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**“Creating the Maricopa County Health Improvement Plan with Stakeholders and Evidence-Based Approaches”- 1<sup>st</sup> Place Winner**

The Maricopa County Department of Public Health (MCDPH) serves over 3.8 million people, one of the largest jurisdictions of any local health department in the country (U.S. Census Bureau). It is responsible for meeting the needs of a diverse community, from sprawling Phoenix metropolitan areas to isolated rural communities. To help deliver effective services and improve quality throughout the department, the MCDPH Office of Performance Improvement has extensively utilized *The Community Guide* to inform strategic approaches and enhance the implementation of evidence-based practices (EBPs) throughout MCDPH.

A priority of the Office of Performance Improvement is to promote and increase the use of EBPs within MCDPH and engage in quality improvement activities. One method used to meet these objectives has been to catalog an extensive list of public health-related EBPs into a searchable, sortable database. This EBP database currently contains nearly 800 itemized EBPs pulled from a variety of sources, including nearly all of the items listed within *The Community Guide*. Each EBP is categorized in the database by health topic, intervention type and setting, target population, recommendation level, and a brief description of the intervention that includes a direct link to the source. MCDPH viewed *The Community Guide* as an authoritative and reliable source of information and was the first resource cataloged in this project; it impacted how health-related categories were created in the EBP database (mental health, asthma, diabetes, cancer, etc.). Experts have been contacted for their input on methodologies of this project, thus ensuring a high standard of quality. The approaches taken to create the EBP database helps guarantee that items are strategically categorized in ways that are useful, relevant, and easily accessible at both the programmatic level and at the departmental level where organizational planning and strategic collaborative activities are leading MCDPH towards Public Health Accreditation.

*The Community Guide* has contributed directly in several ways to the development of the Maricopa County Community Health Improvement Plan (CHIP). Firstly, MCDPH convened several meetings with community stakeholders to solicit potential strategies that would address community health priorities identified through the Community Health Assessment: tobacco use, nutrition, physical activity, and linkage to care. At the meetings, stakeholders recommended actions to address health priorities based largely upon an extensive, organized list of EBPs, including those from *The Community Guide*. Supplying stakeholders with this resource ensured EBPs were incorporated in the CHIP process from the start. Our community partners were very impressed with MCDPH's promotion of EBPs and expressed excitement and

gratitude for having the list as a resource to draw from. Although unintentional, the final list of recommendations from community stakeholders was so useful, it ultimately ended up being included in the 2012-2015 Arizona Chronic Disease Strategic Plan (AZ Chronic Disease Strategic Plan 2012-2015, Appendix B: <http://www.azdhs.gov/phs/chronicdisease/>). Potential EBPs from *The Community Guide* were also selected by internal MCDPH leadership and staff, as part of a process to strategically re-organize internally around community health priorities and address service delivery gaps. These are currently being prioritized and incorporated into the CHIP.

By supplying EBPs to community partners at the beginning of the strategic planning process, and cross-referencing internal action items with evidence-based recommendations from *The Community Guide*, MCDPH has been proactive in establishing EBPs at the foundational levels of the CHIP process. The expected results are that time and effort by both MCDPH and its community partners will be more efficient in producing measurable results in the overall health of the community, positive results will be seen in the health priority areas of chronic disease reduction and improving access to care, and service delivery gaps will diminish. *The Community Guide* was the first resource used in this project and has been instrumental in facilitating the use and application of EBPs in the department's strategic processes, and guiding both MCDPH and the community to undertake actions that are impactful and result in a healthier community. MCDPH's method of incorporating EBPs at early strategic planning stages could serve as a model for other local public health departments.

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**“Walktober: From Baby Steps to Leaps and Bounds” - 2<sup>nd</sup> Place Winner**

In 2009, The Sedgwick County Health Department Health Promotion Program researched and found that “National Walking Month” was celebrated during month of October and there was a national initiative titled Walktober. The Sedgwick County Health Department’s Health Promotion Program established and implemented their own version of Walktober, into a local community-wide initiative and campaign focused on physical activity for families connected to schools and workplaces.

The Sedgwick County Health Department’s Walktober initiative and campaign is a month-long walking program in October designed to encourage residents to walk within our local community. From 2009-2010, Walktober was a family challenge, encouraging families connected to schools or a workplace to walk together. The Walktober initiative and campaign changed in 2011, and the Sedgwick County Health Department collaborated with the Health and Wellness Coalition of Wichita. A community component was developed and implemented in order to expand our reach to all community members and share resources. In October of 2012, 14 schools, close to a half dozen worksites and members of the community participated in Walktober.

The evidence-based strategy our local health department utilized from The Community Guide to implement Walktober was a community-wide campaign to increase physical activity.

According to the Sedgwick County Health Department’s 2012, health data and assessment book; 49 percent of U.S. adults did not meet physical activity recommendations. In Kansas, 51.5 percent of adults did not meet the physical activity recommendations; and in Sedgwick County, even more adults reported not getting the recommended level of physical activity at 52 percent.

The Sedgwick County Health Department’s Walktober walking initiative and campaign addressed and will continue to address adults and children not meeting the daily recommended amounts of physical activity and fitness.

The Sedgwick County Health Department Health Promotion program utilized The Community Guide’s peer-reviewed researched articles to determine how to best promote physical activity at the community level. According to The Community Guide, there was a vast amount of evidence that supported developing a large-scale campaign to deliver a health message. The message of Walktober, promotes walking as a low-impact exercise that will inspire people to make walking a part of their healthy lifestyles. Walktober was designed to change knowledge

about physical activity benefits and increase awareness about ways to increase physical activity in the community.

The Walktober initiative and campaign was promoted to all community members on the Sedgwick County's website, on the Health and Wellness Coalition website, and through local press releases. For worksites, a local newsletters and email distribution, was used to recruit for participation. For schools, a personal letter from the health department was sent to local PE instructors.

While touting Walktober as a community-wide campaign, Walktober also uses Behavioral and Social approaches to increase physical activity through individually adapted health behavior change programs. The Walktober initiative and campaign adopted by worksites are based on the Transtheoretical Model of Change. Each individual participant sets their own goals and through weekly logging, participants are held accountable for their goal. Each participant at a worksite has an opportunity to succeed using their family or their co-workers as a support system and also gets support from the SCHD through weekly health tips. These health tips provide tools to allow participants to reach their goals.

The Sedgwick County Health Department strongly encourages usage of The Community Guide to ensure all programmatic efforts are evidence-based. A few years ago, the Health Department Director held a meeting with all senior and mid-level managers to educate them on The Community Guide and how it can most effectively guide the work done at the Department. The Sedgwick County Health Department chose a community-based walking program as an initiative to focus time and resources on due to the data that community residents do not engage in the recommended amounts of daily/weekly physical activity. In addition, the Health Department has several other walking-based programs to encourage community members to engage in physical activity in a way that is non-threatening, inexpensive and easy to incorporate into daily activities. Tools and resources that were helpful in the development of Walktober were The Community Guide, research of other community and state walking programs, key informant interviews, and feedback from past Walktober participants.

From the implementation of Walktober in 2009, the Sedgwick County Health Department has leveraged partnerships, both new and existing, with schools (3) and worksites (1) to encourage families and individuals in Sedgwick County to engage in 30 minutes of physical activity per day. In 2010, the number of schools participating was eleven with all schools new participants. The number of worksites participating was three with two new partnerships formed. Starting in 2011, using our existing partnership with the Health and Wellness Coalition of Wichita, the Sedgwick County Health Department began expanding efforts to engage the community at large to participate in Walktober. Due to the increased community effort, five worksites participated with three of those worksites new partners and 11 schools participated with 5 schools new partners. In 2012, the biggest year to date for Walktober participation, there were seven worksites and 14 schools. New partnerships totaled five worksites and schools. At the community level, 600 community members downloaded the Walktober calendar and information directly from the Health and Wellness Coalition of Wichita's website.

As evidenced above, each year the Walktober program has grown considerably thanks to our new and existing partnerships. Many participants of Walktober mention the family bonding experience as a motivator for their continued participation as well as the constant focus to engage in physical through reminders and health tips. Others have cited goal setting and the achievement of their goals as their motivation to participate and continue engaging in physical activity upon completion of the challenge. As the Walktober program continues, our existing partnerships will be leveraged to gain new partnerships to ensure increased participation and work to improve health outcomes.

**How will your experience serve as a model for assisting other organizations using The Community Guide?**

The Walktober challenge focuses on three audiences; schools, worksites and the community at large. This allows for a broader reach of individuals in the community and provides multiple channels of physical activity education. Other communities would benefit from this model because of its broad public health reach.

**Can you describe an outcome or intended health impact?**

The intended health impact of Walktober is to increase daily levels of physical activity in order to decrease risk for diabetes, cardiovascular disease and other chronic diseases due to decreased levels of physical activity.

Walktober has been a successful campaign for our community. Examples of successes include a majority of worksite participants in 2012 agreed after the challenge they are more active than they were before the challenge and credit participating in Walktober to that change. 1092 individuals at worksites participated in 2012. Together those individuals walked 505,671 minutes during the month of October. From 2009 to 2012, 394 families participated through the school challenge.

As with any community-based program there are some challenges to the implementation and evaluation of the Walktober program. All data reported to the Sedgwick County Health Department from Walktober worksite participants is self-reported. Sustained participation in the challenge relies on support and encouragement from champions at the worksite as well as from PE instructors at the schools. School participants were not required in 2012 to track their minutes walked, therefore significantly decreasing the ability to know overall success of those individuals participating. It has also been difficult to accurately measure the community participation of Walktober as they do not have the same accountability to track their minutes as set by the Health and Wellness Coalition of Wichita.

**Did your organization make any changes in practice as a result of using The Community Guide?**

Our organization continues to monitor any changes in recommendations from The Community Guide in an effort to maximize our efforts as the Sedgwick County Health Department grows the Walktober program.

Quality Improvement is an integral part of the Sedgwick County Health Department. Annually, each program within the Department must completed one formalized Quality Improvement project and continuous quality improvement projects are highly recommended throughout the year. The Sedgwick County Health Department Health Promotion program has engaged in Quality Improvement projects to better cross-train staff to ensure capacity for programmatic activities and efforts to more efficiently and effectively report the scope of work completed by staff.

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**“Getting the Drift...Clearing the Air in Multi-unit Housing” - 3<sup>rd</sup> Place Winner**

The Sedgwick County Health Department - Health Promotion staff used the evidence-based practice of Reducing Secondhand Smoke Exposure with Smoking Bans and Restrictions to help increase the number of multi-unit dwellings in Sedgwick County with smoke-free policies within their respective apartment communities.

Health Promotion staff primarily used The Community Guide for research purposes regarding secondhand smoke exposure and its reduction after implementing smoking bans and restrictions. We also used the Guide to optimize our resources with information from the "Review of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke".

In 2009, Health Promotion staff attended conferences that provided information on smoke-free housing and the impact of drifting smoke on tenants. We also received monthly phone calls from community members complaining about drifting apartment smoke. Health Promotion staff researched best practices from The Community Guide regarding smoking bans and restrictions and decided that helping apartment owners develop smoke-free policies on their properties would be the best approach to this issue.

Sedgwick County Health Department - Health Promotions staff leveraged many new and existing partnerships while implementing this strategy. The American Lung Association - Gulf/Plains Regions has been a long-standing community partner with the Health Department. This organization was instrumental in obtaining funding for mentoring opportunities with other successful agencies and local health departments, as well as strategic planning for future interventions. Health Promotion staff also contacted several established members of Tobacco Free Wichita Coalition to join the Smoke-Free Housing Initiative. Other new partnerships created included the an apartment property manager and representative from the Apartment Association of Greater Wichita, City of Wichita Fire Department, City of Wichita Public Housing Authority, a Kansas National Guard Counter Drug Task Force, Regional Prevention Center, life and commercial property insurance agents, a respiratory therapist, and several current and former apartment tenants.

**How did the partnerships impact your organization’s program(s)?**

Health Promotion staff was able to collect unique perspectives from the diverse community partners associated with this project to help address areas of concerns that would have

otherwise been overlooked. This made strategic planning for the following year's activities more successful and overall, made the project more impactful.

This experience will serve as a model to other organizations that would like to work on increasing smoke-free policies in multi-unit housing. Health Promotion staff gives a good example of how to collaborate with community partners that might not normally be considered for such a committee. These partners were beneficial in developing a well-rounded plan of action to attain the collective goal of 100% smoke-free multi-unit housing in Sedgwick County.

The outcome of this approach was essentially to increase the number of multi-unit dwellings that had smoke-free policies. The intended health impact would be a reduction of secondhand smoke exposure to all tenants of the complexes that adopted smoke-free policies by restricting areas that allowed smoking, at the very least. The ideal outcome would be to have the multi-unit dwellings adopt a complete smoking ban for the entire property, including the grounds. This would ensure maximum protection from secondhand smoke exposure.

One of the biggest successes from this initiative was an increase in the number of multi-unit dwellings with smoke-free policies in at least one of their residential buildings from three in December of 2011 to twelve in July of 2012 (220 complexes total). A challenge is communicating the health and financial incentives that accompany these types of policy changes for apartment owners and alleviating the fear of increased vacancies after implementation. All of the properties that have adopted smoke-free policies thus far, have not had a significant negative impact from these policies. An unexpected occurrence included one of the original properties that Health Promotion staff provided technical assistance to during the adoption phase for a complete smoke-free. Without technical assistance during the implementation phase, the property did not continue the process and therefore, did not adopt the smoke-free policies as previously discussed.

The main change from utilizing The Community Guide was that only evidence-based strategies, such as policy development, have been implemented in tobacco prevention and cessation efforts. Time and resources have been dedicated to areas that are proved to be the most effective and strategies that are not recommended, such as education efforts in schools, have been reduced or eliminated.

Quality Improvement is an integral part of the Sedgwick County Health Department. Annually, each program within the Department must completed one formalized Quality Improvement project and continuous quality improvement projects are highly recommended throughout the year. Health Promotion has engaged in Quality Improvement projects to better cross-train staff to ensure capacity for programmatic activities and efforts to more efficiently and effectively report the scope of work completed by staff.



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## **“WalkWorks”**

WalkWorks is a community-based public health program with the goal of increasing physical activity among children and adults in six rural western Pennsylvania counties. WalkWorks increases opportunities for walking in local communities by:

- Identifying, mapping, and marking safe and accessible walking routes for all ages and abilities;
- Sponsoring free guided walking groups;
- Helping local school districts establish walk-to-school and walk-at-school programs; and
- Advocating for local policy development related to pedestrian transportation.

WalkWorks used three evidence-based practices from The Community Guide to accomplish its' goals:

- Community-wide campaign – Aims to increase awareness about ways to increase physical activity in the community and increase participation in community-based activities, also involves many community sectors
- Social support interventions in community settings - focus on changing physical activity behavior through building, strengthening, and maintaining social networks that provide supportive relationships for behavior change, i.e. setting up walking groups or other groups to provide friendship and support
- Creation of or Enhanced Access to Places for Physical Activity Combined with Informational Outreach Activities - involves the efforts of worksites, coalitions, agencies, and communities as they attempt to change the local environment to create opportunities for physical activity
- Individually-adapted health behavior change programs
- Community-scale urban design and land use policies
- Street-scale urban design and land use policies

WalkWorks used The Community Guide in planning the intervention. The program used a multi-pronged approach to increase physical activity in the participating communities and The Community Guide provided the evidence-based practices that enabled us to see how it could be done effectively.

WalkWorks chose the three recommendations from The Community Guide because they offered a comprehensive way to increase physical activity on a community-wide level. The fact

that they had been systematically reviewed and shown to work added credibility to our developing program as we proposed it to the participating counties.

We had worked with the state health department and some of the county partners before but new partnerships were created with some county partners, which were all community-based organizations, and the state department of conservation and recreation. All of the partnerships added something to the WalkWorks program. Each one brought their own unique perspective to consider as the program grew and sometimes changes were made to WalkWorks based on a partner's recommendation.

WalkWorks can be implemented in any community. While our version of the program was large-scale, it does not need to be. If one uses the three recommendations from The Community Guide that we used (community-wide campaign, social support interventions in community settings, creation of or enhanced access to places for physical activity combined with informational outreach activities) to designate walking routes, form walking groups, and promote it on a community-wide level, the program can be successful. In addition, WalkWorks will be included in the Pennsylvania Healthy Communities Resource Guide and is being written up as a case study as part of the National Recreation and Park Association's national compilations of case studies on community successes in the U.S. in increasing physical activity.

#### Summary of Accomplishments

- 28 walking routes identified in 6 counties
- 48 guided walking groups sponsored
- More than 800 participants engaged in large-scale walking events
- More than 600 children reached with the Mileage Club walking program
- 30 local and county-level decision makers educated on the benefits of walking and the importance of the built environment

#### Lessons Learned

- Form coalitions—Form a coalition that includes key stakeholders from many local sectors to support and promote community-based public health efforts.
- Keep it simple—Make the physical activity programs simple yet broad-based and accessible to people at every fitness level.
- Research—Identify other community-based efforts exist and join in those efforts to benefit and enhance all programs.
- Foster involvement—Reach out to school administration, senior centers, and major employers to get people of all ages involved.
- Be flexible—Include the community in planning efforts; modify the physical activity program based on input and feedback from community stakeholders.

WalkWorks was very much an interactive and evolving program. The community-based organizations, which were our county partners, constantly provided us with feedback on what was working and what was not working. For example, we had an idea of what we thought the walking routes should look like but our community partners told us that would not work in

some of their communities so we changed our definition because a built environment in an urban setting is very different from one in a rural setting.

As mentioned above, our county partners provided us with constant feedback throughout the entire WalkWorks program through monthly phone calls with project coordinators, site visits, and almost daily email communications. WalkWorks was in essence a program for their communities so we wanted it to work for them, and we made changes to the program if we thought it would work better.

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### **“The Program Proposal Writing Project: Introducing College Students to Public Health Program Planning with the Use of the Community Guide”**

The Community Guide is ideal for introducing young people to how public health practitioners address issues in daily practice. While public health issues may change over time, the approach to developing programs to address issues remains the same.

Rather than re-invent the wheel each time one needs a tool to fix a problem, it is more cost-effective to review evidenced-based strategies that have been shown to work in similar situations, and to learn from the mistakes of others. The Community Guide is a compilation of the evidence-based strategies that have worked, along with expert evaluation of these efforts so that others need only to review and learn from the work of others.

The Community Guide was used as the guidance document to complete a writing project by students of a university Wellness course that is offered by the Department of Public Health and taught by the author. This writing project was incorporated into the course to accommodate the university's new curriculum that required implementing a critical thinking component to the course that included articulation of objectives, idea generation, analysis, synthesis and evaluation.

The author created the writing project in which students chose an issue currently addressed by the Community Guide (tobacco, physical activity, social environment, etc.). Students were provided with a template with which to complete this assignment, which included instructions on what to include, definitions of terms, and how to extract information from the Community Guide to complete an assessment of the public health issue. Based on the assessment, they were to create two interventions/programs to address the issue.

For the assessment, students were to use the Community Guide to gather information that would serve as the basis for program development. Information included how the topic or issue is defined as a public health problem, along with descriptions of successful programs/interventions identified in the Community Guide. They were to also describe what made these programs successful, and to identify those that were not, and to describe what caused some programs to fail.

Based on this assessment, they were to develop a program proposal. In this section they were to describe the specific problem to be addressed and the target population that they have chosen for the interventions they were proposing. They were then to develop two interventions that were either educational, policy or environmental in focus. Also, as part of the program proposal, they were to identify the Healthy People 2020 objectives that their proposed

interventions would be addressing, and delineate a plan for data collecting, for purposes of monitoring and evaluating their interventions. They would then end their proposal with a summary of the major assessment findings, and describe how their two interventions would be addressing the issues they have identified from their assessment, and discuss any potential harm from proposed interventions, and what data will be collected to monitor progress.

Program proposals are graded according to a grading grid:

<b>CATEGORY</b>			<b>POINTS</b>	<b>SCORE</b>
<b>Used Template</b>	<b>Clarity of Thought</b>	<b>Coherence in organization</b>	<b>3</b>	
<b>Grammar</b>	<b>Punctuation</b>	<b>Spelling</b>		
<b>5 - 6 pages</b>				
<b>Assessment: Definition of the Public Health Problem/Issue (Why is it problem?)</b>			<b>3</b>	
<b>Assessment: Description of Successful Programs/ Interventions (What makes them successful?)</b>			<b>6</b>	
<b>Assessment: List of barriers that have been identified (What caused some programs to fail, or deter their success?)</b>			<b>5</b>	
<b>Program Proposal: What specific problem are you addressing?</b>			<b>3</b>	
<b>Program Proposal: Which target population will be benefiting from your interventions and why this population?</b>			<b>3</b>	
<b>Program Proposal: Describe what your 2 interventions are, and how they will work. Identify type (educational, policy, environmental)</b>			<b>7</b>	
<b>Program Proposal: Which Healthy People objective will you be addressing; include a Data Collection Plan</b>			<b>5</b>	
<b>Summary: What were your major assessment findings? What are your two interventions, and what kind of impact will they make? List any potential harms that may occur from the proposed two interventions, and what data will you be using to monitor progress?</b>			<b>5</b>	
<b>FINAL TOTAL POINTS</b>			<b>40</b>	

While this writing project has only been in place since the beginning of 2012, those students who were interested in the field of Public Health have expressed how this assignment has helped them to understand what it means to work on an issue that affects the population, or a segment of the population. This awareness of what public health practitioners do can enhance efforts in recruiting young people to work in the field. Who does not want to come up with a solution to a problem, especially one that affects many others?

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**“WellLife(TM)”**

The WellLife(TM) program was built on the successes of past pilot courses the all-volunteer board had put together on their own. Myself and a coordinator streamlined the program and incorporated the Task Force on Community Preventative Services strong recommendations on two strategies: • individually adapted health behavior change programs, and • social support interventions in community settings. Both of these strategies have produced increased physical activity as measured by minutes spent in activity.

**How did your organization use The Community Guide (e.g., planning your intervention, communication tool, develop policy, optimize resources, research, others)? Please note all that apply, but please state one primary way you used The Community Guide.**

Planning the intervention. WellLife(TM) was a ten week pilot program that we transformed into an eight week one that emphasized the setting of personal goals and use of social support among participants.

The recommendations were chosen based on evidence that they worked, fit with the intended program and to show the funding organization that the program had basis in strategies that worked.

**Did your organization leverage any partnerships or collaborations while implementing The Community Guide strategies?**

Yes--a health insurance foundation for funding, three local hospitals for lab work and instructors and 2 community centers for the setting of the classes.

**Did your organization leverage existing partnerships or create new ones?**

The hospitals were existing the health insurer foundation and 2 community centers were new ones.

**How did the partnerships impact your organization's program(s)?**

Critical for success--provided lab work at reduced cost, class instructors and free space to hold sessions.

**How will your experience serve as a model for assisting other organizations using The Community Guide?**

I am in the process of completing a Community Health Needs Assessment for 2 of the 3 original hospitals--as part of the prioritization criteria, I have recommended and they agreed that existence of an evidenced-based program such as in The Community Guide would be a positive

criterion for selection. I will also suggest using the Guide in their implementation planning, which at least one of the hospitals has indicated they want my ongoing help with..

**Can you describe an outcome or intended health impact?**

The hospitals are committed to showing an impact on the health of their communities--they have to do the health assessment every three years and they need to be able to show progress.

WellLife(TM) demonstrated documented success in improving the health of the participants. Baseline and follow-up lab tests were used in conjunction with self-report to measure this success. The lab work verified the self-report findings. Overall risk factor reduction was impressive. About 64 percent of the participants who completed the course eliminated at least one high risk factor associated with higher health claims twelve months later. The distribution curves shifted from baseline measures to six month follow-up measures to 12 month follow up measures as evidenced by the number of high risk factor averages falling from 4 at baseline to 2.7 at six months to 2.5 at 12 months. A theoretical total of 63.1 years of life was gained and \$60,180.61 was saved in one year by these risk factor reductions. 55 percent of the participants reported no exercise at baseline. Of these, 40 percent increased their physical activity to recommended levels of 30 minutes or more, at least three times a week (note this was an old recommendation--the programs were held before the new one of 30 minutes for most days of the week was released). Another 26 percent of these physically inactive participants began a sub-optimal level of physical activity (less than three days a week at 30 minutes or more). Overall, baseline days of physical activity per week at 30 minutes or more averaged 1.2. This rose to 2.3 days at six months and again slightly to 2.4 days at 12 months. Clinical measures included: Blood Pressure (both systolic and diastolic), Cholesterol (total, HDL, and LDL), Triglycerides, Glucose, and Body Mass Index (BMI). Clinical data results supported the self-reported behavioral lifestyle changes and included:

- systolic blood pressure > 140 mmhg fell from 45% to 22%.
- diastolic blood pressure > 90 mmhg fell from 27% to 5%.
- total cholesterol > 200 mg/dl fell from 56% to 30%.
- HDL < 45 mg/dl for men and < 55 mg/dl for women fell from 54% to 41%.
- LDL > 100 mg/dl fell from 71% to 56%.
- triglyceride > 150 mg/dl fell from 37% to 22%.
- fasting blood glucose > 100 mg/dl fell from 43% to 28%.
- BMIs 25 and over fell from 84% to 75%.

My board has made a resolution to use only evidenced-based programs. In our Southwestern PA Tobacco Free program, this eliminated the youth prevention programs that did not have an evidence-based approach. We kept those that did and had a positive return on investment such as the Lifeskills program and the Minnesota Smoking Prevention Program.

**Did your organization use any Quality Improvement (QI) methods while implementing The Community Guide's strategies? Please explain.**

Yes, each class was evaluated and improvements were made on the suggestions of the instructors, participants and coordinator.