



Steps to a Healthier Austin

The *Steps to a Healthier US* five-year cooperative agreement program aims to help Americans live longer, better, and healthier lives by reducing the burden of diabetes, overweight, obesity, and asthma and addressing three related risk factors — physical inactivity, poor nutrition, and tobacco use.

The FY 2003 Initiative funded 23 communities, including Austin, at a total of \$13.6 million to implement community action plans to reduce health disparities and promote quality health care and prevention services for every American.

Project Area

- Contiguous geographic area with 20 zip codes in Austin, Texas (population 460,041); 167,000 households.
- 65 elementary schools, 14 middle schools, 13 high schools (student enrollment 66,597).
- Includes 11 of the city's 12 Federally Qualified Health Centers (FQHC).

Target Population for *Steps* Interventions

- Elementary, middle, and high school students; parents; teachers; school administrators; and school boards.
- Low-income Latino, African-American, and white children and adults.
- Employers and employees in work sites.
- Faith-based organizations and their congregations.
- Clients of City of Austin neighborhood and recreational centers.
- Patients in the City of Austin community health center system.
- Business and political leaders within the community.

Proposed Interventions

Media

- Develop culturally and linguistically appropriate messages on obesity, diabetes, and asthma prevention and on nutrition, physical activity, and tobacco use.
- Increase awareness of perceived risks, prevention methods, and available resources through social marketing messages that integrate of health education and promotion models (e.g., the Trans-Theoretical Theory, Health Belief Model, and Social Learning Theory).
- Create awareness of chronic diseases and risk factors and promote Steps to a Healthier Austin through television and radio news spots, and print media.

Policy

- Partner with the Tobacco Free Austin Coalition to implement tobacco control and prevention education programs to create stronger, enforceable, smoke-free ordinances.
- Work with the American Cancer Society (ACS) to implement policies to reduce and prevent suffering from tobacco-related illness and reduce health disparities among minority and medically underserved communities.
- Remove foods with low-nutritional value from school campuses.
- Work with school boards to advocate for and support daily physical education classes.

School-Based

- Partner with the Austin Independent School District (AISD) to conduct a needs assessment and gap analysis in order to implement a staff wellness program.
- Implement daily physical education classes (currently occur only three times per week) in several pilot schools.
- Implement Team Nutrition in two high schools, two middle schools, and eight elementary schools in the intervention area.
- Expand the existing student health services model, in which school nurses perform case-management, to include family risk factor identification and focus on students at risk for diabetes.
- Identify and pilot culturally and linguistically appropriate cooking classes by expanding partnership with the Sustainable Foods Center and its Cocina Alegre program.
- Partner with the ACS and AISD to garner resources for the Towards No Tobacco program for all middle schools.
- Expand the reach of the American Diabetes Association's (ADA) School Walk for Diabetes program, an educational fundraising event that teaches children and adults the benefits of exercise and eating healthy while helping those in the community affected by diabetes.

Community-Based

- Promote and expand local resources and programs, including the Walk Texas Austin Chapter walking groups, the Sustainable Food Center, ACS education classes and quit line (tobacco), American Heart Association education classes, and American Lung Association asthma education programs.
- Expand the reach of the ADA community-based programs, such as the Diabetes Sunday African American /Hispanic Program, a targeted approach to increase awareness of the seriousness of diabetes, the importance of early detection and treatment, and the need to make healthy lifestyle choices, coordinate more events such as the Diabetes Summit of Central Texas to raise awareness about the seriousness of diabetes and its risk factors.
- Work with Austin's Parks and Recreation Department (PARC) to facilitate the planning and construction of walking and hiking trails in the intervention area and promote the use of existing city resources, such as recreational centers and parks, to increase physical activity.
- Establish a new senior fitness program at the Conley-Guerrero Senior Activity Center and a new fitness program at the Rosewood Recreation Center. Evaluate effectiveness and expand the program to three additional senior centers in the next three years.
- Review and coordinate program activities at the city's 18 recreation centers.
- Work with community-based program called OriGENal voice to develop strategies designed to delay and prevent tobacco-use initiation among middle school girls.
- Create point-of-decision nutrition prompts for intervention area stores and restaurants.

Workplace

- Promote healthy nutritional choices, physical activity, tobacco avoidance and/or cessation to Austin city and school district employees through ACS's web site.
- Recruit five intervention-area employers to participate in Steps to a Healthier Austin wellness programs.
- Create point-of-decision prompts in work sites to promote walking and stair use.

Health Care

- Partner with ACS to teach health care providers and staff about tobacco-use cessation and prevention education that targets low-income pregnant women and parents of young children who are patients of Community Health Centers and WIC centers. Implement reminder systems that prompt providers to assess use.

- Organize key community partners to help develop disease management protocols, implement of evidence-based guidelines, and share best practice models. A diabetes disease management model will be implemented at the Rosewood-Zaragosa Community Health Center in the first year. A similar model will be developed for asthma, in the next two years. These models will later be expanded to include the entire city health center network.

Evaluation

HHS will provide training and technical assistance to help each *Steps* community develop measurable program objectives and specific indicators of progress and use relevant data to support ongoing program improvement. HHS also will conduct a national evaluation of the overall program. Existing data sources, such as the Behavioral Risk Factor Surveillance System and the Youth Risk Behavior Surveillance System, will be used to identify and measure program outcomes and assess progress toward program goals.

Community Consortium

Greater Austin Chamber of Commerce, Hispanic Chamber of Commerce, Capital Area African American Chamber of Commerce, Austin Independent School District, University of Texas School of Nursing, Huston Tillotson College, Health Connection, Austin Travis County Mental Health and Mental Retardation, Del Valle Independent School District, Austin Inter-Faith Alliance, ACS, American Heart Association, American Lung Association, ADA, Sustainable Food Center–Austin Community Gardens, Texas Cooperative Extension Service, RunTex, Austin Parks and Recreation-Natural Resources Division, YMCA, Trust For A Smokefree Texas, Austin Housing Authority, Health Ministry Team Churches, Capital Metro, El Buen Samaritano, Trans Texas Alliance, and Texas Department of Health.

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Note: *Steps* communities have until May 2004 to finalize their community action plans. Proposed interventions may change accordingly.