BMI on clients as part of “vital signs.” Modeled after PinCHD BMI policy for Family Planning Clinics. **STO:** Yr. 1, Policy established.

S.M.A.R.T. Objective: Decrease BMI baseline from FQHC from 73%(2004) to 70% in 2005.(BMI Data from FQHC)

FQHC has created a local policy to perform BMI’s on their adults and pediatric clients.

Evaluation:

Results are given to a STEPS evaluator by the 15th of each month. The nurses document the BMI in a chart by the scale and that data is entered and sent to the evaluator by a clerical staff member. The BMI is also documented in each patient’s chart. As was stated previously the screen rate for BMI’s was about **50%** due to this policy’s new enforcement with **73%** screening overweight or obese.

O-9: Conduct obesity awareness component of major media campaigns described earlier.

S.M.A.R.T. Objective: Increase obesity messages by 5% over 13(2004) in 2005. (Marketing Records)

The Year One goal was twofold: Product branding and conveying the message that a healthier lifestyle could be achieved "One STEP at a Time." The advertising messages consist of

first alerting the public to "There is an epidemic sweeping Pinellas County — The problem? Obesity!" After this initial message was systematically and repeatedly released to the public via radio, television and Internet, paid advertisements, PSAs, and subject-focused shows STEPS followed with the call to action — "TAKE ONE STEP — toward a healthier lifestyle."

STEPS have provided four STEPS-related interviews for the Pinellas County Health Department's Bright House Cable TV Show "Together We Can." These included introducing the program to the local public, providing experts to be interviewed discussing the various individual topics, and an overview of the marketing and promotional aspects of the grant. Staff has also appeared on the local government's programs as well as locally broadcast major media news-based programming.

2-1-1 Tampa Bay Cares information and referral line has recently become an active partner and is providing referral services to their callers.

Rotation of topics began in February 2004.

February	Obesity
March	Nutrition
April	Physical Activity
May	Diabetes
June	<u>Asthma</u>
July	Tobacco

Area: Asthma (A)

Children's Outreach/Case Management and Environmental Interventions:

LTO (HP24-2a, b): Reduce the number of hospitalizations for asthma-children less than 18 Yrs of age by 25% in 2008.

S.M.A.R.T. Objective: Reduce the number of hospitalizations for asthma children less than 18 yrs of age from 223(2004 IA ACHA Data) by 6% in 2005 (ACH Data from Intervention Area)

LTO (HP24-3): Reduce by 25% the number of emergency department visits for case managed asthma-children by 2008.

S.M.A.R.T. Objective: Reduce the number of emergency room visits, 1016(2004) by 6% in 2005. (ACHA Data 2004 Intervention Area)

LTO (HP24-5): Reduce by 25% number of school days missed by case managed children with asthma due to asthma by 2008. Establish baselines data Yr. 1.

S.M.A.R.T. Objective: Reduce the number of school days missed, 280(IA ACHA 2004) by 5% in 2005. (IA ACHA Data 2004)

A-1: *PinCHD* will contract with *ACH* to hire an **outreach case manager** by 11/03/03. Case Manager hired 01/19/04 and began seeing clients in 02/04.

A-2: *ACH* to provide **outreach** and **case management (CM)** services for children with asthma. Services includes monthly face to face or telephone contact, monitoring medication compliance, patient and family counseling, education, appointment reminder system, referral and follow-up for community, family, or mental health services, and documentation of self-report of number of days missed for school/work. **STO:** a) 400 children case managed annually. b) 90% of CM children have a primary care provider. c) 80% of CM children will comply with their medication regimen. d) 70% referral completion rate. e) Reduce the number of hospitalizations at *ACH* for asthma-children less than 18 Yrs of age by 5%/Yr. (*ACH* asthma hospitalizations: 333 in Yr. 02-03). **Evidence:** National Asthma Education & Prevention Program disease management.

S.M.A.R.T. Objective: Increase from 167(2004) the number of case managed clients to 400 in 2005.. Maintain 99% rate of children with primary care provider. Increase from 76 %(2004) of

children that comply with medication to 80% in 2005. Increase from 45 %(2004) of cm children that complete the referral process 60% in 2005. (ACH Case Management Records)

167 children have received case management services since February with 152 receiving the service within the past six months.

Between February and September, there were 108 hospitalizations and 323 ER visits for children living in the zip codes served by the STEPS grant.

Between February and September, there were 5 hospitalizations and 7 ER visits for children receiving case management services.

Goals: 90% of CM children will have a primary care provider- 99% have a provider

80% of CM children will comply with medication regimen---76% compliance

70% of CM children will complete community referrals---45% completion rate.

The ACH system has data for 62 clients, which is just a little short of the number of new clients reported for the first year of the grant. The numbers are based upon self-report.

Missed school days 280 (34 clients had no missed days)

Missed work days (pt) 1 (61 clients had no missed days)

Missed work days (parent) 143 (44 clients had no missed days)

A-3: *PinCHD* to provide **indoor air quality assessments** consisting of standard tests and observation to identify environmental asthma triggers for children referred by *ACH*, *ALA*, and the *PARAT* Coalition. Reports with recommendations for improving the indoor air quality, informational materials, and referral to other agencies will be given to the family and to the outreach case manager. **STO:** Conduct 120 home and 25 commercial indoor air quality assessments.

S.M.A.R.T. Objective: Increase of in-door home assessments from 38(2004) to 120 in 2005.

Increase number of commercial indoor assessments from 2(2004) to 25 in year 2005.

(Environmental Records)

Home visits reached 38 participants. These visits were based on an invitation by the client or client's parent to come to the home. No commercial sites were visited.

During the visit several tools are used to determine the in-home asthma triggers:

1. An EPA Asthma Home Environment Checklist a 7-page document listing the most common triggers found around the home and what to do about them. This document is reviewed with the client or parent and applicable conditions discussed. The client is provided a copy of this document.
2. An EPA document titled "A Brief Guide to Mold, Moisture, and Your Home" is also provided.
3. An EPA document titled "Clear Your Home of Asthma Triggers" is also provided.
4. An indoor air quality evaluation is performed. This evaluation covers the basics of IAQ including relative humidity and temperature measurements, volatile organic chemical scan, particle counts, inspection of accessible portions of the HVAC system, inspection of the structure for obvious problems contributing to the factors negatively affecting the IAQ, and other factors such as housekeeping, insect problems, strong chemical usage/storage, environmental tobacco smoke, and others. The client is provided a letter listing problems found and suggested corrective measures.

Barriers Encountered:

There was noticeable resistance by the parents of asthmatic children. There was a reluctance to have a governmental agency come into their homes. Other factors such as being

judged as a poor parent, creditor problems, landlord relations, and lack of resources to address problems also contribute to not wanting a home inspection completed. The irony of the situation is the clients most in need are usually the most reluctant to ask for inspections.

Commercial sites were also reluctant to request visits for the same reasons listed above including resources to address problems.

Barriers Addressed:

Home visits were based mainly on obtaining referrals from limited number health care providers. Several local hospitals including All Children's, Bayfront Medical, St. Anthony's, Northside, and St. Petersburg General have now been enlisted in the coalition. Other health related organizations such as the regional chapter of the American Lung Association, the Asthma and Allergy Foundation, and private asthma health care providers have also been encouraged to refer clients. In addition increased media attention to asthma triggers including articles in the "Weekly Challenger" and "Peacesonian" is expected to increase public awareness to the availability of the free home inspections.

STEPS will also attend the NEHA/EPA conference "Tools for Schools" conference in Washington, D.C. in December 2004. The conference will give guidance and information on inspections in schools and day care centers. Educational presentations and display booths have been set up for various health fairs and other local events. This coming year will see an increase in presentations judging from the number already scheduled. The display board in use has pictures of actual problems seen in the field such as moldy surfaces and HVAC systems, insect infestations, poor housekeeping, and dust.

Media

The STEPS asthma program was presented to the National Environmental Health Association and the EPA at the NEHA/EPA workshop held in Washington D.C. this past September. A great deal of interest was generated among attendees from across the nation. The STEPS indoor air quality project has also been highlighted in local print media and T.V. interviews.

A-4: Provide **phone consultations** as needed and serve as an information center for CM children. **STO:** a) Number of phone consultations. b) Information packages distributed.

Evidence: EPS, Committee on the Assessment of Asthma and Indoor Air.

S.M.A.R.T. Objective: Increase number of phone consultations regarding air quality from 32(2004) to 50 in 2005. Increase the number of informational materials distributed from 182(2004) by 5% in 2005. (Environmental Records)

a) The number of "call ins" for consult information have not been forthcoming.

b) 1600 information packets were distributed to consumers, many through a Junior League back to school fair.

Barriers Encountered:

The delay in recruiting/hiring a case manager postponed the initiation of case management services until mid-February. Only a limited amount of physicians were contacted during that time to create a referral base. Furthermore the case manager recently resigned in September. Asthma season in Florida peaks during the fall months and the lack of a case manager during the fall has be a major factor for not meeting the stated goals.

Barriers Addressed:

A new case manager has been identified and is in the process of being hired. The case manager is expected to be on board by the beginning of December. His first duty will be to contact area pediatricians to promote the STEPS program and begin referrals into the program.

1. Asthma Education for health care providers

A-5: ACH to identify **asthma champions** in private physician offices, health care facilities, and FQHC clinic sites. **STO:** 5 asthma champions annually. **Evidence:** AJRCCM 6/13/03 online

S.M.A.R.T. Objective: *Increase number of asthma champions from 8(2004) to 13 in 2005.*

8 champions were identified in year 1 including 2 ACH Case Managers, 3 ACH physicians and 3 private practitioners. ACH will work with PARAT to identify more asthma champions in year 2.

A-6: ACH to conduct assessment to establish number of Certified Asthma Educators in the community. **STO:** Baseline: Number of Certified Asthma Educators.

S.M.A.R.T. Objective: *Increase number of Certified Asthma Educators from 2(2004) to 4 in (2005).*

The assessment was completed, 2 Certified Asthma Educators were identified in year 1.

A-7: Provide financial support to train two health care professionals to receive asthma certification. **STO:** Increase number of Certified Asthma Educators by at least 2/Yr.

PARAT (Pediatric Asthma Resource Action Team) has completed the development of guidelines and an application process for selecting CAE's. Three persons were selected to receive stipends for the National Asthma Educator Certification Board Exam including a nurse, a respiratory therapist and a pharmacist.

A-8: Develop **simplified tools** to assist consumers and health care providers to comply with standard of care **STO:** **a) Develop** tools in Yr. 1. **b)** Number of tools distributed.

S.M.A.R.T. Objective: *Increase # of tools distributed from 194(2004) to 250 in 2005.*

An informational packet was developed consisting of NAEPP (National Asthma Education and Prevention Program) handouts, a simple to read booklet created by All Children's hospital with information on asthma signs, symptoms, triggers and treatment, and a music CD for kids. 194 informational packets were distributed in year 1.

A-9: *PinCHD, ACH, and Medical Societies* will provide educational opportunities through **grand rounds, resident lectures, and seminars** for health care providers on practical use of NAEPP guidelines in the clinical setting. **STO:** a) 4 events b) 300 health care providers/Yr.

Evidence: NAEPP Asthma Guidelines

S.M.A.R.T. Objective: *Maintain number of events to health care providers to 4 events with at least 300 health care providers in year 2.*

ACH provided 4 educational events this year for a total of 358 attendees, events were:

- 1) Pediatric Grand Rounds
Allergy - Demystified 1/23/04
Dr. Mandel Sher
56 attendees
- 2) 28th Annual Florida Suncoast Pediatrics Conference June 10 - 13, 2004
Run with Asthma - Practical Pearls for the Pediatrician (1 hour CME)
Dr. Antoinette Spoto-Cannons
86 attendees

- 3) Pediatric Grand Rounds

07/16/04

136 total attendees

- 4) Pediatric Grand Rounds

Management of Acute Asthma: Role of Beta2-Agonists and the Art of Aerosol

Delivery 08/27/04

Dr. Assefa

80 attendees

2. Asthma Community Education and PARAT Coalition Building

LTO (-HP24-6): Provide asthma education to at least 4000 persons by 2008 to increase the proportion of persons with asthma that receive formal patient education including information about community and self-help resources.

S.M.A.R.T. Objective: Increase from 493(2004) (Asthma U, Asthma Family Day, Asthma Case managed Kids, A is for Asthma, and Open Airways) to 1000 in 2005.

A-10: ACH/PARAT to develop an **Asthma Resource Directory** and update yearly.

STOs: Number of resource directories distributed. **Evidence:** Cochrane Review

S.M.A.R.T. Objective: Increase number of resource directories distributed from 1 (2004) to 100 in 2005.

Resources for the Asthma Resource Directory have been identified. The Directory is currently under development through joint efforts of Asthma Case Manager and PARAT.

Barriers Encountered:

Barriers included the delay in hiring a case manager and the time needed to familiarize her with area asthma resources. Clarification was needed regarding the development of a hard

copy of Directory vs. an online version only. Initially there was a misunderstanding on content. ACH was working on creating an in-depth manual aimed at physicians and health care providers; it was later decided to develop a user-friendly brochure listing all available resources in the area for asthmatics. The Directory is being modeled after the Diabetes Resource Guide previously developed.

Barriers Addressed:

ACH is working closely with members of PARAT to approve the final version. The first draft will be completed by mid-December with distribution planned for January.

A-11: ACH to develop and promote an **Asthma website** to include resource directory, speakers bureau, local asthma education classes, and links to major asthma websites. **STO:** Number of website hits (baseline) and increase by 25% /Yr.

S.M.A.R.T. Objective: Increase over baseline of 0 in year one by 25% in 2005.

A Website Steering Committee has been created and the PARAT.org domain site has been reserved. The work plan has been developed as well as the requirements, the request functionality, and the architectural layout has been identified.

Website should be functional during Year 2 with anticipated roll out date of 12/31/04.

A-12: Establish asthma **speaker's bureau** (PARAT). **STO:** # of presentations, & attendees/Yr.

S.M.A.R.T. Objective: Increase number of presentations by speakers' bureau from 0 in year 1 to 2 in 2005.

A Speaker's Profile form has been developed for potential speakers to complete in order to be added to the Speakers Bureau. Speakers have recently been identified through a PARAT open house to recruit new members.

Barriers Encountered:

Difficulty advertising Speakers Bureau until website is completed.

Barriers Addressed:

Speaker's Bureau will be accessible from the website, target date 12/31/04.

A-13: Conduct an annual **Asthma Family Day**, an education program for children with asthma and their families. **STO:** 140 participants/Yr.

S.M.A.R.T. Objective: Increase number of participants in Asthma Family Day from 140(2004) participants to 200 participants in 2005. (ALA Logs)

Asthma Family Day is a program to improve asthma self-management skills and awareness for children with asthma and their families. It also helps to strengthen the partnership between the medical community, families, and schools in working with children who have asthma.

Asthma Family Day was held April 3, 2004. There were 194 participants.

Evaluation:

Event evaluations demonstrated that most participants were "satisfied" or "very satisfied" with the event.

A-14: Contract with *ALA* to provide the **Asthma U** half-day education seminar for adults with asthma or care for someone with asthma. Topics include how to develop a personal asthma action plan, recognize and avoid triggers, proper use of controller and quick relief medications, how to react during an asthma flare-up, and asking the right questions of physicians. **STO:** 200 participants per Yr. Pre/post test for all participants. **Evidence:** Modeled after the Healthy Jacksonville 2010 program.

S.M.A.R.T. Objective: Maintain number of participants of 200 per year in year 2.

The Asthma U event was postponed in year 1. (See Barriers)

Barriers Encountered:

This adult asthma educational event was scheduled at Bayfront Medical on Saturday, August 14th 2004. Two advertisements ran in the St. Petersburg times to help get the word out along with a 500 piece mailing to local physicians and employers. The event was also posted on the Bay News 9 calendar of events. Two days prior to the event 40 adult participants had pre-registered and planned to attend. Several vendors/community partners would also attend including the Dept of Health, USF Asthma Clinical Research Center, Sepacor Pharmaceuticals, and Rx Stat Respiratory Care Co. Due to Hurricane Charley this event was cancelled the day before the event. All vendors, community partners, speakers and participants were notified that the event would be rescheduled.

Barriers Addressed:

Due to the hurricane activity in Florida this fall the Asthma U. event was rescheduled for Saturday, October 23rd 2004. A second set of brochures was printed, a second mailing was completed and the ad ran again to advertise this event in the St. Pete Times.

A-15: Contract with ALA to provide the “**A is for Asthma**” Awareness in-service for pre-school and childcare providers. Topics include symptoms, environmental factors, self-management behaviors, and information for adult caregivers about simple steps to help preschool children with asthma. **STO:** a) 2 trainings/Yr. b) At least 50 participants/Yr. c) Pre/post test for all participants. **Evidence:** ALA and Sesame Workshop

S.M.A.R.T. Objective: *Maintain 2 trainings per year with at least 50 participants with pre/post test for all in2005.*

Two asthma in-service programs were provided to a total of 55 daycare providers and or caregivers.

July 29th 2004- ½ day training was provided to caregivers within the Pinellas County Public School System. The training was held at the ALA office in St. Petersburg, FL for a total of 45 caregivers (from the STEPS service area). Each participant received asthma updates and education materials, and each day care center received the “a is for asthma” program that includes a workbook for children and parents and an educational video for the children.

September 15th, 2004- ½ day training was provided to 10 Healthy Start program coordinators that work directly with daycare providers and parents. Participants received the asthma updates, asthma educational materials and the “A is for Asthma program”.

A-16: Establish **asthma support groups** for *ACH* CM children and *FQHC* patients (open to others). **STO:** Monthly group meetings at 2 sites. Add one community site/Yr. Two support groups were begun, one at Johnnie Ruth Clarke FQHC and one at ACH.

Barriers Encountered:

Attendance has been poor to non-existent for both support groups.

Barriers Addressed:

ACH is reviewing meeting times and will adjust where appropriate. ACH will also explore options of holding support groups through other STEPS partners, i.e., schools and YMCA. Support groups will also be more aggressively marketed to the medical community.

A-17: Expand **PARAT Coalition** from an informal discussion forum to a **formalized decision making board** with by-laws, membership, vision, mission, and action plan. PARAT will oversee the community education described earlier, speaker’s bureau (A-12), mentoring and/or peer education programs (A-15), and asthma support groups (A-16). PARAT is

represented on STEPS consortium. **STO:** Formalized decision-making board by Yr. 4.

Evidence: CDC, PATCH and MAPP

PARAT meets monthly. Community representatives include: All Children's Hospital, American Lung Association, Asthma and Allergy Foundation of America-Florida Chapter, ACT for Health, Children's Medical Services, Mothers of Asthmatics, Pinellas County Health Department, Pinellas County Schools, Pediatric Pulmonology Associates, and parents of children with asthma. A mission statement has been approved and a successful Open House recruitment meeting was held in October to expand community membership.

A-18: Establish a PARAT subcommittee to assess the feasibility of a local asthma registry.

PARAT is currently identifying new members to participate on the subcommittee. **STO:** report in Yr. 3.

A-19: Conduct asthma awareness component of **major media campaigns** described earlier.

STEPS has greatly increased the circulation and distribution sites for the monthly issues of the Parent Health Bulletins. Focusing on the monthly topics, the newsletter has widened its target audience from being solely for the parents of pre-school students, to being inclusive of parents of all school-age children.

Its popularity has greatly increased and the demand for additional copies has grown far beyond the Year One goals. STEPS has established in excess of 40 new locations and in one month alone were able to print 10,000 copies for distribution of the Asthma Issue .On average, STEPS prints and distributes between 2,000 to 3,000 copies

It was the goal of the advertising campaign to establish bold, intense health messages that would capture the attention of the reader, viewer and/or listener. This would be best accomplished with the adoption of powerful art elements and short, clear messages that would spark a call to action. The message for asthma is "What takes your breath away?"

In addition STEPS has produced a well-received information Asthma Brochure which contains asthma facts and referral information. A flyer has also been developed that is distributed throughout the intervention area at day care centers, schools, physician's waiting areas and recreation centers.

Section 2: School Action Plan

The School Action Plan breaks down activities in 5 areas: All (ALL); Nutrition & Obesity (N); Physical Activity (P); Tobacco (T); and Asthma (A). School Health (SH). Intervention strategies previously described in the Community Plan are not repeated in this section.

Area: All (All components)

LTO (HP7-2e, h, i): 90% of area schools will offer enhanced SH Education through the STEPS Initiative by 2008.

S.M.A.R.T. Objective: Expand % of schools offering enhanced SH Education from 85%(2004) to 87% in 2005.(School Records)

ALL-1: *PinCHD* will contract with Pinellas County Schools to hire the STEPS Coordinator by 11/03/03.

PinCHD contracted with Pinellas County Schools and hired a full time STEPS Coordinator and part time support staff in January 2004. The school coordinator facilitates integration of health education, physical education, student health services, Safe and Drug Free Schools, food service & nutrition and related STEPS activities.

ALL-2: Existing School Health Advisory Committee has been identified to serve as the School Health Council. The coordinator will expand council membership and lead each monthly meeting. **STO:** The SHC will oversee implementation of STEPS activities for approximately 57,000 students (25,500 in 34 ES, 11,500 in 9 MS, 20,000 in 7 HS and 5 Special Needs Schools). **Evidence:** American Cancer Society's Guide on the Role of the S H Coordinator and Guide to SHC.

S.M.A.R.T Objective: The school health council will expand membership from 5(2004) to 7 in 2005.. (Data Source: Monthly meeting minutes)

The coordinator has expanded membership on the School Health Council and leads each monthly meeting. The SHC oversees implementation of STEPS activities for approximately 57,000 students (25,500 in 34 ES, 11,500 in 11 MS, 20,000 in 8 HS and 5 Special Needs Schools). Members include: STEPS School Coordinator, STEPS Nutrition Educator, Pre K-12 Health Education Supervisor, Pre K-12 Physical Education Supervisor, Nutrition Education Specialist for Food Services, and the Supervisor of School Health Services.

The School Health Advisory Committee planning team met in June to establish a calendar of meeting dates. These meetings are held quarterly on the following dates; July 21st, October 27th, February 23rd, & April 27th. Current membership includes representatives from the Pinellas County Health Department including the STEPS coordinator, school nurses, and the Supervisor of School Health Services and 2 area pediatricians. The Committee is actively recruiting for new members including parents, concerned citizens and local policy makers.

Area: Nutrition & Obesity (N, 0)

LTO (HP7-2h): 90 % of schools will offer enhanced School Health Education on healthy dietary patterns by 2008. ***S.M.A.R.T Objective: 87% of schools will offer enhanced School Health Education by 2005. (Baseline: 85% of schools are offering “Organ Wise Guys” at end of year one. Data Source: Class Logs)***

LTO (HP19-5): Increase % HS students who ate at least 2 fruits /day for last 7 days from 15.9% (2001) to 30% in area (2008).

S.M.A.R.T. Objective: Increase from 15.9% (2001) to 20% in intervention area by (2005): (YRBS/ IA YRBS)

LTO (HP19-3): Decrease the % of overweight students from Yr. 1 area BMI baseline by 15% (2008).

S.M.A.R.T. Objective: *Decrease % of overweight students of 38%(2004) to 33% by 2005.*

(School Fitness Gram)

N-1: *PinCHD* contracts with *schools* to hire a Nutrition Educator by 11/03/03. *PinCHD* contracted with *schools* and hired a Nutrition Educator in January 2004.

N-2: Expand "Five a Day the Color Way Salad Bar Program" from 3 existing ES schools to 29 new ES schools, 4-6/Yr. and increase annual % of students using salad bar. **STO:** Annual % of students per school using salad bar.

S.M.A.R.T. Objective: *Expand salad bar programs from 7(2004) to 10 schools by 2005.*

Increase annual % of students from 15%(2004) to 20% by 2005. (School Salad Bar Data Base)

Four (4) new salad bar programs have been implemented; in Rawlings Elementary, Gulfport Elementary, Perkins Elementary and Tyrone Elementary. Salads are prepackaged by cafeteria staff to make selections easier, particularly for the elementary students. This brings the number of existing salad bars to seven. Currently 15% of the student populations are using the salad bar program.

N-3: Offer "Organ Wise Guys" characters and materials interactive classroom curriculum to same 29 ES schools, 4-6/Yr. **STO:** Annual # of students using "Organ Wise Guys" education.

S.M.A.R.T. Objective: *Increase % of targeted "Organ Wise Guys" schools from 83% in year one to 88% in 2005. (Data Source: Class logs)*

"Organ Wise Guys" characters and materials reached 83% of the targeted schools.

The following schools received the Organ Wise curriculum: Lakewood Elementary, Perkins Elementary, Rawlings Elementary, Sexton Elementary and Tyrone Elementary.

Pinellas County School Food Service Department is using a collaborative and interdisciplinary approach to nutrition in the classroom that incorporates the OrganWise Guys kid friendly characters in a grade level progressive curriculum. In this project the OrganWise Guys books are featured in kindergarten through 5th grade to increase awareness of nutritional benefits through mnemonic association between nutritional need and healthy body functions. The book content is supported and children are introduced to healthy foods through the following suggested activities: Farmers Market demonstration, sampling of produce from local produce vendors, cafeteria promotions, guest readers and presentations from the Nutrition Education Specialist. During presentations students are introduced to the Food Guide Pyramid and serving size information. The grade appropriate hand outs/activities include FCAT (Florida Comprehensive Assessment Testing) reading questions to support the Florida State testing procedure and a reading log to reward recreational reading. Students are introduced to basic anatomy and the OrganWise Guy characters through an interactive review of the book materials and the visual aide Little Organ Annie. Organ Annie is a doll used to acquaint students with the body organs, locations, basic functions and simple things to do in order to help their organs stay healthy.

N-4: Introduce "MORE Health-Fit for Life" 8th grade curriculum (2-50minutes presentations) in Yr. 1 to all 11 MS & "More Health-Eating Disorders, obesity and nutrition" 10th grade curriculum in Yr. 3 to all 7 HS. **STO:** # of MS & HS students using "More Health"/Yr.

S.M.A.R.T. Objective: Increase # of students, 2900(2004) by 5% in 2005. (Class Logs)

MORE Health-Fit for Life” curriculum reached 100% of the targeted schools. The program was implemented in all 8th grade classes in 11 middle schools within the intervention area reaching 2900 students.

MORE HEALTH is a high energy, hands-on classroom presentations using giant custom-made visuals, puppets, videos, songs, and books. All of the lessons meet the Sunshine State Standards for Health, Science, and Language Benchmarks. More information on specific lessons can be found at www.morehealthinc.com

N-5: Produce and disseminate Healthy Eating and physical activity media materials (district TV channel, posters in school cafeterias, video materials, etc.) and expand in Yr. 2-5.

STO: # of school media production/Yr.

S.M.A.R.T. Objective: Increase the 15,000 (2004) pieces by 5% in year 2005. (Count of Documents)

Healthy Eating and Physical Activity Materials – Over 15,000 pieces have been printed for use in the program and distributed to schools within the intervention area including folders, letters, certificates, survey forms, calendars, agendas, educational worksheets, brochures, charts, information sheets, coloring books, post cards, report forms, program applications, memos and menus.

N-6: Pilot a new customized YRBSS in 3rd grader of Yr. 1 intervention schools and expands to the 20 ES, 4-6/Yr. **STO:** Yearly results of customized YRBSS. **Evidence for Nutrition Activities:** a) National Association of State Boards of Education's report: Fit, Healthy and Ready to Learn: A SH Policy Guide Part 1. (Bogden, J. 2000) b) CDC, Guidelines for SH to Promote Lifelong Healthy Eating, MMWR.

S.M.A.R.T. Objective: Administer 3rd grade survey in 2006 and compare with baseline of 2004. (3rd Grade YRBSS)

Customized 3rd Grade YRBSS – Administered to 450 3rd graders in the intervention elementary schools during the month of April 2004.

Area: Physical Activity (P)

LTO (HP7-2I): 80% of schools will offer enhanced SH Education on physical activity through classroom fitness curriculum by 2008.

S.M.A.R.T. Objective: Expand “Take 10” curriculum from 50% (2004) to 60% in 2005. (Class Logs)

LTO (HP22-6): Increase the % of HS students who engage in moderate physical activity for at least 30 minutes on 5 of 7 days from 22.7% (2001) to 30% in area (2008).

S.M.A.R.T. Objective: Increase from 22.7%(2004) to 24% in 2005. (Data Source: IA YRBS/ YRBS)

LTO (HP22-7): Increase the % of MS students who engage in physical activity that promotes cardiovascular fitness for 20 min on 3 or more days from 54.3% (2001) to 65% in area (2008) (YRBSS).

S.M.A.R.T. Objective: Increase the % of MS students from 54.3%(2001) to 58% in 2004. (YRBS)

LTO (HP19-3): Decrease the % of overweight students from Yr. 1 area BMI baseline by 15% in 2008.

S.M.A.R.T. Objective: Decrease from 38%(2004) at end of year one to 33% by 2005. (School Fitness Gram)

P-1: Administer annually FitnessGram physical fitness assessment, including BMI, to ES, MS, and HS students in PE. **STO:** a) Establish baseline of students meeting minimum fitness levels in 3 or more physical fitness areas; b) Establish BMI baseline for ES (20,000), MS (10,000) & HS (5000). **Evidence:** Fitnessgram Cooper Institute for Aerobics
S.M.A.R.T. Objective: Increase from 20% (2004) by 5% the amount of students that are in “healthy fitness zones” for cardiovascular fitness by 2005.(Fitness Gram)

Administered the FitnessGram Assessment – Physical fitness data is collected each semester from teachers in schools from the intervention area. Baseline data has been collected in the following components of the Fitnessgram; mile run/pacer test, BMI, Curl Ups, Trunk Lift, Push Up/Modified Pull-Up/Pull-Up/Flexed Arm Hang, and Sit & Reach/Shoulder Stretch. Fitnessgram physical fitness data indicates only 20% of the students are in the “healthy fitness” zone for cardiovascular fitness and 62% of the students are in the “healthy fitness zone for BMI. FitnessGram assessments administered were (ES) 44,915 (MS) 6,051 and (HS) 2,066

P-2 Status: Deleted in year 1 due to equipment purchase restrictions in budget negotiations

P-3: Expand "Take 10!" classroom fitness curriculum to 20 new ES, 4-6/Yr. **STO:** # of students participating in “Take 10!”/Yr. **Evidence:** Prevention Research Center (PedExSci15: 156-2003)

S.M.A.R.T. Objective: Expand “Take 10” curriculum from 50%(2004) to 60% in 2005. (Class Logs)

"Take 10!" classroom fitness curriculum integrates 10mn periods of PE with standard academic lessons. "Take 10!" has been implemented in 50% of the targeted schools. Year-end results included 2 elementary schools with a total of 102 teachers using the curriculum. TAKE 10!® is an innovative teaching tool, for grades K-5, that capitalizes on a child's natural desire to be active. The program, developed and validated by the International Life Sciences Institute

Center for Health Promotion (ILSI CHP), is designed to reduce sedentary time in the school day while promoting positive health messages about physical activity and nutrition. TAKE 10![®] activities link academic curriculum requirements in math, science, language arts, and social studies with 10-minute periods of physical activity.

Barriers Encountered:

The lack of teacher training days because of the active hurricane activity has prevented established performance outcomes of this program. Teacher training days are scheduled 6-12 months in advance and are being eliminated to make up for lost school days due to hurricanes.

Barriers Addressed:

The STEPS nutrition educator and coordinator will actively promote the TAKE 10![®] program. One elementary school in the intervention area still has an available training day and every effort is being made to secure that time for STEPS training days.

P – 4 Establish a Staff Walking Program with pedometers to model & promote fitness activities. **STO:** a) # of staff participating in walking program/Yr. b) Establish in Yr. 1, baseline # of steps walked by staff (Increase by 25%/Yr.).

S.M.A.R.T. Objective: Increase participation (65 people) and # of steps walked (81,650,631) by 25% by 2005. (Teacher Logs)

“Staff walking programs” were established in the following 5 schools: Boca Ciega High School, Gulfport Elementary, Lakewood Elementary and Azalea Elementary and Thurgood Marshall Middle School. The staff participation ranges from 12 – 65 people/school with a total of 81,650,631 total steps walked.

P-5: Establish after school Family Obesity Education Services to increase physical activity for obese students and their families (2 sites annually). **STO:** a) # of obese students (by

BMI) referred/Yr. b) # of students participating in Family Obesity Education Services/Yr. **Other**

Evidence: a) 2002 California DOE. b) CDC report, Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Youth.

S.M.A.R.T. Objective: Increase from 64(2004) members the people participation in programs by 5% and increase the participants BMI improvement from 50%(2004) to 60% in year 2005. (BMI logs/Attendance sheets)

Program was implemented at 2 school sites, Lakewood Elementary and Meadowlawn Middle schools. Baseline BMI data was collected on the 64 family members participating. 50% of the participants improved their BMI scores at the completion of the program.

Barriers Encountered:

More time and resources were required than what was originally planned for this objective.

Barriers Addressed:

In order to reach more families the program has been expanded by coordinating and integrating programs between the YMCA and All Children's Hospital. The YMCA has expanded it's family weight management program, adding a class to one of the IA High Schools after hours. All Children's Hospital is taking STEPS referred family's into it's family oriented KidsShapers program.

Area: Tobacco Use (T)

LTO (HP7-2e): 95% of ES students (24,225 annually) will receive enhanced SH education on tobacco use and addiction (School reports).

S.M.A.R.T. Objective: 95% of ES students will receive enhanced SH education by 2005. Data source: (School logs)

LTO (HP27-4): Decrease % of MS students who smoke a whole cigarette before age 13 from 23.2% (2001) to 18% in area (2008).

S.M.A.R.T. Objective: *Decrease from 23.2% to 21% in area by 2005 (YRBS/IAYRBS)*

T-1: Train all ES teachers yearly to implement grade level instructional material on tobacco use and addiction into daily lesson plans. **STO:** # of ES Teachers trained/Yr. Grade 5 will maintain less than 2% tobacco use (**local survey**). **Evidence:** Florida Tobacco Control.

Existing Programs: HS “N-O-T” Smoking Cessation & Education Program

S.M.A.R.T. Objective: *Maintain the 100% teacher training in year 2005. (Teacher logs)*

At this time, 957 teachers in grades 1-5 have been trained to implement instructional materials on tobacco use and addiction. **The Youth Tobacco Survey for 5th grade was implemented in October 2004.**

Area: Asthma (A)

LTO (HP-24-6): Provide asthma specific health education to 1000 children by 2008.

S.M.A.R.T. Objective: *Increase from 42(2004) students to 300 students by 2005.*

(ALA Attendance Logs)

A-1: *PinCHD* will contract with American Lung Association (ALA) to provide the Open Airways Program to 4th and 5th graders with asthma. **STO:** a) 30 programs, b) 250 children/Yr. and c) pre/post test questionnaire. **Evidence:** CDC website lists ALA program as successful intervention.

S.M.A.R.T. Objective: *Increase from 42 (2004) students to 300 students by 2005. (ALA Attendance Logs)*

Training of the nursing staff for the Open Airways for Schools Program (OAS) was completed in March 2004. The Open Airways Program has been implemented in 2 schools to date.

The intervention consists of 6 sixty minutes sessions with groups of 8-12 children.

(OAS) is an award winning program that empowers students to gain better control over their asthma, increase their self-efficacy of asthma medications, and have more self confidence to achieve goals in and out of the class room. Children learn about the actions to take during an asthma episode, and learn how to communicate with parents, teachers, school nurses and other health professionals about their asthma.

The (OAS) interactive approach utilizes group discussion, stories, games, and role-play to promote children's active involvement in the learning process. Children who have participated in Open Airways for Schools have had fewer and less severe asthma attacks, have improved their academic performance, have more confidence in their ability and take more steps to manage their asthma, and exert greater influence on their parents' asthma management decisions.

Barriers Encountered:

1. Implementation for the (OAS) program in the public schools has been difficult this year due to change in leadership. In the past 5 years the American Lung Association (ALA) have been able to coordinate with the Supervisor of School Nurses at the beginning of the school year. This year this position was vacant and not filled until late December. The first meeting with the new Supervisor occurred in January and Open Airways training for the new nurses was completed in March.
2. The next roadblock deals with the over-all number of programs promised. In the past 5 years the ALA has completed between 20 and 30 (OAS) programs each school year. These

numbers are based on programs provided throughout Pinellas County. The smaller service area has provided a challenge with implementing the same number of programs.

Barriers Addressed:

1. Now that a relationship has been established with the new Supervisor, it will be easier to begin this program at the beginning of the year rather than in the middle. (**Note:** Although this has been a major barrier, the Supervisor of the nurses in Pinellas County has been wonderful to work with and very supportive of this program and the STEPS Grant. This was a conflict of timing not lack of support or understanding.)
2. The 2004-2005 school year will provide ALA with another opportunity to continue implementing the (OAS) program. During the new grant year STEPS will have a part-time coordinator that will continue to work on (OAS) implementation into the public schools and approach the private schools located in the service area. ALA will also be able to provide this program in partnership with the PARAT at the Annual Asthma Family Day event held each spring.

J. Communications Plan/Integration

The plan includes 3 components communication with 1) consortium members, 2) community at large and other partners, and 3) other STEPS sites.

- 1) Communication with consortium members is conducted through quarterly meetings currently scheduled at 6:00 pm and held at community meeting places. Agenda and reminders are sent prior to meeting and minutes are sent within 2 weeks after the meeting. The meeting dates are posted for the year and work groups are formed during the meetings to discuss diabetes, asthma and obesity considering the major risk factors of physical inactivity, nutrition and tobacco use. The goal of each workgroup is to focus on specific issues contributing to risk factors and chronic disease in the community and affected populations in

the intervention area. Email and FAX are the primary method of communication when available between Leadership Team, Project and Consortium, though regular mail is also used. A quarterly newsletter summarizing STEPS project activities and feature special events will be prepared. A bulletin board for feedback, input and information sharing will be added to the Pinellaswellness.com Internet site. Consortium training and development workshops consisting of two each year will be planned for the future.

2) Communication with community at large and other partners is primarily through the major media campaign. Other methods of communication include a) Pinellaswellness.com website, which is being expanded to include a community STEPS resource center. This section hosts a calendar of events, educational information, and links to other Internet sites targeting the six areas. b) Local cable access television show, *“Together We Can,”* the County Government’s Cable TV *Channel 18*, and the *Pinellas Park City Channel 15* to promote health events, increase consumer awareness for quality health care. c) Pinellas County’s **24-hour help line “2-1-1 Tampa Bay”** has agreed to include the STEPS health resources, sites and services. d) Newspapers, *St. Petersburg Times* , minority based *Weekly Challenger* and other local city and neighborhood publications will regularly promote health messages. e) **Brochures and flyers**, an important vehicle for health messages to the public have been distributed by PCHD staff, STEP partners, churches and public service organizations.

3) Communication with other STEPS sites and National Project Officer: a) Project Coordinator and Leadership Team members have participated in regional and national meetings (including Evaluation Meetings to establish common performance measures) face to face, via satellite, or conference call; b) Sharing information, including lessons learned and best practices, has been occurring through workshops, publications, email, FAX, Internet bulletin boards, and conference

calls c) Problem solving techniques includes “Ask a Colleague” (Ask a STEPSister City); d) Project reports as required.

K. Surveillance and Evaluation

Evaluation of Program Administration and Dissemination of information: The overall implementation of the project is assessed through **tracking of outcome indicators, quality assurance and improvement activities, and contract monitoring.** Each contractual partner prepares a monthly report summarizing activities. These reports are analyzed and compiled by the evaluator and distributed to partners during the monthly Leadership Team Meeting. At these meetings, the evaluator presents the “challenges” or unmet goals for each month. After these challenges are presented the Leadership Team divides into groups targeting identified issues and provides a resolution to the group. The evaluator determines if the goals that are in the logic models are also being met. The evaluator presents data sources and other information to the Leadership team to use in strengthening their programs. For instance, the **CHARTS** system is a surveillance system utilized by the State of Florida to track certain indicators relating to chronic disease. The CHARTS database was explained to the partners to assist with future grant applications to help in sustaining their initiatives as well as tracking indicators related to this grant. The “Shaping America’s Youth Data” was also disseminated among partners to provide guidance. At the end of each 6 months the evaluator compiles all monthly reports into a bi-annual report that is distributed to all partners. At this time the Leadership team is able to determine which indicators are being measured appropriately to meet the stated long-term objectives. The report always accompanies the **Evaluation Planning Matrix** and will now include the **Priority Indicator** list found on the following pages. The evaluator and coordinator also meet quarterly with all partners to discuss their **logic models** and

identify ways to address barriers affecting service delivery. The logic models are utilized by the partners to facilitate discussions within their organizations to affect change within their agency and the community.

STEPS partners are providing classes within the targeted intervention area. These classes and activities include but are not limited to “5 A day” presentations, cooking classes, asthma and diabetes awareness classes. The evaluator has worked with each partner to insure that **pre- and post- test measures** are administered to all class participants to capture knowledge learned and help determine the needs of each community. Pinellas County Schools uses **pre- and post- tests** to determine increases in knowledge from the student participating in the “Organ Wise” classes and “5-A-Day” programs. The school nutrition educator has developed an evaluation tool for teachers to complete to determine how to improve curriculum instruction and integrate the daily classroom activities. Pre/Post tests have been developed and are utilized by various partners. For example, the PinCHD nutritionist organized several meetings with all the project nutritionists and the evaluator to determine core questions that should be asked regarding 5 A Day. The results are collected and given to the evaluator and coordinator at each six month interval.

The Leadership Team survey was developed by the evaluator based on core issues identified by the partners throughout the year. The survey was administered to **14** members of the team. Most of the results included positive responses.

Attachment 2 The one overriding message amongst all partners was the need for **increased collaboration between partnering agencies in year 2**. Information was presented at the monthly leadership meeting and the partners agreed to work on more ways to integrate all programs to work toward similar goals. The team will form a sub-committee to address this

issue. The team is now in the process of determining ways to measure integration among all agencies.

At the November consortium meeting a discussion included how to evaluate the STEPS project and increase awareness in the community. A consortium member stated, “A STEPS neighborhood should be developed. The neighborhood should be saturated with STEPS activities, services and events. The neighborhood would be a **disparate** community that has an active neighborhood association whose members would be part of the Consortium and Leadership team.” A shortened STEPS BRFSS would be administered randomly in the neighborhood to determine a baseline. After the assessment is completed the project would provide weekly classes pertaining to diet physical activity, tobacco, asthma and diabetes. This would also be a great venue to introduce a community garden. At the end of each year the STEPS BRFSS would be re-administered to determine changes within this neighborhood. This would be a great way to evaluate a small portion of the intervention area while also providing the project much needed publicity in the intervention area. This project will be further developed in this year and implemented in January 2005.

Surveillance, methodologies, and data analysis:

In July 2004, a **core Florida BRFSS** was administered by Clearwater Research, Inc. to 553 adults within the intervention area to collect baseline data. The response rate for this study was 47.8%. The data was sent to the CDC for extensive analysis but some preliminary analysis was prepared by the project evaluator. The **core Florida BRFSS** was administered this year within the intervention area and the sample will be increased next fall to 1500. PinCHD is partnering with the Florida State BRFSS Coordinator and will be utilizing the approved state contracted agency to administer these subsequent surveys. The results this year have been

analyzed and will be utilized by the partners to adjust their logic models and goals for the upcoming year. Some of the preliminary results targeting **STEPS objectives** are as follows:

Preliminary Results of Intervention Area BRFSS 2004				
Average Age	50.6		No leisure time activity	27%
Race			Smoked at least 100 cigarettes in life	54.20%
White	82.60%		Smoke every day	20.80%
Black	12.50%		Smoke some days	9%
Asian	0.30%		Of those that smoke every day or some days have not stopped smoking for one day or longer	43%
American Indian	1.40%		Told by a doctor you have asthma	12.70%
Other	1.80%		If so do you still have asthma? Yes	62.90%
Hispanic Ethnicity	4.70%		Told by a doctor you have diabetes?	
Overweight/Obese	21.50%		Yes	8.70%
Not Insured	16.00%		Yes during pregnancy	1.40%

In January 2005 a **customized YRBS** will be administered to at least 1200 high schools students within the intervention area schools. Some questions were modified to address specific STEPS areas. As required by the STEPS project, Pinellas schools will administer **the customized YRBS**. The evaluator and Leadership team will monitor the results and assess progress toward the project goals. Pinellas County Schools will provide **data** on absenteeism, academics, health conditions, and risk information. An Elementary School behavior risk survey was piloted within the intervention area in grade 3 for 2003-04 and results revealed in the previous report. The survey will not be implemented this year within the school system due to

time constraints caused by school closings during the hurricanes in Florida. Pinellas County Schools were closed as a result of four hurricanes.

BMI measurements were obtained on all intervention area students taking P.E.

The baseline information was collected from the Fitness-grams and revealed that **38% of students were overweight or obese**. BMI measurements will be collected annually to determine trends and changes within the intervention area school population. This information will also be presented to the partners to discuss other ways that BMI surveillance can be enhanced and utilized in the school system. The next **Florida Youth Tobacco Survey (FYTS)** will be administered in Spring of 2005 to MS and HS students to track outcome indicators in Florida Youth Tobacco Control Program.

The evaluation team has been working with all partners to develop a BMI surveillance system within the county. Currently the PinCHD has been assigned a Florida EIS officer who will be assisting with this project. The EIS officer first worked with participating partners to determine who was collecting BMI data within their agencies and is working on the feasibility of reporting this on a monthly basis. Policies have been implemented in the CHCs as well as the PinCHD to perform BMI on all clients to comply with project objectives. Reports will be generated quarterly in the upcoming year. The CHCs will report this by the 15th of every month to the evaluator. The PinCHD is able to extract this data from its internal encounter system on a monthly basis. All of this data will be compiled in a single database to determine if BMI's are being administered as well as the results of these screenings. The EIS officer will also work with partners to continue to educate private physicians about BMI as a vital sign and assess the feasibility of a county wide reporting system. The leadership team is also in the process of determining the feasibility of an asthma and diabetes registry within the county.

The evaluation team will track future **statewide and countywide policy** that may lead to system change within the intervention area. The partners will be tackling controversial policy such as mandatory physical education in the schools and mandatory reporting for diabetes, asthma and BMI. A Leadership Team subcommittee will monitor the progress on policy. Policy will be adjusted as more data become available.

The evaluation team is using **standard methodology** to assure the essential elements are tracked throughout the project period:

- Number and types of persons served by various interventions
- Achievement of related short-term, intermediate and long-term objectives
- Links between program activities and the achievement of the initiative's overarching goals
- Selected "Healthy People 2010" objectives
- Comprehensive evaluation plan
- Participate in a National independent, external evaluation to examine and document the effectiveness of the cooperative agreement
- Examine and act on successes/barriers/failures
- Gather and submit data on selected outcome and performance measures
- Participate in other evaluation activities including regular debriefings, descriptive case studies
- Special analysis and mid course adjustments.

Certain STEPS health indicators, such as asthma related hospital visits, are being tracked using hospital discharge data available from the Agency for Health Care Administration (AHCA) through a web-based database. Asthma specific hospital discharge data is being collected by All Children's Hospital staff within the intervention area. **WIC Data** is available locally and from DOH. This will be adjusted to capture BMI data on WIC clients in Pinellas County. **Community Health Centers (FQHC) BMI data** is being collected on their patient population monthly. Medicaid data is available from AHCA and is being utilized to track indicators such as asthma inhalers and insulin prescriptions. A new addition to **CHARTS**, (Community Health Assessment Resource Tool Set), compiles county maps of certain indicators

at the census tract level. The data is also available in report form with the complete census tract number. Some of the included indicators are: Deaths from Diabetes, COPD, Cardiovascular disease, and stroke. The data will be used to monitor STEPS indicators and brainstorm ideas to create **sustainability** in the community.

The Consortium is lead by the Chair and facilitated by the Coordinator, sign in sheets and minutes are kept for each meeting. The **Consortium** also participates at various levels of the evaluation process by reviewing the logic models for input and determining which areas need to be re-focused to meet the goals of the project. The evaluation plan and logic model are structured to demonstrate and document measurable progress toward achieving the stated Healthy People 2010 project goals, ongoing program monitoring of interventions, specific outputs, and sustainability.

Media Campaign Evaluation: Currently the Marketing Coordinator and Evaluator are working with News Channel 8 the NBC affiliate to design a research tool that will help determine the effectiveness of the media campaign. The methodology is being developed to conduct phone interviews within the intervention area to assess the effectiveness of the STEPS media campaign. (The television station will donate all associated costs.) Suggested questions are “Have you heard of Steps to a HealthierPinellas?” “Have you seen the Steps to HealthierPinellas Monthly Calendar?”, “Are you familiar with PinellasWellness.com Website?” These are sample questions and the instrument will be included in the next report. Also, **2-1-1** has partnered with the project this year and will be asking similar questions. 2-1-1 can track demographic information from callers in the intervention area.

Currently the Evaluator is working with the State of Florida Bureau of Medicaid Services to acquire data pertaining to asthma and diabetes that are billed to Medicaid. Due to strict HIPPA

regulations and the hurricanes in Florida this year the process has been delayed. The Bureau did agree that data pertaining to asthma and diabetes medications could be released in an annual report and possibly bi-annual once the procedure is in place. This data will not contain any identifiers such as race, etc. but can possibly be pulled by zip code. Once approved, STEPS will have a report compiled for year one targeting specific STEPS indicators such as “# of adults who have had foot exam in past year”.

Data Based Decision Making:

The Evaluation Planning Matrix, Program and Partner Logic Models and Data Inventory/Priority Indicator sheet are based on data obtained from various sources listed in this document. As more data is collected in Yrs 2-4, the action plan strategies will be modified to reflect the findings. Subsequently, the budget and subcontractors will be amended based on the data. Please refer to the following pages for the **Evaluation Planning Matrix, Logic Models and Priority Indicators Sheet** for current progress, baselines, and data sources for the evaluation