



Washington State

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 several in Washington, to implement community action plans to reduce health disparities and promote quality health care and prevention services.

Project Area

- Chelan, Douglas, and Okanogan Counties in north central Washington (population 138,783).
- Confederated Tribes of the Colville Reservation (population 8,900).
- Clark County, located on the border between Washington and Oregon (population 363,400).
- Thurston County in the South Puget Sound region (population 212,300).

Target Populations for *Steps* Interventions

Hispanic adults at risk for or diagnosed with diabetes and asthma, obese adults at high risk for diabetes, elementary and secondary students at risk for or diagnosed with diabetes and asthma, American Indian youth at risk for or diagnosed with diabetes or overweight, school-aged children and public school employees, low-income individuals and families of all ages, women aged 35–54, primary care physicians, and rural communities.

Proposed Interventions

Media

- Develop and implement a public awareness campaign focused on obesity prevention (Chelan-Douglas-Okanogan).
- Launch public awareness and education campaign promoting the availability of diabetes education for adults with diabetes (Colville Confederated Tribes).
- Develop and initiate a multiyear public awareness campaign on nutrition and exercise, building on the existing Fit Clark County program (Clark).
- Increase community knowledge of the environmental triggers of asthma and low cost ways to reduce related household hazards (Thurston).

Policy

Each community has included at least one intervention addressing policy/environmental change for each of the *Steps* components. Examples include:

- Increase the amount of time that students in grades K–6 spend being physically active.
- Increase access to healthy foods and decrease access to competitive foods in grades K–12.
- Implement voluntary smoke-free policies with local restaurants and bars.
- Implement curricula in the schools that address comprehensive school health.
- Develop health care provider policies to implement patient registries and adhere to appropriate standards of care for patients with diabetes, asthma, and obesity.
- Develop and implement public planning policies that promote active living.

School-Based

- Support implementation of the state-mandated Educational Academic Learning Requirements for health and fitness (all project areas).

- Implement new legislation that requires student health plans for all students with diabetes or other life-threatening diseases, such as asthma (all project areas).
- Implement Asthma Management in Educational Settings (AMES) in local schools to provide school nurses with guidelines for the care of students with asthma (Chelan-Douglas-Okanogan).
- Remove or mitigate perceived disincentives for schools to offer more fruits and vegetables (Colville Confederated Tribes).
- Work with schools and families to identify alternatives to high-fat, high-sugar foods in school vending machines and implement plan such as "Changing the Scene" (Clark).
- Adapt the National Institutes of Health Asthma Awareness Curriculum to grades 1–3 (Thurston).

Community-Based

- Support policies that build connectivity among trails, paths, neighborhoods, schools, and sidewalks to enhance community members' ability to be physically active. Support access to local and city parks and recreational facilities that offer low-cost, high-demand activities and are used by disadvantaged populations (Chelan-Douglas-Okanogan).
- Develop and fund community partnerships to promote physical activity and healthy eating in groups at risk for developing Type 2 diabetes (Colville Confederated Tribes)
- Develop and implement plans to support the Washington State Secondhand Smoke Campaign and expand the Passport to Wellness Program throughout the community (Clark).
- Implement a community-based walking program in three target communities or neighborhoods (Thurston).

Workplace

- Form partnerships with community employers, medical providers, and retailers to conduct healthy food choices campaigns with their employees, clients, and customers (Chelan-Douglas-Okanogan).
- Implement programs such as Health House and Master Home Environmentalist that improve indoor air quality in public and private buildings (Colville Confederated Tribes).
- Engage business partnerships in education campaign to improve physical activity and nutrition for employees (Clark).
- Implement a community-based campaign with food service establishments to label heart and body healthy menu items (Thurston).

Health Care

- Develop and implement information-sharing agreements among the public health community, health care providers, and school districts on the care of people with diabetes in the community (Chelan-Douglas-Okanogan).
- Improve the quality of medical care by educating providers on how to appropriately recognize and treat metabolic syndrome, prediabetes, and diabetes (Colville Confederated Tribes).
- Assess health care system capacity to decrease complications of diabetes in community (Clark).
- Help health care professionals use body mass index (BMI) as a vital sign for children aged 2–20 (Thurston).

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

Washington State Departments of Education, Health, Transportation, and Social and Health Services; state WIC Program; Office of the Superintendent of Public Instruction; Washington State Board of Health; American Lung Association of Washington; American Heart Association; American Diabetes Association; Washington State Chapter of the Asthma and Allergy Foundation of America; Washington Health

Foundation; Washington State Hospital Association; Central Washington Hospital; Washington Coalition for Promoting Physical Activity; University of Washington School of Public Health and Community Medicine; Washington State University; Comprehensive Health Education Foundation; and representatives of local public health organizations, school districts, hospitals, health care providers, health plans, community-based organizations, businesses and food service vendors.

Washington Steps Contact

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