

Steps to a HealthierFL-Pinellas County

Cooperative Agreement U58/CCU423316-04 2006-2007 ANNUAL PROGRESS REPORT

B. Program Overview and Activities

1. Program Overview

a. Background Information and History

Steps to a HealthierFL - Pinellas (Steps) 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. In **year four** of the Steps grant, **HP 2010** objectives and evidence-based strategies continued to be implemented by the **Pinellas County Health Department (PinCHD)**, lead agency, in partnership with key Leadership Team members under the oversight of the **Partnership for a Healthier Pinellas**, the local Steps consortium.

Lead Agency, Leadership Team and Consortium

The Pinellas County Health Department continued to serve as **lead agency** in Year 4.

The **Leadership Team** continued through memorandum of agreement or contracts signed by all the following community partners: PinCHD, Pinellas County Schools, American Lung Association, All Children Hospital, Bayfront Medical Center, YMCA, Pinellas County Extension, Community Health Centers (FQHC), Asthma and Allergy Foundation of America, Partnerships in Prevention, St. Anthony's Hospital (Parish Nurses) and independent contractors. The Leadership Team's monthly meetings continued to provide a proactive venue for partners to work together on collective ideas, integration activities

and problem solving. The interrelationships brought about through the Steps grant and Leadership Team format continues to exceed expected outcomes.

2. Program Goals and Objectives

a. Program Accomplishments and Progress in Year 4

In Year 4 Steps exceeded or met 92% or 98/107 short term and intermediate outcomes. Through the influence and participation of the Steps project, continued progress was made in the fight against obesity, asthma and diabetes.

National Accomplishments:

- In July 2007, the **U.S. Department of Health & Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS)** tour to promote conversations concerning preventive health care and health screenings visited the Enoch Davis Community Center in the IA. The program showcased and recognized Steps health initiatives in diabetes, physical activity and nutrition. The Steps Program was awarded a certificate of excellence.
- **The Veterans Administration** became the most recent partner, promoting Pinellas Steps classes in the community. In November, the Steps program jointly hosted a Walk and Roll event with the Veteran's MOVE group, putting into action, on a local level, the national partnership of **Steps to a HealthierUS and the HealthierUS Veterans programs**. Veterans' families are also impacted because the Hospital Progressive Care Units and the Cardiac Rehabilitation Centers use Steps materials and the Steps calendar of activities is distributed at the Bay Pines VA Center.

- In August 2007, the **Physicians Committee for Responsible Medicine** ranked Pinellas County Schools as the number one school district in the nation in providing healthy school lunches. The menus regularly include and highlight vegetarian items. Pinellas County has also put together an index of vegan options available in all schools.

Criteria and Grading System:

The review looked at three essential categories for nutrition in schools:

1. Obesity and Chronic Disease Prevention
2. Health Promotion and Nutrition Adequacy
3. Nutrition Initiatives

- Pinellas County Schools received a **“Telly Award”** for **“The Teen Cuisine Quick Bites”** video produced by the Pinellas County Schools Media Department and sponsored by the Steps to a Healthier FL/Pinellas grant. Students from John Hopkins Middle School and professional chefs from the Tampa Bay area worked together to create a teen cooking show to promote better eating habits for adolescents. The Telly Award honors excellence in local, regional and cable TV commercials, non-broadcast video and TV program categories. Pinellas is in the process of submitting this production to Bright House Network for broadcast on the Food Network and Video on Demand.
- **Morbidity and Mortality Weekly Report (MMWR):** Pinellas County was one of the 15 communities that had weighted Youth Risk Behavior Survey (YRBS) data for 2005 and granted CDC permission to include our data in the report. Data from 2005 YRBS was used in the MMWR to prepare surveillance summaries. Of the 15 communities, 4 were either large cities/urban communities.

State Wide Accomplishments on Policy, System and Environmental Change:

- **The Governor's Council on Physical Fitness** was established by Executive Order on March 26, 2007. The Council will develop a state plan of action to increase Floridians' level of physical fitness through regular exercise and sound nutrition practices. The goal is to reduce the number of Floridians who suffer from chronic diseases resulting from obesity within the next ten years.

The Council will review the implementation of daily physical education courses for elementary school students (K-5) and the feasibility of providing similar physical education courses for middle and high school students (6-12) by the year 2012. Members will evaluate the nutritional value of school lunches, availability of certified physical education teachers, and the possibility of school districts maintaining independent fitness advisory panels.

- In May, **Governor Charlie Crist signed legislation** that will ensure that **public-school elementary students receive at least 150 minutes of physical education each week**, or an average of 30 minutes each day. The goal is to help young students have good experiences with physical activity so they will choose a lifelong active lifestyle.
- The Florida Department of Health (DOH) held the **fourth annual “Step Up, Florida—On Our Way to Healthy Living!”** campaign. County health departments, state and local partners, schools and worksites hosted events throughout February 2007 as part of the statewide campaign that promotes physical activity and healthy lifestyles for Floridians of all abilities.

- This year's State legislative session brought about Implementation of 2007 **Amendment 4**, citizens' initiative to **restore Florida's tobacco prevention and education program**. A total of **\$57,898,788** has been dedicated in the FY 2007-08 budget, as required by the constitutional formula.

The amendment requires DOH to conduct statewide tobacco education & use prevention program; creates a Tobacco Education & Use Prevention Advisory Council; provides reimbursement for travel & other expenses for council members; requires the Secretary of Health to award contracts in consultation with council; and provides for appointment of peer-review panel to review proposals for funding and specifies use of funds appropriated under the program. **The amendment provides Core funding for every County health department** be implemented or increased so that tobacco prevention activities can occur in every corner of the state. The **Pinellas County Health Department** in partnership with the **Tobacco-Free Coalition** has received a 3 year grant, with a possible 3 year extension **for Tobacco Prevention and Control** programming in the County.

The service delivery plan for this funding provides **for continuation of the Steps tobacco interventions** and expansion of these interventions to the entire County.

- **The Florida Quit-for Life Line**, toll-free smoking cessation hotline has been actively promoted throughout the Steps IA. The Florida Department of Health's (DOH) Tobacco Prevention Program is running a media campaign to increase awareness of the tobacco cessation *QuitLine*.

Two public service announcements (PSA), one in Spanish and one in English are airing on radio targeting 18-34 year olds. The PSA spots are broadcast

throughout Florida with an emphasis on the Miami, **Tampa Bay**, Orlando, Jacksonville and Gainesville markets. The campaign is also aimed at pregnant smokers and their partners, as secondhand smoke can have serious and lifelong effects on babies. The Steps Program has made a concerted effort to promote the quitline among IA residents and health care providers.

County Wide Accomplishments:

- In Year 4 Steps in partnership with **Florida DOH** and **Florida on the Move** (FOM) planned and implemented the “**Step Up, Florida – On our way to healthy living**” campaign in Pinellas County. In the week leading up to the event, elected officials and County-wide community organizations participated in a walking challenge.

The *Step Up, Florida: Pinellas on the Move* event was held on February 24th along the Pinellas Trail with a finale event at Taylor Park in Largo. Participants who walked around Taylor Lake received a pedometer and a T-Shirt and then enjoyed the various festivities offered throughout the day. There were over **838 participants, walking a total of 7,506 miles** throughout the Step Up, Florida: Pinellas on the Move event.

- The **Steps school staff nutritionist** continued to work with the district’s food service staff offering technical assistance to implement Steps IA programs throughout the school district.
- **The Steps to a Healthier You** A lesson in nutrition education created for teachers using a variety of reading strategies was accepted for presentation at the **American School Health Association**. The lesson is tailored to the

CREating Independence through Student-owned Strategies Project (**CRISS**).

Florida School Steps representatives from **Pinellas County Schools**

presented at a number of statewide conferences including, Florida State

School Health Association, Florida State Health Education Advisory

Consortium, and the Governor's Council on Physical Fitness.

- Physical education is offered in all elementary schools. **Students receive 30 minutes of physical education 5 days a week.** Every elementary school has at least one certified physical education specialist. They are supported by assistants who help the teacher in supervising, observing, and assisting with the delivery of instruction.
- **Steps issued a press release recently that was titled “Renters Beware”.** This release listed factors to look for before signing a rental lease. Factors such as musty odors, stains on walls and ceilings, old carpeting, cracks in exterior walls, dirty air handlers, and recent patches on ceilings and walls were listed as warnings to look for upon initial inspection by the tenant. **The press release resulted in a local TV news channel coverage and spot on the evening news.** The reporter also made a field visit to a tenant who was agreeable. This visit highlighted substandard conditions in a rental property and was presented in the nightly news. Steps received more calls as a result of this piece.

Intervention Area Accomplishments

Steps partners continued to provide excellent programs throughout Year 4 to achieve

short term outcomes as described in section **b. Community Action Plan**. Additional

accomplishments beyond those included in the Community Action Plan are described below.

Pinellas County School Districts

The Pinellas County School District, including the School Board and District Superintendent continue to be very supportive of the Steps grant initiatives. The Steps School Coordinator is a member of the Leadership Team and has been very proactive throughout the school system. Some highlights from Year 4 are:

- **Fitnessgram assessments** are required for all students in PE classes. **The Steps grant assisted the district in the purchase of a district server to compile district fitness data.** The 2006-2007 STEPS Intervention Area data shows that **71% of the students tested (23,583/33,297) were in the “Healthy Fitness Zone.”** The “Healthy Fitness Zone” indicates that a student is achieving a level of activity and fitness associated with excellent health, growth, and function. Data collected in 2006-2007 shows improvement over 2003 baseline of 20% in student fitness. During the next year, a process for correlating fitness scores to academic scores will be developed.
- The **Asthma School project** sponsored by the Steps to a Healthier FL/Pinellas grant is being implemented in Pinellas County Schools through a **partnership with Glaxo Smith Kline and the American Lung Association.** The goal of the project is to improve the quality of life for students with asthma and to reduce school absenteeism for these students. During the spring of 2006 baseline data on absenteeism was collected from students with asthma in ten elementary schools. During the fall of 2006, asthma education was provided for students with asthma

along with daily peak flow readings by the school nurses. Asthma education was implemented by volunteers for a period of one month for 30 minutes each week. Daily peak flow readings were administered by school nurses following the second education lesson which explained the Peak Flow meter and its function. Results of the first year evaluation indicate a 41.6% decrease in absenteeism for the participating students and 24% of the students improved their overall peak flow readings over time.

- **Fun Nights for Diabetes Management** project was implemented through a partnership with the Pinellas County Cooperative Extension Service. The goal of the program is to promote a healthy lifestyle through education, improved eating habits, physical activity and emotional support for the diabetic student and their family members. A series of classes were provided for diabetic students and their family members during the 2nd semester of the 2006-2007 school year. Classes were held in the evenings with a focus on nutrition/cooking and physical activity. A Pre/ Post Lifestyle/Behavior questionnaire was used to collect data on behavior changes for the diabetic student and the family members. Follow-Up phone contact helps students/parents to determine further needs. Parent and student support groups have been established and are being promoted through the school system.

Partnerships in Prevention, Inc. (Media Partner)

The **marketing and advertising campaign** focused on branding the Steps to a HealthierFL initiative targeting at risk and disparate populations. Television, radio

and billboard spots have created awareness about the chronic disease challenges of obesity, diabetes, asthma, tobacco.

- The second annual **Wellness Day Tampa Bay** was a free community event at Tyrone Square Mall, located in the center of the intervention area with a target population that mirrors the Steps target population. Foot traffic at the mall brings over 50,000 on weekends. Local physicians provided health information and consultations with attendees and information pertaining to diabetes, nutrition, asthma, tobacco prevention and cessation, and physical activity was distributed. Radio Disney provided interactive demonstrations with children featuring easy exercises and games that require physical activity to participate. The mall also offered a stage with an ongoing Q & A session each hour with the audience featuring Steps partners and physicians.

The project chooses to combine sections b. c. and d. in the Community Action Plan.

The Community Action Plan Matrix is contained in Attachment 1.

b. Progress made in achieving short-term and intermediate outcomes.

c. Relevant barriers, unmet goals objectives, activities, and specific plans to address them.

d. Description of activities, including the extent to which activities were implemented;

and changes to planned implementation.

e. Evidence based health strategies can be found in the Core Performance Measures(sent electronically).

The Community Action Plan is divided into two sections: Community and School-based Interventions. The Plan breaks down activities into six (6) areas: Nutrition (**N**), Obesity (**O**),

Diabetes (**D**), Physical Activity (**P**), Tobacco (**T**), and Asthma (**A**). Other abbreviations include: Elementary (**ES**), Middle (**MS**), and High (**HS**) schools and Intervention Area (**IA**).

Community Interventions

Area: Nutrition (N)

Steps exceeded or met 93% (13 of 14) short term and intermediate Nutrition outcomes.

N-1: Continue Expansion of *PinCHD* general nutrition services by assigning a full time nutritionist to the project and by a renewed contract with *Pinellas Cooperative Extension Center* to provide outreach community nutrition services.

Status: Met

Pinellas Cooperative Extension Center contract renewed 10/06.

N-2: Conduct 1 hr class to children in after-school programs consisting of 30 minutes of evidence based nutrition curriculum and 30 minutes of physical activity.

Status: Exceeded 7,438/7,000 children

Discussion: A 6-week curriculum that included nutrition, fitness and healthy snack preparation activities were used to teach hour-long sessions focusing on exercise, introduction to the pyramids, fruits and vegetables, Florida Agriculture, the anatomy of fruits and vegetables, and the food label. Hands on activities included “Think Your Drink”, Build A Food Pyramid Sandwich, What’s Your Serving Size?, What’s In The Bag, Compare A Snack, Fast Food Meal Comparison and 5 A Day Power Bingo. Food preparation activities featuring fruits and vegetables included recipes like Shake it up Salad, Pyramid Sandwich, Fruit Kabobs, Banana Peanut Butter Sandwiches and Celebration Shortcake.

Activities to teach fitness included Fitness Dice Toss, Balloon Soccer, Nerf Dodge Ball, Deer in the Park, The Pulse Game and Big Step Relay. In addition, children took an exercise challenge by visiting various stations and participating in the activity identified at the station. Other fitness activities include The Creek, Pedometer Walk, Playing Card Fitness, Fat Grabbers, Musical Disks, and Let's Dance.

New materials for the summer and after school programs were developed and are currently in use. Children learn about My Pyramid through interactive lessons that involve hands on activities. The Grain Game, What's in the Bag, Fruit and Vegetable Scavenger Hunt, Where's the Dairy? and Where's the Protein? Teach the children about foods from the 5 groups. Tic Tac Toe Jeopardy is used in the final session to review what they have learned throughout the past 5 sessions. Certificates of completion with the Steps logo were provided to children at the end of the 6-week session.

N-3: Conduct evidence based nutrition presentations and an in-depth food preparation and nutrition education program.

Status: Exceeded 4834/2950 participants

Discussion: Hour long programs were offered in the community to a variety of groups.

Locations included community centers, faith based locations, apartment complexes, schools, worksites and others. Various topics included: Nutrition For Young Children, Using Your USDA Commodity Foods, Top 10 Food Mistakes We Make, Spice Up Your Life With Herbs and Spices, Meet the Meat Group, Salt – Friend and Foe, Healthy Cooking, Quick Healthy Meals, Steps To A Healthier Holiday, Fast Foods, Healthy Holiday Cooking, Quick and Healthy Lunches, Fruits and Veggies, Quick Healthy Snacks, Measuring Sugar in Beverages, Reading Food Labels, Home Food Safety ---It's in Your Hands, Diet Trends, Cooking For Better Health, The Food Groups, Organic

Foods – What Makes A Food “Organic”?, My Pyramid, The Food Label – What’s New About It?, Vitamin and Mineral Supplements – What the Consumer Needs To Know, Omega-3 Fats in Foods and Supplements, Your Cholesterol Test Results – What Do All Those Numbers Mean?, Senior Nutrition and How It Differs From Other Age Groups, Grains, The New American Plate – How It Has Changed, Saving \$\$\$ on Meals – Smart Shopping, Are You Label Able?, Nutrition in Diabetes, and The Importance of Dairy. Teaching techniques included lecture/demonstration, interactive quizzes, group discussion and food preparation activities.

N-4: (a., b.) PinCHD will maintain contract with Bayfront Medical Center (BFMC) to retain 1 full time dietitian. The dietitian will be out posted to 2 Federally Qualified Health Centers (FQHC) clinic sites to provide 5 A Day one on one evidence based education to adults and pediatric clients.

Status: Unmet a. 37/25 pediatric b. 175/240 adult clients.

Barriers: In March 2007 the Bayfront dietitian resigned. BMC chose not to rehire for the position or continue with the grant.

Barriers Addressed: The PCE, a Steps partner, provided group nutrition classes previously conducted by the BMC dietician. In addition, the Steps dietician, a Health Department employee was out posted to the FQHC for individual nutrition counseling. The out posting will provide sustainability to this nutrition component with the DOH working with the FQHC to **provide a permanent licensed nutrition professional for clients in an underserved area of the community.**

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.

Status: Exceeded 51/50 Restaurants added in Year 4

Discussion: A total of 51 healthy choice restaurants were approved in the Steps IA. The Healthy Choice Restaurant Program has expanded to both healthy kids (FL on the Move)

and adults (Steps) restaurants. The managers and owners that participate in the Healthy Choices Restaurant Program have given feedback on the progress and effectiveness of the program through the annual manager surveys. Many restaurants are excited to see a change occurring and want to know what healthy options are working for other restaurants in the program that they can incorporate in their own restaurant.

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.

Status: Exceeded 5021/2125 Average “hits” per month.

N-7: Promote and expand *PinCHD* “Parent Health Bulletin” featuring healthy eating tips for parents.

Status: Exceeded 588/500 distribution sites

Discussion: The goal of increasing the number of sites receiving the Parent Health Bulletin was accomplished. **Each month a new Parent Health Bulletin** is created and promoted throughout the intervention area. Around 9,000 Parent Health Bulletins are distributed each month to 588 locations. The topics are rotated on a 6 month cycle including, physical activity, diabetes, asthma, nutrition, obesity, and tobacco. In year 5 all child care centers in the intervention area will be added to the mailing list. The Parent Health Bulletins will be sustained through the WIC program and School Health Early Coalition Hearing and Vision Screening Program. Both programs already take advantage of the Parent Health Bulletins and help distribute them into the community.

N-8: Conduct 5 A Day and healthy choices promotion as part of major media campaigns described earlier. Expand Year 1 partners and increase # of messages by 5% in year 2.

Status: Exceeded 7665/6589 messages

School Action Plan:

Area: Nutrition (N)

N-1: *PinCHD* will maintain contract with schools to retain a Nutrition Educator.

Status: Met

N-2: Expand "Five a Day the Color Way Salad Program"

Status: Exceeded 53/30 schools in the IA

Discussion: There are a total of fifty three (53) schools in the intervention area to date offering a salad program. Ten (10) schools have had a **Farmer's Market Kick-Off** and all IA schools have been provided with training and resources to implement the pre-packaged salad program. Most students will choose 1-2 fruits or vegetables when going through the lunch line if a salad is not selected.

N-3: Offer "**Organ Wise Guys**" characters and materials interactive classroom curriculum in ES schools.

Status: Exceeded 29/25 ES

Discussion: The Organ Wise curriculum implemented in twenty-nine elementary schools within the intervention area. **A total of 14,575 students have received the Organ Wise Guy program** in Steps intervention area schools this grant year.

N-4: Maintain "MORE Health-Fit for Life" 8th grade curriculum (2-50minutes presentations) to all 11 MS & introduce "More Health-Eating Disorders to all 7 HS and "More Health Nutrition Pyramid Power" to all 35 ES.

Status: Met 35/35 ES Met 11/11 MS Met 7/7 HS

Discussion: "Fit for Life" implemented in 8th grade classes in 11 middle schools within the intervention area. The total number of students in the MS program for this year is 2,151. "Pyramid Power" implemented in 35 of the 35 elementary schools. . The total

number of students in the ES program for this year is 3,118. “Food for Thought” has been implemented in 7 high schools serving a total of 1,948 students.

N-5: Moved to ALL-13

N-6 PCS to administer a customized YRBS in 3rd grade in Years 1, 3, and 5 and in HS years 2 and 4.

Status: Met HS YRBS administered in spring 2007.

Community Interventions

Area: Asthma (A)

Steps exceeded or met 88% or (21 of 24) short term and intermediate Asthma outcomes.

Children’s Outreach/Case Management and Environmental Interventions:

A-1: *PinCHD* will contract with *ACH* to retain an **outreach case manager** in Year 4.

Status: Met Contract with ACH renewed 10/07

A-2: (a.-f.) *ACH* to provide **outreach** and **case management (CM)** services for children with asthma.

Status:

a. Unmet for # of CM children	393/400
b. Exceeded for # hospitalizations (ACH) <18 (reduced)	250/284
c. Unmet for # ER visits for children (reduced)	1138/1087
d. Met for CM children with primary care provider	100%/90%
e. Exceeded for CM children compliance with medication	99%/80%
f. Met for CM children completing referral process	70%/70%

Discussion: In Year 4 a total of 393 clients were enrolled in case management services compared to 277 in Grant Year 3. Of this number **116 new clients were enrolled in the Asthma Steps Program.**

Hospitalizations decreased by 7% compared to Grant Year 3 discharged with primary diagnosis of asthma. Emergency room visits decreased by 10% compared to Grant Year

3. Emergency room visits decreased by 9% compared to Year 3 (1035 discharged from Emergency with primary diagnosis of asthma in Grant Year 4 compared to 1144 in Grant Year 3)

The Asthma Care Coordinator provided over 102 homes in Year 4 for asthma education. The program has also begun to capture the number of case managed children who have an Asthma Action Plan. The Asthma Care Coordinator is asking each new client if they have an Asthma Action Plan, provides them with a copy of one, and encourages them to discuss it with their primary care provider. In addition the program is capturing the number of case managed children who are taking long term controller medication.

Barriers: It continues to be difficult to attain a total of 400 clients in one year. Many of the clients referred are from a low socio-economic level and often are faced with multiple social challenges. In addition, the clients are not voluntary in the sense that they have not approached the case manager for services. The CM has either sought out cases or relied on referrals from health care providers or Steps partners.

Barriers Addressed: The hospital has developed **a process to assure that inpatients are discharged with an Asthma Action Plan if they are treated on the Asthma protocol.** The process was initiated on August 28th and should assist in meeting this deliverable for patients hospitalized at ACH. The care coordinator will continue case-finding efforts by contacting Emergency Center (EC) patients to follow up on EC visit and continue marketing efforts with physician practices, emergency rooms, schools.

Success Story – An 11 year old boy from Haiti who lives with his sibling and both of his parents has settled in southern Pinellas County. The patient was 10 years old when he was first enrolled into the Steps pediatric asthma program. He was admitted to the All

Children's Hospitals to be treated for complications due to his asthma condition in the beginning of March, 2007.

The pediatric asthma inpatient Case Manager Nurse alerted the Steps Asthma Care Coordinator about this patient and the first steps contact was completed.

The patient was diagnosed with mild to moderate persistent asthma and had allergic tendencies. He had been twice to the emergency department and this time his situation reached a point requiring him to be admitted to the hospital for three days.

A home visit was set up with the mother's agreement. The patient's parents, being originally from Haiti, had French as their primary language. The Asthma Care Coordinator is fluent in French and the teaching and discussions took place in their primary language. **The patient and his family were more at ease and felt more "at home" with the education provided.**

Air quality concerns were identified during the home visit and a referral was made for an air quality assessment. The referral was completed and their concerns were addressed.

The family attended the Steps Asthma Family Day at All Children's Hospital. The patient's mother scored very well on both the pre-program and post program tests and received a gift from the Suncoast Pediatric Asthma Coalition. The patient was able to participate in the group of asthmatic children including 10 and 11 year olds and was able to help other children learn more about asthma.

After the program, the patient's mother expressed her gratitude to the Steps program. She also asked the Steps care coordinator if he could speak to her church group in French in order for Steps to reach other families from Haiti with asthmatic children.

To this date, this child has not been in the emergency department nor has he been admitted to the hospital or has missed school days for asthma.

A-3: *PinCHD* to provide **indoor air quality (IAQ) assessments** consisting of standard tests and observation to identify environmental asthma triggers for children.

Status: Exceeded 251/205 inspections

Discussion: Home visits for indoor air quality and asthma trigger identification exceeded objectives. Success in this objective was due to several factors. **Presentations to various medical groups, city codes departments, and educational groups spotlighted the indoor environmental issues.** As a result, Steps received referrals from physicians and other health care providers who have largely been unaware of the indoor environmental issues, codes departments, and educational interests.

City codes departments historically focused on structural, electrical, and plumbing issues but more frequently have referred mold cases to the DOH Environmental Health division. Approximately 80% of home visits have been made in rental properties due to mold issues. Tenants typically called the codes departments to complain about maintenance issues before the home visit program was promoted.

A legal group representing low income clients also called as a result of the release and inquired about our home visit program. They asked if they could refer their clients to us for mold and other indoor issues. **Home visits are non-regulatory since there is no legislation covering indoor environmental issues but landlords are more liable if the tenant has a report from us and seeks litigation.**

There are fewer commercial visits. Many business owners and managers are hesitant to ask for assistance because of legal concerns such as workers compensation and other costs associated with our recommendations. The team cannot go into

commercial facilities based on complaints from employees. The school system has its own environmental/maintenance group that handle classroom issues. Steps will assist PCS if a parent complains to PinCHD directly and PinCHD reports it to the school system.

There is more environmental awareness as a result of several factors such as media coverage, educational presentations, and litigation. PinCHD also instituted changes in regulated programs such as day care centers, nursing homes, foster homes, and assisted living facilities. The regular inspectors that cover these facilities have been instructed to report indoor environmental problems such as visible mold growth, musty odors, and other questionable issues. Upon notification by the regular inspectors of indoor environmental issues the two indoor air quality specialists will visit the facility along with the regular inspector and make recommendations. Since these facilities are regulated they usually comply with recommendations.

Steps has received compliments from health care providers who consider IAQ a part of the overall team. More physicians see now that the home and workplace can be the culprit in respiratory and other allergy related health problems. Presentations to these groups have generated great interest because of little environmental education in the academic setting. Some physicians have asked us to come to their personal homes and offices for evaluations as a result of the presentations.

Other Steps partners have referred clients because of the collaboration efforts. The American Lung Association, local hospitals, extension service, free clinic, and faith based organizations are now aware of the service and frequently refer clients.

Sustainability of the program does not appear to be a problem because of the increased awareness of indoor environmental issues and referrals.

A-4: Provide phone consultations and serve as information center for CM children.

Status: Exceeded 665/180

A-5: ACH to identify 5 new **asthma champions** annually in private physician offices, health care facilities, community member enlistment and FQHC clinic sites.

Status: Exceeded 29/20 Asthma Champions Identified

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

Status: Met in Year 1

A-7: Provide financial support to train four health care professionals to receive asthma certification. (**This objective discontinued in year 4**).

Discussion: In spite of active recruitment efforts over the last year and a half it has been difficult to recruit more health care professionals to become certified. Reasons have been the time commitment burden, as well as reluctance to take the exam in locations outside the immediate Tampa Bay area.

A-8: Distribute **simplified tools** to assist consumers and health care providers to comply with standard of care.

Status: Exceeded 10,910*/300

Discussion: *The increased amount of simplified tools distributed was attributed to the increased number of participants at Wellness Day Tampa Bay as well as all partners distributing tools at many events.

A-9: (a., b.) *PinCHD*, *ACH*, and *Medical Associations* 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.

Status: a. Exceeded 11/5 events b. exceeded 359/350 health care providers

Asthma Community Education and PARAT Coalition Building

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

Status: Met

A-11: ACH to develop and promote an **Asthma website** (<http://www.allkids.org/steps/>) to include resource directory, speakers' bureau, local asthma education classes, and links to major asthma websites.

Status: Exceeded 9383/6973 Monthly Hits

A-12: Establish asthma **speaker's bureau** (PARAT).

Status: Exceeded 18/12 presentations

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

Status: Exceeded 149/140 Participants

Discussion: Asthma Family Day is a half day event to educate parents and children about managing their asthma. Speakers include allergists, pediatricians, pulmonologists, school nurses and others to give a complete understanding of the disease. Children are separated by age groups into break out sessions and work closely with asthma educators in hands on activities. The program continues to be a success with many families returning each year.

A-14: Contract with ALA or other asthma education provider to coordinate seminars for adults with asthma or care for someone with asthma.

Status: Exceeded 444/50-100 participants

A-15: Contract with ALA to provide the "**A is for Asthma**"

Status: Unmet

Barriers: This deliverable was given to the Asthma and Allergy Foundation of America (AAFA) Florida Chapter. In January 2007 the Florida Chapter was dissolved by its board of directors.

Barrier Addressed: In order to complete this deliverable, Steps will work closely with the ALA and other area providers and health educators including Coordinated Child Care to conduct seminars and reach the stated deliverable in Year 5.

A-17: Expand PARAT **Coalition** from an informal discussion forum to a **formalized decision making board**.

Status: Met

Discussion: The Mission statement has been finalized. By-Laws have been established and voted on by members. **There are currently 44 active members on the coalition.**

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

Status: Met in Year 3

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

Status: Exceeded 5,624/4,408 ads run

School Action Plan:

Area: Asthma (A)

A-1: PCS in partnership with GlaxoSmithKline will institute an Asthma Pilot Project in five (5) IA elementary schools. The project works with students, parents and health care providers to assess daily peak flows on asthmatic children and maintain an Asthma Action Plan on each participant.

Status: Exceeded 145/80-100 Students

Discussion: The asthma education project is currently being implemented. The goal of the asthma project is to improve the quality of life for students with asthma and to reduce absenteeism for these students. Baseline data has been collected on 3rd and 4th grade

students with asthma in 5 elementary schools in the IA. Parents were asked to report any absences due to asthma to the school nurse. The nurses are responsible for reporting data to the Steps Nurse Educator. During pre-school 2006-07, nurses were trained for the asthma project. **The school nurses are responsible for collecting data on absenteeism by providing pre-packaged notes for parents** to report their child's absence and collecting data on students' usage of **peak flow meters donated by GlaxoSmithKline**. Data is being collected on peak flow usage and absenteeism and will be reported at year's end.

The nurses coordinated the student asthma lessons with the Asthma/Allergy Foundation of America (AAFA). The lessons were presented to the students by the AAFA. The student asthma lessons consisted of 30 minutes/week for 6 weeks during October and November/December 2006. A parent workshop was presented prior to the student education lessons by the AAFA. Parents were provided background information on the Steps grant and an overview of the asthma project highlighting the student education component.

The physicians of all the students participating in the project were invited to attend a dinner sponsored by GlaxoSmithKline. The purpose of the dinner meeting was to educate local physicians on the project. Physicians who did not attend were contacted to meet with the Steps Nurse Educator to educate the office staff.

Barrier Addressed: As stated earlier, the AAFA FL chapter was dissolved in January, 2007. In order to continue the work in the Asthma Project, (add comma) Steps has contracted with the American Lung Association, which now has a new local director, to continue the program in Year 5.

Community Interventions

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

Steps exceeded or met 92% or (11 of 12) short term and intermediate Tobacco outcomes.

1. Environmental Tobacco Smoke:

T-1: Maintain Tobacco Coordinator

Status: Met

T-2: Tobacco Coordinator and *Tobacco Free Coalition of Pinellas County* to provide smoke-free car kits.

Status: Exceeded 274/250 kits distributed

Discussion: Packaged and distributed smoke-free car kits to families of children with asthma, diabetes patients, parents who smoke and have young children, and community agencies that serve medically disadvantaged clients (*CDC Best Practice/Community/Coalition*), (*CDC Best Practice/Chronic Disease/Community Interventions/ to increase awareness of triggers for secondhand smoke*))

The kit provides a variety of visual reminders to smokers and non-smokers that the car is smoke-free. Some of the visual reminders are humorous and keep the smoke-free message clear, but are not intended to induce resentment by riders who may be smokers. The intent is to win more people over to the idea of having a smoke-free car.

Success Story – During the Tampa Bay Wellness Day, smoke-free car kits were distributed to families who had at least one smoker in the family. It was exciting to see the number of young families who agreed to make their car a smoke-free haven for their

children. It was especially satisfying to talk with several young fathers who had always smoked in the car and were willing to make the change for the benefit of their children.

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

Status: Exceeded 6,764/6,500 tobacco ads placed

Tobacco-Smoking Cessation:

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.

Status: Exceeded 1135/250 kits distributed

Discussion: The doctor's reminder kits are more widely used than originally anticipated.

Funding has been secured to expand this program outside the Steps intervention area beginning in 08-09.

Success Story - The program distributes kits to local hospitals for use counseling during discharge of patients from **Progressive Care Units**. One hospital has decided to provide some of the materials contained in the kit as a part of the admissions packet so that every patient is given cessation materials for themselves or someone in their family who smokes. The **Pinellas County Dental Society** continues to promote the kits among their member dentists.

T-7: (a., b.) Promote use of Florida Quit-For-Life smoking cessation hotline

Status: a. Exceeded 1439/250 Quit Line cards distributed

b. Unmet 184/250 IA calls to Quit Line (10/05 – 6/06)*

*(Last quarter data not available from Tallahassee)

Discussion:

The Florida Quit-for Life Line, the toll-free smoking cessation hotline has been actively promoted throughout the target area. **The quitline tracks the number of calls made from Pinellas County.** Steps has made a concerted effort to promote the quitline among residents as many people are interested in making the lifestyle change, but do not want a series of group classes. The quitline offers counseling for both adults and teens. A total of 1,439 quitline information cards have been distributed.

Pinellas County is the **7th most populated county in the State of Florida**, but ranks **3rd** in the number of calls to the quitline between October 06-May 07 (the timeframe for which data is available). Also, **Pinellas ranks 2nd in the State** in the % of people (76%) who called because they are personally quitting (as opposed to those who call because they are requesting information or assistance for someone else).

School Action Plan

Area: Tobacco Use (T)

T-1: Provide ES teachers with resources yearly to implement grade level instructional material on tobacco use and addiction into daily lesson plans.

Status: Exceeded 100%/95% ES teachers supplied with resources.

Discussion: All 35 elementary schools within the IA received the book, Smoking Stinks!; By Kim Gosselin. PCS Media/Library Information Services distributed the books to each school identifying them as a teacher resource.

T-3: (a., b.) Partner with *ALA* and *ACH* to implement the **Students Teach Students** tobacco education program in *schools*.

Status: Exceeded a. 147/60 trained b. 1461/1000 4th graders

- 147 high school students from 5 schools were trained as peer educators.

- 1461 fourth-graders from 19 elementary schools received the program.

Lessons Learned: Much of the success of this program is due to the commitment of **Pinellas County School's Safe & Drug-Free Schools** (SDFS) department. They have dedicated an employee to assist with the program. The whole school health services department is very supportive of this program.

Smoking Prevention (Counter-advertising Campaigns)

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.

Status: Exceeded 97/20 advocates trained

Discussion: Youth Advocate Training was ongoing throughout the year with a final training completed on September 15, 2007. Trainings were led by high school peer educators and 97 youth received training. These youth advocates provided 14 community presentations throughout the year. Although the pool of trained youth advocates fluctuates throughout the year, **Steps has maintained an average of 124 youth per month.** The young people gain confidence as they develop their presentation skills and often become more active advocates as their self-esteem rises. These advocates frequently become role models for younger students as well as partners with adult groups who are interested in supporting their mission.

Discussion: The Pinellas County Council of PTA's became interested in Steps youth advocate training early in the 05-06 year and support continued throughout the 06-07 year. They not only provided the opportunity for the youth to train PTA school parent representatives about the program, but offered to assist in trying to expand the training

program to additional schools. The Safe and Drug Free Schools program and a local substance abuse prevention coalition have also collaborated in expanding this youth empowerment program. Funding has been secured for the 08-09 year to replicate this successful program outside the Steps intervention area.

Success Story – A strong partnership with the City of St. Petersburg Recreation Department lead to a collaborative effort to conduct the first major health-related teen conference in St. Petersburg (*CDC Best Practice/Community/Coalition/mobilizing youth*). The conference “**Fit 4 Life**” provided education and activities on tobacco prevention, good nutrition, and the benefits of exercise, and **reached approximately 1400 teens**. Many of the teens in attendance have gone on to start anti-tobacco SWAT teams (Students Working Against Tobacco) in their schools and we now have an increase in schools participating in SWAT. At the end of school in May there were 5 SWAT clubs and one county team in the STEPS area. As of Sept 21, there are now 9 SWAT clubs and a county team that has doubled in size.

T-9: (a., b.)Tobacco Coordinator, ALA, and Community organizations to provide cessation/awareness programs.

Status: Exceeded a. 10/5 programs Exceeded b.134/100 participants

Discussion: Adult cessation awareness classes were conducted for 117 people. One-hundred people including medical personnel attended educational sessions that provided information of cessation opportunities including local resources and the Quitline. Seventeen people participated in a series of 5 tobacco cessation classes. Of the 17 participants enrolled, 3 quit and 11 reduces their tobacco use by over 50%.

Community Interventions

Area: Diabetes (D)

Steps exceeded or met 88% of (14 of 16) short term and intermediate Diabetes outcomes.

D-1: PinCHD to contract with community providers for diabetes educators and part-time health promoters.

Status: Met Contracts renewed in Year 4.

D-3: Conduct ADA Diabetes Self-Management Education (DSME) in community neighborhood centers.

Status: Exceeded 1095/800 diabetics and family members

Barriers Encountered:

The Steps Diabetes Coordinator retired in December 2006 and a contracted CDE retired later in the year.

Barriers Addressed:

In order to continue DSME classes in the community, Steps contracted with a R.N. who has experience teaching diabetes education. **The R.N. has been conducting the DSME classes at the St. Petersburg Free Clinic.** Many of the participants in the DSME classes are a result of direct referrals from the clinic staff.

D-4: (a., b.) Conduct monthly diabetes awareness seminars in the IA targeting at risk populations and refer to health care providers and to DSME programs as indicated.

Status: Exceeded a. 15/12 seminars b. 665/120 participants

D-6: (a., b.) Administer the Diabetes Assessment Questionnaire, “Are you at Risk?” to residents in the IA using health promoters, volunteers, faith-based groups and community partners.

Status: Exceeded a. 2038/1500 surveys implemented b. 27%/39% scored “at risk”

Discussion: ADA “Risk Assessment” questionnaires were administered in conjunction with Office of Minority Health activities, at health fairs, community and faith based events and in the PinCHD clinics. Participants at risk by a score of **10** or higher were referred for follow-up using the Steps diabetes referral guide.

D-7: (a., b.) *PinCHD, hospitals, and Medical Associations* 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.

Status: Exceeded a. 6/4 events Exceeded b. 347/300 providers

D-8: (a., b.) PinCHD nutritionist and other partners to conduct monthly group nutrition education for diabetics in FQHC clinic and community sites including label reading, cooking classes and menu planning.

Status: Exceeded a. 12/12 sessions Exceeded b. 158/120 participants

Barriers: In March 2007 the Bayfront dietitian resigned. Bayfront chose not to rehire for the position or continue with the grant.

Barriers Addressed: Life Line Program, a Steps partner, and the Steps dietician, a Health Department employee will resume Bayfront’s tasks. This will provide sustainability to this nutrition component with the DOH working with the FQHC to provide a permanent licensed nutrition professional for clients.

D-9: Offer one-on-one dietary intervention (open to the public) for diabetics in FQHC clinic sites.

Status: Unmet 99/120 diabetics

Barriers: In March 2007, the Bayfront dietitian resigned. Bayfront chose not to rehire for the position or continue with the grant.

Barriers Addressed: The Steps dietician, a Health Department employee will resume Bayfront’s tasks. This will provide sustainability to this nutrition component with the

DOH working with the FQHC to provide a permanent licensed nutrition professional for clients.

D-10: Refer overweight diabetics to Real Solutions weight management program at *FQHC* clinic sites.

Status: Unmet 76/120 referrals

Barriers: In March 2007, the Bayfront dietitian resigned. Bayfront chose not to rehire for the position or continue with the grant.

Barriers Addressed: The Steps dietician, a Health Department employee will resume Bayfront's tasks.

D-11: Provide mini grants of \$15000 to faith-based groups to begin or enhance health ministries to provide exercise, healthy eating, and diabetes awareness education. The number of grants is determined by capacity of organizations.

Status: Met 5/5 faith based groups receiving mini-grants

Discussion: This was the third year of offering mini grants to faith based organizations.

Recruitment for applicants was done through direct mailing of the application to 156 churches in the intervention area, press releases, flyers and announcements in church bulletins. In Year 4 Steps partnered with **Churches United for a Healthy Congregation (CUFHC)** this newly formed faith based consortium serves as a vehicle that can disseminate information to churches as well as other community organizations in the African American community. Grant awards funded 5 organizations with a total award of \$3,000 each. CUFHC promoted the awards to their members.

Success Story: The goal of the Health & Wellness Ministry's for one of the churches was raise the level of awareness within the congregation for better health. Collaborating with their Kitchen Ministry, the church now offers healthy food selections for the meals and remains steadfast in providing non-fried foods. The head of the Kitchen Ministry insisted that the deep fat fryer be removed and, in fact, it was thrown away.

D-12: Conduct diabetes awareness promoting ADA “Are you at Risk?” as part of major media campaigns described earlier.

Status: Exceeded 6,550/6,000

School Action Plan

Area: Diabetes

D-1: Conduct youth diabetes prevention class integrating exercise and healthy eating utilizing Organ Wise Guys curriculum.

Status: Exceeded 35/25 ES

Discussion: Diabetes Education as part of the **Organ Wise Guy Curriculum** has been implemented in the IA elementary schools 40 times. All 35 elementary IA school media centers received the Organ Wise Guys Undercover Diabetes Health Agents books. A lesson was developed for teachers to use this book as part of the reading curriculum for students.

D-2 Administer evidence based diabetes program in IA schools including “Family Fun Nights”.

Status: Exceeded 76/75 participants

Discussion: This project was implemented through a partnership with the Pinellas County Cooperative Extension Service. The goal of the program is to promote a healthy lifestyle through education, improved eating habits, physical activity and emotional support for the diabetic student and their family members. **A series of classes were provided for diabetic students and their family members during the 2nd semester of the 2006-2007 school year.** Classes were held in the evenings with a focus on nutrition/cooking and physical activity. Dinner was provided for families. A Pre/ Post Lifestyle/Behavior questionnaire was used to collect data on behavior changes for the

diabetic student and the family members. Follow-Up phone contact helps students/parents to determine further needs. Parent and student support groups have been established and are being promoted through the school system.

Community Interventions

Area: Physical Activity (P)

Steps exceeded or met 100% of a total of (21/21) short term and intermediate Physical Activity outcomes.

P-2: *Pinellas Cooperative Extension Center* will provide the physical activity portion of the combined nutrition/PE education in the after-school programs.

Status: Exceeded 7,438/7000 children

Discussion: See N-2 for the description of the program.

P-3: (a., b., c.) *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.

Status: Exceeded a. 15/8 sites b. 952/630 classes c. 9,678/6,300 participants

Discussion: The YMCA STEPS Group Exercise Program successfully continued quality programming in a variety of locations which included churches, schools, recreation and community centers, local YMCA branches, and one FQHC. Class formats offered at the sites included Pilates, yoga, senior fitness, tai chi, youth sports, hip hop dance, step aerobics, and zumba.

This program has brought hope, strength, and improved daily lives to many people in this community. At one site, Enoch Davis Recreation Center, the Steps Instructor

noted how many seniors were coming to the facility for the lunch-time class. **Through her efforts, a Bone Density Strength Training class was added.**

The program continued to see success with children and teenagers. The most successful programs were FitBlast for ages 6-12 and the introduction of Zumba for Kids and Teens. The Fit Blast class was conducted once a week at Lealman Intermediate Middle School during the last period of the school day as part of an incentive program for students. This class was very successful, and attendance continued to grow throughout the duration of the program.

P-3 (d., e) Administer the **Lunch Bunch Program** at three elementary schools and one community site.

Status: Exceeded d. 40/30 session's e. 838/585 duplicated participants

Discussion: School-based exercise classes/physical activity was provided at four sites, Melrose Elementary, Gulfport Elementary, Northside Christian School, and the Harbordale YMCA as the YMCA Lunch Bunch. This year the program was shortened to six weeks versus nine, and we developed lesson plans to facilitate implementation of the program in the schools. There were numerous successes associated with the Lunch Bunch. Several teachers expressed the positive classroom changes that resulted from the Lunch Bunch. They reported the children were more focused, especially after lunch time, and were making concerted efforts to focus on the nutritional choices that were better for them.

P-4: (a., b.) PinCHD re-contract with Dundu Dole dancers or other partners to provide cultural dancing classes for minorities consisting of dancing, physical fitness, and nutrition for children.

Status: Exceeded a. 57/40 class's b. 8842/3200 duplicated participants.

Discussion: Cultural dancing classes and drumming continued in Year 4. The Dundu Dole dancers also do a seasonal presentation of the “Chocolate Nutcracker” which is showcased in the St. Petersburg Mahaffey Theatre, a venue which draws thousands of patrons. As a result of adding Nutcracker participants to the roles, the participation numbers increased.

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.

Status: Exceeded 208/200 Scholarships

Discussion: Scholarships were given to recreation departments for swimming and summer camp activities promoting physical activity. Scholarship determination was made by the City Recreation Centers based on financial need. The majority of the scholarships were granted to underserved minorities in the IA. **Swimming lessons give a two fold benefit. Physical activity is promoted and drowning prevention lessons are given to youth.** Scholarships were also granted for underserved and at risk minorities to the Lightning Bolt Track Youth Sports Academy. The Academy is a non-profit community based youth organization founded in 1991, providing athletic as well as educational opportunities to 300+ youth and families of Pinellas County, City of St. Petersburg and surrounding counties in the State of Florida. An integral part of the organization is the support from the parents and the community.

P-7: Expand and promote Florida on the Move and the 100 Mile Club

Status: Met 2/2 walking groups

Discussion:

1) **The 100 Mile Club** - Steps has partnered with the Pinellas County Health Department and the Pinellas County Parks and Recreation Department to offer this new program promoting physical activity and healthy lifestyles. Participants keep a log of the miles walked. Brochures containing the logs are available in every County park. The Pinellas County Park trails are measured and marked. Once participants log a total of 100 miles, they enter in the 100 Mile Club. After mailing in their logs they are given a T-shirt. Steps is actively promoting this program in the IA encouraging the use of the Pinellas Trail and other IA County parks.

2) **Florida on the Move** – Steps has partnered with *Florida on the Move*. This program is housed in the PinCHD Office of Chronic Disease Prevention. One of the program components includes America on the Move, a national initiative dedicated to helping individuals and communities make positive changes to improve health and quality of life. The on-line simulated walking trails of the program encourage individuals and groups to log their daily steps. The site gives goals and helpful tips via email to keep interest in the activities.

P-8: (a., b., c.) 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

Status: Met	a. 8/8 programs
Exceeded	b. 30,418,746 / 6,400,217 steps walked
Exceeded	c. 242/158 participants in employee programs

P-9: Promote and expand *PinCHD* Pinellas Wellness website to include BMI information, links to major health sites and nutrition and exercise classes/programs.

Status: Exceeded 5,021/2,125 average hits per month.

P-10: Promote and expand *PinCHD* “Parent Health Bulletin” featuring healthy behavior tips for parents.

Status: Exceeded 588/500 sites monthly

P-11: Conduct physical activity component of major media campaigns described earlier.

Status: Exceeded 9,277/8,929

a) School Action Plan

Area: Physical Activity (P)

P-1: (a.) Increase number of students meeting minimum cardio-vascular fitness levels.

(b.) Increase number of students with normal BMI.

Status: Exceeded 23,583 (yr4) / 8518 (yr3) cardiovascular fitness.

Exceeded 40,779 (yr4) / 16,083 (yr3) students had normal BMI

Discussion: The district requires a school improvement goal based on data collected from the **Fitnessgram** assessments. Physical fitness data is collected and reported in the fall and spring of each school year. A Fitnessgram Technical Assistant has been hired to work with technical issues and to promote improved data feedback from teachers. The 2006-2007 STEPS Intervention Area data shows that 71% of the students tested were in the “Healthy Fitness Zone.” The “**Healthy Fitness Zone**” indicates that a student is achieving a level of activity and fitness associated with excellent health, growth, and function. Baseline data collected in 2003 shows improvement in student fitness.

P-3 PCS will create a Wellness Policy Task Force to develop guidelines and make recommendations to the School Health Advisory Committee (SHAC) for a District Wellness Policy.

Status: Met

Discussion: The SHAC continues to meet on a monthly basis. Membership of the School Health Advisory Committee (SHAC) reflects the Coordinated School Health Model consisting of eight discrete health components representing 1) comprehensive health education 2) physical education, 3) school health services 4) school counseling 5) nutrition services 6) healthy school environment 7) school-site health promotion for staff and 8) family and community involvement in school health.

The members of this committee have a primary role in directing the school district **Administrative Guidelines for the district wellness policy**. They must approve the Administrative Guidelines for Wellness, Physical Activity and Nutrition before implementing within the district schools. These guidelines are to be reviewed and revised as necessary each year.

P – 4 Establish a Staff Walking Program with pedometers to model & promote fitness activities.

Status: Exceeded 140,397,139/129,098,087 steps walked
Unmet 465/432 school staff in walking program

Discussion: The Pinellas County Schools Risk Management Department has created “Wellness Champions” at individual school sites. The “Wellness Champions” have the responsibility for promoting employee wellness through a variety of ways. The Steps program assists the schools by providing staff walking programs and other health resources.

P-5: Establish after school Family Obesity Education Services to increase physical activity for obese students and their families.

Status: Exceeded 2/2 sites 1,158/523 participants

Discussion: The YMCA in collaboration with the PCS established a family obesity education class called PACT, which stands for Parent/Adolescent Conditioning Training. PACT is a parent/child fitness program designed to educate parents and kids on the importance of proper nutrition and exercise. Budget year 2006-2007 was another successful year for PACT with 108 families enrolling in the program. The partnership with the Pinellas Cooperative Extension continues to thrive. The use of the schools by the Pinellas County School Board for advertising the program is key for its success.

Community Interventions

Area: Obesity (O)

Steps exceeded or met 100% of a total of (8/8) short term and intermediate Obesity outcomes.

O-1: *PinCHD, Medical Associations 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.

Status: Exceeded 952/700 participants 7/5 presentations

O-2: Distribute BMI charts, posters and wheels to physician practices to encourage them to consider BMI as a “vital sign.”

Status: Met 36/36 BMI “kits” distributed to practices

Discussion: The BMI kit was expanded to include information on diabetes, obesity, and asthma. Partnering with a representative from the Healthy Start Coalition 36 Steps Physician Kits were distributed to 22 practices reaching 39 physicians.

O-3/O4: Steps partners will offer **Choose to Lose** and **Real Solutions**, weight management programs at FQHC clinic and community sites.

Status: Exceeded 131/120 participants

Barriers: In March 2007 the Bayfront dietitian resigned. Bayfront chose not to rehire for the position or continue with the grant.

Barriers Addressed: Steps partners, will take over group nutrition classes previously conducted by the Bayfront dietitian. An independent contractor who worked for BMC was retained by Steps to continue with Choose to Lose classes.

Discussion: An observation that can be made about this program is that it works for all ages. Over the past 4 years, this program has traditionally attracted a senior population (over 65). This is mostly due to the program location. Most individuals believe that it is impossible to lose weight and improve your health once you hit 65 or 70 years of age. I am very pleased to report that this is not the case and that this program has helped those even in their late 70's and 80's make healthy lifestyle changes that have resulted in lower percentage of body fat, and lower BMI's. The average weight lost for the program participants is 6.7 pounds with 16 pounds being the most weight one person has lost in an 8-10 week period.

O-6: 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.

Status: Met 5/5 new sites

Discussion: Five new pharmacy locations were added to receive BMI information for display to their customers. Follow up visits to replenish materials were done at 6 existing locations.

O-8: *FQHC* to continue to follow a local policy to perform BMI on clients as part of “vital signs.”

Status: Met

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

Status: Exceeded 9,277/8,815 ads

School Action Plan

Area: Obesity (O)

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.

Status: Exceeded 662/500 participants

Discussion Throughout the school year the team facilitated a one hour program, which included performing skits focusing on a variety of healthy living related subjects, including teen’s busy schedules, body image, media influences, and promoting of healthy eating habits and exercise. In addition to the performance, the team facilitated interactive activities educating youth about portion sizes, fats affects on the body, sugar in soft drinks, and elements of a healthy lifestyle.

During the previous year, focus groups were conducted as well as pilot programs to explore the most effective delivery methods of reaching the target audience. This prompted Extension Family and Consumer Science staff to development of a new hands on seven week cooking curriculum to not only teach about the food guide pyramid and living a healthy lifestyle, but also to actually apply what was being taught through hands on cooking. The goal was to provide the youth with a skill set that they can apply to their life as well as share it with their families. This program was implemented during the

summer at ten local recreation centers in the Steps area. The skits were performed the first week and then the team facilitated the cooking lessons the following six weeks.

Area: (All) Community wide media campaign:

Steps exceeded or met 83% of a total of 10/12 short term and intermediate

General/Media outcomes.

All-1: PinCHD retained the marketing coordinator in year 3.

Status: Met

Discussion: With input from the leadership team and consortium the marketing coordinator planned and conducted the area wide comprehensive media campaign promoting key health messages related to all Steps behaviors and conditions.

All-2: Conduct focus groups to ascertain what kind of activities/messages/programs would appeal to them.

Status: Exceeded 12/10 focus groups

Discussion:

Twelve focus groups were conducted in the Pinellas County intervention area to gain information about their eating habits, food choices, and the dynamics of fast food costs and convenience, as well as school lunch options and the perception of healthy food and nutrition.

All-3 Continue timeline for 5-year plan with types of messages and media outlets used.

Status: Met

All-4: Establish Free/Discounted produce program in partnership with area supermarkets.

Status: Met Partnership established with Kash & Karry/Sweetbay

Discussion: Kash & Karry/Sweetbay delivered 1700 Steps Program Cards to store staff for testing of the Free Produce Program. To date the system has had a number of difficulties with the technology. The program will be reevaluated over the next two months and discontinued if a solution is not forthcoming.

All-5 Continue campaign theme from Yr. 1 to focus on two targeted groups: prevention and those with existing conditions.

Status: Met

All-6: Existing media outlets will be used to promote Steps activities and consumer awareness.

Status: Exceeded 29/21 outlets 748,106/60,002 responses to media messages (determined by visits to websites).

All-7: Expand Pinellas Wellness website to have a Steps resource center including postings of information about existing health resources, events, classes, and programs.

Status: Unmet 16/20 links to PinellasWellness.com

Barriers: Some websites have been discontinued or not updated.

Barriers Addressed: Linking to the Steps website will be a requirement in future MOA's. The website will be reevaluated and in order to sustain the site content will be moved to PinellasWellness.com at the end of Year 5.

All-9: Continue to implement the marketing campaign; continuing with 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 give continuous feedback from those visiting the Pinellas wellness website. Feedback will be used for evaluation of activities, media campaigns and for further development.

Status: Met

Discussion: The marketing and advertising campaign focused on branding the Steps to a Healthier FL initiative targeting the Hispanic and African American population. In addition to branding, television and radio spots have created awareness about the chronic disease challenges of obesity, diabetes, asthma, tobacco and the related diseases caused by tobacco use, tobacco cessation, increased physical activity and nutrition. A secondary goal of the marketing campaign is to provide a synergy between the Steps partners in the Hillsborough and Pinellas County Steps Programs, and to create linkages to other community partners that would benefit the Steps to a Healthier FL Program and the community.

All-10: PinCHD contracts with Parish Nurses and community partners to coordinate and deliver classes in area churches and community sites.

Status: Met Contracts Unmet referrals 8/50 Exceeded Participants 1522/200

Discussion: In Year 4 the part time faith based coordinator position was eliminated. The Steps health educators and the Steps nutritionist have been proactive in working with faith based groups in partnership with the American Heart Association, Churches United for Healthy Congregations and Parish Nurses.

All –11 PinCHD will hire a Health Educator to integrate Steps educational activities.

Status: Met

All – 12 Discontinued as stated in Year 3 End report.

All-13 PCS will produce and disseminate Healthy Eating and physical activity media materials (district TV channel, posters in school cafeterias, video materials, etc.)

Status: Exceeded 310,379 /268,026

f. Cultural Competence, Health Literacy and Reduction of Health Disparities

In Year 4 Steps continued to work with the **American Heart Association's** (AHA)

Cultural Initiatives Director to expand faith based health initiatives in the IA. The collaboration between the **Churches United for Healthy Congregations** (CUFHC), the American Heart Association, and the Sanderlin Center's **Midtown Health Council** and several other endorsing organizations including Steps continued. The purpose of CUFHC is to serve as a vehicle through which information can be disseminated to churches as well as other community organizations. Through this venue, a greater number of individuals will be reached by networking, collaborating, and coordinating programs and services positively affecting the health of people in the community.

Steps continued to work with PinCHD and the **Closing the Gap Community Coalition:**

The Coalition was born when members of the Front Porch Community and other groups joined their efforts with other community based organization representatives to foster the development of **coordinated, collaborative, and broad-based participation** in the Closing the Gap Program. Membership is composed of at least 75% African American. Two other pre-existing groups are: The Pinellas County Health Department **Closing the Gap Task Force** which was established in June 2000 to address ethnic and racial health disparities, and PATRICIA. **PATRICIA** is an alliance of partners that aims to mobilize the community around the elimination of racial disparities in infant mortality in Pinellas County. It is comprised of representatives of the African American leadership, experts in maternal and child health, government officials, media, social service providers, physicians, corporate representatives, and members of the faith-based community, public school personnel and private citizens.

The Office of Chronic Disease Prevention continues to be collocated with the **Office of Minority Health** and staff work very closely together. Community outreach to minority populations including **African American, Hispanic and Asian** is done mostly by contracted staff hired by those communities in order to meet the linguistic and cultural challenges that may be encountered in the delivery of services. In Year 4 the Steps Diabetes Educator, the Steps Community Liaison and the Steps nutritionist were all African American. In addition PinCHD has embraced culturally diverse program education that is delivered during new employee orientation and periodically thereafter. All literature is reviewed by community health workers for cultural competency and literacy levels.

END