



Instructions for Completing Core Performance Measures Reporting Forms

General Tips

- You should have the indicator summaries with you while you fill out the reporting template. The indicator summaries contain definitions and other information that may help you complete the reporting template.
- Before adding any data to the reporting templates, we recommend that you make a working copy of the workbook and do not add data or make any changes to the original file. That way if you make a mistake in the workbook, you will be able to return to the original file. To make a working copy, open the workbook and use File – Save As.
- Before sending the completed workbook back to the Steps Program Office (SPO), please add the name of your Steps community to the beginning of the workbook title (e.g. SantaClara_Steps_CPM_Reporting_Forms_2005-2006).
- Specific instructions for entering data into each cell are embedded within the reporting template. Any cell that has a small red triangle in the top right hand corner has instructions specific to that cell. To see the instructions, roll your cursor over the cell.
- Do not enter data into grey cells. These cells will fill in automatically based on information entered into other cells.
- You do not need to complete the entire reporting template at one sitting; you may save it and come back to it later.
- You do not need to complete the reporting template in order. The form for I-6.1 must be completed before you fill out the forms for I-7.1 — I-7.3. I-4.1 should be filled out last, because it asks whether or not you submitted data for all indicators. Otherwise, you may fill out the forms in any order.
- You should not delete any cells, rows, columns, or worksheets from the reporting template. Doing so can create problems, because many cells draw information from other cells in the reporting template. If you do not have any information for a cell, simply leave it blank or enter N/A.
- The reporting template contains multiple worksheets. To navigate between worksheets, click on the tabs on the bottom of your Excel screen. For example, to go to indicator I-5.1, you would click on the tab “I-5.” Unless you have a very large monitor, there are too many tabs to appear on the screen all at one time. To view additional tabs, click on the arrows in the bottom left corner of your Excel screen.
- Several of the forms (e.g., I-7a) are too long to fit on one screen. To scroll left and right, use the scroll bar at the bottom right of your Excel screen.

Cells with Drop-down Menus

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

Text Cells

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

Number Cells

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

Date Cells

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



Steps to a HealthierUS Cooperative Agreement Program Core Performance Measures

Lead Agency

Pinellas County Health Department

Associated Community

Reporting Period

9/22/2005 - 9/21/2006

**Data sources
for Steps communities
funded in 2003**

Implementation Measures:
2005-2006 Steps community program records
Adult Outcome Measures: 2005 BRFS
Youth Outcome Measures: 2005 YRBS



Lead Agency: Pinellas County Health Department
Associated Community: 0
Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-1 Align the budget with program goals and intended outcomes

Indicator I-1.1 Fiscal resources allocated to address Steps focus areas and key health outcomes

Activity-based budget form submitted

Date Submitted

MM/DD/YYYY

Contextual Information or Supplemental Data (optional)

Activity based budget form was submitted but not on form D.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-2 Ensure that community objectives and activities are consistent with and supportive of state plans for the prevention and control of asthma, diabetes, obesity, and associated risk factors, but do not duplicate interventions or activities

Indicator I-2.1 Objectives and activities linked to the work of state programs to prevent and control asthma, diabetes, obesity, or associated risk factors

Focus Area	Is there a statewide plan for this focus area?	Beyond federal dollars linked to the Steps Cooperative Agreement Program, does the state receive federal dollars for this focus area (e.g., from HHS, CDC, or other federal agency)?	For each Steps focus area where a statewide plan exists, provide an example of how community objectives/activities are consistent with but do not duplicate this plan.
Asthma	No	Yes	No state-wide plan exists
Diabetes	Yes	Yes	State activities for diabetes include developing recommendations and guide lines, serve as statewide advisory board, providing resources on diabetes, increasing awareness of diabetes in Florida and establish diabetes community based projects. While the Steps program objectives are consistent with the state objectives, the state funded activities are not duplicated in the Steps intervention area.
Obesity	Yes	Yes	The bureau of Chronic Disease Prevention addresses overweight and obesity in Florida by promoting lifelong healthful nutrition and physical activity through policy, environmental and social change. Specific activities include professional education, community education, partnership building, community interventions and establish and monitor surveillance systems. While the Steps program objectives are consistent with the state objectives, the state funded activities are not duplicated in the Steps intervention area.
Nutrition	Yes	Yes	The goal of the Florida 5 A Day for better health program is to increase consumption of fruits and vegetables, inform that eating fruits and veteables can improve health and reduce risk of certain diseases, and provide specific information about how to include more servings of fruits and vegetables into daily eating patterns. The state promotes 5 A day through wide range of educational programs such as employee wellness events, school and community programs, health professional in-services,supermarket tours, media events, poster contests, and providing nutrition information to clients. Interact and build partnerships with various agencies. While the Steps program objectives are consistent with the state objectives, the state
Physical Activity	Yes	Yes	The goal of the physical activity promotion program is to increase physical activity and thereby prevent disease and enhance health and quality of life. Program staff collaborates with a variety of agencies and organizations to achieve maximum coverage of physical activity messages, programs and events. The program develops/purchases and provides physical activity promotional materials. Collaborates with other agencies to design and implement strategies that increase physically active lifestyles among children and adults. Promotes the offering of employee wellness programs by providing model wellness programs and offering technical assistance and resources in this area. While the Steps program objectives are
Tobacco	Yes	Yes	The goal of tobacco prevention and control program is to reduce the burden of chronic diseases related to use and exposure to environmental tobacco smoke. The goal is addressed by continued collaboration with partners, toll-free telephone tobacco cessation hotline etc., The Florida Leadership Council on Tobacco Control (FLCTC) is an integral part of strategic and annual action planning for the tobacco control program. The Tobacco free Florida partners educational forum provides interested parties with the most current information related to Florida's tobacco control efforts. The internal tobacco work group (ITWG) consists of representatives from programs throughout the DOH that deal with tobacco prevention issues. While the Steps

Contextual Information or Supplemental Data (optional)

Miami-Dade County Health Department (Miami, Florida) has been funded by the CDC to develop models for identifying new asthma cases.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-3

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

Indicator I-3.1

Resources secured to supplement federal funds received via the Steps Program

Source of Support		Type of Contribution	Purpose or Use	Approximate Value in Dollars
1	All Children's Hospital	Direct Funding		
		In-kind (labor)	Program coordination and supervision of case worker	\$11,041.00
		In-kind (other than labor)	Space, telephone	\$621.00
		TOTAL		\$11,662.00
2	American Lung Association	Direct Funding		
		In-kind (labor)	Staff support	\$1,000.00
		In-kind (other than labor)	Office Space, telephone, internet	\$5,455.00
		TOTAL		\$6,455.00
3	Pinellas County COOP	Direct Funding		
		In-kind (labor)	Staff support	\$16,063.00
		In-kind (other than labor)	Equipment	\$288.00
		TOTAL		\$16,351.00
4	Various Partners	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)	Space, equipment etc	\$64,820.00
		TOTAL		\$64,820.00
5	Bayfront Medical Center	Direct Funding		
		In-kind (labor)	Staff support	\$30,000.00
		In-kind (other than labor)		
		TOTAL		\$30,000.00
6	Partnership in Prevention	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)	Media ads	\$244,390.00
		TOTAL		\$244,390.00
7	Pinellas County School	Direct Funding		
		In-kind (labor)	Staff support	\$46,000.00
		In-kind (other than labor)	Equipment, Space	\$31,548.00
		TOTAL		\$77,548.00
8	Enter Source 8	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
9	Enter Source 9	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
10	Enter Source 10	Direct Funding		
		In-kind (labor)		
		In-kind (other than labor)		
		TOTAL		\$0.00
Page Total				\$451,226.00



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-3

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

Indicator I-3.1

Resources secured to supplement federal funds received via the Steps Program

Source of Support	Type of Contribution	Purpose or Use	Approximate Value in Dollars
11 Enter Source 11	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		\$0.00
12 Enter Source 12	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		\$0.00
13 Enter Source 13	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		\$0.00
14 Enter Source 14	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		\$0.00
15 Enter Source 15	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		\$0.00
16 Enter Source 16	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		\$0.00
17 Enter Source 17	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		\$0.00
18 Enter Source 18	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		\$0.00
19 Enter Source 19	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		\$0.00
20 Enter Source 20	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		\$0.00
Page Total			\$0.00
GRAND TOTAL			\$451,226.00

Contextual Information or Supplemental Data (optional)

In-Kind contribution from Pinellas County Health department not included.



Lead Agency: **Pinellas County Health Department**
 Associated Community: **0**
 Reporting Period: **9/22/2005 - 9/21/2006**

Performance Measure I-4 Participate in coordinated monitoring and evaluation activities that include 1) collecting data and reporting on common performance measures and 2) planning and implementing national evaluation activities

Indicator I-4.1 Submission of data on core performance measures according to established schedule

Indicator		Requested Data Submitted for Indicator
I-1.1	Fiscal resources allocated to address Steps focus areas and key health outcomes	YES
I-2.1	Objectives and activities linked to the work of state programs to prevent and control asthma, diabetes, obesity, or associated risk factors	YES
I-3.1	Resources secured to supplement federal funds received via the Steps Program	YES
I-4.1	Submission of data on core performance measures according to established schedule	YES
I-4.2	Participation in national evaluation tasks (e.g., sending feedback to Steps Program Office (SPO) on draft documents, task-specific workgroups, conference calls)	YES
I-5.1	Appropriate and representative data collected via Behavioral Risk Factor Surveillance System	YES
I-5.2	Appropriate and representative data collected via Youth Risk Behavior Surveillance System	YES
I-6.1	Documented evidence for activities related to all the diseases and risk factors of interest to the Steps Program	YES
I-7.1	Implementation of 1) interventions that address at least two diseases or risk factors and 2) at least one intervention at each key sector	YES
I-7.2	Implementation of evidenced-based interventions that address access to healthcare, quality of healthcare, and use of healthcare	YES
I-7.3	Implementation of evidence-based interventions across the socio-ecological model	YES
I-7.4	Partnership with the YMCA of the USA, or its local affiliate, to improve access to places for physical activity	YES
I-7.5	Composition and function of Steps Leadership Team (e.g., inclusion of non-traditional agencies or partners, state/local categorical programs, key community-based organizations, healthcare sector)	YES
I-8.1	Reach (i.e., service to intervention areas or specific populations identified in community action plan)	YES

Contextual Information or Supplemental Data (optional)



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-4

Participate in coordinated monitoring and evaluation activities that include 1) collecting data and reporting on common performance measures and 2) planning and implementing national evaluation activities

Indicator I-4.1

Submission of data on core performance measures according to established schedule

Performance Measure		Requested Data Submitted for Performance Measure
O-1	Increased knowledge and awareness about healthy behaviors such as physical activity, healthful eating and avoiding tobacco use.	YES
O-2	Increased knowledge about getting appropriate preventive screenings.	YES

Indicator		Requested BRFS/YRBS Data Submitted for Indicator
O-3.1	Fruit and vegetable consumption among adults aged 18 or older	YES
O-3.2	Fruit and vegetable consumption among youth	YES
O-3.3	Recommended physical activity among adults aged 18 or older	YES
O-3.4	Recommended physical activity among youth	YES
O-3.5	Television viewing among youth	YES
O-4.1	Health care access	YES
O-4.2	Foot examination among adults aged 18 or older with diabetes	YES
O-4.3	Dilated eye examination among adults aged 18 or older with diabetes	YES
O-4.4	Glycosylated hemoglobin measurement at least twice a year among adults aged 18 or older with diabetes	YES
O-4.5	Adults with asthma aged 18 or older receiving routine checkups for asthma	YES
O-4.6	Adult smokers aged 18 or older advised by health care provider to quit smoking	NO
O-4.7	Tobacco use cessation attempts by adolescent smokers	YES
O-5.1	Reduce the overall rate of diabetes that is clinically diagnosed among adults	YES
O-5.2	Reduce the overall rate of diabetes that is clinically diagnosed among youth	YES
O-6.1	Self blood-glucose monitoring among adults aged 18 or older with diabetes	YES
O-6.2	Self foot exam among adults aged 18 or older with diabetes	YES
O-6.3	Symptom-free days among adults aged 18 or older with asthma	YES
O-7.1	Tobacco use cessation attempts by adult smokers	YES
O-7.2	Tobacco use cessation attempts by adolescent smokers	YES
O-7.3	Cigarette smoking among adults aged 18 or older	YES
O-7.4	Cigarette smoking among youth	YES
O-8.1	Prevalence of overweight or obesity among adults aged 18 or older	YES
O-8.2	Obesity prevalence among adults aged 18 or older	YES
O-8.3	Overweight prevalence among youth	YES
O-9.1	Hospitalization with asthma among adults aged 18 or older	YES
O-9.2	Hospitalization with asthma among youth	NO
O-9.3	Hospitalization with diabetes among adults aged 18 or older	YES
O-10.1	Mean number of Healthy Days among adults aged 18 or older	YES

Contextual Information or Supplemental Data (optional)



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-5 Expand existing surveillance mechanisms to collect representative Behavioral Risk Factor Surveillance System (BRFSS) on adults annually and representative data from the Youth Risk Behavior Surveillance System (YRBSS) on high school students biennially

Indicator I-5.1 Appropriate and representative data collected via Behavioral Risk Factor Surveillance System

Participation in the Behavioral Risk Factor Surveillance System (BRFSS)	YES	Number of Completed Surveys	1554	Weighted Data	YES
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Note any deviations from standard surveillance data collection procedures (e.g., face to face interviews instead of telephone surveys, unique sample drawing methodology, or use of supplemental data collection systems).

None

Contextual Information or Supplemental Data (optional)

Number of completed surveys increased from 556 during grant year one to 1554 in grant year 2.

Indicator I-5.2 Appropriate and representative data collected via Youth Risk Behavior Surveillance System

Participation in the Youth Risk Behavior Surveillance System (YRBSS)	YES	Number of Completed Surveys	836	Weighted Data	YES
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Note whether schools had active or passive parental consent, and describe any deviations from standard surveillance data collection procedures (e.g. use of supplemental data collection systems, problems encountered recruiting schools, or use of other school-based surveys).

Passive parental consent was used for 2005 YRBS. There were no deviations from the standard surveillance data collection procedures.

Contextual Information or Supplemental Data (optional)



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-4

Participate in coordinated monitoring and evaluation activities that include 1) collecting data and reporting on common performance measures and 2) planning and implementing national evaluation activities

Indicator I-4.2

Participation in national evaluation tasks (e.g., sending feedback to Steps Program Office (SPO) on draft documents, task-specific workgroups, conference calls)

Beyond reporting on Core Performance Measures, provide additional examples of participation in national program evaluation planning, implementation, and use.

Pinellas County was an active participant in the Core performance measures work group and has provided feedback on various core performance measures draft documents. Pinellas County has participated in all SPO conference calls. Pinellas County Steps staff have attended various sessions at the grantee workshops during the annual Steps conference in Atlanta. Pinellas County Steps staff also presented during the annual Steps conference.

Contextual Information or Supplemental Data (optional)



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-6 Use multiple, evidence-based public health strategies

Indicator I-6.1 Documented evidence for activities related to all the diseases and risk factors of interest to the Steps Program

Intervention	Source of Evidence for Intervention	Disease/Risk Factor					
		Asthma	Diabetes	Obesity	Nutrition	Physical Activity	Tobacco
Evidence based Nutrition Education	5Day, CDC, NCI, USDA, and AHA	X	X	X	X	X	
Healthy Restaurant Campaign	AHA "Heart Healthy"		X	X	X		
Salad Program (School)	5-a-day; USDA, FNS "Team Nutrition" www.fns.usda.gov NSLP		X	X	X		
Nutrition curriculum (School)	CDC, USDA, 5-a-day, AHA	X	X	X	X	X	
Fitnessgram (School)	Fitnessgram Cooper Institute for aerobics			X		X	
Media Campaign	Community Guide, Multi-component Media	X	X	X	X	X	X
Outreach and Case management services	NAEPP disease management; FIACHA DisMgmt/asthma	X		X	X	X	X
Indoor air quality assessments	EPA; CR (medical literature; allergen reduction); Florida Indoor Air Quality program; ALA air quality	X					X
Asthma education for health care providers	AmJRespCritCareMed 6/13/03 online	X					X
Health care provider CME management guidelines	NAEPP Asthma Guidelines, HHS, FMOAI; ADA; CDC Diabetes Control Program; NDEP; CG/disease management components; NH-BI	X	X	X	X		
Evidence based Asthma Education	CR (self management education), ALA, CDC, PATCH/MAPP, ALA program; Healthy Jacksonville 2010; CR (self-mgmt educ)	X			X		
School Health Council and School Health Advisory Council	ACS SHC; CDC PATCH/MAPP	X	X	X	X	X	X
Smoke Free Car Kits	Community Guide	X				X	X
Students Teach Students	ALA; CG; Florida Tobacco Control	X					X
Physician reminder kits	CG; CR; AAFP; USPFTS; Surgeon, General: Reducing Tobacco Use 2000	X					X
Proactive telephone quit line	CG; CR; Surgeon Gen. Treating Tobacco Use 2000	X					X
Cessation classes, maintenance support groups	CG; CR	X		X	X	X	X
Diabetes awareness classes and Diabetes self management classes	ADA; CDC; FMOAI; FDCC; CG;		X	X	X	X	X
Youth diabetes prevention classes	CDC/ADA		X	X	X	X	X
Diabetes nutrition education classes FQHC	ADA component DSME; FMOAI; FDCC		X	X	X	X	
One-on-one dietary intervention for DM FQHC	ADA (DSME); USPSTF 2nd,3rd	X	X	X	X	X	X
Weight Management Classes	NH-BI Obesity Education Initiative; CDC NDEP "Small Steps Big Rewards Toolkit"; AAFP; 2002 California DGE; CDC report		X	X	X	X	X
Faith-based health ministry mini-grants	J.NatMedAssoc2002Feb;94(2)67; ADA/CDC "Diabetes Sunday"	X	X	X	X	X	X
Outreach community exercise classes	NGC(Envr/Polcy/Social access/network) PRC ANBehMed25(2):100 2003			X		X	X
After-school classes 5-a-day & PA	NGC(P1), CG		X	X	X	X	
Weekly fitness sessions community, churches, clubs	NGC(Envr/policy/soc); PRC		X	X	X	X	
Cultural dancing classes, w/fitness, nutrition instruction	RPC(ArnJHEd32(4);216-2001; AJPM 2002(s); NGC(P1)		X	X	X	X	
Scholarship fitness programs rec depts	AJPM2002(s); MMWR; NGC(Envr/policy)			X		X	
Workites physical activity programs, fitness jeans, pedometer programs	CG, NGC, AJPM2000(s); MMWR, CDC		X	X	X	X	
PinCHD "Parent Health Bulletin"	Communitywide/media: CG	X	X	X	X	X	X
BMI chart distribution & "vital sign" promo	USPFTS Clinical Guide 2nd,3rd; AAFP		X	X	X	X	
Nutrition Youth Team: nutrition, PA, healthy behaviors	CDC/CFRIF "PHAT" and CDC best practices Florida Tobacco Control SWAT models; NCG, CG (PA component);	X	X	X	X	X	

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

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

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

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

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

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

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

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



Lead Agency: Pinellas County Health Department
Associated Community: 0
Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-7 Improve integration of program components

Indicator I-7.1 Implementation of 1) interventions that address at least two diseases or risk factors and 2) at least one intervention at each key sector

Indicator I-7.2 Implementation of evidenced-based interventions that address access to healthcare, quality of healthcare, and use of healthcare

Contextual Information or Supplemental Data (optional)

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

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

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

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

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

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



Lead Agency: Pinellas County Health Department
Associated Community: 0
Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-7 Improve integration of program components

Indicator I-7.3 Implementation of evidence-based interventions across the socio-ecological model

Contextual Information or
Supplemental Data (optional)

A large, empty rectangular box with a black border, intended for providing contextual information or supplemental data.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance measure I-7 Improve integration of program components

Indicator I-7.4

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

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

YES

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

YES

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

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

Contextual Information or Supplemental Data (optional)



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-7 Improve integration of program components

Indicator I-7.5 Composition and function of Steps Leadership Team (e.g., inclusion of non-traditional agencies or partners, state/local categorical programs, key community-based organizations, healthcare sector)

Composition of Leadership Team

Name of Participant	Affiliation
Richard Curtin	Pinellas County Health Department
Susan Gilbert	Pinellas County Health Department
Deborah Shaffer	Pinellas County Health Department
Raghavendra Olety	Pinellas County Health Department
Judith Lewis	Pinellas County Health Department
Michael Davis	Pinellas County Health Department
Medora Little	Pinellas County Health Department
Camilla Reid	Pinellas County Health Department
Carolyn Smith	Pinellas County Health Department
Trevella Sparks	FQHC
Stan Stoudenmire	Pinellas County Health Department
Lisa Ross	Pinellas County School
Donna Finegold	Pinellas County School
Catherine Gerard	Pinellas County School
Jessica Bruzzichesi	Bayfront Medical Center
Betty Burnett-Scott	Independent Vendor
Karen Sally	Pinellas County Extension
Nan Jensen	Pinellas County Extension
Elizebeth Tobias	Pinellas County 4H
Holly Michaels	211 TampaBay
Jean Powell	Pinellas County Health Department
Rhonda Cofield	All Children's Hospital
Omar Zidi	All Children's Hospital
Genie Short	Partnerships in Prevention, Inc
Carol Swanson	Veteran Affairs
Carolyn Drzycynski	St. Anthony's Health Care Foundation/ Parish Nurses
Avery Slyker	YWCA
Barbara Henderson	Pinellas County Health Department
Kathleen Peters	YMCA
David Krahl	YMCA

Key Functions of Leadership Team

The Leadership Team's monthly meetings provide an ongoing opportunity for partners to work together and promote collective thinking and problem solving. Team members work closely to coordinate project activities; determine the project budget; participate in project-related local, state and national meetings. Team members also work to identify and address 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 to the Consortium.



Lead Agency: **Pinellas County Health Department**
 Associated Community: **0**
 Reporting Period: **9/22/2005 - 9/21/2006**

Performance Measure I-7 Improve integration of program components

Indicator I-7.5 Composition and function of Steps Leadership Team (e.g., inclusion of non-traditional agencies or partners, state/local categorical programs, key community-based organizations, healthcare sector)

Contextual Information or Supplemental Data (optional)

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

The two recurring areas of concern were communication and organization. The new area of concern that was identified was lack of orientation to new members about Steps.

A presentation was done to provide orientation to new members. Ways to improve communication and organization were discussed during the leadership team meeting.



Lead Agency: Pinellas County Health Department
 Associated Community:
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-8 Document that intended populations participate in Steps communities' activities and interventions

Indicator I-8.1 Reach (i.e., service to intervention areas or specific populations identified in community action plan)

Intervention	Was the intervention implemented in the population(s) identified in the community action plan?	Populations that Participated in Intervention																		
		African Americans	American Indians or Alaska Natives	Asian	Native Hawaiians or Other Pacific Islanders	Whites	Hispanics or Latinos	Infants or Toddlers, Ages 0-3 Years	Children, ages 4-11 years	Adolescents, ages 12-19 years	Adults, ages 20-49 years	Older Adults, ages 50 and over	People with disabilities	Rural residents	Urban residents	Low socioeconomic status	Immigrants	Healthcare providers	Members of faith communities	Other (please specify)
Evidence based Nutrition Education	YES	X		X		X	X		X	X	X	X			X					
Healthy Restaurant Campaign	YES	X		X		X	X		X	X	X	X			X					
Salad Program (School)	YES	X		X		X	X		X	X					X					
Nutrition curriculum (School)	YES	X		X		X	X		X	X					X					
Fitnessgram (School)	YES	X		X		X	X		X	X					X					
Media Campaign	YES	X		X		X	X		X	X	X	X			X					
Outreach and Case management services	YES	X		X		X	X		X	X					X					
Indoor air quality assessments	YES	X		X		X	X		X	X	X	X			X					
Asthma education for health care providers	YES	X		X		X	X				X	X			X			X		
Health care provider CME management guidelines	YES	X		X		X	X				X	X			X			X		
Evidence based Asthma Education	YES	X		X		X	X		X	X	X	X			X					
SCHOOL Health Council and School Health Advisory Council	YES	X		X		X	X		X	X	X	X			X					
Smoke Free Car Kits	YES	X		X		X	X		X	X	X	X			X					
Students Teach Students	YES	X		X		X	X		X	X					X					
Physician reminder kits	YES	X		X		X	X				X	X			X			X		
Proactive telephone quit line	YES	X		X		X	X		X	X	X	X			X					
Cessation classes, maintenance support groups	YES	X		X		X	X		X	X	X	X			X					
Diabetes awareness classes and Diabetes self management classes	YES	X		X		X	X		X	X	X	X			X					
Youth diabetes prevention classes	YES	X		X		X	X		X	X					X					
Diabetes nutrition education classes	YES	X		X		X	X				X	X			X			X		
One-on-one dietary intervention for DM	YES	X		X		X	X				X	X			X					
Weight Management Classes	YES	X		X		X	X		X	X	X	X			X					
Faith-based health ministry mini-grants	YES	X		X		X	X		X	X	X	X			X					
Outreach community exercise classes	YES	X		X		X	X		X	X	X	X			X				X	
After-school classes 5-a-day & PA	YES	X		X		X	X		X	X	X	X			X					
Weekly fitness sessions community, churches, clinics	YES	X		X		X	X		X	X					X					
Cultural dancing classes, wellness, nutrition workshops	YES	X		X		X	X		X	X	X	X			X					
Scholarship fitness programs rec depts	YES	X		X		X	X		X	X	X	X			X					
Workplaces physical activity programs, fitness teams, pedometer programs	YES	X		X		X	X		X	X					X					
PreCHD "Parent Health Bulletin"	YES	X		X		X	X				X	X			X					
BMI chart distribution & "vital sign" signs	YES	X		X		X	X				X	X			X				X	
Nutrition Youth Team: nutrition, PA, health behaviors	YES	X		X		X	X				X	X			X			X		



Lead Agency: Pinellas County Health Department
Associated Community: 0
Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-8 Document that intended populations participate in Steps communities' activities and interventions

Indicator I-8.1 Reach (i.e., service to intervention areas or specific populations identified in community action plan)

Contextual Information or Supplemental Data (optional)

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



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-3 Expand the resources available to Steps community programs by engaging in public-private ventures and securing foundation grants, other public funding, and in-kind contributions

Indicator I-3.1 Resources secured to supplement funds received via the Steps Program

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



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-3 Expand the resources available to Steps community programs by engaging in public-private ventures and securing foundation grants, other public funding, and in-kind contributions

Indicator I-3.1 Resources secured to supplement funds received via the Steps Program

Source of Support	Type of Contribution	Purpose or Use	Approximate Value in Dollars
30 Enter Source 30	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
31 Enter Source 31	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
32 Enter Source 32	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
33 Enter Source 33	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
34 Enter Source 34	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
35 Enter Source 35	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
36 Enter Source 36	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
37 Enter Source 37	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
38 Enter Source 38	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-3 Expand the resources available to Steps community programs by engaging in public-private ventures and securing foundation grants, other public funding, and in-kind contributions

Indicator I-3.1 Resources secured to supplement funds received via the Steps Program

Source of Support	Type of Contribution	Purpose or Use	Approximate Value in Dollars
39 Enter Source 39	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
40 Enter Source 40	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
41 Enter Source 41	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
42 Enter Source 42	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
43 Enter Source 43	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
44 Enter Source 44	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
45 Enter Source 45	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
46 Enter Source 46	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
47 Enter Source 47	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure I-3 Expand the resources available to Steps community programs by engaging in public-private ventures and securing foundation grants, other public funding, and in-kind contributions

Indicator I-3.1 Resources secured to supplement funds received via the Steps Program

Source of Support	Type of Contribution	Purpose or Use	Approximate Value in Dollars
48 Enter Source 48	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
49 Enter Source 49	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
50 Enter Source 50	Direct Funding		
	In-kind (labor)		
	In-kind (other than labor)		
	TOTAL		
Page Total			\$0.00



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-1

Increased knowledge and awareness about healthy behaviors such as physical activity, healthful eating and avoiding tobacco use.

ORGAN WISE GUYS EVALUATION QUESTIONS:

Nutrition Question(s) - 87% increase in pre/post knowledge question

MORE HEALTH Evaluation Questions:

"Pyramid Power" - 52% increase in pre/post knowledge question

"Fit for Life" - 90% increase in pre/post knowledge question

"Food for Thought" - 88% increase in pre/post knowledge question

The Steps evaluator designed a web survey to help determine the effectiveness of the media campaign and also to obtain information on health related knowledge and attitude of the participants. Every month a question is posted on the www.pinellaswellness.com website under the title of "Question of the Month". These questions cover various Steps related topics. The questions were:

- 1) How many total servings of fruits and vegetables are recommended to eat every day for good health? - 37% (13/35) answered correctly.
- 2) What minimum servings of fruits and vegetables are recommended to eat every day for good health? - 61% (69/114) answered correctly.
- 3) Would you ever use or wear something that has a tobacco company name or picture on it, such as a lighter, t-shirt, hat or sunglasses? - 82% (98/119) answered "No"
- 4) Which statement best describes the rules about smoking in your home? Would you say...? - 73% (46/63) choose "Smoking is not permitted anywhere inside your home"
- 5) In restaurants, schools, daycare centers and indoor work areas, do you think that smoking should be allowed in all areas, some areas, or not allowed at all? - 82.5% (99/120) choose "Not allowed at all".

Pre and post tests were administered in Adult nutrition education classes. On an average there was 30% increase in knowledge.

Pre and post tests were administered in Youth nutrition education classes. On an average there was 12% increase in knowledge.



Lead Agency: Pinellas County Health Department
Associated Community: 0
Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-2

Increased knowledge about getting appropriate preventive screenings.

The Steps evaluator designed a web survey to help determine the effectiveness of the media campaign and also to obtain information on health related knowledge and attitude of the participants. Every month a question is posted on the www.pinellaswellness.com website under the title of "Question of the Month". These questions cover various Steps related topics. The questions were:

- 1) Have you ever heard of the glycosylated hemoglobin or hemoglobin "A one C" test? 38% (29/77) answered "Yes".
- 2) How often should a person with diabetes get hemoglobin "A one C" test? Would you say ... - 50% (29/58) answered "at least once every 4-6 months".
- 3) Would you say Body Mass Index (also known as BMI) is used to measure... - 92% (34/37) answered "Obesity"

100% of the participants in the diabetes prevention classes scored more than 70% on the post test that included questions on diabetes prevention and screenings.



Lead Agency: **Pinellas County Health Department**
 Associated Community: **0**
 Reporting Period: **9/22/2005 - 9/21/2006**

Performance Measure O-3 Increased physical activity and healthful eating for children and adults

Indicator O-3.1 Fruit and vegetable consumption among adults aged 18 or older

Data Source: **BRFS**

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
425	1099	1524	26	(23.44 - 28.4)

Contextual Information or Supplemental Data (optional)

1077 adults were educated on "5 A Day" in FQHC's. 5251 adults and children were educated on "5 A Day" by presentations. 53 new healthy restaurants were added/certified to the existing 87 to bring the total number of healthy restaurants to 140. 437,503 nutrition ads were distributed.

Indicator O-3.2 Fruit and vegetable consumption among youth

Data Source: **YRBS**

N (Total)	% (Meets criteria)	95% CI (Meets criteria)
814	17.8	(14.5-21.0)

Contextual Information or Supplemental Data (optional)

7417 children were reached in the after school nutrition programs. 100% of the Steps Intervention Area schools offered enhanced school health education. 47 schools offered the Salad program. 21 schools offered organwise curriculum. There was an 87% increase in knowledge in the organwise classes. More Health program was offered in 29 elementary school, 7 high school and 9 middle schools. Parent health bulletin was being distributed to 571 sites up from 80 in year two.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-3 Increased physical activity and healthful eating for children and adults

Indicator O-3.3 Recommended physical activity among adults aged 18 or older

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
629	825	1454	44	(41.08 - 47.1)

Contextual
Information or
Supplemental Data
(optional)

9433 adults and children participated in physical activity sessions at various community centers. 107 families (parents and children) registered for the family obesity education program. Total of 6 employee physical activity programs were being offered. 6,037,941 steps were walked by 149 employees in the physical activity programs. 393 school staff participated in the walking program and logged 117,361,898 steps. 447,618 physical activity ads were distributed.

Indicator O-3.4 Recommended physical activity among youth

Data Source: YRBS

N (Total)	% (Meets criteria)	95% CI (Meets criteria)
830	27	(23.0-31.0)

Contextual
Information or
Supplemental Data
(optional)

7417 children participated in the after school physical activity program. 612 children participated in the Healthy kids lunch club program that involves physical activity session and nutrition education. Approximately 3200 children participated in the cultural dance classes. 230 scholarships were provided through the city recreation department for fitness. 27.7% (339/1221) of the third graders get less than the recommended 60 minutes of daily moderate physical activity (Source: Pinellas County School Elementary Health survey).



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-3 Increased physical activity and healthful eating for children and adults

Indicator O-3.5 Television viewing among youth

Data Source: YRBS

N (Total)	% (Meets criteria)	95% CI (Meets criteria)
832	39	(34.5-43.6)

Contextual Information or Supplemental Data (optional)

3rd grade elementary health survey was administered in Spring 2006. The results showed that 42.5% (517/1216) of the third graders watch 3 or more hours of television on an average school day and approximately one of five (19.9% - 243/1222) third graders play video or computer games for 3 or more hours on an average school day.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-4 Improved access to and quality of clinical services for asthma, diabetes, and tobacco cessation

Indicator O-4.1 Health care access

Data Source	BRFS	n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
Data Source - Health Plan		1317	235	1552	83	(80.15 - 85)
Data Source - Personal Doctor		1314	237	1551	81	(78.63 - 83.7)
Data Source - Medical Cost		228	1316	1544	16	(13.3 - 17.82)
Data Source - Routine Check-up ≤ 12 Months		1206	328	1534	77	(73.8 - 79.2)
Data Source - Routine Check-up ≤ 2 Years		145	1389	1534	10	(8.45 - 12.39)
Data Source - Routine Check-up ≤ 5 Years		92	1442	1534	6.3	(4.8 - 7.76)
Data Source - Routine Check-up > 5 Years		77	1457	1534	5.5	(3.97 - 6.96)

Contextual Information or Supplemental Data (optional)

Indicator O-4.2 Foot examination among adults aged 18 or older with diabetes

Data Source:	BRFS	n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		101	60	161	64	(54.57-73.6)

Contextual Information or Supplemental Data (optional)

1023 participated in the diabetes self management classes. 2292 participated in the 204 diabetes awareness seminars that were offered. 2314 respondents completed the "Are You at Risk?" survey with 32% (739/2314) scoring "At Risk". 8 diabetes educational events were held for the providers. 114 diabetic nutrition education classes were held with 181 participants. 193 diabetics were offered one on one dietary intervention. 434,822 ads were run in the media.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-4 Improved access to and quality of clinical services for asthma, diabetes, and tobacco cessation

Indicator O-4.3 Dilated eye examination among adults aged 18 or older with diabetes

Data Source: **BRFS**

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
123	48	171	73	(65.19 - 80.3)

Contextual Information or Supplemental Data (optional)

1023 participated in the diabetes self management classes. 2292 participated in the 204 diabetes awareness seminars that were offered. 2314 repondents completed the "Are You at Risk?" survey with 32% (739/2314) scoring "At Risk". 8 diabetes educational events were held for the providers. 114 diabetic nutrition education classes were held with 181 participants. 193 diabetics were offered one on one dietary intervention. 434,822 ads were run in the media.

Indicator O-4.4 Glycosylated hemoglobin measurement at least twice a year among adults aged 18 or older with diabetes

Data Source: **BRFS**

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

Contextual Information or Supplemental Data

Insufficient data for estimate. 1023 participated in the diabetes self management classes. 2292 participated in the 204 diabetes awareness seminars that were offered. 2314 repondents completed the "Are You at Risk?" survey with 32% (739/2314) scoring "At Risk". 8 diabetes educational events were held for the providers. 114 diabetic nutrition education classes were held with 181 participants. 193 diabetics were offered one on one dietary intervention. 434,822 ads were run in the media.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-4 Improved access to and quality of clinical services for asthma, diabetes, and tobacco cessation

Indicator O-4.5 Adults with asthma aged 18 or older receiving routine checkups for asthma

Data Source: BRFS

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

Contextual Information or Supplemental Data (optional)

Insufficient data for estimate.
 160 participants were present during the annual asthma family day. 342,756 asthma ads were in the media.

Indicator O-4.6 Adult smokers aged 18 or older advised by health care provider to quit smoking

Data Source: BRFS

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

Contextual Information or Supplemental Data (optional)

No data to report.
 40 adult tobacco awareness and cessation classes were offered with a total of 353 participants. 1319 doctor reminder kits were distributed. 254 smoke free car kits were distributed. Counter marketing messages on the media increased to 342,996 in grant year 3.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-4 Improved access to and quality of clinical services for asthma, diabetes, and tobacco cessation

Indicator O-4.7 Tobacco use cessation attempts by adolescent smokers

Data Source: YRBS

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

Contextual Information or Supplemental Data (optional)

There were 742 students who were excluded from this analysis or who did not provide usable data for this question. The number of unweighted observations were 94. Since the observations were fewer than 100 the percentage has not been reported. 1530 elementary school children received tobacco education. 99 peer educators and 108 youth advocates were trained. Number of smokers contacting the Florida quit-for-life smoking cessation hotline increased from 254 in grant year 2 to 284 in grant year 3 (through June 2006). Counter marketing messages on the media increased from 6069 in grant year 2 to 342,996 in grant year 3.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-5 Increased identification of persons with pre-diabetes and diabetes

Indicator O-5.1 Reduce the overall rate of diabetes that is clinically diagnosed among adults

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
173	1378	1551	11	(9.15 - 12.91)

Contextual Information or Supplemental Data (optional)

1023 participated in the diabetes self management classes. 2292 participated in the 204 diabetes awareness seminars that were offered. 2314 repondents completed the "Are You at Risk?" survey with 32% scoring "At Risk". 8 diabetes educational events were held for the providers. 114 diabetic nutrition education classes were held with 181 participants. 193 diabetics were offered one on one dietary intervention. 434,822 ads were run in the media.

Indicator O-5.2 Reduce the overall rate of diabetes that is clinically diagnosed among youth

Data Source: YRBS

N (Total)	% (Meets criteria)	95% CI (Meets criteria)
823	3.2	(1.7-4.8)

Contextual Information or Supplemental Data (optional)

36 youth diabetes prevention classes were offered with a total of 715 participants. All intervention area schools offered enhanced school health education integrating diabetes into the program. 434,822 ads were run in the media.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-6 Improved self-management of asthma and diabetes

Indicator O-6.1 Self blood-glucose monitoring among adults aged 18 or older with diabetes

Data Source: BRFS		n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		63	106	169	38	(29.12 - 47.8)

Contextual Information or Supplemental Data (optional)

1023 participated in the diabetes self management classes.

Indicator O-6.2 Self foot exam among adults aged 18 or older with diabetes

Data Source: BRFS		n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
		111	52	163	65	(55.39 - 74.8)

Contextual Information or Supplemental Data (optional)

1023 participated in the diabetes self management classes.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-6 Improved self-management of asthma and diabetes

Indicator O-6.3 Symptom-free days among adults aged 18 or older with asthma

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
50	88	138	40	(30.45 - 50.1)

Contextual Information or Supplemental Data (optional)

160 participants were present during the annual asthma family day. 342,756 asthma ads were in the media.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-7 Measurable improvements in physical activity, healthful eating, and tobacco use

Indicator O-7.1 Tobacco use cessation attempts by adult smokers

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
216	197	413	53	(47.45 -59.0)

Contextual Information or Supplemental Data

40 adult tobacco awareness and cessation classes were offered with a total of 353 participants. 1319 doctor reminder kits were distributed. 254 smoke free car kits were distributed. Counter marketing messages in the media increased to 342,996 in grant year 3.

Performance Measure O-7 Measurable improvements in physical activity, healthful eating, and tobacco use

Indicator O-7.2 Tobacco use cessation attempts by adolescent smokers

Data Source: YRBS

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

Contextual Information or Supplemental Data (optional)

There were 742 students who were excluded from this analysis or who did not provide usable data for this question. The number of unweighted observations were 94. Since the observations were fewer than 100 the percentage has not been reported. 99 peer educators and 108 youth advocates were trained. Number of smokers contacting the Florida quit -for-life smoking cessation hotline increased from 254 in grant year 2 to 284 in grant year 3 (through June 2006). Counter marketing messages on the media increased from 6069 in grant year 2 to 342,996 in grant year 3.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-7 Measurable improvements in physical activity, healthful eating, and tobacco use

Indicator O-7.3 Cigarette smoking among adults aged 18 or older

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
415	1129	1544	29	(26.17 - 31.6)

Contextual
 Information or
 Supplemental Data
 (optional)

40 adult tobacco awareness and cessation classes were offered with a total of 353 participants. 1319 doctor reminder kits were distributed. 254 smoke free car kits were distributed. Counter marketing messages in the media increased to 342,996 in grant year 3. Initial results (unweighted data) are available from the 2006 BRFS and the percentage of current smokers was 23.4%.

Indicator O-7.4 Cigarette smoking among youth

Data Source: YRBS

N (Total)	% (Meets criteria)	95% CI (Meets criteria)
796	12.7	(9.0-16.4)

Contextual
 Information or
 Supplemental Data
 (optional)

99 peer educators and 108 youth advocates were trained. Number of smokers contacting the Florida quit-for-life smoking cessation hotline increased from 254 in grant year 2 to 284 in grant year 3 (through June 2006). Counter marketing messages on the media increased from 6069 in grant year 2 to 342,996 in grant year 3.

% of MS children who report being exposed to ETS in room or car (FYTS Pinellas County) – 62.1%
 % of HS children who report being exposed to ETS in room or car (FYTS Pinellas County) – 62.3%
 % of committed never smoking Middle School (FYTS Pinellas County) – 60.8%
 % of committed never smoking High School (FYTS Pinellas County) – 50.9%



Lead Agency: **Pinellas County Health Department**
 Associated Community: **0**
 Reporting Period: **9/22/2005 - 9/21/2006**

Performance Measure O-8 Slowed upward trend of overweight and obesity in Steps communities

Indicator O-8.1 Prevalence of overweight or obesity among adults aged 18 or older

Data Source: **BRFS**

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
860	650	1510	57	(53.92 - 59.8)

Contextual Information or Supplemental Data (optional)

In addition to the various nutrition and physical activity classes that have been provided, various programs that addresses overweight/obesity have been developed. 199 participants participated in the "choose to lose" weight management class. 1095 providers participated in the 13 obesity prevention presentations. 196 BMI kits were distributed to physician practices and clinics. 6 BMI charts were distributed to pharmacies. 437,503 obesity ads were in the media.

38.9% (599/1538) of PinCHD clients have abnormal BMI's (Abnormal is inclusive of overweight and obese).
 74.8% (1978/2645) of the FQHC clients have abnormal BMI's (Abnormal is inclusive of overweight and obese).

Indicator O-8.2 Obesity prevalence among adults aged 18 or older

Data Source: **BRFS**

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
355	1155	1510	22	(19.54 - 24.3)

Contextual Information or Supplemental Data (optional)

199 participants participated in the "choose to lose" weight management class. 1095 providers participated in the 13 obesity prevention presentations. 196 BMI kits were distributed to physician practices and clinics. 6 BMI charts were distributed to pharmacies. 437,503 obesity ads were in the media.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-8 Slowed upward trend of overweight and obesity in Steps communities

Indicator O-8.3 Overweight prevalence among youth

Data Source: YRBS

N (Total)	% (Meets criteria)	95% CI (Meets criteria)
782	10.7	(8.4-13.0)

Contextual
 Information or
 Supplemental Data
 (optional)

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

78% (15,436/19,815) of the elementary school children were in the healthy fitness zone for body composition.
 69% (383/555) of the middle school children were in the healthy fitness zone for body composition.
 87% (264/305) of the high school children were in the healthy fitness zone for body composition.
 78% (16,083/20,675) of the K-12 children were in the healthy fitness zone for body composition.

Data obtained from the WIC data system shows that 32.5% (1626/4999) of the children in the age group 2-5 years screened between the 85th to 100th percentile on the BMI growth chart; meaning they were either overweight or at risk for overweight.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-9 Reduced hospitalizations due to asthma exacerbations and diabetes complications

Indicator O-9.1 Hospitalization with asthma among adults aged 18 or older

Data Source: BRFS

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

Contextual Information or Supplemental Data (optional)

Insufficient data for estimate.
 160 participants were present during the annual asthma family day. 342,756 asthma ads were in the media. Age adjusted hospitalization rate for Pinellas County obtained from Florida Department of Health CHARTS was 725 for the year 2005.

Indicator O-9.2 Hospitalization with asthma among youth

Data Source: YRBS

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

Contextual Information or Supplemental Data (optional)

No data on this indicator.
 Hospitalization and ER visits data (age <18 years) is obtained from All Children's Hospital for Pinellas County and in the Intervention area (IA). There were 299 hospitalizations for Pinellas County residents and 225 hospitalizations for IA residents. 1144 ER visits were recorded for Pinellas County residents and 982 ER visits for IA residents.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-9 Reduced hospitalizations due to asthma exacerbations and diabetes complications

Indicator O-9.3 Hospitalization with diabetes among adults aged 18 or older

Data Source: BRFS

n (Meets criteria)	n (Does not meet criteria)	N (Total)	% (Meets criteria)	95% CI (Meets criteria)
31	133	164	18	(11.25 - 24.7)

Contextual Information or Supplemental Data (optional)

1023 participated in the diabetes self management classes. 2292 participated in the 204 diabetes awareness seminars that were offered. 2314 respondents completed the "Are You at Risk?" survey with 32% (739/2314) scoring "At Risk". 8 diabetes educational events were held for the providers. 114 diabetic nutrition education classes were held with 181 participants. 193 diabetics were offered one on one dietary intervention. 434,822 ads were run in the media. Age adjusted hospitalization rate for Pinellas County obtained from the Florida Department of Health CHARTS was 1692.2 for the year 2005.



Lead Agency: Pinellas County Health Department
 Associated Community: 0
 Reporting Period: 9/22/2005 - 9/21/2006

Performance Measure O-10 Improved health-related quality of life

Indicator O-10.1

Mean number of Healthy Days among adults aged 18 or older

Data Source:

BRFS

n (Number of all respondents)	Mean	95% CI
1494	23	(23.62 - 22.37)

Contextual
 Information or
 Supplemental Data
 (optional)