



Boston Steps

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.

For FY 2003, this U.S. Department of Health and Human Services (HHS) program allocated \$13.6 million to fund 23 communities, including Boston, to implement community action plans to reduce health disparities and promote quality health care and prevention services.

Project Area

Seven contiguous Boston neighborhoods: Dorchester, Hyde Park, Jamaica Plain, Mattapan, Roxbury, South Boston, and South End (total population 314,378).

Target Population for *Steps* Interventions

Racial and ethnic minorities, immigrants, and people at risk for or diagnosed with obesity, diabetes, prediabetes, or asthma.

Proposed Interventions

Media

- Implement marketing campaigns related to the broad Boston *Steps* message that encourage health behavior change and specific interventions, such as NeighborWalk.

Policy

- Identify and address environmental and institutional factors in the community, schools, and workplace that contribute to disease burden and disparities.

School-Based

- Create and sustain a network of school-based and after-school wellness activities.
- Improve the system by which schools provide fitness and nutrition screening and connect students with wellness activities and disease management supports.

Community-Based

- Create and sustain a network of neighborhood wellness activities.

Workplace

- Work with employers, employees, and other key stakeholders to improve opportunities for physical activity, healthy eating, health screenings, and a healthier physical environment in the workplace.

Health Care

- Improve the systems through which the health care system provides health screening and connects patients with wellness activities and disease management supports.

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

Boston Public Health Commission, Boston Public Schools, Blue Cross Blue Shield of Massachusetts, GlaxoSmithKline, Northeastern University Center for the Study of Sports in Society, Harvard University Prevention Research Center, The Food Project, Massachusetts Public Health Association, American Lung Association, American Heart Association, American Cancer Society, Asthma & Allergy Foundation of America, WalkBoston, Boston University School of Public Health Partners in Health and Housing Prevention Research Center, Tufts University Friedman School of Nutrition Science and Policy, Massachusetts Department of Public Health, five Boston teaching hospitals, 17 community health centers, Action for Boston Community Development, Black Ministerial Alliance of Greater Boston, Boston Black Women's Health Institute, Boston Urban Asthma Coalition, Jamaica Plain Asthma Initiative, MassCOSH, Boston Centers for Youth and Family, Harvard Pilgrim HealthCare Foundation, Community Care Alliance, Harvard School of Public Health Department of Nutrition, National Initiative for Children's Healthcare Quality, and Boston Office of Business Development

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